Asian and African Parliamentarians' Capacity Development on the Integration of Population Issues into National Development Frameworks

Kingdom of Cambodia

22-25 January 2013

The Asian Population and Development Association (APDA)

CONTENTS

Programme of
Asian and African Parliamentarians' Capacity Development Meeting and Study Visit on the Integration of Population Issues into National Development Frameworks

Phnom Penh, Kingdom of Cambodia
From 22-26 January 2013

Time	Activities	Speakers / Moderators
Monday, 21st January 2013		
	Arrival of Delegates at Phnom Penh International Airport - Delegation is welcomed at VIP Lounge and proceeds to the Sunway Hotel Registration	Protocol Officers, NA
18:30-21:00	Welcome Dinner - Venue: Grand Mekong, Sunway Hotel - Dress code: Casual	Hosted by Hon. Dr. Pen Pannha, MP; Deputy Chair of CAPPD
Tuesday, 22nd January 2013		
06:00-07:30	Breakfast - Venue: Sun Café, Sunway Hotel	
07:40	Gather at the Lobby	
8:00-8:30	Courtesy call on H.E. Samdech Akka Moha Ponhea Chakrei Heng Samrin, President of the National Assembly - Venue: National Assembly Palace - Dress code: Lounge Suit/National Dress	Hon. Men Sam An, Deputy Prime Minister; Chair of CAPPD Hon. Dr. Pen Pannha, MP; Deputy Chair of CAPPD
	OPENING CEREMONY	
08:30-09:00	- Venue: Wat Phnom Room, Sunway Hotel	
	Remarks	Hon. Dr. Toshiko Abe, Parliamentary Vice-Minister for Foreign Affairs, Japan Read by H.E. Mr. Masafumi Kuroki, Ambassador Extraordinary and Plenipotentiary of Japan
	Remarks	Hon. Dr. Porapan Punyaratabhandhu, Senator of Thailand; Secretary-General of AFPPD
	Remarks	Hon. Men Sam An, Deputy Prime Minister; Chair of CAPPD
	Photo session	
09:00-09:15	Coffee Break	

Session 1: Best Practice/Lessons Learned for Population-Related Policies, Legislation and Programmes		
	Moderator	Hon. Chhit Kim Yeat, Vice Chair of Commission on Foreign Affairs, International Cooperation, Information and Media, Cambodia
09:15-10:00	*Integration of population issue into National Development Frameworks in Afghanistan*	Hon. Safi Kamal, MP, Afghanistan
	A Call for Greater Integration of Environmental Sustainability into the Appraisal of Human Development: Learnings from a Local Philippine Context	Hon. Linabelle Ruth R. Villarica, MP, Philippines
	Overview of Revised Malawi National Population Policy	Hon. Chibingu Paul Lackson Zacaria, MP, Chair for Health and population of Parliamentary Committee, Malawi
	Overview of Zambia's Population Issues	Hon. Vincent Mwale, MP, Zambia
10:00-10:25	*Lessons Learned on Maternal and Child Health*	Dr. Tung Rathavy, Director of the National Maternal and Child Health Center, Ministry of Health
10:25-10:50	*Achievement of Prevention and Combat Against the Spread of HIV/AIDS*	Mr. Hor Bunleng, Deputy Secretary General, National AIDS Authority (NAA)
10:50-11:15	*Promote Gender Equality and Women Empowerment*	Ms. Kim Siphat, Director General of Gender Equality and Economic Development, Ministry of Women Affairs (MoWA)
11:15-12:00	Questions and Answers	
12:00-13:30	Lunch - Venue: Sun Café, Sunway Hotel	
Session 2: Population Programme Implementation		
	Moderator	Hon. Ouk Damry, MP; Secretary-General of CAPPD
13:30-14:00	*Population Dynamics and Trends in Cambodia*	Dr. Marc G.L. Derveeuw, Representative, UNFPA Cambodia
14:00-14:30	*Midterm Review of National Strategic Development Plan (NSPD), Updated 2009-2013*	Mr. Poch Sovanndy, Deputy Director General of General Directorate of Planning, Ministry of Planning, Cambodia
14:30-15:00	Questions and Answers	
15:00-15:15	Coffee Break	
Session 3: Linking Policy and Advocacy on Population and Development		
	Moderator	Hon. Dr. Tissa Karalliyadda, Minister of Child Development and Women Affairs, Sri Lanka
15:15-15:35	*Cambodia National Population Policy Update 2011*	Mr. Poch Bunnak, Deputy Secretary- General, National Committee on Population and Development of the Council of Ministers

15:35-16:00	*Parliamentarians' Advocacy on Population and Development, CAPPD: Strategic Plan 2012-2017*	Hon. Ouk Damry, MP; Secretary-General of CAPPD
16:00-16:30	Questions and Answers	
Session 4: Emerging Population Issues		
	Moderator	Hon. Dr. Elioda Tumwesigye, MP, Uganda
16:30-16:50	*Ageing*	Mr. Chukmel Santepheap, Deputy-Director of National of Social Security Fund For Civil Servants, Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)
16:50-17:10	*Youth and Reproductive Health*	Dr. Soun Bophea, RHAC Youth Programme Manager
17:10-17:30	Questions and Answers	
18:30-20:00	Dinner - Venue: Sun Café, Sunway Hotel	
Wednesday, 23rd January 2013		
Study Visit to Pursat and Kampong Chhnang Provinces		
06:00	Breakfast - Venue: Sun Café, Sunway Hotel	
06:45	Gather at Lobby	
07:00	Departure to Pursat Province	
10:00-11:30	Visit Baskets, Mat, Silk, Cotton Handicraft Communities, Khnar Ansar Commune, Krakor district, Pursat (Samdech Yuos Pagoda gate)	Presentation by Hon. Em Ponna, MP, Chair of Bunrany Hun Sen Development Center, Pursat
11:30-12:00	Check in at Pursat Century Hotel	
12:00-14:00	Lunch - Venue: Mlob Svay Restaurant, Pursat City	
14:00-15:30	Visit Bunrany Hun Sen Development Center, Pursat	Presentation by Hon. Em Ponna, MP, Chair of Bunrany Hun Sen Development Center, Pursat
15:30-16:30	Visit Pursat Provincial Training Center	Presentation by Mr. Pum Chantha, Director of Pursat Provincial Training Center, Ministry of Labour and Vocational Training
16:30-18:00	Visit Sampao Island Other places recommended by Pursat Provincial Authority	CAPPD
18:30-21:30	Dinner - Venue: Mlob Svay Restaurant, Pursat City	
Thursday, 24th January 2013		
06:30	Gather at Lobby	
07:00	Breakfast (Mahaleap Restaurant) Departure to Kampong Chhnang Province	Accompanied by Hon. Keo Chanmony, MP, Kampong Chhnang Province

08:30-10:00	Visit Trapeang Chan Primary School - Status of Education of Kampong Chhnang Province	Mr. Pech Sambo, Director of Kampong Chhnang Provincial Education, Youth and Sport Department
10:00-11:30	Visit Trapeang Chan Health Center - Status of Health of Kampong Chhnang Province	Mr. Prak Vun, Director of Kampong Chhnang Provincial Health Department
12:00-14:00	Lunch - Venue: Monorom Restaurant, Kampong Chhnang City	
14:00-15:30	Visit CMAC Training Center in Kompong Chhnang Province	Mr. Chan Ratha, Deputy Secretary-General of CMAA Mr. Heng Ratana, Director General of CMAC
15:30	Proceed to Phnom Penh City	
18:30	Dinner at Sun Café, Sunway Hotel	
Friday, 25th January 2013		
07:00	Breakfast - Venue: Sun Café, Sunway Hotel	
Session 5: Examining the Role of Parliamentarians Based on the Findings from the Study Visit		
	Moderator	Hon. Dr. Nguyen Van Tien, MP, Vietnam, Vice-Chair of VAPPD; Vice-Chair of AFPPD
9:00-9:45	*Examining the Role of Parliamentarians Based on Findings from the Study Visit*	Hon. Shanta Ram Naik, MP, India Hon. Biraaro Ganshanga Ephraim, MP, Uganda
	Discussion	
Discussion on Draft Statement		
	Chair	Hon. Nidup Zangpo, MP, Bhutan
09:45-11:00		Rapporteur: Mr. Sopangna
11:00-11:20	Coffee Break	
Closing Session		
11:20-11:40	*Wrap Up*	Hon. Dr. Pen Pannha, MP; Deputy Chair of CAPPD
11:40-11:50	*Closing Remarks*	Hon. Kenya Akiba, Senior Vice- Minister of Health, Labour and Welfare; Deputy Executive Director of JPFP
12:00-13:30	Lunch - Venue: Sun Café, Sunway Hotel	
14:30-17:00	Visit National Museum	Protocol Officer, NA
18:30-21:00	Farewell Dinner - Venue: Grand Mekong, Sunway Hotel	Hosted by Hon. Men Sam An, Deputy Prime Minister; Chair of CAPPD
Saturday, 26th January 2013		
06:30-07:30	Breakfast - Venue: Sun Café, Sunway Hotel - Departure of Delegates	

Opening Ceremony

ORGANIZER'S ADDRESS

H.E. Dr. Toshiko Abe

Parliamentary Vice-Minister for Foreign Affairs, Japan
Read by H.E. Masafumi Kuroki,
Ambassador of Extraordinary and Plenipotentiary of the Embassy of Japan

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Regrettably, due to unexpected situation, Her Excellency Dr. Toshiko Abe, Parliamentary Vice-Minister for Foreign Affairs of Japan is unable to attend this meeting. Accordingly, on behalf of Her Excellency, I would like to read her opening remarks.

It is a great pleasure and honour to offer the opening remarks on behalf of the Government of Japan.

I would like to welcome the holding of this meeting on population issues, to which Japan attaches the greatest importance. Japan funded this project through the "Japan Trust Fund for Supporting Inter-country NGO Activities" established within UNFPA. May I take this opportunity to express our heartfelt gratitude to those who helped make this project possible, especially the co-host Cambodian Association of Parliamentarians for Population and Development (CAPPD), and the Asian Population and Development Association (APDA).

Japan has been exerting every effort to promote "human security", which aims at the realization of a society where people can live in dignity, enjoy freedom from fear and want, and fully develop their innate potential. In a world of seven billion people, it has become ever more challenging to tackle issues such as poverty, food security, energy security, the environment and employment. We need to find a means to enable people to live in dignity, while achieving sustainable development without exceeding the Earth's finite capacity.

As population issues are closely linked to many global challenges such as poverty, energy and the environment, sustainable development cannot be achieved without tackling them. Likewise, the Millennium Development Goals (MDGs) cannot be achieved without proper attention to population issues.

Today, over 75% of the world's population lives in Asia and Africa. Asia will remain the most populous region of the world during the 21st century, but Africa will gain ground as its population more than triples, passing from one billion in 2011 to 3.6 billion in 2100.

At the same time, the ageing of the population will accelerate in both regions; in fact, 24% of the Asian population and 10% of the African population will be 60 years and over by 2050. Therefore, it is not too much to say that demographic trends in these two regions will have a decisive impact on the world's future.

Population issues will require a sustainable and long-term response at national, regional and global levels, where parliamentarians, as representatives of

their people, can play a vital role. I would like to commend each one of you who are here today for your personal dedication and leadership in tackling these issues.

Finally, allow me to conclude by expressing my hope that this project will be an important milestone in stepping up global efforts to effectively address the challenges associated with rapidly rising populations.

Thank you very much for your attention.

ADDRESS

Hon. Dr. Porapan Punyaratabhandhu

Senator; Secretary-General of AFPPD

Thailand

On behalf of the Asian Forum of Parliamentarians on Population and Development (AFPPD), an organization that works closely with the Asian Population and Development Association (APDA) on networking and advocacy, especially in Asian and the Pacific regions, on the importance of population issues on country and regional development, I am honored and pleased to be here today for this important meeting.

All of us realized that the world is changing rapidly. Now, we live in a world with a population of seven billion, facing the consequences of the increasing world population on resources such as depletion or maldistribution of natural resources including water, food, energy and forestry.

There are health consequences, as well as social and economic impacts, due to the increasing number of the ageing population and the declining proportion of the working age population in some countries. We also see problems of teenage pregnancy which is now rapidly observed in some parts of the world. In Thailand, for example, health inequity still exists along with poverty and violence against women and children. Environmental problems such as pollution and toxic waste are detrimental to human health.

All these problems that have arisen need to be tackled at the policy and administrative levels by means of policy-making, legislation and effective laws, monitoring and oversight. Therefore, the capacity building of parliamentarians regarding population issues is crucial to integrate this issue into the national development frameworks and achieve an effective implementation.

I am confident that this meeting will give fruitful results with strong collaboration and cooperation among each of our countries, with the support from UNFPA and other UN agencies. Population and development issues will surely be recognized and integrated into our national development frameworks in the very near future.

Thank you very much.

OPENING ADDRESS

H.E. Men Sam An

Deputy Prime Minister; Chair of CAPPD
Cambodia

First of all, on behalf of the Cambodian Association of Parliamentarians for Population and Development (CAPPD), and the People of Cambodia, I would like to express my warm welcome to all honorable parliamentarians from countries in Asia and Africa and distinguished guests for their participation in the "Asian and African Parliamentarians' Capacity Development on the Integration of Population Issues into National Development Frameworks" in the beautiful and marvelous land of Angkor in this morning.

I am taking this auspicious occasion to express my deepest gratitude to the Japan Parliamentarians Federation for Population (JPFP) and the United Nations Population Fund (UNFPA) for their support in the establishment of the CAPPD. Your presence here as representatives of countries of Asia and Africa is significant to further strengthen unity and commitment in working together to achieve the International Agenda objectives including the Programme of Action (PoA) of the International Conference on Population and Development (ICPD) and Millennium Development Goals (MDGs), and to continue to strengthen the role of parliamentarians after 2015.

The World Population may increase up to 7.1 billion in 2013. This includes the rapid growth of the younger population and a high birth rate. This growth has two meanings: "The Growth of Competition and Challenges" and "The Opportunity for the Planet".

This growth rate affects maternal health, child mortality rate, poverty, demand of natural resources, migration, urbanization, education, human resources development, sanitation, gender equality, climate change, erosion of the ozone layer and other relevant issues. High growth rate of population is either directly or indirectly related to political, economic, social and environmental matters that require us to work together not only at the country level, but also at regional and global levels as a collective response. To address this, the integration of population issues into National Development Plans (NDPs) is an urgent and necessary agenda item that requires vital thought and action to be taken.

It is up to Your Excellencies, as representatives who are engaging in population issues, to make this happen. To succeed in the integration of population issues into NDPs, we are working in three contexts: (1) the effects of an increasing population on politics, economy, social affairs and the environment; (2) countries require support from each other through international development assistance; and (3) aid needs to be used effectively.

This conference aims to enhance the capacity building of parliamentarians from developing countries through exchange of knowledge, information, and experiences so that they can build their competence in carrying out their broad activities.

Particularly, the Royal Government of Cambodia regards the population and development issue as a priority and has incorporated this into its NDP. Through the effort of the government, much remarkable progress has been made so far. Since Cambodia developed its National Population Plan, it has conducted two censuses in 1998 and 2008. In the period between the censuses, we undertook the survey on health that provided data to improve the society and implement the MDGs.

In accordance with the trend, Cambodia was able to achieve its commitment to the ICPD and the MDGs. Those achievements have been translated into rapid economic growth and employment opportunities, which importantly and gradually contributed to the population's poverty reduction by 1% annually. At the same time, the mortality rate of children below 5 years old decreased to 54 per 1000 live births in 2012, and the maternal mortality rate decreased to 206 per 100,000 live births in 2012. The net admission rate of primary education increased to 97% in 2012. Also, Cambodia has been among the successful countries in preventing and controlling HIV/AIDS.

Cambodia has also endeavored to achieve various goals in population and development, aiming to enhance the quality of lives of the people toward prosperity. Obviously, this success was attributed to various development actors, particularly development partners. Contribution by development partners in various development programmes and projects clearly reflects the spirit of unity to support the people living in the developing countries. The assistance also contributes to the population's health promotion and poverty reduction toward sustainable and equal development.

With regard to transparency and accountability, the Royal Government of Cambodia is highly concerned with the effective use and management of aid. Indeed, the Royal Government of Cambodia adheres to the five principles of the Paris Declaration on Effective Use of Aid. Referring to the Paris Declaration, recipient countries and donor countries or institutions have the same responsibility to ensure the effective use of aid.

With the presence of representatives of development partners, I would like to highlight that development is the process itself; and to achieve sustainable and effective development requires fair and equitable participation from all development actors. In addition, to accomplish effective and sustainable development, the policy shall be developed based on the culture and society of the targeted areas of the countries, in addition to paying attention to policy development stated in the objectives and expected output.

Today, the Meeting is another fruitful result of such cooperation between development actors, including JPFP, APDA, UNFPA and CAPPD. Our cooperation is in accordance with the

five principles of the Paris Declaration on Aid Effectiveness.

I believe that Your Excellencies and all honorable distinguished guests are attending today's meeting with a strong will and common commitment to work together in strengthening effectiveness of development assistance and in dealing with all challenges facing the global population and our planet. Our effort not only helps our generation but also ensures a healthy planet for our young generation.

Once again, let me express my profound gratitude for the presence of Your Excellencies from Asia and Africa. I highly appreciate the effort in organizing this meeting and the study visit. Hopefully the meeting and the study visit will achieve the objectives as expected.

In conclusion, I wish all participants good health and hope you will enjoy your stay and fulfill your mission successfully in Cambodia, the Kingdom of Wonder.

Thank you.

Session 1
Best Practice / Lessons Learned For Population-Related Policies, Legislation and Programmes

"Integration of population issue into National Development frameworks in Afghanistan"

Hon. Safi Kamal, MP
Afghanistan

Curriculum Vitae

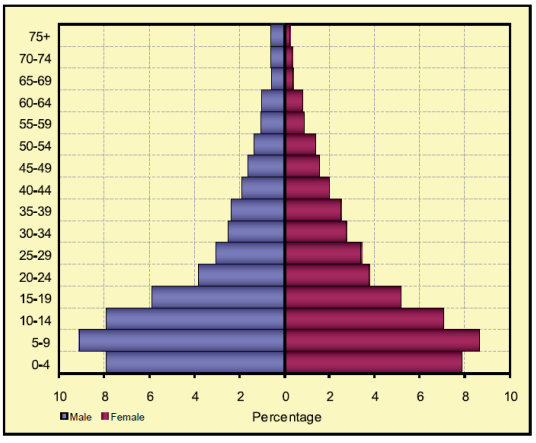
Hon. Safi Kamal holds a degree in Management and Leadership Skills from UNITAR, Hiroshima Office for Asia and the Pacific in Japan. He was team leader in a refugee project of the United Nations and the International Organizations in Pakistan, and a Managing Director of the local Afghanistan's NGOs, working in such sectors as education, development, gender, population, rights, DDR and others. Since 2010, he is a Member of Parliament and Executive Secretary of the Budget and Finance Committee.

I will discuss in my presentation the integration of population issues into the international framework in Afghanistan, and will highlight three topics in my presentation: Afghanistan population growth, reproductive health and gender equality.

First, I would like to move to Afghanistan population growth. Unfortunately, we are still in conflict, so lack of up-to-date and accurate data impedes the analysis of the real situation in the country. Last population census was carried out in 1979 and covered only two-thirds of the country. The government's population estimate is still based on the 1979 population census and survey. A household survey was carried out by the World Bank and WHO in 2003-2005 in which WHO estimated that the population of Afghanistan wass 32 million while the World Bank estimated this to be 35 million.

Estimated population growth rate is 2.03% per year, the highest among the South Central Asian countries. Life expectancy at birth for men is 49 years and for women 49 years (the State of the World Population 2012). High growth rate is mainly due to high TFR of more than 5 children per woman. Afghanistan is in the top 10 countries with high Total Fertility Rate (TFR) among 200 countries around the world.

In Afghanistan, a woman on average has five children while countries like Pakistan have 3; Tajikistan, 2.8; and Iran, 1.9. We are the highest among the Asian countries.



The Population pyramid looks like the following graph. The red section represents the female and the blue section represents the male portion of the population. From birth to 4 years, it is almost 7.9 %, 8.5 % from 5-9 years, and 7.9 % from 10-14 years. We will be almost 65 million people in 2050 if we continue at the current rate. The trend shows that the population of Afghanistan will double from its current (2012) population estimate of 29 million (UN) anytime during the period 2040-2045. It is also expected to reach 83 million people in 2090, assuming that the population growth rate will slow down starting in 2020.

Maternal mortality is caused by three levels of delays:

- Delay at the family/community level
- Delay in transportation from home to health facilities
- Delay in receiving quality care at health facility

Delay at the family/community level includes lack of awareness of danger signs, misconceptions, low status of women, and non-affordability of the basic healthcare. Delays in transportation and in receiving quality care were worsened because of the five-year war in the Afghanistan. Delay in transportation from home to health facilities includes poor access, high transportation costs, and considerable distance to nearest lifesaving Emergency Obstetric Care facility.

Delay in receiving quality care at health facilities is caused by the shortage of human resources, medication, equipment and poor quality of care. We are in high shortage of female health workers in the remote areas. The transportation sector is almost equal to zero in remote areas. For the medication, we do not produce any medicine inside the country and we get it from neighboring countries. We also have no quality control at the borders. So another major obstacle in this field is the shortage of quality medication, and that is why we suffer badly.

Who are among Afghanistan women the most at risk of dying from pregnancy and childbirth? According to my study, there are four categories of women: girls who are married early; women living in remote area with limited access to emergency and obstetric care; women in low income groups with malnutrition and high fertility; and women with no education.

Causes of death among children under 5 years

The highest cause is acute inspiratory infection. It is followed by other serious infections, perinatal-related disorder, injury, other conditions, diarrhea, pre-term/low birth weight, malnutrition, congenital abnormality, measles, tetanus, other unidentified causes and birth asphyxia.

The surveys which have been carried out in Afghanistan during these 10 years, when President Hamid Karzai came into rule, showed that with regard to mortality in children under 5, 257 out of 1000 cases were reported in 2002; 191 cases in 2006; 161 cases in 2008; 97 cases in 2010; and 102 cases in 2011. For infant mortality, 163 out of 1000 cases were reported in 2002; 129 cases in 2006. For the National Risk and Vulnerability Assessment conducted in 2008, 111 cases out of 1000 cases were reported; 77 cases in 2010, and in 2011, 74 out of 1000 cases.

Reasons for not seeking healthcare

This survey has been carried out in different regions, so the factors vary from

region to region. In some of the regions, 50% of people surveyed identified reasons for not seeking healthcare to be “lack of money”, 49% mentioning facilities to be “too far”, and 48% mentioning “transportation problems”. Even 41% considered it “not necessary”. Most of the serious problems are considered customary as we are living in a customary and traditional society.

Nutrition

Almost one-third of children under age 5 in Afghanistan are moderately or severely underweight (31%); 55% of children are moderately or severely stunted or too short for their age; anemia prevalence among non-pregnant women is 21% and 16% among pregnant women.

Progress in Health during past 10 years: 48% of children are fully vaccinated against polio. This is what we have achieved in the past 10 years during the recovery of the war. Still we have not fully recovered. Also, 56% of the children are vaccinated against measles; 6 in 10 women received ANC from skilled providers. But less than one-fifth received care during the first trimester or made the number of recommended visits.

Only one-third of births were attended by skilled birth attendants (SBA); 48% of women received antenatal care at least once during the pregnancy. This is part of the data of the Ministry of Health. The Ministry of Health’s numbers areusually very high, as they mainly refer to the situation in the urban areas; whilst in rural areas, you have nobody to provide such services.

One-sixth of mothers received antenatal care at least four times. 39% of women delivered with skilled personnel (doctors, nurses, midwives or auxiliary midwives) present, but this is not the case in rural areas. 59% percent of last births were protected against neonatal tetanus.

Substantial investment must be maintained to safeguard these hard-won gains. Lack of health facility buildings and lack of reliable data are the challenges we are facing currently. In order to enhance reproductive health in Afghanistan, we need to raise awareness in education. First of all, people do not consider these to be serious issues, and this is particularly with women. There is a great need of awareness in education in both male and female. We also need political will and commitment, dialogue with legislators and all members of the parliament, dialogue with traditional and national leaders, as well as strategies.

First of all, we should collect and analyze the real and actual data, background information, execute evidence-based advocacy with policy makers, in partnership with UNFPA, UNICEF, WHO and the World Bank for the H4+ (Health Four Plus), a joint effort by United Nations and related agencies, to mobilize resources, and strengthen monitoring and reporting.

Now I am going to explain conditions in the area of gender and equality. What we have right now is that current marriages are influenced and forced by parents, guardians or families. The majority of early marriage is forced marriage. According to the Afghanistan Independent Human Rights Commission, around 60-80% of all marriages in Afghanistan are forced. It means that it is happening outside the will of the girls and boys. In the traditional society, only the families, guardians and parents meet their prospective son-in-law

or daughter-in-law and then decide on whether marriage will take place. So we call it forced marriage.

26% of mothers die due to obstructed labour and there are many reported cases of obstetric fistula with most cases of early pregnancy. This is due to the socio-cultural, socio-economic aspects, educational level, remoteness and lack of access to facilities, traditional, political and security reasons that reinforce the situations in Afghanistan.

In Afghanistan child marriage is a harsh reality for too many young women. More than 46% of Afghan women are married before the age of 18 and more than 15% before the age of 15 according to the Afghanistan Multiple Indicator Cluster Survey 2010/2011. 10% of women aged 15-19 have already experienced giving birth, 4% are pregnant with their first child, 14% begin childbearing and nearly 2% have had a live birth before the age of 15. A quarter of women aged 20-24 years have already had a live birth before reaching the age of 18.
To set up the policy programme, we are trying to involve the Minister of Labour and Social Affairs, Minister of Public Health and Minister of Haj and Religious affairs, which is really important.

We live in a very traditional and religious society, so our mullahs have a very important role. The Minister of Women Affairs, Minister of Interior Affairs, Minister of Justice have the following working areas: protection of children from sexual exploitation and sexual abuse, integrate child marriages awareness into gender packages, increase awareness through religious leaders, school teachers, and their communication channels, and integrate activities focused on tackling these issues in women affairs services and programmes.

Thank you for your attention.

" A Call for Greater Integration of Environmental Sustainability into the Appraisal of Human Development: Learnings from a Local Philippine Context"

Hon. Linabelle Ruth R. Villarica, MP
Philippines

Curriculum Vitae

Hon. Linabelle Ruth R. Villarica was a former Executive Vice-President and Treasurer of the nationally well-known Villarica Pawnshop, Inc., which now has a chain of over 460 branches throughout the Philippines. She has memberships in the representative bodies of the organization Central Luzon Bloc Treasurer, and the Association of the Women Legislator Foundation. Hon. Linabelle Ruth R. Villarica is representative of the 4th District of Bulacan, also called LV by her constituents, and is a strong advocate in fighting for fundamental equality of women and the environment.

On screen meet my compatriot, Rosalie Cabenan. In her own way, she has become a convincing advocate to younger women of our historic Responsible Parenthood and Reproductive Health Act that became effective only on 17 January this year. Her story recently hit our major dailies and some international online news.

So what is it about Rosalie? You could say that for half of her productive life, she had been reproductive. Now 48 years old, she had her first child when she was 14, and since then, she has given birth 22 times. She lives in a squatter colony, and is troubled by untreated gallstones and constant fatigue due to her yearly pregnancies. But it is saddest to hear her say, "We only wanted three children. But they kept coming and coming. Sometimes I do not know what to do and just cry, especially when my children fight".

Too late for her, but Rosalie has become our poster girl for the new law. She is a poignant reminder that "Development is about expanding the choices people have to lead lives that they value". But I would also like to call to mind in this presentation today that now more than at any other time, our choices and windows of opportunity are constricting to a narrow portal. And the most vulnerable among us are the first to be affected.

My presentation this morning calls for Greater Integration of Environmental Sustainability in Appraising Human

Development. This is based on my leanings from a local context as representative of a Congressional District in the Province of Bulacan in the Philippines.

When we talk about Major Human Development Indicators, we normally cover these grounds:

(1) longevity as measured by life expectancy at birth;
(2) educational attainment as measured by a combination of adult literacy (2/3 weight) and combined primary, secondary and tertiary enrollment (1/3 weight); and
(3) standard of living.

Hence, the Human Development Index (HDI) is the normal measure of the following: life expectancy, literacy, education, standard of living, and GDP per capita for countries worldwide. It is a standard means of measuring well-being, especially child welfare.

There you see a picture of a child. She lived right along the street in my neighborhood in Bulacan. The headline underneath says, “Child dies after eating corn dipped in flood waters”. Climate change has brought us unprecedented storms and floods like Typhoon *Ondoy* also known as Typhoon *Ketsana* in 2009.

Even heavy monsoon rains in last August 2012 raised the water levels and therefore the hazard to life and health. I am sure these scenes you see on the screen from my district resonate with many from Southeast Asia, and now also in other parts of the world. Disasters are a rude wake up call. After this nameless southwest monsoon, our President Benigno Aquino, III called for a comprehensive master plan for all major river systems in the Philippines. I believe that now, more than ever, Environmental Sustainability, should be understood and measured as integral to Human Development.

Our Responsible Parenthood and Reproductive Act took effect after 14 years of languishing in our parliament. The implementation of its rules and regulations, I hope, will be released very soon. I was one of those who voted yes for the passage of this law. But one recurring argument by legislators opposed to it was that they came from a brood of 8, 12 or more children. Nonetheless, they all turned out all right; therefore, they say, family size and poverty did not go together. But what they failed to take into account – and it is a fatal flaw - is that 60 or 50 years ago, the environment they grew in was a world apart from what we have now.

Prenza Dam in my district was built in 1825 by Dominican priests to irrigate the adjacent rice fields. My husband boasts that in its clear waters, is where he learned to swim. My best friend and the rest of her brothers and sisters were put through college by her father who was a mere farmhand in the once thriving fish farms of Meycauayan, my home city.

Nowadays, you can see for yourself how polluted the river is. The New York-based environmental watchdog, Blacksmith Institute, included it as part of its list of "The World's Worst Polluted Places" for 2007. I will not delve into the multiple-organ failure of this river system that once gave us life. But I do not think anyone will contend that where you have people, you have waste.

Waste in the river uses up the oxygen in the waters to decompose. The yellow pacman gobbling the life out of our river system is domestic waste aggravated by the lack of wastewater treatment facilities. We will have to spend 10.2 Billion pesos in the next 10 years for our waters to get a Class C rating – where it can sustain aquatic life.

Isn't 10.2 Billion Pesos a lot of money? You bet. But a study by the United States Agency for International Development (USAID) showed that the Philippines actually loses 78 Billion Pesos every year from human wastes due to lack of proper sewage treatment and septage management. It is definitely about investing in an economically developed and ecologically sound future.

Fortunately, during the budget hearings for 2011 in Congress, Secretary Ramon Paje of the Department of Environment and Natural Resources, agreed with me and released the funds for the initial phase of putting up pilot sewage treatment facilities. We had a ground-breaking ceremony and this is now operational. I continue to push for the inclusion of the rehabilitation of our River System into the national budget.

Let me just take up one more population-related issue in relation now to flood control. Based on our recently-developed Flood Control Master Plan, in which our river system is made a high-priority area, improvement works to mitigate flooding in our river system alone includes the relocation of 35,320 people from our waterways. For the other 11 priority projects identified nationwide, it entails relocating a total of over three quarters of a million people out of harm's way. It is projected that by 2040, the Philippine's population would reach over 140 million based on the 2000 Census. Now, we are approximately at 95 million.

Around this period, according to the 4th Assessment Report of the Intergovernmental Panel on Climate Change (IPCC) in 2007, the resilience of many ecosystems (or their ability to adapt naturally) is likely to be exceeded by an unprecedented combination of change in climate, associated disturbances like flooding, and other global change drivers like land-use change, pollution, and overexploitation of resources.

Environmental Sustainability cannot afford to be peripheral in Human Development. It is integral and asks the hard but responsible question of: "How do my activities and the sector where I belong to contribute to the degradation of the environment?" Only then can pollution turn into solution, and empowerment save the environment.

In the Philippines, we are furiously painting a picture of the future we like with the Responsible Parenthood and Reproductive Health Act of 2012. It follows in the heels of our landmark Climate Change Act of 2009, which created the Climate Change Commission that mainstreams climate change into our national governance.

There is also the Sin Tax Reform Law which raises tax on "sin" products like alcohol and tobacco to beef up funds for the expansion of Philippine Health Insurance. A poisoned environment makes itself felt in the health of our people, with cancer remaining in the Top 3 causes of mortality. People of little means do not even go to our rural health centers until it is too late. It is time for a turnaround, time for a holistic human development that integrates environmental sustainability.

In my country, the leading lights on improving the environment are women. Environmental activist Irene Dankelman noticed that women have "a holistic vision — linking issues such as health and ecology, peace and environment, and human rights and sustainable livelihoods, thereby bridging different spheres of life". In other words, as a woman, what is crippling my environment compels me to turn things around for the sake of what I value most — the well-being of my family and the integrity of my community. In this sense, it is about us making sure that our children get to live their dream.

Thank you.

"Overview of Revised Malawi National Population Policy"

Hon. Chibingu Paul Lackson Zacaria, MP
Chair for Health and Population of Parliamentary Committee, Malawi

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Curriculum Vitae

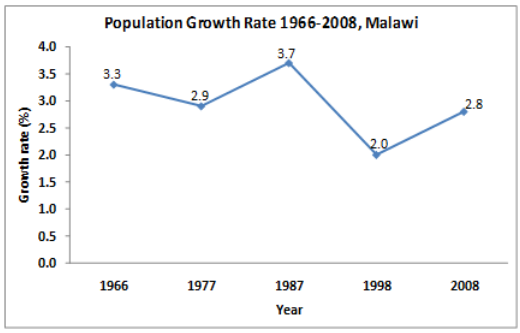
Graduated with an advanced Diploma in Clinical Medicine in 1987, he worked with government hospitals for 12 years as a Clinician and worked with Christian Hospitals for 3 years. Since 2002 he runs his own hospital, which has 45 beds and 63 employees. He became a Member of Parliament in 2009 and is Chair of the Parliamentary Committee on Health and Population, and Member of the Legal Affairs Committee of Parliament.

Someone asks me where Malawi is? So, I will briefly tell you where Malawi is. Malawi is a country which is located in Southeast Africa and is surrounded by three countries. On the western part is Zambia, the southern part is Mozambique and the eastern part is Tanzania.

Malawi is known as the warm heart of Africa. It has a very beautiful lake and the beach with very good sand. You can come one day, and the tallest mountain "Mulanje" is located there which most of people like to go to anytime.

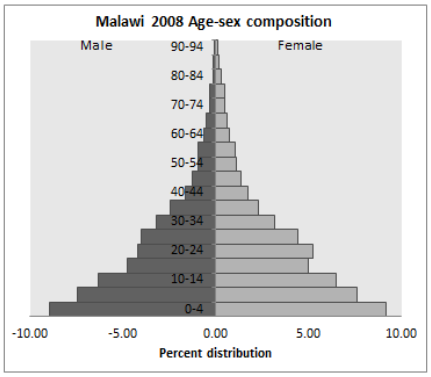
My presentation will be based on key population indicators and the national policy. Malawi is a small country, and we attained independence in 1964. Since 1964, Malawi experienced a rapid population growth within a short period, which triggered us to seriously look into the topic of population policy.

In 1966 when we had the first census, the population was only 4 million. For the last census in 2008, we had 13.1 million, and we are estimating that this time, it is around 14.8 million.



And the graph shows the population growth rate from 1966 to today. Today this number is slightly better because of some interventions. We have a growth rate of 2.8%, but it used to be 3.3%. Malawi has three major regions: the northern region, the central region as well as the southern region. For the regional distribution of all population, the northern region is smaller, which holds 13% of our population. The central region is bigger but holds about 42% of the population, and the southern region holds 45%. In the southern region, there are many industries and people actually move there for employment sake.

The capital and largest city Lilongwe holds 9% of the population and is followed by Mangochi, which is along the lake of Malawi. In Lilongwe, the population is increasing because of industrial growth, and people are putting down companies and factories. So people are migrating from the rural area into that city. For this reason Lilongwe is experiencing a high growth rate. Mwanza is a small district where I come from which lies in the southern part of the country. It also has a high growth rate at 4.1% where people migrate to in search of cultivation opportunities.



Malawi, in 2008, had a good age pyramid. You can see that for the age group of 0-4 we have a very good population structure. But at the age of 90-94, the group becomes very small. Children below 5 years constitute about 22% of the population, while children below 15 years 45.9%. This is worrying because this group of people is going to increase while there are no measures or policies to prepare for this increase. The persons aged 65 years and older only comprise 3.8%. The median age is 18 years, while the population aged 18 and above involves 48%.

With regard to the population distribution according to population groups, from 1998 to 2008, those who are aged 0-14 comprise 43.7% and those of the age of 15-64 52.4% in 1998. Most of the population in Malawi lives in rural places. In 1987, only 11% of the population lives in urban areas. So, our major worry is that most of these people depend only upon farming. Where are they going to cultivate if the population is rapidly increasing and no measures or policies to help farmers will be set up?

In 1998, people living in the urban areas increased by 14% because of increased levels of education andwere looking for jobs. At this time we are at 15.3%. Still, the majority still lives in the rural places. Urban population is growing rapidly and urban/city growth rate of Lilongwe is 4.3%, Mzuzu (northern part) 4%, Zomba (southern part) 2.9%, and Blantyre (central part) 2.8%.

Most of the people in these urban areas are familiar with family planning policies and they can access family planning methods through buying contraceptives from the private hospitals while in the rural places, they say it is too difficult to access. Malawi is a country with prevalence rate of family planning at 46%, but it is true we have a very huge number of unmet needs at 26%.

Population density: population per square kilometer. In 1998, for the total country, we had 105/km^2. The northern part is at 46/km^2; the central part is at 114/km^2; and the southern part is at 146/km^2. Malawi has a total land area of 94,276 km^2, and Likoma Island surrounded by Lake Malawi has the highest density at 580 persons/km^2 while Rumphi district in the northern part has 35 persons/km^2.

Coming to our fertility, I will discuss the total fertility rate (TFR) from 1977 to 2010. In 1977, there were about 8 children per family, but this time we have 5.7 children

per family. Still it is regarded as high. Urban total fertility rate is 4.6, while the rural total fertility rate is 6.3. That is obvious and that is because those who are living in the urban have good access to family planning means. They can buy contraceptives from private hospitals. In rural places, they do not have many alternative forms of entertainment. They go to bed early. So, there is no time for birth spacing and they hardly get contraceptives from medical centers.

Talking about infant and child mortality rates, in 1992, child mortality rate was 234 children per 1,000, which was very high. The infant mortality rate was 134 per 1,000. This time, with the government interventions of introducing clinics and family planning policies, at least for the child mortality rate, we are now at 112. For the infant mortality rates, we had 66 comparing to 134 in 1992, but still the government regards this as a very high figure.

Maternal mortality rate is one of the big issues that Malawi has to address. We had 1120 per 100,000 in 2000, but we have come down to 675 in 2010. Regarding this, the president has also put a muscle on this by coming with the Safe Motherhood initiative, trying to address some of the challenges which have been causing the high maternal mortality rate. Our aim is to come down to 150. We should put much effort to achieve this.

The lower number of maternal mortality is due to the increased number of health centers. Most of the mothers deliver babies in their houses in the rural areas. Currently, traditional methods are not allowed because this is one of the reasons contributing to high maternal mortality rate. We are trying to have more clinics where mothers can deliver their babies. The government through the presidential initiative is now constructing waiting homes for the pregnant mothers.

Relating to life expectancy, we are currently at 47. In 2008 we had 51 for females and 48 for males. We find that many mothers are getting pregnant while they are HIV positive. A lot of interventions should be taken on HIV to prevent this. Now it negatively affects the life expectancy of men, decreasing to 45.5 and that of women to 47.8 in rural areas.

Thank you.

"Overview of Zambia's Population Issues"

Hon. Vincent Mwale, MP
Zambia

Curriculum Vitae

Hon. Vincent Mwale was re-elected for the second term and is a member of the Zambia all-Party Parliamentary Group on Population and Development (ZAPPD) Public Accounts Committee. Previously, he worked as a Programme Officer for the Planned Parenthood Association of Zambia for 4 years. He is a diploma holder in Planning and Management from the University of Zambia.

First of all, I want to start by thanking the organizers of this forum for inviting me to be part of this. We really do appreciate the fact that we are here to share these practices with people from Asian and African countries.

I will just give you a brief background about Zambia. Zambia, according to the 2010 census, has a population of 13 million people and has mostly a young population. Our population trend has proved to double every 20 years. I guarantee you that in 20 years from now it should be 26 million which is a worrying factor. Maternal mortality rate is 591 per 100,000 live births and more than 80% of the population lives in poverty. HIV/AIDS is at 16% of the population.

I have come up with a list of the main population issues. Poverty is the major issues of all of them, unemployment, gender issues, HIV/AIDS, maternal health, water sanitation, family planning, food security, low literacy rate in rural areas, especially among women, and climate change. And there are many more population issues besides these mentioned, but this is just a short list. You can see that these issues are actually interlinked which are crosscutting. One has direct impact on the others.

Now, how we can address these population issues? We have a document known as Vision 2030 that we have created to respond to these population issues. We hope that by 2030 we will be able to be free of poverty and have family planning access for all women, especially young people. At the moment, it is a real issue that they do not have access to family planning measures and therefore, they have a lot of unwanted or unplanned pregnancies. Then we want to make sure that everybody has food on their tables by 2030. So, our Vision 2030 document is really aimed at addressing all these population issues.

We also have the 6th National Development Plan that should discuss how to approach and tackle these population issues for the next five years. It also tries to address in details where we need water; where we need rural health

centers; exactly where we want what services provided to our people.
We also have, of course, broadly agreed-upon development goals and MDGs that also inspired us to respond to these development goals. I am afraid that we are not doing very well in meeting them, but I know that maybe by 2015 we are able to meet the MDGs on education and MDGs on water and sanitation. I am not sure whether we will be able to meet the other MDGs by 2015, but we are really working hard to achieve them.

We also try to address some of these issues in our budgeting process. Each year when we pass our budget, most of the funds go to health so that we can address maternal mortality, infant mortality, family planning and all those issues that relate to health. For example, this year we plan to construct 600 rural health centers. These rural health centers, we believe, will be able to address the issue of maternal mortality and provision of Sexual Reproductive Health (SRH) services to our young people in the country. If our budget really is achieved this year, then we know that we have moved a milestone in terms of addressing maternal mortality.

The maternal mortality rate in our country is high because women do not have access to any primary healthcare. They really have to travel long distances to find professionals who can help them deliver. Young people cannot find RH services because clinics are far apart and there are no trained people to address this issue to them. So the budget is trying to address some of these issues in our medium term expenditure framework. The aim is to look at how our budget should be for the next three years. These are some of the issues that really guide us on how we can respond to the population issues.

We also have developed an implementation plan of our population policy. We know what the population and the sustainable growth rate should be at, and also how sustainable the fertility rate should be. We really know what numbers we would like to achieve, and now we have developed the plan to implement the population policy.

In most cases, we have established good policies such as gender policy, population policy, environment policy, but details were lacking on how to implement them. Now, we have developed clear guidelines on how to implement a population policy that tries to address the key issues that we have.

At the moment, our population is growing at a higher rate than the economic growth rate. The economic growth is slow but the population growth rate is high, which is unbalanced. This problem has persisted for some time but we are putting every effort to tackle this.

SRH policy, gender policy and HIV/AIDS policy should guide us to monitor and provide oversight over all sectors and the key people that implement these population measures. But we do not have a clear overview and do not know how many jobs we are creating at the moment. We do not know how many water pipes we have put up to address water sanitation issues. We do not know how many people are being displaced by climate change. We do not really have proper information-sharing and communication systems and platforms in place, so it is difficult for us to plan to address all those issues. As a parliament, we are pushing hard and we have our

central statistics office trying to come up with accurate data.

Also, we are very slow in decentralizing our power. We need to devote power to local authorities so that they can address real issues at the local level. At this moment, the central government responds to all issues throughout the nation. We believe that decentralization will help address issues at the local level more effectively. We really want to see improvement, but the current pace of decentralization is slow.

These are the key population issues I wanted to highlight and present how we are trying to integrate them into our national development framework.

Thank you.

"Cambodia: Lessons Learned on Maternal and Child Health"

Dr. Tung Rathavy

Director of the National Maternal and Child Health Center, Ministry of Health, Cambodia

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Curriculum Vitae

Dr. Tung Rathavy is a medical doctor of general medicine at People's Friendship University. She studied at the Faculty of Medicine in Moscow, Russia. Dr. Tung Rathavy holds a Master of Public Health, Reproductive Health majority of Mahidol University in Bangkok, Thailand. She used be a medical doctor of obstetric/gynecological ward at the National Maternal and Child Health Center (NMCHC) at NMCHC Hospital, a Baby-friendly Coordinator, Member of the Technical Working Group (TWG) for National Birth Spacing Programme, Deputy Manager for the National Reproductive Health Programme, Deputy Director of the NMCHC and Programme Manager for the National Reproductive Health Programme.

Since January 2012, she is Director of NMCHC.

Please allow me to brief you on some situations of maternal and child health in Cambodia and lesson learned from this. I will present two topics. First, I would like to share with you the achievements toward Cambodia Millennium Development Goals (CMDGs), especially Goals 4 and 5.The second one is lessons learned on maternal and child health.

Cambodia had a population growth from 11 million to 13 million in 2008 with an annual growth rate of 2.5 in 1998 and 1.54 in 2008. Like the countries of Afghanistan, Malawi, or Zambia, we have the same problems with maternal and child health. However, with our efforts, Cambodia is on the right track and right path towards achieving our MDGs, especially MDG4 and 5. MDG6 will also be achieved, but I will let my colleague from the National AIDS Authority elaborate more on this in his presentation later on.

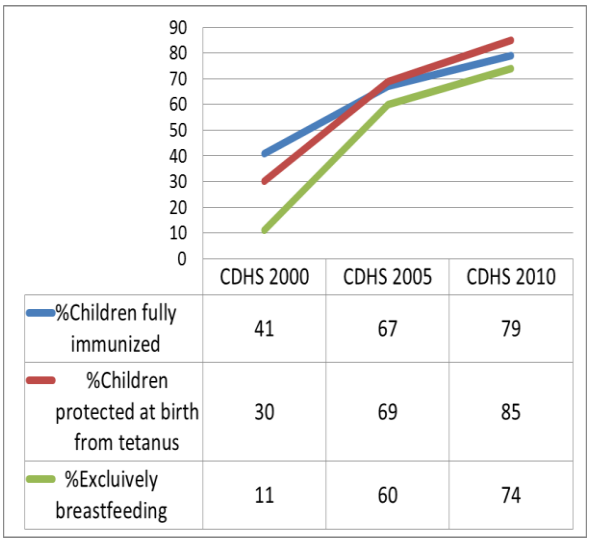
We also see remarkable progress on the key health indicators related to child mortality and maternal mortality between the year 2000 and 2010. As you may know, MDG4 focuses on reducing child mortality and this is just to show you some data from the Cambodia demographic and health survey that we conducted three times in Cambodia.

First, it was conducted in the year 2000, the second one in 2005 and the last one in in 2010. As to the infant mortality rate, this was reduced from 95 per 1,000 live births in the year 2000 to 45 per 1,000 live births in the year 2010. The target of 2015 is 50 per 1,000 live births. That means we already achieved and surpassed the target. The under-five child mortality rate was reduced from 124 in the year 2000 to 54 in the year 2010, and our target is 65 per 1,000 live births.

I am very pleased that Cambodia received the certificate for polio-free status in the year 2000 and now we are in the state of maintaining our status from 2001 up to right now. Also, since 2012, our country is free of measles. No measles case has occurred anymore in the year 2012 and we hope that this status will continue and we will get the certificate for being measles-free this year.

Let me share with you some data from the Cambodia Demographic and Health Survey (CDHS), which was conducted in our country as I mentioned earlier. The first line, the blue line, represents the percentage of children fully immunized. Here in Cambodia, immunized children are considered to be babies or newborns vaccinated with the BCG, measles, three doses of tetravalent or pentavalent vaccine, and three doses of polio.

Now we see that the percentage of children fully immunized was 41% in 2000 and increased to 79% in 2010.



	CDHS 2000	CDHS 2005	CDHS 2010
%Children fully immunized	41	67	79
%Children protected at birth from tetanus	30	69	85
%Excluively breastfeeding	11	60	74

The second line presents the percentage of children protected at birth from tetanus. We define children protected at birth from tetanus if three criteria are met. First, if the mother before having the child has had two tetanus toxoid injections bearing her pregnancy for this child, or if the mother had a tetanus toxoid injection bearing pregnancy along with additional injection prior to this pregnancy, or the mother did not have a tetanus toxoid injection bearing pregnancy but had at least five injections prior to this child pregnancy. We see that this indicator increased from 30% in the year 2000 to 85% in the year 2010.

The last line, the green line, shows you the percentage of exclusively breastfed newborns from birth up to six months. This increased from 11% in the year 2000 to 74% in the year 2010. The indicator clearly shows good results achieved. That is why we were able to reduce our mortality among the infants and also under-five children.

For the MDG5, namely improving maternal health, we see that Cambodia has a long story with this topic. In 1990, the Government of Cambodia, with the UN agency, estimated our maternal mortality ratio at the level of 900 per 100,000 live births. In 1995, it was 690 per 100,000 live births, but that ratio brought the most dramatic change since 2005. We had maternal mortality ratio drop from 437 per 100,000 live births to 206 per 100,000 live births in 2010, which is already below the 2015 goal of 250.

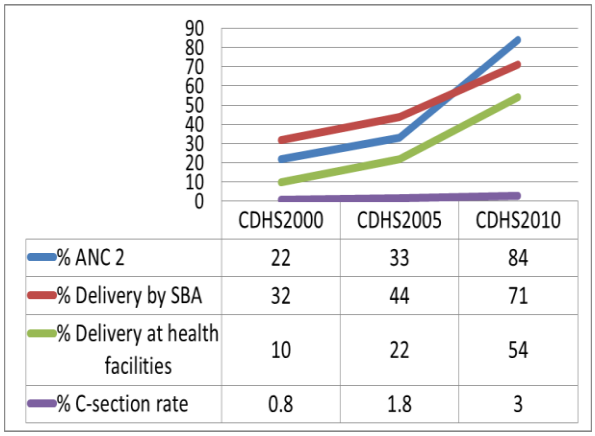
The total fertility rate reduced from 4.0 in 2000 to 3.0 in 2010. This already meets the target of the year 2015. Contraceptive prevalence rate increased from 19% to 35% in 2010. But we are still far away from the target that we set up for the year 2015. You may know that if we want to reduce maternal mortality ratio down to 200 per 100,000 live births, some study indicate

that we need to increase the skilled birth attendants up to 80% or increase the contraceptive prevalence rate up to 60%. That is why we aim our target to achieve contraceptive prevalence rate at 60%.

Let me also share with you the indicator of maternal health. The first line is the blue line, which represents the percentage of the women who get antenatal care two times. It increased from 22% in 2000 to 84% in 2010. The special indicator for maternal health is the percentage of delivery by skilled birth attendants, which I mentioned should be aimed to 80%. It increased from 32% in 2000 to 71% in 2010. The percentage of delivery at health facilities increased from 10% in 2000 to 54% in 2010.

One more cause of maternal mortality is related to HIV among pregnant women. We have made efforts to reduce HIV among pregnant women by introducing maternal or mother-to-child transmission intervention. We reduced HIV prevalence among pregnant women from 31% to 8% in the year 2012.

We may not have seen this progress if we did not have put the right vision, political commitment and proper intervention in place. What brought the mortality reduction? First of all, we have a strong political commitment of the Royal Government of Cambodia for national development. Relating to economic growth, as you heard from the speech of Her Excellency Men Sam An this morning, we reduced the poverty rate in our country by 1% per year, but it is not only the economic growth in our country. The national budget for health has also increased every year. In 2005, we had about $106 million for the health sector



	CDHS2000	CDHS2005	CDHS2010
% ANC 2	22	33	84
% Delivery by SBA	32	44	71
% Delivery at health facilities	10	22	54
% C-section rate	0.8	1.8	3

from the government and it will increase to $380 million this year.

We have also established good national strategies and plans by the Cambodian Government that guide us where to go. We have the Rectangular Strategy continuing from the Triangle Strategy of the government. We have the national strategic and development plan, which is being updated right now. We have the health sector strategic plans and the latest one is called the Fast Track Initiative Road Map to reduce maternal and newborn mortality from year 2000 and 2015. Among all the plans and strategies, we put our maternal and child health in the top priority, especially in the health sector.

The second point for our progress is improving infrastructure. Improving public infrastructure like roads, bridges, transportation and phones can reduce the delay of reaching health facilities. This helps us a lot. Also, relating to improving health infrastructure, all health facilities are functioning adequately now and new health facilities are built, and equipped with skilled staff.

We increased the number of health posts from 0 in 1995 to 123 in 2012, the number of health centers from 514 (1995) to 1029 in 2012, the number of referral hospitals increased from 67 (1995) to 82 in 2012,

while the number of national hospitals remained the same. Among these facilities, we also increased the number of EMOC facilities, or emergency of obstetric care facilities, from 44 in the year 2008 to 101 in the year 2012, which can cover all the complicated cases dealing with pregnancy, child birth, and postpartum care.

The third point here that I want to share with you is the development of human resources for health. We need to increase the skilled birth attendants, midwives and doctors to provide quality health care. That is why the government put a strong effort to increase midwives, doctors, specialists, and other health staff. We did not have midwives in remote areas in the past, but now we recruit, deploy and retain them in remote areas. Recruitment, deployment, and posting them in these places is not enough. How to make them work at the local places is very important. The government focuses all attention now to realize that all health centers have midwives. We have no health center without midwives.

The next point is building capacity and improving midwifery skills of health staff to provide quality continuum of care. We know that we have midwives, doctors and specialists, but the capacity building is still the most important intervention to improve the quality of care. We provided midwives and midwifery teams not only with pre-service training, but also the in-service training that allows them to provide the care for women, newborns and children through the provision of birth spacing service, antenatal care, safe delivery by skilled birth attendants, postnatal care, immediate newborn care, children immunization, nutrition and the service for prevention of mother-to-child transmission of HIV.

The fourth point that I want to raise is improving access to health services. Now we look at the availability. We have midwives, health centers and referral hospitals in place, but how to get women to go to these health services is an issue. As you have heard from other speakers, not only transportation, but also the cost or the fee for the services is the main barrier. We removed that by introducing the scheme of fee exemption, free services for the poor, which includes a health equity fund, which is a government subsidized scheme and voucher scheme for reproductive health.

According to the data that I have now, we cover the poor people by the health equity fund, and it increased from 57% in 2008 to 78% in 2011. The number of health facilities covered by the health equity fund increased from 145 in 2008 to 365 in 2011. Our government aims to expand the health equity fund nationwide.

We are also increasing access through a user-free scheme, but if people are not aware of this information, they still deliver babies at home. That is why raising

	1995	2000	2005	2010	2012
Number of health posts	0	4	44	117	123
Number of health centers	514	792	832	997	1029
Number of referral hospitals	67	67	69	81	82
Number of national hospitals	8	8	8	8	8

awareness and behavioral change among men, women, families and communities is very important. This is also the intervention that we need to improve maternal and child health in our country.

We have strong support for maternal and child health and behavioral change. Our First Lady undertakes the role of national champion of the UN Secretary-General's joint action plan for women's and children's health for the advancement and protection of Cambodian women and children. This is the role model of our country and with this, we move forward to reduce our maternal mortality ratio and the new born mortality rate.

Every year on 21 February, we celebrate the National Day for Maternal, Newborn, and Child Health. We have commitment from the government and civil society, and especially aim to make our country a role model in this field. We also have donors, health partners, and support from NGOs including bilateral and multilateral agencies. We have many partners from multilateral agencies such as WHO and UNFPA, especially for reproductive, maternal, newborn and child health. We have UNICEF, UNAIDS, UNDP, the World Bank and UN Women that support us. We also enjoy bilateral support from organizations such as JICA, USAID, DFID, and now we have Korea to support us on MCH. We also have the budget from the Sector Wide Approach, the Global Fund, GAVI Alliance (formerly the Global Alliance for Vaccines and Immunisation), the Asian Development Bank (ADB) and the Greater Mekong Subregion (GMS) programme. We have strong support and commitment from our parliamentarians, who not only support us but they also advocate on the topic of maternal and child health. We also have support from local authorities and community councils.

We have special teams comprising of Women and Children Focal Persons to work with the communities to help women have birth at the health facilities, with support from village health volunteers. All of this contributes to improving a healthy lifestyle and reducing maternal and child mortality and morbidity.

Before I end my presentation, may I say that even though we have achieved such progress, we will not stop here. We need to continue with strong efforts to further reduce the maternal mortality ratio. Although we now already achieved the goal of 250 per 100,000 live births, we will continue to reduce this number to 150 in the year 2015. We will also make further efforts to improve the child and new born health.

Thank you very much.

"Achievements in the Prevention of and Combat Against the Spread of HIV/AIDS"

Dr. Hor Bun Leng

Deputy Secretary-General of National AIDS Authority (NAA)

Curriculum Vitae

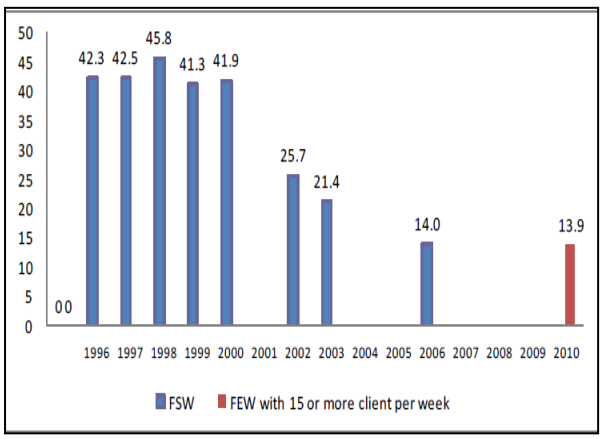
Dr. Hor Bun Leng graduated with a Doctor of Science degree with a concentration in Public Health Research from the International University in Phnom Penh, Cambodia. He also has a Master's degree in science with a concentration in Health Research and Epidemiology from the School of Public Health at the University of California in Los Angeles, U.S.

He is a State Medical Doctor from the Faculty of Medicine in Cambodia.

From 1989 to 1990 he was Chief of the health unit of Enfant du Cambodge (NGO) in Phnom Penh. From 1990 to 1991, he served as a clinician at the surgery service in Preah Norodom Sihanouk Hospital in Phnom Penh. From 1991 to 1996, he held the position of Deputy Director of the National AIDS Programme, Ministry of Health and from 1996 to 1997 he was Director of the National AIDS Programme at the Ministry of Health. From 1999 to 2003, he was Deputy Director for the National Center for HIV/AIDS, Dermatology and STD at the Ministry of Health. Currently he is Deputy Director for the US, CDC, GAP Programme in Cambodia.

It is my great honor to be here for this important meeting. Please allow me to briefly inform you about the success story of Cambodia in controlling HIV/AIDS and moving forward to achieve the Three Zeros goals by the UN. I have four brief subjects to present: HIV/AIDS status in Cambodia, HIV/AIDS response, lessons learned from success stories in Cambodia, and moving forward towards the Three Zeros. In my conclusion in terms of HIV/AIDS, I would like to say that Cambodia has been able to control the spread of HIV/AIDS since 1998. Even the first HIV case was screened at the national blood bank in 1991.

Figure 1: HIV prevalence among FSW, compared to FEW who had 15 or more clients per week



Cambodia started the first HIV survey in 1992 and started the HIV Sentinel Surveillance (HSS) in 1995. We conducted the HSS on a yearly basis. Since 2003, we have conducted the HSS every three years, so we have done 10 rounds and this year in 2013 we will move to 11th round of HSS.

Based on this HSS, we can say that the prevalence rates among high-risk groups as well as among the general population are on the decline. The graph shows that the HIV prevalence among female sex workers (FSE) dropped from 45.8% in 1998 to 14% in 2010.

The same goes for pregnant women. The HIV prevalence rate declined from 2.2% in 1999-2000, which was the peak of an HIV epidemic, to 0.4% in 2010. Looking at men who have sex with women, it is only 1.6%. For men who are bisexual, it is 2.2% and for men who are homosexual it is 2.1%.

As to the general population, the number is in declining stage, from the peak at 1.7% in 1998 to 0.7% in 2012. All HIV prevalence reached the declining stage, and even the number of new HIV infections is declining. By 2012 we had about 1200 new infections. The male to female ratio is about 1. That is why we always make a joke that refers to the gender equality.

The number of AIDS patients keeps increasing. If the antiretroviral (ARV)/ antiretroviral therapy (ART) is effective, then we can keep people alive. Therefore, we can see that the number of AIDS patients who need ART is increasing. A total of 55,000 infected people need ART in 2012. The deaths caused by AIDS are declining, which proves the effectiveness of ART. So we need more treatment to decrease deaths caused by AIDS.

In 2012 about 1900 people died of AIDS in Cambodia. As to children below 14 years old, the prevalence rate, as well as the new infection and the number of infected people are consistently declining. In 2012, about 87 of children below 14 years old died of AIDS. In Cambodia we have about 27,000 of orphans with HIV/AIDS. It also declined from 2008 to 2012.

Now what about the future of HIV transmission in Cambodia? By projection, we can see that heterosexual relations are still the most common mode of transmission, such as from wife to husband and from husband to wife.

I would like to move to the second part: the HIV/AIDS response in Cambodia. This has mainly been a political response, which has lead to great success. The success did not happen without the strong and committed political support from the top leaders of both the legislative and executive bodies as well as of the royal palace. In the executive body, our Prime Minister established the National AIDS Authority as the government authority in order to lead, manage and facilitate the HIV response in the country. As the legal response, the Chair of the National Assembly and its members have adopted the law on HIV/AIDS in 2002. Cambodia is the second country that has adopted the HIV Law after the Philippines.

The government developed a lot of law-based policies related to HIV responses. Ministers as members of the National AIDS Authority continue to develop a number of guidelines in order to guide their implementation into the positive direction. Regarding the structural response, throughout the country, we have a coordinating body at the national, provincial, district and commune levels.

For the coordination with the development partners, we have a forum called Government-Development Partner Joint Technical Working Group on AIDS. With the coordination with civil societies, we work through the HIV/AIDS

Coordinating Committee, and we also cooperate with the Global Fund. We also have coordinating mechanisms in order to mobilize the resources.

In terms of HIV/AID response principles, we adhere to the principles of evidenced-based, multi-sectoral response, participatory, transparency, partnership and networking, respect to human rights and gender equality, as well as universal access.

For strategic response, Cambodia initiated in 2000-2005 the first National Strategic Plan for HIV/AIDS (NSPI). The NSPII was established from 2006-2010, and we are now in the stage of NSPIII for the period 2011-2015. We have three goals to reduce HIV transmission, namely to reduce mortality rate by AIDS, and to reduce discrimination and mitigate the impact. For these three main goals, we have seven strategies. Three of them are implementing strategies to reduce new infection, reduce deaths caused by AIDS and reduce discrimination. The remaining four strategies are cross-cutting strategies to generate political commitment and support to mobilize resources and create a positive enabling environment to achieve our objectives.

For monitoring and evaluation response, we have a national monitoring evaluation system throughout the country in order to capture the response and monitor the trend of HIV transmission. In total, we have about 50 national indicators set which are measured on a yearly basis.

What is the success? The evidence showed from the Cambodia Demographic and Health Survey (CDHS) and Behavioral Surveillance Survey (BSS) in 2010 that more than 90% of both the general population and high-risk population are well informed on methods for HIV prevention. People can get free access to VCCT in order to test their HIV status throughout the country. We have about 253 sites for people to get access in every quarter. We have about 100,000 people tested for HIV and the HIV prevalence among VCCT clients decreased from 13% in 2005 to 1.8% in 2012.

Regarding the impact from the programme response, we have increased condom uses among males as clients of sexual girls to up to 86% in 2010. In the same year, the condom use among karaoke girls and female sexual workers increased to 94% and 83% respectively. For pregnant women who are HIV-infected, about more than 80% of them have access to the Prevention of mother-to-child transmission of HIV (PMTCT) Programmes. As our colleague from MCH mentioned, by 2012 the transmission from mother to child was about 8%, but we are trying to bring it down to about 3% in 2015.

Cambodia provides more than 90% of ART treatment to people who are in the need of ART. We have about 60 sites to provide ART to our people. In Cambodia, besides the facility care and treatment, we have community care and home-based care treatment throughout the country, run by people living with HIV/AIDS themselves.

I would like to conclude that the success achieved so far is attributed to two key factors. What I call a necessary factor is the political commitment from the top-down to the grassroots level. As the sufficient factor, Cambodia has scientific and evidence-based information that is used as the basis for establishing policies, laws, strategies and interventions. We will target the high-risk groups, for example,

entertainment workers, men who have sex with men (MSM) and injecting drug users (IDU) and will target effective intervention, for example, achieving 100% condom programme for entertainment workers. We have very positive participation from communities and we have well mobilized resources from our government budget and from the development partners as well as from the private sector.

In 2011, the UN initiated the Three Zeros objectives. Building on this success story, the government of Cambodia joined hands with the United Nations on moving forward to achieve the Three Zeros: zero infection, zero death and zero discrimination.

We will review all existing laws, policies and strategies in order to fit with the Three Zero targets. We will sustain and scale up the efficient and cost-effective interventions already evidenced in Cambodia.

We will strengthen the country ownership on multi-sectoral coordination, especially at the community level. We will also create new scientific-based interventions and will double efforts on resource mobilization in accordance to the Paris and Busan Declaration on AID effectiveness. Lastly, we will improve the effective functioning of national M&E system.

What are our core strategies in order to deal with these Three Zeros? First is to regularly update HIV awareness. We also continue the condom use promotion and syringe and needle and methadone programmes for IDU groups. In addition, we will work on VCCT for both general and high risk groups, HIV law enforcement, human right enforcement, gender response, treatment coverage, treatment quality, and quality of life.

Thank you very much for your attention.

"Promotion of Gender Equality and Women Empowerment in Cambodia"

Ms. Kim Siphat

Director-General of Gender Equality and Economic Development, Ministry of Women's Affairs (MOWA), Cambodia

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Curriculum Vitae

Ms. Kim Siphat is Director-General of Gender Equality and Economic Development of the Ministry of Women's Affairs in Cambodia. She is also Director-General in charge of gender mainstreaming, Deputy Director of Gender Equality Department and Deputy Director of the Economic Development Department of the Ministry of Women's Affairs. She holds a Master's degree in Public Administration.

I will give you a presentation on promotion of gender equality and women empowerment in Cambodia. The presentation consists of three parts: 1) national policies and mechanisms in promotion of gender equality in Cambodia; 2) progress and achievement in implementing the policy on promotion of gender equality and women empowerment; and 3) the steps forward.

Relating to national policies and mechanisms for the promotion of gender equality and women empowerment, the Royal Government of Cambodia has issued and implemented many important laws and policies on the protection of rights and improvement of welfare, especially in the promotion of gender equality and women empowerment. Specifically, in the Rectangular Strategy Phase I and II, in order to promote equity and efficiency, the government considered women as the backbone of the national economy and society and continues to implement policies that aims to increase opportunities for female students and the number of female teachers. In this regard, we provide female students with opportunities to get education by providing dormitories, schools in communities and scholarships, as well as raising the awareness of people on the value of education for girls.

The Government of Cambodia has issued recommendations to promote women's positions on decision-making level and provide skills training for women at all levels through development of women's capacity. Vocational training in women development centers provides life skills to them so that women acquire knowledge and earn income to gain rights and better quality of life. The Rectangular Strategy also continues to implement the policy on the provision of small and medium credits to women and communities to stimulate their employment.

Relating to the prevention of domestic violence against women and children, Cambodia adopted the Law on the Prevention of Domestic Violence and Protection of Victims. We also have Cambodia Millennium Development Goals (CMDGs), in which there are nine goals. The CMDGs focus on gender and three of

the goals discuss the promotion of gender equality and women empowerment. The Government of Cambodia has also issued and developed the policy on the promotion of gender equality through mainstreaming it into policies, plans, laws and programmes to realize the CMDGs as well as the Rectangular Strategy of the Government of Cambodia.

In implementing the policy on the promotion of gender equality and women empowerment, we have the following mechanisms:

- The Government of Cambodia is committed to implementing the Convention of Elimination of All Forms against Women (CEDAW) and Beijing+10 and in order to achieve this, we have increased many important mechanisms including the Cambodian National Council for Women (CNCW).

- CNCW is the mechanism that is responsible for assisting the government in following up on and evaluating the implementation of laws, national policies and relevant legal frameworks relating to the promotion of status and roles of Cambodian women. It is also responsible for following up on the implementation of international treaties concerning the rights of women, CEDAW and in providing recommendations to the government.

- The Ministry of Women's Affairs and Departments of Women's Affairs play important roles in facilitating and seeking support on gender equality and women empowerment and increase the capacity of ministries, relevant institutions and partners in mainstreaming gender into their sectors.

- The Technical Working Group on Gender (TWG-G) is a mechanism partnership between the government and development partners. The TWG-G is led by the Ministry of Women's Affairs and coordinated by partner organizations including UNDP and JICA, in cooperation with other development partners, ministries, institutions and civil societies. The TWG-G was established within all the ministries and institutions and is an inter-department under the Secretary of State. It is responsible for mainstreaming gender, seeking advocacy, gathering resources, monitoring and providing recommendations on gender equality and women empowerment among leaders of the ministries and institutions to develop sectoral strategic plans.

- The Women and Children Consultative Committees were established in accordance with the Law on Provincial/Municipal and District/Khan Administration. It is a mechanism at sub-national level to promote gender equality and women empowerment under its authority, and is responsible for providing recommendations and submitting any requests to the sub-national administration regarding gender equality, women, youths and children.

The Cambodian Gender Assessment provides data and information about gender in all sectors. We also have the Law on Prevention of Domestic Violence and Protection of Victims and the National Action Plan on Prevention of Violence against Women, which were adopted and have been implemented in Cambodia. Now we are also updating the National Action Plan on Prevention of Violence against Women in cooperation with the concerned ministries,

institutions, development partners and civil societies.

Relating to the government's reforms, we have been mainstreaming gender in public financial reform programmes to promote gender-responsive budgeting. We have worked together with the Ministry of Economy and Finance, as well as the concerned ministries and institutions, to build up the capacity of the TWG-G for gender-responsive budgeting planning. The Public Administration Reform Programme focuses on narrowing gender gaps among civil servants and women's leadership positions at all levels. The government has introduced a guideline on new staff recruitment, which orders the female staff rate to be between 20 to 50%, and promote female staff in replacement of retired male staff. In accordance with the Sub-Degree on the Extension of Female Retirement Age with Rank B and Rank C, the retirement age is 60.

We also have the Gender-responsive Decentralization and the Deconcentration Framework, which mainstream gender into laws, programmes and regulatory frameworks. The Law on Provincial/Municipal, Districts/Khan Administration was adopted in 2008 and included gender equality and women rights as the principles. This law also emphasizes the promotion of gender equality and women rights principles, ensuring the involvement of women at all sub-national levels. According to the laws on Provincial/Municipal, District/Khan Administration and the National Action Plan 2010-2019, the sub-national democratic development integrates gender equality responsiveness as inter-sectoral programmes.

In regard to the Sectoral Gender Mainstreaming, all affiliated ministries and institutions form gender working groups and perform their roles and duties. Twenty-two ministries and institutions have developed the Strategic Gender Mainstreaming Action Plan (GMAP), of which 16 have implemented GMAP and received funds from the national budget and development partners to conduct gender mainstreaming activities in their sectors.

In the parliament, 21 Assembly Members were women in 2008. There were 15% of female senators in 2012, 7% of female ministers in 2008, 10% of capital or provincial councils members were female in 2009. Of municipals, districts, or khans councils this number was 13%, with 24 female capital or provincial deputy governors, 191 female municipal, districts, or khans deputy governors. Eighteen percent of communes or sangkat council members were female and 34% of female officials of public function.

Prioritized Direction:

We have economically empowered women by enhancing their skills and providing employment opportunities and entrepreneurship. We have improved the living standard of women in rural areas and in informal economic sectors.

With regard to the education for women and girls and attitudes towards this topic, we will continue to educate families in the communities to change their behaviors to be aware of the value of girls' education. As to the prevention of violence against women, domestic violence, women and

child trafficking, sexual abuse and migration, we will continue our work to fight against them. We also continue to work on women's and girl's health, nutrition, HIV/AIDS and infectious diseases. Women also play important roles in governance and decision-making.

In order to mainstream the gender issues, we will keep encouraging the development of policies, monitoring and evaluation of the implementation of gender equality improvement policy. We will focus on the prioritized sectors concerning education, health, law and employment. As to the reform programmes, we will carry on mainstreaming gender issues in the climate change programmes. We will follow up on and accelerate the implementation of the CEDAW Convention.

I would like to thank Your Excellencies, Ladies and Gentlemen for your participation and attention to my presentation. Thank you.

DISCUSSION

Moderator:

Hon. Chhit Kim Yeat

Vice-Chair of Commission on Foreign Affairs, International Cooperation, Information and Media of the Senate, Cambodia

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Curriculum Vitae

Hon. Chhit Kim Yeat received a Master's degree in Engineering from Monash University of Melbourne in Australia. Currently, he is Vice-Chair of the Commission on Foreign Affairs, International Cooperation, Information and Media of the Senate.

MODERATOR:
If you have any questions, please raise your questions.

Hon. Shantaram Naik, India:
My question is to Afghanistan. I have listened to a lot of problems in Afghanistan, especially women's problems. Female doctors and nurses are not allowed in hospitals because of Taliban. In such circumstances, what is the specific plan that your government has got to face this Taliban resistance toward women's freedom and all health-related issues?

MODERATOR:
Thank you, Honorable from India. I think I will let Hon. from Afghanistan answer the question after we carry on to next questions.

Hon. Dr. Nguyen Van Tien, Vietnam:
I would also like to ask the Afghanistan MP. In his presentation, he said that it was a misinterpretation on religion and family planning. What is the misinterpretation about?

Mr. Manohar Prasad Bhattarai, Nepal:
I also have a question to Afghanistan. The root of the problem is that people tend to listen more to Mullahs than the government. This is the root of the problem, so the government policy should be directed to educating Mullahs first and people later, because the problems are Mullahs. They are living 100 years behind the modern age. They are the problems, not solutions. All the women's plights seem to be quite related to Mullahs, so I hope something can be done. Does the government have policies that are trying to educate Mullahs and make them more liberate and reduce the plight of the women? This is my first question.

My second question is to the Philippines. You explained so well about the plight of the women in the Philippines by producing the story of Rosalie, who has been reduced to a child producing machine. I wonder if you have anything to tell us about the man who has got nothing but to impregnate that lady.

My third question is directed to my close neighbor here, Vincent. 16% of the total population being affected by HIV in your

country seems because of nothing but promiscuity among young people. I would like to welcome your comment. Thank you.

Hon. Mariany Mohammad Yit, Malaysia:
I just have one question to Afghanistan. Relating to your policy commitment, I did not see discussed the education of women and children. I agree with Nepal, saying that Mullahs should be educated first, but equally important are women and children. If you want to increase the number of female health workers, such as nurses, midwives or doctors, I think that education is the answer. Thank you very much.

Mr. Manmohan Sharma, IAPPD:
I just want to hear the clarification from Ms. Kim Siphat. She mentioned in her presentation that female representation in the government was the following: Parliament 21%, Senate 15%, and Minister 7%. Does the Parliament mean one house or both houses? Question two is to my friend from Malawi. You have mentioned that in the rural area, the age longevity is going down. What might be the root cause? Is the medical facility service not available or properly provided? Or does the government not take care of the medical facility? Thank you.

MODERATOR:
Thank you. I think we will stop here and we can carry on after. The Honorable from Afghanistan, please answer the questions.

Hon. Safi Kamal, Afghanistan:
Thank you very much. You are really concerned about Afghanistan and the people in Afghanistan, particularly the women of Afghanistan. I thank you for this. The question from India concerns the government policy relating to Taliban and women empowerment and gender equity. It is more political rather than a professional one. You, a neighbor, know very well of what is going on in Afghanistan. Initially, when the Taliban vetoed the rule, our government and international communities did not consider them as a threat and a challenge.

At that time, the international communities were thinking that the Taliban were gone. Our people were waiting for transitional justice within the Afghanistan society where these Mullahs should face the transitional justice and some of them should go to jail. I mean that transition justice should be implemented.

Unfortunately, what happened was that we established a government consisting of various religious and ethnic groups. Those who have a gun became a part of the government. Initially, they just had guns, but now they have dollars as well, plenty of dollars. So at that time, they were just armed forces and now they also became the economic power in the area as well. They also have conflict among each other and on the other hand, you know who is behind the Taliban and who is empowering the Taliban. You are also suffering from the same entity.

The situation in Afghanistan became complex and the international community just suddenly announced that “We are going back” without consulting Afghanistan and the Afghanistan people, without studying the reality on the ground and without taking any kind of assessment. Ok, we did not request you to come and we will never beg you to stay, but you came and created problems for us. Now you are evacuating without consulting us, and without realizing our problems. So

when you will go back, the Taliban threat will be doubled from the previous one.

Our government is so weak and unprofessional that they also could not take serious steps. So the situation is getting more complex and problematic. It will not only affect the surroundings, but it will also affect the whole world. Afghanistan is a gateway to Eastern Europe and it is the route to the whole world. It is a window and a gateway towards the whole world from Southeast Asia to central Asia and to Eastern Europe. Afghanistan has become the battlefield for all the stakeholders and all the battle parties without considering our problems and concerns.

You mentioned the first and the most utmost victims of the Taliban in our society are women. We hope that it will not continue and we are trying to start some kind of dialogue. Anyhow, we are in a very complex situation and our government also has no specific policy.

About the misinterpretation of the religion asked by Vietnam, the real Islam is not against women, but purposely it has been always been misused against women and anybody in our society. If you go to the real Islam regarding particular population, they say that a child has the right to have breastfeeding for almost more than two years. When a child is breastfed for two years, this will space the next birth. On the other hand, the real Islam respects and values women in our society, but our religion and our Mullahs are in the hands of some intellectuals, some parties and some specific groups. They misuse them. Islam highly values and gives dignity to women. For instance, a woman has rights and has her husband's property and her son's property and her daughter's property and is the most respectful figure in the family, but nobody interprets it in such way. You are right that Mullahs misinterpret Islam purposely.

Yes, you are also right that we are living in a highly religious society. We listen more to Mullahs. It depends on the courtesy and the mercy of all Mullahs if he is a right Mullah or if he is wrong Mullah.

Regarding the policy commitment of education for women, you are absolutely right that education is very much necessary. I would like to say that education is compulsory and societies like ours are suffering very badly from illiteracy as our people do not know their rights. Thank you very much.

MODERATOR:
Thank you, Hon. Kamal. I think you answered all the questions. These were very hard questions to answer. Some of these concerned politics. Anyway, you have done well, Sir. Next is Hon. Linabelle, please take up the microphone and answer the questions. Thanks, Madam.

Hon. Linabelle Ruth R. Villarica, Philippines:
I was able to show the example of the woman as a child producing machine. I would like to tell you more about the reason. The Philippines is a predominantly Catholic country and the Catholics, of course, oppose the artificial method of birth control. So I think because of poverty, this woman cannot buy artificial methods of birth control such as condoms or whatever. It may be also caused by the machismo feeling of the husband. Because he is the breadwinner, he can do whatever he wants.

I think we have already gone a step forward because after 14 years in the Congress, we now have the Responsible Parenthood and Reproductive Health Act of 2012. The woman is given a choice of how big her family would be. Of course, the spouses would choose or plan their family and also now we have the governmental aid by making it accessible to everybody to get safe medical service and quality reproductive healthcare services. Thank you.

MODERATOR:
Thank you, Hon. Linabelle for the very clear answer. Now next one is Ms. Kim Siphat, please.

Ms. Kim Siphat, Cambodia:
I would like to thank you again. As to the number of the Members of Parliament, there are a total of 123 members and 26 out of them are women, equivalent to 21%. In the Senate, there are 61 Senators and 9 out of them are women which is equivalent to 15%. Thank you.

Hon. Vincent Mwale, Zambia:
There is a question which is addressed to me from Nepal and, I think, from Malawi as well. The question was about 16% of HIV/AIDS in Zambia and if there is a lot of promiscuity in the country and what my comment was about that. The epidemic drive in my country for HIV/AIDS proves that it has mostly to do with the poverty in the country that is 80% and the issue of lack of women empowerment. I am actually admiring Cambodia for the presentation on women empowerment.

We have a lot of intergenerational sexes. We have young girls who are in colleges, who are in need of money, who are in need of makeup, who really need to keep up with the lifestyle. They cannot get what they want from their parents or from their boyfriends of the same age. So they go out with older men who have money, the power, who can pay for sex, who can give them money and support them. They are not sex workers, but they are just normal girls who want to live a good life, so they go out with older people. You see that girls between the ages from 15-25 are the most affected by HIV and the men are within 5 years and above. These are the category of people and it proves the old men go out with girls. When the girls go back to their boyfriends, they also go back with the HIV they have got from the older men.

Now this is the real problem that we have. That is why women empowerment is key to this issue and education and money can really sort out this problem. We were at 20%. We are now at 16%. We are trying to address this problem. It is really going down.

Hon. Biraaro Ganshanga Ephraim, Uganda:
My question is to Cambodia regarding its success story and achievements toward the CMDGs. My question is how Cambodia has managed to speed up the recruitment. My major concern is about the retention of staff at the local bases. What mechanism has Cambodia employed? Of course, in Uganda, you will find public health facilities abandoned by staff in favor of the private sector. Now what has Cambodia done to achieve that? It is very impressive.

Hon. Dr. Elioda Tumwesigye, Uganda:
My question goes to Mr. Bun Leng on HIV. You talked about female entertainment workers with 15 clients per week. I wanted to know who these female entertainment workers are. Secondly, I

would like to know the difference between men who have sex with men and women (MSMW) and men who have sex with men only (MSMO). I do not know what these mean. The third question is whether you are promoting brutally medical male circumcision, because they are not typewritten among the programmes. Then another question is about the ART.

MODERATOR:
Now the first question is to Ms. Kim Siphat from the Ministry of Women Affairs. The second question is to Mr. Hor Bun Leng.

Ms. Kim Siphat, Cambodia:
Related to the question on recruitment, the government has its guidelines in recruiting new civil servants and 20-50% of them must be women. Because youths and young women are interested in working as public civil servants, we see that they apply for the position. Since all ministries and institutions followed the guidelines, we see that many women submitted applications for new civil servant recruitment and are selected to serve in the public functions. There are also some young women working in factory industries. Thank you.

MODERATOR:
Thank you. Dr. Tung Rathavy may add a bit more on the question.

Dr. Tung Rathavy, Cambodia:
I may add to the question how the government can recruit more health staff, especially midwives, and making it possible for them to work at the workplaces. We aim to achieve retention of the workforce at local level. We see before the year 2004 that women did not go to the health facilities for birth. We know that because we did not have enough midwives. From the findings, first we needed to increase the level of professionalism of the midwives and make midwifery a more attractive career. Secondly, we needed to encourage all the midwives to work at the local places. To do this, the government put in an intervention to upgrade their skills. Especially the payment scales of the midwives were raised to a higher level, which made midwifery a more attractive career and made it possible to recruit surgeons for midwifery courses from the local level. After graduating, they are able to go back to work in their hometown on the local level.

Another point is that the government provided incentives if health staff delivered babies at the health facilities and making sure mothers and babies are alive and safe. The government then pays more on top of the salary, around US$15 per birth. In addition, the midwives at the lower level get the payment from the user fees when women are able to pay for the service delivery. This requires a lot of effort, but we have seen good progress. We also conducted a study this year about the government midwifery incentives. Is facility delivery increasing because of this incentive and the effort that we have made? The answer of the study says “yes”. Because of this intervention, we have increased facility delivery and achieved midwives’ retention at their places. Thank you very much.

Dr. Hor Bun Leng, Cambodia:
You have questions on the female entertainment workers with 15 or more clients per week. Actually, we started the HSS since 2005. We collected data from two groups: direct sex services and indirect sex services. But now after 2006, there were no longer direct sex services

because the government cracked down on brothels. There were only the female workers at entertainment places, i.e. karaoke clubs and at the massage parlors. So in order to measure the trend of HIV among direct sexual workers, we collected data from female entertainment workers who said they had 15 or more clients per week. We consider it to be a similar comparison with the girls providing direct sexual services in the past. That is the answer.

Number two: regarding MSM, in order to capture the prevalence among males, what we call males at risk, we collect data from men who said they only had sex with women, and another group of men who had sex with both men and women, bisexual men. And the third one is a group of men who had sex with only men. That is MSM. So among these three groups, you can see that the men who are bisexual have a higher prevalence of HIV at 2.2%, compared to MSM at 2.1% and men who have sex with only women at 1.6%.

Answering to your third question regarding the ART, actually before 2010, we provided ART to infected people who are less than 250 CD4 count. But after 2010, we increased this to 350, so everybody who is less than 350 CD4 now is eligible for ART.

Regarding circumcision, actually this is the debate among our policy-makers in order to move forward. This is a policy in our country, but we have not prioritized it yet. It is still in the process of debating. Thank you very much.

MODERATOR:
Thank you. Now the floor is yours, Hon. Chibingu Paul.

Hon. Chibingu Paul Lackson Zacaria, Malawi:
The question is from India. You are wondering why life expectancy is dropping in my country? In fact, when the time HIV came to our region, it did affect my country. A lot of people have lost their lives because of that. In that period of time, no women with HIV were allowed to be pregnant because everyone was scared.

MODERATOR:
Thank you, sir. Is there any other question? Please, go ahead.

Hon. Safi Kamal, Afghanistan:
I have questions to Dr. Tung. On your presentation, in 2010 for the infant mortality rate, you mentioned 45 but again in 2015 it goes up to 50. So what are the factors? For exclusively breastfeeding, you mentioned 11% in 2000 and 74% in 2010. It is great achievement. Why in 2000 it was less and what steps did you take to reach to this target at this time? For the maternal mortality rate, in 2000 it was 206 and 2015 again you are increasing it. Why is it? Thank you.

Dr. Tung Rathavy, Cambodia:
The first on infant mortality rate: you know the column that I put for 2015 is the target. In 2000, we set the target for 2015 and we needed to reach that level for 15 years. At that time, we set that it should reach 50 per 1,000 live births in the year 2015, but we are doing great and by 2010, we already passed the target and achieved 45 per 1,000 live births, compared to 50 per 1,000 live births that we set for 2015.

For the maternal mortality ratio, we set 250 per 100,000 live births for 2015, but with our good efforts, we already achieved this target. We already achieved 206 per 100,000 live births, which is lower

than the target we set, but we aim to reduce more than that.

What is exclusively breast-feeding? The answer is that in 2000 and before that, the mothers breastfed the baby as soon as they were born, but they did not give breastfeeding exclusively. Next to breastfeeding they also added water or sugar water or other food to the child's diet, and that we do not call exclusively breastfeeding. We want to have only breast milk from the mother. That is why we made efforts to put a strong campaign on exclusively breastfeeding, no water to give to the new born up to 6 months and through the communication, broadcasting, TV spot, radio spot and also personal communication, we were able to increase exclusively breastfeeding to 60% in 2005 and 74% in 2010.

MODERATOR:
Thank you. I would like to thank guest speakers and members of delegates and all the honorable delegates. I would like you all to applaud together for the guest speakers, as well as for all of us who cooperate in this session. I wish to thank you again for your cooperation.

Session 2
Population Programme Implementation

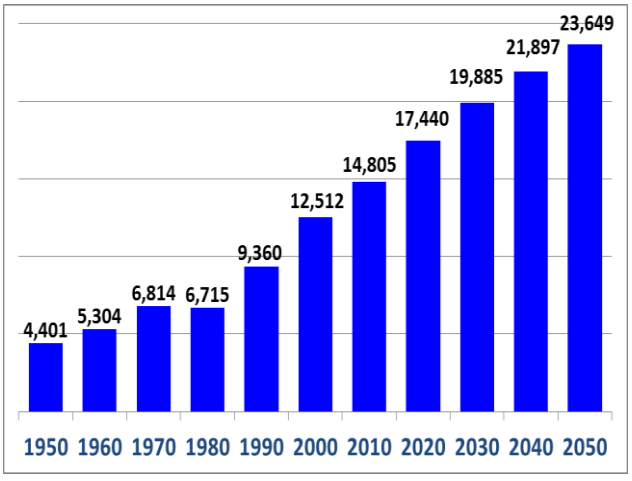
"Population Dynamics and Trends in Cambodia"

Dr. Marc G.L. Derveeuw
Representative of UNFPA Cambodia

Curriculum Vitae

Dr. Marc G.L. Derveeuw is the Representative of UNFPA Cambodia. Prior to his posting in Phnom Penh, he was in India as the UNFPA Deputy Representative and Acting Representative for the past 4 years, covering also the UNFPA country office in the Kingdom of Bhutan. He is a medical doctor by training and obtained an additional diploma in Tropical Medicine and Public Health. He holds a Master Degree in Health Systems Management from the London School of Hygiene and Tropical Medicine. Dr. Derveeuw has been working with UNFPA for the past 12 years. Before coming to the Asia Pacific region, he was based in Southern Africa as the UNFPA Regional Advisor for reproductive health, planning and management and acted as a focal point for implementing the UN reform. Preceding his career in the UN, he worked with bilateral agencies and conducted academic research. He has a wide experience of working with different NGOs, mainly in the area of population planning, maternal and child health and health systems management in regular development settings, but also in emergency situations.

It is an honour and a pleasure for me to be here to meet some of the colleagues with whom I worked before and parliamentarians from countries I worked before. With today's topic, I will try to bring you to the main issues related to demographic trends in Cambodia. The country is so variable in terms of population dynamics and so many internal factors playing a role and shaping the present population characteristics. I will just touch upon a couple of them, which I think are the most important ones for this country for the moment.



Overall Cambodia Population Trend 1950-

The first is the overall view of the population trends. It will take you to about 100 years of population growth in Cambodia. We start by 1950, we see that there were 4.4 million Cambodians and at that time, the population pyramid was very classical one with very broad base. Young population is gradually becoming much smaller toward the top. Cambodia experienced similar population growth from the 1950s up to the 1970s as many of other Southeast Asian countries. However, you might recall that the country went through a difficult period

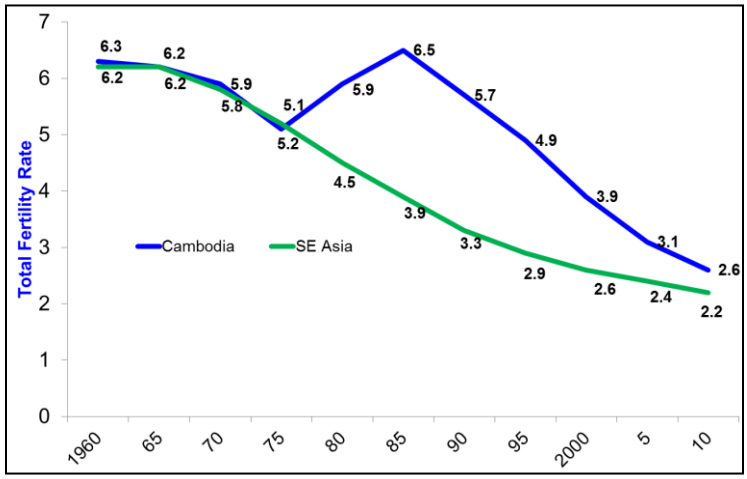
which started in the 1970s. You can actually see that reflected in the overall population pyramid and the overall population total set in 1970s.

Between 1970s and 1980s, that is a negative population growth. By 1980s, the population was reduced from 6.8 million to 6.7 million due to a higher mortality, migration as such. Now the civil war ended, the country has new and enormous growth, and if you look at the graph here, you see that from the 1980s to the 1990s, we have a growth of nearly 2.7 million people in a decade. This is mainly due to a baby boom. Right after the difficult period, right after the Khmer Rouge, right after the civil war, the country experienced an enormous explosion of the demography with a huge number of children being born. This has an impact until now as I will show you later.

From the 1990s, gradually we see that the country follows a continuous trend with the population growth diminishing. The total number is increasing. The population growth rate is actually at 1.6%, so we have about 14 million people today and we will see nearly 24 million people in the country up to 2050.

I think that that is a very important trend which people need to realize because the current fertility level is coming down. I will give you a slide on what is happening. We are going to increase the population by 10 million more than it is today. I do think that this is an important message to give to the planners and the parliamentarians when we do advocacy. Even if we are working well in terms of contraception, family planning and fertility reduction, we are still going towards 24 million people.

Trends of Fertility of Cambodia and SE Asia



The next slide is to show you what has happened really in terms of trends of fertility rate in Cambodia. Again I am taking you back to the 1960s. Overall within the region, you will see that the fertility rates were quite high. I think it is a trend to many of countries in this region where the average was about 6.2 children per woman for the whole reproductive year for Southeast Asia, but if you look at the blue line, this is the trend which was happening in Cambodia. Again, as you can see, between 1960s and 1970s, there was a downward trend and Cambodia was following the same trend in Southeast Asia up to the 1970s. The difficult period started and the civil war and unrest had affected the overall fertility rate and actually soared up to 6.5, which is higher than it was in the 1960s. Then by the 1990s when the situation stabilized and normal services were reinstalled, we see a gradual decline of the fertility rate again.

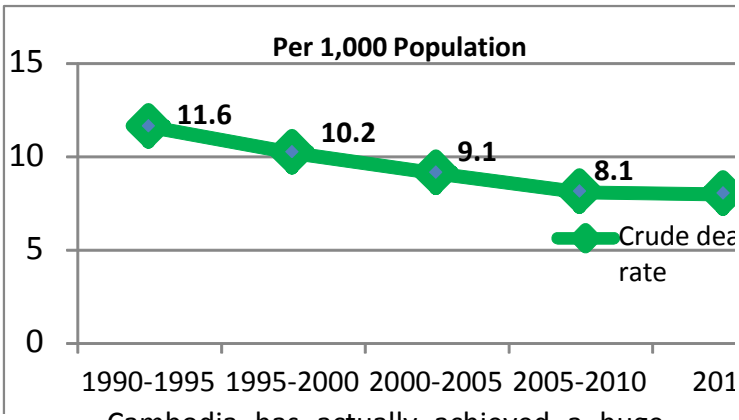
Up to now fertility rate is 3.1 in the 2010s and again we project a further reduction of the fertility as such. Cambodia is now catching up for a period from which they suffered about 35 years ago. Now the most important part and the most typical aspect of Cambodia's present population

is the high number of young people between the ages of 19-24. It is huge. We actually have a very high number of young people, which is the result of the baby boom which happened in the 1990s right after the recovery from the difficult years. People have now entered the reproductive age. So overall compared to neighboring countries like in Thailand and Vietnam, we see that the current population as of today is characterized by a huge number of young people and this will influence the further dynamic socials. You must have noticed the number of young people driving around in town in Phnom Penh already, but we actually see that in our statistics as well. It also means that Cambodia has started the demographic window of opportunity, which many other countries went through.

At this moment, Cambodia has a large number of potentially marketable people for the labour force to be used to contribute to their economy, so a huge potential for the labour market will continue in the coming decades. It is only by 2035 somewhere, that it will start declining.

Now the second trend which we are seeing in Cambodia is a downward trend of the total death rate and crude death rate, which is studied and I have only access to figures up to 1990 where we see that the downward trend of the crude death rate is following a similar pattern that we see in the Southeast Asia region. I do not want to go into too much detail, but wanted to point that out. I think the colleague from the Ministry of Health might have projected this graph already in the morning, but what needs to be noticed in this important meeting is that

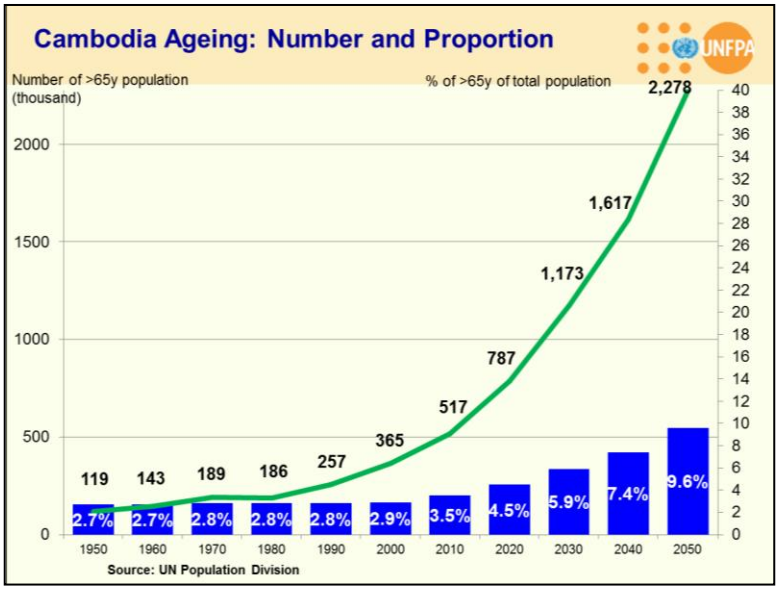
Trend of Total Death Rate of Population



Cambodia has actually achieved a huge reduction in the early childhood mortality. I think in the figure that comes from CDHS you have seen that the childhood mortality rates have been coming down spectacularly through a heavy recent investment in the social infrastructure. The same is true for the maternal mortality. I think it should be underlined that this was achieved through a huge network of social services built up with the help of the ministry and the government. Also a large presence of donor partners has actually resulted in a spectacular decrease of maternal mortality rate from 900 around 23 years ago to a current 206 where the target for the MDG5 was 250.

Now as things get better in Cambodia, we are seeing new challenges arise. We see that they raised an important trend in life expectancy mainly because as the result of the improvement of the services, people live longer here in Cambodia. The aging has not really become a big issue in Cambodia yet like we have seen in Thailand or Vietnam and some other countries where aging plays a much more important role. We will see this later and I will try to demonstrate this in the graph.

At this time, the life expectancy is at a respectable 63.46 years for women and 60.46 years for men. We are going to



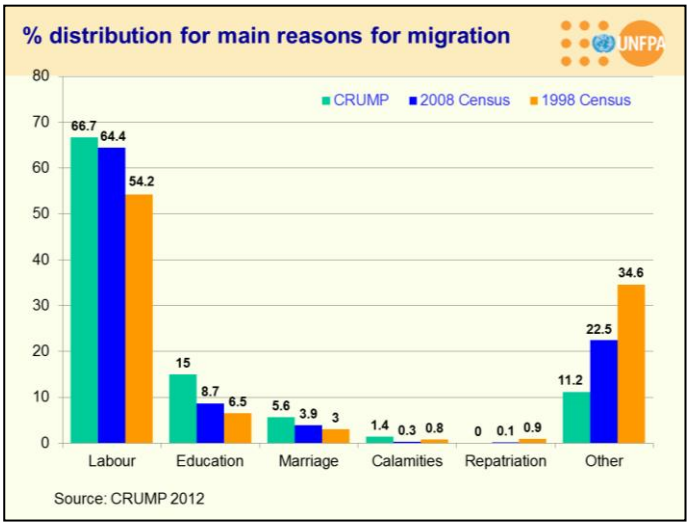
increase this by 6 years certainly up to 2030. So there is a positive trend towards life expectancy. The green line is the total number of elderly people over 65 years old. The blue bars are the proportion of the total population over 65 years old.

We start by 1950 and again I am going to take you to one century of population's dynamics in the country. From 1950 up to 1990, the proportion of elderly up to the total population remains about the same. It is only in 2010, that you will see very slight increase in the proportion at 3.5%. There will be an anticipated small increase by 2020 with 4.5% of the population being 65 years or older, but the real ageing process which you might have heard of will only start to kick in early 2030. If you look at 2030 in my graph, you will see then that 5.9%, nearly 6%, of the population will be over 65 years old. Then look at the increasing trend. The proportion is going up to nearly 10% by 2050, and look at the total number. By 2050 over two million people will be older than 65. We are not at the stage yet where countries like India and many other countries around the table here are, but we are right at the beginning with a very young population. There are younger people than in other countries which went through the demographic transition as a result of a baby boom that happened in the 1990s. Now we are having so many young people in the country and most of them are at rural level.

We are concerned about potential migration and urbanization issues, so together with the Ministry of Planning, we have set up a study called the Cambodian Rural-Urban Migration Project (CRUMP). We actually just finished measuring what is happening in terms of migration in the country.

Now at this stage when we talk in general and we publish this figure together with the Ministry of Planning, we notice a recent alarming number of villages losing their population. So many young people at the rural level move towards Phnom Penh. This is a growing urbanization, which I will show also. Phnom Penh remains the biggest city of the country. We have two others which are Battambang and Sihanouk. If we really talk about migration, we talk about migration to Phnom Penh. That explains the number of young people running around on their motorbikes.

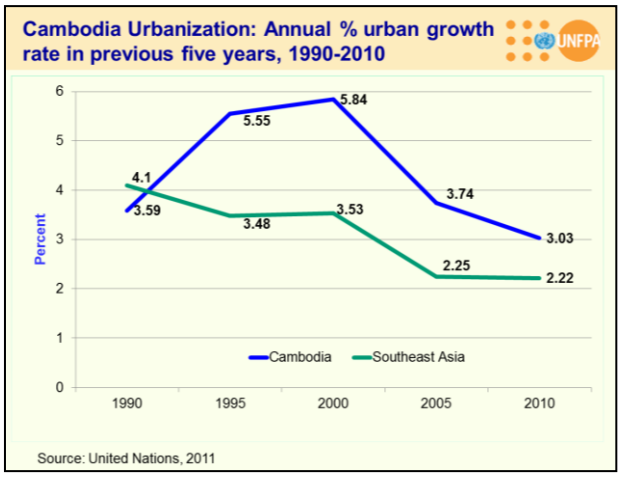
I think you observe it well because this is the actual trend which needs policy intervention. So there is an overall net migration rate from the rural level up to the urban level of 4%. Very few are returning.



Reasons why people migrate rural-urban is as you could have imagined labour. Considering the whole labour structure within the country, the garment sector, which is an important part of the national economic growth, is the overall largest employers of mainly young people, but also of young women. People migrate mainly for labour but education is the second most important reason. I think again in terms of policy, the government should really look at where the educational institutes are. For the moment, they are all concentrated within Phnom Penh. Many of the migrants are not adventurers looking for better incomes. Some of them start building their career. There are young people with such a proper education and people who are probably informed and looking for better prospects.

Now our studies also look at destination. When people migrate, 50% come to Phnom Penh and then an additional 6.2% to non-Phnom Penh urban areas. Still 30% move outside the country mostly to Thailand in search of employment. So actually, we have huge dynamics going down of young people moving out of rural areas trying to look for labour and better education. I am not going into detail, but I am glad to share with you that the most surprising finding of that study was that nearly all of them, about 85-89% find employment at the first month within Phnom Penh. It means that it is not contributing to what we see classically, poverty and urban slums. People are being employed in Cambodia. This is going to be a very rapid economic growth. We see very few people ending up in real urban poverty, but again, as I said, we cannot ignore the rural-urban trends, and the importance of the urbanization.

If you look at the Southeast Asia region, you will see that the urbanization and percentage of urban growth in Cambodia is much higher, which started again after 1995 when things got better. Also when the government was installed, Phnom Penh became the main city to migrate to. The projection we are having is that the urbanization trend is increasing. In terms of the total percentage of the overall population, the census figures were recently revised and up to now we have a little bit less than 25% of the population of Cambodia living in urban setting, mainly into Phnom Penh. This is going to continue

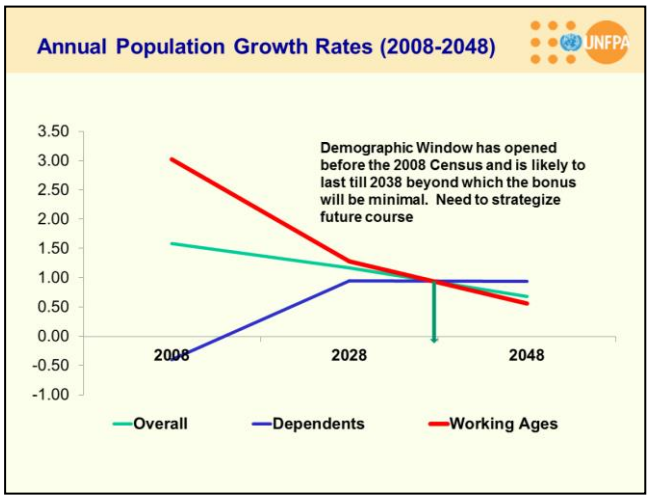


as we project up to 2023.

What does this really mean for this country? As I said, the difficult period and the loss in population and extremely quick recovery in terms of services had a demographic impact. The baby boom about 25 years ago resulted in a huge number of young people now and aging has not really taken place. Aging is a concern for later, yet we should look at policies, of course, now. But we do not have to deal with the elderly as such. It basically means that in demographic perspective, this country has an enormous potential.

If you look at the red arrow, you see the proportion of the people of working age. Then, the green line is the overall proportion and then the blue line are the dependents. In terms of economic perspective, we are looking at the red line in comparison to the blue line. How many working people who could potentially enter the labour market and who could contribute to economic growth compared to the dependents? Dependents are children at the age up to 18 years or seniors of 65 years and older groups.

The demographic window in Cambodia has opened theoretically about two years ago in 2010. So we are looking now, as the result of the baby boom, at the enormous number of young people entering into the labour market with very few dependents as the aging has not set in. This positive trend will continue and it is only up to an anticipated 2038. Then they will have the situation like in India where you have more dependents than working people, and like in the European countries now where they have more people depending on what the government can generate as revenue than you have people contributing to the economy.



I would say from the economic perspective that Cambodia has a very bright future in front of itself. However, young people do not become rich like that. They need employment. They need education. They need to be formally employed. They cannot all work as a Tuk Tuk driver. They cannot all sell food on the street. There is an urgent need now to invest heavily in the human capital for the country. Then only by 2038, we will see that change and I think by then Cambodia will catch up where Thailand and India are now.

I did not go into too much detail, but three characteristics are very prominent for Cambodia and I think later this afternoon also colleagues from the committee for population and development will talk about development policies, which the government has established to deal with this problem.

Thank you very much.

"Cambodia: Mid-Term Review 2011 - *NSDP-Update 2009-2013*"

Mr. Poch Sovanndy

Deputy Director-General of Planning, Ministry of Planning, Cambodia

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Curriculum Vitae

Mr. Poch Sovanndy received a Master's degree in population studies from the National University of Australia in 2002. From 1988 to 1993, he studied for his Bachelor of Economics at the Institute of Scientific of Economic Phnom Penh. In 2013 he became Assistant to H.E. Tuon Thavrak, Member of the Supreme National Economic Council (SNEC), whose rank is equivalent to General-Director, and a Member of NSDP Secretariat, being responsible for preparing the National Plans and monitoring, evaluating and implementing these. With his current position, he has been involved in the formulation of national plans, in particular national strategic development plans for macro-economic policy analyses and monitoring and evaluation of the implementation.

Before starting my presentation, I would like to inform Your Excellencies, ladies and gentlemen that the data used in this report were updated in 2011, and the data will be further updated by each institution.

My presentation is divided into two parts. Firstly, I will talk about the major achievements from the implementation of the National Strategic Development Plan (NSPD) 2009-2011, and secondly, about the policy introduced by the Government of Cambodia to tackle challenges in the implementation of the NSPD for the past two years.

The monumental achievements to be discussed in the first part are related to macroeconomics and governance. The government achieved economic growth by 6-7% at an average in this period, but the gross domestic product (GDP) decreased in 2009 due to the influence of external factors. However in both 2010 and 2011, GDP increased by 6%. Noticeably, the government has encountered four grave problems: 1) the global financial crisis; 2) skyrocketing prices of commodity in the market; 3) the Cambodia-Thai border clash; and 4) exposure to Ketsana.

Looking at the sectoral growth, the agricultural sector has grown at 3-4% ~~from 3-4%~~ per annum for the past 5-6 years until 2011. Although there was negative growth of -9.5% in the industrial sector in 2009, it quickly restored later. The construction sector saw a plummet at -25% in 2009, and then we see a recovery but still no plus growth in 2010. The service sector dropped by 2-3 % in 2009, but was revived in 2010.

The public expenditure in general is higher than the public revenue. Until 2008, the gap between the public expenditure and revenue was at 3-4% of the GPD. Subsequently, due to the large expenditure of the government in the development, the gap widened to 6%. The

Government of Cambodia has stabilized the growth to minimize the gap between the public expenditure and revenue through tax collection. The 2008 inflation was at the two-digit level but then decreased to between 5 and 6%, while Riel to Dollar exchange rate only changed by 5%.

Generally, the balance of trade and payment has been unstable. The trade imbalance was at -15.3% of the GDP in 2008 and -13.6% in 2011. In relation to economic openness, global and regional integration and partnerships, the import has increased. The total investment rate was stable at 24-25% of the GDP. Foreign Direct Investment declined in 2009, but it improved in recent years. Partnerships have gradually been improved as indicated through the flow of cooperative funds from development partners even though the global financial crisis occurred.

In governance, anti-corruption laws were enacted and officially introduced. Legal and judicial reforms as well as public administrative reforms have been under the process. Decentralization and deconcentration programmes have been steadily improved and strengthened. Investments amount to $80-90 million annually. Governance also has been improving as shown in some indicators in the last 5-6 years. For instance, crimes decreased progressively. The trust of people in local authorities and the investment in the private sector in Cambodia have also seen a growth.

Next, I would like to show you the level of achievements by sector. In the agricultural sector, cultivated areas and rice yields surpassed the 2010 plan, and plantation areas increased by 20% in 2010, compared to 2007. Between 2009 and 2010, plantation areas expanded up to 39.6%, of which 45% is rubber plantation where people own a small patch of land. In the forestry and fishery sector, Inland fisheries saw a slight increase, approximately 3.85%, but Marine fisheries increased up to 40.5% last year. Products from fish farming climbed to 20% in 2010 compared to that of 2009. The forest covered 57.59% of the land in 2010 which was less compared with 2009.

For the land management, the government issued land titles to people. By 2011, about 2.4 million land titles were issued to people in 16 provinces, roughly one-third of the whole land. There is also progress in land dispute resolution. The government also granted about 6,250ha of land to 1,604 landless families.

Mines and unexploded ordnances (UXOs) areas were cleared 53,575ha up to 2009 and were extended to 63,962ha in 2010. In the first trimester of 2011, 4,040ha of mined areas were cleared. The number of victims killed by mines and UXOs in the first half of 2011 was 112. The Government of Cambodia plans to clear mines and UXOs in the next 10-year period, but the budget for this has gradually fallen.

Rural development:
The NSDP Update for 2009-2013 is of the view to add 3,518 km of rural roads in 2011, while only 915km were built. The target for 2011 was 27,658km in total, but actually a total of 25,055km roads were completed. In the rural development sector, clean water supply successfully reached the goal of 50% of the rural population. Sanitation objective was set to cover 33%, but at the end of the term of the plan, only 4% was achieved. Asphalt roads increased to 4,024km in 2009 and

3,954km in 2011, while railroads just saw minor improvements.

Electric power production per person increased by 7% between 2008 and 2011, and based on our estimate, the production ability will extend to 199kWhH per person in 2013. Pertaining to the access to information and other notices about the service provision via various means, over 85% of the population received this service. In 2011, what captured our interest the most was the data of mobile phone and landline use amongst over 14.3 million Cambodians. This figure means approximate 14.3 million mobile phones and landlines are subscribed.

Regarding the private sector, the manufacturing industry was of double-digit growth in 2010 after the fall in 2009. Tourism also increased by 16% in 2010. Together with the private sector, the government prepared the Government-Private Sector Forum (G-PSF). The government held the 15th G-PSF in April 2010 and established the stock exchange.

Living standards of Cambodian people:
If we take a look at the poverty of Cambodians in 2004, the poverty rate was 34.7% and 30.1% in 2007. The documents indicate the poverty rate was 25% in 2010. However, I would like to stress that the Ministry of Planning has been studying and calculating the rate by applying new methods and the findings are under the process of approval from the government. The findings revealed the poverty rate at 22.9% in 2009, 21.1% in 2010, and 19.8% in 2011. As to the Social Safety Net, the Ministry of Labour and Vocational Training laid out five activities, but only some activities were successfully planned.

In the education sector, the goal of the primary education level has been achieved, while enrolling and retaining students at other levels such as secondary and tertiary is still posing challenges. Healthcare, gender, maternal, infant and child health show positive improvement. Health services in some areas are still limited, and most of the gender indicators have proven successful, especially in terms of better understanding in the prevention of violence against women.

In the second part, I would like to introduce the government's policy on tackling challenges of implementing the plan. To tackle internal challenges, we have been restricted by physical and human resources. Administrative service reform is also limited and so is the reform on the vertical lines in the ministries and sub-national levels. Activities of most ministries or institutions are based on projects. Project monitoring and evaluation quality need to be improved.

In terms of external factors, Cambodia will be part of ASEAN economic integration, so it may face some problems related to labour, free movement of import, tax harmonization and capital flow. In addition, Cambodia will be unlisted from the least developed countries; hence there will be a decrease of grants from partners. The government will raise revenues by collecting personal income tax and other additional tax to implement policies to address challenges.

For the governance, the government has been streamlining civil services, and progressively moving forward with the decentralization and deconcentration of programmes. In the agricultural sector, the irrigation system expansion, seed use, fertilizer use, and land reform were also

implemented, bringing about more benefits. In the industry sector, the government put in place small and medium industries across the country. It also dealt with the infrastructure by developing railroads. In the educational sector, the priority is to strengthen the secondary level education on such subjects as mathematics and science. Also, the quality of tertiary level schooling should be monitored. The public expenditures also should be monitored and observed. For the health sector, the provision of micro-nutrients to some target groups such as women and children will help achieve the Millennium Development Goals.

Regarding environmental protection, we emphasize the land transformation to capital and the protection of some forest area to maintain fertility of the land and underground water. We also focus on reforestation to gain carbon credit.

Thank you.

DISCUSSION

Moderator:

Hon. Ouk Damry

Parliamentarian; Secretary-General of CAPPD

Curriculum Vitae

Hon. Ouk Damry holds a Master's degree in Public Administration. He had experience as a Medical Doctor and was the Vice-President of the Cambodian Red Cross for 16 years. He is Secretary-General of the Cambodian Association of Parliamentarians on Population and Development (CAPPD), as well as a member of the Commission on Legislation and Justice.

MODERATOR:
We just finalized the review of our National Strategy Rectangular II that we have worked on for the 2009-2013 timeframe. We have made some revisions on this strategic plan last year, and it became the national policy and effective as a law after it was adopted by the parliament.

Now I would like to open the floor for questions and answers. Let's start from Hon. Dr. Tien, please.

Hon. Dr. Nguyen Van Tien, Vietnam:
I have a question to both speakers. The first is for the UNFPA representative in Phnom Penh. Did UNFPA estimate the death toll during Khmer Rouge that affected the population structure in Cambodia now? Do you think it affected the population structure and this is why it takes more time for aging in Cambodia? It is the first question to you. The second question is to Mr. Sovanndy: do you have any changes in the sex ratio at birth in Cambodia? In Vietnam, the son preference is a big problem now. It is very difficult to deal with this issue.

The third question is again to UNFPA representative: are there any projects funded by UNFPA to for CAPPD or the Parliament in Cambodia to advocate population policies? Because, in Vietnam, we have long-term projects with UNFPA, and there are so many cycles. Do you have any projects in Cambodia?

To Mr. Sovanndy, you mentioned that Cambodia released 2.4 million land titles for landless family or landless households. I think it is a good policy. Also in Vietnam, we have a good policy like this, but unfortunately many of the landless families who received land sold it to somebody. What are the situations in Cambodia? Also, in Vietnam, we recommend and encourage people to have bigger areas of land because it is more effective for agriculture. What about in Cambodia?

Hon. Vincent Mwale, Zambia:
I have a question for Dr. Marc regarding the reduction in the maternal mortality rate in Cambodia. It appears to me from the graph that in 20 years, it has been cut. Let's say in the 15 years it was cut by half and again another 10 years it was cut by half. What has been a major reason for this kind of success?

Mr. Manohar Prasad Bhattarai, Nepal:
My question is more directed towards the UNFPA representative. The Government of Cambodia seems to be in firm control of its activities as well as population policy because people are so cooperative that it is producing more when the population is necessary, and it is producing less when it is not necessary. Therefore, at least there is not much for an agency such as UNFPA to do locally. I wonder how you keep yourself busy in local context. I will appreciate it if you can cite some of the examples that you are fully involved in. Thank you.

Hon. Dr. Elioda Tumwesigye, Uganda:
Whenever I was looking at the mid-term review report, I saw that Cambodia has one municipality but has 26 cities. I want to know which one is bigger — municipality or city. I saw it has 159 districts, 204 sangkats. What is a sangkat, compared to a district?

Hon. Dr. Jetn Sirathranont, Thailand:
I have two questions. First, after you passed the Corruption Law in 2010, I would like to know what the progress in your country has been. In what areas have you seen improvements? I think that the corruption problem is the same all over the world including my country. The second question is about the decentralization that you mentioned in the mid-term review. Do you have any action plans for the decentralization? Thank you.

Dr. Marc G.L. Derveeuw, UNFPA:
I may go with them systematically. To the honorable representative of Vietnam first questioning on the impact on the previous several lessons under the Khmer Rouge regime. I do not have figures, but certainly when you look at the population pyramid, you see there is a huge number of missing men. So the reduction is due to missing men, as well as due to high mortality and huge migration going on also.

Regarding the sex ratio at birth, of course with the history of missing men, if you still look at the population pyramid today, we still have more women than men in Cambodia. I do not know if there is any risk for the future, but what we get from all social services and social surveys is that this issue is less serious in this country than what we witnessed in Vietnam and in Korea.

To your question if we have projects with CAPPD, I think I would say yes. I think we are working together, and we are giving direct institutional support. We are having an agreement annually on some specific activities related to population. We agreed on focusing much more on the young parliamentarians as a specific target group. We have developed over time some advocacy materials or some preparatory materials to inform young parliamentarians on how to deal with population issues and their decision-making.

To the honorable representative of Zambia on what is the cause of this impressive maternal mortality reduction, I do not think there is one single answer to that one. It is a multitude of factors

coming together. I think there is a strong focus from the Ministry of Health on emergency and obstetric care. Secondly, an enormous effort to recruit midwives in a large number has been made. I am talking about 500 new midwives a year to catch up with the human deficit, which was built up over the last 20 years. Heavy investment in the secondary level is given, but what is needed to know is high interest of donors in maternal mortality. So many interventions focus on maternal health.

Thirdly, I do think that what has contributed a lot is that there is a fixed system for the health service use in Cambodia, which the government, together with donors, has set up. It provides a large social safety framework that is accessible to the poor. It is a pro-poor system, which is built on what we call the health equity funds. Somebody who was classified as being poor has free access to health services. On top of that, there are community-based health insurance schemes. There are many NGOs working here. All operate together to provide a social safety network including referrals. So I think it is a multitude of factors at the same time.

Although I sound very positive, we are still at a rate of 206 which is too high. We still need to bring it down in term of technical analysis. We do not have the problems of power disproportion like you see in the African countries. We are dealing much more with post-partum hemorrhage, which is the problem related to the nutrition as pointed out.

Thanks a lot for the question of the representative of Nepal, on whether we can keep ourselves busy in Cambodia. Yes we do. The agency is dealing with many issues. Reproductive health is one. Working together with the Ministry of Planning on population data is another aspect of our work. We are working together with the Ministry of Women Affairs on gender issues, specifically on gender-based violence which is also a problem which was not discussed here. With the demographic change, there are new issues appearing. Thank you.

MODERATOR:
Now I will move to the questions related to land titles, landless families, which were asked by Hon. Dr. Tien and by Hon. Dr. Elioda, who only want to understand what the differences are between district and sangkat. Please Mr. Poch Sovanndy.

Mr. Poch Sovanndy, Cambodia:
Now let me answer the questions related to land management. Indeed, I would like to emphasize again that this figure of the Mid-Term Review Report was made only by 2011. The figure of 2.4 million was that as of 2011 and it has increased as the government continues to issue land titles to people. Relating to your question if the poor who received land titles sell them to others, the government fully took it into account at the present situation. In particular, the government continues to issue land titles to the poor who do not have land, but it is not without strings attached. They are not allowed to sell their land and they have to run business on that land at least 5 years before they can transfer the ownership.

In response to the question related to the difference between a sangkat and a district: communes and sangkats are in equal rank, but communes are in rural areas and sangkats in urban areas. Also, the word “municipality” is no longer used in Cambodia. Instead, now we use the

term “capital city” to refer to Phnom Penh, and the other 23 are provinces. Thank you.

As for the question about decentralization and deconcentration (D&D) and about whether the Government of Cambodia has any blueprints related to D&D. It is true that the NSPD only covered some major policies. However, after the government prepared this plan on each sector such as health, education, agriculture, and other sectors concerning D&D, the Ministry of Interior is responsible for using the policies stipulated in the NSPD for the preparation of the Sectoral Strategic Plan. In the agricultural sector, the Ministry of Agriculture adopted the policies to prepare the strategic plan for agriculture, and the Ministry of Health also prepared it for its own strategic plan. Furthermore, the Ministry of Interior brought D&D-related policies to develop a blueprint for a 10-year period. My presentation has shown the development process of the D&D plan and the annual expenditures accounting for $80-90 million. Thank you.

MODERATOR:
Thank you, Mr. Sovanndy. I would like to add some more clarifications about the meaning of different administration components. We group 4, 5, 6 or 10 communes to become a district. And 4, 5, 6 or 10 districts become a province. Before, we called Phnom Penh a city, but now we call it the capital city as it is bigger than others. Siem Reap is the second biggest, followed by Battambang and Kampong Som. At the provinces, we have one or two cities. Depending on the different statuses, they get different types of support.

I just only want to add to Dr. Marc’s answer about why the maternal mortality rate achieved a success. Actually, the UN committed us to a target of 140 before, but we studied the economy and other situations of our country, and we negotiated with the UN agencies and other partners, who agreed that our commitment would be 250 by 2015. Fortunately, we achieved this target before 2015. Our maternal mortality rate is now 206.

MODERATOR:
Now we still have some time. Maybe one more question?

Hon. Dr. Nguyen Van Tien, Vietnam:
I would like to ask Mr. Sovanndy how much the government spends on health and population. I see in the health issues, it is US$8 per person. How about population? Is there some money allocated for family planning programmes or something else? Thank you.

Mr. Poch Sovanndy, Cambodia:
In the NSDP, we have not gone into such details on the expenses on each person like this. The plan only comes up with the details of the sectoral expenses, and we only calculated in percentage, and not in the exact figures. The government contributed about 21% of the total expenses to the social sector that includes health sector. Thank you.

MODERATOR:
I would like to thank the presenters for their wonderful presentations and all of you for active discussion.

Session 3
Linking Policy and Advocacy on Population and Development

"Cambodia National Population Policy Update 2011"

Dr. Poch Bunnak

Deputy Secretary-General of National Committee on Population and Development of the Council of Ministers, Cambodia

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Curriculum Vitae

From 2002 to 2005 Mr. Poch Bunnak was a Post-doctoral fellow at the Population Research Center, NORC/the University of Chicago, U.S. His area of focus was Demographic Analysis. In 2002 he was granted a Ph.D. in Sociology, Mississippi State University, with his research Dissertation on "Socioeconomic Adaptation of Immigrants from Mainland Southeast Asian Countries: An Intergenerational Analysis".
In 2008, he served as Deputy Secretary-General at the National Committee for Population and Development at OCM. He was also the Director of the Western Research Center at Western University. He also works as an independent consultant, is the Director of the Center for Population Studies at the Royal University of Phnom Penh and is Lecturer at the Royal University of Phnom Penh.

I will briefly present some key points of our National Population Policy in 2004. I want to highlight one or two points about the demographic changes in Cambodia. I will link them to the consequences of population growth on development, and then I will move on to the updated National Population Policy in 2011.

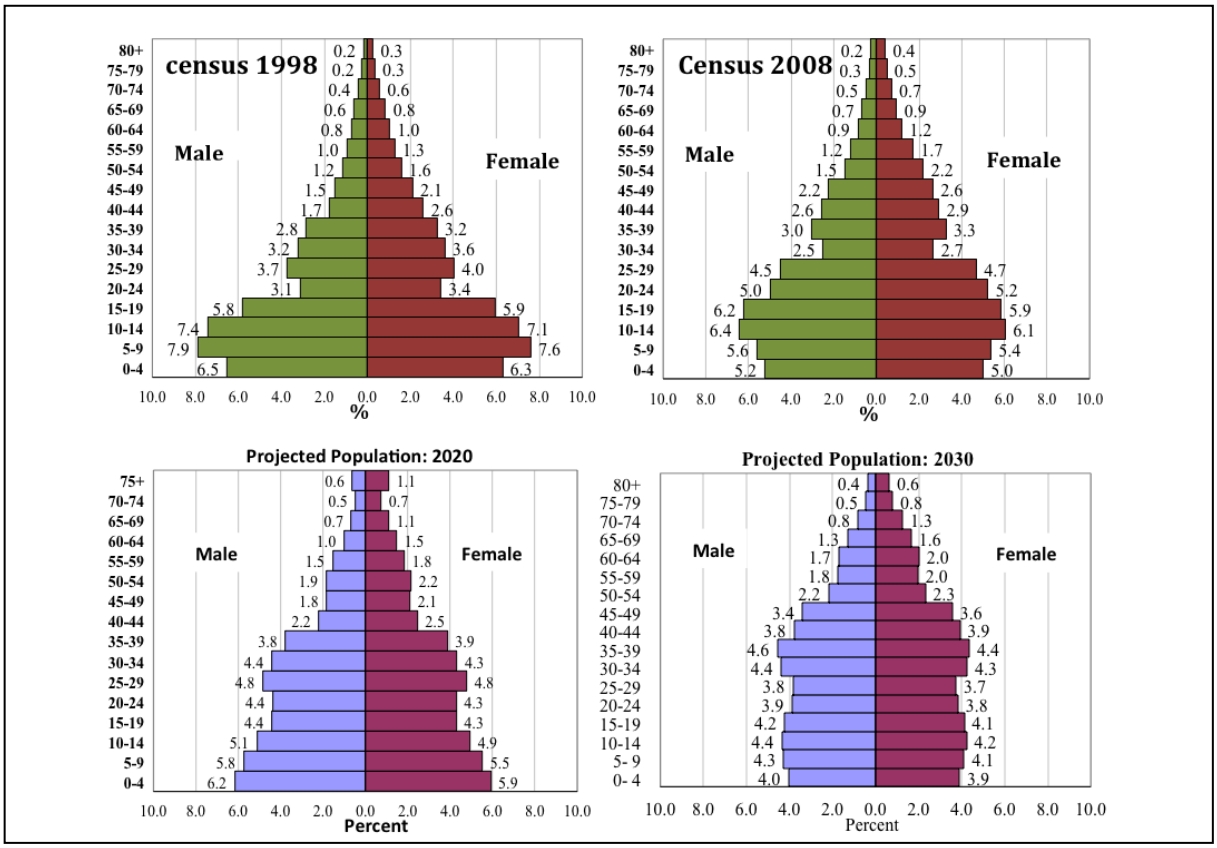
Cambodia first had an official National Population Policy (NPP) in 2004. The primary data used to develop this population policy was based on the census in 1998, and we did have some young aged structure of the population. We realized the emergence of a large number of babies after the Khmer Rouge regime. We did not have a regime that imposes birth in this country. That is why the policy set up best principles that are to support couples and individuals to decide freely and responsibly on the number and spacing of their children, and to have access to the information, education, services and means to do so. This is the population policy in 2004. Whatever the couples decide, the government has to make sure that we have everything for their needs so that they can meet their decision.

Also the policy is linked to the CMDGs. We have several aspects that are important in the policy, including reducing infant, child and maternal mortality rates, potential negative impact of rural-urban migration, promoting gender equality and equity, enhancing human resource development, alleviating the impact of population pressure, especially on the environment and national resources, further strengthening the reversal of the spread of HIV/AIDS and last, which is the most important, integrating population variables into social and economic policies, plans and programmes at all levels.

In 2008, we had a new round of the census, and the result was available at the end of 2009. Based on that, we further analyzed the population policy and we revised the population policy to meet the emerging issues of the population in Cambodia. The important emerging issues that we saw based on 2008 data was the changing population aged structure, as Dr. Marc mentioned. If you see this population pyramid, that helps to answer His Excellency from Vietnam about the impact of the Khmer Rouge regime. In the top left pyramid, we see there is one horizontal bar that is shorter than any bar; that is the generation which experienced the Khmer Rouge regime, and lost their lives in that. We had a very young population in 1998.

By 2008, we have a changing age structure shifting to a more adult population. We were enjoying many labour forces in the country. We conducted the census in 2006, and the country enjoyed the prime number of workforce in 2006, I believe. If we move on to the next pyramid which is based on the projection date from the Ministry of Planning, we will see that Cambodia is likely to experience another round of baby boom due to the baby boom generation after the Khmer Rouge regime reaching their marriage age. They formed their families and then they moved on to have children. Since they outnumber any other age group of the population, even if they have only one or two children, the number is going to be high.

By 2030, we will see that we have a mature population age structure like many developed countries at the moment. What is the implication from this? The demand will change. Previously, resources have to be channeled to take care of younger population, children, babies and mothers. Right now, we still maintain that, but another demand emerges — the demand



from young adults. They want higher education, jobs, healthy marriage and all sorts of things. The government is looking at them and trying to make sure that they have what they need.

Dr. Marc mentioned migration. This is another consequence of changing age structures, since we have so many young people and almost 80% of the Cambodian people live in rural areas. Migration cannot be avoided. Who are migrants? Who are likely to migrate? Young people, of course, come to the city, especially Phnom Penh, to look for better life, better job, better work, and better money. We are experiencing that. When you look at the age structures of migrants in the past five years before the census in 2008, they were young people at the age of 15-30. These are people who migrated.

Another consequence is the change in the dependency ratio. The dependency ratio is improving due to the increasing number of working age population and the declining number of children. At the same time, the number of aged population is increasing too, but it has not reached the level of developed countries. However, we should not forget that issue as well, since we should take that into account so that we are well prepared for what will happen in the future.

The aging population is growing in number and in the proportion of the population as well. We have experienced the demographic window. This is the prime time for Cambodia to develop its economy at full scale. Luckily, we have a low unemployment rate that helps the economy grow. We have many people who work no matter whether they live in rural or city areas. We do not have many who are out of work. It is good for the economy of the country. However, we have to emphasize the importance of human resources and skills for young people. We have to make sure that they have skills and education high enough to help the economy of the country move faster.

The Ministry of Social Affair is working on the aging issues. They most likely have the policy set or ratified by the government already, but I am not certain of this. What I can say however is that they work to make sure that when people get retired, they have, social pension and security. As I just mentioned, we have a low unemployment rate. I believe it is around 1%. A little bit higher in urban areas because of migration, but the country as a whole is about 1%. We need higher attainment in education, especially at secondary, upper secondary education, and university level.

Talking about health, the Ministry of Health is working hard to make sure that the RH system in Cambodia is as it is supposed to be. Right now, the focus is on RH of young adults because we have so many young people. The additional number of young people, I believe, is probably 1 million.

Mortality rates are in good shape now due to the declining maternal mortality ratio in 2010. I work with the World Health Organization (WHO) trying to identify what brings the mortality down so that we can share our experience with other countries in the region. There are several factors. I am writing that report now. I did not have it finalized yet, but one thing that we cannot ignore is the commitment of the government. The government has tried to do everything so that we can reach our objectives.

The experience from the Midwifery Forum that was conducted twice led to the involvement of the National Committee for Population and Development (NCPD). We brought all the people concerned of every corner of the country to the fora, and we learned about the shortage of nurses. Then we tried to increase the number of nurse students and midwife students. However, once these students finish their studies, they do not go back to the rural areas but stay in the city. That is not a good strategy, so the government adopted another approach. They identify those who have enough education and have potentials to become midwives in local areas, and enable them to go to school, let them study and then go back to work in their communes. That works. As a result, we have right now at least two midwives in every health center throughout the country.

Another factor that led to success is the so-called sign-in and sign-out contracts. The Special Operating Agency (SOA) is the framework set up by the Minister of Health. Once we have the target, they sign the contract at every level to make sure they implement objectives set by the government. One of them is to stop birth delivery at home by traditional birth attendants. We still use birth attendants as the key persons in the communes in the villages, but they have to make sure to bring mothers to the health centers to have their babies delivered there, and they have achieved that.

I just want to brief you a little bit about the updated population policy and the guiding principles. We are incorporating the international charters and directions into the updated population policy. Newer and emerging challenges due to changing population dynamics have been factored into the formulation of population policy interventions and actions.

The Rectangular Strategy and the National Strategic Development Plan have been central to the National Population Policy Update. Policy objectives have been influenced by the CMDGs. We want to set our priority so that we can achieve the CMDGs. Some policy directions focus on key sectors of health, education, social welfare, agriculture, rural development, urban development, infrastructure building, and environment. Poverty alleviation, human resources development and skill-set formation will be the drivers of policy programming. Special attention is given to marginalized and disadvantaged groups including children, women and elderly.

Other important measures are promoting safe sexual habits among youth to keep in check and reduce HIV prevalence, achieving equity in development, exploring partnerships with the stakeholders and international community, encouraging adherence to ethics, accountability and transparency and information-sharing in all transactions, generating resources for infrastructure improvement, and allocating resources judiciously.

Thank you for your attention.

"Parliamentarians' Advocacy on Population and Development, CAPPD: Strategic Plan 2012-2017"

Hon. Ouk Damry, MP
Secretary-General of CAPPD, Cambodia

Curriculum Vitae

Hon. Ouk Damry holds a Master's degree in Public Administration. He has experience as a Medical Doctor and was the Vice-President of the Cambodian Red Cross for 16 years. He is Secretary-General of the Cambodian Association of Parliamentarians on Population and Development (CAPPD), as well as a member of the Commission on Legislation and Justice.

I would like to present, first, the overview of CAPPD and second, the progress, achievement and challenges of CAPPD. Thirdly I will present the CAPPD strategic action plan for 2012 to 2017.

CAPPD was established in 1998 with 16 members as founding members, and it gained full membership of the Asian Forum of Parliamentarians on Population and Development (AFPPD) in May 2000. With strong commitment from the leader of the National Assembly, we established an Executive Committee that is presided over by H.E. Men Sam An, Deputy Prime Minister, acting as the Chair. At that time, we used only volunteers at the Secretariat.

Seeing the progress and achievements in the past, we have made great progress mostly in incorporating plans, doing researches, mobilizing resources and exchanging experiences by sending our delegation to participate in meetings and fora internationally and regionally. In addition, CAPPD has organized several workshops and fora domestically.

CAPPD also has actively been involved in the legislation process, such as the establishment of the Law on Prevention of Domestic and Violence and Protection of Victims, the Law on the Suppression of Human Trafficking and Sexual Exploitation, the Law on Marriage and Family, the Labour Law, Abortion Law, Law on Combat and Protection on the Spread of HIV/AIDS, and the Organic Law. We also engaged in the set-up of several codes such as criminal code, civil code, and the procedures. This is our support to population and development issues since population issues are about people and reproductive health/rights.

However, we have some challenges. First, these are unsustainable financial resources. So far we do not have the funds to adequately do our work. Second is lack of human resources. We do not have enough staff, skills and other resources.

CAPPD also organized international conferences. One is the International Conference of Indo-China Parliamentarians on Reproductive Health

and Sustainable Development in 2000. Another is the 21st Asian Parliamentarians' Meeting on Population and Development, together with APDA, in 2005.

We established our strategic action plan with strong support from UNFPA and other UN agencies. We focus on five strategic areas to strengthen our parliamentarians' capacity. By the assessment and interview with several partners and stakeholders, we have selected our priorities to strengthen our work.

First, we have to strengthen our organizational structure, resources and coordination capacity. This is related to human resources. Second, our aim is to support and promote our parliamentarians' activities by disseminating information on new laws, policies and other messages on health and population issues. This is to increase their ability to advocate. Third, we support parliamentarians to identify and report issues arising at their constituency level and encourage them to develop and adopt laws and policies to address these issues.

Fourth, we support parliamentarians to monitor effective resource delivery and allocation of services at the constituency level. The last one is about regional and international cooperation so that we strengthen relationships with other parliamentarian associations and exchange information and experience through fora and conferences. These are five areas that we focus on to strengthen capacity of our parliamentarians.

Parliamentarians in Cambodia work proactively to promote and resolve population and development issues. We also have five strategies here. Strategic Goal 1 is related to capacity building of the CAPPD executive branch and Secretariat. Strategic Goal 2 is about information sharing and dissemination. We aim to promote parliamentarians' knowledge and skills on new laws, policies and issues relating to population and development and motivate them to proactively advocate for action and implementation of these with stakeholders at all levels.

Strategic Goal 3 is related to laws and policies. Legislators actively initiate, develop and adopt laws and policies that solve population and development issues in Cambodia. Strategic Goal 4 promotes and strengthens monitoring and reporting skills. Parliamentarians are active in monitoring and reporting on the effective allocation of resources and services to address population and development issues in their constituency. Goal 5 is about strengthening regional and international cooperation so that parliamentarians in Cambodia gain knowledge and experience through the sharing of information and experience with international bodies and with parliamentarians in other countries.

Thank you.

DISCUSSION

Moderator:

H.E. Dr. Tissa Karalliyadda

Minister of Child Development and Women Affairs, Sri Lanka

Curriculum Vitae

Since 1994 when he became a Member of Parliament, he has fulfilled the positions of Deputy Minister of Health and Indigenous Medicine and Minister of Land and Minister of Indigenous Medicine. Currently, he serves as Minister of Child Development and Women's Affair of Sri Lanka.

MODERATOR:
Now we open the floor for questioning. Please be brief in asking questions and giving answers. India, please.

Hon. Shantaram Naik, India:
I wonder if there are any prevention measures for domestic violence set in your country. I would like to know how effectively they are being implemented. My second question is whether it is true that common cases of rape and sexual abuses are ultimately compromised for monetary purposes in the court of law.. Third, due to the law which is not strict for adoption, children are being marketed outside Cambodia. Is this true?

Hon. Dr. Elioda Tumwesigye, Uganda:
Thank a lot to the speakers. I have two questions. One is the HIV/AIDS Law that you talked about. Do you think the law has contributed to the decline in HIV prevalence in Cambodia? If so, what aspect of the law? Do you have criminalization of HIV transmission or not? That has become a problem in our country. Also, you said you have an abortion law. I want to know what it entails. Can any health related facility do an abortion in Cambodia? Thank you.

Hon. Nidup Zangpo, Bhutan:
I would like to ask Mr. Poch Bunnak. What I would like to share is that since this morning we have been hearing about population dynamics and trends of population, especially in developing countries of Asia. So what happens is when we talk about population dynamics, we usually catch upon the decrease in the growth rate over the year, the decrease in the maternal mortality rate, the decrease in the infant mortality rate, and those are some elements of development or indicators that we catch upon. I would like to ask if you are mindful of the EU population, which is decreasing greatly such as Korea and Japan. Do you have a measure that strikes a balance between these two?

Hon. Dr. Porapan Punyaratabhandhu, Thailand:
My question is directed to Mr. Poch about your presentation. You mentioned that the demographic window is now open in Cambodia. What is the national policy on that opportunity regarding the labour

force or the working population in Cambodia? What is the national plan about this? Also do you have any plan about the transfer of the working group to work in another country or not?

The second question is whether teenage pregnancy is a problem in Cambodia. My last question is directed to Hon. Damry about CAPPD's strategic plan. Advocating the parliamentarians about the population and development is very interesting, but in implementing this, do you find any obstacles? From my experience, parliamentarians are extremely busy and each group concentrates on particular interests, especially when they form a standing committee. Besides the Standing Committee on Public Health, there are many standing committees on other aspects. Among them, they only concentrate in their working context, for instance the Standing Committee for Agriculture has only interest in agriculture. How can you drive them to genuinely be interested in and actively participate in your workshop or even cooperate in developing a law or legislation?? Thank you.

Hon. Biraaro Ganshanga Ephraim, Uganda:
My question rises out of the presentations regarding domestic violence. It is generally divided into two: men against women or men against young girls. But in practice, you may find out of violence practiced by women against their husbands and also the women fighting their young boys. So what do the presenters have to share about these odd experiences? Thank you.

Hon. Linabelle Ruth R. Villarica, Philippines:
This is addressed to Mr. Bunnak. This is a request to share best practices because my attention was caught on the low-unemployment rate of Cambodia. Actually, in the Philippines, migration is a problem. Education is a priority of the government. But after people graduate and become skilled, they already want to find the greener pastures abroad and I do not know if it is because of low wages in the country, or maybe your compensation structure or pension plan would be the answer to low unemployment rate? It is a very big problem in the Philippines. I have another question. I am also interested in the Abortion law and the Organic law. I hope you could explain to us what these laws entail, so we might be able to get some ideas for our country.

Hon. Chibingu Paul Lackson Zacaria, Malawi:
I want to ask three questions, but one of these have already been addressed by my colleague from Uganda about the Abortion Law, but this time I will ask the law of marriage and family and the law on the combat and protection of HIV/AIDS. I just want to know how the laws were initiated.

Hon. Dr. Jetn Sirathranont, Thailand:
I want to ask Hon. Damry about his presentation. I want to know about the relationship between achievements of CAPPD and the international conventions. One is on the Convention of Elimination of All Forms against Women (CEDAW), and I think that this part is very important. If this law has been incorporated into the CAPPD work, how did you achieve that? I want to know the details because I think my country or many countries in this meeting can use these advocate techniques. Thank you.

Hon. Dr. Ouk Damry, Cambodia:

Thank you, Honorable Excellencies, who raised these questions. I will only answer one question about domestic intervention or domestic law. How did it become successful and effective? Now our Prime Minister Hun Sen focuses on having peace and stability in our country, and he stated that if we have no peace, we have no development. This is the commitment from our government.

We have worked on the framework of national policy on safety of community, including domestic violence, prevention of HIV, and criminal action at the local committee. This comes straight from the government and the Ministry of Interior and is directed to provinces, the districts and the communes. They indicate the interventions of the domestic violence and criminal acts.

Second, I have never received any information about selling babies, but the Adoption Law was just adopted last year, so I do not know the results. The one who is in charge of the implementation of this is the Ministry of Social Affairs, so you may want to try to check their homepage.

The third one is about the implementation of laws. We have criminal codes and procedures of criminal codes, and we have other laws to strengthen them. Our government, parliament, and we parliamentarians follow the implementation. If it cannot succeed, we will revise it. If we get complaints from our people, parliamentarians will file complaints to the National Assembly. If we get already 10% of parliamentarians' complaints, we will revise this.

Parliamentarians working at the constituency receive people's complaints. We will report them to the related committee or to the Board of the National Assembly.

With regard to Uganda's question about HIV/AIDS, we have the HIV/AIDS Control Law. Mostly, we have a structure of dual system of feedback from the bottom-up and top-down. Every administration structure has committee groups working everywhere. At the Ministry, we have one committee responsible for HIV/AIDS dissemination, monitoring and control. At the provincial level, we also have a department of office for this. At the commune's level, we have the committees to monitor and follow up on the implementation of the law and to follow the prevalence at the local level.

I would also like to respond to the question regarding abortion. Abortion cannot be freely done in Cambodia. We have to have a medical certificate with reasons, such as save the mother's life. If you do it wrong, you will face penalty.

Mr. Poch Bunnak, Cambodia:
Bhutan asked the question about what measure the Cambodian government to balance the declining growth rate and the growing of the aging population. Obviously, we do not try to make any attempt to curb the growth, but can observe that younger generations do not want to have many children in general - just two children. Based on the demographic theory, two children are not enough to continue the human species. We need more than two. That is true, but we never force people to have two children. The National Population Policy says that we should provide all means to couples so that they can make free decisions and they can decide whatever they want. They want two children, three or five, that is ok, but make sure that you

can reach what you want. That is not the responsibility of the government. If you want five, make sure you have enough resources to take care of your five children. If you want two, make sure you have means to limit your birth to two.

And for the growing aging population, we experienced the increasing rate of this group of population, but it is not at an alarming point yet. I do not think we can have a balance because of the changing demographic transition. When you have a huge number of children at one point, you will have a high number of aging population later on. Once you have shortage of children, you may try to do something to have children, but you cannot force young people to have more children than they want. That is important. Developed countries have experienced that.

Especially in Japan, if you look at the projected population pyramid, I think in 2040 or 2050, I am not certain, but the shape of the pyramid is upside down, which means the largest group on top of the pyramid is the old people. Of course, we try to do something to adjust that and we do not allow the natural law to take over. Here is an example from experience that I obtained in Bulgaria: a couple tried to have one or two children maximum. The Bulgarian government back in the 1980s, when I was there and I lived there 6 years, provided one apartment to the couples who have three children, or the third baby. That was the incentive that the government offered. You cannot impose people to have three children, but can encourage that. I hope I was able to answer your question.

That is about the demographic window. We have experienced that. You asked if we support the labour migration abroad. If I am wrong, please correct me. Legal migrants go to work abroad. I think most work in Thailand, then in Korea and Vietnam, but I do not believe that the government encourages Cambodian people to work abroad. I do not know about this encouragement. I do not recall the figure from the CDHS or from the census data about teenage pregnancy. I think we do have that, but the proportion is relatively small. I cannot tell you the exact number at the moment.

You did ask whether or not the Population Committee does something to take that demographic window of opportunity. It is like a national opportunity that you should not miss. We did put something in the National Population Policy in 2011. I think three things that we try to see in there. One is to make sure that we see that opportunity by providing education and skills to younger people who are going to become the prime labour force for the country. Make sure they are ready to work.

Another aim is to promote job creation which is written in the policy as well. They have skills to work, and we have jobs for them to work. I think that is good, but that is not all. We have another component to take into consideration, namely creating a healthy workforce. We need to take care of that too.

Hon. Dr. Ouk Damry, Cambodia:
Now I continue to answer to Hon. Ephraim. Of course, we have problems. We still have challenges on the functioning of the Cambodian Association of Parliamentarians on Population and Development (CAPPD). One is concerning the human resources. Second is the funding. It is not sufficient, but in any case we try our best to work very hard with all

the internal Parliamentarian Commissions to find solutions for this. As Hon. Ho Naun is the Chair of the Commission of the National Assembly, with which we work closely to include our agenda in any forum or meeting. We thank our Prime Minister very much for his recognition of our job and for always encouraging us to work to strengthen the capacity of our parliamentarians.

Next, the question of the Dr. Jetn related to the Committee on the Elimination of Discrimination against Women (CEDAW). We are part of the signatory of the CEDAW, and we endorsed it and promote it in our national policy. Answering to the question from Uganda about domestic violence, we integrate this into the criminal law, and we have penalties for these varying on the action committed.

Mr. Poch Bunnak, Cambodia:
Your question is about best practice on low unemployment rate. I think answering this question we have to look at the history of Cambodia. We started with a small number of working age groups, who survived from the Khmer Rouge regime, and suddenly we had a baby boom. When we had a small proportion of the labour force, we had a large proportion of the dependency ratio. That was a concern. Given that concern, more and more projects were created in order to handle the dependency in the country. For example in the health sector, we keep creating health centers, health posts, and health staff. For education, we keep building schools and recruiting teachers. Those are things that are being built from day to day, non-stop. Given the small number of people who work, you need extra workforce. That is one side of the story.

Another side of the story is that we have a huge number of young people who are reaching their working age. But luckily not all of them are out of school. There are some people who continue their higher education. The demand for the labour force is increasing in the country, and we have people who just joined the labour force. There are a huge proportion of them who are not in the labour force yet. The unemployment rate was about 1% based on the 2008 census. The situation right now may be a little bit different, but we hope that the trend remains unchanged after this younger generation joins the labour force in full capacity.

Hon. Dr. Ouk Damry, Cambodia:
Regarding the question from Malawi about the Marriage Law, we have a law on monogamy that states one man can officially marry only one wife in Cambodia. We also have penalty when you abuse the Monogamy Law. You have to pay a fine when you are violating Article 4 of this law. You have to pay 200,000 Riels up to 1,000,000 Riels. There are different types of punishment as well.

Related to HIV, you would talk about doing a test before your marriage. Of course, we don't have a law covering that yet, but we promote the people to do a blood test related to HIV and some other chronic diseases before their marriage.

Hon. Chibingu Paul Lackson Zacaria, Malawi:
What age are people allowed to get married?

Hon. Dr. Ouk Damry, Cambodia:
From 18 years old up.

MODERATOR:

Thank you very much again for the valuable conclusion you have made during this session. I am sure we are able to learn many new things from each other about the subjects that we have discussed. And this will help us to carry out our functions more effectively when we return to our country. I think we come to the end of our session time. Thank you very much.

Session 4
Emerging population issues

"The Elderly in Cambodia"

Mr. Chukmel Santepheap

Deputy-Director of the National Social Security Fund For Civil Servants, Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), Cambodia

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Curriculum Vitae

Mr. Santepheap is Deputy-Director of the National Social Security Fund for Civil Servants and Assistant to H.E. Muth Khiev (Secretary of State, Director of the National Social Security Fund for Civil Servants and Permanent Vice-President of the Cambodian National Committee for Elderly), Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY). He studied and graduated as a medical assistant.

I would like to make a presentation on the elderly in Cambodia. Through the leadership of Samdech Akka Moha Sena Padei Techo Hun Sen, Prime Minister of the Royal Government of Cambodia, there has so far been remarkable improvement in all sectors. Elderly welfare is one of the concerns of the government.

On the 25th of July 2011, a sub-decree was adopted and proclaimed to establish the Cambodian National Committee for Elderly, in which the Prime Minister is installed as the Honorary President, H.E. Ith Sam Heng, Minister of Ministry of Social Affairs, Veterans and Youth Rehabilitation as President and H.E. Muth Khiev, Secretary of State of Ministry of Social Affairs, Veterans and Youth Rehabilitation and Director of the National Social Security Fund For Civil Servants as the Permanent Vice-President. It also installed the Secretary of State, Under-Secretary of State of other Ministries as Vice-Presidents and members.

This indicated the concerns of the Government of Cambodia on the elderly and spurred the improvement on the promotion of the elderly well-being policy. Notably, a longer life expectancy of the Cambodian people was seen.

In this presentation, we would like to mention the word elderly sometimes, or sometimes use the term older people or aging, so please accept this terminology. Today's older-age Cambodians are survivors of the decades of chronic conflicts, and especially older women are predominant. Many of the older people live in the rural areas where services are not adequate, and the literacy level is low as a consequence of the past conflicts. Health problems of the elderly are likely to be related to chronic illness and mental trauma rather than communicable diseases. Many older people, especially those aged 60-69 years old, remain economically active, working in the informal sector. The poverty rate of people over 65 years is 25%. Difficulties and challenges of the Cambodian elderly people are both economic and health-related. Now we also see a lot of eye problems.

The Concept of the Elderly:

According to the Cambodian Population National Policy, older people are those of 60 years old and above. However when conducting the population census, two different definitions were used. In this case, I would like to apologize for this data I used from Mr. Poch Bunnak. He just presented his statistics. First, the definition of older people indicates those who were 60 years old and above, and the other one is those who were 65 years old and above. This is from the National Institute of Statistics (NIS). The first definition is matched with the age of retirement for civil servants. Sometimes we have also seen two categories for the elderly. For instance, older people are those from 60-79 years old and oldest people are those from 80 years old and above. However, we would like to confirm that in this presentation, for older people we use the first definition of NIS.

Demographics of Older People:

Before talking about all of these, we would like to say that there is a small difference with the presentation of Mr. Poch Bunnak since we used some of his data. Some demographic research notes that the proportion of older people aged 60 and above among the general population increases from year to year. This is one big remark. Before 2000, older people accounted for 4.4% of the total population in Cambodia and rose to 6.4% in 2008 or 880,000 people. This number was projected to double, about 1.5 million by 2025. This number may be a bit different from Mr. Poch Bunnak's presentation.

Situation of Older People in Cambodia

Most of the older people live happily with their families. However some are experiencing hardship and challenges as follows. Older people who live in rural areas are poor, have low education and have limited knowledge of hygiene, sanitation and health. Although the tradition of respecting, caring and looking after older people still exists in Cambodian families, the ability to support them remains limited and this forces some of them to find solutions on their own in regard to making daily income. Female older people bear a heavy family burden in taking care of their grandchildren as their parents migrated to other faraway places to find work, or as a result of their parents' divorce or death from HIV/AIDS, traffic accidents, or other illnesses. Some older people have limited knowledge together with traditional ideas that older people should have less work, engage only in housework and pagoda activities. Often they do not feel comfortable with poor sight, difficulties in hearing and challenges in traveling, which makes them lose the full opportunity in participating in the community development activities and in sharing their experiences and problems with their local communities where they lived.

Concerns of the Royal Government of Cambodia (RGC) regarding old people:

Facing elderly's difficulties and challenges, the government highly expressed its concerns and included older people's problems as agenda points to find resolutions in the National Policy. They established a strategy by focusing development on the well-being of the elderly. The Cambodian Constitution of 1993 mentioned that the Cambodian families must respect, pay attention to, take care and look after their older parents. After that, as I mentioned earlier, the Cambodian National Committee for Elderly was established. Every year on 1 October, we have the Elderly National Day

of the Kingdom of Cambodia with the International Day of Older Persons. The government encouraged the expansion of law on the social security framework by including the pension fund. Cambodia is a signatory to the Madrid International Plan of Action on Ageing (MIPAA). The government, civil society and communities have to ensure that older persons are fully integrated into the society and assure a life of dignity and good health. The RGC is committed to implementing the MIPAA.

Other aspects we have also seen are:

- The establishment of the National Social Security Fund (NSSF), which is for the private sector, the National Social Security Fund for Civil Servants (NSSFC), which is for the civil servants in the government, the National Fund for Veterans (NFV), which is for combatants, and the Fund for Invalids (FFI);
- Support in general to the older people by providing money and materials is done by the Cambodian Red Cross and Social Affairs, Veterans and Youth Rehabilitation Department of provinces and Phnom Penh capital, and through charity;
- Annual increases of the pension of retirees and invalids
- Provision of healthcare services to the poorest older people free of charge (covered by the Equity Fund provided by the government and stakeholders);
- Provision of social granted land to the veterans (retirees and invalids);
- Construction of the houses for veterans (retirees and invalids);
- Construction of the houses for the poorest elderly vagrants through the Bayon Fund Programme.

The RGC Policy on older people:

The government shall ensure that the burden of support required for elderly people will be shared between the relevant Royal Government institutions with support from civil society, communities, families and elderly people themselves. The government shall care for the well-being of the elderly population and take appropriate and timely actions to respond to their problems and needs according to defined priorities. In 2003 the government's policy on the elderly focused on 5 main sectors as follows:

Social Sector:

- To develop welfare services for the older people;
- To promote social inclusion of all older people, especially women in rural communities;
- To support activities and good practices of older people for next generations;
- To protect vulnerable older people, victim of calamities;
- To provide opportunities to strengthen knowledge and professional skills for the government staff working with older people;
- To analyze gender issues in research, planning and evaluation of projects and activities for the older people;
- The government and civil society should consider providing outstanding older people with the opportunity to visit historical and other interesting sites of Cambodia.

Examples in the Social Sector:

- The First Lady of Cambodia, President of the Cambodian Red Cross, has actively been involved in alleviating the living standard of older people who have nothing to depend on.
- H.E. Hun Mana, Director-General of Bayon Radio and TV stations, and president of the Bayon Foundation,

created a Goddess House Programme and has so far built hundreds of goddess houses for older people. Her engagement in humanitarian activities is seen as a model for all people at the present time as well as for future generations to get involved in supporting the well-being of older people in Cambodia.

On the Health Sector, Mr. Poch Bunnak and Dr. Tung Rathavy have discussed a lot already, so I would like to discuss the economic sector. The government shall establish micro-credit schemes that will support older people to develop income-generating activities. The government shall provide tax relief for products produced through community-based older people's associations and will lower the rate of transport fees. The government will also search for potential buyers of products made by older people's associations.

For participation, the government will establish a scheme whereby older people with requisite skills and experiences will be encouraged to work as consultants in the private and public sectors. The government will establish a scheme that will allow retired public servants to engage in the government services on a contractual basis. The government shall encourage and motivate older people to take part in social development activities.

For the government's policy in supporting Older People's Association (OPAs), the government has developed laws, royal decrees, sub-decrees and regulations aimed to promote the well-being of older people and to address their challenges and needs. The government has encouraged the establishment of OPAs at the community level across the country. Why does the government support OPAs? The association of older people is a local but legal community-based organization aimed to promote old people's well-being through their activities, which provide benefits for them, their families, communities and communes/sangkats where they live. The establishment and management of OPAs is a local mechanism recognized by the government and provides care and services for older people so that they are able to participate in local development work and programmes in their communities.

For future plans on elderly people, the government continues to set up more new policies on elderly; organizes every year the Elderly National Day of the Kingdom of Cambodia on 1 October combined with the International Day of Older Persons and disseminate the guidelines on OPAs establishment and management of the guidelines on home-based care for elderly in Cambodia. This book is endorsed already by the Ministry of Social Affairs and is expected to be endorsed by the Prime Minister in a later stage.

The government continues to collect data and statistics of OPAs; encourages OPAs establishment and management in all communes/sangkats; organizes the training on OPAs establishment and management for the officials concerned; strengthens the provision and modification of pension to the retired and invalid civil servants, and many more related schemes.

This is the concept of the Royal Government of Cambodia on the elderly. They say that older people are our national legacy and national cultural assets. Their thoughtful practical knowledge and experiences are important

for their families and nation. We all must respect, care for, support and actively participate in the establishment and management of at least one OPA in each commune/sangkat and in making them sustainable in the entire Kingdom of Cambodia.

Thank you for your attention.

"Youth and Reproductive Health"

Dr. Soun Bophea
Youth Programme Manager of the
Reproductive Health Association of Cambodia (RHAC), Cambodia

Curriculum Vitae

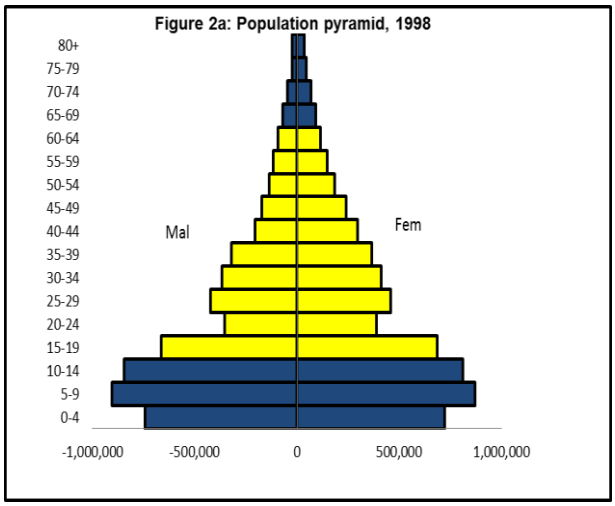
Dr. Soun Bophea was a medical doctor in 1992 after he graduated from the Mixed Faculty of Medicine, Phnom Penh inCambodia. He received a Master's degree in Public Health in 1998 at the Free University of Brussels in Belgium and a Master's degree in Development Studies from the Royal University of Phnom Penh, Cambodia. Dr. Soun Bophea has almost 20 years of experience working in public health, including infectious diseases and TB, maternal and child health, nutrition, water and sanitation, and community health.

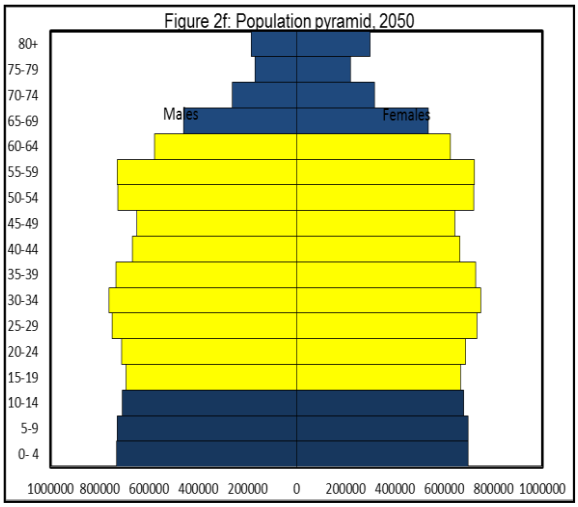
It is a great honor for me to present to you the youth and reproductive health of Cambodia. RHAC is a leading organization in the implementation of sexual and reproductive health (SRH) in Cambodia.

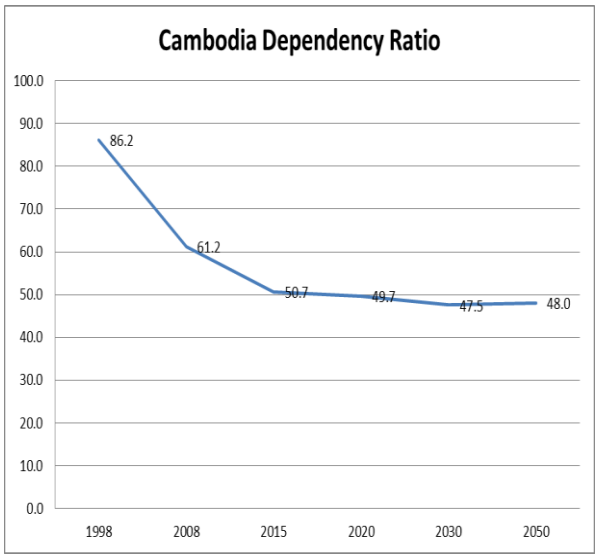
I think you have been discussing a lot about this policy. I just notice that we are a bit far away because you are policy makers and I am really an implementer of SRH policy.

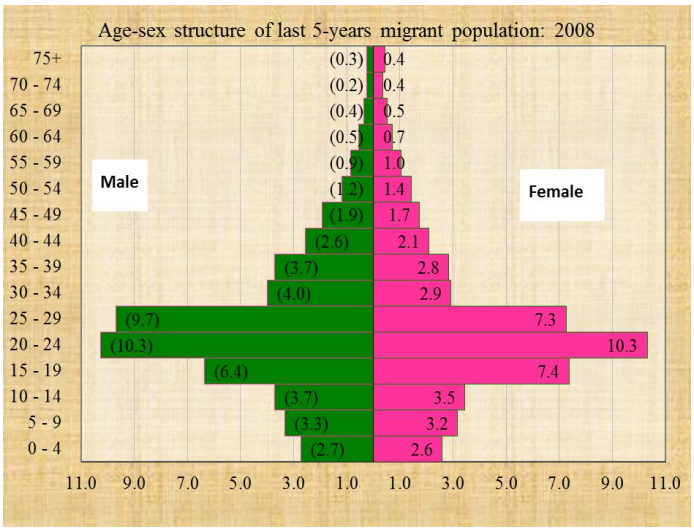
First, I would like to show you the population shape of Cambodia in 1998 and in 2050. The shape changed from a pyramid to a rectangle.

In the next graph, you will see the dependency ratio. The dependency ratio is down from 86.2% in 1998 to around 48% in 2050. It means that the youngest and the oldest population groups are becoming bigger. We all know that the demographic bonus happens only once per country when the productivity, or working population, is more than the dependency population. Therefore, Cambodia needs to prepare everything for this demographic bonus for the country's development. For example, we need to









pay attention to the economy, services, education, health services and the productivity of the people, especially the young people.

This graph shows the migrant population in 2008. The migrant age group is high and constitutes youth between 15-29 years old. Especially the female youth accounts for more than 20% of this group. The age of marriage between 1998-2008, according to the census data, increased from 22.5 for women to 23.3 and men from 24.2 to 25.6. With this, the amount of young people who start sexual activity before marriage is increasing.

Talking about the contraceptive prevalence rate (CPR) and unmet needs for family planning, we have a significant increase of CPR for modern methods from 19% in 2000 to 35% in 2010. Even though the percentage climbed, it was still low compared to the neighboring countries. Also, the unmet needs for family planning decreased from 32% in 2000 to 17% in 2010. Adolescent fertility rate (births per 1,000 women aged 15-19) is high.

Regarding the policy development, I think you have talked a lot about the National Population Policy and other such policies. Regarding the youth and reproductive health, we have the birth spacing policy developed in 1996, which calls for collaboration and cooperation between both the government and non-governmental organizations to implement the birth spacing programmes. Also, with the expansion of the national strategy for reproductive health, we have a new policy for 2012-2016, namely the National Policy on Cambodian Youth Development. It was recently developed and endorsed by the government.

Relating to the progress made up till now, you may have learned about the comprehensive sexuality education. This is a new SRH subject that focuses on improving critical thinking skills for young people. The guidelines for youth friendly services were developed by the Ministry of Health in collaboration with relevant NGOs and UN agencies. The number of the government health centers that provide youth-friendly services, advocacy on youth RH, is increasing. They are also expending RH services to young people with different sexual orientations. That means that we are now focusing on sub-groups of young people, such as men who have sex with men (MSM), gay, bisexual and transgender (GBT), entertainment workers, and migrant workers. A workshop was held for improving services for MSM supported by the Japan Trust Fund and IPPF/RFSU. We trained around 30% of Cambodian health centers and provided free services to young people.

About the education regarding SRJ, a lot of NGOs working in the communities use the same approaches to transfer the message to young people through one-on-one talk, group discussion, performance, and mobile video. When you look at unsafe abortions from the data of the RHAC clinics, around 1,000 factory workers received post-abortion care from RHAC clinics each year.

As to advocacy activities, His Excellency Minister of Health met with active youth advocacy leaders. Also JOICFP donates bicycles to youth peer educators for outreach activities. We have just developed the curriculum for training in what we call comprehensive life skills for SRH for six grades (grade 5, 6, 7, 8, 10, 11).

In conclusion, Cambodia provides a lot of support in terms of established policies. We all need to intensify the implementation through clear budget allocation for RH. Even though there is a decline in unmet needs, the rate is still high, and we need more interventions to lower the percentage.

We need to address the youth migrants who migrate internally and internationally. Unsafe abortion is a serious issue for young people. Young people need fewer children and they need more family planning. We need to increase donor support for RH/FP needs of the large young population. Cambodia needs a Global Fund for FP/RH.

Thank you for your attention.

DISCUSSION

Moderator:

Hon. Dr. Elioda Tumwesigye, MP
Uganda

Curriculum Vitae

Hon. Dr. Elioda Tumwesigye has a Master of Science in Epidemiology from Case Western Reserve University in 1997. He served as epidemiologist at the Ministry of Health from 1997 to 2001. Since 2001 he is a Member of Parliament. He is the first Chair of the HIV/AIDS Committee of the Parliament of Uganda.

MODERATOR:
This shows us that we should set up a group of funds for RH and family planning for Cambodia or for the world. I will allow India, Zambia, and Malaysia to ask questions. India, please.

Hon. Shantaram Naik, India:
Cambodia has a good exhaustive policy on elderly people. Now with respect to the policy, I would like to ask you a few questions. First, your policy says that for elderly people, you are going to promote them to be consultants in the public and private sectors. To what extent have you been successful in this aspect?

Secondly, you have also mentioned in your policy and in your presentation that elderly people will be engaged in contractual business in the government jobs so that after retirement, they continue to do some jobs on contract basis. Again, I would like to know to what extent you have been successful in this aspect.

Hon. Vincent Mwale, Zambia:
To the last presenter, on the progress that has been made, you talked about comprehensive sexuality education, which is provided in schools to students. I want to hear more about parental reservations on what you can teach children in school. Some would not like it when you talk about certain things that they themselves do not approve of. How much approval has this got from parents for you to give comprehensive sexuality education to students in schools?

The second one is that you talked about providing services to MSM. My country is too difficult to reach out to MSM because the country does not accept gay people and considers it to be illegal. If my assumption is correct, here it is legal. That is why you can even reach out to them. Thank you.

Hon. Mariany Mohammed Yit, Malaysia:
My question is to the first speaker. The Cambodian Constitution of 1993 mentioned that the Cambodian families must pay attention, take care and look after their older parents. What happens when you do not have a family? Married,

but no children, or single, no children. What about when they are faced with rejection? In case of breach of this constitution, is there a penalty to their children if they do not want to take care of their parents?

MODERATOR:
I think with the last question, I also would like to mention laws enacted in China and Russia that want to punish children who abandon their parents.

Dr. Soun Bophea, Cambodia:
As you have heard already, the Cambodian government has a good policy in encouraging the elderly to integrate into the government or private sector, and also on a contractual basis. This is really important. For example, when they retire they can become a member of the council at the provincial level. Or, when a teacher at the university retires, he can be engaged also for one or two more years to be an adviser to the Dean of the university. This is really successful because we also would like to have the transfer of knowledge and skills of older people to the younger ones.

Another question from Malaysia. According to our Constitution, it is mentioned that Cambodian people have to respect and take care of the older parents. Also, according to the tradition and culture that even though they are not their own parents, young people have to take care and respect older people in their communities. This is our culture, so we put this culture into the Constitution. According to the tradition, you will be reproached and blamed for abandoning your older parents who have no support to depend on. This will face dismissal by the community.

MODERATOR:
Can you penalize young people who abandon their elderly, and maybe also elderly people who do not take care of the young orphans? I would like to have Hon. Ho Naun from the law to clarify this as I do not have a background in law myself.

Hon. Ho Naun, Cambodia:
I would like to pay my respect to all the people who are present in this meeting. Relating to the question about how the law regulates it, the Constitution of Cambodia stated that children have obligations. The term "obligations" already shows that children must take care of their old parents. Although there is no punishment stipulated by the law, the term "obligations" already covers all. However, if the children do not look after their old parents, the society will condemn them for showing no gratitude to their parents. Cambodian tradition hates those ungrateful children. Thank you.

MODERATOR:
Last, Dr. Soun, please take the question from Zambia on the parents' approval of the comprehensive sexual education and also of MSM, whether they are legal or illegal?

Dr. Soun Bophea, Cambodia:
Thank you for the questions. For the comprehensive sexuality education in Cambodia, both the formal educational system and informal educational system is referred to, namely both in school and outside classrooms in the community. Before we developed the curriculum in school and outside classrooms, we conducted the consultative workshop among the relevant stakeholders including parents, community people, community leaders, and students about their acceptance to the concept. At the same

time, we conducted the sensitization workshop to the local authorities, commune leaders, and civil servants in order to create an enabling and supporting environment. Also, we train the village chiefs in the purpose of making the supporting environment for young people who will access the youth outreach activity at the community.

Question 2 is how to reach MSM? I think for my organization, we design activities such as establishing a counselor in our clinic. The counselor frequently goes to the entertainment establishment and conducts a group discussion among the entertainment workers, and discusses gender identity. Gender Identity includes LGBT (lesbian, gay, bisexual, and transgender). In Cambodia, we are not so strict and we try to create a stigma free attitude on MSM. Thank you.

MODERATOR:
Thanks a lot. Join me in giving thanks to Dr. Soun for the presentation. We have learned a lot on the elderly and the young people to be integrated into the national framework in our country. Thank you for listening and keeping active participation.

Session 5
Examination of the Role of Parliamentarians Based on Findings from the Study Visit

"Examination of the Role of Parliamentarians Based on Findings from the Study Visit"

Hon. Shantaram Naik, MP

India

Curriculum Vitae

Hon. Shanta Ram Naik did his B.A. at Smt. Parvatibai Chougule College Margao, Goa and LL.B. at Siddharth College of Law, Bombay. In 1972, he started his practice as a lawyer in Goa and in the same year he joined the Indian National Congress. He became a Member of the Goa Pradesh Congress Party, and climbed the ladder to become Jt. Secretary, General-Secretary and President of Goa Pradesh Congress Committee, respectively. In 1984, he was elected to the Lok Sabha from the Panaji (North Goa) Parliamentary Constituency. In the year 2005, Mr. Naik was elected to the Rajya Sabha and was re-elected to the House in 2011. He is the Chair of the Standing Committee of the Department of Personnel, Public Grievances, Law and Justice.

We had exhaustive discussions on population related issues on 22nd January, after which, the next day, we commenced our Study Tour journey for Pursat and Kampong Chhnang provinces, exactly at 7 a.m., as scheduled. We were briefed during the journey, in the coach, about the history of Cambodia. One of our own colleagues from Bhutan, Hon. Nidup, appointed himself as our guide and entertained us. Another member who made our tour interesting is Hon. Kamal. I think both of them can be declared as men of the tour.

Before checking into Pursat Century Hotel, we visited not only communities manufacturing baskets, mats, silk and cotton handicraft, but also Khnar Ansar commune, and Krakor District in Pursat. Enthusiasm of ladies which formed groups for the purpose of preparing the items was quite good. Hon. Em Ponna, Chair of Bun Rany Hun Sen Development Center, Pursat, explained to us about the working skills of the community.

We later visited Bun Rany Hun Sen Development Center where again Hon. Ponna told us about the skills of the ladies who weave cloth. Here at the center we were joined by Hon. Mr. Kenya Akiba, Senior Vice-Minister of Japan for Health, Labour and Welfare, who took a keen interest in the center and appreciated the weaving skills of the women.

We then visited Pursat Provincial Center. Mr. Pum Chantha and the Director introduced the various courses taught at the center to the members. Fashion courses and courses in Korean language were really directly job-oriented courses taught there. Members asked questions related to these courses and they were satisfactory replied to.

The next day we first visited Trapeang Chan Primary School to study the status of education of Kompong Chhnang. The Director of Kompong Cham Provincial Education, Youth and Sports Department, Mr. Pich Sambo, explained the details of education provided at the school. During our visit, we came to know that dropout cases appeared to be a serious issue. Breakfast is given to the children under the World Food Programme. When asked about the existence of Parents and Teacher Associations, they referred to a body which was performing a similar task. We were accompanied by Hon. Keo Chanmony MP of Kompong Chhnang Province.

After the school visit, we visited Trapaing Chan Health Center to learn about the status of health of Kompong Chhnang Province. Mr. Prak Vun, Director of the Kompong Chhnang Provincial Health Department introduced the services provided by the Center to us. We could not learn in detail about each aspect of the services provided there but could obtain a general idea through the tour. I may venture to mention here, medicines must be provided free to the needy, along with health services. The center there, however, had a smaller set up.

Post lunch we visited Cambodia Mines Action Center (CMAC). Members were shocked to know that landmines problems still exist in Cambodia. CMAC trains personnel in de-mining and provides services and expertise to other countries. However, it is to be remembered that despite the gigantic task CMAC is performing, huge areas in Cambodia bordering Thailand have mines planted there. Authorities responding to queries said that no target for a mine-free Cambodia could be set up, as this would be a task that is impossible. Instead, they have set up an “Impact-free” target. Later, the CMAC arranged field demonstrations for the benefit of the members. This was one of the most impressive experiences to the members of the study tour, one can undisputedly say.

In general to draw a few conclusions from the study tour, I feel parliamentarians have to raise population-related issues more often in their respective parliaments. We have got our tasks. Through questions and debates, we should raise more related questions. Secondly, parliamentarians, especially those who belong to religious minorities have additional responsibilities to make the people understand the urgent need for resorting to family management programmes. We know that religious bodies or religious heads sometimes can manage many problems. There are some adverse effects, no doubt about it, but we also can change these undesirable effects.

General literacy, as also legal literacy, on war footings has to be spread. Education is the key to all solutions. We have to spread the message that a healthy nation is a wealthy nation. Ultimately, if people are literate, our problems will be solved. We did not explain much about this issue. It is because illiteracy prevails in our society that problems arise. Therefore, it is also our duty to tackle this. Also, parliamentarians have to visit hospitals and all other public utility centers in their constituencies and at least a few schools from time to time, to make an on-the-spot assessment of health and education facilities and make appropriate suggestions to their governments.

We request all the members of any committee, of any health committee or education committee to simply visit all

their own utilities or any hospitals as it will surely make a difference. It is our duty. When we visit the district hospitals and see the various conditions, we can submit ideas and suggestions to the government. I think many things can be improved because of that.

The Asian population and Development Association and Cambodia Association of Parliamentarians on Population and Development deserve congratulations for not keeping members within the four corners of a hall but for taking them, rightly, for a study tour. The rich field experience can not be compared with the reading papers and holding question-answer sessions thereon. Although, such indoor exercises are a must, the APDA henceforth should allow members to breathe more fresh air.

I take this opportunity to thank the officials of APDA and CAPPD, other members, the company of which the tourist vehicle was hired, the hospital employees, and those who served us food with love and dedication, wherever we had opportunity to take our meals during the tour.

Thank you very much.

"Examination of the Role of Parliamentarians Based on Findings from the Study Visit"

Hon. Biraaro Ganshanga Ephraim, MP

Uganda

Curriculum Vitae

Hon. Biraaro Ganshanga Ephraim has been a Member of the Parliament starting 2011. He was a Councilor from 2002 to 2010. He has a Master's degree in Business Management Administration. Also, he holds a Group Diploma (Hons.) in Management Studies. He served as board member in various companies.

I am going to make a brief observation about the African perspective of how we saw the workshop. This is the observation about the Asian and African Parliamentarians' Capacity Development meeting and study visit on the Integration of Population Issue into National Development Framework.

Organization: The organizers of the meeting were very knowledgeable about the topics and addressed them accordingly. The programme set up was relevant to the success and challenges within Asian and African contexts. The venues for presentations and accommodation fitted well in the participants' expectations. Workshop materials such as handouts, files and all stationary were timely. The dignitaries who officiated at the opening expressed their concerns about population issue especially in Asia. Africa is racing towards very high population against dwindling resources. All populations are growing while resources are getting depleted. Session chairs knew their jobs and topics with authority. The time table gave ample time to truly handle all topics sufficiently.

Participation: All participants showed enthusiasm in asking questions, supplementing and contributing to topics. Members allowed some time to respond in all sessions for a few like those from Sierra Leone who were delayed in arrival. The hotel management was always at hand to play their part. We have been comfortable so far. The rapporteurs deserve appreciation for they are covering the topics very well and giving us feedback.

Study Visit: The visited group and locations were quite ideal for the workshop intentions. Members expressed empathy for the plight of the group that we visited namely, the women's groups, Youth Centers and CMAC. The women's group was very innovative. They need more assistance from the ministries responsible in their country. Their products require vigorous marketing so that they can earn from them and grow their industry.

The youth groups were quite appealing. Management teams were doing a good and noble job. The youths looked

determined in what they are doing. They have lots of challenges, however. Management should build confidence in the youth, instead of calling them poor or any other names that they give to them. They need to encourage them so that the needy or vulnerable feel human. That is the observation we have made and we told them on the spot. They should be given the confidence. The Royal Government of Cambodia and donor communities need to pay more attention to these groups. All education systems need to be synchronized with contemporary international trends.

Conclusion: The secretariats should organize the follow up meeting in the future. We should not come and stop here because we should not have forgotten of the great impact. We need to respect it because they say “people respect, others respect.” All proceedings should be compiled and given to participants and stakeholders in digital form. We need maybe CDs or whatever transpired because we cannot review here on what we have gone through. More Asian and African countries should be encouraged to strengthen population issues through this forum.

Climate change needs to be tamed to save mankind. If climate change is not controlled, humankind is at risk. Members are invited to share African experiences in education, farming, women groups, security and climate change effects. CMAC opens an opportunity for nations affected by post-war effects to draw lessons. That is the end of the observation.

Thank you very much.

DISCUSSION

Moderator:

Hon. Dr. Nguyen Van Tien, MP

Vice-Chair of AFPPD and Vice-Chair of VAPPD, Vietnam

Curriculum Vitae

Hon. Dr. Nguyen Van Tien received his Medical Doctorate in 1979, a Master's in Public Health in 1994 from Mahidol University in Thailand, and a PhD in Public Health in 2000 from Hanoi Medical University. He has been the General Secretary for the Vietnamese Association of Parliamentarians on Population and Development (VAPPD) since 1994, and the Vice-Chair of VAPPD and the Vietnam International Medical Parliamentarians Organization (VIMPO) since 2006.

MODERATOR:
Now we have around 20 minutes for raising issues and having a discussion on the study visit. I think that our meeting is really focusing on the issues of population and development. It is not only democratic, but it is also concerned with many things we see in the fields, such as family planning and income generation. We had site visits and saw what is going on at these sites. There are issues of gender, education, and healthcare, especially the primary healthcare and financing mechanism for providing primary healthcare in Cambodia.

We also saw the CMAC center, which is a very famous center that expands its activities to help other countries. We thank you, the organizers and CAPPD for their hospitality and great support from the Royal Government of Cambodia. There is great support from other countries such as Japan, Europe and other countries to help Cambodia to promote more growth and rehabilitation from the war. Now the floor is yours for your comments.

Hon. Safi Kamal, Afghanistan:
Thank you very much for this wonderful session you delivered. First of all, I would like to extend my heartfelt and sincere gratitude to the organizers of this great event. And I would also like to extend my heartfelt gratitude to the Kingdom of Cambodia, the government, the parliament and their people. On behalf of this forum, for the great hospitality and their sincere love they extended to us during our stay here. I would also like to extend my sincere and heartfelt thanks to all participants and appreciation to each other and the sincerity with which we shared our thoughts and beliefs during our stay. I am sure that this has been an unforgettable event that I will not forget for my whole life.

This stay has been a great experience for me from which many lessons learned. I enjoyed senior people's company and

other senior parliamentarians, ministers and deputy ministers. I learned a lot from you people. I have a few suggestions in order to carry on this mission. It is that first of all we should develop our coordination and communication strategy between the presenters and parliamentarians and share the much needed steps we need to take to achieve the envisaged goals in the near future. We should share what is going on in the parliaments in your country.

The second is that I would also like to suggest that all the materials we have gathered such as the statement, presentation, videos, photos and everything else over these past four days should be shared with each other. It should not only be shared through e-mail, but it should be posted on stakeholders' websites. Not only each of us should have access to it, but all the parliamentarians should have access to it.

The third point is that we should develop our comprehensive national report of this event and share it with our parliaments, our local media and our countries. Fourth, I would like to extend my heartfelt thanks to the donor of this workshop. I would like to extend my heartfelt thanks to them. It is a great honor for me, being an Afghan, to be invited to such events. And thank you very much.

MODERATOR:
Thank you, my colleague from Afghanistan. Regarding his suggestions I think all of you already know that APDA's website carries a lot of presentations. Afghanistan did not join before so you may not know, but APDA and AFPPD were set up for more than 30 years ago and a lot of countries have already shared such information on different occasions. Anyway, we thank you very much for your suggestions and comments. Now you have the floor Uganda.

Hon. Dr. Elioda Tumwesigye, Uganda:
I want to thank the presenters for the good summaries of the study visit and the meeting. I also add my voice to some organizers, the Japanese government, the Japanese Trust Fund, and all of us who have committed to make this project successful. We still remember with great admiration the meeting we had in Japan. Over time, we have become like one family. I want to thank everybody who helped develop this project.

Also, I want to appeal to the organizers that the next time we will have a meeting in Africa, Uganda is available to be co-host.

This second comment I wanted to make: I know my colleague from Afghanistan has talked about it, but just for emphasis I will mention it again. We have been asking for business cards from friends. Sometimes we might not necessarily keep these business cards very well. There I also support him that the organizers can give us at least the names and email addresses of the participants. Anytime I can check and also see the pictures and "oh, my friends from there."

Finally, I thank the organizers for giving us the handouts of the Hun Sen Development Center. I hope that we can also get the handout of the Pursat Training Center, because there is a lot there that I can learn from. They have some short courses that we learned about. Sometimes, it was difficult for me to write notes. If we can get the handouts on what has been done at that training center, we can go and also start similar centers in our countries, having learned the lessons from the Pursat

Training Center. Thank you. I hope we shall remain together as a family for the betterment of the society in Asia and Africa. Thank you.

APDA:
Relating to the contact list, we are currently working on it. If you could kindly give us the business cards, then we can make an updated one. Thank you very much, sir.

MODERATOR:
I think all of your requests and suggestions will be met, except for setting the next meeting in Africa, which we cannot confirm yet. For the pictures and presentation, CAPPD gives each participant one CD. Everything will be on it. We will receive it after we finish the conference. Now Nepal, please.

Mr. Manohar Prasad Bhattarai, Nepal:
Actually, I do not have to add anything more since the Honorable from India has already spoken so much in meticulous way. But I am also tempted to register my impression briefly of some other things I observed. I would like to debrief the results as much as possible.

As the field visit was concerned, it was highly useful for visitors. This gives us the ample opportunity to learn more about the different provinces in Cambodia: the visit to the vocational training center, the school and health center. Of course, the highlight of our visit was the visit to the demining center. I felt that the Cambodian government is heading in the right direction. They are doing their best and are undertaking highly impressive, useful activities together with the local people.

The impact on education and health through vocational training and local people training is extremely important and much necessary. Especially in developing countries it is important and useful to make people self-reliant to improve living standards. This is what is needed to the youths and the emerging workforce. I really admire it very much. I also appreciate it very much that the Honorable Senior Vice Minister from Japan was accompanying us all through. I sincerely thank him for taking sweat out in the hot weather. I also admire the relentless support by APDA to bring us all together here in Cambodia. I would like to thank you for giving me the opportunity to participate in this useful meeting. Finally I would like to thank all parliamentarians of Cambodia, the honorable Senator, the inter-secretariat that helped and supported us during our stay here. Thank you very much.

MODERATOR:
Thank you, Nepal. I think this is the core meeting of this kind of project. We hope to expand to continue our meeting with Asia and Africa, members of parliament on this topic of population and development. We have five minutes more.

Hon. Augustine B. Torto, Sierra Leone:
First and foremost, let me thank the organizers of this conference. Before I say anything, I must apologize for arriving late. This was due to the circumstances beyond our control. Coming from South Africa to Asia is a very daunting task. However, we are here to share our experiences with this group and hear your thoughts and suggestions. When we get back as a member of the parliament, my clerk will prepare a report. That report will be submitted to the parliament for each debate. Again I most apologize on behalf of myself and my clerk. Thank you.

MODERATOR:
Thank you our friend coming from Africa which is very far from here. We always welcome our friends from the African continent.

Hon. Linabelle Ruth R. Villarica, Philippines:
I wish that it could be longer, but we have to go back to our respective duties and responsibilities in our own countries. I would also like to thank all the organizers and the sponsors of this event. This is my first time actually together with my companion and the representative for Hon. Ebdane. There is only one observation I would like to point out. I wish that in each country, there is a woman and a man who represent a country. As you see in our case, it is not a woman and a man. The majority here are men. So is that possible for the next event?

MODERATOR:
Thank you for the recommendation from the Philippines. Actually, when AFPPD and APDA send invitations to each country, we always recommend that men and women should be equal. It is follows a principle of gender equity. Thank you very much.

H.E. Dr. Tissa Karalliyadda, Sri Lanka:
I support 100% with the request from the Philippines. As the Minister of Child Development and Women's Affairs from Sri Lanka, I would like to give more support to the women for our next meeting. I must thank the Cambodian government for giving us this support. Thank you very much.

Hon. Chibingu Paul Lackson Zacaria, Malawi:
I would also like to thank the organizers for inviting me personally and my country. This is my first time to attend this kind of forum, but I believe it will be very beneficial when I go back home, will also benefit my country. I saw people being empowered by the government. I think this is a very important way of alleviating poverty in our countries by empowering underprivileged people. I am very thankful for the invitation, as I have ready said. I do not think this is the end of information-sharing and exchange, and I hope this project will continue.

Hon. Vincent Mwale, Zambia:
Many thanks to the organizer, APDA, CAPPD, UNFPA, IPPF and Japan for including Africa on this programme. I think, a lot has been said. Maybe I just want to request to each organizer that next time as we make our presentation as individual countries, ask us to include 1-2 minutes of what we actually do when we get back to our country. I mean, let me give the report. Next time I am invited, let's give the report on what our village has done using the knowledge that I gained here. Let me talk about how I share the information with others or ask questions in parliament as the result of this capacity building meeting. We try to encourage each other through this meeting, and we go back and use the knowledge and information to change the lives of many people out there. It is just a small report of one minute next time. Thank you.

MODERATOR:
Thank you for the recommendations from our colleague from Zambia. Actually, at every meeting of AFPPD and APDA, we are requested to fill out the forms with questions such as: what you will do after coming back from this conference, or if you will talk with the colleagues or make recommendations to the government. We always have forms. Next time I think we

should put some more time on this topic. Thank you.

Hon. Mariany Mohammad Yit, Malaysia:
First, I would like to thank the organizers and the sponsors for this programme, and I appreciate inviting me to this programme. This is not my first time in Cambodia. This is the second and for AFPPD, I think this is my third event that I have attended.

Basically, I think the issues we discussed are mainly with regard to the population and young people. But I have noticed here that the issue of youth has not been discussed in detail. What I would like to know is that among the youth, is there any serious drug problems or does the teen pregnancy occur a lot in our countries? And how Cambodia handles this? Maybe we would like to learn if there are good practices that you have here that we can bring back.

And I agree with our friend from Zambia on what we need to do when we go back home. For me, one very important matter that we should raise is gender budgeting. Budgeting for whatever the issue that we have discussed here should be given specifically for this purpose. Thank you very much.

MODERATOR:
Thank you for the recommendation from Malaysia. The teenage problem is not only Malaysia's issue, but it also is the issue of the globe including Vietnam. Yesterday we had a visit to the school and we saw a lot of girls. They reach puberty already. How we can provide sex education is a big problem. How can we make it appropriate for our culture in each country is also a very big issue. In Vietnam, we revised the Law on Marriage and Family because of so many teenage problems. But it has been a topic much debated on.

Anyway, thank you very much for your recommendation. So now it is time for us to finish this session. On behalf of all our participants here, I would like to express sincere thanks to CAPPD for your well-organized study visit for us during the two days and very warm hospitality expressed to all the participants here. We have seen, met, understood and learned experiences from your country. Thank you very much. Now we finish this session. Thank you.

Discussion and Adoption of the Draft Statement

Discussion on Draft Statement

Chair:

Hon. Nidup Zangpo, MP

Bhutan

Curriculum Vitae

Hon. Nidup Zangpo is a member of the National Assembly of Bhutan and serves as Vice-Chair of the Environment, Land and Urban Settlement Committee. Since 2008 onwards, he has been a member of the Cultural Committee of the Parliament.

Under the chairpersonship of Hon. Nidup Zangpo, various points of view were aired and debated to highlight the importance of population issues in the post-ICPD agenda. The session resulted in the "Asian and African Parliamentarians' Capacity Development on the Integration of Population Issues into National Development Frameworks Statement", which was adopted unanimously by the participants.

Closing Session

Wrap-up Statement

Hon. Dr. Pen Pannha, MP
Vice-Chair of CAPPD, Cambodia

Participants who represent Asian and African countries and distinguished experts have gathered at this forum of parliamentarians co-organized by APDA and CAPPD on Asian and African Parliamentarians' Capacity Development on the Integration of Population Issues into National Development Frameworks from 22-25 January 2013 in Phnom Penh. This includes a study visit to Pursat and Kampong Chhnang Province, Kingdom of Cambodia.

H.E. Samdech Heng Samrin, President of the National Assembly of Cambodia and Honorary Chair of CAPPD, extended his warm welcome to the Asian and African delegates during the courtesy call at the National Assembly Palace. H.E. Samdech Heng Samrin highlighted prideful achievements that Cambodia has accomplished in legislation related to population issues and sustainable development as well as active participation of the National Assembly in regional and inter-parliamentary fora. He also referred to challenges that Cambodia has faced and its continuous efforts to respond to and resolve them.

The opening ceremony took place auspiciously on 22 January 2013, presided over by Her Excellency Men Sam An, Deputy Prime Minister of the Royal Government of Cambodia and Chair of CAPPD. She congratulated the presence of parliamentarian delegates from Asia and Africa, representatives of diplomatic corps, experts and guests. This participation has witnessed strengthening of solidarity and commitment of parliamentarians to work together at the national, regional and global levels, aiming to achieve significant International Agenda objectives including the Programme of Actions of International Conference on Population (ICPD) and Development and Millennium Development Goals (MDGs) and continue the implementation of the role of parliamentarians on population and sustainable development issues after 2015.

The address of H.E. Dr. Toshiko Abe, Parliamentary Vice-Minister for Foreign Affairs of Japan, was read by H.E. Masafumi Kuroki, Ambassador Extraordinary and Plenipotentiary of Japan, which highlights that population issues will require sustained and long-term response at the national, regional and global levels where parliamentarians as representatives of the people can play a vital role. She commends each parliamentarian for their personal dedication and leadership in tackling these issues. She also expresses her hope that this project will be an important milestone in stepping up global efforts to address effectively the challenges associated with rapidly rising populations.

Hon. Dr. Porapan Punyaratabhandhu, Senator of Thailand and Secretary-General of AFPPD, has emphasized that the arising issues on population and development need to be dealt with at the policy and

administrative levels, and for this the capacity building of parliamentarians is very crucial. She expresses her confidence in the fruitful results of this meeting with the strong collaboration and cooperation among countries, with the support from the UN agencies such as UNFPA.

The meeting:
The meeting was conducted actively on the five sessions with important themes as follows:

Session 1: Best Practice/Lessons Learned for Population-Related Policies, Legislation and Progammes:
- Lessons Learned of Asian and African Parliamentarians on Population and Development
- Integration of Population Issues into National Development Frameworks in Afghanistan
- A Call for Greater Integration of Environmental Sustainability into the Appraisal of Human Development: Learnings from a Local Philippine Context
- Lessons Learned on Maternal and Child Health
- Achievement in the Prevention of and Combat Against the Spread of HIV/AIDS
- Promote Gender Equality and Women Empowerment

Session 2: Population Programme Implementation:
- Population Dynamics and Trends in Cambodia
- Cambodia: Mid-Term Review 2011 - NSPD, Update 2009-2013

Session 3: Linking Policy and Advocacy on Population and Development:
- Cambodia: National Population Policy Update 2011
- Parliamentarians' Advocacy on Population and Development, CAPPD: Strategic Plan 2012-2017

Session 4: Emerging Population Issues
- The Elderly in Cambodia
- Youth and Reproductive Health

The meeting applauds the invaluable contribution from the participants and notes with satisfaction the exchange of views experiences and information, the sharing of good practices and lessons learned, and appreciate the instructive deliberations on questions and answers concerning the population programme.

Study Visit:
The delegates jointed the 2-day study visit to the local social, educational, health, and development centers and Demining Training Center CMAC/CMAA in Pursat and Kampong Chhnang province.

The role of parliamentarians based on the findings from the study visit was examined and supported. The study visit was appreciated by parliamentarians as it was very interactive and well organized.

Statement of the Meeting
The meeting has issued a statement that addresses population programmes and policy recommendations.

The Meeting reaffirms that:
- Population programmes are the foundation of national development; without stabilizing the population, sustainable development will not be achieved. Population programmes facilitate the environment that improves human dignity and allows people to make responsible choices for the future society.

- Population programmes including reproductive health are managed through well-informed choices to improve the well-being of individuals, especially of those who live in poverty, and enhance the status of women and their empowerment, which contribute to creating social and economic development and reduction of poverty.
- Population programmes are among the most cost-effective approaches to long-term development to pave the way to sustainable development.

The Meeting makes the following policy recommendations:

- Urge parliamentarians to form common understanding on this issue and work toward creating an enabling environment and urge aid organizations including international organizations to provide persuasive, well-evidenced and concise data and information to be utilized to formulate policies, advocate fellow parliamentarians and create support from the constituents.
- Urge the governments to integrate population and development issues into the formulation and implementation of the national programmes as the basic principles of national development policies and international assistance programmes.
- Endeavor to promote Triangular cooperation beyond the region and facilitate sharing good practice.

We congratulate the success of the project and express gratitude to the co-organizers, CAPPD and APDA, as well as to the Japanese government, UNFPA, IPPF and other partner organizations for supporting this project to prioritize population issues.

H.E. Kenya Akiba, Senior Vice-Minister of Health, Labour and Welfare of Japan and Deputy Executive Director of JPFP will make his contribution afterward.

The four-day meeting and study visit of parliamentarians from Asia and Africa on Parliamentarians' Capacity Development on the Integration of Population Issues into National Development Frameworks has concluded successfully in the spirit of solidarity, cooperation and responsibility.

Thank you for your attention.

Closing Remarks

H.E. Kenya Akiba

Senior Vice-Minister of Health, Labour and Welfare;
Deputy Executive Director of JPFP, Japan

Fellow parliamentarians,
ladies and gentlemen,

I hope you enjoyed the study tour and the meeting, which was organized by CAPPD and APDA, the Secretariat of JPFP.

This project was mainly implemented by the Japan Trust Fund to UNFPA to provide necessary resources to support parliamentarians' activities worldwide on population and development following the resolution adopted at the international Forum of Parliamentarians' on the ICPD +5 Years Appraisal (IFP) held in The Hague, Netherlands in 1999 that drew attention to the need to strengthen parliamentarians' network in order to solve population issues and achieve sustainable development.

From 2009 we spent three years examining what roles parliamentarians could play in order to promote population and development programmes. It was agreed that there was a need for parliamentarians in recipient and donor countries to properly understand the kind of collaboration taking place on the ground so as to be able to earn the understanding of the constituents.

Discussions centred around the need for good governance and compliance in the achievement of stated objectives, as well as to find better ways of collaboration as legislators on behalf of those we represent.

We believe this to be a pioneering initiative unique in the world, since it involves much more than merely participating in meetings and study tours and creating a milieu for the mobilization of funds. It takes us into a realm that requires us to study seriously what practical roles we can play as elected representatives.

The fruits of our past meetings can be reviewed online at APDA, the organizer's home page in both English and Japanese.

This programme is the result of three years of hard thinking, with the generous cooperation of CAPPD, the Cambodian Association of Parliamentarians on Population and Development, to learn about successful population programmes in the host country and apply them according to circumstances in each of the other countries. Those of us who come from aid-providing countries have the obligation to communicate the results to our fellow legislators and constituents.

I would like to thank CAPPD and the Cambodian National Assembly most sincerely for hosting this initiative and for their enormous cooperation.

I have been deeply involved in the activities of JPFP since my first successful election. In last December's election the Liberal Democratic Party regained the reigns of government and I was appointed Senior Vice Minister of Health, Welfare

and Labour, in charge, in particular, of international cooperation in the areas of population and welfare.

I am sure that all of you gathered here are fully aware that the stability of a population is the fundamental condition for achieving sustainable development. Also that population programmes in developing counties are closely linked with the improvement of health and social status of women in poverty. It follows that an effective population programme is the basis on which to build a sustainable future and a hopeful society.

I personally have been able, through the study tour and this meeting, to appreciate the great achievements made by our Cambodian colleagues, and have the highest regard for the commitments made by the Government of Cambodia, the Cambodian National Assembly, in particular CAPPD, and all partner organizations.

I have no doubt that the foundation of Cambodia's bright future is being built by your outstanding efforts. As for Japan, we are happy to see the positive development of the country as we have been supporting it since peace was achieved.

Also, I am delighted that parliamentarian representatives from Africa have joined us, making possible a fruitful region-to-region exchange.

In Japan this year we will be organizing TICAD V, the fifth Tokyo International Conference on African Development that promises enormous potential for the future. It is generally recognized that Africa will be a focus of concerns regarding population in the 21st century. At this TICAD, we will be sending a strong message that the basis of Africa's development lies in population stability, and that improving the health and social standing of poor women are essential in order to build a society full of vitality. For this, population programmes such as we have witnessed here are an essential ingredient.

We are working today to build a hopeful future by being responsible for our people and future generations. I am sure you will do your utmost to spread a realization of the importance of achieving sustainable development in harmony with nature in each country from a long-term perspective.

Japan is no exception where challenging fiscal problems are concerned, but I will do my best as a member of the government to actively support your efforts. I hope that you will do your best too so that by working together our parliamentarian activities will have the most positive impact.

Yet our work does not stop at mobilizing resources. Our essential role is to be engaged in policy making on behalf of our people, chart a course of development including vigorous population programmes, benefiting from and incorporating opinions at the grassroots level. Let us work hand in hand for the future, mindful at all times of the mission entrusted to us.

In concluding my address, I thank you cordially for your participation and wish you a safe trip back home and successful activities in your respective countries.

I look forward to seeing you again in Africa next year! Thank you very much.

Statement

"Asian and African Parliamentarians' Capacity Development on the Integration of Population Issues into National Development Frameworks"

Phnom Penh, Cambodia
22-25 January 2013

Statement

We, Parliamentarians, as representatives of 17 Asian and African countries, gather in Cambodia to set out a course of action to prioritize population issues on the national agenda and maximize aid effectiveness through the APDA-CAPPD project "Asian and African Parliamentarians' Capacity Development on the Integration of Population Issues into National Development Frameworks".

I. We reaffirm the facts that:
   1) Population programmes are the foundation of national development; without stabilizing the population, sustainable development will not be achieved.
   2) Population programmes facilitate environments that improve human dignity and allow people to make responsible choices for the future society.
   3) Population programmes including reproductive health are managed through well-informed choices aimed at improving the well-being of individuals, especially of those who live in poverty.
   4) Population programmes enhance the status of women and women empowerment, which contribute to creating social and economic development and eradication of poverty.
   5) Population programmes are among the most cost-effective approaches to long-term development which pave the way to sustainable development.

II. Based on these facts, we make the following policy recommendations:
   1) We urge fellow parliamentarians to form common understanding on this issue and work towards creating and enabling environment.
   2) We urge our governments to integrate population and development issues into the formulation and implementation of the national development programmes as the basic principles of national development policies and international assistance programmes.
   3) We urge national and international institutions including aid organizations to provide persuasive, evidence-based and concise data to be utilized to formulate policies and programmes, advocate fellow parliamentarians and create support from the constituents.
   4) We endeavor to promote national, regional and international coordination and cooperation and facilitate the sharing of good practices.

III. In closing:
   1) In celebration of the success of the project, we express our thanks to CAPPD and APDA as the co-organizers, as well as to the Royal Government of Cambodia and the Japanese Government, UNFPA, IPPF and other partner organizations for supporting this project to prioritize population issues .
   2) Parliamentarians' role, activities and the platform where they can work effectively are imperative in addressing population issues at the grassroots based on people's needs. In

order to achieve the ICPD PoA, we commit to parliamentarians activities on population and development.

3) We urge international aid organizations to continue to support and expand such activities, seeing the achievements that APDA has made to strengthen Asian and African parliamentarians' activities during the past 30 years.

Participants' List

Participants' List

○ ***Members of Parliament and National Committees on Population and Development***

1. Hon. Safi Kamal, MP .....Afghanistan

2. Hon. Nidup Zangpo, MP ..... Bhutan

3. Hon. Karma Wangchuk, MP..... Bhutan

4. H.E. Men Sam An, Deputy Prime Minister;
Chair of CAPPD..... Cambodia

5. Hon. Dr. Pen Pannha, MP;
Chair of the Commission on Legislation and Justice;
Vice-Chair of CAPPD ..... Cambodia

6. Hon. Ho Naun, MP;
Chair of the Commission on Public Health, Social Works, Veteran, Youth Rehabilitation, Labour, Vocational Training and Women's Affairs; Vice-Chair of CAPPD..... Cambodia

7. Hon. Ouk Damry, MP;
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8. Hon. Chhit Kim Yeat, MP;
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9. Hon. Lork Kheng, MP;
Treasurer of CAPPD ..... Cambodia

10. Hon. Em Ponna, MP;
Chair of Bunrany Hun Sen Development Center
..... Cambodia

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15. Mr. Manmohan Sharma,
Executive Secretary of IAPPD ..... India

16. H.E. Kenya Akiba,
Senior Vice-Minister of Health, Labour and Welfare; Deputy Executive Director of JPFP.....Japan

17. Hon. Chibingu Paul Lackson Zacaria, MP;
Chair for Health and Population of Parliamentary Committee ..... Malawi

18. Hon. Mariany Mohammad Yit, Senator .....Malaysia

19. Hon. Khin Maung Lay, MP..... Myanmar

20. Hon. Win Kyi, Myanmar, MP..... Myanmar

21. Mr. Manohar Prasad Bhattarai,
Secretary-General, Legislature-Parliament Secretariat .....Nepal

22. Hon. Linabelle Ruth R. Villarica, MP..... Philippines

23. Hon. Jun Omar C. Ebdane, MP..... Philippines

24. Hon. Augustine B. Torto, MP;
Chair of SLPAGPD.....Sierra Leone

25. Mr. Henry Leigh, Officer of SLPAGPD ...Sierra Leone

26. H.E. Tissa Karalliyadda,
Minister of Child Development and Women's Affairs ..... Sri Lanka

27. Hon. Porapan Punyaratabhandhu, Senator;
Secretary-General of AFPPD..... Thailand

28. Hon. Jetn Sirathranont, Senator ..... Thailand

29. Hon. Biraaro Ganshanga Ephraim, MP..... Uganda

30. Hon. Dr. Elioda Tumwesigye, MP..... Uganda

31. Hon. Dr. Nguyen Van Tien MP;
Vice-Chair of VAPPD; Vice-Chair of AFPPD..... Vietnam

32. Hon. Dr. Truong Thi Thu Trang, MP ..... Vietnam

33. Hon. Nguyen Thi Hoai Thu;
Chair of HIV Prevention Association of Hochiminh City, Former Vice-Chair of AFPPD ..... Vietnam

34. Ms. Nguyen Thi Chung, Officer of VAPPD .. Vietnam

35. Mr. Nguyen Thoai Bao, Officer of VAPPD... Vietnam

36. Hon. Vincent Mwale, MP ..... Zambia

○ ***Ministries/Government Officials***

37. Mr. Sim Khengkham,
Vice-President of National AIDS Authority (NAA)
..... Cambodia

38. Mr. Holl Phal; Director of Elderly Department, Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), ... Cambodia

39. Ms. Prok Maykanitha; Deputy Director of Elderly Welfare Department at Ministry of Social Affairs, Veterans and Youth Rehabilitation .....
Cambodia.....
40. Mr. Theng Pagnathun, Deputy Director General, Ministry of Planning..... Cambodia

41. Mr. The Chhunhak, Ministry of Women's Affairs (MoWA)..... Cambodia

42. Mr. Men Sam Oun, Personal Assistant to H.E Mrs. Men Sam An ..... Cambodia

43. Mr. Jhi Sithy..... Cambodia

44. Ms. Dao Leuany, IRD Secretary..... Cambodia

○ ***Resource Persons***

45. Mr. Chukmel Santepheap, Deputy-Director of National Social Security Fund For Civil Servants, Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), Cambodia

46. Mr. Chhum Bunrong, Secretary General of Cambodian Mine Action and Victim Assistance Authority, Cambodia

47. Mr. Heng Ratana, Director-General of Cambodia Mine Action Center (CMAC), Cambodia

48. Mr. Hor Bun Leng, Deputy Secretary-General, National AIDS Authority (NAA), Cambodia

49.Ms. Kim Siphat, Director-General of Gender Equality and Economic Development, Ministry of Women's Affairs (MoWA)..... Cambodia

50. Mr. Pech Sambo, Director of Department of Education, Youth and Sport of Kampong Chhnang Province..... Cambodia

51. Mr. Poch Bunnak, Deputy Secretary-General National Committee for Population and Development (NCPD) ..... Cambodia

52. Mr. Poch Sovanndy Deputy Director-General of General Directorate of Planning, Ministry of Planning..... Cambodia

53. Mr. Prak Vun, Director of Kampong Chhnang Provincial Health Department..... Cambodia

54. Mr. Pum Chantha, Director of Pursat Provincial Training Center, Ministry of Labour and Vocational Training..... Cambodia

55. Dr. Tung Rathavy, Director of the National Maternal and Child Health Center, Ministry of Health ..... Cambodia

○ ***Embassies***

56. H.E. Masafumi Kuroki, Ambassador Extraordinary and Plenipotentiary of Japan.....Japan

57. Mr. Shinichi Tamamitsu, Embassy of Japan ....Japan

58. Mr. Yasuhiro Nakai, Embassy of Japan .....Japan

59. Mr. M. Rajamurugan, First Secretary, Embassy of India..... India

60. Mr. Raja Saifful Ridzuwan, Minister Counsellor, Embassy of Malaysia.....Malaysia

61. H.E. Cho Tun Aung, Ambassador Extraordinary and Plenipotentiary of Myanmar..... Myanmar

62. H.E. Fazal-ur-Rahman Kazi, Ambassador of Pakistan .....Pakistan

○ ***United Nations Population Fund (UNFPA)***

63. Dr. Derveeuw Marc G.L. Cambodia Representative, UNFPA Cambodia ..... Cambodia

64. Ms. Pen Sophanara, Communications Associate.....
..... Cambodia

○ ***NGOs***

65. Dr. Var Chivorn, MD; MPH; Associate Executive Director, RHAC ..... Cambodia

66. Dr. Soun Bophea, MPH; Youth Programme Manager, RHAC..... Cambodia

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67. Mr. Eng Vannak..... Cambodia

68. Mr. Sonn Sok Heng ..... Cambodia
69. Mr. Chea Penghour ..... Cambodia
70. Mr. Sen Monorom ..... Cambodia
71. Mr. Noun Vannara ..... Cambodia
72. Ms. Mith Chanlinda ..... Cambodia
73. Mr. Bunmeng Lay ..... Cambodia
74. Mr. Seng Thy ..... Cambodia
75. Mr. Seng Sopanhna ..... Cambodia
76. Mr. Peang Samon ..... Cambodia

○ ***APDA***

77. Ms. Hitomi Tsunekawa .....Japan
78. Mr. Farrukh Usmonov ..... Japan
79. Ms. Tomo Imamura .....Japan

○ ***Interpreter and rapporteur***

80. Mr. Ben Visnow ..... Cambodia
81. Mr. Kry Meng Ang ..... Cambodia
82. Mr. Khan Khisrun ..... Cambodia
83. Mr. Sopangna ..... Cambodia

Acronyms

AFPPD.... Asian Forum of Parliamentarians on Population and Development
APDA ..... Asian Population and Development Association
CAPPD ... Cambodian Association of Parliamentarians on Population and Development
CMAA .... Cambodian Mine Action Authority
CMAC .... Cambodia Mine Action Center
CMDGs .. Cambodia Millennium Development Goals
FSW ..... female sex workers
FEW ..... female entertainment workers
IAPPD..... Indian Association of Parliamentarians on Population and Development
ICPD..... International Conference on Population and Development
IPPF..... International Planned Parenthood Federation
JICA..... Japan International Cooperation Agency
JPFP ..... Japan Parliamentarians Federation for Population
JTF..... The Japan Trust Fund
LAPPD.... Lao Association of Parliamentarians on Population and Development
MDGs .... Millennium Development Goals
MOH..... Ministry of Health
MoP..... Ministry of Planning
MOFA .... Ministry of Foreign Affairs
MoSVY .. Ministry of Social Affairs, Veterans and Youth Rehabilitation of Cambodia
MoWA... Ministry of Women's Affairs of Cambodia
NAA ..... National AIDS Authority of Cambodia
NCPD ..... National Committee for Population and Development of Cambodia
NSSFC .... National Social Security Fund for Civil. Servants
ODA..... Official Development Assistance
PAB..... Protected at Birth against Neonatal Tetanus
PoA..... Programme of Action
RH..... Reproductive Health
RHAC .... Reproductive Health Association of Cambodia
SLPAGPD Sierra Leone Parliamentary Action Group on Population and Development
UNFPA... United Nations Population Fund
VAPPD ... Vietnamese Association of Parliamentarians on Population and Development
VCCT Voluntary Confidential Counseling and Testing