The 29th Asian Parliamentarians' Meeting on Population and Development

High Level Dialogue on Population and Development in a Culturally Pluralistic Society

28 August 2013
Hotel Intercontinental Manila, Philippines

29 – 30 August 2013
Baguio, Philippines

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Organized by: Hosted by: With support from:

The 29th Asian Parliamentarians' Meeting and Study Visit on Population and Development

High Level Dialogue on Population and Development in a Culturally Pluralistic Society

28 August 2013
Manila, Philippines

29-30 August 2013
Baguio and La Trinidad, Philippines

Programme

DAY 0, 27 August 2013, Tuesday		
	Arrival and registration of participants	Reception Desk: Ground Floor
DAY 1, 28 August 2013, Wednesday		
8:00 - 9:00	Registration	Bahia Room, 14th Floor
9:00 - 9:45	**Opening Ceremony**	
	Philippine National Anthem	
	Opening Message **Hon. Yasuo Fukuda** *Former Prime Minister of Japan/Chair of APDA/Honorary Chair of JPFP*	
	Welcome Address **Hon. Juan Edgardo "Sonny" Angara** *Senator of the Republic of the Philippines and PLCPD Vice-Chairperson for the Senate*	
	Keynote Address **Hon. Walden Bello** *Representative of the AKBAYAN Party List and PLCPD Chairperson for International Linkages*	
	Messages **Ms. Anne Harmer** *Regional Programme Coordinator of UNFPA Asia and the Pacific Regional Office* (APRO) *On behalf of Director Ms. Nobuko Horibe, Director of UNFPA-APRO* **Ms. Nora Murat** *Regional Director, International Planned Parenthood Federation (IPPF) East & South East Asia & Oceania Region (ESEAOR)*	
	Moderator: **Hon. Jun Omar Ebdane** *Former Representative, 2nd District of Zambales*	
9:45 -10:15	Group Photo & Tea Break	Bahia Room
Session I: Population and Development Issues and Religious Perspectives		
10:15 - 12:00	**Prof. Ernesto Pernia** *Professor, University of the Philippines College of Economics* **"Population and Development Challenges amid Unrelenting Catholic Hierarchy Opposition against the RH Law"** **Hon. Sitti Djalia Turabin-Hataman** *Representative, AMIN Party List and PLCPD Member* **"RH Law in the Autonomous Region in Muslim Mindanao"** **Bishop Rodrigo Tano** *President, Interfaith Partnership for the Promotion of Responsible Parenthood* **"Religion and Reproductive Health: The Interfaith Perspective"** 20-minute Discussion	

	Session Chair : Hon. Ahmed Abdulla *Member of the Parliament, Maldives*
12:00- 1:00	Lunch Break Poolside, Ground Floor
Session II: Population and Development Issues and Cultural Pluralism	
1:00 - 2:30	**Message** **Hon. Longde Wang** *Member of the Standing Committee and Vice-Chairman, Education, Science, Culture and Public Health Committee, National Peoples' Congress of China* **Message** **Hon. Pia Cayetano** *Senator of the Republic of the Philippines and PLCPD Chairperson for the Senate* **Hon. Nancy Catamco** *Chairperson of the Committee on National Cultural Communities, House of Representatives* **"Population and Reproductive Health Challenges among Indigenous Communities"** **Ms. Elizabeth Angsioco** *National President of the Democratic Socialist Women of the Philippines* **"Mobilizing Community Women and Youth on Sexual and Reproductive Health and Rights: The Struggle for the RH Law"** 20-minute Discussion **Session Chair : Hon. Ugyen Wangdi** *Member of Parliament, Bhutan*
2:30 - 2:45	Coffee Break Bahia Room
Session III: Dialogue between Parliamentarians and the Youth	
2:45 - 4:15	**Message** **Hon. Gusto Kanjeng Ratu Hemas** *Deputy Speaker of Regional Representative Council* **Hon. Janette Garin, M.D.** *Undersecretary of the Department of Health* **"Upholding Women's Rights to Reproductive Health: The Philippine Government's Programs and Services"** **Hon. Percival Cerdana** *Commissioner at Large* **"National Youth Programs on Population and Development"** **Ms. Lady Lisondra** *Clinic Operations Officer and former Youth Coordinator, Family Planning Organization of the Philippines* **"Key Challenges on the Youth's Access to Reproductive Health Services"** **Ms. Heart Diño** *Student Council Alliance of the Philippines* **"Mainstreaming Population and RH Issues in the Campus Settings"** **Rev. Fr. Rodolfo Vicente Cancino, Jr., MI** *Head, Programs and Planning, The Camillian Fathers, Inc* **"HIV and AIDS Interventions for the Youth"** **20-minute Discussion** **Session Chair : Hon. Francis Marus** *Member of Parliament, Papua New Guinea*
	Moderator: Hon. Dr. Vitthaya Inala *Senator of the Kingdom of Thailand and Vice-Chair of the Committee on Foreign Affairs*

4:15 - 4:30	**Synthesis** **Ms. Anne Harmer** *Regional Programme Coordinator of UNFPA Asia and the Pacific Regional Office,*
4:30 - 4:45	**Closing Address** **Hon. Toshiko Abe** *Vice-Minister for Foreign Affairs/Chair for the Gender Issues Committee of the Japan Parliamentarians Federation for Population (JPFP)* **Closing Message** **Hon. Bellaflor Angara-Castillo** *Rep. Aurora Province and PLCPD Chairperson for the House of Representatives*
6:00 - 7:30	Dinner Reception Legaspi Room, Ground Floor
DAY 2, 29 August 2013, Thursday	
8:30	Departure to Baguio
	Lunch at "Isdaan sa Gerona", Tarlac City
3:00	Arrival at The Manor Hotel
3:00 - 5:00	Check in and Rest
5:00 - 5:30	Travel to Philippine Information Agency
5:30 - 7:00	**Cultural Interaction *with National Commission on Indigenous Peoples, Cordillera Region Media, Local Government Units*** **Moderator:** **Ms. Helen R. Tibaldo** *Director of the Philippine Information Agency (PIA)* **Hon. Mauricio Domogan** *Mayor of Baguio City* **"Opening Message"** **Hon. Longde Wang** *Member of the Standing Committee/Vice-Chair of the Education, Science, Culture and Public Health (ESCPH) Committee, National Peoples' Congress of China (NPC)* **"Message"**
7:00	Travel back to Hotel
DAY 3, 30 August 2013, Friday	
8:30	Travel to La Trinidad, Benguet Municipal Hall
9:00 - 11:30	**Forum:** **"Population and Development Challenges of IP Communities in the Cordillera Administrative Region in a Pluralistic Society"** **Moderator : Mr. Romeo C. Dongeto** *Executive Director of PLCPD* **Ms. Joan Bacoling** *Planning Officer of La Trinidad* **"Profile of La Trinidad"** **Hon. Edna Tabanda** *Municipal Mayor of La Trinidad, Benguet, Philippines* **"Welcome Message"** **Mr. Rafael Sallocoy** *Secretary to the Mayor, Baguio City* *On behalf of Hon. MAURICIO DOMOGAN, Mayor of Baguio City* **"Opening Message"** **Hon. Teddy Brawner Baguilat** *Representative of Lone District of Ifugao and PLCPD Vice-Chairperson for Luzon*

	"Keynote Message" **Dr. Caster Palaganas** *Head of Social Department, University of the Philippines, Baguio* **"Situationer: Challenges of the Cordillera IP Tribes"** **Message from representatives of IP Tribes from the five provinces in the Cordillera Administrative Region and one faith-based organization** **Dr. Paulina Sawadan** **Pastor Paul Baguitay** Abra **Dr. Norberto Duran,** Apayao **Dr. Peter Cozalan,** Benguet **Dr. Imelda Parcasolo,** Ifugao **Dr. Julie. C. Cabato,** Ifugao **Rev. Henry Hakcholna,** Ifugao **Ms. Sheana G. Bumangil,** Kalinga **Ms. Lynn Madalang,** Mt. Province **Rev. Jonathen Obar,** Faith Based Organization **Hon. Nguyen Thi Kha,** *Member of Parliament, Vietnam* **"Message"** **Discussion**
11:30 - 12:30	**Lunch and TETE-A-TETE With Media** Calajo Restaurant, La Trinidad, Benguet
12:30 - 2:30	Exposure Visit to Bahong, Municipality of La Trinidad, Benguet Observation of JICA Integrated Rural Development Project
2:30 - 3:00	Travel to KAP Convention Center
3:00 - 4:00	**Wrap-up Session** Feedback from Participants: **Hon. Tissa Karalliyadde** *Minister of Child Development and Women's Affairs, Sri Lanka* **Hon. Mariany Mohammad Yit** *Senator, Malaysia* Moderator & Synthesis: **Mr. Romeo C. Dongeto** *Executive Director of PLCPD* Vote of Thanks: **Mr. Ramon San Pascual** *Executive Director of AFPPD* Closing Messages: **Hon. Yutaka Kumagai** *Member of House of Councillors/JPPF Member, Japan*
4:00	Travel back to Manila
	Dinner at Max's Restaurant, Hacienda Luisita, Tarlac City
10:00	Arrival to Hotel in Manila
DAY 4, 31 August 2013, Saturday	
	Departure of Participants

Opening Ceremony

Opening Message

Hon. Yasuo Fukuda
Chair of the Asian Population and Development Association (APDA)
Honorary Chair of the Japan Parliamentarians Federation for Population (JPFP)
Former Prime Minister of Japan

It is a pleasure to see old faces and some new ones here. I thank you most heartily for joining us at our 29th Asian Parliamentarians' Meeting on Population and Development and the study visit program.

The Asian Population and Development Association (APDA) serves as the Secretariat of the Japanese Parliamentarians Federation for Population (JPFP), as well as the Tokyo Office of the Asian Forum of Parliamentarians on Population and Development (AFPPD).

APDA's main role since its inception has been to continuously call on parliamentarians in Asia and organize APDA meetings in order to resolve population issues and promote sustainable development.

Last year APDA, with AFPPD, celebrated its 30th anniversary. Looking back at our history, I believe that the consistency of the APDA meetings held from the very beginning has played an essential role in maintaining the commitment of parliamentarians on the issues of population and development in the Asian region.

We have none other than to thank the Philippines Legislators' Committee on Population and Development (PLCPD), for their genuine collaboration that enabled us to be here in the Philippines together for the APDA Meeting and the study visit programme. A particular gratitude goes to Hon. Edcel Lagman, former PLCPD Chair for the House of Representatives and who on behalf of the PLCPD served as AFPPD's Deputy Secretary-General, Hon. Pia Cayetano, the PLCPD Senate Chair and the PLCPD members.

Now, I believe we can say that we are standing at an extremely complex situation regarding population and development. That is to say, while there is still in many developing countries a dire need to reduce infant and maternal mortality rates and at the same time cope with the explosive growth of the population and meet the needs of the ever-growing generation of young people including their needs for reproductive health, and ensuring their education and employment.

On the other hand, the developed countries appear to be facing the very opposite, namely lower birthrate and rapidly aging population, putting pressure to finance pension and healthcare costs.

Furthermore, as we turn our eyes to the global environment, we see how global warming is becoming a steady menace. Recent shale gas revolution appears at first sight to make us complacent concerning energy. However, from the perspective of global warming, it is only too clear for us that burning fossil fuel cannot be the answer.

On March 11, 2011 Japan was hit by a mega disaster of earthquake and tsunami in the Eastern part of the country. Let me say how grateful we all are for the generous support from our friends around the world.

Having experienced an unprecedented scale of tsunami, we know now clearly that we must be much more cautious in using nuclear energy which was expected to play an important role in moderating global warming. We also learned that we need a far deeper understanding to find ways to coexist with nature.

These are but some of the contradictory puzzles we face today. As politicians, how should we cope with all these?

Population issues affect each of us as we live our lives, while at the same time it is one that determines the structure of our societies.

The seemingly contradictory challenges before us are but different aspects of the same challenge that the population issue casts on us, and it is essential that they be overcome if we are to achieve sustainable development.

That implies that we should as politicians deal appropriately with the challenges that confront our countries, and at the same time share our different perspectives on the challenges of the population at meetings of parliamentarians such as APDA Meeting and analyze them to achieve a common understanding. I believe that our cooperation in this regard will provide the foundation in grappling together the Asian as well as the global issues of population.

The theme of this conference is cultural diversity and population. Statistically speaking, I understand that the Philippines has a successful demographic transition where mortality transition is concerned but not in fertility transition.

My sincere felicitations to our host, PLCPD, for having successfully seen to the passage of the RH Act after years of your sincere efforts. This gives you a great start in tackling the challenges.

The very fact that you have succeeded in enacting the RH Act against religious opposition will have tremendous implications in countries of Asia and Africa that have similar challenges.

Today we know that challenges of population does not simply mean reducing mortality through improved medical and healthcare practices or providing family planning commodities and services. Those days are behind us. What is needed going forward is not to push a singular way but to find the best way acceptable by different cultures.

One of the principles of AFPPD since its inception is that parliamentarians represent different cultures. I believe that our successfulness underscores the rightness of our belief.

Allow me to take this opportunity to most sincerely thank Ms. Nobuko Horibe, Director of UNFPA's Asia and the Pacific Regional Office, as well as IPPF and all persons concerned for your support in enabling this conference to take place.

Following the conference, we have scheduled a study visit programme that takes us to the northern regions of the country where ethnic minorities live. As

the organizer of the conference we will be most pleased if the fruits of the conference and the study visit programme will be put to good use in your countries.

Thank you for your attention.

Welcome Address

Hon. Juan Edgardo Angara
Senator of the Republic of the Philippines
Vice-Chairperson for the Senate, Philippine Legislators' Committee on Population and Development

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Recently, the Philippines made a mark in the global objective of addressing population and development concerns by enacting the Reproductive Health Law. We are confident that this measure will contribute significantly to achieving population and development goals of the country. The tedious process that we went through during the 14 years of advocating for the passage of the measure and the lessons that we learned in the course are things that we will always be willing to share with other countries. We hope that this may contribute to your efforts in the advocacy of parliamentarians in other parts of the globe.

But as we always said, the RH Law is not the answer to all population and development concerns. As such, we see the need to continuously study the intricacies of population and development concerns of the country, see how other nations addressed similar concerns, and resolve to provide solutions to these. Unfortunately, there will never be a "one-size-fits-all' measure in this culturally pluralistic society. And so we need to see things from various angles if we wish to bring to the people the policies that will concretely contribute to achieving a better quality of life.

Last week, the Philippines witnessed yet another population and development challenge. Typhoon Maring, which barely touched the Philippine Islands, enhanced monsoon rains inundating most parts of Luzon. The National Disaster Risk Reduction Management Council reported that the monsoon rains affected at least 642,884 families or some 2.9 million people. As of yesterday, at least 17,883 families are still staying in 359 evacuation centers. We are now bracing ourselves as Tropical Depression Nando threatens to do the same from Mindanao down in Southern Philippines to the northernmost part of Luzon.

Even with the RH Law at hand, population and development concerns are not eliminated for we deal with enormous concerns on urbanization, environmental degradation, climate change, and so forth. The catastrophe simply reminded us that challenges in achieving population and development will always confront us and that we should not only be ready for such trials but also learn from lessons that we gain along the way.

Today's event, the 29th Asia Parliamentarians Meeting on Population and Development, is one significant venue to discuss what we can do in order to meet

the challenges on population and development in a culturally pluralistic society. We look forward to sharing with you what we were able to achieve in advancing the RH bill and how we were able to achieve it. More importantly, we look forward to discussions on how we can, as one community of parliamentarians, be able to synergize our actions to address similar population and development concerns in Asia and the Pacific.

On behalf of my colleagues in PLCPD, I wish to thank the Asian Population and Development Association (APDA) for organizing this conference and bringing together a host of key people in the field of population and development. Thank you as well for allowing us to host this conference for you. Our gratitude goes out to the supporting organizations namely, the United Nations Population Fund (UNFPA), International Planned Parenthood Federation (IPPF), and the Asian Forum of Parliamentarians on Population and Development (AFPPD).

Finally, I would like to extend our appreciation to Hon. Edna Tabanda, Municipal Mayor of La Trinidad, Benguet, and Commissioner Zenaida Brigida Pawid from the National Commission on Indigenous Peoples-CAR, for co-hosting the study visit and cultural interaction in the Cordillera.

With pride and honor, I wish to fulfill my task for the day. Distinguished guests, ladies and gentlemen, welcome to the Philippines and welcome to the 29th Asian Parliamentarians' Meeting on Population and Development.

Message

Ms. Anne Harmer
Regional Programme Coordinator, UNFPA Asia and the Pacific Regional Office
On behalf of Director Ms. Nobuko Horibe,
Director of UNFPA Asia and the Pacific Regional Office

It gives me a great pleasure to participate in this meeting today on behalf of Ms. Nobuko Horibe, Director of UNFPA Asia and the Pacific Regional Office. Unfortunately she has a previous commitment and was unable to attend. She has however asked me to say a few words on her behalf, so I am very pleased to contribute to the opening remark this morning.

Before the 1994 International Conference on Population and Development (ICPD), you will recall that the approach to population was largely about numbers – how to control or stabilize population growth, with solutions that were often coercive, used incentives, and/or included demographic targets.

To remind you briefly of the key elements of its Programme of Action, the ICPD provided a forward-looking and comprehensive approach to addressing population-related issues, based on principles including human rights, equality and sustainable development. It established linkages between population, development and rights, and articulated a shared commitment to improve the lives of people through the programmes that take into consideration the individual needs and rights of women and men, girls and boys.

The Programme of Action committed to: responding to population challenges and opportunities within a human rights framework; to advancing gender equality and empowerment of women; promoting sexual and reproductive health, including maternal health; increasing access to education, especially for girls; addressing issues of urbanization, migration and environment; working to ensure that everyone experiences the benefits of sustainable economic development; and promoting the participation of civil society.

Why, you might wonder, is the theme of Population and Development in a Culturally Pluralistic Society of particular importance and relevance today? As you are all aware, next year is the 20th anniversary of the ICPD and the following year, 2015, is the deadline for achieving the Millennium Development Goals (MDGs). Considerable progress has already been made in addressing certain elements of the ICPD agenda – including higher enrolment of girls in school; increased involvement of women in the paid workforce and in positions of authority; improved access to family planning information, services and commodities; greater availability of skilled birth attendants and emergency obstetric care; and in the prevention and treatment of HIV. Certain goals, however, such as the overall goals to achieve gender equality and significantly reduce maternal mortality will not be achieved by next year, or even the year after.

In every country in the region there remain pockets of unmet need, particularly among poor, marginalized and excluded populations, with women being most affected. It is the lack of progress amongst these populations that has prevented us from achieving the ICPD Programme of Action and the MDGs.

When we talk of cultural pluralism, we are referring to the way in which smaller groups within a larger society are able to maintain their unique cultural identities, where their values and practices are accepted by the wider culture, provided they are consistent with the laws and values of the broader society. By and large, governments have thus far been successful in addressing unmet need within majority populations. The focus now needs to turn to those smaller population groups that have unique cultural identities, traditions and practices that - for a variety of reasons - are preventing them from benefiting from the services already enjoyed by most of us.

These marginalized and excluded groups differ across the region, although there are some commonalities. In most cases they include populations which, for some reason or another, live on the margins of society due perhaps to geographical or physical remoteness - such as indigenous people or ethnic minorities; those struggling to access the benefits of development in contexts where the social security support has not kept pace with economic growth – such as migrant workers; those who are discriminated against because their behaviour is deemed socially unacceptable by the cultural majority – including those most at risk of HIV infection, such as sex workers, men who have sex with men and intravenous drug users; or even those whose needs, in general, have been neglected – such as the huge cohort of young people across the region who do not yet have access to sexual and reproductive health information and services. Each of these population groups – be they small or large – have their own distinct "cultures" and behaviours, and it is only by engaging directly with individuals from those populations, and listening to their voices, that we can begin to address their needs.

It is appropriate that this high-level dialogue is being held in the Philippines, as this is a country where there has already been considerable success in terms of engaging with leaders and members of communities representing certain distinct cultural groups. I refer in particular to the efforts to engage directly with indigenous people. The existence of a National Commission for Indigenous Peoples is a unique forum within the region, demonstrating a commitment to the rights of indigenous peoples. I refer also to work that has been done to engage Muslim leaders in Mindanao in addressing reproductive rights and gender equality, through collaboration with Islamic leaders in Egypt – an experience that is now being shared with other countries such as Indonesia, through south-south collaboration. There are clearly lessons that can be learned from the Philippines experience, so it is very apt that the dialogue and study tour are taking place here.

Coming back to the ICPD, paragraph 1.15 states that implementation of the Programme of Action will require the establishment of common ground, with full respect for the various religious and ethical values and cultural backgrounds.

I urge you, however, to think more broadly than the specific "cultures" of indigenous people, ethnic and religious minorities already mentioned, and to also think about the work that has yet to be done amongst other groups with distinct "cultures" whether they be behaviour-related cultures or age-related ones. This includes those most at risk of HIV infection – sex workers, men who have sex with men, and drug users, as well as adolescents and young people who, as we all know, often adopt behaviours that are different from and challenging to those of the older generations.

In considering cultural pluralism, parliamentarians, policy makers and other leaders need to understand the specific needs also of these distinct cultural groups. If truly committed to ensuring that all people have the right to access sexual and reproductive health information and services, including contraception, we must reach out to and directly engage with representatives from these populations, and find entry points that are acceptable to them and their communities. Respecting diversity, and understanding the cultural, social and economic contexts within which marginalized people exist, are essential steps to identifying workable local solutions.

However, whilst respecting cultural diversity and pluralism it is important to remember not to lose sight of the fundamental principles of individual human rights. As individuals, we are shaped and influenced by the relationships in which we find ourselves at both family and community levels. These relationships may be defined by cultural or religious beliefs and practices that are out of step with the 21st century. We may need to help others explore their cultural norms in order to understand what is preventing marginalized individuals from realizing their rights, particularly with respect to sensitive issues such as sexual and reproductive health. Cultural relativism cannot stand in the way of individual rights.

For example, if women are subject to patriarchal beliefs and practices that result in sexual or emotional violence, or if they are unable to take decisions that affect their own bodies, then those norms need to be examined and challenged. Similarly, if adolescents and young people are unable to receive essential information and services that would contribute to their physical health and well-being, then we need to challenge the norms that prevent them from accessing their rights. If "tradition" dictates that those who are poor and marginalized, or those who behave differently from ourselves, are less worthy of services, then we need to examine the beliefs behind such assumptions. Otherwise, the ICPD Programme of Action will not be fully implemented.

As Parliamentarians, you are key leaders in the fight to address unmet need – not only as law makers, but also as watchdogs who can ensure that laws are fully implemented. You are advocates for the consensus of the ICPD, champions of reproductive health/rights, voices in the chambers of policy and the corridors of power, who can raise your voices on behalf of the rights of marginalized and excluded populations, especially women.

We are looking to you for your ongoing support as we move towards the post-2015 development agenda and our goal to achieve reduction in inequalities and to achieve sustainable development for all.

Next month the 6th Asia Pacific Conference on Population and Development will be held in Bangkok, Thailand. This is an important conference where issues related to population and development will be discussed. We urge you to ensure that the delegates from your countries are well informed on population and development issues and are able to contribute towards a progressive output statement that can take forward our common agenda.

In conclusion, I would very much like to thank the Asian Population and Development Association (APDA) for having organized this high-level meeting, and also to thank the Philippines Legislator's Committee on Population and Development (PLCPD) for hosting and facilitating this initiative. On behalf of Ms. Nobuko Horibe, I wish you success with today's discussions, and with the subsequent study tour. Thank you.

Keynote Address

Hon. Walden Bello
Representative, Akbayan Partylist
Chair for International Linkages, Philippine Legislators' Committee on Population and Development

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Let me first thank you for having me here in this momentous event. I am honoured to be a part of this significant undertaking that seeks to advance people-centered development by examining how culture, traditions and religion impact on the process of policy formulation and implementation in addressing population and development challenges.

I was among the 65 parliamentarians from Asia and the Pacific who attended Asia-Pacific Regional Parliamentarian and CSO Forum on MDG Acceleration and the Post-2015 Development Agenda held in Bali, Indonesia last March. What came out as the Declaration in that important gathering underscored the need to recognize that to pursue equitable development, gender equality and women's empowerment are necessary ingredients; that women should be empowered to make healthy and informed choices about their sexual and reproductive health.

It is also important to mention that in the Bali Declaration, parliamentarians around the world are called to recognize that race, caste, ethnicity and other analogous systems of exclusion and hierarchy marginalize millions who are routinely denied access to water, education, health services, and employment leading to social exclusion and high levels of poverty.

With 28 months to the Millennium Development Goals (MDGs) Deadline in 2015, countries around the world that pledged to achieve the MDGs in the year 2000 will make their final actions and appraisal of their performance in as far as these development goals are concerned.

In the Philippines, Goal 5 and Goal 6, specifically on maternal health and combatting HIV/AIDS will not be achieved in the 2015 deadline. In fact, maternal mortality rate increased from 162 in 2010 to 222 in 2011. The target is to lower maternal deaths to 56. Meanwhile, HIV infections in the Philippines have jumped from one in every three days in the year 2000 to 15 cases per day today. The Philippines is now considered just one in nine countries globally that continues to show steep increase in HIV infections.

Political analysts and medical practitioners point to the lack of enabling policy environment which includes the comprehensive national response to the expanding epidemic, and the comprehensive reproductive health care to address high maternal mortality rate. This is precisely the reason why after 14 years of struggle, the 15th Congress of the Philippines finally enacted the Responsible Parenthood and Reproductive Health Care Act of 2012, more popularly known as the RH Law. It is a response to sexual and reproductive health needs of Filipinos. It is a response to educate boys and girls to enable them to make responsible decisions on their sexuality and reproductive health. It is a response to

empower women, especially poor mothers to be able to decide freely and responsibly as to the number of children they truly want and how to space their pregnancies. It is a response to save lives and uplift the quality of life of Filipino people.

I have always believed that most legislators understand the problems of runaway population growth and high prevalence of poverty among families with higher number of children. However, for more than a decade, many politicians refused to address the issue because of strong opposition from the leaders of the Catholic Church. Finally, with the President's open support to the measure, and the strong clamor from the public, the Congress voted to enact the controversial measure in December 2012.

True enough, those who are opposed to RH continue their efforts to derail the implementation of this very important law. The petitions of anti-RH individuals and groups to declare this law unconstitutional were given audience by the Supreme Court in March. However, the public respondents and private interveners led by the principal authors of the law in both Houses of the Parliament are confident the Supreme Court will finally declare constitutional the controversial measure as the oral arguments ended yesterday.

Fellow parliamentarians, 14 months is already a race against time to attain the most hard to achieve goals of the MDGs including halving our country's poor. But we have to persevere to accelerate its achievements despite great odds. The last 5 months that the RH Law implementation was delayed due to the status quo ante order issued by the Supreme Court of the Philippines has already cost more than 2250 lives of women. Fifteen maternal deaths per day will continue to occur as long as the Supreme Court maintains its current stand on the RH Law. While we achieved victory in the legislature, we are fully aware that the battle will continue because the law will be challenged in every step of its implementation.

Finally, I believe that parliamentarians should take active role in formulating the post-2015 development agenda that will address root causes of poverty, inequalities and deprivation. Above all, we must aspire in defining a development agenda that will promote equality and non-discrimination as a paramount objective. As parliamentarians, we should strive to ensure that appropriate measures to protect and promote equality, equity, social inclusion, absence of stigma, and accessibility within different intersecting identities including age, gender, caste, religion, ethnicity, tribe, disability, language, sexual and gender identity, HIV status, and migrant status and geographical locations, among others.

As parting words, I wish to commend the Asian Population and Development Association (APDA) and the PLCPD for organizing and hosting this conference and study visit. I would also like to cite the invaluable support of the United Nations Population Fund (UNFPA) and the International Planned Parenthood Federation (IPPF) to this activity.

Let this gathering reprise our call for sustained action towards achieving the MDGs and continue our efforts pursue population and development objectives and initiatives within and outside the halls of parliament. Let not our commitments waiver in securing a brighter and sustainable future for our people. Thank you very much.

Message

Ms. Nora Murat

Regional Director, East & South East Asia & Oceania Region (ESEAOR) of the International Planned Parenthood Federation (IPPF)

It is an honour to be standing in front of you at such a crucial time in our movement history. As a world leader in working for eradicating poverty, we reflect for a moment on how far we have come.

The International Planned Parenthood Federation (IPPF) started 60 years ago. The idea that women should control their own fertility and destiny was very controversial back then. The idea of family planning as an undeniable right challenged many conventional groups at that time. Things that we all take for granted today was the subject of opposition and hostility. That was 60 years ago.

Sixty years later, where we are now, IPPF has the freedom to operate and as Federation, we operate in almost 200 countries. It is only able to exist from assistance to the government from the policy makers, parliamentarians and from charitable institutions. Before we are a lone voice but we are no longer alone now, thanks to all of you.

Bit by bit we are really trying our hardest to change the world. At this point in our history as an organization, we need to make a vigorous stand for the universal adoption of Sexual Reproductive Health/Rights and policies. You are in a unique position of being able to get the subject on to the political agenda to ensure that adequate funding level and policies are secured. The stakes are high and your action now will make a difference for future generations.

We at IPPF will be very happy to assist you in any form that we are able to and we hope that you will be our voice. Please be our voice.

Thank you very much.

Session 1

Population and Development Issues and Religious Perspective

Message from the Session Chair

Hon. Ahmed Abdulla, MP
Republic of Maldives

Good morning and welcome back.

I am Ahmed Abdulla, a member of parliament of the Republic of Maldives. If you heard of a Political Activist group, I represent the opposition party, the Maldivian Democratic Party (MDP). This session is about population and development issues, now I would like all you to give warm welcome to Prof. Ernesto M. Pernia. Before he starts, I would like to give a little introduction about him. He is a Professor Emeritus of Economic at the University of the Philippines. Previously he was Professor and Director for public at the University of the Philippines at School of Economics. Now I kindly ask Professor to address the participants.

"Population and Development Challenges amid Unrelenting Catholic Hierarchy Opposition against the RH Law"

Prof. Ernesto M. Pernia, Ph.D

Professor Emeritus, College of Economics, University of the Philippines

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I am delighted and honoured to be in the company of distinguished parliamentarians from Asia. I think it is good for academic like me to meet parliamentarians and for the parliamentarians to meet academics so that there will be some interaction and cross fertilization of ideas.

My presentation resonates quite well with the previous speakers regarding progress in family planning reproductive health in the Philippines, vis-à-vis other countries. Let me go straight to my presentation – Population and Development Challenges Amid Unrelenting Catholic Hierarchy Opposition against the RH Law. This is the outline of my presentation:

- Introduction: What is Philippines' population and development situation and how does it compare with ASEAN neighbours?
- Twin policy failures
- Population-economy-poverty-inclusive growth nexus
- Unrelenting Catholic hierarchy opposition to the RH law
- Conclusion
- Counterfactual musings

Table 1. Southeast Asia: Demographic Indicators and Poverty (ca. 2010)

Country	Population growth (% annual)	Total fertility rate (children/women)	Unmet need for family planning (% of women, age 15-49)	Poverty incidence (%)
Philippines	1.9	3.1	22.0	26.5
Thailand	0.8	1.6	8.1	13.7
Indonesia	1.7	2.1	13.1	13.5
Malaysia	1.6	2.0	-	3.8
Vietnam	1.1	1.8	4.3	12.6
Cambodia	1.5	2.6	23.5	30.1
Lao PDR	2.1	2.7	27.3	27.6
Myanmar	1.1	2.0	19.1	25.6

This will compare the Philippines with other ASEAN countries. As you can see, the Philippines in terms of demographic indicators and poverty has quite an interesting correlation between the two.

The Philippines is kind of backward relative to poverty eradication or reduction effort and at the same time has been rather weak in reducing population growth, reducing fertility rate and reducing unmet need for family planning compared with southeast ASEAN countries. In fact, Vietnam which is a newcomer in the ASEAN community has already done pretty much better than the Philippines in terms of the demographic indicator as well as poverty. So this is something a bit uncomfortable about when we face our friend in other ASEAN countries.

Table 2. Southeast Asia: Demographic-Economic Indicators and Poverty (ca. 2010-2011)

Country	Total fertility Rate (ave./woman)	Gross national Income per capita, US$	Gross domestic Investment (% of GDP)	Poverty Incidence (population) (%)
Philippines	3.1	2,210	19.4	26.5
Thailand	1.6	4,480	29.8	13.7
Indonesia	2.1	2,940	35.3	13.5
Malaysia	2.6	8,770	25.5	3.8
Vietnam	1.8	1,270	29.2	12.6
Cambodia	2.6	820	17.1	30.1
Lao PDR	2.7	1,190	-	27.6
Myanmar	2.0	-	22.7	25.6

This on the other hand is the demographic and economic indicator. As you can see from the comparative table, the Philippines is lagging behind in ASEAN neighbours. We used to be pretty well ahead of many ASEAN countries but now

we are falling behind. We have a lot of catching up to do to be on par again with our Asian neighbours.

This is an explanation of our economic growth performance vis-à-vis population growth trend. The explanation among economists is that the Philippines got stuck with protectionist import substitution industrialization policy from the 1960's to the 1980's. Actually, import substitution industrialization policy was the norms adopted by many ASEAN countries, but the difference is many east and Asian countries graduated quickly from that kind of protectionist policy to open economy and be export promotion. The Philippines failed to do that and we got stuck with the protectionist policy through the 1980's while others graduated in the 1970's from import substitution to export promotion.

While the Philippines was among the first in ASEAN countries to adopt a family planning programme and in fact our programme was a modelled and copied by other ASEAN countries. But it was discontinued practically in the late 1970's because of the opposition of the catholic hierarchy. So the opposition of the Catholic hierarchy started not recently but it has been there for decades. So in effect the programme was completely set aside towards the end of 1970's and up to now there is no official family planning programme except private efforts and some efforts by local governments.

The consequences of this, which I call twin policy mistakes, is that it has been a weak long-term economic growth, meaning small demand for labour; in other words limited job creation in the face of robust growth population and labour force. This means large labour supply results in chronic high unemployment rate and therefore persisting poverty. That is the kind of historical explanation why we fell behind or still falling behind.

In terms of the long run average growth rate of the Philippine economy, it is only at about 4.0% to 4.2% over four decades (1970-2010). At the same time, population growth over the same period diminished just slowly from 1.0% to 2.0%. The difference between the two is the long-run average GDP per capita growth rate of merely 1.6% p.a. over the four decades. That is pretty low per capita income. Any value growing 1.6% annually has to wait 43 years to double.

Figure 1. PH's GDP [1985 = 100] and population growth rates %, 1970-2010

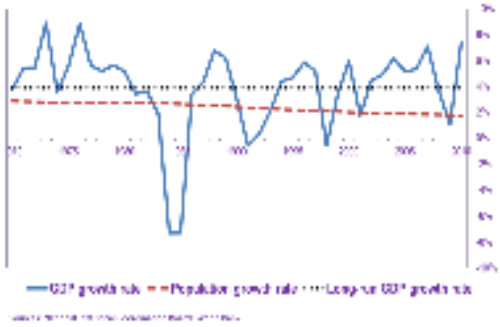


Figure 1 is the graphical presentation of what I just said. These are the average annual growth trend which can be averaged to in a smooth line about 4.0% to 4.2% from 1970 to 2010. And this is the trend in population growth rate, which is a very slow decline which I call glacial decline. This shows deceleration in population growth rate compared with our Asian neighbours. So the difference is the per capita GDP growth rate of average income per person which is 1.6%.

Earlier, Hon. Walden Bello, a good friend of mine, said that we do some process of exclusion and it would seem that our failure in the population policy area is a major explanation why we have been

polygonized in terms of economic and poverty indicator. And this is shown in figure 2 comparing Philippine and Thailand. The point is the Philippine was ahead of Thailand, but Thailand overtook the Philippines early 1980's and this is where Thailand is now, ahead of us. And this is the trend in GDP per capita levels, not growth rate.

Figure 2. PH and Thailand, 1950 - 2010

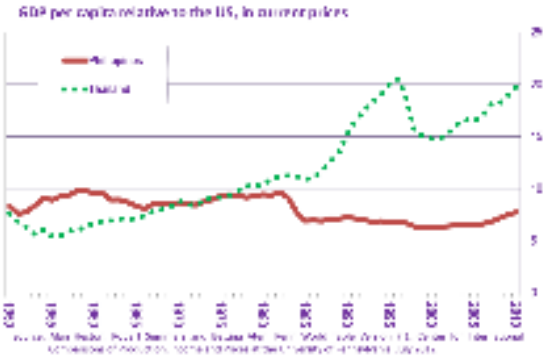
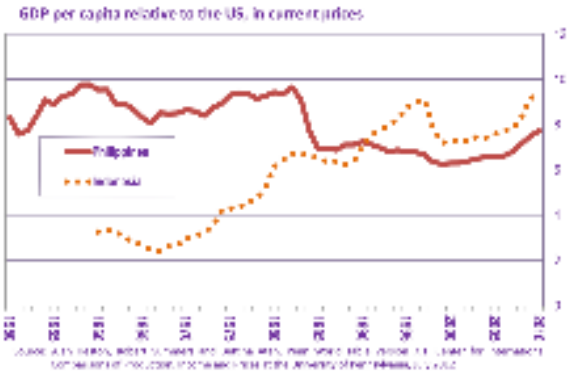


Figure 3. PH and Indonesia, 1950 - 2010



Also with respect to Indonesia (Figure 3) which has good family planning programmes, it was way below the Philippines' way back in the 1960's but was overtaking the Philippines. In the early 1990's, the main difference here is lack of population policy which we had earlier but it was dropped due to oppositions from religious conservative groups.

Figure 4. Poverty Incidence by family size
(PH: FIES 2009)

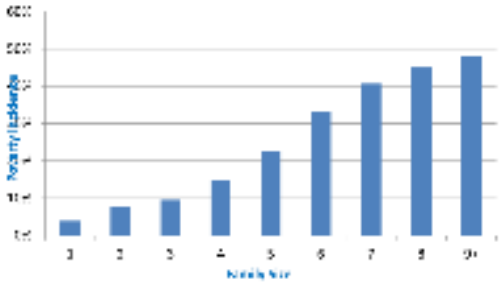


Figure 4 will show that the bigger the family size, the higher the poverty incidents. So this is from 2009 but we have tracked this since 1985. Monotonic increase in poverty that coincides with family size is logical. And that is why there is a major or strong argument for enforcing the RH law, family planning programmes especially giving access to poor family to have free contraceptive methods available to them.

Table 3. Wanted vs Actual Total Fertility Rates
(PH: NDHS 2008)

Wealth Quintile	Wanted TFR	Actual TFR
Lowest	3.3	5.2
Second	2.9	4.2
Middle	2.4	3.3
Fourth	2.2	2.7
Highest	1.6	1.9
Total	2.4	3.3

Table 3 is in terms of actual total fertility rate (TFR) or average number of children a woman would bare over her reproductive period or reproductive ages. This is 2008. This figure is again a strong argument for the RH Law to implement it and focus it on the poor who cannot afford family planning services on their own.

Let me just continue and talk about population, economy, poverty, INCLUSIVE GROWTH nexus. My explanation is very simple; the real economy as distinguished from financial economy is made of basically two markets.

- The Goods market and the Labour market.
- In both markets, population centrally figures in both the demand side and the supply side of the two markets.
- Therefore it is obvious to planners that the growth rate of the population is age distribution, age structure. The spatial distribution of the population must be key factors/considerations in a country's development strategy
- This aims to promote rapid and sustain economic growth, full employment, poverty reduction and social inclusion or inclusive growth.

So what is NEEDED? I would like to emphasize this point;

- Needed is a shift from inordinate emphasis on demand for labour, i.e. job creation limited by premature progression from undeveloped agriculture to services, skipping the industrial stage – we economists dubbed it as "development progeria".
- Thus, revival of industry especially manufacturing because this is a job creator
- But indispensable complement is population management to address quantity and quality of labour supply which is the workforce of the economy.

So what are the BENEFITS of population management?

- At micro level, RH/FP programmes enable poor women – unburdened by unwanted and/or unplanned pregnancies – to improve their well-being, acquire skills, be empowered and be gainfully employed.
- Further, fewer wanted and better cared-for children benefit from human capital investment and, hence, a more promising future thereby breaking vicious circle of intergenerational poverty.
- At macro level, population growth declines, average incomes rise, poverty falls, public social spending per person rises, poverty falls, meaning higher quality social services.
- In longer run, fewer entrants into workforce, equipped with more education and skills with higher quality services will result in the balance between the supply of and demand for labour, i.e., full employment will be more achieved.
- As development policy measure, RH/FP programmes are cost-effective. The benefit is so much more than the monetary budget that you would need to put in place with family planning programmes.

Unrelenting Catholic hierarchy opposition to RH Law

- Contraception is tantamount to abortion; contraceptives are tantamount to abortion. But it is clearly stated that abortion is illegal and prohibited here but the Bishop insists that contraceptive kills.
- RH law kills, a serious charge from the Bishops

- The Philippine's' rapid population growth is not a problem; corruption is the problem according to the Bishop which I and most of us here agree with. But it is not the only problem as shown by the shortfall we have experienced vis-à-vis our Asian neighbours
- Population growth is unrelated to poverty; corruption is the cause of poverty. But as I have said corruption is the cause but not the only cause.
- Contraception is corruption!
- RH causes cancer! It is kind of absurd to me.
- Sexuality education results in promiscuity. Actually the opposite is quite the case in relation to the evidence. Increased awareness of the danger of sexual adventure among the teenagers, they will be more careful or less likely to become pregnant.
- RH Law leads to a slippery slope after family planning, next will be abortion, then divorce, same sex marriage, that kind of arguments. This is pure conjecture.

So notwithstanding the opposition of the Catholic Church hierarchy

- 70 to 80% of adult Filipinos mostly Catholics, favours the RH Law shown by repeated survey since early 1990.
- Official Government data shows that poor women want fewer children than what they actually have.
- They are the Silent majority. I think this is a cultural issue. Filipino women, although they favour RH Law, are more silent compared to other Asian women who are more outspoken. That is why they were able to get the family planning programmes get going.
- Catholic Church hierarchy's credibility and moral ascendancy seems to be eroding – due partly to its authoritarian stance on RH (based on illogical and hollow arguments) and partly to its own lack of transparency and accountability in governance and clerical misdeeds and indiscretions.

The People have spoken time and again and this is shown by surveys.

- Despite aggressive campaigning by some Catholic Bishops against the RH Law, unrelenting since long before the final voting on the Bill, the people themselves have expressed their will as well as through their representatives. It seems clear that people heed their consciences rather than blindly follow Bishops' orders.
- The Bishops must learn from Pope Francis' Christ-like humility and compassion and just humbly say: Who are we to judge those who practice modern contraception as sinners?
- It is time the opposition to the RH law, led by the Bishops – some of them reportedly lobbying, directly or indirectly, the Justices – listened to and accepted the voice of the people – which is the voice of God.

I have some Counterfactual musings or thinking, consideration or conjecture. The question is what if FP opposition were non-existent or ignored?

- Best-case scenario: The Philippines and Thailand – known as

demographic-economic "twins" in the 1970s – might have remained such twins till now!

- Less than best-case scenario would be: The Philippines population at 70 million compared with Thailand at 64 million.
- Population growth: The Philippines 1% vs. Thailand 0.8%; TFR (total fertility rate) 1.8 vs. 1.6 of Thailand
- GNI per capita (gross national income per person): Philippines US$2,200 vs. Thailand US$4,440.

I put the Philippines lower than Thailand because they had a stronger export sector which drove the economy in Thailand.

- Poverty incidence: The Philippines 16% vs. Thailand 13.2%.

So, thank you and I hope I did not bore you with too many figures, but I am an academic and as an academic, we relish looking at figures and numbers. Thank you very much and thank you for listening.

"RH Law in the Autonomous Region in Muslim Mindanao"

Hon. Sitti Djalia Turabin-Hataman
Representative, AMIN Party List and Member of PLCPD

Welcome to Manila, welcome to the Philippines. Magandang Umaga sa ating lahat (Good morning to everybody).

I am here to present you the reproductive health issues in the Autonomous Region in Muslim Mindanao (ARMM), and I am glad that the earlier speaker, Prof. Pernia, presented statistics because I have none to present. I will share with you how these statistics and data are reflected or manifested on the ground.

Our story in ARMM is very much reflective of the culture we have. The Autonomous region in Muslim Mindanao where majority are Muslim Filipinos have actually 13 different linguistic groups, so you are basically speaking of 13 different cultures. We used these cultures as the foundation for the advocacy of our cause. We used them to build on, to promote what we are advocating for.

So we start the Moro culture and since personally I am from Sulu, I am a Tausug,

- ly Quran and other sources of Islamic tradition. Although I was not here in the earlier presentation, but I think this is the same in other countries where there was general belief in the early 1960's among religious Islamic leaders that reproductive health is un-Islamic.
- Eventually there is the transformation from being an antagonist to an ally for being the basis of Reproductive Health through the Fatwah on Family Planning

one of the 13 groups and so the presentation here is more on the Tausug Culture. It is in the language; therefore it is in the tradition. For example, we have terms like Pagpa lahang, which means spacing. We have the term Piil, customary practices which are also used to refer to family planning practices. We have Biat, or pre-marriage counselling, and Pagbuhat, or pre-natal. We also have idiomatic expressions like Dih kalakaran sin bana, maburus, which means the husband cannot walk over to the wife who gets pregnant.

What we are saying here is that Reproductive Health is not new to the culture, and it has been there since time immemorial. And of course, apart from our being Moro, or Bangsamoro, we are Muslims, so there is also Islamic Culture that we needed to save.

- Initially the Islamic Culture posed as antagonist because of gender-biased interpretation of the Ho
- Gave way to more dynamic discourses on RH and Islam, which led to discussions of other population and development issues.

<u>Actors and Roles</u>

There are different actors in the story of the Reproductive Health in the ARMM. That is why even if the topic given to me was the RH law in the ARMM, I preferred and decided to make it the RH story itself in the area, because the passage of law is

just the icing in the cake. The story, the experience that we went through, the stories of the women, contributed to the passage of the Reproductive Health Law. And we believe that even after the passage of the law, we still need to do more.

RH champions and advocates

Led by the Health practitioners and service-providers, we have overworked and underpaid health practitioners in the areas. If you go there you will be amazed of the commitments they display and at the hard work that they do in saving women and children's lives and everybody's lives. They are the forefront of our reproductive health champions.

We also have Women advocates, of course. These are the individuals and groups, and I specifically mention the participants to the Southeast Asia Short Course on Islam, Gender and Reproductive Rights held in Indonesia and I am part of it. I mentioned it because the short course we were able to have developed women's reproductive health care. In this course we eventually realized what Islam really says about reproductive health and when these women come back home, each of us in our own individual capacities and together as a group really pushed forward for reproductive health, not only in our region but we also became part of the National Reproductive Health Network.

We also have the religious leaders as mentioned earlier, who were the antagonist but eventually became allies.

There are of course some Local Government Units, the mayor and governors, who may not be that aggressive in pushing for reproductive health but with some pressure of the people on the ground in one way or another. They have also contributed to making it an issue.

We also have here RH Advocates' Affirmative Actions:

Constituency building: we needed to really create a bigger, wider constituency and this in not just in terms of having more people join us but having these people understand what reproductive health is all about. We would like a quality constituency who themselves can explain what the issue is all about and who can be spokespersons. So we held barangay forums and we used data such as the one presented by the professor a while ago.

Campaign and advocacy: through the use of the media. We have radio talk shows to talk about what reproductive health is, which is proven to be very effective measures in pushing forward what reproductive health is all about. We also get information from them, their experiences and their recommendations.

Review of the CMPL: Code of Muslim Personal Laws. For the information of the honorable legislators and guest, we Muslims have CMPL. This covers our marriage, inheritance, divorce. Now we are seriously looking into it such as the issue of child marriage.

Documentation of stories: this is very important for us in Muslim Mindanao in the ARMM. What we always hear are the stories and issues of the women in the National Capital Region, so we also wanted to be given that space. We want the country and the whole world to her our own stories in Muslim Mindanao

Then of course we have the engagement of the Muslim religious leaders. They

provide the Islamic perspective in the discussion of reproductive health

Mediation in traditional conflict mechanisms: land conflict is very common in Muslim Mindanao, and I think this is also true in other Asian countries. It is not just about rebellion but about around 50% of it is land conflict.

Public Health Unit, the health providers: one of the issues which greatly contributed to our high maternal mortality rate is the traditional birth attendants who are not skilled in facilitating delivery. But it is the reality that we need to confront because Muslim women would opt to get traditional birth attendants instead of going to the Public Health Unit because of cultural and ritual practices.

So to attend to this issue, partnerships with traditional birth attendants were made. They were provided trainings to assist the skilled birth attendance in the birth process

We also have innovations for the availability of family planning services and commodities. Our Public Health Unit in the community in some cases is not the priority of our local government, so sometimes the centres are not provided with budget for medicine and much more for family planning pills. So what the midwife did was she would buy pills in the city and have it loan to the mother. They also have pregnant woman parties where they serve simple food and from there they would start giving reproductive health education information.

Local leaders were supportive after so much pushing and we eventually got them to our side. Some of them provide funds and support for population activities.

All these innovations and activities somehow helped in certain areas of reproductive health, especially on the area of infant mortality rate, which dropped from 18 every 1,000 in 2011. This is a big development for us.

We have another programme, the ARMM Basulta - Zamboanga RH Providers and Leaders/Advocate Consultative Forum. We gathered reproductive health providers and leaders and advocated from these provinces for consultative forum, which was held in July 21-23, 2011 in Zamboanga City.

Just to show you, the followings are the issues and recommendations:

- Terminologies or translation of the RH Bill into the local dialects for the people to understand
- Revisit the RH Code in the different provinces
- Funding should be provided to support the advocacy
- Gather and publish data for information
- Dialogues and partnership with religious leaders
- GIDAs, or the geographically isolated and depressed areas, are hard to reach, so there was a need for providers in the area, mobile health service and transportation.

I would like to share with you some of my reflections. I would like to take this opportunity for the Asian Parliamentarians to listen not to my voice alone but to know what the people on the ground are thinking as follows:

From Mr. Saukhani Kimpa of Jolo:

"We recognize the vital role of education as an effective agent of change for peace, progress and development. Along these lines, we have to be more vigilant in securing the welfare of our women and children.

I also believe that we should intensify our campaign for the RH bill. It is not enough to just incorporate it as a subject in our educational system but to extend its teachings beyond the classroom walls and into our rural areas. We should do this because there are still so many of our brothers and sisters who are deprived of education and proper information on reproductive health.

Collabourative work should be established between the medical field and the Ullama. This is link is very vital because the people believe and accept the teachings given by their Ullama.

Finally, when the reproductive health bill becomes a law, if the people at grassroots level are not educated properly, then its purpose of saving lives is not fulfilled. But even if it is not passed on as a law, if the people are armed with the right information on reproductive health, we can help them in bettering their lives. ***"***

From Dr. George Lee of Tawi Tawi:

"Citing a personal experience in my area, I always encounter women who come to me and tell me that they might be pregnant. I would examine them and when the test yields positive results, I tell them and ask their reaction about it. They are either dismayed or sad over the result.

The point that I am trying to make is that the women in my area do not want to get pregnant every year. But the problem is that they do not know where to go, ask for help and no access to family planning methods. If they would have their way, they want to avail of the TBL to stop them from getting pregnant.

This shows that the RH bill does not concentrate on family planning methods but it encompasses everything, from the health of the mother, her child and her family. This, for me, is the essence of Islam".

From Dean Hannbal Barra of Ulama and Academ, Sulu:

"I stand before you to present our reasons why we support the RH bill.
The foremost reason why we support the RH bill is that it would eventually help the Muslims realize their most cherished dreams from the Holy Qur'an. This would be the promotion of a good family life.

Family planning is a fundamental law for Muslims. This is not only because of the promotion of the family's health but also to inculcate the teachings of Islam to the children. Both parents are responsible to do this in order for their children to grow up well."

From Dr. Allahminda Oribes, RHU Tanduhbas, Tawi Tawi:

"On behalf of the health district services of Tawi-Tawi, we are happy and thankful that we have been invited to this event because we are able to express our stand on the RH bill. Also, we are enlightened by the speakers on

many controversies surrounding this bill. To ensure what is best for our mothers and her children, we are more than convinced that this RH bill must be passed.

I want to share a story with you. I am a person very close to the members of my community. Our area is very far from the hospital. Sometimes, we do procedures to save the life of the mother and her child, which is normally done in the hospital.

The people in our area are 70% below the poverty line and 50% illiteracy rate. It is really a depressed area and we have a lot of mothers dying, especially from the islands. One reason for their death is because of the many children they bore. And it is a sad reality that before we can intervene, it is too late to save them.

It angers me that there are those who can easily trash the RH bill because they do not want it. But if they are in my shoes, they would see many difficulties we have in trying to save their lives. And yet, so many are dying because of no access to health care services.

We know the real situation of our area. We see what the needs of the people are. I told the LGU that we need a facility where mothers can give birth. We have the facility now but I need help in its accreditation to Phil-health. This would greatly help the health care service providers.

We really need the RH bill because so many of our people cannot give a quality life to their children. I advocate this because this can help us in teaching family planning methods to our communities and alleviate their poverty status in life".

Here is the Muslim Autonomy Act 292, which is the Regional Reproductive Health Law of the Autonomous Region of Mindanao, and we take pride in saying that this was signed in Julo ahead of the National Reproductive Health Law. I would be happy to share with you the law itself.

(It was no longer read but copies were given to the participants.)

Highlights of the Law:

- Sec. 2: guarantees universal access to medically-safe, legal, affordable, effective and quality reproductive health care services, methods, devices, supplies and relevant information and education thereon even as it prioritizes the needs of women and children among other underprivileged sectors.

- Sec. 3.1 Guiding Principle: Promotion of Natural Family Planning Method must be fully guaranteed by the Regional Government.

- Freedom of choice of women, regarding other artificial family planning methods to be used must be fully guaranteed by the regional government. Freedom of information such as the advantage and disadvantages of artificial family planning methods to be used;

- Respect for legal protection and fulfillment of reproductive health and right to seek to promote the

rights and welfare of couples, adult individuals, women and adolescents;

- Since human resource is among the principal asset of the country, maternal health and safe delivery of healthy children and their full human development and responsible parenting must be ensured through effective reproductive health care;

- The provision of medically safe, legal, accessible, affordable and effective Reproductive Health Care Services to all Bangsamoro, is essential in the promotion of people's right to health especially the women, poor and marginalized;

- The Regional Autonomous Government shall consider, without bias, all effective natural and modern methods of family planning that are medically safe and legal and in accordance with the standard set by the World Health Organization as well as registered and approved by the Food and Drug Administration, as well as those methods approved by the Assembly of the Darul Iftah.

- The Regional Autonomous Government shall promote programmes that: (1) enables couples, individuals and women to have birth spacing of children with due consideration to the health of women and resources available to them; (2) achieve equitable allocation and utilization of resources; (3) ensure effective partnership among local government units and the private sector in the design, implementation, coordination, integration, monitoring, and evaluation of people-centered programmes to enhance quality of life and environmental protection; (4) Conduct studies in protecting and promotion of gender equality as well as women's reproductive health and rights; and (5) conduct scientific studies to determine safety and efficacy of alternative medicines and methods for reproductive health care development;

- The provision of reproductive health information must be the joint responsibility of the Regional Government, LGU's, DOH, consistent with their obligation to respect, protect and promote the right to health.

- Active participation by non-government, women's civil society organizations and communities is crucial to ensure that reproductive health and population development policies, plans and programmes will address the priority needs of the marginalized, poor and women.

- This act recognizes that abortion is illegal and punishable by law. The regional government shall ensure that all women needing care for post-abortion complications shall be treated and counseled in a humane manner;

- Gender equality and women empowerment are central elements of reproductive health and population and development;

- Development is a multi-faceted process that calls for the coordination and integration of policies, plans, programmes and projects that seek to uplift the quality of life of the people more particularly the poor, the needy and the marginalized;
- A holistic reproductive health programme addresses the needs of people throughout their life cycle.

Thank you so much for giving us this opportunity and we hope we can have more of this discussion.

"Religious and Reproductive Health: The Interfaith Perspective"

Bishop Rodrigo Tano

President, Interfaith Partnership for the Promotion of Responsible Parenthood
Member, Board of Commissioners, Commission on Population—Philippines

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Good morning to the Honourable guests from other Asian countries. And welcome to Metro Manila where the air is brown and traffic is…I do not know. We have a joke in the Philippines; if anybody is late nobody is early so anything goes.

I would like to set my presentation within the Asian context because we come from various countries of Asia. My work has been such that I have been travelling to different Asian countries and had the opportunities to observe cultures and religions. I also teach theological thinking in the Asian context. Because of that, I studied somewhat a little bit Asian Religion.

Asia is the cradle of the world's major religions. As embodiments of values and moral principles and practices, Asian religions have a core of humanizing and life-affirming practices and teachings on personal and social life. They teach compassion, sharing of possessions, respect for parents, children, and the elderly, and the value of the family; reverence and care for nature and the way of life; honorable conduct in personal and public service. These teachings can serve as foundation for programmes in human development, the care for the environment, the forging of goodwill among all nations, cultures and religions, and cooperative efforts to build human communities.

It is heartwarming and astonishing to note that the law of reciprocity known as the Golden Rule is embedded in all major religions. The Buddha enjoined his followers to "Treat not others in ways that you yourself would find hurtful". Hinduism's Mahabharata teaches that "the sum of duty" is "Do not do to others what would cause pain if done to you". And Islam instructs its devotees: "No one of you truly believes until you wish for others what you wish for yourself". Another version of the Golden Rule is found in Jainism: "One should treat all creatures in the world as one would like to be treated".

Taoism commands its followers to "Regard your neighbor's gain as your own gain and your neighbor's loss as your own loss". "Try your best to treat others as you would wish to be treated yourself and you will find that this is the shortest way to benevolence," is a fundamental tenet of Confucianism. And Jesus Christ taught that "In everything, do to others as you would have them do to you, for this is the law and the prophets". The Jewish and Christian Scriptures teach: You shall love the Lord your God with all your heart, and with all your soul, and with all your mind. This is the great and first commandment. And a second is like it, "you shall love your neighbor as yourself."

The instinct to care for one's fellow being recognizes the infinite worth and dignity of every person regardless of race,

culture, gender, religion or personal circumstance. The law of reciprocity is the foundation of the concern not only for the individual but also for the common good, which is "the sum total of social conditions which allow people, either as groups or as individuals, to reach their fulfillment more fully and easily.

Religion and the Philippine Reproductive Health Law

The RH Law ("The Responsible Parenthood and Reproductive Health Act of 2012") was enacted by both the Senate and House of Representatives of the Philippines on December 19, 2012 and signed into law by President Benigno S. Aquino III on December 21, 2012. It is "an act providing for a national policy on responsible parenthood and reproductive health".

While its vocabulary and provisions are not religious sounding (they should not be), the law embodies deep and far reaching concern for the common good, particularly the poor and marginalized families, mothers, the youth and the children. And since it upholds the transcendent worth, dignity and overarching value of persons, it is imbued with deep religious values and concern.

From the inter-faith perspective, the Law is egalitarian, humane and holistic in its approach to health; empowering for the marginalized, the vulnerable and the poor; evidence-based; it upholds human rights, informed choice and religious freedom. In practical terms, the RH Law seeks to: reduce the number of maternal and infant deaths by providing access to reproductive health services based on individuals' and couples' informed choice; provides for reproductive health and sexuality education for the youth; promotion of gender equality and men's involvement in reproductive health; elimination of violence against women and children and other forms of sexual and gender-based violence; prevent induced abortions; proscription of abortion and management of abortion complications; prevention, treatment and management of reproductive tract infections, HIV/AIDS among others; and adequate and regular funding for the implementation of the law.

Thus, our own organization, the Interfaith Partnership for the Promotion of Responsible Parenthood (IPPRP) has for the last seven years, advocated for the passage of the RH Law. A consortium of several Protestant groups with thousands of member churches, the Iglesia ni Cristo also with a large constituency, the Office of Muslim Affairs, and Roman Catholic individuals, IPPRP "believes that it is the responsibility of churches, faith-based organizations, and policy makers to be responsive to the existing realities that hinder the functioning of families as bastions of spiritual growth and as agents of full development of the country and its peoples".

Our vision is "Abundant and healthy life for each Filipino Family" and we endeavor to realize this objective by promoting population and development strategies, responsible parenthood, reproductive health and family planning through knowledge dissemination, education and training, the delivery of services to our constituencies and to the community.

The religious denominations that form IPPRP do not have uniform belief systems, ceremonies and practices. What draws us together is the common concern for the welfare of our people. What makes this possible among a consortium of diverse religious groups is the spirit of tolerance over differences, respect for our diversity, cooperation, theological exchange and dialogue.

Religious Freedom and the RH Law

The Constitution of the Republic of the Philippines upholds human rights. Among the fundamental rights it protects is religious freedom. But religious freedom cannot be exercised without the separation of Church and State (see Article II, Sec. 6). In keeping with this provision, no law shall be made to establish a particular religion or to prohibit the free exercise of religion. "The free exercise and enjoyment of religious profession and worship, without discrimination or preference shall forever be allowed. No religious test shall be required for the exercise of civil or political rights" (Art. III, Sec. 5).

In relation to the family and the rights of parents, "The State shall defend: (1) the right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood" (Art. XV, Sec. 3). A diligent examination of the RH Law will indicate the meticulous care with which the authors and members of the Philippine Congress crafted the law so that the religious preference of all Filipinos will be upheld and not compromised.

A. Section 2. Declaration of Policy. The first paragraph in this section lists several human rights of citizens which include reproductive health, the right to education and information, and the right to choose and make decisions for themselves in accordance with their religious convictions, ethics, cultural beliefs, and the demands of responsible parenthood." Section 2 (h): "The State shall respect individuals' preferences and choice of family planning methods that are in accordance with their religious convictions and cultural beliefs, taking into consideration the State's obligations under various human rights instruments." Section 2(i) allows for the active participation of "faith-based organizations, the religious sector and communities" which is considered "crucial to ensure that reproductive health and population development policies, plans, and programmes will address priority needs of women, the poor, and the marginalized;"

B. Section 3. *Guiding Principles for Implementation:* The Law provides that the "State shall promote and provide information and access, without bias, to all methods of family planning, including effective natural and modern methods which have been proven medically safe, legal, non-abortifacient…" (e)

C. Section 4. *Definition of Terms* (v). Regarding responsible parenthood, the Law gives freedom to couples "to determine and achieve the desired number of children, spacing and timing of their children" according to several factors "consistent with their religious convictions".

D. In relation to reproductive health education, Section 14 lists stipulations on "age- and development-appropriate reproductive health education to adolescents" indicating the topics to be discussed. The proviso requires "that flexibility in the formulation and adoption of appropriate course content, scope and methodology in each educational level or group shall be allowed only after consultations with parents-teachers-community associations, school officials and other interest groups". This proviso takes sensitive cognizance of the views of parents and community associations regarding sexuality education. It is clear that there is no coercion involved.

E. Section 23. The proviso in this section on Prohibited Acts stipulates that "the conscientious objection of a health care service provider based on his/her ethical or religious beliefs shall be respected…" if he refuses "to extend quality health care services and information on account of the person's marital status, gender, age, religious convictions, personal circumstances, or nature of work..."

<u>Concluding Comments</u>

In a world that is marked by openness to new ideas, changing contexts and needs, and in view of the plurality of cultures and religious beliefs and practice– tolerance, moderation, understanding and dialogue are necessary if we are to live with honor and respect and co-exist in harmony and interdependence. "Pluralism is not diversity alone, but the energetic engagement with diversity. There must be interdependence and encounter among religious leaders".

We must overcome that rigid fundamentalism and extreme orthodoxy that leads to intolerance of other views and the insistence that one's beliefs alone are correct and must be absolutely held to the exclusion of other truth claims. At least, in the case of the Philippine responsible parenting and reproductive health law, religious freedom is safeguarded, and the diversity of religious beliefs and practices is recognized. Religious groups can play an essential role in promoting the common good and meeting the needs of the poor, the marginalized, and the needy and vulnerable segments of our society.

As I close, let me leave these words of wisdom as food for thought: "Insofar as a religion serves the virtues of humanity; insofar as its teachings on faith and morals, its rites and institutions support human beings in their identity and allows them to gain a meaningful and fruitful existence, it is a true and good religion…insofar as it hinders human beings in their identity, meaningfulness, and valuableness and fails to achieve a meaningful fruitful existence, it is false and bad religion." (Hans Kung, famous Roman Catholic theologian).

Thank you.

Session 1
Discussion

[Chair]
Thank you. The floor is now open for discussion. Thailand, please.

[Hon. Nontawat Khongmoh, Thailand]
I think right now Singapore, Malaysia, Thailand have a very low population rate. I think Singapore right now has even less than 6 million, and they have a very low TFR at 1.1. They need at least TFR at 2.05 in the future. Malaysia also has stabilized its population. In Thailand we have short in labour force.

We Asians must manage our population. The Philippines cannot control the population, cannot balance the religious and political matters. The Philippines must have the quality labour force because I think 90% of the population speak their language and English, unlike us in Thailand. Asian countries need labour support. We employ many Filipinos to teach English in Thailand. Philippine parliamentarians should think forward to give quality population and this is my concern we can work together.

[Prof. Ernesto M. Pernia, Philippines]
The ASEAN Integration 2015 Act is a good move in the mobility in terms of labour and employment. We are almost double in terms of fertility rate compared with Thailand. The Act is a blessing that the Asian integration is going to take place, and then labour can flow freely from the Philippines to Thailand. It is going to make happen the interchange of capital/labour among Asian countries. As we have a large population, we still need to continue the FP programme, reduce the present unemployment rate and dependency burdens among households.

[Hon. Ugyen Wangdi, Bhutan]
In Bhutan, thanks to our leaders in the late 1980's, we introduced family planning policy. We had also some resistance from the people in the initial stage, but now they have accepted it because we want economy to grow and developing human resource and quality population is a must. Our religious leaders issued an ordinance saying that if you control birth, it is not taking a life and it is a preventive measure and there is no sin at all. In our past parliament we have adopted a very stringent law regarding relationship with the minor. If you have sexual intercourse with a child below 18 you will end up in prison minimum of 5 years.

With the experiences here and learning from experiences in your country, we can really come up with policy that will give us proper perspective in population management and development. Thank you.

[Hon. Sitti Djalia Turabin-Hataman, Philippines]
I would also like to share that in our experience there was at some point that the opposition is based on the belief that the Philippines would want to reduce the number of Muslims because they want to eventually wipe us out. There was a shift from the reproductive health population control policy to birth spacing. So it is not for us to control the population but we have to have spacing to produce quality children or people. We do not speak of control but birth spacing.

[Hon. Yutaka Kumagai, Japan]
I learned a lot and I have many questions but there is no time so I will focus on one issue. I deeply agree with you that Asia is the cradle of the world religions. However, we have to find common sense in this diversity in Asia. What is your opinion?

[Bishop Rodrigo Tano, Philippines]
What I understood from you is that since we are so different in religion and culture, what the common value that would bring us together is. That is, I will say, the "golden rule" is found in the major religion and it says "do not hurt your fellowmen if you do not want to be hurt yourself" or "if you want them to do good to you, then do good to them". That is one way of saying that we promote the welfare of each other. So to me, my friend, our common concern should be for the good and welfare of the many.

[Ms. Rina Hartami Widiastuti, Indonesia]
I would like to share in my country we have special institutions responsible for managing family planning programmes. My question is what the situation is like in Mindanao with regard to Fatwah from Ullama Family Planning

[Hon. Sitti Djalia Turabin-Hataman, Philippines]
There was a Fatwah issued on November 2003 and, yes, it allowed Muslim population to follow family planning on reproductive health practices with some restrictions like the alteration of biological system. But if the life of mother is in danger we can do away with exemptions.

[Hon. Francis Marus, Papua New Guinea]
I would like to direct my question to Bishop Tano. In my country there are 90% Catholic and other Christians. I am Catholic too. We have lots of deaths because of land related issue and all these boils down to population problem. Before we do not see people on the street begging but now children are begging for a few pesos. How can we come up, in your own personal view, to solve these population issues?

[Bishop Rodrigo Tano, Philippines]
The leaders of your country or any country have to study the situation, and if there is a threat disrupting the welfare/progress of the country, the leaders have to analyse and come up with effective tactical solution. But our religious beliefs sometimes control us so they have to agree on what the best way to take.

[Hon. Eladio Antonio Faculto de Jesus, Timor Leste]
In Timor Leste we have a very small population but we have a high fertility rate and high mortality rate. And we just want to know how we can ensure to keep our economy growing.

[Prof. Ernesto M. Pernia, Philippines]
I think the objective of Population and Development is to strike a balance between available resources, population on one hand, and economy on the other hand. I think what you need to have is a policy that would accelerate demographic transition which other progressive Asian countries have already achieved. Demographic transition means bringing down the fertility rate and the mortality rate to achieve a balance on resources, economy and population.

[Hon. Nguyen Thi Kha, Vietnam]
After the legislation related to population, we have paid attention to the advocacy, religions, and schools and other activities to address population issues. What perspective do you think is important for our next step.

[Prof. Ernesto M. Pernia, Philippines]
I think the question is across the country of Vietnam you have different fertility rates, so I guess policy will have to be differentiated across the country to suit the needs of particular areas.

[Chair]
Thank you very much for your active participation.

Session 2

Population and Development Issues and Cultural Pluralism

Message from the Session Chair

Hon. Ugyen Wangdi, MP
Bhutan

This afternoon I am given the responsibility to Chair the discussion and I will make sure to be on time. I have four speakers and the time given is less than two hours.

May I now introduce Hon. Wang Longde. Hon. Wang is now seven years member of the Standing Committee and the Vice Chair of the Education, Science, Culture and Public Health Committee of the National Peoples' Congress of China. He was a Medical Scientist from 1970 to 1980 and obtained a Master's Degree. He studied in Mt. Sinai in New York City as a visiting scholar. For a very long time, he was a leader in Health Administration and was also the Vice Minister of Health in 1998 to 2007 and became a member of the Academy of Engineering Students in 2009. Now he is the President of Preventive Medicine Association.

May I now call upon Hon. Wang to present in the gathering.

"Population and Development Issues in Light of Social and Cultural Realities"

Hon. Longde Wang
Member of the Standing Committee,
Vice Chairman of Education, Science, Culture and Public Health Committee of the National Peoples' Congress of China

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Today, I am very pleased to have the opportunity to work with fellow parliamentarians to discuss issues related to population and development in Asia and Pacific region.

The world today is undergoing significant development, changes and adjustments, with multi-polarization and economic globalization developing in depth, science and technology advancing at a great pace, and a more frequent interchange of ideas and cultures. How to further balance population and development in a pluralistic society has become a major issue of common concern for the international community. The theme of this meeting also reflects the great importance we have attached to the issue. At this point, I would like to share with you some policies and practices in China.

China, as a member of the Asian family, has all along considered its development an integral part of development in Asia. China is a responsible developing country with large population. China conscientiously fulfilled the ICPD "Program of Action" and the "Millennium Development Goals" commitment, and comprehensively addressed population and development issues, adopting a series of effective measures to promote a coordinated and sustainable development of economy and society and to improve people's health and quality of life.

First, China gave a full consideration of its cultural pluralism, and implemented policies to support the development of ethnic groups of smaller population. In formulating fertility policy, China fully considered its multi-ethnic, multi-cultural characteristics, and adopted a differentiated approach in the light of population distribution, natural living conditions, socio-economic development and other factors of the different ethnic groups and ethnic minority areas. Overall, for the majority Han ethnic group, having one child is advocated, and a strict birth control mechanism is put in place for the second one, whereas policy is relatively loose for ethnic minority groups. In particular, for a number of ethnic groups with small population, no birth control is practiced. Take Tibet Autonomous Region as an example, for ethnic farmers and herdsmen, there is no birth control in place. We only advocate eugenics and superior nurture and delayed marriage and childbearing; the number of births is not limited. When voluntary birth control is desired, technical guidance will be provided.

While China's population policy has achieved remarkable success, it has also brought a series of problem, such as a high newborn sex ratio, rising aging population and rising population management cost. I think our future regional population development strategy should give priority to improve the population structure and

control population increments. Future population policy adjustments should consider easing negative population growth inertia. Population and social development goals should be shifted to improve the population quality, better population structure, develop human resources and to promote an overall economic and social development. We should give differentiated treatments, provide specific guidance and adjust the fertility policy with a realistic approach.

Second, China attached importance to gender equality and promotion of women's development. Chinese Government has, by conscientiously referring to Plan of Action of the UN Fourth World Conference on Women, the Millennium Development Goals and the outcome documents of the other major UN conferences, and through strengthening legislation, increasing fiscal input and improving policies, paid great effort to eliminate discrimination against women, promote women's rights, protect women's equal access to education, employment, social security, matrimonial property rights and participation in social affairs, crack down on trafficking in women and children, prevent and combat domestic violence, and to give special attention and consideration to specific needs of different groups of women to ensure that all women achieve common development .

We launched "Caring for Girls" initiative, and great efforts have been paid to fundamentally eliminate gender discrimination, create a favourable living environment for girls, establish a mechanism that is conducive to the favourable development of girls and their families, and to safeguard their legitimate rights and interests. We also advocated a scientific, civilized and progressive marriage and childbearing fashion among average households so as to improve women's social status in those aspects.

Third, China paid great attention to improve reproductive health and increase the level of health care. China has passed legislation to protect the rights of its citizens to reproductive health, to integrate the population development and reproductive health into its national development strategies and planning and into its five-year plan for national economic and social development, and to establish and improve the urban and rural fertility regulation and reproductive health services network. Chinese government is providing the following basic reproductive health services to its average citizens: free contraceptives and birth control technical services to population of childbearing age; free re-birth technical services for couples of childbearing age who are entitled to the second child; family planning, prenatal and postnatal care, reproductive health science education and counselling services for urban and rural residents free of charge; and incentive subsidy to families that comply with the family planning conditions. China also introduced hospital delivery benefits for rural women, and the screening of breast cancer and cervical cancer for relevant aged women as well as other major public health programmes (In 2012, China's average life expectancy reached 73 years, the maternal mortality rate dropped to 24.5/100,000 from 34.2/100,000 in 2008, the infant mortality rate dropped to 10.3 ‰ from 14.9 ‰, and the prenatal check and postpartum visit rates were 95.0% and 92.6% respectively).

Fourth, China has paid efforts to help migrants and promote the equalization of reproductive health services. China's

economic and social development has resulted in a quickening pace of population movement and the current floating population is believed to be about 200 million. Migrant workers have made a significant contribution to local economic and social development. However, since the government's social management is lagging behind, migrants are still faced with the lack of social protection, some groups even living in poor environment. Chinese government has introduced a series of policy measures to enhance service for the floating population, and to maintain legitimate rights and interests of migrants and improve their living conditions, with a view to creating a virtuous circle in the ongoing migration process. China paid special attention to realize coordinated development of its population, and to achieve the coordination between its population and its economy, society, resources and environmental development. We focused on improving reproductive health services and the quality of population, as well as addressing the issue of proving resources for rural aging population. In the above-mentioned areas, we in ESCPH Committee of China's NPC have taken an active part to solve relevant problems.

Ladies and Gentlemen, we believe that, faced with the current international situation, it is imperative for the national parliaments to strengthen ties, and parliamentarians to enhance exchanges and dialogue so as to further mutual understanding and mutual learning, to promote the relations between and among countries, and to promote regional and international cooperation. Although countries differ in terms of population development stages, features and trends, problems and challenges and policy priorities and measures, they have one thing in common, that is, they all attach great importance to population development, and solving population related issues has become an integral part of the work of parliaments and governments. In the implementation of the Millennium Development Goals (MDGs) and the Program of Action of the International Conference of Population Development (ICPD PoA), it is of crucial importance to give play to the roles of the national parliaments and their parliamentarians. At this point, I have three suggestions. First, we shall continue to appeal to countries to pay greater attention to population and reproductive health work and increase corresponding funding input. Second, we shall take more effective actions to strengthen capacity-building in developing countries, the enhancement of government leadership in particular. Third, we shall give full play to role of parliamentarians in addressing the population and reproductive issues and in coordinating the national and international partnerships.

Let us join hands, encourage each other and support each other, and make common effort towards achieving the Millennium Development Goals and the ICPD Program of Action, promoting a coordinated and sustainable development of population, economy, society, resources and environment, as well as improving the welfare and security of each and every member of society.

Message

Hon. Senator Pia Cayetano

PLCPD Chair for the Senate Philippine Senate, Author of the RH Law
Champion of Population Development,
RH, Violence against Women

First of all welcome to our country and thank you for taking the time to come here and fellowships and exchange ideas with all of us. I understand that in the earlier morning session you heard about the Reproductive Health Law which we just passed this year. And as mentioned I am the principal sponsor of that law and it has taken us 14 years to get it pass. It finally passed the senate floor almost after 3 years. And now it is the Supreme Court being questioned. I do not know how much of that you know but the validity of the law has been questioned and we just concluded the longest planning, oral arguments before the Supreme Court yesterday. So we are hopeful that the Court will see that the Members of the Parliaments did not abuse its discretion because that is the only ground for that the Supreme Court to hold the Law as unconstitutional if the member of Parliament did not abuse its discretion because that is the only ground the Court can hold the Law as unconstitutional if the Parliament access beyond its discretion to pass the Law. But we are hoping that we made a good case which you being in this field, I am sure will feel the way I do that this is just a basic human rights that we want our people to have and we only want to enshrine it in a Law that will be passed down thru the generation.

So in the next few months we will be submitting our final papers and waiting for the Court to decide on this. I'd be happy to be questioned another time if you have any questions because this has been landmark legislation for our country. And I had the opportunity to share our experiences because this is a very religious issue, women's empowerment issue, human rights issue. It is an issue of understanding the separation of church and state. In fact, yesterday, I was speaking to a group of lawyers and Professors who are from the same school where I graduated years ago. I am a lawyer too, by the way. I was speaking with them yesterday and one of them was saying that one of the interesting things about this law is that if you use it you use it as an example in the constitutional law class, it touches on almost all issues on the constitutional law, freedom of expression, freedom of religion, right to live as a human being. So the issue continues to be an important piece of legislation. But having said that, I am happy you are here to study our situation.

I hope that like any other studies, you are able to learn from our mistakes, our progress I can see the line-up of your speakers, very interesting speakers to share their experiences. I am looking forward to also learning from you, although I am in session so I will be in and out and hopefully I can stay to hear the other speakers as well, but I can mentioned Beth over there who will be speaking who has been a strong supporter working on the ground on the Reproductive Health Law. I presented our

case in other forum and I said that the success of us passing this Law is because of the national government, the executive and the members of parliament, the legislative, the NGOs, civil society get together for a single purpose and that is to make this law available to the Filipino people.

I disrupted your program because I wouldn't know if I will come in the afternoon or morning or later on today, but again I would like to welcome you and as I said if there is anything I can do in my personal capacity as senator and as part of this network of parliamentarians feel free to let our secretariat know and I will be happy to meet with you and correspond with you later on.

Thank you and enjoy the rest of the day.

"Mobilizing Community Women and Youth on Sexual and Reproductive Health and Rights: The Struggle for the RH Law"

Ms. Elizabeth Angsioco
National Chairperson, Democratic Socialist Women of the Philippines
Resource person in the committee meetings of the
House of Representative and Senate

I am so pleased to join you here and share with you the experiences in terms of sexual reproductive health and rights. What I am going to share with you is more on the struggle for the passage of RH bill into law. I come from an organization where most of our members are what you call 'grassroots' and community women. My organization actually understands Sexual and Reproductive Health Rights as encompassing issues which includes maternal health and family planning, issues on violence against women, sexism, unsafe abortion, divorce, and violence against women as well as the right of lesbian, gays and transsexual.

Before the passage of the reproductive health law, we have helped in the passage of the anti-sexual harassment law, the anti-rape law, the anti-violence against women and their children law and the magna carta of women. Therefore you can say that may organization's partnership with legislators like Senator Pia has been running on for more than two decades. Before the year that led to the passage of the RH law, some ground works have been started by women's group and this were done the right base approach to education, organizing community groups, developing advocacy and building relationship with legislators. And so when the advocacy began very strongly we can say that some basic ground works have actually been done. My colleagues would say the passage of the RH Law took 14 years but my organizations reckoning is more. It was actually 17 years for us because the first ever bill filed was during the 10th Congress which was from 1995 to 1998. We take it as very important because that was the first bill although it was not entitled Reproductive Health it was entitled 'Establishing a Population Policy". This first bill is very important to us because this now enable us reach out and work with various groups like PLCPD, human rights groups and others to come together and argue. And I would like to tell you that at first we did not agree with all that is included in the bill. We had to process issues ourselves first and eventually was able to learn and established a united front and build commonality in issues.

What I am going to show you now is more on our STRATEGIES. May presentation is heavy on images because I want you to see what happened during the advocacies.

As you can see, we all died here, not really died but we pretended to be dead because we rallied to the Catholic Bishops of the Philippines during that time, ignoring the very high maternal mortality rate which happened in our country and which is one of the reasons why various groups came together to work for the passage of the RH law.

The objective then was to Expand & strengthen RH constituency, influence Congress to pass the bill into law.

For us it was a question of number so we have to expand our constituency, primarily the woman, children and the young people who are most adversely affected with the absence of the reproductive health care.

Major Strategies

We did Direct Lobby ING. Meaning, we deal closely with legislators' like you. We continuously monitor developments in Congress. We did the following:

- Participated in HOR & Senate processes from the very basic drafting of the bill up to the committee hearing, we were always there as advocates and as women as well.
- Close coordination with & provide technical support to champions
- Dialogue with neutral Legislators
- Door-to-door/one-on-one lobbying. We visit legislators in their districts
- Facilitate lobby of influential

In the Senate, what we did is to send them every day actual stories of women who died and the struggles of those who were left behind. We faxed, emailed visited them day in and day out so that our concerns will not be neglected.

We did: Mass mobilization, Information/ Education campaign, Media campaign, and conduct of multi – sectorial forum.

In this country, the President is quite powerful. In many instances, the passage or non -passage of particular bill will depend on the support or non-support of the Executive. We are just lucky, because the present president, have articulated from the start his support. So we sought for dialogues with the executive/president.

As I said earlier, number played a key role in this advocacy. So therefore, the more women, the more youth that we were able to mobilize the more visible the issues and concerns we were fighting for. When we do mobilization, we needed creativity all the time, so we needed young people who are more creative. They were able to come up with certain tactics and strategies to go about this mobilization.

There was a time when we were attacking legislators' for being absent, for always late or not attending sessions, because they were using technicalities such as the absence of the quorum such that the RH Bill would not be discussed. So the message here is that these legislators, whom we made and put to positions,

were creating tactics in delaying the bill. The very basic thing we were talking about day in and day out was that the absence of the RH law, the continued delayed in the passage of the RH Law was killing more and more women and making pregnant young girls.

There were instances when we have to stay in front of the House of Representatives, sleep there, ate there and did everything there. And like other advocacy, we have to be very clear in what we want; we have to be very clear and direct in delivering our messages. One of our messages was 'it has been 10 years'.

These were the activities that we did as you see until the RH Bill become a Law. But there are still a lot of things to be done like what Senator Cayetano said, we have to surpass on the position against the law now on the Supreme Court.

All these should actually contribute to the creation what you call ideal world where all gender identifies are valid, where pregnancies are wanted and planned and safe, where women are free from violence and abuse and all people are empowered to live a life we want.

Thank you.

"Population and Reproductive Health Challenges among Indigenous Communities"

Hon. Nancy Catamco
Chairperson, Committee on Natural Cultural Communities, House of Representatives

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I am Nancy Catamco, of Bacobo, Manobo Tribe of inland North Cotabato in Mindanao. I am the representative of the 2nd District where 40% of its population is composed of IT's belonging to several top tribes namely Bocobo, Manobo, Ilyanin, Kinuray, Blahan, Matigsalog, Kulamanin, Kulangin, Simuniin and Uranin. This afternoon I was given the task to talk on the population and reproductive health challenges among IT's. This modern time with fast evolution of modern technologies, the challenges of ITs become more compelling. The biggest challenge is how to integrate ourselves with modern times and practices while preserving our culture, identity and unique being. As an example is the RH Law, concept and titles and ownership and property rights, modern medicine and justice. All of these instances are classes between our ways and the letters of the law which is drafted in considerations of modern and likely western mind and ways. And we know the peaceful co existence of these tribes recorded by common knowledge and understanding passed on from one generations to another indegineous practices and beliefs. Indeed it is a continuing challenge as an IT myself now a législator.

It is inherent in my legislative work and public service coupled with my deliberate convictions and sincere passion to contribute to cultural development consistent with the indegenous knowledge, system and practices of our people. The RH law represent years of conserted efforts to gain institutionalized recognition of women's reproductive and sexual self determination as a basic health need which is essentially a matter of human rights.

It is at this juncture therefore, to give additional empathy in the United Nation Declaration of the right of the Indigenous people particulary Section 24 thereof, that indegenous people have the right to their traditional medicine and to maintain thier health practices including the conservation of their vital medicinal plants, animals and minirals. Indigenous individuals also have the right to access without any discrimination to all social and health services. Undeniably though, indeginous people are one of the most disadvantage sectors in the country. Indicators of poverty as well as maternal and infant mortality are statistically higher.

By these I am morally convince that the principles and intent of RH Law are nowhere more profoundly needed than among indegeneous people. I must admit that I am a conscientious supporter of RH Law but at some point of cultural sensitivity the law as it is written, exclude meaningful cultural element and indigeneous knowledge and practices. We in the Bocobo Manobo culture, I have a profound knowledge and experience in some HO practices, Surprisingly, birth

spacing is being practice long before the advent of RH law. You see, women of our tribe conveniently drink the cocsul of herbs locally know as 'sabukao' a Manobo tree indemic in our locality. It is believe that this herb will prevent reproduction of female germ cell, hence a way of birth spacing. Another common practice is the birth ritual performed by 'salaawad' a Bogobo term for midwife. After giving birth, this ritual is supposed to ask the spirit to allow the mother to regai her strength while giving her time or space for another pregnancy. Although there was also a joke that the ultimate birth control practice among the tribe was when the women stop having their menstruation (menoupausal period) that is where the birth control starts.

Significantly, the mandate of RH is not strange to our indegenous practices. However, peculiar relevance vis-à-vis indegenous women should be taken into consideration to come up with appropriate program and services supporting indegenous women reproductive health. The goal is to simply provide health services more geographically accessible and as much as possible readily available.

This brings me to my primodial political agenda. You may call it ambitious but as a chairperson of natural cultural community, I recently re filed a bill to amend the name of the said committee into a more globally accepted sensitivity. I proposed to name it Committee on Indegenous People. More importantly I believe it is high time for me to launch a more participative and consultative approach on the bill I pass regarding the creation of the Department of Indegenous people. The bill is geared to establish a comprehensive framework on indegenous cultural, and socioeconomic ensuring progressive educational improvement, adequate health services,livelihood program, consegration of anscestral domain and institutionalization of IT's self governance and justice system.

I believe I need a massive sectoral support on this agenda. That is why I am so grateful you invited me to this fora and I would be more interested of the output, suggestion and observation that would be made later by the resource speakers and participants who are in attendance. This conference give us the proper venue to learn and achieve ideas that will be so important in the formulation of policy action concerning population and development in a culturally prolific society in the Asian setting.

Lastly, I think the emerging challenge for us legislators is to have a complete understanding by heart of the socio cultural diversity and uniqueness of our people to balance the obvious insensitivity of our modern society.

Good afternoon and thank you.

Session 2
Discussion

[Chair]
Thank you. Now we have 30 minutes to discuss and have a debate on the issues that our honourable speakers have presented to you. The forum is open.

[Hon. Anusart Suwanmongkol, Thailand]
I have a question for China: how does China manage their minority or ethnic groups? Do you have a policy?

[Hon. Wang Longde, China]
Chinese nation is a good family with 56 minority ethnic groups. To all those minority groups we discuss their cultural habits and beliefs. In particular, for those minority groups with smaller population, we adopt a different approach and give them special treatment in terms of economic policy. In working with the government on the ethnic minority groups, we also make some contacts and exchanges with some religious groups.

As an example, I used to serve at the local health administration in north western China. We have many ethnic minority groups there such as Tibetan. Everybody knows that China achieves great accomplishment in terms of immunization of children. But in Tibetan Island, their local tradition for women is that while giving birth they are not used to meeting other people. To solve this problem we have a discussion with the local living Buddha, their religious leader and explained to him the benefits of immunization to children's health and also related it to their belief about the golden rule. He listened to us and accepted it and guided the children to be immunized. It became a phenomenon; hundreds of women giving birth brought their babies for immunization. What we learned from this case is that just one talk with a religious leader has influenced his followers in giving immunization to their children. A documentary was made about this case in our province.

[Hon. Anusart Suwanmongkol, Thailand]
China and India have the largest and the second largest population in the world. China has the One-Child One – Family Policy and India has none. And population is continuously growing. For India: how will you manage this in the future, say in 2015?

[Mr. Manmohan Sharma, India]
We do not have a One-Child Policy but earlier we had a two – child policy but it is not exactly a policy. But with the ICPD everything was changed. We now have a voluntary program, we provide as many as possible contraceptives in rural and urban areas. We advocate at the government level and civil society level using spacing method and the use of contraceptives. To some extent the problem is that there are religious leaders who are against these. But this is only in some areas. So the issues are acceptability and affordability. We have a national population policy by the government that ensures that contraceptives and termination method are made available at the grassroots level. This is being followed at different levels. Under that we have provided infrastructure, contraception and termination method. There are some drawbacks however, in the hilly areas and desert parts of the country that we have

not reached. There is still the traditional method for the delivery of children that is still a problem.

[Mr. Manmohan Sharma, India]
This is a question for our good friend Chinese. I heard of a rumour, I do not know if it is a rumour or true that China is considering allowing a two-child policy now. I know for a fact that this is allowed in some rural parts in China. Is it being allowed now?

[Hon. Wang Longde, China]
The Family Planning Policy in China is undergoing changes in the Population policy structures. Right now in all provinces of China, families who only have one child are allowed to have a second child.

[Hon. Nguyen Thi Kha, Vietnam]
For China: how do you carry out population policy in your ethnic minority community?

[Hon. Wang Longde, China]
In China we implement population policies according to different groups. We do not have birth control policy in areas where there is a small population. In colonies where they are lagging behind, the government provides support to them. In some areas we provide free services for giving birth. In those areas the rate of giving birth has risen from 50% to 60%. Those incentives gained support for Family Planning policies.

[Hon. Nguyen Thi Kha, Vietnam]
In carrying out those policies how do you balance the ratio in sex/gender in the population?

[Hon. Wang Longde, China]
In carrying out those policies we also experience problems. A coin has two sides. The answer is how to strike a balance. The two main problems that we are faced with are: the aging population and the ratio between male and female. Firstly, we adjust ratios in a lot of our policies. For those families with female child, we give them some subsidy. This is to support the family economically and to nurture a new conception of a sex choice. Secondly, we also make innovation in regulation. For example, no organization in China is allowed to screen the sex gender of future babies.

[Hon. Ms. Viengmany Chanthanasine, Lao PDR]
Following the One – Child One- Family policy, if after the one child and with a not fool-proof contraceptive and the mother gets pregnant, does the government hospitals provide free abortion? And what happens if you continue with the pregnancy and delivers another child, what is the penalty?

[Hon. Wang Longde, China]
For the second question: If a woman gives birth to a second child which is not in accordance with the laws, her family will be subjected to a government penalty. The penalty will differ per region. I'm sorry I do not have the exact figure because I worked in the Ministry of Health and those duties are taken care of by another organization – Population and Family Planning Commission. For the second birth, the government will provide abortion free of charge.

[Hon. Yutaka Kumagai, Japan]
I would also like to ask the One-Child policy if it is changing now because it is a very big issue. And how many populations are you expecting and if this is adapted

only to the majority of the population or does it include the minorities?

[Hon. Wang Longde, China]
Like what I have mentioned, we are adopting changes in some parts of the population policy. In some cases, some families are allowed to have a second child. Population is a crucial issue in China. So since the introduction of the Family Planning policy, it is estimated that China produce 300 million people less. We have many approach of improve living standards of the people and we have many aspects of improving the economy but the key factor here is to control the population increase. With less population there will surely be an improvement in the living standards. Actually, the Family Planning Policies is incoherent for the ethnic minority groups. We only give some preferential policy to those ethnic groups with smaller population.

[Hon. Antonio Ximenes Serpa, Timor Leste]
We have a delicate question. After hearing your explanation and taking a decision to kill a female child, what is the reaction inside the family, how do people react when they have an abortion to control the population?

[Hon. Wang Longde, China]
It is sad to say, in introducing Family Planning policy, China actually experienced great difficulty. In the very beginning of this process many families really experienced and felt very uncomfortable with the policy. Eventually, the policy is catching a lot of advocates and published. A great majority of the people learned to accept this notion of one – child policy. Actually in urban areas, the couples choose not to have a second child even when given a chance. Actually this is an issue of Thailand, a choice of individual interest and the interest of the nation as a whole.

[Chair]
Thank you everyone for sharing your country's policies and experiences and to the participants, Resource Persons who answered the questions. And also to the Organizers for giving me this opportunity and look forward to future participation and exchanges.

Session 3

Dialogue between the Parliamentarians and the Youth

Message from the Session Chair

Hon. Francis Marus, MP
Papua New Guinea

Thank you very much for presenting me to this Seminar. Once again, honourable members, I am sitting in this chair for this last session. It is the last but not the least. I would like to introduce the next Speaker. She has been connected with different organizations like sitting in the Executive Board for the Government of Indonesia, National Board Jakarta, Indonesia Cancer Foundation, Indonesian Women of Sports Union, Movement Foundation, Gender – Sensitive Development Teams, Women Forum for Indonesia. She has been Adviser to Okama Anita Women Service, Social Service Coordination, Board of Disabled Sports, Heart Foundation, among many. She is also currently Chairman for the House Regional Representative of the Republic of Indonesia.

Message

Hon. Gusti Kanjeng Ratu Hemas, MP
Deputy Speaker of Regional Representative Council, Indonesia

In this opportunity I want to welcome all the delegates, and also Hon. Yasuo Fukuda as the Chair of APDA.

Let me introduce myself, my name is Gusti Kanjeng Ratu Hemas, Vice Chairman for The House Regional Representatives of The Republic of Indonesia.

In this session, I would like to share about the Reproductive health issues in Indonesia. Let me start.

In health sector, we always assume the perspective of human rights and gender. A human rights perspective refers to the basic that people have and those are universal and related with human dignity. While the gender perspective helps us to be able to see more clearly the differences and to be able show the relationship between the of gender equity and gender quality concept. Discussing the health issues with perspective, in this case is more specifically the reproductive health become important in assessing the success of the State in improving the life quality of its citizens.

In Indonesia itself, even though our government's claim that the quantitative performance is quite good, but we are also constantly reminded by the result of International research institution that give a "warning" that Indonesia, including 10 countries In the Asia pacific region who are in the alarming position in achieving the MDGs on 2015 as stated in the report UNESCAP 2006. Inside the Human Development Report, the level of Human Development Index Indonesia also showed a decrease. If in 2006 we were in the 107 rankings, then in the years 2007-2008 in position of 109. In the year 2009 to rank 111. The year 2010 there was no improvement on the ranking of 108, but in 2011 dropped to rank 124. This fact shows us, the tremendous challenges we had to face.

On the health issues, one of today's big problems is the reproductive health problem occurs in both urban and rural communities:

The first problem is an increase in sexual intercourse. Like stated in the result of Australian National University and University of Indonesia Medical center conducted in 2010 in Jakarta, Tangerang, and Bekasi this showed that 20.9% of young women have been pregnant and give birth before marriage. We must beware with the trend that increasing because it is very detrimental to the health of mothers and babies and this affect to the continuing of the high rate of maternal mortality (AKI) in Indonesia. To prevent free sex behaviours among teenagers, reproductive health education is needed while they have an easy access to getting the information. This might be impact the increasing number of teenage pregnancies.

In the year 2013, Indonesia demographic and health survey (SDKI) in 2012 mention the teenage fertility rate I the group of 15-19 years reached 48 out of 1000

pregnancies. This average figure is much higher than the findings of the 2007 (SDKI) which is 35 out of 1000 pregnancies.

The second problem is contraception and Abortion. In order to reduce the population growth rate, the government launched a program of family planning. Until today, the perspective of contraception still targeting the women, it can be seen from the lack of male participation in contraceptive use. This leads to women being the most vulnerable health, considering the effect of contraceptives on headaches, breast tenderness, nurse, bleeding, decreased sex driven, etc. This also applies in the case of abortion. Abortion shouldn't be known moral boundaries or abnormal because abortion is a way out of an unwanted pregnancy (rape victims, the inability of economics, health reasons, etc.). In this context women should have the power to decide the best steps that can be taken.

The last one is about circumcision girl or known as female genital mutilation. In Indonesia as form of support for the elimination of discrimination and gender-based violence, female circumcision has been banned since 2006 because it is not useful to health, harmful and painful. But now the controversy back since the enactment of the Minister of Health Republic of Indonesia who contains about the guidelines for medical personnel to perform female circumcision. The high persistently and practice of female circumcision was rejected by many parties including Amnesty International, and some civil who demanded immediate revocation. Regarding the inputs that we gave, then the Minister of Health conduct the deep research on female circumcision in three areas, and hopefully we will know the result soon.

From the problems that I shared, this effort can be seen in our health law, which one of them has been emphasized that the allocation of health funding at the national level is 5% of the stated budget and in province or district or city 10% of the budget. However we realize this must be guarded at the level of implementation together with all elements including all young generation.

"Upholding Women's Rights to Reproductive Health: the Philippine Government's Programs and Services"

Hon. Janette Garin, M.D.
Undersecretary, Department of Health

People who usually makes a difference in every country. And the difference we actually make, the picture of our goverment in the legislative and the executive branch contributes a lot to the many aspect of development to South East Asia as well as Asia and the Pacific.
Let me introduce a background in the reproductive health. Many of you have met in a lot of conferences and mamy of you are aware of the repeatedly told reproductive health. In the Philippines, we decided to package dit as RESPONSIBLE PARENTHOOD because while reproductive health is an international commitment not only of our counrty but your country as well, we have laymanazed it to responsible parenthood because we know reproductive health is not only about rights but its about giving each and every Filipino family a better quality of life. It is giving our family and our parents to give the children a better future and that is basically the coming of responsible parents.

The 1994 International Conference on population and development is a milestone in the field of population and development as well as in the history of women's rights. But allow me to move forward and not to package responsible parenthood or reproductive health but as merely the rights of women. Because this issue of course is not only about women but also about men, children and family. This concept Articulated a bold new vision about the relationship of population, development and human well-being. It likewise focused on individuals' needs and rights, rather than on achieving demographic targets. This is very important because many has been misinterpreted and its almost always coined at when we talk of reproductive health it is all about achieving demographic target. This is not the case because when we talk of reproductive health we are not achieving demographic target but we are focusing on individual needs, individual rights and a better quality of life.

<u>In ICPD Statement of Support:</u>

- Reduce population growth rate to 1.9% by 2010 - in some ways have been achieved by many country.
- Four (4) Pillars of Population Policy
    - Responsible Parenthood
    - Respect for Life
    - Birth Spacing
    - Informed Choice
    - RH Policy and Program
    - RHRP Law (RA 10354

Let us now talk on the ICPD (International Conference on Population Development). By meeting the ICPD benchmarks and goals, the country will pave the way for achieving the MDGs (millennium development goal). So very clearly this are interrelated and we

cannot separate one commitment from another commitment.

Both the MDGs and ICPD set targets to improve human well-being by giving the following:

- Access to reproductive health care and primary education
- Promotion of gender equality
- Reduction of child and maternal mortality
- Combating HIV/AIDS because this is growing in the Phil
- ICPD is also aligned with ensuring environmental sustainability through Population and Development (POPDEV) integration

Reproductive Health Policy which is in consonance with the DOH Administrative Order No. 43 series of 2000 defines

Reproductive Health as "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" (ICPD, 1994).

And for Reproductive Health Care is define as "constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving RH problems"

The Reproductive Health Policy has a Vision of RH as a way of life for every woman and man. And its Mission are as follows:

- Undertake reforms to develop national self-sufficiency in achieving the goals;
- Create an environment for health providers to achieve the national goals and objectives;
- Mobilize resources and expertise to build capacity as well as to monitor and evaluate the progress of Reproductive Health.

GOAL

Universal access to quality reproductive health care

GENERAL OBJECTIVE

- By the year 2015, relevant RH services are available in all DOH-retained hospitals and LGU health facilities

SPECIFIC OBJECTIVES

- Create awareness and demand for RH services;
- Provide an integrated quality RH package at all retained hospitals and LGU health facilities through capacity-building as well as through improved performance in standards and regulations;
- Strengthen partnerships in the provision of RH care services; (partnership here would mean local government, NGO's community groups and other concerned agencies)
- Integration of RH in the academic curriculum for medical and other allied health professions; (without social insurance and other services like this, it would be difficult)
- Develop an integrated system of reporting, recording, monitoring and evaluation;
- Integrate RH services in health financing and social insurance

The GUIDING PRINCIPLES which we follow are:

- Family-Centered
- Gender and Culture Sensitive
- Rights-based
- Life Course Approach
- Partnership and Networking
- Evidence-Based

I am sure you are all familiar with the 10 Elements of Reproductive Health as follows:

1. Maternal and Child Health, and Nutrition
2. Family Planning
3. Adolescent Reproductive Health
4. Prevention and Treatment of Reproductive Tract Infections (RTIs) including STDs, HIV/AIDS
5. Education and Counselling on Sexuality and Sexual Health
6. Prevention and Management of Abortion and its complications (PMAC)
7. Breast and Reproductive Tract Cancers & other Gynecological conditions
8. Men's Reproductive Health
9. Violence against Women and Children
10. Prevention and Treatment of Infertility and Sexual Disorders

Elements of RH Care

Republic Act 10354: RHRP Law

- Family planning information and services which shall include as a first priority making women of reproductive age fully aware of their respective cycles to make them aware of when fertilization is highly probable, as well as highly improbable;
- Maternal, infant and child health and nutrition, including breastfeeding;
- Proscription of abortion and management of abortion complications;
- Adolescent and youth reproductive health guidance and counselling;
- Prevention, treatment and management of reproductive tract infections (RTIs), HIV/AIDS and other sexually transmittable infections (STIs);
- Elimination of violence against women and children and other forms of sexual and gender-based violence;
- Education and counselling on sexuality and reproductive health;
- Treatment of breast and reproductive tract cancers and other gynaecological conditions and disorders;
- Male responsibility and involvement and men's reproductive health;
- Prevention, treatment and management of infertility and sexual dysfunction;
- Reproductive health education for the adolescents; and
- Mental health aspect of reproductive health care.

WHAT HAVE BEEN ACHIEVED

- Significant increases in budget, but still inadequate for full attainment of MDGs but still not enough because we are too many, we can never have adequate budget if the population continue on rising

- Harmonization with development partners' initiatives
- Fiscal autonomy of most DOH-retained hospitals
- Secured funding for priority public health programmes
- Use of multiyear budgeting to guarantee continuity in resource availability
- Cooperative cost - sharing arrangements with LGUs
- Scholarships for Midwifery and medical courses – HHRDB
    - NARS Program (w/ DOLE)
    - RN-Heals
    - PPP (Public - Private Partnership with Friendly Care Health Facilities, POGS, PPS, & etc.)
- RH in the workplace
- Localization of MNCHN interventions (BEmONC and CEmONC)
- CHT mobilization, since 2011, in partnership with other NGAs through a joint memorandum

GAPS OR BARRIERS

- Inadequate human resource for health/maldistribution of available health professionals
- Inadequate Human Resource capabilities
- Funding constraint for MNCHN/CHTs mobilization/localization
- Cost of services
- Philhealth accreditation
- PhilHealth benefits utilization
- Poor utilization of health services because sometimes the people doesn't know
- Inadequate information on the benefits of SBA/FBD
- Universal PhilHealth coverage(e.g. health insurance/PHIC)
- Expansion of Philhealth Benefit Packages
- Inadequate political & community support (e.g. transport, communication support) and this happens to some areas
- Harmonized timely and reliable data collection
- Regular monitoring and evaluation

PLANS FOR THE FUTURE which we intend to pursue are:

- Nationwide implementation of AO 2008-0029 to grass root level/ functional service delivery network
- Political advocacy/local ordinances – Especially on passage of RH Bill
- Ensure financial sustainability
- PIPH/Rat. Plan
- PHIC enrolment / Accreditation
- Performance based resource allocation/LGU score card
- Strengthen health promo/BCC for health
- Better and expanded or improved and sustainable PHIC Benefit packages
- Local Innovation/incentives
- More PPP arrangements

CHALLENGES

- Localization, mainstreaming of enhanced and strengthened integrated RH Program
- Advocacy for sustained health reforms
- Linkages for maximum overall effectiveness
- Local initiatives supported, promoted and expanded
- Empowered partners
- Gender perspective in all RH policies and programmes

- Equity in availability and access
- Strengthened, harmonized and integrated database for policy and decision-making
- Monitoring and evaluation

Seeing all your faces here, seeing your commitments here, seeing the participation of many countries in South East Asia and the Pacific, that gives us better and bigger inspiration to move forward because we know as the Philippine is moving forward and you are neighbours you our neighbours are always there to help each other.

Thank you.

"National Youth Programme on Population and Development"

Hon. Percival Cerdana, MP
Commissioner at Large, Philippine National Youth Commission

Mabuhay ! Welcome to the Philippines.

We are very glad that we have been invited here to converse with the parliamentarians in Asia on a very important issue among young children; that is, Reproductive Health. I would like to inform you that when you are here in the Philippines, those in the ages from 15 to 30 are considered youth, and that is in the law. I think there are members in the delegation who are in the age range of what we call young people.

In this afternoon we have been tasked to give discussion on national youth programmes on populationa and development. I come from the National Youth Commission as an office under the Office of the President that addresses the concerns of young people. It develops programmes and policies for development for the ages from 15 to 25, which I said fall iin the range of young people.

The focus of the talk is addressing the complicated, evolving state intervention on youth and adolescent sexual and reproductive health. "Complicated" is a very important word to describe young people now, and I am sure that is how the older generation will look at us as young generation. "Complicated" is so commonly used that even in facebook. Before the status would only be Single or Married, but now there are "Exclusively Dating" or "It is Complicated". It is more or less a dynamics of how the youth look at themselves and how they perceive their relationship. Let the word be a challenge for us to further understand youth better because indeed life now is very complicated for young people.

In 2011 when we assumed our office in the Commision, we said that adolescent and youth sexual and reproductive health is one of the defining issues of this generation. And I think there is a general consensus among young people in this country that this is one of the key issues of this generation. And as such the Commission was challenged to directly address this important concern, even during a time when there was heated debate on reproductive health or Responsible Parenthood Bill. This is the first time in more than a decade when the Commission has taken up this important issue.

I would like to share with you the output of our research on the national perception of young people. This is a study made by the Commission looking at how young people perceive themselves and their conditions. There are two interesting points I would like to share with you. First is the use of Social Networking which has changed the way young people live. As high as 65.8% of young people aged from 15 to 17 are into social networking. There used to be a time when courting between a man and a woman takes months or even years, exchanging love letters. Now all they have to do is to log on-line, to text or to twit and then after a day or two you are in a relationship. This behaviour is not just in

the Philippines, but I think it is also true on a global scale. And the second interesting point is 74.5% of young people are already looking for a romantic relationship at a very young age.

Perceptions are also changing. In the same study, 37% of young people believe early sexual encounter, which we call premarital, is acceptable in the Philippine society. That is now the perception of young people aged from 15 to 30.

Now I will focus on the youth from 15 to 17 years old, whom we consider children. Among them, 50% think that early sexual encounter is okay, and then the lowest would be among the adult school youth. So you see here the concept of technology and its influence is actually shaping their behaviour, which should be our critical concerns.

After many in-depth and passionate discussions, different government inter-agencies are concerned of the issue. It was concluded that the increase in teen pregnancies is one urgent pressing concern in the Philippines. Based on the data of the National Statistic Office, we have the 3rd highest incidence of teenage pregnancy in the ASEAN, and this could be higher because only 76% register birth and some register late. What is alarming to us is that the Philippines is the only country in the ASEAN where the rate actually increased.

Because of this urgent concern, the National Youth Commission together with the inter-agencies convened the first ever summit on teen pregnancy. For so long a time, pregnancy is not discussed openly. It is normally discussed in whispers in family gatherings. So for the first time we gathered — the government, private, youth and religious group — to discuss the issue in the open. This year we will hold the 2nd summit as a follow up, which I will share with you later. The main objective of the summit was to create a public discourse on teen pregnancy. And the 2nd objective is to make a call for the passage of the reproductive health and responsible parenthood bill, which was at that time a more urgent issue.

The other key issue on the adolescent reproductive health is the issue on HIV, which my colleague here will discuss in details later. I would like to show you that in the Philippines, the rate now is fast and furious. It is not only the rate that is changing but the face of HIV. The rise is shifting towards men. This is a critical point because it will require special intervention as the increase is happening among MSM or men have sex with men.

Young people are at risk of HIV because of lack of knowledge. A very small percentage of young people have accurate knowledge on HIV - only 18% of men and 12% of female youth. The lack of knowledge about HIV is not only a problem among the youth but also early pregnancies because of lack of quality sex education on reproductive concept. They get information among their peers, which are not always accurate. In the youth summit, we discovered that there are still

young people who believe that if they jump after the intercourse they will not get pregnant. The data, I think this is last February, shows that 29% of HIV infections are young people aged from 15 to 24 years old. There are 4 cases below 15 years of age and 75 cases from 15 to 19 age range.

The Commission now is in the process of converging with other government agencies in responding to the situations. We feel that the adolescent sexual reproductive health initiative is not the work of one commission or one department but of conversion of many government units and agencies. First, we have to work on the issue of curriculum development. Even without the full implementation of the Responsible Parenthood Law, we are now already operating as if there is one in the development of the curriculum so that when it comes to implementation, we are ready. We feel that the primary instrument that could turn the tide in this situation is EDUCATION. We would like to equip young people with the right information so they can make the right decision when they face with that situation. The right decision maybe to delay intercourse or the right decision maybe to use protection. Education for us is crucial because parliamentarians, government leaders and even their parents will not be in the room when they make that decision.

The other area where we are also working on is the Adolescent Health Development with the Department of Health, which just released the Department Order on Adolescent, Health and Development. Their job is on how the government health workers relate to young adolescents. We found out in our study that the youth has the lowest health seeking behaviour. If they are feeling something, they will not go to the health center. They are secretive of their conditions and will not see a doctor. They will not go to a medical clinic for fear they might be scolded or discriminated, so they will just consult their peers. This is one area we would like to improve, especially how to make the government health service more youth-friendly so that young people will be more comfortable in approaching medical or health professionals for advice, services or treatment.

This year we are convening the 2nd National Summit on Teen Pregnancy. We have decided that the national initiative is not enough and there has to be localized action. In November, there will be gathering of the 3 biggest Islam groups in the Philippines, the Luzon, Visaya and Mindanao, to discuss this topic and create a local plan. We have to emphasize that teen pregnancy is not just an urban issue because even in rural areas this is a big concern of the people. So for this year, we are developing local interventions via the summit in November.

There was a debate on Reproductive Health Law between valid education and scientific information. The status quo now is valid education coupled with scientific information. We have to trust our young people that they are capable of making the right decision if we equip them with the appropriate and proper knowledge.

With that, thank you.

"Key Challenges on the Youth's Access to RH Services"

Ms. Lady Lisondra
Registered Nurse, Clinic Operations Officer
Former Youth Coordinator, Family Planning Organization of the Philippines

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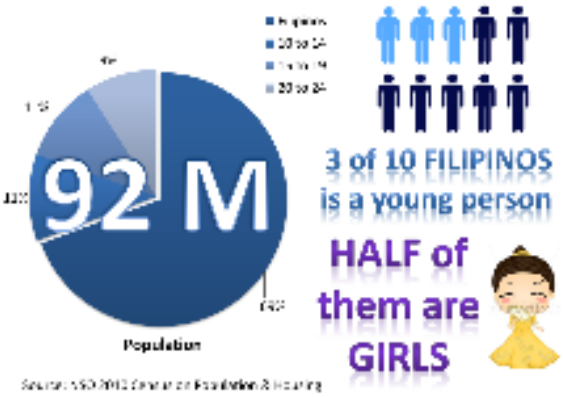
Good Afternoon everybody. My task this afternoon is to share about the challenges that young people have like me and I know everybody here is young at heart.

First, welcome to the Philippines, I hope your are enjoying your stay but for the meantime enjoy my presentation.

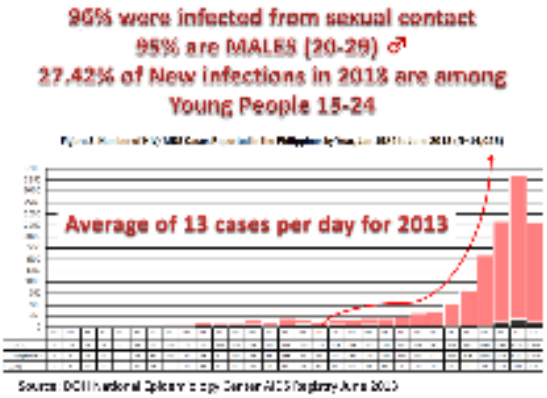
The Philippines is relatively a young country, a young population. You can see a lot of young people of course. Philippine is a young country because 3 out of 10 Filipinos is a young person aged 15 to 24. But if you count the population, more than half are children. Now who is taking care of these young people, who is taking care of us? I would like to stress that half of these young people are girls like me. Girls are getting their menstrual period earlier, thus getting pregnant earlier. I have lots of friends who at young age gave birth and got married, and some even before we graduated high school, before the age of 15.



So what are the issues a young pregnant girl in the Philippines faces? Let us say, there are 10 pregnant girls in this room. Around 9 of them will see a doctor before they give birth. Some around 89.04% will receive medical care after they give birth and around 6 of the pregnant girls will receive care from a skilled health attendant, who could be a midwife, a nurse, or a doctor. In the Philippines, being a third world country, it is mostly a midwife or a nurse who attend the birth. Even fewer will deliver in a hospital, around 3 or 4, and mostly in a lying clinic. So you see how pregnant girls live by. Around 4 of the pregnant girls aged from 24 to 29 used contraception, and even fewer girls aged from 15 to 19 use contraceptions. It may be okay because maybe they will not be needing it but how can we really make sure they are protected ? Right now with the growing fertility rate a lot of young girls aged from 15 to 19 are contributing to the increase. So what happened to these girls who are not safe and protected ?

Now let us go to the issues of boys. As mentioned earlier, the face of HIV is changing and it is among men. As you can see, it is shooting high.

Sporadically increasing and epidemically spreading. If in your country it is decreasing, here it is blooming like a christmas tree.



Now we have an average 13 cases of HIV everyday. Ninty-six percent were infected from sexual contact and 95% are males aged from 20 to 29. As to the new infections in 2013, 27.42% are among those who are aged from 15 to 24.

More than a quater of the infected are young people. That is the face of HIV in the Philippines. Sadly, there is no more data on men and HIV. There are qualitative studie, but much as that would merit public health intervention, there is a lot more to be done. What they are saying about their experiences with MSM (men sex with men) is that they feel so much stigma and descrimination. They often deny medical services.

Now with regard to protective measures for women, 6 out of the 10 girls would know where to get the condome and about 4 would be comfortable getting one. Only 20% or 2 out of 10 girls have comprehensive knowledge on HIV. So again these two girls are protected but what about the remaning 8. What will happen to them ?

So, you see the disparity of knowledge and behavior. Without knowledge, girls and boys will not be able to make decisions about theirselves. Instead of protective behaviors that will keep us healthy and free from illness or HIV, we see risky behaviors like early sex and unprotected sex.

Education, as mentioned earlier, has a lot to do with decisions because young people would actually would like to talk about sex more and even with their parents. So we would like this to be an issue that is intimate and part of ourselves. We would like our parents to guide us. We feel like that it should be appreciated in a very special way. I think we all share that value for this issue.

So education can be meaningful and can even bridge young people to services. It is always hard to practice what you think or what you know. We would like education to be able to facilitate empowerment so that we can be protected and young girls will be able to make decisions and stay healthy and safe.

Let us go on the Top 5 problems in accessing health care for women :

- Money for treatment: young people cannot be employed yet. So where do we rely on resources? if parents are not employed and there is no health insurance, where do we go to?
- Concern of no available drug: it is even sadderif you have no one to talk to with your concerns
- Concern of no available provider: this is a big barrier
- No companion: it is a poblem if nobody is there to accompany the young
- Distance of health facilities : If Iwere to climb 5 mountains and cross 7 rivers just to get to the nearest center, I think is a very sad situation. But a lot of girls are undergoing this problems

As you look at all these, they all contribute to the delay that causes maternal death. Delay in recognizing complications and delay in referrals and especially in health management. When the centers are so far away, they put our lives at risk.

Moving forward to sturctural barriers that young people face, in the Philippines, babies are taken cared of. They are in the list of immninization in the health center and then after that you go to the health center when the baby is sick.

Package of services is important throughout the life span of the youth. All of these barriers are challenges for all of us. The goal is to have well-informed, empowered, healthy adolescent and youth. We are just about to start but everyone is working hard to make a difference.

Before I will end this sharing, I would like to share a reflection. I am here because somebody trust that I will be able to share the feelings and experiences of young people and I sincerely believe that you are here as well because a lot of people are trusting you, especially young people. So right now, the most important questions are decisions we have to make on how much value we put in young people. How much time, how much effort, how much money are you willing to put to save our lives. This is a quote from our national hero, he said “the youth is the future of our nation”, and I feel that hope is not just for tomorrow but it is for today.

Thank you and have a pleasant day.

"Mainstreaming Population and RH Issues in the Campus Setting"

Ms. Heart Dino
Chairperson
Student Council Alliance of the Philippines

Good afternoon, everyone.

I will make my presentation quick and simple. What we actually do in the Alliance is to campaign and activity services on the four foremost Agenda of young people, which were identified by the National Youth Commission as follows:

- Education
- Employment
- Youth Participation in Government
- Universal Health Care

Regarding the health care, we are focusing on adolescent and sexual reproductive health. Now let me give you a brief background of the perspectives regarding this issue. The data on the adolescent experimental stage are:

- 55.2% of the youth now have watched X-rated movies/videos. I am sure most of the children are interested in this stuff
- 96.7%, almost 100%, have crushes or have attraction with either the opposite sex or the same
- 55% have gone on dates
- 23.2% had early sex

This study which was conducted by the National Youth Commission and National Assessment Youth has shown that the median age for first intercourse for boys is 20. 5 years old, while for girls it is 21.5 years old.

Of the 23.2% of the youth who have early sex, 80% of the first encounter is unprotected. As was said a while ago by the speaker, most of the youth now are looking for romantic relationships with the help of social networking, which makes connections possible. So the reality now is that most of the youth are engaged in multiple relationships and some have casual sex with no string attached.

There are two major problems right now, which are the rise of teen age pregnancy and the increase or prevalence in HIV cases. The ratio of teenage pregnancy is 55 for every 1,000 women aged from 15 to 19. And 45.6% women aged from 20 to 24 are already mothers.

Majority of these pregnancies are unexpected and unplanned. That is why, as mentioned by the other speaker, the Philippines now is ranking the 3rd in South East Asia in the incidence of teenage pregnancy. Also, the data show that there is 65% increase in teenage pregnancy from year 2000 to 2010.

As I said earlier, there is also the prevalence of HIV cases. We can see that the youth awareness is still low with 27.8% believing that AIDS is curable. There is no right information being disseminated to Filipino youth on the issue of HIV.

Another figure for consideration is that 23.03% or 414 out or 1477 of new HIV cases in 2013 are coming from the age group ranging from 15 to 24. It was also

found out that new cases of HIV are coming from the youth group, almost 60%. The most infected age group is the one aged from 20 to 29 with an average of 59.25% of new cases per month in the year 2013.

What are the challenges we are facing right now? First and foremost, there is lack of comprehensive sex education and also there is no access to reproductive health services, which leave our youth ignorant.

Students with HIV suffer the stigma or discrimination that may violate their rights, for example access to education, unfair treatment, and unfair punishment like expulsion.

What do we do in order to address these problems the youth are facing right now? The Student Council Alliance of the Philippines formed a coalition with RH agenda, Reproductive Health and Gender Advocates. This Coalition aims to promote and campaign for the passage of the RH Bill, which is now a Law but at the moment under a temporary restraining order by the Supreme Court. It aims to promote gender and RH services in different campuses

The said Coalition is also into mobilization and lobbying activities. It is also working on the popular support or clamour of the students to make RH not just an issue of women but also a youth issue.

As an aid to our information campaign, we made an info graphics, which will make all the data easier to comprehend so that youth will be able to actually join the discussion and discourse of this issue. We also provide different avenues to discuss reproductive health issues and ensure awareness of the issues among the youth and in different schools. We also conduct capacity building workshops to student leaders and student councils so that this issue on population and reproductive health agenda will be included in all the meetings in their campuses.

We would like to thank our partnership always as the core of family planning and development. What we are planning right now is to have the mobile activity and bring the services closer and more accessible to student.

Thank you so much for listening.

"HIV and AIDS Interventions for the Youth"

Rev. FR. Rodolfo Vicente Cancino, JR.
Chairman, Catholic Bishops Conference of the Philippines
Director, HIV/AIDS Ministry
Head of Programs and Planning, Camillian Fathers, Inc.

Welcome to the Philippines. Mabuhay !

I would like to start with one of the largest bird around the world, the Philippine Eagle. His name is Pag asa, in English it means Hope. And I think for all of us here, the last word we should hold on is Hope, for when there is no Hope then there will be no tomorrow and even our policy is always based on that.

I will be presenting to you the HIV/AIDS and what the Catholic Church is doing especially to the youth. And we have the caption "Go Preach the Gospel and Heal the World". My congregation is spread in 39 countries.

I would like to focus on HIV/AIDS specifically our intervention on our Filipino youth. It will be on the areas of Organizations, on the programmes on prevention, treatment, care and support and the enabling environment.

Here in the Philippines, we have an existing law; it is the Republic Act 8504. It is the HIV/AIDS Prevention Control Act of 1998, but after 15 years there is the question: did that Law really help us in decreasing the number of HIV/AIDS primarily in the youth? I will be using the framework SEE, JUDGE, ACT. I think for the "see" you have already heard from the previous speakers on the incidents in the prevalence of HIV/AIDS here. I will just focus on the "act" and the "judge".

In the "judge", I make use of 1 John 4:18, "Perfect LOVE casts out FEAR". Whatever religion you have, from Muslim, Taoism, Hinduism, Islam and Catholics, I think we hold on to the "Perfect Love casts out Fear".

The Camillians attempt to mobilize a non-judgmental and compassionate education-focused and service oriented response to the challenges posed by the pandemic. It has done this by disseminating information and educational opportunities about HIV/AIDS, by promoting solidarity in support of HIV/AIDS programmes of other Catholic structures in Philippines and by advocating for responses to the pandemic.

More or less in the Philippines 87% are Catholics. We are the Catholic Bishop Conference of the Philippines (CBCP) and since the first speaker this afternoon, they have been mentioning the CBCP, so now you know. And these are some of our efforts. Some of them would say "Ah, the Catholic churches are not doing anything". But we formed already the 1st National Catholic HIV/AIDS Forum, and from there we formed the network among all sectors in the Catholic Church from the different islands here in the Philippines. This network will also have its office with the CBCP with Most Rev. Broderick Pabillo as our Bishop Adviser. As for us, we are the one responsible for the program. This is the group who convenes the network and are now increasing in membership.

After 2 years, we already have 82 organizations now all over the Philippines. These are Catholic-based and will be having a general assembly in the next quarter of this year.

One of the most important breakthroughs of the Catholic Bishop Conference of the Philippines is a Pastoral letter entitled "Who is my Neighbour", which is signed by all Bishops here in the Philippines. Here are some of the contents of the letter circulated in the Philippines:

The Church responds to the pandemic of HIV/AIDS as it does to every other human reality – from the depth of its mission:

- As Servant
- As Animator of spiritual life and pastoral care
- As Teacher

As Servant, take note the Church-based health care programme is not only for the Catholic Church, but even for our brothers from different faiths. It is responsible for some 50% of all health care delivery or health care services even in the rural areas and for those people living with HIV/AIDS, especially the youth. These are some of our sisters in the Catholic Church working in the area of HIV/AIDS.

We have already included HIV/AIDS in what they say unusual areas here in the Philippines. For example, before you get married you have to attend seminars and we have also included HIV/AIDS education at Mother's Day celebrations and the basic community cluster meetings. Also we have the Parish Renewal Experiences (PREX) and Responsible Parenting Movement in the Catholic Church. As of now, the church representatives meet to speak openly about HIV/AIDS because they play a very important role and you have to speak on it on the pulpit. We are encouraging our pastors, priest and bishops to speak openly about sexuality and HIV/AIDS. We also included it in our own services like anointing, memorials, rituals and other services. We have been active even in the local parishes, meaning in the smallest parts. We reach out even to families educating them on HIV/AIDS.

The letter said that the church workers, seminarians, clergy or priests must be equipped with basic knowledge on HIV/AIDS and pastoral counselling skills to bring hope, healing and reconciliation. We also raise our Bishops' HIV/AIDS awareness.

As a teacher, I think there was a controversial statement by Pope Francis after the World Youth Day. He said, "I do not have the right to judge gays who are coming back to the church". Why? Because as a teacher, the important part here is going back to the basic and solid values of the gospels, with emphasis on compassion and service, on responsibility and respect. We in the Catholic Church are basically for the youth but we bring them Values Formation. Take note, social issues, the church and the gospel are inseparable.

We are the conscience. We have that conscience when we bring people only knowledge, ability, competence and tools, but we bring them too little. And sometimes our Laws bring them too little. But if we give them proper Values Formation, which is incorporated in the law, then we target both being humane and rights based. It is considered appropriate as a cultural based approach. Parents and educators need to teach the youth, by their work and examples, the dignity of the human beings, beauty and sacredness of the human love anchored in God's Love. Chastity, monogamy and fidelity are the best protection from HIV/AIDS. That is why we are saying that education continues to be the only effective vaccine to combat denial, ignorance and prejudice, which place people at risk to contracting HIV.

Basic stigma is the problem. You might say, "Father, there is also stigma in the Catholic Church", and I would say "Yes". In our own Faith Community, there is stigma. Therefore we have to start in our own community in eradicating the stigma. And these are some of what we are doing specifically for the youth.

In the area of Prevention as we aim at Zero new infection, Zero AIDS-related deaths and zero stigma and discrimination. We top first the Hierarchy of the Catholic Church, the Bishops. We educate them on HIV/AIDS and the importance of sexuality education. And the President then of the Catholic Bishop Conference of the Philippines said, "We will help in bringing awareness to the people, especially to the youth, and address stigma and discrimination".

We are also doing capacity building to almost all catholic hospitals, catholic ministers and ministers of non-sectarian schools, educators, the Catholic Educator Association of the Philippines, focusing on sexuality education for the youth. And of course we are taking care of people living with and infected by HIV/AIDS.

Well then, we mainstream HIV/AIDS in the parishes and in the basic ecclesiastical community, in the family, because we believe that education and sexual education must start in the family. As of now, we are screening the Catholic Educator Association of the Philippines from different areas in the Philippines where there is an increase in the incident of HIV/AIDS. These are the areas such as Metro Manila, Cebu, and Southern Part of the Philippines. An increasing number of HIV infections is among injecting drug users and males having sex with males. That is why the Catholic Church is promoting sexuality education, which is also incorporated in the Reproductive Health Law, but we are focusing on Values Formation and Value-based sexuality education. We not only limit to Risk Reduction but because of Values Formation, we go to Risk Elimination.

What we did was to train priests and religious leaders in different dioceses here in the Philippines together with the Vatican and the World Health Organization and Caritas Internationals.

This year we will be educating the Philippine Episcopal Commission of Youth composed of millions of the youth in the different areas here in the Philippines. These youth will again be the one to mainstream sexuality and HIV/AIDS down to the parish level. This is good. Every first Sunday of December is the National

Catholic AIDS Sunday, and we include it in our own ritual and also in our own prayers.

We have the formation of the network even in different islands in the Philippines, specifically focusing on the youth. This is the Heart for Children Campaigning, which is a very good intervention we used in the Catholic Church. And in the Heart for Children Campaign by Caritas International, there is a programme that includes letter writing by children and the youth to government, parliaments, target groups and pharmaceutical companies. They write their own experience, their future, their visions as the youth and children.

On the Area of Treatment Care and Support, we already have different centers taking care of people living with HIV/AIDS. But take note that the Catholic Church is not working alone. Even though we have different views in the Reproductive Health Law, we are still working with the government because we are taking care of the same people. We do not compromise our own beliefs, but we work with the government especially in the area of taking care of people living with HIV/AIDS.

On the area of Advocacy, again we are partnering with other international organizations like the United Nations, WHO, as well as Department of Health and Ministry of Health. We are involved in the 5th Medium Term Plan, the plan here in the Philippines about HIV/AIDS.
Now what are our Challenges? HIV/AIDS is not only a medical problem but a social and a political problem, such as problems on drug use, alcohol use, unemployment, lack of education and sexuality issues. In the Philippines, we concentrate our efforts here in Metro Manila forgetting that there are other areas that need efforts. Efforts must be done outside of Metro Manila as well.

For the Catholic Church, we are transferred every now and then because of our mission, and therefore our challenge is to form succession when someone will replace us in taking care of people living with HIV/AIDS. We have friends all over the Philippines in 86 dioceses taking care of the youth with HIV/AIDS.

Again, I would like to encourage our delegates here that when we implement policies, we always base them on 100% love. I would like to quote Mother Theresa of Calcutta, and she said “A person infected with HIV is Jesus among us; how can you say no to him”.

On behalf of the Catholic Bishop Conference of the Philippines, I would like to live you with this note: Stay in Love.

Message of the Moderator

Hon. Dr. Vitthaya Inala
Vice-Chairman to the Committee on Foreign Affairs
Chief Advisor for Economy and Industry
Senate of the Kingdom of Thailand

Mabuhay. Maganda Tanghali or Good Afternoon in Filipino. Today, I am very glad to come here to join you and it is the first time for me. Today has been a long day for us. I think right now we almost come to the closing session.

First of all I would like to welcome Ms. Anne Harmer, Regional Programme Coordinator of UNFPA Asia and the Pacific Regional Office, to present the synthesis of the meeting. UNFPA is the main sponsor of this event, and we would like to take this opportunity to express our sincere gratitude for your continuing support and your cooperation.

Presentation of Synthesis

Ms. Anne Harmer
Regional Programme Coordinator,
UNFPA Asia and the Pacific Regional Office

I have been kindly asked to synthesize the discussion of today. It is been a very long day, so I do not want to go into too much details, but let me remind you that in addition to the 5 opening remarks made this morning, there have actually been 12 session resource persons in 5 sessions led by 5 very abled Chairs. So thank you very much to the Chairs for doing their work and also to the 12 people who made presentation in addition to the 5 who started off with the sessions.

It is quite a challenge, I must say, to be able to synthesize what has been discussed because we have covered such a range of broad and interesting topics and for me, representing UNFPA, this has been very exciting to hear so much updated information on the situation around population and development and also on sexual reproductive health/right and the progress of some of the countries in the region.

To very briefly cover what we talked about, in Session I after the Opening Remarks, we had very interesting presentations from Philippine colleagues. We had Prof. Ernesto Pernia talking about population challenges here in the Philippines. He presented a very interesting case for how the absence of a Reproductive Health Bill and the right to access to contraception will eventually have some impact on the Philippines' development and progress, with higher population growth and more poverty when compared with other countries in the region that introduced positive family planning policies such as Thailand, Malaysia, Indonesia 30 years ago. This is a very interesting case why we really do need to dedicate and commit ourselves to sexual reproductive health/rights.

Then we had a presentation from Hon. Sitti Djalia Turabin-Hataman talking about the work that has been done in the Autonomous Region of Mindanao working with Islamic Faith leaders. This was a very encouraging presentation telling us about how really you can use faith leaders as an entry point to address cultural differences and also work with people to address Reproductive Rights and women's empowerment. I think that was a very encouraging presentation.

Then we had a presentation from Bishop Rodrigo Tano who talked about the importance of interfaith collaboration, especially on how we can start looking at the commonalties between different faiths and how there is possibility for working and uniting together to address population and development issues and sexual reproductive health/rights.

We also had quite a little throughout the day about the RH Law, the passage of the Reproductive Health Bill that has taken 14 years to come to fruition here in the Philippines. Even yet we are not quite ready for implementation, but it is indeed a very encouraging development for this country in particular. And of course it is very appropriate that we should have had

so many examples from the Philippines because they have unique challenges but they have also found very creative solutions to address those challenges. And I think we have been able to learn from their experiences and indeed those of you going on the study tour will be able to see and experience some of them first-hand when you go on the visit.

In the afternoon session, we were looking at some cultural pluralism and we had an interesting presentation from Hon. Longde Wang from China, who shared with us some encouraging examples of positive efforts made in China to address reproductive health/rights and policies to work specifically with minorities and other groups such as migrant workers which constitutes a huge number in population in that particular country and indeed in other country as well. I think that was very interesting and very encouraging.

We also had a presentation from Ms. Elizabeth Angsioco, representing the Democratic Socialist Women of the Philippines, talking on the role of the civil society in negotiating and promoting the RH Bill and the importance of identifying the commonality among different Reproductive Health NGOs and also Women's Rights NGOs and how working together with a common platform with the civil society and the government will actually better advocate for the issues we would like to promote.

Hon. Nancy Catamco also described her involvement in promoting the rights of Indigenous People including their rights to Reproductive Health through the establishment of mechanisms and laws, promoting the rights of the individual and collective rights of indigenous people. As I mentioned in my own opening remark this morning, the Philippines is quite unique in the sense of targeting and promoting the rights of indigenous people. I know in some countries in the region, we do not always talk about indigenous people. We talk about ethnic minorities but essentially some of the needs and specific requirements of ethnic minorities and the role with regards to collective rights are common to these indigenous people. And this is an area which has been quite neglected across the region. So I hope that together you will be able to move forward in addressing the rights and needs of these neglected groups.

At the end of that session, we had a question and answer session which raise some very interesting points and comments. Prenatal sex selection was raised by Vietnam in relation to China, but this is also an issue that is a key importance to India. This is a very good example of a very specific, cultural- and traditional-based attitude. There are different reasons in different countries, but this is truly an issue that should be addressed with sensitivity in those countries that were affected. We need to think when we have male and female sex ratio imbalance. What happen to all those men if they have no women to marry? This is a really key fundamental question and it has implication now and for the next 30 years. That is really a key issue that needs to be addressed.

We then moved on to a session that was looking specifically at young people. I really welcome this session and thank APDA and PLCPD for having young people here to talk themselves and represent their own cases. I think this was very interesting and very close to my own heart. I welcome it. We also had the talk

with the presentation from the Hon. Gusti Kanjeng Ratu Hemas from Indonesia which was a very interesting presentation on some of the challenges that have been faced by Indonesia. Some of these challenges about teenage pregnancy are not just common to the Philippines and Indonesia but also to Thailand and Malaysia. This is due to the lack of access by young people to sexual reproductive health information and services.

It was also very interesting to have presentations from Mr. Percival Cerdana, Ms. Heart Dino and Ms. Lady Lisondra because they were talking about what I mentioned this morning - young people's culture. It is different now from when we were young. They have access to mobile technology, they are interested in different things, they communicate with each other differently, and we have to accept it. This is life now. We need to listen to young people and hear what they are saying.

I think these young people presented their cases very well for why we should have a comprehensive sexuality education in our school and for out of school. Without education, young people are not informed and do not know how to take responsibility for themselves and their own behaviour, both from a moral perspective as presented by Fr. Rodolfo but also in terms of scientific evidence-based information and life skills. Unless we empower young people, we will continue having an increase in teenage pregnancy. And we have to realize that these young people are becoming adults sooner than when we were their age. Therefore we need to equip them with the skills and information to be able to move forward.

We have already heard about teenage pregnancy increasing in a number of countries in the region. Here in the Philippines, we also heard the unexpected increase in the prevalence of HIV infections, particularly among young people and among men. I think I heard 14 new cases a day. This is very frightening and this is happening because those young people do not have the right information. So I would really urge you all as parliamentarians to take forward the messages that we heard across the table from all of our presenters. I think it was interesting that we had so many countries presenting their positive elements but also presenting the challenges they are facing. And there are commonalities. Even the other countries that did not present I know they are facing very similar challenges whether it is the right of migrant workers, indigenous people, ethnic minority, young people, people most at risk of HIV infections, sex workers, men who have sex with men, or drug users. These are commonalities in almost all countries. You are the best positioned people to help advocate for law, policy change and implementation of laws and express the voice of their communities who have just unserved needs.

That is a very brief synthesis and I apologize if I have forgotten to summarize something that somebody has talked about. It is quite a long day and thank you again to everyone who has spoken so eloquently and to the chairs for facilitating all of the sessions.

Thank you very much.

Closing Ceremony

Closing Address

Hon. Toshiko Abe, MP
Parliamentary Vice-Minister for Foreign Affairs
Chair of the Gender Issues, Japan Parliamentarians
Federation for Population

You have made it a most fulfilling day with your enthusiastic engagements on topics of our mutual concern. I would like to thank all of you, our AFPPD Executive Committee member countries as well as all of you for taking the time out of your full schedules to be part of this important meeting.

APDA, Asian Population and Development Association, serves as the secretariat for JPFP as well as substantially support all its activities. I have the pleasure to say a few words as Parliamentary Vice-Minister for Foreign Affairs and on behalf of JPFP.

Thanks to the marvellous cooperation of our host, PLCPD, we were able to hold this APDA Meeting and well prepare for a meaningful study visit programme. I thank you all most sincerely for the excellent hospitality.

As you know PLCPD, with Japan, is a founding member of AFPPD and has contributed greatly to its development. I have been told that JPFP enjoys close relations with PLCPD members, including Senator Ramos Shahani and Congressperson Aquino Oreta, because of our long relationship since the establishment. PLCPD has not stopped at making contributions on population issues in the Philippines but has played outstanding roles in the global parliamentarian activities regarding population and development beyond its active participation at international conferences.

Here, let me congratulate you heartily for the passage of Reproductive Health Act in the Philippines. I learned that it was not easy to adopt the RH Act because of the predominantly Catholic population which makes the Philippines is unique in Asia.

I also wish to pay my respects to the PLCPD for playing a leading role in reconciling religious tenets and the need for managing reproductive health and family planning. It represents a successful commitment over many years of working together with religious circles to enlighten and educate citizens of their choice.

I am confident that this RH Act will improve the welfare of each citizen as well as play a substantial role in coping with the many social challenges the Philippines faces due to its rising number of young people.

The Philippines has wealth of experience in coping with the cultural diversity among numerous ethnic groups and languages spoken in addition to its uniqueness as a Catholic-majority country in Asia. I believe that your experiences of having reached a certain conclusion to the approach regarding the population issues after devoting considerable time and thoughts, as well as the initiatives you are taking today, will be most

meaningful to other developing counties in Asia and Africa.

I have much to look forward to a greater cooperation among members of Asian parliamentarians given the recent development and the future initiatives of PLCPD. Japan is committed to the resolution of population issues including family planning as part of our commitment to Universal Health Coverage (UHC) as our global health strategy.

Before concluding my address, let me reaffirm our role as parliamentarians.

We are elected representatives of our people, and as such represent diverse cultures of our peoples. It is essential, therefore, for us parliamentarians to play leading roles in the field of population and development to help each person make his or her individual choice.

Since the population issue can never be forced, it is all the more important for us parliamentarians to play our roles in resolving it. I believe we are accountable to the peoples we represent, and responsible for our future, with those mandates we must with our own resolve be involved in the issue and collaborate with UNFPA, other UN organizations, NGOs and with governments.

I am confident that parliamentarians' activities in the fields of population and development will be further strengthened. And I humbly ask UNFPA to continue to support the parliamentarian activities understanding its nature as well as difficulties.

I hasten to thank most sincerely the UNFPA, particularly Ms. Nobuko Horibe, Director of Asia and the Pacific Regional Office, for supporting these opportunities important for us parliamentarians to meet and discuss.

You will be visiting the northern region of the country where minority peoples live to learn of the population programmes that respect their cultural values. I offer my respectful gratitude for all you do and pray that you will have a safe and fruitful experience after tomorrow.

Thank you.

Closing Message

Hon. Bellaflor Angara-Castillo
Representative, Aurora Province
PLCPD Chairperson for the House of Representatives

Let me begin by commending all in attendance today for bringing to fore pressing issues and challenges on population and development. More importantly, for being able to arrive at crucial decision points which will serve as a common ground in finding solutions to these challenges, especially at this time where we are scaling up efforts to achieve the Millennium Development Goals (MDGs) by 2015.

Through this event and the expertise share by our Resource Speakers, we were able to see Reproductive Health in different perspectives, that is, in terms of its interplay with religion as well as among indigenous communities. We are well aware of how certain religious groups opposed and continue to oppose the Reproductive Health Law, and how this opposition is continuously being faced by staunch advocates. We have also seen Reproductive Health in terms of its social and cultural aspects and how these were carefully taken into consideration during the long process of improving this piece of legislation.

This dialogue also highlighted the strategies used in mobilizing communities which generated the demand needed to further push for this legislation. Women and youth sectors proved to be one of the strong points of the RH struggle in the Philippines. However, despite the enactment of the last, it was shown to us that challenges remain in terms of mainstreaming and securing access to health services, especially because efforts by the opposing side continue to hinder its full implementation. We are hopeful that these will be addressed as we approach the deadline for achieving the Millennium Development Goals (MDGs).

At this point, allow me to thank the main organizer of this activity, the Asian Population and Development Association (APDA), for providing a venue for Parliamentarians to have a productive dialogue, learn from each other's experiences and find solutions to pressing population challenges while taking into account the socio – cultural perspectives of each country. This event will not be as productive if not for the expertise and experiences ably share by our Resource Speakers from the Legislature, Interfaith groups, Academe, civil society, organizations, among others. Join me in thanking all of them for shedding light on the issues discussed by sharing their insights.

As a final note, it is with high hopes that exchanges and practical resolutions presented in this dialogue serve as a platform for all participants to arrive at points of convergence and strategic plans in order to address population and development challenges while respecting and even building pluralism.

Thank you very much and we wish our foreign participants a productive stay here in the Philippines.

Call to Action

The 29th Asian Parliamentarians' Meeting and Study Visit on Population and Development

30 August 2013
The Philippines

We, Parliamentarians from (number) Asia and the Pacific countries, gathered in the Philippines to commit ourselves to continuing and enhancing efforts to address population issues, contribute to the acceleration of achieving the Millennium Development Goals (MDGs) and promote sustainable and equitable development toward and beyond 2015.

We reaffirm that:

1. Addressing population issues are essential precondition for individuals' wellbeing and sustainable development;
2. Promoting parliamentarians' activities on population and development is crucial to strengthen our role, both individually and collectively, to protect and improve people's happiness and dignity;
3. Population measures and programmes should respect different cultures and values, and in consistent with the International Conference on Population and Development - Program of Action and related international agreements on population issues.

To this end, we parliamentarians commit ourselves to the following actions:

1. Put in place population programmes and measures that ensure respect for different faiths and cultures, which constitute the basis of people's lives and values;
2. As a bridge between the governments and people, work closely with culturally different groups to improve conditions that promote people's well-being and adopt practical, culturally-sensitive population measures (including modern methods of family planning) in respective religious and cultural settings;
3. Call upon the government to pay special attention to social, health and economic challenges that culturally different groups face and secure necessary means of subsistence and survival.

Using this common understanding as a platform for concrete action and further exchange, we parliamentarians pledge to carry out these actions and actively share the progress we make through parliamentarians' groups and networks. We also pledge to continue to further enhance partnership and collaboration among parliamentarians in order to advocate and address population issues as an integral part of the post-2015 development agenda.

Participants' List

National Delegates				
1	Hon.	Ugyen Wangdi	Bhutan	MP
2	Hon.	Wang Longde	China	Member of Standing Committee; Vice-Chair of ESCPH Committee; MP
3	Hon.	Shen Yan	China	Member of ESCPH Committee; MP
4	Mr.	Xie Xiaoping	China	Deputy Director-General, Office of Population of Public Health and Sports, ESCPH Committee
5	Mr.	He Tuo	China	Senior Staff Member, Office of General Administration, ESCPH Committee
6	Mr.	Zhang Chuansheng	China	Director in Office of the General Administration
7	Mr.	Manmohan Sharma	India	Executive Secretary of IAPPD
8	Hon. Dr.	Chairun Nisa	Indonesia	MP
9	Hon. Dr.	Muhammad Oheo Sinapoy	Indonesia	MP
10	Hon.	Hj. Hairiah SH.	Indonesia	Senator
11	Hon.	Gusti Kanjeng Ratu Hemas	Indonesia	Deputy Speaker of Regional Representative Council
12	Ms.	Rina Hartami Widiastuti	Indonesia	Assistant to the Senator
13	Ms.	Lolly Suhenty	Indonesia	Assistant to the Senator
14	Hon.	Yasuo Fukuda	Japan	Former Prime Minister; Chair of APDA; Honorary Chair of JPFP; Former Chair of AFPPD
15	Hon.	Yukio Ubukata	Japan	Vice-Chair of JPFP; MP
16	Hon. Dr.	Toshiko Abe	Japan	Parliamentary Vice-Minister for Foreign Affairs; Chair of the JPFP Gender Issues Committee
17	Hon.	Yutaka Kumagai	Japan	MP; Member of JPFP
18	Hon.	Somphou Douangsavanh	Lao PDR	Vice-President of LAPPD; Vice-Chair of the Social and Cultural Affairs Committee; MP
19	Hon. Ms.	Viengmany Chanthanasine	Lao PDR	MP
20	Mr.	Bounlert Louanedouangchanh	Lao PDR	Executive Director of LAPPD
21	Hon.	Mariany Mohammad Yit	Malaysia	Senator
22	Hon.	Ahmed Abdulla	Maldives	MP
23	Hon.	Francis Marus	Papua New Guinea	MP
24	Hon.	Pia Cayetano	Philippines	PLCPD Chair for the Senate
25	Hon.	Bellaflor Angara-Castillo	Philippines	PLCPD Chairperson for the House of Representatives
26	Hon.	Juan Edgardo "Sonny" Angara	Philippines	PLCPD Vice-Chairperson for the Senate
27	Hon.	Walden Bello	Philippines	PLCPD Chairperson for International Linkages
28	Hon.	Teddy Brawner Baguilat	Philippines	Vice-Chair of the Committee on National Cultural Communities; PLCPD Vice-Chairperson for Luzon
29	Hon.	Terry Ridon	Philippines	MP
30	Hon.	Janette Garin, M.D.	Philippines	Undersecretary of the Department of

				Health
31	Hon.	Sitti Djalia Turabin-Hataman	Philippines	Representative of AMIN Party List; PLCPD Member
32	Hon.	Nancy Catamco	Philippines	Chairperson of the Committee on National Cultural Communities, House of Representatives
33	Hon.	Linabelle Ruth R. Villarica	Philippines	MP
34	Hon.	Tissa Karalliyadde	Sri Lanka	Minister of Child Development and Women's Affairs
35	Hon. Dr.	Vitthaya Inala	Thailand	Senator
36	Hon.	Anusart Suwanmongkol	Thailand	Senator
37	Mr.	Nontawat Khongmoh	Thailand	Assistant to the Senator
38	Mr.	Ramon San Pascual	Thailand	Executive Director of AFPPD
39	Hon.	Antonio Ximenes Serpa	Timor Leste	MP
40	Hon.	Eladio Antonio Faculto de Jesus	Timor Leste	MP
41	Ms.	Charlemagne Gomez	Timor Leste	Gender and Legal Advisor, National Parliament, UNDP Parliamentary Project
42	Hon.	Nguyen Thi Kha	Vietnam	Executive Member of VAPPD; MP
43	Dr.	Nguyen Duc Thus	Vietnam	Executive Director of VAPPD
United Nations Population Fund (UNFPA)				
44	Ms.	Anne Harmer	Thailand	Regional Programme Coordinator of the Asia and the Pacific Regional Office
International Planned Parenthood Federation (IPPF) and Member Associations (MAs)				
45	Ms.	Nora Murat	Malaysia	IPPF East & South East Asia & Oceania Region (ESEAOR)
46	Mr.	Gessen Rocas	Philippines	Executive Director of the Family Planning Organization of the Philippines (FPOP)
Resource Persons (Meeting and Study Visit)				
47	Mr.	Jun Omar C. Ebdane	Philippines	Former MP
48	Prof.	Ernesto M. Pernia	Philippines	Professor at University of the Philippines College of Economics
49	Bishop	Rodrigo Tano	Philippines	President of the Interfaith Partnership for the Promotion of Responsible Parenthood
50	Ms.	Elizabeth Angsioco	Philippines	National President of the Democratic Socialist Women
51	Mr.	Percival Cerdana	Philippines	Commissioner at Large "National Youth Programs on P&D
52	Ms.	Heart Dino	Philippines	Student Council Alliance of the Philippines
53	Ms.	Lady Lisondra	Philippines	Former Youth coordinator of Family Planning Organization of the Philippines
54	Rev.Fr.	Rodolfo Vicente Cancino,Jr.,MI	Philippines	Head of Programs and Planning, The Camillian Fathers, Inc.
55	Ms.	Edna Tabanda	Philippines	Mayor of La Trinidad
56	Mr.	Mauricio Domogan	Philippines	Mayor, Baguio city
57	Mr.	Rafael Sallocoy	Philippines	Secretary to the Mayor of Baguio City
58	Dr.	Caster Palaganas	Philippines	Head of Social Department, University of the Philippines, Baguio
59	Dr.	Paulina Sawadan	Philippines	ABRA Tribe
60	Mr.	Paul Baguitay	Philippines	ABRA Tribe

61	Dr.	Norberto Duran	Philippines	APAYAO Tribe
62	Dr.	Peter Cozalan	Philippines	Benguet Tribe
63	Dr.	Imelda Parcasolo	Philippines	Benguet Tribe
64	Dr.	Julie C.Cabato	Philippines	Benguet Tribe
65	Rev.	Henry Hakcholna	Philippines	Ifugao tribe
66	Ms.	Sheena G. Bumangil	Philippines	Kalinga tribe
67	Ms.	Lynn Madalang	Philippines	MT.province
68	Rev.	Jonathen Obar	Philippines	Faith Based Organization
69	Ms.	Helen R. Tibaldo	Philippines	Director of the Philippine Information Agency (PIA)
70	Ms.	Joan Bacoling	Philippines	Planning Officer of La Trinidad
Additional Delegates and Observers				
71	Ms.	Imelda E.Grupo	Philippines	Municipal Budget Officer
72	Mr.	Zenaida Brigida Pawid	Philippines	National Commission on Indigenous Peoples Commissioner
73	Mr.	Teddy M. Quintos	Philippines	President, Liga ng mga Punong Barangays
The Philippine Legislators' Committee on Population and Development (PLCPD)				
74	Mr.	Romeo C. Dongeto	Philippines	Executive Director
75	Mr.	Kisterjay Llever	Philippines	General Services
76	Ms.	Nenita Dalde	Philippines	National Advocacy Officer
77	Ms.	Maida Ojeda	Philippines	Communications Officer
78	Mr.	Dodie Lucas	Philippines	
The Asian Population and Development Association (APDA)				
79	Dr.	Osamu Kusumoto	Japan	Secretary-General/Executive Director
80	Ms.	Hitomi Tsunekawa	Japan	APDA
81	Mr.	Farrukh Usmonov	Japan	APDA
Interpreters				
82	Ms.	Kimiyo Machida	Japan	Interpreter
83	Ms.	Haruko Ota	Japan	Interpreter
84	Ms.	Kumiko Mima	Japan	Interpreter