

# The Role of Parliamentarians in Realizing the ICPD25 Commitments

20 September 2022

## Introduction

The Asian Population and Development Association (APDA), African Parliamentary Forum on Population and Development (FPA) and UNFPA East and Southern Africa Regional Office (ESARO) organized a webinar with the theme “The Role of Parliamentarians in realizing the ICPD25 Commitments” on 20 September 2022. It was supported by UNFPA ESARO and Japan Trust Fund (JTF), with cooperation from the International Planned Parenthood Federation (IPPF).

The webinar series is a recommendation of the “African and Asian Parliamentarians’ meeting to Follow-Up on ICPD25 Commitments” held in June 2022 in Addis Ababa, Ethiopia.

## Opening Session

### **Moderator: Mr. Frederick Okwayo, Population and Development Adviser, UNFPA ESARO**

Mr. Okwayo welcomed the delegates and thanked APDA, FPA, JTF, the UN partners, and representatives from the government. This meeting was a follow-up to the one held in Ethiopia in June under the leadership of FPA. The aim was to strengthen the engagement of the country-level parliamentarians to revamp the progress towards the implementation of the ICPD25 commitments – especially to the five commitments within the framework of universal health coverage (UHC) and the attainment of health-related SDGs. He outlined the programme and commented that during the COVID-19 pandemic, the incidents of child marriage increased – therefore, the discussions were crucial.

### **Ms. Chinwe Ogbonna, UNFPA ESARO Regional Director a.i.**

Ms. Ogbonna told the parliamentarians that their role was critical to the success of the SDGs, which should be achieved in less than eight years. Since the 1994 International Conference on Population and Development (ICPD), where the ICPD Programme of Action (PoA) was unanimously endorsed, universal access to sexual and reproductive health rights (SRHR) has progressed due to the collective effort of ensuring that population and development issues remained central.

However, the work was not yet done. Young people, especially in Sub-Saharan Africa, still experience exclusion from equitable access to this quality-people-centered, integrated services and information across all the spheres of sectors. Family planning (FP), preventable maternal deaths, gender-based violence (GBV), and harmful practices need addressing. She encouraged the parliamentarians to commit themselves to actions they agreed to at the Addis Ababa meeting in June, which included amplifying evidence-based advocacy, especially for young people,

adolescent girls, and women. She suggested that parliamentarians scale up oversight and accountability. She noted that in Africa, teenage pregnancy and HIV prevalence are high. GBV was on the rise. Femicide and the harmful practices of child marriage and female genital mutilation (FGM) continued. Another priority area was legislative and budgetary appropriation actions to achieve the ICPD25 commitments or the SDGs. Multi-sectoral investments were needed, and the parliamentarians' roles in achieving these were crucial.

### **Dr. Kiyoko Ikegami, Executive Director/Secretary General, APDA**

Dr. Ikegami congratulated the new members of FPA elected in June, while delivering an address as the organizer. She noted that APDA was supporting a series of webinars in partnership with UNFPA ESARO and FPA with the theme of the role of parliamentarians in tracking progress toward the ICPD25 commitments, and in this webinar, participants were asked to further address their commitments to ending child marriage in a post-COVID-19 world.

Dr. Ikegami noted that the COVID-19 pandemic had affected child marriage prevention programmes while it increased poverty and inequality, which was a driving force in child marriages. She hoped the webinar would bring stakeholders together to draw up and propose tangible actions.

## **Session 1**

### ***Overview of the ICPD25 commitments from the eight reporting countries***

#### **Mr. Fredrick Okwayo, Population and Development Adviser, UNFPA ESARO**

Mr. Okwayo said that the ICPD25 Nairobi Summit reignited global commitments to SRHR, intending to accelerate the progress since the 1994 ICPD in Cairo. The participants from 170 countries and territories made almost 1,300 commitments. While maternal deaths have decreased by half, one in 40 women still die from preventable maternal deaths, teenage pregnancies are high with 92 births per 1,000 females aged 15 to 19, and there are significant gaps in addressing violence against women and harmful practices like child marriages and FGM.

In addition, the COVID-19 pandemic exposed the vulnerability of health systems in Africa. About 34% of the commitments came from Africa, and of those, 60% related to access to SRHR as part of universal health coverage (UHC).

The Nairobi Summit came up with several main goals to accelerate the momentum. These included:

- Policy and legislative frameworks;
- Governance and accountability;
- Financial commitments; political will;
- Partnerships with parliamentarians, community leadership, cultural and faith-based leaders, and young people.

Mr. Okwayo identified themes that parliamentarians could address to achieve the ICPD25 commitments, including ensuring accountability for delivery on the commitments, managing pandemics and humanitarian crises, and dealing with mega trends like climate change.

### ***Country-level reflection from UNFPA Rwanda***

#### **Kathy Kantemgwa, Assistant Representative, UNFPA Rwanda Country Office**

Rwanda had a high-level delegation to the Nairobi Summit and made six commitments. Among these were to

- increase budgetary allocations in line with the Abuja Declaration;
- improve legislative, policy, and strategic frameworks to ensure that all persons have access to quality integrated health services;
- improve service delivery, access, and uptake of health services to increase ante-natal care (ANC) attendance as per WHO guidelines by 2030 and decrease maternal mortality rates (MMR) to below 70 per 100,000 live births.
- increase the demand for adolescent SRH service through awareness raising in the community and education, particularly by expanding the number of health facilities that offer youth-friendly services;
- improve family planning (FP) services delivery, access and uptake;
- strengthen governance systems that use reliable disaggregated family planning and adolescent SRH data.

Following the Nairobi Summit, there were debriefs with Health Ministers (there were two successive ministers), and a meeting was convened with parliamentarians to discuss and agree on a roadmap. A workshop followed to develop a costed action plan. Then a high-level stakeholder meeting was held in December 2020 with four ministers, parliamentarians, and civil society. The action plan was validated, and a mechanism for checking on implementation was established.

UNFPA is working with the government to amplify evidence-based advocacy to ensure ICPD is embedded into action. The UNFPA Country Office supports Rwandan parliamentarians and provides authoritative advice and advocacy on population and reproductive health bills that come to the house.

### ***Discussion***

**Hon. Hassam Omar**, MP Djibouti, commented that commitments from parliamentarians were needed to set up a charter across countries where each country would commit to eradicating harmful practices such as child marriage.

## Session 2

### *Country progress reports: best practices and challenges on the ICPD25 Commitments*

#### **Hon. Fredrick Outa, Kenya, Vice-President of FPA**

Hon. Outa noted that Kenya made 17 commitments to ICPD25 and listed them. Kenya is committed to employing innovation and technology for adolescents and youth to attain the highest possible standard of health. Efforts to eliminate teenage pregnancies and adolescent and youth HIV infections, while eliminating harmful practices, such as child marriages, are emphasized, along with access to youth-friendly quality reproductive health (RH) services. These targets are included in a multi-sectoral National Action Plan at national and county levels. Other commitments include eliminating preventable maternal deaths and newborn mortality and eliminating mother-to-child transmission of HIV by 2030. To achieve these, Kenya built 3,500 health facilities.

Hon. Outa noted other commitments, including spending 15% of the budget on health as per the Abuja Declaration; enhancing the integration of population, health and development programmes, and projects into medium-term plans; enhancing the capacity of government institutions; increasing the availability and accessibility to high quality, timely and reliable population-related data; implementing monitoring and evaluation policies on sustainable development at national and county levels.

Others include harnessing the demographic dividend by investing in citizens' well-being through education and skills training; eliminating policy and other barriers that impede youth participation in decision-making; attaining Universal Basic Education including for those with special needs and disabilities and increasing the rate of secondary education completion rates; enhancing the quality and relevance of technical education and implement the competency-based curriculum.

FGM was an area of concern, and Kenya committed to strengthening coordination in the area of legislation and policy framework, communication and advocacy, integration and support, and cross-border cooperation to eliminate FGM. It also aimed to eliminate GBV and child and forced marriages by addressing social and cultural norms that propagate the practice, while providing support affected women and girls. Kenya also aimed to enforce the anti-discrimination laws by 2030, and provide adequate budgetary allocation to institutions mandated to promote gender equality, equity, and empowerment of women and girls.

#### **Hon. Sylvia Mthethwa, MP Eswatini**

Hon. Mthethwa said the population of the country is just over a million, with about 80% living in rural areas, while 73% are below 35. A woman, on average, bears three children. Poverty levels are high at 58%, and youth unemployment is also excessively high at 47%. The adolescent birth rate is high at 87 births per 1,000 girls aged 15 to 19. The maternal mortality rate is high at 452 deaths per 100,000 live births - despite high-skilled birth attendants and hospital deliveries. GBV increased during the COVID-19 pandemic.

Eswatini was committed to scaling up comprehensive quality and integrated health services, taking advantage of the ICT generation with an emphasis on HIV prevention and prevention of teenage pregnancies and maternal health strategies.

Hon. Mthethwa said the country was committed to scaling up GBV prevention, response and management by 2025 – and had already strengthened the capacity of frontline responders. Regulations to operationalize the Sexual Offences and Domestic Violence Act were passed. The country was also committed to strengthening national data systems to meet the needs of the strategy for sustainable development and inclusive growth and agenda 2030.

The country also intends to improve investments in young people to capitalize on the demographic dividend by 2030, and develop a National Youth Policy and a National Youth Operational Plan for the empowerment of young people. Eswatini was also committed to mobilizing required financing to implement the ICPD PoA and sustain the gains already made. So far two – the National Population Policy and the integration of population issues into sectoral development plans – were packaged into projects and are being financed through domestic funds.

#### **Hon. Kwaramba Goodlucky, MP Zimbabwe**

Zimbabwe has been implementing the ICPD PoA since 1994. At the Nairobi Summit, Zimbabwe committed to implementing plans, programmes, and policies around the five areas – including revising population policy, establishing and capacitating a high-level National Coordination Board for implementation of the National Population Policy; capacitating the responsible Department in the Ministry of Finance and Economic Development; and conducting the Population and Housing Census in 2022.

Hon. Kwaramba said the government, through the Ministry of Finance and Economic Development, had intensified efforts to mobilize resources to implement the ICPD25 commitments. In April 2022, through the statistics agency ZIMSTATS, Zimbabwe successfully conducted its first computer-aided Population and Housing Census - which would assist in shaping the development policy and legislative agenda.

Zimbabwe is committed to curbing teenage pregnancies from 21.6% to 12% by 2030 and delivering comprehensive Family Planning (FP) services by 2030. The government is also committed to allocating a specific percentage of the health vote towards enhanced access to quality, affordable SRHR and family planning services. User fees for all expecting mothers at public health facilities had been scrapped.

At the legislative level, the Parliament received the Health Services Amendment and Medical Services Amendment Bills, which, among others, seek to ensure that children have access to health services, while also criminalizing parents and/or guardians for denying a child medical treatment.

Zimbabwe is committed to reducing maternal mortality from 651 per 100,000 live births by 2030, developing a comprehensive national SRHR package and integrating it into the national UHC strategies, policies, and programmes, and deploying two trained midwives at all eligible primary health care facilities by 2030.

Zimbabwe is committed to aligning marriage laws to the Constitution of Zimbabwe (Amendment No. 20) of 2013 by 2030, implementing the National Plan of Action on Ending Child Marriages, harmonizing marriage laws, and setting the age of marriage at 18 by 2030. It has invested in resources to provide multi-sectoral services for survivors of GBV. It aims to finalize and fully implement the Disability Amendment Act to support service access by women and girls with disabilities by 2030. The government has set the age of consent for sex to 18 years.

Zimbabwe has made strides toward the Abuja Declaration, including allocating 15% of its budget to health, using airtime levies for HIV/AIDS, SRHR and FP, and allocating 10% of the Global Fund SRHR and FP as per Global Fund Financing Framework; and finalizing and implementing the National Health Insurance Scheme.

### **Hon. Pemmy Majodina, MP Republic of South Africa**

Hon. Majodina said it was important not to lose sight of the reasons for teenage pregnancy, which included the sexual abuse of underage girls by adults, many of whom are relatives or people who provide for the family, broken families, and a lack of parental care and guidance.

South Africa is committed to the objectives of the ICPD25. It has passed laws, including Domestic Violence Act, Children's Act, Sexual Offences Act, and Child Justice Act. It is a criminal offense to have sex with a child under 16 – regardless of consent. There are interdepartmental programmes to support this legislation. The police have a Family Violence, Child Protection, and Sexual Offences Unit. The Department of Basic Education is driving the implementation of the Comprehensive Sexuality Education programme through the Life Orientation subject that is taught in all schools. This programme has reached 706,987 girls since 2018. All secondary schools have access to SRHR services – despite sensitivities about sex education from parents and faith-based organizations. There is a learner programme to prevent and manage pregnancies at school. The Department of Social Development has Safe Care Centers, Youth Centers, and foster care, where children who have fallen pregnant and are disowned by their families are cared for.

The post-apartheid government has expanded health services to remote areas in the country. It also passed the Choice on Termination of Pregnancy (CTOP) Act, which allows for the legal termination of pregnancy on request during the first 12 weeks and, under certain defined circumstances, between 12 and 20 weeks. The Department has launched the Teenage Pregnancy Policy, approved by Cabinet in 2021 and implemented in January 2022. This policy allows female learners who fall pregnant to continue their education.

South Africa recorded increased teenage pregnancy rates and violence against women and girls during the COVID-19 pandemic. In response, the government established an Inter-Ministerial Committee (IMC) on Gender-Based Violence and Femicide (GBVF) in 2020 to ensure the effective implementation of the National Strategic Plan (NSP) on GBV. The government departments partner with traditional leaders.

### **Hon. Dr. Thea Ntara, MP Tanzania**

During the Nairobi Summit, the Government of Tanzania pledged to accelerate funding of the ICPD; prevent death and maternal morbidities; provide family planning services; provide easy access to FP services to youth; mitigate GBV through establishing gender desks; increase the budget allocation of the health sector and harness demographic dividend, especially by making youths more productive.

Hon. Dr. Ntara said that the rural areas were fully supported in the rollout of free ARVs. Adolescent and youth-friendly SRH services have been available in more than 63% of all health facilities since 2017. Gender Desks were set up at police stations and schools, and there is ongoing community awareness and mobilization.

The Education Law (2016) and Sexual Offenses Special Provision Act (1998) protected school girls, and there was a re-entry programme for pregnant girls. The FP budget increased from 0.5 billion TZS in 2010/11 to 14 billion TZS since 2017/18 annually to date. Other initiatives included free education to high school, loans for university students, and skills development programmes for youth sponsored by the government, which absorbed thousands of young people yearly for vocational training.

In Tanzania, women had made strides, with the Executive headed by a woman, and women were entrusted with strategic ministerial posts, for example, health, security, foreign, community development, labor, and employment.

## **SESSION 3**

### ***Progress towards ending child marriage***

#### **Hon. Princess Kasune, MP Zambia, Chair of ZAPPD**

The Zambia Demographic and Health Survey (ZDHS) 2018 indicated that 29% of women aged 20-24 reported being married before 18. The government has partnered with traditional rulers and civil society to fight early child marriage. Traditional rulers are themselves champions in the fight against child marriage. Parliamentarians have campaigned against child marriage in their constituencies by being champions against it and through passing legislation, moving motions, and asking questions in Parliament.

A legal framework supports the implementation of SRHR and the rights of children and young people. Some laws used to further the ICPD25, which includes the Marriage Act that prescribes that no one should be married before age 21. Still, customary marriage often allows for marriages below this age, so there was a need to create consistency in the legislation. A review of previous budgets under the health and education sectors clearly showed inadequate financing for enhancing SRHR, including eliminating child marriages. Acceptance of Comprehensive Sexuality Education has been challenging because it clashes with traditional mores and parental authority. While the government had employed about 30,000 teachers in rural areas, more teachers were needed, and keeping children in school was critical to lowering the incidence of child marriage.

African countries are trying to reduce poverty, provide education for all, and ensure that the information on SRHR is disseminated in all cultures to reduce child marriages.

#### **Hon. Muwuma Milton, MP Uganda**

Uganda has a national strategy to end child marriage and pregnancies, and there have been many parliamentary and secular community outreaches to reduce child marriages. Culture does create a challenge, but there is advocacy to encourage girls to stay in school. School feeding schemes and enabling girls to stay at school by providing sanitary pads and encouraging impregnated girls to return to school after delivery are among the campaigns used to stop child marriages.

A challenge is that the country has unmet needs for FP services, which stands at 30%, and there is a cultural belief that once a girl reaches menstruation age, they are old enough to get married. Proposed solutions include reintegrating girls who gave birth to go back to school and increasing investment in health care.

#### **Hon. Dr. Matthew Ngwale, MP Malawi**

Malawi's policies comply with the Southern African Development Community (SADC) protocol that condemns the marriage of people under 18. For example, the Constitution and the Marriage, Divorce, and the Family Relations Act (2015) provided for the protection and promotion of the welfare of children by making 18 years the legal minimum age for marriage. The Childcare Justice and Protection Act provides a comprehensive framework for child protection.

Malawi has progressive legislation. However, it also has one of the highest rates of child marriage in the world, where approximately 42% of girls get married before the age of 18 and 9% below the age of 15. Approximately 7% of boys marry before the age of 18. He also noted that child marriage is higher in rural than urban areas. Rural girls are 1.6 times more likely to marry early than their urban counterparts. Women in the south of Malawi (predominantly low income) marry at a slightly lower age than those in the north and central regions. In Malawi, children from more impoverished families are twice as likely to marry early than those from wealthier families.

Data shows that 51.5% of the people in Malawi live below the poverty line, which is higher in rural areas at 60% compared to urban areas at 18%. Traditional initiation practices, done as part of a rite of passage when a girl reaches puberty, have encouraged early sexual activity. The prevalence of child marriage is higher among matrilineal than patrilineal groups.

Due to food insecurity, child marriage often becomes a more likely coping mechanism as families seek to reduce the burden of feeding the family. Climatic challenges, such as droughts and floods, have become more frequent and catastrophic. Child marriage impacts secondary school completion rates. In Malawi, only 45% of girls stay in school beyond 8th grade. Most young girls who leave school due to child marriage have few opportunities to earn a living, making them more vulnerable to GBV. Child marriage lowers women's expected earnings in adulthood by between 1.4% and 15.6%.



The government has created a conducive environment for civil society organizations (CSOs) to complement the government's efforts to end child marriages. For example, a coalition of 63 CSOs in 2017 became an official *Girls Not Brides* National Partnership. At the Traditional Authority level, the local structures have a systematic way of recording and following up on child marriage cases through Community Child Protection Workers who facilitate early identification, referral, and management of cases of violence, abuse, exploitation, and neglect, including child marriages.

### ***Discussion***

**Hon. Aboubakry Ngaide**, MP Senegal, said there were various forums available for parliamentarians to engage the community about child marriages, including with youth, women's associations, and religious associations.

### **Closing Address**

#### **Hon. Dr. Abdul-Rashid Hassan Pelpuo, MP Ghana, President of FPA**

Hon. Dr. Pelpuo noted that it was clear Africa had made headway. He thanked participants for all the presentations and said it was important to collate them in order to address these challenges and chart a way forward.

20 September 2022

11:00 -13:00 SAST

Join Zoom Meeting

<https://us02web.zoom.us/j/85166753577?pwd=MFMyMkxGdWhIMGVlNHphZmlxd3VMZz09>

Meeting ID: 851 6675 3577

Passcode: 974201

11:00-11:20 (SAST)	<b>Opening Session (Moderator)</b> <ul style="list-style-type: none"><li>• <b>Ms. Chinwe Ogonna, Regional Director a.i, UNFPA ESARO</b></li><li>• <b>Dr. Kiyoko Ikegami, Executive Director/Secretary General, APDA</b></li></ul>
11:20-11:45	<b>Overview of the ICPD@25 commitments from the 8 reporting countries:</b> <ul style="list-style-type: none"><li>• <b>Mr. Fredrick Okwayo; Population and Development Adviser, UNFPA ESARO</b></li></ul> <b>Country level reflection from Rwanda UNFPA:</b> <ul style="list-style-type: none"><li>• <b>Ms. Kathy KANTENGWA, Assistant Representative, Rwanda CO</b></li></ul>
11:45- 12:20	<b>Country progress reports including best practices, challenges on the ICPD@25</b> <b>Moderator: Hon. Fredrick Outa, Kenya, FPA Vice-President</b> <ul style="list-style-type: none"><li>• <b>Hon. Sylvia Mthethwa, MP Eswatini [8 mins]</b></li><li>• <b>Hon. Goodlucky Kwaramba, MP Zimbabwe [8 mins]</b></li><li>• <b>Hon. Pemmy Majodina, MP Republic of South Africa [8 mins]</b></li><li>• <b>Hon. Dr. Thea Ntara, MP Tanzania [8 mins]</b></li></ul> <b>Discussion</b>
12:20-12:45	<b>Progress towards ending child marriage</b> <ul style="list-style-type: none"><li>• <b>Hon. Princess Kasune, MP Zambia, Chair of ZAPPD [8 mins]</b></li><li>• <b>Hon. Muwuma Milton, MP Uganda [8 mins]</b></li><li>• <b>Hon. Matthew Ngwale, MP Malawi [8 mins]</b></li></ul> <b>Discussions</b>
12:45- 13:00	<b>Way forward</b> <ul style="list-style-type: none"><li>• <b>Mr. Fredrick Okwayo; Population and Development Adviser, UNFPA ESARO</b></li></ul> <b>Closing Address</b> <ul style="list-style-type: none"><li>• <b>Hon. Dr. Abdu-Rashid Hassan Pelpuo, President of the Africa Parliamentary Forum on Population and Development (FPA)</b></li></ul>

