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# FOREWORD

Mr. Yasuo Fukuda, MP (Japan)

Chairman of AFPPD



As cultures and religions are crucial factors in population and development policy around the world, parliamentarians and policy-makers who devote themselves to the causes of population and development-related issues need to take them into account in order to come up with effective policy for these sensitive issues. This is particularly true for population and reproductive health policy in the age of globalization.

The 8th General Assembly of the Asian Forum of Parliamentarians on Population and Development (AFPPD), entitled "Population and Reproductive Health: Culture and Religion Matters", served as the region's most important forum for the parliamentarians to reflect on such demands and challenges and exchange their views with fellow advocates of population and development-related issues. Over 130 parliamentarians and NGO officials from Asia and the Pacific as well as Central Asia attended the General assembly, held from November 12 to 13, 2005, at the Parliament of Indonesia and the Jakarta convention Center. The triennial General Assembly reviewed past activities and celebrated the accomplishments of AFPPD had made since the 7th General Assembly in Beijing, China, under the chairmanship of Mr. Yoshio Yatsu, MP (Japan). It also elected new office-bearers and marked the 24th anniversary of AFPPD.

The outcome of the General Assembly, Jakarta Declaration of commitment for Action to Further Advance the Goals of the ICPD Programme of Action and the MDGs, provides concrete guidelines and source of commitments for the parliamentarians to continue their work in these fields. I am confident that the General Assembly would strengthen the unwavering resolve we have demonstrated over the past 24 years and would enable us to aptly cope with demands and challenges in the years to come.

We are indebted to H.E. Susilo Bambang Yudhoyono, President of the Republic of Indonesia, the Chief guest of Honour who presided over the opening ceremony in the Parliament of Indonesia, as well as Hon. Agung Laksono, Speaker of the Parliament of Indonesia, and Dr. Thoraya A. Obaid, UN Under-Secretary General and UNFPA Executive Director, who graciously addressed the General Assembly. Our gratitude also goes to the Parliament of Indonesia, the UNFPA, and the Government of Japan, for their supports for the conference, as well as the Indonesian Forum of Parliamentarians on Population and Development (IFPPD), for its excellent arrangements in Jakarta.

Mr. Yasuo Fukuda, MP (Japan)

Chairman of AFPPD

# INTRODUCTION

The Asian Forum of Parliamentarians on Population and Development (AFPPD) is a coordinating body of National Committees of Parliamentarians on Population and Development and Parliamentary Committees dealing with population and health issues. It is working to generate support and perpetuate cooperation among Asian parliamentarians in the area of population and development and related fields. The Asian Forum is committed to informing, educating and motivating parliamentarians on the linkages between increasing population and issues such as reproductive health, family planning, food security, water resources, sustainable development, environment, ageing, urbanization, migration, HIV/AIDS and gender equality.

In October 1981, parliamentarians from Asia Pacific countries gathered in Beijing under the sponsorship of UNFPA and the National People's Congress of China and passed a resolution that a "Forum of Parliamentarians dedicated to population and development issues be formed to systematically organize the education, motivation and involvement of parliamentarians from the UN defined Asia-Pacific region".

AFPPD, in the last 24 years has emerged as an organization with 24 National Committees of parliamentarians on population and development, out of which 15 have offices with full staff support.

The General Assembly, which takes place every three years, reviews and evaluates the work of AFPPD, provides future directions and elects new office bearers for the next term. The 8th General Assembly, which has also marked 24 years of its involvement with parliamentarians and other elected representatives, has resulted in the development of an era of parliamentary advocacy on development issues, thus, engaging and empowering parliamentarians and other elected representatives for population and development.

Over 130 parliamentarians and NGO officials from Asia and the Pacific as well as Central Asia attended the 8th General Assembly, held from November 12 to 13, 2005, at the Parliament of Indonesia and the Jakarta Convention Centre. The General Assembly was opened by H.E. Susilo Bambang Yudhoyono, President of the Republic of Indonesia, and addressed by Hon. Agung Laksono, Speaker of the Parliament of Indonesia, and Dr. Thoraya Obaid, UN Under-Secretary General and UNFPA Executive Director.

# OPENING CEREMONY

## Welcome Address

### “Asia-Pacific needs to rise as leader in population and reproductive health issues”

*Mrs. Hj. Aisyah Hamid Baidlowi  
Chairperson, Indonesian Forum of Parliamentarians  
on Population and Development (IFPPD)*

We gather here for this 8<sup>th</sup> General Assembly of the Asian Forum of parliamentarians on Population and Development to advance the issues of population development, reproductive health and gender issues.

I have four points to make this morning:

1. The religious and cultural values of this diverse nation will guide the discussion of these issues. We need these values to guide us. When a young couple plans a future family, they reflect on the wisdom of their religious teaching and the support of their inherited culture. We gain the strength needed for difficult decisions from the religious and cultural values that we are bathed in from our birth. We need to reflect on these values. They are the backbone of this discussion, providing the structure and the strength for a workable population development plan.

2. As members of Parliament, we are the motor for population development and as such we are responsible to our constituents to keep the wheels of development turning. Because we are democratically elected, we have the freedom to do this with transparency and accountability.

3. Women and youth must be involved in this discussion. When a young woman comes to me explaining her fear of a strange disease she hears of in the media, how she fears HIV/AIDS and doesn't know how to protect her boyfriend, she is not looking to me just to solve the problem, but to help solve the problem herself. Her problem is our problem. Our solutions are her solutions. She, and all women and youth need to be a part of building those solutions. It is our job to invite them to the table; we know that they will take up the challenge.

4. Finally, the Asia Pacific needs to rise as a leader in population, reproductive health and gender rights in the world. The Asia Pacific needs to eradicate maternal mortality and infant mortality. The Asia Pacific countries, especially Indonesia, now need to turn to and confront the face of HIV/AIDS as leaders in the fight against it.

So we have a lot of hard work to do in these next few



days. I am confident that this Assembly will mark a turning point in the Asia Pacific's population and development. I am confident that each member will remember this Assembly as a springboard, from which they changed the lives of mothers and daughters, creating a world in which birth did not mean a risk of death and disease was kept away because we were not afraid to face it. I am confident that this Assembly will not be filled with empty promises, but will shake with the energy of Action. Let us start with the work.

# “Every religion strives for happiness of mankind”

Mr. Yoshio Yatsu, MP (Japan)  
Chairman of AFPPD

I would like to express my deepest gratitude for your attendance today at this 8<sup>th</sup> General Assembly of the Asian Forum of Parliamentarians on Population and Development. The main theme of this assembly is “Population and Reproductive Health: Culture and Religion Matters”.

Thanks to the generous support from the entire nation of Indonesia, we have been able to hold this lavish AFPPD Assembly. I wish to extend my deepest gratitude to: His Excellency President Susilo Bambang Yudhoyono; the Honourable Agung Laksono, Speaker of the Parliament of Indonesia; Mrs. Hj. Aisyah Hamid Baidlowi, Chairperson of the IFPPF; Mr. Tosari Widjaya, Chief of the Organizing Committee on General Assembly; Honourable members of the IFPPD; Dr Thoraya Obaid, UN Under-Secretary General and Executive Director, UNFPA; the staff of UNFPA Indonesia; and other supporting organizations, for your outstanding efforts in making this assembly possible.

Indonesia fell victim to a natural disaster last December, the largest tsunami ever recorded in history. During this past summer, the United States also suffered extensive damage due to powerful hurricanes. And just last month, Pakistan was hit by a devastating earthquake which claimed an enormous number of lives. Questions have been raised as to the relationship of such disasters and global warming. Perhaps we are feeling the rebound of activities initiated by human beings.

While these natural disasters bring enormous harm upon us, numerous civil wars and terrorism, including the terrorist acts of September 11, 2001, are also occurring all over the world due to religious and cultural conflicts and taking a serious toll. These conflicts in values significantly hinder solutions to population problems.

All religions preach peace, wisdom, love and friendship. No religion promotes narrow-minded selfishness or self righteousness. In spite of this, wars and conflicts waged in the name of religion and culture never seem to cease. Why is this so?

At the same time, we as humans live our lives according to a belief in our own sense of justness. Essentially, encroaching upon other people’s values is not tolerated. In this respect, it is extremely difficult to discuss issues of this nature.



However, no matter what religion we follow, that religion should not bring misfortune upon anyone. The religion we believe in is, in a sense the crystallization of wisdom rooted in our respective history and culture.

We have assembled here as representatives of the people of our countries. We have also assembled here to solve the problems that stand in the way of creating a promising future for mankind. What can we do to discuss issues where there are differences and issues involving our respective faiths?

This is not an easy task but I believe there is one way to achieve it: instead of turning our attention to our differences, we should focus on the happiness of mankind that every religion strives for and discuss ways in which we can achieve it.

In this sense, there is tremendous significance in holding this AFPPD Assembly focusing on issues of culture and religion in Indonesia, which is the largest Islamic nation in the world and which also has experience as a pioneer in population programmes. I am very pleased that this assembly is being held at the right time and in the right place.

A quarter of a century on from its founding, the AFPPD is being challenged anew to widen the scope of its efforts. I look forward to your constructive discussions and I am certain that the positive outcomes of our discussions will become steps in the right direction toward solving population problems in the future.

Within in Asia and the Pacific region, the work of AFPPD has persuaded 25 parliaments to allow their commit-

tees on Population, Health or Social affairs to become a member. Now around 90 people work full-time with their committees, with most of AFPPD offices inside the Parliament. AFPPD also helped to create an enabling environment by organizing international Parliamentarians' Conferences on Population and Development in Cairo, Copenhagen, Geneva and Tokyo. Recently, AFPPD also cooperated with UNFPA for Ottawa and Strasburg conference. The next International parliamentary conference will be held in Bangkok in 2006 for which AFPPD will be the main organizer. In addition, AFPPD will also try to bring Asia and Africa closer by organizing the Afro-Asian Parliamentarians' events.

All these meetings and conferences resulted in tangible form. Fourteen committees including Indonesia have been able to review and propose legislation in the area of population, reproductive health, HIV/AIDS and violence against women. The AFPPD is happy to report that current three Prime Ministers, i.e. Japan, Korea and Malaysia, are our alumni.

In the last 24 years, I feel AFPPD has made significant progress. I hope that this will continue with the same vigour. I must mention that this was only possible with the active support of UNFPA as well as their country offices which have been very supportive, and, of course, of parliaments of the region. This conference in Indonesian Parliament is an example of this cooperation.

We all as parliamentarians must make a pledge that we will do our utmost best to see that population and reproductive health issues are not neglected in our national agenda, and we must support UNFPA and other agencies at our level.

I would like to conclude by expressing my deepest gratitude for your attendance today and to His Excellency President Susilo Bambang Yudhoyono, Honourable Agung Laksono, Speaker of the Parliament of Indonesia, Dr. Thoraya Obaid, Executive Director, UNFPA, and Government of Japan whose support made today's assembly possible.

# “Parliamentarians can bridge gaps between culture, religious interpretations and population issues”

Dr. Thoraya Obaid  
UN Under-Secretary General and  
UNFPA Executive Director



I would like to thank the Government of Indonesia for its warm hospitality and for hosting this important conference. And I would like to thank the Asian Forum of Parliamentarians on Population and Development for bringing all of us together for their 8<sup>th</sup> General Assembly.

Over the past few days I had the opportunity to dialogue with ministers and senior officials here in Jakarta to better understand issues of population and reproductive health of women, men and young people as they related to the three national strategies of the government: pro poor, pro livelihood, and pro economic growth. I have also held similar discussions with officials and community leaders in Aceh, where all of us from the United Nations and the international community are supporting the government's effort to cement peace and to move the stricken province from humanitarian assistance to reconstruction and development. In all cases, we know that population issues and reproductive health are directly linked with the health of the people, their quality of life, the services that the government and civil society provide, and the economic health of the country. The impact of cultural practices and religions interpretations were often highlighted. We meet at a critical time.

## The World Summit Commitments

Just two months ago at the 2005 World Summit leaders from around the world committed themselves to a

“As parliamentarians, (1) you can help policy makers to understand that a healthy population is the greatest asset that a country can have to meet current and future challenges. (2) You can enact supportive laws and policies to support women's empowerment, gender equality and reproductive health and rights, and put in place mechanisms to monitor the implementation of these laws and policies. (3) You can bridge the gap between the sensitivity of cultural practices, religious interpretations and issues of population and reproductive health through the legislations you adopt and the budgets you allocate. (4) You can create an enabling environment for the promotion and implementation of reproductive health legislation by your capacity to understand and mobilize the positive forces of our cultures and beliefs.”

Dr. Thoraya Obaid, UN Under-Secretary  
General and UNFPA Executive Director

better quality of life for all individuals based on human rights. They clearly committed themselves to achieving access to reproductive health by 2015, as set out at the International Conference on Population and Development. This signifies the highest level of endorsement for the Cairo goal on reproductive health, which basically includes safe motherhood, family planning, prevention of sexually-transmitted diseases and HIV and AIDS and gender equality and empowerment of women including ending violence against women.

At the Summit, leaders agreed to integrate this goal in national strategies in order to achieve the eight Millennium Development Goals in 2006. Heads of the States and Governments made strong commitments to eliminate gender-based violence, and they proclaimed that

progress for women is progress for all. They recognized that women's rights are human rights and they are to be protected and achieved if we want to have success in any of the development efforts.

My message today is simple. Our leaders spoke at the Summit about what should be done and achieved; therefore, we should now focus on actions and on monitoring the results of our actions. We should discuss how we can be more effective and achieve sustained results. And we need to accelerate action. We need to build on the momentum of the World Summit to turn these words into concrete action. And to be more effective in reaching communities and impact on people's daily lives, we have to recognize that culture matters.

#### Culture Matters

Culture matters because as we move forward to expand access to reproductive health information and services, as world leaders agreed at the Summit, we need to use culturally sensitive approaches to ensure better understanding of the human rights content of the Millennium Development Goals and the promotion and achievement of equity between women and men.

I say this because I know that reproductive health, women's empowerment and gender equality are gender sensitive issues. Oftentimes, political debates and decisions on these issues have cultural undercurrents that could delay their achievement although at times we find support for change in cultural values and practices and religious interpretations. To make progress, we need to understand these currents. We need to discuss these issues openly. And we need to identify the positive cultural values and religious interpretations which would facilitate moving forward in the promotion of human rights, including the right to reproductive health.

The essence of the reproductive health approach is that it is holistic and comprehensive. It moves beyond the traditional focus on maternal and child health to include ending violations of the rights of women across their life cycle, so that they can live a life of total health, both in terms physical and mental well being. We know that investing in reproductive health has been effective in producing the desired social and economic results in many countries. This investment in reproductive health ensures that all individuals who want to plan their families can do so, that all young people have the information and services needed to protect themselves from HIV/AIDS and prevent early pregnancy, that all women are treated with dignity and free of violence and all forms of discrimination, and that the necessary investment in education and health of children and young people are achieved. These

are quick wins that can go a long way to strengthening the capacities of countries to fight poverty.

Over the past fifty years with much debate, family planning progressively continued to become a success story. The percentage of women and couples using family planning has risen from 10 percent 50 years ago to 60 percent today; although there is still high unmet need with 200 million women who want to make decisions about spacing their children cannot do so. We also know that the concept of family planning has expanded with reproductive health becoming the comprehensive approach to the well being of both women and men. In fact, reproductive health, including family planning, is recognized as one of the best investments in the development package.

And much of this success can be attributed to the consensus building, among 179 governments representing all cultures and religions, governments and non-governmental organizations and others that produced the ICPD Programme of Action in Cairo in 1994. The Programme of Action states clearly respect for national priorities and national sovereignty as well as for cultural values and religious beliefs within the context of the internationally agreed human rights.

#### Culture and ICPD Implementation

And yet despite a great deal of progress, we know that challenges remain.

These challenges are highlighted in a survey that UNFPA conducted in 2004 to measure progress in implementing the Cairo Programme of Action for gender equality, reproductive health and rights, adolescent reproductive health and HIV/AIDS. However, in many cases, culture and religion were viewed as both positively contributing factors as well as constraints.

For instance, countries in all regions said that talking about sexual health was widely regarded as taboo, especially where adolescents were concerned, which made it difficult to meet the needs of young people, especially in places where early marriage was common.

Patriarchal and male-centred attitudes, rooted deeply in both cultural practices and religious interpretations, were also highlighted as a constraint in all regions.

Many countries across the globe indicated that cultural practices, social norms and inflexible religious interpretations encouraged the stigmatization of people living with HIV/AIDS. On the other hand, religious and traditional family values were also cited as contributing to

the care and support to the victims of HIV and their families. These findings point to the need to address stigma and discrimination and to build on those positive values that would help fight the epidemic and provide care for those infected and their families that are affected. The most successful HIV/AIDS campaigns have broken the silence on these issues and many of them were led by religious leaders who spoke loudly about compassion and solidarity among people. The survey also revealed that a number of cultural practices related to marriage are harmful, such as child marriage and dowries. In Asia, other negative factors revealed in the survey include son preference. The preference for sons has led to prenatal sex selection and female infanticide, and ultimately to the loss of over 60 million girls. In this case, a social imbalance has led to a demographic imbalance, which has lasting and serious implications, including moral implications.

I believe it is clear from these findings that culture does matter. It matters because it provides a menu of many possibilities and choices that can promote or obstruct human rights. It can provide a wealthy base from which we can develop arguments and articulate strategies for the well being of people or for their misery, for their freedom or their enslavement and for the promotion of their productive capacities or their loss.

#### Role of Parliamentarians

You might ask why I am addressing issues of culture and religion in a meeting of Parliamentarians for Population and Development. The answer is simple. As parliamentarians, (1) you can help policy makers to understand that a healthy population is the greatest asset that a country can have to meet current and future challenges. (2) You can enact supportive laws and policies to support women's empowerment, gender equality, reproductive health and rights and to put in place mechanisms to monitor the implementation of these laws and policies. (3) You can bridge the gap between the sensitivity of cultural practices and religious interpretations and issues of population and reproductive health through the legislations you adopt and the budgets you allocate. (4) You can create an enabling environment for the promotion and implementation of reproductive health legislation by your capacity to understand and mobilize the positive forces of our cultures and beliefs. Reproductive health and rights are absolutely fundamental to the individual well being of people and the prosperity of communities and nations. And it is part of the legitimate scope of human rights and public policy, for which you are primarily responsible.

"Together we need to ensure the integration of reproductive health and HIV/AIDS programmes, especially in view of the rising infection rates in Asia and the Pacific, particularly among women. It is time to integrate reproductive health and rights in all national AIDS plans. And it is time to include HIV prevention in reproductive health programmes, including family planning and maternal health services. This is the most cost effective approach and, most importantly, it will save lives."

Dr. Thoraya Obaid, UN Under-Secretary General and UNFPA Executive Director

#### Investment in Human Capital

All over the world, the countries that have made the most progress during the past few decades have invested in education and health, including reproductive health and family planning. Health and education are investments in human capital, in other words in people, who are the building blocks of healthy families, stable communities, productive societies and thus prosperous nations.

Together, we have to ensure that reproductive health is a part of every nation's development and poverty reduction plan, integrated into the primary health system and national budgets. Together we need to ensure the integration of reproductive health and HIV/AIDS programmes, especially in view of the rising infection rates in Asia and Pacific, particularly among women. It is time to integrate reproductive health and rights in all national AIDS plans. And it is time to include HIV prevention in reproductive health programmes, including family planning and maternal health services. This is the most cost effective approach and, most importantly, it will save lives.

Following the World Summit, we are in a period of opportunity and the challenge is to accelerate action. While some progress has been achieved, the importance of investing in reproductive health has not been sufficiently appreciated by many policy makers in Asia. And the meagre sums that are allocated to this sector are not equitably distributed across various groups.

Today inadequate resources and persistent gaps in serving the poorest populations are impeding further

progress. And the health of women, youth and children suffers the most. There is a need for increased spending on population and reproductive health. At the international conferences in Ottawa and Strasbourg, parliamentarians from around the world, and many of them are with us here, agreed that 10 percent of national development budgets should be devoted to these important areas. Given the severity of the AIDS pandemic, a new study suggests that the total amount needed globally for population and reproductive health, including HIV/AIDS is \$45 billion annually, rather than the \$18.5 billion agreed at the Cairo Conference.

The point is that there are pressing human needs that cannot wait. Urgent decisions must be made and urgent actions must be taken. I am sure that these needs, and rights, will be addressed at this meeting and also at the third International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action, which will take place one year from now, next November in Bangkok.

#### Listen to the People

In closing, I would like to stress the importance of reaching out to people, listening to their concerns, bringing their voices into policy debates, and being active mediators of change. Your courage in dealing with sensitive but also life and death issues is what is required at this particular juncture in the history of your countries. And who would be most appropriate and most qualified to do so except you, Parliamentarians. You are the voices of the people that carry the messages from the communities to the chambers of your honourable parliaments.

The formulation of health policies that respond to the needs of the people will happen only when there is greater participation of the community in policy making and debate. And here again, parliamentarians have a role to play. Giving people and communities a strong voice in policy making is the key to effective development.

While equitable laws and policies are essential, they are not enough to bring about real change. Advocacy is also needed. And here again, parliamentarians can play a critical role in using your speaker power to call for equality and putting an end to gender discrimination and violence. Eliminating the causes of discrimination will require policies that tackle the power gap between men and women. Decisions about education, health, nutrition, child-bearing and money are made within the family. It is this dynamic that policy makers must understand and influence if the fundamental gender inequalities are to be addressed.

As officials and parliamentarians, we have to accentuate the positive. Cultures are not static; they are in a state of constant change. Many aspects of culture are good and we must capitalize on them to create an enabling environment, as well as effective mechanisms for monitoring implementation. You are the best fit to reach out to people and empower them to change those practices that violate their rights.

"Given the severity of the AIDS pandemic, a new study suggests that the total amount needed globally for population and reproductive health, including HIV/AIDS is \$45 billion annually, rather than the \$18.5 billion agreed at the Cairo Conference."

Dr. Thoraya Obaid, UN Under-Secretary General and UNFPA Executive Director

# “Population growth has placed heavy burden on environment”

*Hon. Agung Laksono  
Hon. Speaker, Parliament of Indonesia*



To name a few, (1) parliament can call the attention of the Governments, NGOs and the public at large to emerging population issues and furthermore formulate and legislate appropriate laws accordingly. (2) Such forum like this therefore is important for parliamentarians to exchange their opinions and establish a vision and mission for the future. (3) This is even more relevant as no country can do it alone. Through this forum, we are challenged to prove our integrity, capability and unity to have better service for the people we represent.

*Hon. Agung Laksono, Hon. Speakear  
Parliament of Indonesia*

On behalf of the Indonesian House of Representatives and on my own behalf, I would like to express our greatest pleasure and our warmest welcome to all delegates participating in the 8<sup>th</sup> General Assembly of the Asian Forum of Parliamentarians on Population and Development (AFPPD) and to all distinguished guests attending this opening Ceremony.

The establishment of any forum of parliamentarians concerning specific issues, including the Indonesian Forum of Parliamentarians on Population and Development has proven to be valuable in facilitating members of parliament in serving their duties as legislators and as the representation of their people. We welcome and fully support these endeavours, which I believe, will continuously improve the performance and accountability of Members of Parliament to their constituencies.

I welcome this year's theme and would like to emphasize that any efforts to share and promote different values and initiatives through interfaith dialogue, mainly among cultures and civilizations need to be encouraged. We should commit ourselves to taking action and to promoting a culture of peace and dialogue at local, national, regional, and international levels. I believe that this will provide a constructive atmosphere for cooperation, mutual understanding and tolerance.

The high rate of population growth and pressure for accelerating development has placed heavy burdens on the environment. However, population problems are diverse from country to country, ranging from countries with rapid population growth to those with declining

fertility and ageing populations. Countries of Asia and the Pacific region, which constitute the worlds most populous countries and are among those the fastest track of globalization, face a number of emerging population issues, such as migration, rapid urbanization, trafficking in people, population ageing and the youth population, HIV/AIDS and avian flu.

The parliamentarians play a critical role of advocacy individually and collectively on the issues I mentioned above. To name a few, (1) parliament can call the attention of the Governments, NGOs and the public at large to emerging population issues and furthermore formulate and legislate appropriate laws accordingly. (2) A forum such as this is therefore important for parliamentarians to exchange their opinions and establish a vision and mission for the future. (3) This is even more relevant as no country can do it alone. Through this forum, we are challenged to prove our integrity, capability and unity to have a better service for the people we represent.

I am convinced that the ultimate goal of our policy on population and development is how to improve the quality of life of the population in general. None, but the quality of the current population is the determinant of the quality of our future. The quality of people's life is strongly interrelated with population changes, patterns

and levels of use of natural resources, the state of the environment, and the pace and quality of economic and social development. For example, population growth influences poverty, which, in turn, is often accompanied by malnutrition, low status of women, and limited access to social and health services including reproductive health services. In order to ensure the improvement of people's quality of life in the future, parliamentarians in all political and legislative activities must continue to pay a great deal of attention to population programmes which integrate social economic and environmental factors. It is therefore, as a regional forum, we, parliamentarians from Asia and the Pacific region, recognize the strategic outcomes of the Regional Ministerial Meeting on Millennium Development Goals in Asia and the Pacific held in August 2005 in Jakarta as an important element of the integrated and coherent approach to population and development by 2015. We believe that it is necessary for Asia and the Pacific to undertake collective actions to implement the outcomes of 1994 International Conference on Population and Development (ICPD), which has paved the way for the achievement of the MDGs.

We look forward to cooperating with all other nations in identifying areas in which the international community can work in concert and determining how common goals of the population and development can be best achieved.

I wish the 8<sup>th</sup> General Assembly of AFPPD to be a great success and fruitful. I wish you all a pleasant stay in the lively city of Jakarta.



Opening Ceremony



Dr. Thoraya Obaid, UNFPA Executive Director and Mrs. Hj. Aisyah Hamid Baidlowi, IFPPD Chairperson with Indonesian President H.E. Dr. Susilo Bambang Yudhoyono

# “AFPPD has long history of active contribution to population policies”

H.E. Dr. Susilo Bambang Yudhoyono  
Hon. President of Indonesia



Let me begin by extending a very warm welcome to all of the delegates, attending this 8<sup>th</sup> General Assembly of the Asian Forum of Parliamentarians on Population and Development, here in Jakarta. You have come to Indonesia at the end of a difficult year. In the past year, this nation has endured tremendous trial and tribulations: a deadly tsunami, a series of earthquakes, rising oil price, weakening Rupiah, terrorist attacks and avian flu.

Those were the bad news. The good news is that, we bounced back stronger each time. Just two days ago, our police successfully cornered, and killed the most dangerous terrorists in the region, Dr Azahari and his associates. Dr. Azahari, a Malaysian, was the mastermind and bomb maker, who was involved in a series of major bomb attacks in Indonesia: Bali in 2002, at the Jakarta Marriott Hotel in 2003, at the Australian Embassy last year, and last month again in Bali. We have been looking for Dr. Azahari for a long time. When our police finally cornered him in his hide out in Malang, East Java, he responded with gun fire and 11 explosives, before he was shot dead. The police found more bombs in his house. Apparently, we stopped Azahari at a time, when he was preparing for his next attacks. It was definitely our biggest counter-terrorism achievement this year. I do hope, all of you can sleep better tonight.

But if you sleep better tonight, it is probably because you are exhausted from a very extensive discussion on the critical issues of “Population and Development” today. For a country like Indonesia, the world’s fourth most populous nation and the largest in Southeast Asia, our ability to produce the right “population” and “develop-

“The AFPPD has had a long history of active contributors to population and development policies in this region. It is my hope that AFPPD, through this 8<sup>th</sup> session of its General Assembly, will enhance its role as a forum for legislators, to monitor, review and assess the implementation of internationally agreed development goals, including those contained in the Millennium Declaration, particularly those related to population and development, at the national, regional and international levels.

We count on the AFPPD, to help monitor policy trends, and to promote greater public awareness of population and development issues.”

H.E. Dr. Susilo Bambang Yudhoyono  
Hon. President of Indonesia

ment” policies, spells the difference between progression and digression. Your gathering here today could not have been more timely, just two months after the conclusion of the United Nations World Summit, held in New York last September.

I had the honour of taking part in that historic Summit in New York, and, to be frank, it was a very difficult Summit. There was a moment that many of the world leaders thought, that the Summit would collapse without any meaningful result. Fortunately, a compromised text was worked out at the eleventh hour, which led to the Summit Outcomes.

The end product was a document that was far from perfect. In fact, many in the developing world felt that it was short of what they had expected. The important question now is “what do we do next?” Well, what is clear is that, we must maintain focus and momentum, to attain the Millennium Development Goals by 2015, globally, regionally, nationally and locally. Your work today, is important to mankind’s journey towards 2015.

I fully concur with UN Secretary General Kofi Annan who stated that, and I quote, "The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved, if questions of population and reproductive health are not squarely addressed. We need to work harder to promote women's rights, invest more in education and health, including reproductive health and family planning".

This meeting, provides an opportunity for the Parliamentarians' Forum, to assess the progress achieved and strengthen our commitment on population and development issues. It is also a good opportunity, to take stock of the progress reached since the global community, comprising 179 countries, launched the International Conference on Population and Development in Cairo in 1994. The conference produced a Programme of Action for the next 20 years, which set out practical goals in key areas of life: "universal education, reduction of infant and child mortality, reduction of maternal mortality, and access to reproductive health services, including family planning". Eleven years since that historic International Conference on Population and Development, we still have much work to do.

I welcome that your conference has chosen the theme: "Cultural and religious values and reproductive health". Development, after all, is culture-bound. Any development strategy that ignores cultural conditions is bound to fail. Your culture is your most precious asset. If you infuse your cultural values in your development strategy, you will have the kind of development that not only provides material well-being, but also a stronger sense of self-esteem and identity.

In many societies, culture is rooted in religion. In Indonesia, if you go to Padang, Bali, Ambon, Aceh, you will find that religion is not just a medium for personal salvation, it is also a driving force for the community. In fact, in Indonesia, the more our society becomes developed and modern, the more spiritual they become. Our spirituality, therefore, is also a great asset in our development strategy. This is exactly what happened in Aceh during the tsunami crisis. We lost over 200,000 people- dead and missing- in Aceh, the worst human ordeal in history. During these tormenting times, what gave the Acehnese the strength to recover physically and emotionally was their deep faith in religion. This is also what happened in Bali, when they were hit by terrorist attacks, for the first time in history. The Balinese responded to the attacks not by angry vengeance but by going to the temples to pray with dignity.

Apart from having root in cultural and religious values, a population and development strategy must also spread

opportunity and enhance equity. A recent study by the World Bank, titled World Development Report 2006, demonstrates that equity is very much interlinked to development. It stressed that, and I quote, "Institutions and policies that promote a level playing field- where all members of society have similar chances to become socially active, politically influential and economically productive- contribute to sustainable growth and development".

I cannot agree more. As we pursue our respective development strategy, we must create this level playing field for our citizens, so that they can be endowed with the equity which we deserve. That is also why I believe, no matter what our political system or economic model, no matter what kind of natural resources we have, no matter what our historical background, the most important thing we can possibly INVEST IN is, in education and health. It is a very simple and proven formula for progress: investing in people. You cannot go wrong with this.

Our population and development policy must also take into account, what the UN Secretary General has stressed in his report. "In Larger Freedom", namely that development, security and human rights are interlinked. You cannot have security without development. You cannot have development without security. And neither development nor security can be attained without human rights. There are plenty of lessons from the 20<sup>th</sup> century, and the previous centuries, to support this proposition.

The AFPPD has had a long history of active contributors to population and development policies in this region. It is my hope that AFPPD, through this 8<sup>th</sup> session of its General Assembly, will enhance its role as a forum for legislators, to monitor, review and assess the implementation of internationally agreed development goals, including those contained in the Millennium Declaration, particularly those related to population and development, at the regional, national and international levels.

We count on the AFPPD, to help monitor policy trends, and to promote greater public awareness of population and development issues.

Before concluding, I am pleased to recognize the important role played by the Indonesian Forum of Parliamentarians on Population and Development (IFPPD), in promoting the implementation of the internationally agreed plan of action, on population and development at the national level. Since its establishment in the August 2001, the IFPPD has been very active, in

promoting the improvement of health quality, promoting access to reproductive health services, enhancing gender empowerment, increasing rate of school participation, and promoting family planning at the national and local level.

Finally, I wish you all success in your deliberation. I look forward to learning your concrete recommendations and activities from this General Assembly, in support of the attainment of the Cairo Plan of Action on Population and Development, and the achievement of the related targets and goals of the MDGs. And, by saying “Bismillahirrahmanirrahim” the 8<sup>th</sup> General Assembly of the Asian Forum of the Parliamentarians on Population and Development, I declare open.

Mr. Tosari Widjaya, Chief of Organizing Committee on General Assembly, provided the vote of thanks and the first session of the General Assembly followed.



H.E. Dr. Susilo Bambang Yudhoyono, Hon. President of Indonesia address the 8th General Assembly of AFPPD

# SESSION 1

## Relevance of Parliamentary Advocacy on Population and Development

### “AFPPD played important role to promote developmental coordination”

**Mr. Sultan Aziz**  
Director, Asia-Pacific Division, UNFPA



Mr. Sultan A. Aziz joined UNFPA as Director, Asia & the Pacific Division. He has been the Senior Advisor to the Special Representative of the Secretary-General in Afghanistan. Prior to that, he was Special Advisor to the UNDP Administrator on Afghanistan and Assistant Director for Strategic Planning and Business Development and worked in many highly reputed positions.

I am honoured to address you today, at the 8<sup>th</sup> triennial General Assembly meeting of the Asian Forum of Parliamentarians on Population and Development. I have been asked to speak about why parliamentarians are UNFPA's indispensable partners in helping the countries address their population challenges, in promoting reproductive health and rights, checking the spread of HIV/AIDS, and in empowering women.

I would like to begin by expressing my appreciation and admiration for your efforts, both in your own countries and globally, to advance the ICPD agenda and the MDGs.

We are fortunate that in Asia we have champions at the highest levels- two former AFPPD members are now Prime Ministers- H. E. Datu Seri Abdullah Ahmad Badawi of Malaysia and H. E. Mr. Hae Chan Lee from Korea. In India, both the Finance Minister and the Minister of Planning are AFPPD alumni and strong advocates for population and development. AFPPD members are also cabinet ministers, speakers of Parliament, governors and senators. These leaders and numerous other parliamentarians have made important contributions in Asia and Pacific countries, through legislative processes, advocacy work, consensus building and mobilization of support

for ICPD and MDG goals.

Their efforts have helped raise awareness and create an enabling environment for population, reproductive health, gender and development policies and programmes within government and legislatures. Members of parliament and government ministers have spoken out strongly on difficult subjects and powerfully in favour of women's and young people's health and rights. Working with AFPPD and through their national parliamentary committees, parliamentarians have helped to introduce, discuss and review legislation in these matters; they have participated in dialogues, seminars and study visits to share their experiences, learn from other countries and promote policy changes at home.

At the 2005 World Summit, despite the controversies and debates, the international community committed to achieving universal reproductive health by 2015, a tremendous success which owed much to the extensive preparations and mobilization by UNFPA's partners in government, in the national delegations and in civil society. I myself participated in a focus group meeting on RH and MDGs, organized by AFPPD just before the World Summit where I was impressed by the assembled knowledge, commitment and seriousness.

However, with only ten years left for the world community to fulfil the pledge made at the Millennium Summit to eradicate extreme poverty, we cannot be complacent or rest on past laurels. It is now time for us to make a great leap forward, to summon our combined energies, expertise and acumen to make demonstrable impact.

Perhaps because of UNFPA's uniquely challenging mandate, we recognized early on the importance of generating political support for our development goals. UNFPA's first Executive Director, Dr Rafael Salas would visit the head of the states of every country in the United Nations, and ask how UNFPA could best respond to their development priorities. In the 1970s, this was an unusual approach for a development strategy. Today, the merits of this approach are increasingly recognized by development partners.

Since the UNFPA's inception in 1969, many countries in Asia and the Pacific have seen a significant demographic transformation. Population growth rates in Asia and the

Pacific region as a whole reached their peak of 2.4 over 30 years ago, and have been declining ever since. The composition of Asia's population is changing, allowing some- though by no means all- countries in the region to take advantage of the demographic transitions, having reached fertility levels of below 2.1. Poverty levels have reduced in most countries of Asia since the 1960s, most noticeably during the last two decades. These trends are in no small part related to strong levels of government commitment, and significant investments in primary healthcare, family planning and reproductive health programmes, as well as – and this is important – investments in women's education. People in countries as diverse as Thailand, Malaysia, India, Sri Lanka, benefited not only from voluntary rights for women, but also from women's increasing economic involvement.

Recognising that political leaders in Asia could benefit by learning from each other's experiences, in 1981, UNFPA helped to set up the Asian Forum of Parliamentarians on Population and Development, a platform to motivate, educate, coordinate, and strengthen national and regional leadership for population and development. Since then, the AFPPD has become a strong and effective regional organization. Today it coordinates 24 national committees in Asia and the Pacific, and has expanded its focus to include poverty reduction, health and education, reproductive and maternal health, population and environment, water and food security.

AFPPD has also played an important role to promote development co-operation in between the different regions of the South, helping to establish and coordinate regional parliamentarian bodies in Africa, the Arab states and in Latin America. At the global level, this Forum has contributed to shaping the dialogue and building the consensus that resulted in the ICPD Programme of Action.

The ICPD Conference in Cairo shifted the discourse from a narrow focus on population numbers to where it should be: on improving human lives. It emphasized the rights of all individuals and couples to comprehensive and quality reproductive health beyond just family planning, and stated loud and clear that sexual and reproductive health is a basic human right. Most importantly, it placed women at the center of efforts to reduce poverty and advance sustainable development.

The Programme of Action that came out of the Cairo Conference became the guiding principle for population and development policy for the entire world. For the first time, a consensus among nations was reached on the inter relationship between population, development and the human rights of individuals.

Today, ten years after the ICPD, it is widely recognized that population trends and dynamics must be fully integrated into development planning and policy making. In most Asian and Pacific countries, as population growth rates slowed, the focus has shifted from population increase and size, to population distribution and structure. New challenges such as rapid urbanization and migration; environmental degradation; the spread of HIV/AIDS; and population ageing in the absence of formal social security systems compound the persistent evils of poverty, inequality, under development and gender discrimination that are still rampant in our region. Perhaps the most disturbing trend of all in Asia is the declining sex ratio in countries such as India and China. Sex ratio imbalance could change the face of society as we know it, and have wide ranging and devastating implications for economies, societies and individual communities.

In addition, Asian and Pacific countries have to act quickly to meet the needs and aspirations of their enormous youth cohorts, many without education and employment prospects. With access to education, health care and livelihood opportunities, and with means for participation in the social, cultural and economic life of nations, the youth population is a tremendous asset that can help lift countries out of poverty.

In this scenario, I call on you to continue to actively engage and mobilize their peers, hold their governments accountable, and fulfil your responsibilities to your constituents. As elected representatives, you will play a unique and important role in the coming decades. The bulk of the work to reach the INPD and MDG goals and improve the lives of poor people still lies ahead of us- laws to be formulated and enforced, policies made, plans implemented, resources allocated and institutions strengthened.

We are all here today because we firmly believe that tackling populations, RH and gender inequality is essential to poverty reduction and achieving the MDGs. The World Summit outcome document endorses our conviction, and you must utilize this as a basis to compel governments to increase national budget allocations for RH/FP, maternal health, ASRH, women's empowerment and gender equality- "quick wins" in the battle against poverty. And you must make sure that these resources actually reach the poor. For those of you from donor countries, you must urge your governments to increase ODA to tackle these problems.

Unlike development professionals and technocrats, parliamentarians and other elected officials have the mandate and public trust to act in the interest of citi-

zens. You can ensure that women's health and rights and young people's futures, are placed at the heart of political discourse and the center of national development agendas. You can influence the distribution and mobilization of resources both within the government system and from development partners, and monitor these resources to ensure that women benefit and participate equally in the fruits of development.

Working with your national parliamentary groups, with civil society, with the media, and with development partners, you must speak out on the persistent and emerging problems facing our countries, and take actions to effect the policy changes that will alleviate them. You must initiate dialogue, lobby and urge governments to come through on their promises.

As elected representatives, you are bound to listen to your constituents, address their priorities and ensure that they have the means and opportunities for a full and fruitful life. At the same time, as gatekeepers and opinion leaders, you can help change attitudes and mindsets, and promote public support and acceptance for universal human rights, including reproductive rights, for adolescent SRH, HIV/AIDS prevention and gender equality. The theme of this General Assembly meeting is that "Culture and Religion Matters", however culture and religion must never be used to justify the denial of inalienable human rights. As UNFPA's former Executive Director, Dr. Nafis Sadik, so rightly says, culture is never monolithic or static, nor is it the property of a privileged few.

You bear a special responsibility to set an example for your peers and your citizens - by staying informed, knowledgeable, accountable and transparent. Through your speeches and actions, you must work to reduce stigma against HIV-positive people, speak out against and refuse to tolerate gender-discrimination and gender-based violence, and promote free and voluntary choice in family planning matters. The work of parliamentary committees contributed greatly to strengthening representative institutions and their capacity and means of action. Where they have shown strong political will and a commitment to act, they have helped to bring healthcare, basic services, education and employment opportunities to the poor and marginalized and to foster civil society and private sector participation in development efforts. Our challenge now is to channel the political will generated through the MDG and ICPD process, and transform it into effective and concerted action.

I urge all the national parliamentary committees as well this Forum to approach this task with a clear pur-

pose, articulated and measurable goals and a well defined advocacy strategy to achieve them. All of us in the development community- national governments, planners and policy makers, international agencies and development professionals, will all be held accountable by future generations if we fail to make progress on the MDGs, the most compelling global effort to end poverty in history. It is now in our best interests to be able to track, measure and demonstrate the impact of our efforts.

To close, I would like to stress three important considerations that I would like you to pay attention to in the future:

1. Women's representation and political participation must increase in numbers and efficacy. Their voices and opinions must be heard in national parliaments as well as local government bodies and be reflected in decision making, resource distribution and progress on gender and equality goals
2. Elected Representatives must be engaged in moving forward the ICPD and MDG at every level. State legislatures, city councils, district and local government bodies must be mobilized and supported. They are closest to the people and best know their problems, hopes and aspirations. With decentralization they are increasingly at the frontline when it comes to implementing national plans and programmes.
3. Finally, the new generation and young parliamentarians must be at the vanguard when it comes to voicing and addressing the needs of young people. If we are to achieve the MDGs by 2015, we must work directly with young people and nurture their leadership and participation in representational politics and government.

To close, I thank you once more for affording me an opportunity to address you today, and urge you to continue to work to make the end of poverty and gender inequality a reality in our generation.

Chair:

Mr. Amris Hasan, MP (Indonesia)

## SESSION 2

### MDGS + 5 Summit: Future Implications

# “Unequivocal commitment to achieve universal access to reproductive health”

Mr. Jyoti Shankar Singh

Partners in Population and Development, New York



Mr. Jyoti Shankar Singh has been the former Deputy Executive Director of the United Nations Population Fund (UNFPA); Executive Coordinator, 1984 UN International Conference on Population and 1994 UN International Conference on Population and Development (ICPD); Special Advisor to Executive Director, UNFPA on ICPD+5 Review

A five year long quest by members of the population community to have the world leaders recognize the centrality of reproductive health in promoting and achieving Millennium Development Goals (MDGs) achieved its objective at the recent UN Summit of world leaders. The outcome document adopted by heads of state and government from more than 160 countries at the World Summit (September 14-16, 2005) states their unequivocal commitment to “achieve universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the international development goals, including those contained in the Millennium Declaration aiming at improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty.” Further more, the document affirms that ensuring access to reproductive health is essential to “the full and effective implementation of the Beijing Declaration and Platform for Action.”

The two statements taken together clarify once and for all the debate on the relevance of reproductive health to MDGs, which began after the Millennium Declaration failed, as a result of pressure exercised by a small

group of countries, to mention reproductive health as a goal or target to be achieved by 2015. Subsequent to the 2000 Summit, Secretary-General Kofi Annan, in several statements and messages, reaffirmed the linkage between the goals adopted by major UN conferences in the nineties (including the International Conference on Population and Development in Cairo and the Women’s Conference in Beijing) and the criticality of reproductive health to the achievement of the MDGs. UNFPA Executive Director Thoraya Obaid, on her part, kept hammering these points in numerous statements; and the international and regional conferences and meetings organized by intergovernmental and non-governmental organizations in the context of the tenth anniversary of the ICPD repeatedly reaffirmed them.

The 2005 Summit responded to their appeals by including clear references in the outcome document to the importance and urgency of reproductive health issues. In a statement issued after the Summit, Dr Obaid welcomed this response by saying, “five years after the Millennium Declaration, the world has reaffirmed the need to keep gender equality, HIV/AIDS, and reproductive health at the top of its agenda. This outcome is a success for million of women, men and young people all over the world, whose appeals have been heard.” She went on to say, “we must now focus our energy on fulfilling the commitments made by world leaders.”

If we look at both national and international assessments of the progress made toward achieving the MDGs as well as the ICPD goals, we would realize that while a good deal of progress has been made towards achieving some of the goals, a great deal more remains to be done in the next ten years. In the last ten years, the broad concept of reproductive health has been incorporated by an increasing number of governments in their primary health care management, service -delivery and outreach programmes. However, more than 120 million couples still lack access to reproductive health commodities and services; and commodity security remains an urgent issue, particularly in poor countries in Africa and other parts of the world.

HIV/AIDS rages now as a pandemic; and though almost five billion dollars are being provided annually by the donors for prevention and treatment of HIV/AIDS, this

amount is less than half of the amount needed. Also, the parallel functioning of family planning and HIV/AIDS programme in many countries has not always been most effective in ensuring that commodities and services are delivered to all those who need them most.

Though gains have been made in reducing infant and child mortality, maternal mortality, in global terms, sadly remains at the same level as ten years ago; and in war-ravaged countries has become even worse. Education, particularly for girls, has not yet been fully achieved; and while some progress has been made towards reducing the incidence of female genital mutilation and more public attention is being given to domestic violence against women, the empowerment of women remains a distant goal in many areas of economic and social development.

The challenge before us is to find ways and means to resolve the problems and difficulties encountered in reaching the goals and objectives of the ICPD Programme of Action, in order to ensure the earliest possible achievement of these goals and objectives, within the over-all framework of the MDGs.

In undertaking further implementation of the ICPD Programme of Action, it will be essential to continue to underscore the linkages between the ICPD and Millennium goals. At the same time, serious attention should be given to measures that may help integration of reproductive health and HIV/AIDS programmes, wherever possible. For historical and political reasons, these programmes tend to run parallel to each other in many countries. Integration, or at least full coordination of these programmes, will be much more efficient and cost effective. Also, special attention needs to be given to the needs of adolescents and youth.

Adequate resource mobilization, at both domestic and international levels, remains essential to the attainment of ICPD goals, in the context of the Millennium goals. Reports prepared by UNFPA and a number of NGOs indicate that the efforts undertaken by donors to reach the ICPD cost estimates for the year 2005 are nowhere near the mark. Without much greater mobilization of additional resources, there will be very little prospect of fully realizing the ICPD goals, particularly those relating to provision of, access to and availability of family planning and reproductive health services.

It is important to accept that it is an evolving role and that the task for the national committees of parliamentarians or for a group such as AFPPD cannot be fulfilled in one or two years. It is a continuing task and therefore one should not make the assumption that by support-

ing one set of seminars, or conference, would make the task complete. It is a continuing process, and although new concepts and practices can always be adapted, the process has to continue. I hope that AFPPD and its national committees will see their future role in furthering the cause of population and development. I wish them all the success in both the deliberations and formulating future courses of action.

## DISCUSSION

In Australia, parliamentarians are facing strong opposition every time even the word Reproductive Health is mentioned in the parliament. It is a challenge to be able to hold onto the ground that the Australian parliamentarians have already got. What could be done to tackle such situations?

Hon MP from Kazakhstan informed that the parliament has just finished reviewing its budget for 2006. The budget is being called 'socially oriented' because it places great emphasis on social issues. Its aims coincide with MDGs and the goals of the World Summit of 2005. Approximately 25 percent of the budget has been allocated for health including reproductive health and HIV/AIDS services. It is hoped that this amount would be doubled in the coming years. The forum in Kazakhstan has been contemplating on how the knowledge of its ancestors and the culture of the country which is deeply rooted in its nomadic identity can be used to tackle challenges related to population and development. This goes in line with the theme of the conference. Few people are aware that Kazakhstan recently held the first summit of leaders of the world religions which was attended by the representatives of 37 religions from all over the world. Another similar congress is also being planned in 2006. The Hon. MP from Kazakhstan expressed his hope that AFPPD can participate in such conferences in the future and learn from the strategies being discussed in such meetings.

Hon. MP from India mentioned the issue of strong male child-preference inherent in the culture of India and how can the challenge be tackled in the context of population.

A delegate from Indonesia posed the question on how multilateral financial institutions like the World Bank or the IMF assess its financial assistance to these countries in achieving MDGs especially through addressing the burden of debt. He also raised the issue of migration on which the Indonesian Union had recently adopted a resolution. He asked the speaker to express his opinion on the issue of human rights of migrants in Indonesia as the migrants also contribute significantly towards the

economic development of countries and thus have a role in attainment of MDGs too.

Mr. Jyoti Shankar Singh agreed with the Hon. MP from Australia that in many countries the movement against reproductive health commodities is indeed a very well organized movement and cautioned that one has to be careful in terms of the tactics used by many of these groups which tend to mix facts with fiction. They tend to lead the discourse in a certain direction which is not the original intention, in order for people to reach a certain conclusion supported by their own group. He emphasised that dealing with such groups and movements in an ongoing process, and no set formula can be offered to tackle these. He agreed that such resistance exists in many countries and not just in Australia and mentioned the need to continually advocate for gender equality and human rights of people, and counter such movements.

He expressed his delight on the Kazakhstan's budgetary process and agreed that AFPPD can indeed be invited to see what it can learn from that process.

On the question on male preference he pointed out that not just in India, but studies confirm that male preference has existed in all the societies in Asia. Although agreeing that there are no simple ways to eradicate this as it is rooted deeply in the culture, still, clear legal steps are being taken in countries like India which has banned sex determination. Although it is difficult as the technology is available everywhere, there are examples in these very societies which show the way of reducing these. He gave the example of Kerala which is the only state in India to have more females than males which has proved that gender discrimination and male preference can be dealt with. He mentioned increasing the value attached the girl child, female education, economic empowerment of women as some of the ways to tackle male preference in Asian societies.

Lastly, pointing out that the issue of domestic violence and violence against women is also a part of deep-rooted social concept practised in many societies and which got missed in the issues raised above. Many countries have adopted laws against it because of pressures generated in international conferences.

Answering the question on the role of the World Bank and the IMF, he replied that these organizations have publicly committed to doing whatever they can do including debt relief to help countries achieve MDGs. Talking about migration, he said that one cannot simply attack Western countries for attacking migrants. Human right violations of migrants are common in all



From Left to Right: Mr. Jyoti Singh, Former UNFPA Deputy Executive Director, Dr. Sang Guowei, MP (China), Mr. Yasuo Fukuda, MP (Japan) and AFPPD Chairman

countries, owing to their vulnerable status, both socially and economically.

Mr. Yoshio Yatsu summarised the above session by enumerating three key points: first, if the problems in reproductive health cannot be handled, it will become extremely difficult to achieve the MDGs of elimination of poverty and hunger; second, reproductive health and HIV/AIDS services need to be integrated in order to achieve greater efficiency in these and third, adequate resources at domestic and international levels to achieve ICPD goals need to be generated.

Chair:

Dr. Sang Guowei, MP (China)

# SESSION 3

## HIV/AIDS in the Region

### “Policies need to be translated into actions”

Ms. Teresita Bagasao  
Asia-Pacific Leadership Forum, UNAIDS



Ms Teresita Bagasao joined UNAIDS regional support team as the manager of Asia- Pacific Leadership Forum on HIV/AIDS and Development, APLF. She has worked for UNAIDS since 1996, based in HQ, and also worked as Chief of Partnership unit dealing with civil society, private sector, participation of people living with HIV/AIDS, and greater involvement of private sector. She also headed an NGO in the Philippines, which is a pioneer today in the field of population and development.

I am pleased to note that this session follows the discussions on the Millennium Development Goals + 5 summit and I hope to show the impact of inaction on the AIDS epidemic in meeting the MDG goals. In the end, the main message I wish you to take home is: there is no let up in the relentless spread of the epidemic in this region but you as parliamentarians have a key role in helping to keep the epidemic in check now at relatively low cost. The choice is still ours to make but it won't be for long.

A recent report on progress related to the MDGs goals, indicated that while many of the countries in Asia Pacific appear to be moving towards achieving many of the goals, progress across goals and countries and even within countries remain uneven. Of particular relevance to our session, is how well we met MDG 6, combating HIV and AIDS. The report indicates increasing levels of infection in both Eastern and Southern Asia, a “stable” epidemic in South-East and no substantive information about the Pacific.

What does “increasing” and “stable” trend actually mean? To appreciate the seriousness of the epidemic, we need to look at trends over time. As far back as 1985, when AIDS was already grabbing the attention of Western Europe, North America and Africa, HIV prevalence was at

undetectable levels in Asia Pacific. This did not last very long. Within eight years, Thailand and Cambodia had over 1 percent prevalence among adults. Major parts of India and Myanmar registered concentrated epidemics and certain parts of these two countries showed measurable prevalence in the general population. Five years later, in 1998, Nepal, China, Malaysia, and Papua New Guinea showed concentrated epidemics with further increased prevalence rates in India and Myanmar. Last year, 2004, almost the entire map of the region has filled up with concentrated epidemics. This means that Asia Pacific has reached over 5 percent prevalence among certain groups and that the region now has the world's second highest levels of HIV infection, after Sub Saharan Africa. Translated to figures, by the end of 2004, in the region 8 million adults and children were estimated to be living with HIV and accounted for more than a million new cases of infection during the course of the year. Over half a million people died of AIDS. If we only look at national prevalence rates, many of us might breathe a sigh of relief and say: “Well 99 percent of our population is not infected.” This is false sense of security. While national estimates are useful, they can cover the truth of what is happening on the ground. A national average hides millions of current infections, and sky rocketing infection rates among population subgroups. There are “hot spots” or high prevalence among the general population or population sub-groups and represent millions of people in absolute numbers. The magnitude of the populations makes direct comparisons difficult with other parts of the world. For, example, in India, adult prevalence is under 1 percent. But applied to just over a billion people, this means India has nearly as many people living with HIV as South Africa - where prevalence exceeds 20 percent. Another example is China whose HIV prevalence rate is one-seventh that of Brazil. But China has an estimated 180,000 more HIV-infected people. Looking at prevalence rates alone is therefore a misleading way to view the enormity of the HIV challenge in the region. It is a question of real numbers, not percentages. Remember this is only a partial picture, as sub-national data is unavailable in many places. The picture also changes greatly when we examine sub-national level of specific states or provinces, wherever data is available. Myanmar has a national prevalence of about 1.4 percent, but two provinces are at or above 5 percent. Cambodia has a similar situation. In terms of mortality, in sub-national areas with their own advanced epidemics, the toll on life expectancy is comparable to that in

certain parts of Sub-Saharan Africa, while national figures do not appear to change dramatically.

How does this state of the epidemic impact on the region's development goals? Despite its relatively low prevalence, the epidemic is causing serious harm to the region's developmental gains. The epidemic pushes millions of households further into poverty each year, particularly in rural areas and poorer provinces, thereby undermining efforts to meet the MDGs such as MDG 1 that aims to half the number of people who live in hunger or below the poverty line by 2015. A joint Asian Development Bank and UNAIDS study on impact, projects that AIDS slows down poverty reduction in India up to 23 percent annually, between 2003 and 2015, unless there is an extraordinary scaled-up response to the epidemic. This will set back India by an additional 3 to 5 years, if the current scale of response to the epidemic is not increased. In more fragile economies, as in Cambodia, the impact will be even worse, where progress toward poverty reduction may be reduced by up to 60 per cent per year until 2015. The message is simple and clear: despite spectacular economic growth and prosperity in parts of Asia, poverty will deepen unless the HIV epidemic is addressed. What kind of response is therefore required? Across the region, the behaviours that present the greatest risk of HIV transmission are: unprotected sex work, injecting drug use and sex between men. Without adequate programmes and services in place, rates of new infection among these groups rise rapidly and eventually get into the general population. Recent estimates report that as the epidemic matures in some highly affected countries; married women are becoming increasingly vulnerable. In Cambodia and Thailand for example, the largest number of new infections are within stable relationships among spouses, with women now accounting for almost half of all new HIV infections in the country (compared with 10 percent of all new infections six years ago). AIDS is taking hold of our communities regardless of culture and religious beliefs.

Most countries in Asia are still on the rising part of the curve. A large scale epidemic in the region can still be avoided if carefully focused prevention work is done now. The urgent challenge is to reverse this trend of rising infection rates and keep Asia Pacific at least 99 percent HIV free. However, if we continue at same pace as today, we are asking for more trouble. The cost of inaction is so great both in human lives lost and financial costs. Recent estimates suggest that, if no further action is taken, 12 million new infections could occur in the Asia-Pacific region between now and 2010. Estimates show that if the region acts now to implement comprehensive prevention, care and treatment programmes and services, new infections can be kept to 6 million. A comprehen-

sive "minimum package" of prevention linked with care and provision of treatment programmes and services includes:

- For sex workers (female and male) and their clients: prevention of sexual transmission by promotion of condoms, lubricants and treatment of STIs, along with outreach programmes and a supportive environment
- For injecting drug users: clean needle distribution, and substitution treatment
- For young people: behaviour change interventions, including delay of sexual intercourse, monogamy, and use of condoms
- Voluntary counselling and testing so people know if they are infected or not
- Prevention of mother-to-child transmission.
- Increased access to anti-retroviral therapies and other treatments for people living with HIV.

Some of these best strategies included in this minimum package were in fact pioneered here in Asia and Pacific. But the impact of a scaled-up response can only be achieved if there is adequate coverage. Success does not lie in merely carrying out these intervention activities unless we reach the critical coverage threshold. For example, if we ensure a 60 percent level of safe behaviour among key vulnerable groups such as sex workers and their clients, and among injecting drug users and their partners, we believe the epidemic can be reversed among those groups. The following scenarios clearly explain why we need a comprehensive response and not only prevention or care:

- Scenario 1 is the "No new action" or "Baseline" scenario, which continues the current 2004 levels of prevention and care
- Scenario 2 is a "Treatment centred" scenario, which means expanded anti-retroviral access, but prevention stays at the 2004 level
- Scenario 3 is a "Comprehensive Response" where we achieve the minimum package of 60 percent prevention and 80 percent expanded ART by 2010.

We can see that the "treatment centred" scenario is economically worse than "baseline," as the financial burden is higher in 2015, despite initial gains. Dramatic change can only be seen if we launch a comprehensive and scaled up response. By simultaneously scaling up prevention

and treatment, cumulative AIDS mortality and new infection by 2010 could be cut by nearly 50 percent and annual HIV prevalence in the year 2010 alone reduced by over 40 percent. In addition to reducing mortality and prevalence, a comprehensive response could also save billions of dollars by preserving productivity, reducing the economic and social burden on households, and averting or delaying substantial medical costs. As the slide indicates, by 2010, overall annual financial loss can be reduced from an annual figure of US\$ 29 billion to US\$ 17 billion. Despite this projection, the region is falling well short of minimal coverage targets. A study of 16 countries in the region showed that HIV prevention programmes were reaching only 19 percent of sex workers, 5 percent of injecting drug users and 1 percent of men who have sex with men. Over all, only 8 percent of all casual sex acts were protected by use of a condom. We don't need to look far for the explanation. Across our societies, people engaged in these behaviours are misunderstood, marginalized and stigmatised and political leaders are reluctant to scale up services for them. Men who have sex with men, in all their diverse forms, are invisible to most policy makers in Asia and the Pacific. There are even policies and legislation that act as barriers for these groups to access the right information and services. In most places, sex workers and injecting drug users are not priority for HIV and AIDS programmes. Care and treatment coverage is similarly low in many places, despite the lower drug costs now available. In spite of progress in Thailand and Cambodia, few of the region's HIV-positive individuals who need ART are receiving it. For example, although India has a thriving pharmaceutical industry and the second largest numbers of HIV-positive people in the world, only 5 percent of individuals who need ART currently receive them. The sad fact is that countries in the region are not yet carrying out a response capable of reversing the epidemic. A response of at least 60 percent coverage is needed now! Other reasons for this inadequate response and low commitment are many and visible in a number of ways. Among 14 countries recently surveyed by UNAIDS and the Asian Development Bank, the Head of State or Prime Minister presides over the National AIDS Committee in only two. While 9 countries have multi-sectoral policy, only three actually involve different ministries in programmes. In the monitoring and evaluation area, only three countries carry out systematic tracking of the epidemic, with only one country having a national monitoring system. In addition, financial resources remain a serious concern.

Available resources are far short of the amounts needed to finance an effective, comprehensive response. Resource needs estimate shows that while available funds are currently expected to rise only from US\$ 1.2 billion in 2005 to US\$ 1.6 billion in 2007, resource needs will

more than double from US\$ 2.3 billion to US\$ 5.1 billion. The story is different in resource constrained countries where, donors will be needed to make up funding shortfalls or even to totally fund national efforts.

Yet a disturbing development in some countries of the region is the decrease in national funding of AIDS-related programmes. I can only hazard a guess at this point that this may be largely due to successes that these countries have had in the past. Two examples show this decline: sharp fall in Philippine national AIDS budget since 1998; and in Thailand, where there are fears that reduced prevention efforts may provoke a resurgence of HIV. The situation seems worse given that prevention programmes for the country's growing numbers of IDUs have received only limited government funding. The same is true of programmes aimed at men who have sex with men, despite rising infection rates in this population.

A final problem is that policy does not translate to action. Some countries with well-designed policies for high risk groups have not actually allocated budgets or developed operational plans. We know what works but we are just not doing enough! How can you as parliamentarians act now? First, ensure programmes are based on solid quantitative and qualitative data, and on the needs of those infected by HIV or affected by AIDS. And then you must ensure that there are no legal impediments to implementing these programmes. Governments must be guided by the evidence, not by what is politically expedient. For example, programmes for injecting drug users, men who have sex with men and sex workers may not be popular, but they work. True leadership means taking the evidence and acting on this.

Second, we need to find the money soon and make sure it is spent efficiently based on fully-costed national plans. All the plans, research and efforts will amount to nothing if we do not invest sufficient funds to reach the critical coverage levels mentioned earlier. As parliamentarians, you can raise the profile of HIV and AIDS and influence budget decisions.

Third, we need your support in recognising the vital role of civil society and the need to protect the democratic freedom that enables it to contribute. We need energetic civil society organisations that can work with government but equally, are able to challenge government when necessary. Grass-roots community organisations are our greatest resource because they understand real lives - what makes people vulnerable to HIV and how people are affected by it, and they know what works.

Fourthly, and this one won't cost you a Rupiah! Your

moral leadership and courage is required. Enlightened parliamentarians can confront stigma and discrimination in the most direct way. As a parliamentarian, you have people's trust and you can dramatically influence their attitudes and fears. When you hold a baby living with HIV, when you shake hands with his HIV-positive mother, you calm people's fears and show them that people living with HIV are valued members of our communities. In Thailand, when a hotel refused to allow people living with HIV into its dining area, Senator Mechai Viravaidya immediately went to the hotel, with condoms, followed by journalists, to show solidarity with those positive guests who had been rejected, and explain to ignorant staff why they had nothing to fear. Mr. Oscar Fernandes, MP (India), has visited villages where people have been abused by their own community for being HIV positive. When societies' powerful people are seen to support and protect people living with HIV, it sends a powerful message to everyone: there is no need to be afraid; people living with HIV are our brothers, our mothers, our friends, our children. Stigma and discrimination is wrong. This agenda for action is our collective responsibility – governments, United Nations Agencies, donor community, civil society and business sector. The Asia and Pacific region has repeatedly proven itself equal to major challenges. To mention only two: the responses to SARS and to the recent Tsunami show what we can do in a crisis. When we need to, we can mobilise rapidly, assemble the resources, and become extremely creative in figuring out solutions to all manner of problems. In the final analysis, to quote my own Director, Prasada Rao: "I think the only real barrier to scaling up the response to HIV and AIDS is one of perception. The virus doesn't kill hundreds of thousands at a thunderous stroke, and it doesn't provide vivid television pictures. Rather, it is a Silent Tsunami." At the end of the day, it is not what we say but what actions we take which would define our success in facing the challenges posed by the epidemic. We need bold action from leaders like yourselves to put your people and communities' lives at the center of your actions. I hope your discussions in this gathering will help you to take action and convince other decision-makers in your countries to move. "Just do it."

Chair:

Ms. Praneet Kaur, MP (India)

# HIV/AIDS and Political Commitment

*Sen. Jon Ungphakorn  
Vice Chairman, Thai Senate Committee on  
Social Development and Human Security*



Senator Jon Ungphakorn has been selected to Thai Senate for a six-year term in March 2000. He is also the Vice Chairman of the Thai Senate Committee on Social Development and Human Security. He is the Board secretary of AIDS Access Foundation and has worked extensively towards this issue. He has been awarded The Knight Grand Cross (First Class) of the Most Exalted Order of the White Elephant and the prestigious 2005 Ramon Mag-saysay Award for Government Service.

He started by pointing out to various political commitments that the MPs can consider as benchmark- first, to truthfully examine and assess the HIV/AIDS situation and admit the facts; second, to work in partnership with civil society organizations, NGOs, People's Networks, PLHA networks and the business community; third, to fully and efficiently fund HIV/AIDS programmes and civil society organizations and initiatives in all aspects, and fourth, to effective and sustainable prevention.

Under preventive actions, he called for provision of safe blood and blood products, anti-retrovirals (ARV) to prevent mother to child transmission, harm reduction programmes, sex education and life skills education, gender equality, counselling and reproductive health centers for women and men, condom and microbicide promotion, decriminalization of sex workers, support for sex workers' organisations, AIDS education programmes in the workplace, AIDS education and prevention in prisons and among marginalized populations, ethnic minority communities and migrant workers (legal and illegal), and anonymous testing services.

He emphasised the importance of political commitment to protect the rights of PLWHA and their families against

social stigma and discrimination in communities, work places, and schools. Under care and treatment for PLHA, he talked about the importance of counselling and psycho-social support, prevention and treatment of opportunistic infections, access to ARV, generic production / imports / compulsory licensing of essential drugs, resistance to U.S. demands for increased protection of intellectual property rights. He also emphasised the importance of commitment for supporting all children affected by HIV/AIDS to have the best opportunities like welfare support for care of orphans by close relatives, psycho-social support, free education and educational scholarships, free medical treatment, access to essential drugs including ARV, development of generic ARV for children

He ended by saying that how to get political commitment is up to the MPs themselves.

# SESSION 4

## Women's Participation in Political Life

# Why Politics Matter for Women and Why Women Matter for Politics in Indonesia

Prof. Smita Notosusanto  
University of Indonesia



rich women are attended by skilled health professionals compared to only 20 percent of poor women.

What needs to be done: Women need to occupy decision making positions in all policy making institutions at all levels to help determine the shape of policies, especially those that related to or have a strong impact to the lives of women and children: education, health, employment, security sector, food security etc. Women also need to participate in all decision making related to conflict resolutions in conflict ridden areas where women and children account for most of the casualties like Aceh, Poso, Papua, Ambon etc.

Introduction: Indonesia has ratified the UN Convention of the Elimination of All Forms of Discrimination Against Women. It has made significant progress in empowerment of women in the field of education, employment and health. The 1945 Constitution recognizes the equal status of men and women before the law. Elections Law stipulates recommendation for nominations of women candidates of at least 30 percent in the Legislative Elections.

The scenario: Despite efforts by the state, women are still under-represented in decision making positions in the state institutions from the national to the local levels. In the National Parliament, women members make up only 11 percent of all members of the House of Representatives, and 20 percent of the Regional Representative Chamber. At the provincial levels, women only make up less than 5 percent of membership in provincial parliaments and less than 1 percent in district parliaments. There are no women provincial governors and less than 1 percent district heads are women. They mostly occupy functional and not structural positions in civil service.

Indonesia's Gender Development Index (GDI) 59.5 percent, still quite low compared to its HDI of 65.8. This number is a result of higher literacy among women and smaller share of income for women. Its maternal mortality rate is still quite high among Southeast countries, 307 out of 100,000 births. Out of 5 million deliveries, 20,000 women still die because of complications during deliveries. Only 68.4 percent of deliveries are attended by skilled health professionals. 80 percent of deliveries of

Some of the strategic legislations to watch for are: Proposed amendment to Health Law to incorporate more detailed provisions on Reproductive health, Bill on Human Trafficking, Bill on Pornography, Bill on Freedom of Information, New Criminal Code, amendment to political party and elections laws, special law on the Government of Aceh. There are also provincial laws related to education, health and domestic violence.

Women and elections in Indonesia: Although the 2004 elections helped to increase representation of women, the glass ceiling in political parties and other political organizations in the form of traditional stereotyping about women's role still exist. Women usually do not hold leadership positions in political parties which results in the low level of women candidates nominated by political parties, or women only occupy lower positions in the parties. Parties in general discourage participation of women through a difficult qualification and selection process, denying the reality of women's lives in Indonesia where women are expected to attend to domestic lives and not lead public career in parties. The prerogative of parties to withdraw its MPs tends to reduce the number of women legislators before their terms are over. This happens more at the provincial and district levels where women legislators are replaced by male ones after only a few months in office.

The course to go: Amendment to political party and elections laws to allow greater participation of women in political parties depend on making positions and an adoption of a more proportional system of elections. Education is needed to abolish negative stereotyping

on the role of women. Gender issues need to be mainstreamed in all sectors of public policies including non traditional gender issues: security sector reforms, trade and conflict resolutions. There should be capacity building programmes for existing women legislators on legal drafting, public speaking, negotiation skills and policy issues. The power of the Regional Representatives should be strengthened to equal the powers of the House of Representatives.



Ms. Steve Chadwick, MP (New Zealand) and Chairwoman of AFPPD Standing Committee on Women

**Chair:**

**Ms. Steve Chadwick, MP (New Zealand)**

# Women's Participation in Political Life: Change at the Political Level is Possible

*Ms. Yukiko Oda*

*Senior Researcher, Kitakyushu Forum on Asian Women (KFAW)*



participation in political life important? In United Nation's Population Fund's (UNFPA) State of World Population 2005, it is stated that "every minute a woman dies needlessly of pregnancy-related causes" and "today, 600 million women are illiterate as compared to 320 million men". Can we leave this injustice as it is? This shows starkly that there is an urgent need for greater participation of women in political life in order to bring about changes and that will help all women to decide freely and responsibly on matters relating to their reproductive health and to fully exercise their human rights.

Women's equal participation in political life is important in order to achieve a just society in which human rights, including reproductive rights and women's empowerment can be secured. The equal participation of women at all levels of decision-making is a necessary condition for women's empowerment and for the improvement of their social, economic and political status because, hitherto, unequal power relations have prevented women from fulfilling their lives with autonomy. Women's empowerment is essential to end the persisting injustices that women face as evidenced in the appalling statistics cited above.

How much progress has been achieved in the goal of women's participation in political life? Having international agreements and agendas that emphasize women's political participation as a priority objective is a major step forward, but how much progress has actually been achieved on the ground? Even a cursory glance reveals that some progress has been made, but large gaps remain. As of September 2005, the world-wide share of women Members of Parliament (MPs) was just 16 percent of the total (43,945 persons). According to the Inter-Parliamentary Union (IPU), data broken down by region reveals that presently in Asia 15.5 percent of MP's are female and in the Pacific region 13.9 percent. The Asia and Pacific regions rank fourth and fifth out of the 6 world-wide regions. We can conclude from this that the extent of women's political participation in Asia and the Pacific is less than that of women in some other regions in the world.

Looking at the rate of women's political participation on the basis of a ratio of female to male MPs by country, we find that the picture for countries in Asia and the Pa-

First of all, I would like to congratulate you for organizing Session IV: Women's Participation in Political Life in this commemorative year of 2005: the thirtieth anniversary of the first UN World Conference on Women held in Mexico City in 1975, the tenth anniversary of the Beijing Platform for Action (BPFA) and the fifth anniversary of the launching of the Millennium Development Goals (MDGs). Women's political participation is highlighted in the BPFA in section G. Women in Power and Decision-making and in Goal 3 of the MDGs. In addition, we should not forget that "The full and equal participation of women in civil, cultural, economic, political and social life, at the national, regional and international levels are the priority objectives of the international community" as stated in Principle 4 of the Programme of Action agreed on at the International Conference on Population and Development (ICPD) in 1994. All these political platforms and agendas emphasize the importance of women's participation in political life to enable women to fully enjoy their rights to reproductive health and freedom in decision making.

In this presentation, I would like to give an overview of the ways in which women's participation in political life has been achieved and indicate the tasks that lie ahead. Throughout this presentation, I will stress that change at the political level is important and that this in turn will trigger change in cultural manifestations of gender relations. My presentation will be based on reviews of the BPFA carried out by women's NGOs in Asia, the Pacific Region and beyond; reviews that I have been personally involved in at various level. Why is women's equal par-

cific is not great. With 32.2 percent of all MPs female, New Zealand ranks top among the 34 Asia and Pacific countries listed, followed by Vietnam with 27.3 percent. Although over the last three decades the percentage of female MPs in the Asia and Pacific region has been gradually increasing, from 10.9 percent in 1975, 11.6 percent in 1995 to 16 percent in 2005, women are still under-represented and far below a “critical mass” (30 percent and over), which is crucial to having influence over decision-making. It goes without saying, that at 16 percent, women’s direct participation in parliamentary politics is well below their presence in the population as a whole, which is roughly 50 percent. Considering the fact women’s suffrage was gained in 10 countries in the Asia and the Pacific before 1944 and that women in New Zealand were the first in the world to be granted suffrage in 1893, the under representation of women is even more striking and noteworthy.

Why has progress in the level of women’s participation in political life been so slow?

For a start, socio-cultural factors have discouraged women from entering the political arena or blocked their advancement. Women sometimes lack self-confidence, experience or have insufficient capacity to enter politics. On many occasions, women’s family responsibilities deter them from entering the political arena. Those who do attempt to enter politics may have few resources to run in election campaigns. In addition, gender based perceptions that politics is not a female domain have also kept women away from politics. The media’s gender-biased portrayal of women who are in politics also reinforces these factors. A pertinent example is the treatment of women candidates in the general election held in Japan in September. Male candidates were taken as the standard and female candidates portrayed as ‘other’. Thus, the media emphasized the femaleness of women candidates by suggesting, for example, that when two women ran for a single constituency seat that it was a “women’s battle”. Nevertheless, when two male candidates ran in a single constituency the battle was not represented as one between two candidates of the same sex, but two individuals with different political positions. In this way the media trivialized the position or platform of the female candidates and endorsed those of the male candidates. In such subtle ways, socio-cultural factors have deterred women from participating in political life.

The factors that impede women’s political participation are not only social and cultural. Institutional factors, especially the electoral system, affect women’s participation in political life. Based on a study that compares the outcome of two major electoral systems, the study

concludes that the proportional representation system encourages the representation of diverse interests and has proved more open to women’s participation than a Westminster single-member, simple-plurality system. It was also found that in “all of countries where women occupy at least 30 percent of parliamentary seats, have a form of proportional representation.” The same trend was observed in Japan. The percentage of female members in the House of Councillors dropped from 17.1 percent in 2000 to 14.6 percent in 2004 after the revision of electoral system that decreased the number of seats based on proportional representation.

How has change occurred? Affirmative action or seat reservation for women in parliaments or quotas for women are the most significant measure to promote women’s political participation at the national and local levels. There are various types of quotas, such as (i) constitutionally or legislatively mandated electoral quotas for national parliaments, (ii) reserved seats in the legislature, which includes sub-national governments or (iii) voluntary political party quotas. One example of reserved seats at the sub-national level is in India where 33 percent of seats in all local bodies at panchayats and municipalities are reserved for women. According to the Global Database of Quotas for Women, 92 countries in the worlds have constitutional, electoral laws or political party quotas count with 17 of these countries in Asia. It is expected that more countries will follow suit in the near future. Affirmative action appears to have worked. For example, in Republic of Korea, responding to demand by women’s groups, each party introduced a 50 percent quota for proportional representation in the 2004 election. As a result, women’s representation in the National Assembly increased from 3 percent in 1998 to 13 percent in 2004.

To overcome socio-cultural factors impeding women’s direct political participation, various measures have been taken by governments and women NGOs in Asia. They have offered training programmes for women’s capacity building and for raising self-esteem. In China, the government has launched projects to enhance women’s capacity in elections and promoted rural women’s participation in village committee elections. In the case of Japan, since 1995 women’s NGOs organized so-called “Back-up schools” to train candidates and campaign managers so that they can gain know-how on the election procedure and about how to organize supporters. Applying the idea of EMILY’s list in the USA, a fund called WINWIN (Women In New World, International Network) was set up in 1999 to provide financial support to female candidates.

Since the obstacles that stand in the way of women’s

participation in political life are deeply rooted in the socio-cultural systems and practices, affirmative actions and measures encouraged women's political participation, and thus it contributed to change the perception of people.

What has been the impact of women's increased political representation? When more women are represented in policy-making bodies, their perspectives and concerns are more likely to be taken into account and bring about legislative and institutional changes in government. For example, in Bangladesh, radical steps have been taken by incorporating the mother's names on all academic certificates, voter lists, job applications and passport as an impact of women's representation. In Vietnam, as women comprise 27 percent of the National Assembly their concerns have begun to be voiced on issues relating to women's retirement age and the prevention of social evils, including prostitution. New laws relating to women's development and a 50 percent representation in political parties has been established along with quotas for government committees and public officers in the Republic of Korea as the result of women's increased representation. In Japan, increased women's involvement in policy-making brought about a new law on spousal violence in favour of the victims and resulted in the inclusion of a clause on gender equality in the newly revised Official Development Assistance Charter in 2003.

Thus, women's participation in political life is pivotal to the task of reflecting the composition of society, especially women, and for integrating an equality dimension into government policy-making. It is a demand for justice and democracy from the government. Without it, both transparent and accountable government and administration cannot be achieved.

What are the tasks for promoting fair representation of women in political life? Considering the slow increase in the number of women MPs, continuous efforts are needed in order to raise women's direct participation in the political process. While affirmative action was a stride for promoting women's political participation, the average level of representation of women even in countries that have quotas still remains at just 18.2 percent worldwide. This is partly due to an absence of sanctions for non compliance with affirmative action and a lack of monitoring mechanisms by the governments or decision-making bodies according to an analysis by women's NGOs network in the region. They also point out that many parties relegate women candidates to the bottom of the party lists and thus reduce the chances of a female candidate being elected. As a result, the NGOs recommend establishing an effective monitoring sys-

tem and creating enforcement measures, in addition to a revision of the voluntary quota system. While promoting women's participation in political life quantitatively is one task, another that has as yet to be properly addressed is that of securing diversity in women's representation. In promoting women's direct participation in political life, women have tended to be presented as one homogenous group. However, it should be realized that those women who do make it into politics may not necessarily be inclined or able to advocate for the advancement of all women's concerns and they may not represent the full range of women's interests. Some women who make it into the political process represent traditional or fundamentalist values that have tended to confine rather than empower women. While women need to unite around common concerns, it is also important that different female identities are both respected and represented in the political process. Thus we must seek to not only increase women's participation in the political process numerically, but also in terms of representing the diversity of women's lives and experiences.

At the end, I would like to emphasize that culture and tradition can be changed with political will when they hamper women's participation in politics. In many parts of the world, culture and tradition are frequently used as excuses to resist change, especially the kind of change that is related to women and gender relations. How often we have heard the claim that women cannot be the head of the state for a variety of reasons including religion, tradition and gender based ideas? Even recently, I heard this claim made during the presidential election in Liberia. It was said that "Only a man can be strong enough to deal with all the ex-combatants." But in Asia, the idea that women can not lead a country has been proved to be a myth because we have so many strong female heads of the state. The fact that women's political participation has increased, albeit slightly, also proves that we can change the idea that politics are not a female domain. Whenever culture is evoked as a reason for not bringing about changes, we should remember that much has been achieved in the region in the field of women's political participation.

# “The energy, commitment and openness to new ideas by the forum and the MPs are impressive”

*Dr. Steve Sinding*  
General Director, International Planned  
Parenthood Federation (IPPF)



Presented by  
Ms. Sumie Ishii, Executive Director  
  
Japanese Organization for Inter-  
national Cooperation in Family  
Planning (JOICEP)

It gives me great pleasure to be able to address you today, but also sadness that I have been unable to attend this important meeting. Due to IPPF's biannual Governing Council meeting in Senegal, I am unable to be here tonight. However, I look forward to hearing from others on today's sessions and the outcomes from what I am sure will have been two very productive days.

As you know, IPPF has for many years been closely involved with the Asian Forum of Parliamentarians on Population and Development, and we have always been impressed by the energy, commitment and openness to new ideas by both the Forum itself and its individual members. Over the 24 years of its existence the AFPPD has become an important focal point for politicians and other policy makers to discuss and draw up plans to address the challenging population and development issues for the region.

This last year has been a difficult one, with the tsunami of December causing such devastation to so many countries, and the continuing growth of HIV/AIDS in the region destroying so many lives, families and communities.

Many of you will have attended the AFPPD meeting in April in Phnom Penh on the tsunami and reproductive health where Mr. Yoshio Yatsu, Chairman of AFPPD, spoke about the role of parliamentarians in social and economic recovery and AFPPD's commitment to encouraging policy and action for such emergencies. It is this commitment which is so important if we are to respond effectively to these challenges; IPPF wholeheartedly supports your aims.

IPPF's member organisations were badly affected by the tsunami. The tidal wave that claimed so many lives on that Sunday morning was, and is, a global disaster.

Its aftermath has been felt most keenly by the millions of people who have lost loved ones, homes and livelihoods. Among our Member Associations, the Indonesia Planned Parenthood Association suffered the most with staff, board members and volunteers tragically losing their lives in Aceh.

It was important for us to provide an immediate response to the disaster and help rebuild communities and services. Generous grants from the William and Flora Hewlett Foundation and the governments of both Japan and Korea enabled our members in India, Indonesia, Sri Lanka and the Maldives to continue to provide sexual and reproductive health services and information to the most vulnerable families and communities. It is a testament to the dedication of the staff, volunteers and board members that these organisations have achieved so much, so soon and in such harrowing circumstances.

And now with the devastating earthquake in Pakistan, IPPF has again arranged for additional monies to be sent to the Member Association there to help provide sexual and reproductive health services.

Many of you will be aware that IPPF has a long history of working in Asia, and that over the years we have worked in every member state represented in the Forum.

We believe that access to sexual and reproductive health care is a key element to reducing poverty in Asia, and our current focus on our five "A"s, that's to say, Adolescents and Young People, HIV/AIDS, Abortion, Access to Services, and Advocacy are all aimed at helping people to help themselves to climb out of poverty.

Although much of our work is done at international, regional and national levels, we have learned through our many projects and programmes that you can achieve nothing without the involvement of local people and their communities. If you ignore local cultures then you are facing an uphill battle, and are never likely to succeed. We have found that some religious and community leaders can initially be hostile or distrustful of our views and proposals, but by developing a long-term relationship with them, and discussing issues using evidence-based data, it is possible to open a dialogue and obtain their support and involvement in our work.

I want to give a couple of recent examples to illustrate this. Although there is a relatively low prevalence of HIV/AIDS in Pakistan, the situation remains precarious. Transmission of HIV/AIDS in Pakistan is fuelled by high levels of migration and poverty, and a high level of intravenous drug use in certain areas of the country where the practice of recycling syringes is widespread. A low level of knowledge about HIV/AIDS and low levels of condom use are also facilitating the transmission of HIV/AIDS.

As in many countries, the stigma of being HIV positive is particularly debilitating and destructive. Our Member Association, the Family Planning Association of Pakistan, has developed and expanded a series of community-based initiatives to specifically address stigma and discrimination towards people who are HIV positive. Last year the association launched a number of awareness-raising campaigns about HIV/AIDS specifically focusing on improving awareness about HIV/AIDS among religious leaders, opinion-makers, local government officials, teachers, health-workers and local communities. Our Member Association recognised that without the support of local religious leaders and taking into account local cultures, the community-based initiatives would never have got off the ground.

Most of you are aware of the Bridge of Hope project, an initiative spearheaded by a number of stakeholders including the Government of Japan, the Japan Trust Fund for HIV/AIDS together with our Member Association in Thailand and the Lao Women's Union. This project is a good example of when partnerships work – when community, government and private sector interests can work together.

The project came about due to the construction of the second international bridge across the Mekong River which will link Lao, Thailand and Vietnam. Because construction would bring into the area thousands of workers and migrants, and bring about the increased mobility of communities, there was fear that the spread of HIV/AIDS would greatly increase. The Bridge of Hope project was developed to educate construction workers, sex workers and local communities about the prevention of sexually transmitted infections and HIV/AIDS. The prevention strategy focuses on behaviour change communication, voluntary counselling, and the dissemination of information. Pamphlets, posters, stickers, pins and t-shirts have also been produced in local languages. The project's strapline "Helmets for Every Site, Condoms for Every Night" has helped to raise awareness.

In this part of Asia where nearly one million people are

thought to be HIV positive, this project is vital in helping to prevent the further spread of HIV/AIDS. By constructing the bridge, the governments of the Mekong Delta hope to stimulate much-needed economic growth in the area. However, in order to truly realize economic growth it is imperative that communities stay healthy.

This evening we have a gathering of important politicians, policy makers and NGOs who want to ensure that people have access to comprehensive sexual and reproductive health services that are culturally sensitive and respond to their needs. Local people must decide what they want in terms of services. It is the job of politicians and organisations such as ours to help them do this.

But funding and resources are not always available for providing the services that local people want. For example, our experience has shown that many people want integrated sexual and reproductive health services. To quote the World Health Organisation, "linking reproductive health and HIV services can be an efficient way to promote wanted, healthy pregnancies, improve child health and prevent diseases including HIV/AIDS".

Last October a Parliamentary Hearing in the UK on "Linking Sexual and Reproductive Health and HIV/AIDS" showed that national governments often have separate programmes and ministries dealing with the two issues, and donors often have different funding streams, making it very difficult to link up the two services. It is well known that the current U.S. Administration is hostile to sexual and reproductive health programmes, and has done its best to sever links between the two. Indeed it is putting a lot of its money into religious and faith-based organisations to provide limited "abstinence only" programmes.

IPPF believes that we must work with people locally, helping them decide, based on their culture and traditions, what services they want. I know that you are all aware that it is the job of the people's representatives to ensure that policies and resources are made available for this to happen, and to oppose those damaging programmes based on ideology rather than science. This is why forums such as yours are so very important to ensure that proper debate is given to these issues.

Thank you and I wish you every success with the rest of the conference.

# SESSION 5

## 8th General Assembly of AFPPD

### “Reproductive health issues are crucial”

Mr. Yasuo Fukuda, MP (Japan)  
Incoming Chairman of AFPPD

#### Introduction

Mr. Yoshio Yatsu, MP (Japan)  
Chairman of AFPPD



Mr. Yoshio Yatsu, MP (Japan) and Chairman of AFPPD, introduced Mr. Yasuo Fukuda, MP (Japan), and proposed him to be the new chairman of AFPPD. Mr. Fukuda is the former Chief Cabinet Secretary and former Minister of State for Gender Equality. He has also held several other positions of importance in the Japanese government.

Mr. Yatsu also mentioned that Mr. Fukuda, as a son of Mr. Takeo Fukuda, former Japanese Prime Minister and a founder of AFPPD, was not new to AFPPD. He was helping his father as his chief secretary and has been following the development of AFPPD. He is also an active member of Japanese Parliamentarians Federation for Population (JPFP).



#### Address by

Mr. Yasuo Fukuda, MP (Japan)  
Incoming Chairman of AFPPD

I would like to express my sincere thanks for being recommended by Mr. Yoshio Yatsu for the post of new chairman of AFPPD. I would be honoured to serve as the chairman although I am not sure whether I would be able to follow rightly into his legacy. Yet, I would do my best to serve as the new chairman. As the title of this conference, “Population and Reproductive Health: Culture and Religion Matters” suggests that we discuss the issues of deeply complex nature. My father had taken up the issue of population and development as a lifelong crusade as much as it came to be known as his doctrine. It has taught me how important it is to honour and have conviction in these policies. In 1981, I participated as a non-parliamentary member. During my service as Chief Cabinet Secretary, I was in charge of women’s issues and because of that experience I have many suggestions and recommendations from my friends for future policies, including Dr. Thoraya Obaid. I have realised that it is important to communicate between countries on these issues of great relevance. The reproductive health issues are extremely crucial these days. International situation is witnessing many changes in Asia and hence these issues need to be dealt with great care. I wish AFPPD best success for this conference.

# SESSION 5

8th General Assembly of AFPPD

## Political Advocacy Bringing Positive Results

*Dr. Malinee Sukavejworakit*  
Secretary-General of AFPPD



Dr. Malinee Sukavejworakit, Senator (Thailand) and AFPPD Secretary-General, said that in this session the General Assembly would review our past activities, provide direction for the next three years, and elected new executive committee for the next term. We wish this meeting to be the base for the activities and programmes for the next three years.

### Report of AFPPD (2002-2005)

In 2005, AFPPD organized five regional events with 223 parliamentarians and elected representatives plus 38 national committees staff members attending the meetings and regional training courses. Approximately 70 parliamentarians attended other regional and national events, in which AFPPD co-organized or participated. In 2004 many countries in the region had their elections, and I am pleased to inform that our alumni got elected and have strong positions in various countries.

On the basis of our internal evaluation, several new initiatives were taken to enlarge our reach to parliamentarians. One of those is the person-to-person advocacy to discuss the ICPD issues with most of parliamentarians individually, both at the national and state levels, and with locally-elected representatives. Second such initiative is the sector-wise approach in which many special programmes for parliamentarians with specific backgrounds like teachers, professors, and doctors were held. The next group in this series would be parliamentarians with a legal background.

Working with women parliamentarians still remains our priority. Another area that AFPPD would like to reach in 06-07 is targeting young parliamentarians. They need to be involved more intensively. AFPPD started 2005 with mixed feeling of sorrow for the death of Tsunami victims. Countries like Thailand, Indonesia, India, Sri Lanka and many others were affected. With the commitment to overcome the grief, and with new energy. We showed our support to affected countries by organizing special regional events in tsunami-affected countries such as Thailand (the tsunami-affected province of Krabi), Sri Lanka, and Indonesia. This year has also seen worse floods and other disasters like the earthquake in South Asia.

AFPPD has been concerned about HIV/AIDS and has organized many advocacy conferences and events for parliamentarians. I would like to inform you that one of our alumni, Mr. Jon Ungpharkorn, Senator (Thailand), received the 2005 Ramon Magsaysay Award for his outstanding work.

AFPPD was invited by World Health Organization for collaborative planning to work on their health care programmes throughout the world.

I would like to thank the leadership of our chairperson whose dedication and devotion keeps us going all the time. He has constantly provided his suggestions for the functioning of the organization.

### DISCUSSION

Mr. Shiv Khare provided additional information on the activities of AFPPD. With the support of Hewlett and Flora Foundation, AFPPD has started the initiative known as person-to-person advocacy in which each parliamentarian can get introduced to population and development issues. This programme also sought their opinions on those issues. The programme has been successfully concluded in five countries, i.e. Laos, Cambodia, Vietnam, The Philippines and Indonesia. AFPPD-appointed local staff were trained and, with the help of officials of national committees, they were able to meet 90 percent of the parliamentarians. They discussed issues of HIV/AIDS, population, reproductive health, gender, status of

women, etc. To maintain transparency in the process the parliamentarians' views were recorded on a tape, which is being transcribed. This method was found both innovative and useful.

This initiative has been repeated in India and has been found to be an extremely efficient way of involving the parliamentarians. AFPPD also initiated focus group meetings in which only 15-20 parliamentarians are invited so that they can discuss issues in detail. They are provided with information and clarifications that they might require. Such meetings have been conducted in the Philippines, Vietnam, and another one on girl child is being planned in India. The success of these focus group meetings will also be evaluated soon.

AFPPD also conducted an evaluation by an external consultant. His report will also be discussed. This shows that AFPPD has made an impact with its programmes. An impact assessment report is also separately published.

Taking this opportunity, Mr. Shiv Khare expressed his grateful thanks for the Asia-Pacific Division, UNFPA headquarters, and country support teams in Bangkok and Kathmandu for their support. Their advisers provided expertise to AFPPD in organizing the events. In the past few years, the number of staff in AFPPD national committees has increased manifold. Now it has about 90 people working full-time and the number varies from country to country. There is a need for capacity building of the staff and with support from UNFPA. AFPPD is planning to conduct such training soon.

Apart from organizing meetings, AFPPD has participated in 11-12 events organized by other organizations such as the World Bank, WHO, UNAIDS, UNIFEM, etc.



From Left to Right: Dr. Malinee Sukavejworakit, Senator (Thailand) and AFPPD Secretary-General, and Mr. Yoshio Yatsu, MP (Japan) and Former AFPPD Chairman

Chair:

Ms. Yoshio Yatsu, Chairman of AFPPD

## 8th General Assembly of AFPPD: Evaluation

# “AFPPD’s work has made impact; technical capacity and monitoring need to be enhanced”

Mr. K.S. Seetharam (Ph. D)  
External Consultant



Mr. K. S. Seetharam has worked as a specialist for UN Asia Pacific, Economic and Social Committee on Population. He also worked as the organizer of Asian Conference on Population in Bangkok. He has extensive work experience with various groups in the field of population-related issues. Mr. Seetharam evaluated the work of AFPPD in the last three years.

Mr. Seetharam began his presentation by mentioning that although one can see that since the adoption of ICPD goals, activities of AFPPD has increased in scope, complexity and the range of topics actually covered, there has not been any systematic evaluation of its activities until this one.

Goals of this review were:

- To evaluate the relevance of the activities of AFPPD as well as its national committees to ICPD and MDG goals, as well as to the national priorities.
- To evaluate the efficiency of various approaches that have been adopted by AFPPD.
- To examine the specific roles of National Committees.
- To understand what is the specific outcome of these activities at the national level.
- To evaluate what is the capacity of AFPPD and National committees. As the scope and complexity of issues have expanded, to assess whether capacity is adequate.
- To make recommendations based on findings.

The review focused on the period after year 2000. The

activities of both AFPPD and its national committees were reviewed. The national committees and AFPPD were sent a questionnaire and the responses were used for the evaluation. Members of the legislature and national committee staff in selected countries were also interviewed for the purpose of the review.

The components of evaluation: The following components were assessed during the evaluation:

- Broad objectives of AFPPD (not enough to make an objective assessment)
- Creation of a parliamentary constituency
- Evidence of support for allocation of resources for social sector programmes
- Enactment of policies, laws etc., mobilize support for them within and outside the parliament

Nature of activities of AFPPD:

- Awareness raising, creating parliamentary constituency
- Capacity building
- Coordination and net-working
- Support to other parliamentary groups
- Resource mobilization
- Management and administration
- Broad grouping of activities

Nature of activities of national committees

- Advocacy
- Legislation
- Resource mobilization/allocation
- Skill development
- Net-working

Issues addressed by AFPPD

- Shifted focus from population growth and FP to RH and gender issues in line with ICPD.
- HIV/AIDS
- Gender equality
- RR and RH
- GBV
- Population and education
- Population and food security
- Linkages between MDGs and ICPD PoA, ARH ageing, migration (not adequately addressed)

#### Issues addressed by National Committees

- Some are very active, others are not so active
- Review and revision of policies
- Programmes reflect shift in focus in line with ICPD PoA
- They also reflect issues of national concern (population growth, high childhood mortality, sex selective abortion etc.)
- MDGs and its link with ICPD goals ( some national committees)
- Seeking funding for overseas aid programmes
- Organizing follow-up national workshops

#### The approaches that have been efficient:

- Building a coalition among the legislature
- Establishing and supporting National Committees
- Meetings of parliamentarian's with specific background (medicine, teaching, gender)
- Person to person advocacy (PPAP)
- Utilizing resources from other organizations (UNFPA, ESCAP, IPPF, UNESCO, UNICEF etc.)
- Strengthening AFPPD, National Committees and their secretariats
- Staff training on advocacy, programme development, management
- Utilize technical expertise from other organizations
- Resources for training not adequate
- Funding limitations limit hiring of experienced technical staff by AFPPD
- Efficiency of Approaches
- Person to person advocacy
- Reached 90 percent of members of the legislature in participating countries
- Shows great promise
- Local level advocacy
- Proving successful in generating grass root consensus
- Getting resources from local budgets
- Sharing of knowledge and experience

#### Capacity of AFPPD and National Committees:

- Technical capacity at AFPPD has improved through training
- Needs to be strengthened
- Capacity in National Committees varies
- National Committees that receive support from UNFPA and or other donors are able to build their capacity better.

#### Accomplishments:

- Establishment of National Committees (from 5 to

#### 24), building networks

- Creation of a parliamentary constituency advocating for population, RH and gender issues
- Enactment of policies and other legislative instruments
- Generating wider support, including at local levels
- Mobilization of resources

#### Limitations:

- Technical capacity at AFPPD and in a number of National Committees
- Limited monitoring and follow-up by AFPPD on the recommendations
- Limited focus on monitoring the implementation of policies by National Committees
- Uncertainty and shortage of resources
- Absence of a long-term strategy
- Moving Forward
- Developing a longer term strategy and planning
- Strengthening the secretariats, capacity building
- Improving monitoring and follow-up by National Committees
- Improving links with UNFPA programmes at country level
- Expand PPAP activities
- Financial sustainability

#### DISCUSSION

- It was suggested that theme-based best practices from various countries can be included as a separate session in a conference like this. This can provide good learning opportunity for the MPs.
- The format of focus group discussions is such that allows more engagement with the participants. This should be followed up more frequently.
- The person to person advocacy has been useful in creating grassroots consensus and local level advocacy, and thus more funds should be allocated for this so that grassroots level advocacy can be generated

Mr. Seetharam responded by expressing his agreement on the point about best practices. He also mentioned that the person to person advocacy strategy should be widely adopted, as it will help in reaching more MPs with information at national level, and will be able to generate more support at local level. This also helps to know their views and level of knowledge.

Another delegate wished to know how many of the points raised by Dr Seetharam in his evaluation can be concretely translated beyond just having conferences and seminars. It is important to give this a thought and have a

larger programmatic framework and to get partnership with UNFPA and National committees more vigorously in place. Mr. Shiv Khare, Executive Director, responded by agreeing with the concern. He informed that AFPPD was planning to do a regional capacity building workshop in Bangkok. As far as strengthening the National Committees is concerned, the effort in this regard has been regular and AFPPD has been liaising with UNFPA to provide more support to National Committees. In 11 countries UNFPA country offices are supporting the National Committees and AFPPD is trying hard to get similar support for other countries. He also pointed out that AFPPD initiatives have verifiable impact.

He expressed his willingness to discuss any changes for improving the AFPPD programmes and their impact. He informed that three strategies have so far been adapted-sector wise approach, person to person advocacy and focus group meetings. In 2006 AFPPD will try a meeting of parliamentarians from a legal background. He welcomes any further suggestions on the same.

Hon. MP from Kyrgyzstan expressed the wish to have a regional office of AFPPD in Kyrgyzstan which could be important for central Asia. Mr. Shiv Khare informed that currently AFPPD has three members out of five as members of UNESCAP, and it is trying to get the remaining two as its members. In the UNFPA structure, Central Asia does not come under the Asia Division but under the European Division. Currently, AFPPD does not receive any support from the European division. Alternately, the strategy is that it has a Russian-speaking staff member in its Bangkok office. It also publishes a Russian newsletter. AFPPD would like to organize some more events in Central Asia. Two countries that are more active as of now are Kyrgyzstan and Kazakhstan, when some more events are organized and more parliamentarians participate, only then AFPPD can think of having an office there.

Hon. MP from Indonesia posed the question of how the recommendations of AFPPD can help the parliamentarians to improve their work on population and development; how to ensure that the recommendations of the evaluation are implemented. He proposed that the outcomes of this evaluation be communicated to respective governments to provide them with better understanding about AFPPD. It might improve the work of the national committees.

Delegate from India wished to know how AFPPD can help in getting sustained and continued support to National Committees for a longer time as presently its activities are based on an annual basis.

Hon. MP from Laos pointed out to the difference in capacity of national committees between new and the older members of AFPPD. He suggested that AFPPD should pay special attention in assisting the new members of AFPPD. Selective approach to enhance the capacity of National Committees should be considered.

Mr. Seetharam replied that all the comments are well taken and would be incorporated into the final evaluation report. He mentioned that in the report there is a suggestion for following up of recommendations. It mentions convening small workshops of interested parties, responding to the specific needs of the National Committees, etc. as some of the future strategies. There is a need to work more closely with those National Committees which are not working as well as others so that they can perform better. In those countries where national committees are not strong, it can work through UNFPA country offices to provide sustained support.

Responding to the question of the Indian delegate on long-term financial assistance, Mr. Shiv Khare responded that since AFPPD itself gets yearly approval of funds, this is not possible. But at the same time it has received considerable financial assistance for the person-to-person advocacy project, which has helped strengthen the National Committees. AFPPD has also networked National Committees with UNFPA country offices so they have longer term commitments.

He agreed with most of the comments raised that it is crucial to follow up on the recommendations made in the evaluation. He informed that AFPPD is planning to have a small strategy session which has been recommended in evaluation. It is still in a planning stage. He expressed his hope that long term planning could be done.

Hon. MP from Cambodia suggested that AFPPD should focus more on the least developing countries where the most urgent intervention is needed.

Hon. MP from Kazakhstan mentioned that there is a need to work with other groups of MPs and NGOs in each country to cope with issues of reproductive health and population. He also emphasised the need to work with various other agencies like UNFPA, UNICEF, UNDP, and gender sections of the UN.

Hon. MP from India expressed his concern that many MPs are not aware of AFPPD or national parliamentary committee yet. Back home, the members need to have more intensive dialogue with other MPs who are not members of the national parliamentary committee and try to involve them. He shared his difficulties of dealing with taboo issues like sexual and reproductive health. It

will help if all the MPs can be brought face to face with the reality of the issues so that they can genuinely desire to be involved with us.

Mr. Shiv Khare pointed out to the responsibility of the countries to formulate their own action plans and carry it forward, without too much dependence on the AFPPD headquarters. AFPPD can arrange a marriage between UNFPA country office and these national parliamentary committees. To the question of resources, he also mentioned that the domestic resources need to be allocated within countries to carry out the activities regularly and effectively. He also requested to each national committee to consider providing some financial support to the AFPPD secretariat too. He expressed his pleasure that participants had appreciated the relevance of the first external evaluation and expressed his commitment to carry the recommendations forward. He also informed that AFPPD was one of the most active parliamentarians' groups which conduct or participate in activities each month.

He was of the opinion that national parliamentary committees on population and development must include members of the official social affairs or health and population committees of the parliament. The national committees, which are not official committees of the parliament, should have the chair of these official committees given due recognition.

# SESSION 6

## 8th General Assembly of AFPPD

### PRESENTATION OF ACTIVITY REPORTS BY NATIONAL COMMITTEES OF AFPPD

Chair: Mr. Yoshio Yatsu,  
Chairman of AFPPD

All member countries presented their activity reports. The reports are available separately.

Lunch Reception hosted by  
Prof. Dr. Alwi Shihab,  
Coordinating Minister for  
Social Welfare, Indonesia

Felicitation of Prof. Dr. Prasop Ratanakorn, Founding Member and Former Secretary-General, AFPPD; Secretary-General, International Medical Parliamentarians Organization (IMPO); President, Statesman Foundation, Thailand



Prof. Dr. Prasop Ratanakorn is the founding member of AFPPD and was its Secretary-General, from 1990 to 2000. During his tenure as the Chair of the Thai Senate Standing Committee on Public Health, he contributed substantially to the development of AFPPD. He was felicitated at the 8<sup>th</sup> AFPPD General Assembly. In his remarks, he narrated the history of his involvement with AFPPD since its formation 25 years ago. He expressed his happiness to see AFPPD growing as an effective organization that involves parliamentarians in the region and playing an important role in global parliamentarians' movement.

# SESSION 7

## 8th General Assembly of AFPPD

# AFPPD Experiment with New Approaches in Parliamentary Advocacy

### RESULT-BASED PROGRAMMES TO BE THE FOCUS IN THE FUTURE

Dr. Malinee Sukavejworakit, Senator (Thailand) and AFPPD Secretary-General, and Mr. Shiv Khare, AFPPD Executive Director, presented the AFPPD audited statement of accounts for 2003-2005. This was discussed at length and approved.

### Future Direction of AFPPD

In the report presented, it was mentioned that, in the past three years, AFPPD has participated in many activities and also expanded its activities widely. The AFPPD will still continue and expand its activities in many useful and meaningful ways. Through its work in several countries, it will continue to strive towards the achievement of the ICPD and the MDG goals. It will work towards achieving the call made at the World Summit to achieve universal access to reproductive health as set out in the International Conference on Population and Development. Integrating this goal in strategies to international development goals, including those contained in the Millennium Declaration aiming at improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty.

### Election of AFPPD Office Bearers

Mr. Yoshio Yatsu presented the list of office bearers endorsed by the executive committee earlier. All the office bearers were elected with acclamation.

### OFFICE-BEARERS FOR 2005-2007

#### Chairman

Mr. Yasuo Fukuda, MP  
Japan

#### Vice Chairpersons

Hon. Ratu Epeli Nailatikau, MP  
and Speaker of the Parliament, Fiji

Dr. Guowei Sang, MP  
China

Mr. Lakshman Singh, MP  
India

Mme. Nguyen Thi Hoai Thu, MP  
Vietnam

Mrs. Hj. Aisyah Hamid Baidlowi, MP  
Indonesia

#### Secretary General

Sen. Dr. Malinee Sukavejworakit  
Thailand

#### Deputy Secretary General

Sen. Beksultan S. Tutkushev  
Kazakhstan

#### Treasurer

Rep. Gilbert Ceaser Remulla  
The Philippines

#### Chairperson, Standing Committee on Women

Ms. Steve Chadwick, MP  
New Zealand

#### Chairman, Standing Committee on Food Security

Mr. Shin Sakurai, MP  
Japan

#### Executive Director

Mr. Shiv Khare, Thailand

# CLOSING SESSION

## 8th General Assembly of AFPPD

### Jakarta Declaration of Commitment for Action: Further Advance the Goals of the ICPD Programme of Action and the MDGs

We, the Parliamentarians from twenty-four countries of Asia and the Pacific assembled here in Jakarta, during 12-13 November 2005, on the occasion of the Eighth General Assembly of the Asian Forum of Parliamentarians on Population and Development and having discussed the interrelated issues of population, reproductive health, culture and religion:

Recognize that the Millennium Development Goals and related targets, in particular the eradication of poverty and hunger, can only be achieved through the strong political commitment of heads of State and Government with full support of all stakeholders including parliamentarians, civil society, and the private sector.

Reaffirm the call made at the World Summit Outcome Document to "achieve universal access to reproductive health as set out in the International Conference on Population and Development, integrating this goal in strategies to international development goals, including those contained in the Millennium Declaration aiming at improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty".

We, further take note of the fact that though progress has been made during the past ten years in meeting the goals of ICPD and ICPD+5 major challenges and constraints still remain and that they vary among and within countries of the region;

Emphasize that efforts to advance the ICPD goals must take cognizance of the diversity of cultural and religious contexts as well as other developmental factors in the context of promoting human rights.

In our pursuit to eradicate poverty and hunger and to improve the well-being of our peoples, we commit ourselves to:

Refocus efforts to achieve the goals of ICPD and ICPD+5 by developing and enacting supportive legislations, advocating for allocation of adequate resources, mobilizing support at the national and local levels, and by monitoring the progress in the implementation of related policies and programmes;

Focus attention to improve access to and quality of reproductive health services; eliminate gender inequality and

gender based violence; promote education and capacity building; reduce the incidence of HIV/AIDS; and address the needs, including the reproductive health needs, of young people; especially among the poor and the marginalized segments of our societies. To that end, we encourage active involvement of religious leaders and due consideration of existing cultural and local norms, values and wisdoms;

Support efforts to meet the needs of the growing number of older persons.

Support regional and global efforts to maximize development benefits and minimize negative impacts of international migration, paying special attention to the needs of migrant workers, in particular women and members of their families as well as their human rights.

Take measures to mitigate the adverse impacts of natural calamities and other unforeseen events that disproportionately affect the poor and the disadvantaged, and in fulfilling the above:

Develop a longer-term strategy and establish goals and priorities at the national and regional levels for implementation by AFPPD and the National Committees, and to take follow-up actions necessary to monitor to progress in achieving them.

We call upon AFPPD and its secretariat to augment efforts to strengthen national committees, in particular those that are newly established;

To take steps to develop strategic regional and national action plans for consideration by the Executive Committee at its second session in 2006; and

To take steps for commemorating the 25<sup>th</sup> year of establishment of AFPPD and support the convening of the global conference of parliamentarians in 2006 in Bangkok.

Chaired by Mr. Yoshio Yatsu, MP (Japan)

The 8<sup>th</sup> AFPPD General Assembly discussed and adopted the Jakarta Declaration of Commitment. Dr. Malinee Sukavejworakit, Senator (Thailand) and AFPPD Secretary-General, thanked the Parliament of Indonesia and the IFPPD for their excellent arrangement and UNFPA for their support. A vote of thanks was given by Mr. Shiv Khare, AFPPD Executive Director.

## ANNEX 1: PROGRAMME

Friday, November 11, 2005

	<u>Arrival of participants</u>
15:00-18:00	<u>Registration at the Lobby of Jakarta Hilton Hotel</u>
19:00-20:30	<u>Dinner Reception hosted by Dr. Siti Fadilla Supari, Minister of Health, Republic of Indonesia</u> <ul style="list-style-type: none"><li>• Welcoming Address by Mrs. Hj. Aisyah Hamid Baidlowi, Chairperson of IFPPD</li></ul> <u>Venue: Jakarta Hilton Hotel</u>
21:00-22:00	<u>56<sup>th</sup> Meeting of the Executive Committee of AFPPD</u> <u>Venue: Asean Room 9, Hilton Main Tower, Jakarta Hilton Hotel</u>

Saturday, November 12, 2005

08:15	<u>Transfer of participants to the Parliament House by buses</u>
09:15-10:30	<u>Opening Ceremony of the 8<sup>th</sup> General Assembly of AFPPD</u> <ul style="list-style-type: none"><li>• Remarks by Mr. Yoshio Yatsu, MP (Japan), Chairman of AFPPD</li><li>• Address by Dr. Thoraya Obaid, UN Under-Secretary General; Executive Director, UNFPA</li><li>• Address by Hon. Agung Laksono, Hon. Speaker of the Parliament of Indonesia</li><li>• Opening Address by H.E. Dr. Susilo Bambang Yudhoyono, Hon. President of Indonesia</li><li>• Vote of Thanks Mr. Tosari Widjaya, Chief of Organizing Committee on General Assembly</li><li>- Cultural Performance</li><li>- Group Photo</li></ul>
10:30-11:00	<u>Tea/Coffee Break</u>
11:00-12:30	<u>Session I: Relevance of Parliamentary Advocacy on Population and Development</u> <u>Keynote address</u> Speaker: Mr. Sultan Aziz, Director, Asia-Pacific Division, UNFPA Discussion Chair: Mr. Amris Hasan, MP, Indonesia
12:30	<u>Transfer of participants to Jakarta Convention Center by Buses</u>
12:45-13:30	<u>Lunch hosted by Dr. Sumarjati Arjoso, SKM, Chairperson of BKKBN</u> <u>Venue: Jakarta Convention Center</u>
13:30-13:45	<u>Address by Mr. Yasuo Fukuda, MP, Japan, Former Chief Cabinet Secretary</u> <u>Introduction by Mr. Yoshio Yatsu, MP, Japan, Chairman of AFPPD</u>
13:45-14:30	<u>Session II: MDGs+5 Summit: Future Implications</u> Speaker: Mr. Jyoti Shankar Singh Representative, Partners in Population and Development, New York Discussion Chair: Dr. Sang Guowei, MP, China
14:30-16:00	<u>Session III: HIV/AIDS in the Region</u>

	<p>“Leadership for HIV/AIDS: Cultural and Religious Factors”          Speaker: Ms. Teresita Marie P. Bagasao Manager, APLF, UNAIDS Regional Support          Team for Asia and Pacific</p>
	<p>“HIV/AIDS in the Region and Political Commitment”          Speaker: Sen. Mr. Jon Ungphakorn, (Thailand)          Discussion          Chair: Mr. Sachin Pilot, MP, India</p>
16:00-16:30	Tea/Coffee Break
16:30-17:30	<p><u>Session IV: Women Participation in Political Life</u>          Speaker: Prof. Smita Notosusanto University of Indonesia          Speaker: Ms. Oda Yukiko Senior Researcher, Kitakyushu Forum on Asian Women (KFAW), Japan          Discussion          Chair: Ms. Steve Chadwick, MP, New Zealand</p>
17.30	Bus leaves from Jakarta Convention Center to Jakarta Hilton Hotel
18.30	Buses leave from Jakarta Hilton Hotel to Indonesian Miniature Park
19:00-20:30	<p>Dinner Reception hosted by H.E. Mr. Agung Laksono,          Hon. Speaker of the House of Representatives,          Republic of Indonesia</p> <ul style="list-style-type: none"> <li>• Message from IPPF – Ms. Sumie Ishii, Executive Director, JOICFP, Japan</li> </ul> <p><u>Venue:</u> Indonesian Miniature Park</p>

### Sunday, November 13, 2005

	<p>General Assembly  <u>Venue:</u> Jakarta Convention Center</p>
08.35	Bus leaves from Jakarta Hilton Hotel to Jakarta Convention Center
09:00-10:30	<p><u>Session V: 8th General Assembly of AFPPD</u></p> <ul style="list-style-type: none"> <li>• Report of AFPPD (2002-2005) by Sen. Dr. Malinee Sukavejworakit Secretary-General, AFPPD</li> <li>• Evaluation Report by Mr. S.K. Seetharam, (Ph. D) External Consultant</li> </ul> <p>Discussion          Chair: Mr. Yoshio Yatsu, Chairman of AFPPD</p>
10:30-10:45	Tea/Coffee Break
10:45-12:00	<p><u>Session VI: Presentation of activity reports by National Committees of AFPPD:</u></p> <ul style="list-style-type: none"> <li>• activities</li> <li>• impact</li> <li>• future direction</li> </ul> <p>Countries: Australia, Bangladesh, China, Cambodia, Fiji, India, Iran, Indonesia, Japan, Kazakhstan, Korea, Kyrgyzstan          Chair: Mr. Yoshio Yatsu, Chairman of AFPPD</p>

12:00-13:30	Lunch Reception hosted by Prof. Dr. Alwi Shihab, Coordinating Minister for Social Welfare, Republic of Indonesia <ul style="list-style-type: none"> <li>• Message by Prof. Dr. Prasop Ratanakorn, President, Statesman Foundation, Secretary-General, IMPO</li> </ul> <u>Venue:</u> Jakarta Convention Center
13:30-15:00	Presentation of activity reports by National Committees of AFPPD (continues) Countries: Laos, Malaysia, Mongolia, New Zealand, Philippines, Thailand, Vietnam Chair: Mr. Yoshio Yatsu, Chairman of AFPPD
15:00-15:15	Tea/Coffee Break
15:15-16:15	Session VII: <ul style="list-style-type: none"> <li>• AFPPD Financial Statement and Estimate of Resources</li> <li>• Future Direction of AFPPD</li> <li>• Election of AFPPD Office Bearers <ul style="list-style-type: none"> <li>- Chair of Standing Committee on Woman</li> <li>- Chair of Standing Committee on Food Security</li> </ul> </li> </ul> Discussion Chair: Mr. Yoshio Yatsu, Chairman of AFPPD
16:15-17:00	Closing Session <ul style="list-style-type: none"> <li>• Adoption of Commitments</li> <li>• Closing Remarks by the Chairman of AFPPD</li> <li>• Vote of Thanks</li> </ul>
17.15	Bus leaves to Jakarta Hilton Hotel
17:30-18:30	57 <sup>th</sup> Executive Committee Meeting of newly elected officers <u>Venue:</u> Jakarta Convention Center
19.00	Buses leave from Jakarta Hilton Hotel to "Ancol"
19:30-22:00	Dinner Reception hosted by Hon. Sutiyoso, Governor of Jakarta <u>Venue:</u> "Ancol"

### Monday, November 14, 2005

10:00-12:00	Meeting of the National Committee's full time staff <u>Venue:</u> Garden Lounge at Business Center, Hilton Garden Tower, Jakarta Hilton Hotel
12:00-13:30	Lunch for the National Committee's full time staff hosted by AFPPD <u>Venue:</u> Jakarta Hilton Hotel Departure of participants

## ANNEX 2: LIST OF PARTICIPANTS

### Australia

All Party Parliamentary Group  
on Population and Development  
c/o ARHA PO Box 41 Deakin West  
ACT 2600 Australia

- Senator Claire Moore
- Mr. John Hyde, MP
- Ms. Christina Richards

### Bangladesh

Bangladesh Parliament,  
Sher-e-Bangla Nagar, Dhaka 1207  
Bangladesh

- Prof. Shahidul Islam, MP
- Mr. G.M.Fazlul Hoque, MP
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