

Arab and Asian Parliamentarians' Meeting to Follow-Up on ICPD25 Commitments: Addressing Youth Empowerment and Gender-Based Violence

1-2 March 2023

Jakarta, Indonesia



Executive Summary

The Arab and Asian Parliamentarians' meeting to follow-up on ICPD25 commitment: addressing youth empowerment and gender-based violence was organized jointly by APDA, FAPPD, IFPPD, BKKBN and UNFPA in Jakarta on 1-2 March 2023. The meeting was attended by 97 persons comprising of parliamentarians, policy makers, and other stakeholders from Arab and Asian countries, both in-person and online.

The meetings aim at engaging parliamentarians and other stakeholders in discussion and dialogue on issues affecting youth and gender-based violence, and at increasing commitment of parliamentarians and other stakeholders to addressing issues related youth development and gender-based violence as parts of ICPD Programme of Action (PoA) in the context of Sustainable Development Goals (SDGs).

The meeting was done by sharing experience among parliamentarians and other stakeholders from Arab and Asian countries and by conducting field visits/observations on issues related to youth development, prevention of gender-based violence and child marriage.

Although many Arab and Asian countries are in the stage of experiencing demographic dividend, efforts to reap full benefits of the demographic dividend remains a big problem. Improving quality education, improving health of young people, improving access to economic activities for productive employment should be prioritized. Young people, women and girls should involve actively in the decision-making process.

Gender-based violence and child marriage remains a problem of most Arab and Asian countries. GBV and child marriage are on the rise in conflict situations, during disasters, and during prolonged COVID-19 pandemic. Thus, these situations led to widening gaps and inequalities, and affecting the most vulnerable people, including women, children, and youth.

The Arab and Asian members of parliament agreed to support in investing in children, youth, and women. They also committed themselves to supporting the development of progressive laws, policies and programmes that protect all persons including women, youth, and children from any forms of discrimination and stigmatization, and respect their rights. In addition, they also committed themselves to advocating the allocation of appropriate and sufficient resources, including from donor agencies, and enhancing partnership with the private sectors. Finally, the parliamentarians also agreed to ensure stronger political commitment and encourage inter-regional cooperation, including south-south initiatives, on the implementation of the ICPD PoA in the context of the SDGs.

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A. Background

The International Conference on Population and Development (ICPD) affirmed support for investments in adolescents and youth that uphold their rights and create the necessary conditions in which they can realize their potential by ensuring access to quality education and appropriate skills at all levels. The responsible exercise of these rights for all is the cornerstone of policies and programmes supported by government and society.



Gender-based violence (GBV) is deeply rooted in gender inequalities and it is important that the essential services must continue to be provided even in times of emergency, such as the coronavirus (COVID-19) pandemic, and sexual and reproductive health (SRH) must be classified as essential services.

Recovery efforts must focus on the principle of leaving no one behind and building a more equal, just, inclusive, and sustainable society, within the framework of action for the future after the COVID-19 pandemic. To this end, the leadership of parliamentarians is vital to ensuring that population issues are addressed by using a youth empowerment and rights approach and a gender perspective and securing choices for all.

In December 2022, APDA and FAPPD held a webinar for the Arab members of the parliaments to discuss the regional case studies and reconfirmed the Forum's concerns on abovementioned topics. The participants called for further action to address GBV as well as youth empowerment and interact with the members from the Arab region as well as colleagues from the other regions.

As a follow-up of the activity, APDA, AFPPD, FAPPD, IFPPD, BKKBN with the support of the Japan Trust Fund (JTF) and UNFPA Indonesia organized the Inter-regional meeting under the title of *Arab and Asian Parliamentarians' Meeting to Follow-Up on ICPD25 Commitments: Addressing Youth Empowerment and Gender-Based Violence* on 1-2 March 2023 in Jakarta, Indonesia.

B. OBJECTIVES

The objectives of the Arab and Asian Parliamentarians' Meeting are:

1. Engaging parliamentarians and other stakeholders in discussion and dialogue on issues affecting youth and GBV, as well as policy advocacy, which are part of the ICPD Programme of Action in the context of the SDGs;
2. Increasing commitments of parliamentarians and other stakeholders to address issues related youth development and GBV, as parts of the ICPD Programme of Action in the context of the SDGs.

C. VENUE, DATE, AND AGENDA

The Arab and Asian Parliamentarians' Meeting to Follow-Up on ICPD25 Commitments: Addressing Youth Empowerment and Gender-Based Violence was held in Hotel Pullman, Jakarta, on 1-2 March 2023.

The meeting was divided into two different settings. On the first day, there was an opening ceremony, four main sessions, discussion on the declaration of the commitment, followed by a closing ceremony.

The opening ceremony was addressed by Hon. Prof. Keizo Takemi, MP Japan (Chair of AFPPD, Executive Director of JPFP and Member of APDA Board of Directors), Dr. Hala Youssef of UNFPA ASRO, Hon. Pierre Bou Assi, MP Lebanon (President of FAPPPD), Hon. Dede Yusuf Macan Effendi, MP Indonesia (Chair of IFPPD), and Dr. Hasto Wardoyo, Chair of BKKBN.

Session 1 covered a very fundamental principles and perspectives of Islam on reproductive health (RH), GBV, and child marriage. Session 2 was on ICPD and SRH/Youth and Gender in the Arab region. Session 3 was on prevention of GBV and child marriage in Middle East and Asia. Session 4 was on parliamentarians and policy makers' role to prevent GBV and child marriage and promote youth engagement. Before closing ceremony, the participants discussed the declaration.

At the closing ceremony, Hon. Jetn Sirathranont, MP Thailand (Secretary General of AFPPD), Ms. Tomoko Fukuda, Regional Director of IPPF ESEAOR, and Ms. Anjali Sen, UNFPA Representative in Indonesia.

On the second day, the participants observed two field activities: a Youth Counseling and Information Center (PIK-R) at State Islamic High School 9 of East Jakarta, and P2TP2A, a women crisis center owned by the Government of Jakarta.

The complete agenda of the two-day meeting can be seen in the attachment.

D. METHODOLOGY

The two day-meeting was divided into two different methodologies. On the first day, the participants shared their experiences through presentations and discussions on issues related to youth development, GBV and child marriage, and how parliamentarians address the issues in both Arab and Asian countries. On the second day, the participants were given an opportunity to see, observe, and had dialogue with local decision makers in Indonesia on how to run an Islamic school-based youth counseling and information center, and how to establish and run a women crisis center. The youth information and counseling center, which exists in most ordinary schools and is run by school students aims at dialoguing and addressing youth related issues. The youth information and counseling center, (PIK-R in the Indonesian term), is a center from, by, and for the students, with minimum support from the school, including teachers.

The women crisis center (P2TP2A) is a center established and run by the Government of Jakarta. It provides free and confidential counseling services to women and girls facing GBV. The center has its referral system related to health services, psychological, and legal services.

E. PARTICIPANTS OF THE MEETING

The Arab and Asian Parliamentarians' Meeting to Follow-Up on ICPD25 Commitments: Addressing Youth Empowerment and Gender-Based Violence was attended by 93 persons comprising of 69 persons attending in-person and 24 persons attending online. Looking at parliamentarians and former parliamentarians, the number of those who attended in-person was 27 persons, while one parliamentarian attended online.

The participants come from 18 different countries (7 from Asia and 11 from Arab). The meeting was also attended by representatives from UNFPA (8 persons), IPPF and its affiliate (3 persons). In addition, there were 42 persons attending the meeting to represent the Government and other stakeholders. The complete list of the participants can be found in the attachment.

Category	Offline	Online	Total
MP / Former MP			
• Arab	16	-	16
• Asia	11	1	12
Secretariat of Parliamentarians' Forum and NCs			
• Arab (FAPPD)	1	-	1
• Asia (APDA, IFPPD, IAPPD, PLCPD)	10	-	10
Government and other stakeholders			
▪ Asia (Indonesia and Malaysia)	20	25	45
UNFPA Staff			
▪ Indonesia	8	-	8
▪ ASRO	1	-	1
IPPF ESEARO	3	-	3
Total	69	25	97

F. SUMMARY OF PRESENTATION AND DISCUSSION

The following sections summarize presentations and discussions in each session.

Opening ceremony



During the opening ceremony, several dignitaries such as Dr. Hala Youssef of UNFPA ASRO, Hon. Prof Keizo Takemi, MP Japan (Chair of AFPPD, Executive Director of JFPF and Member of APDA Board of Directors), Hon. Pierre Bou Assi, MP Lebanon (President of FAPPPD), Hon. Dede Yusuf Macan Effendi, MP Indonesia (Chair of IFPPD), and Dr. Hasto Wardoyo (Chair of BKKBN) gave their remarks. Some highlights of the remarks are as follows:

- Many countries are in the stage of facing demographic dividend. Demographic dividend happens when the number of working age people exceeds the number of children below 15 and the number of older persons over 65. The countries can reap full benefits of this demographic dividend if they can provide productive employment for those aged 15-64. The productive employment should be proceeded with quality and appropriate vocational education for skills in accordance with the latest technological development, improved quality health and reproductive health (RH) status especially among adolescent and young people, and development of economic center. More roles should also be given to young women and girls in all aspects of their life.
- The high number of child marriages is a threat to the fulfilment of children's basic rights. Not only does it give physical and psychological impact on children, but it also exacerbates poverty, stunting, school drop-out rates, and increases the risk of cervical/uterine cancer for children.
- The government should take such steps as increasing care capacity and access to services (health services, social services, etc.), developing children's abilities, opening and equalizing access, strengthening family social bonds, formulating physical and mental health policies, parenting support, achieving 12 years formal education, and empowering children for livelihood.
- GBV is on the rise in conflict situations, during disasters, and during the prolonged COVID-19 pandemic. Children in some countries are at higher risk of child marriage due to economic pressures and school closures caused by the pandemic. Globally,

about one in five (21%) girls are married before the age of 18. Child marriage not only deprives girls of educational opportunities, but early pregnancy and childbearing also come with a higher risk of complications and death.

- The impact of the pandemic has also led to widening gaps and inequalities, affecting the most vulnerable. In order to prepare and respond to health risks and to build a healthier, fairer, and more prosperous society where no one is left behind, achieving Universal Health Coverage (UHC) is key and essential.
- Arab and Asian countries are facing similar situations in GBV, youth development, and child marriage. Parliamentarians in both regions also play similar roles, as efficient tools to address gender equality, eradicate GBV, and empower youth, so that they can realize their dreams, good health, good education, and be better citizens and better society.
- The ICPD 1994 Programme of Actions, and its following reviews, including the Nairobi Summit in 2019, serve as a framework of guidelines in addressing the above issues.
- Although several laws and regulations on youth development and prevention of GBV exist, every country must strive to facilitate its implementation to improve education especially on vocational education, promote women's labor force participation, improve health and RH for youth, and eradicate violence against women and girls.

Gender-based violence is on the rise in conflict situations, during disasters, and during the prolonged COVID-19 pandemic.

Session 1

Session 1 induced a general presentation on the Islamic perspectives on RH, GBV and child marriage. The first presentation was made by Dr. Nur Rofiah of State Islamic University of Jakarta, and moderated by Ms. Ermalena MHS of IFPPD. Some pointers of the presentation and discussion are as follows:

- Before the Qur'an revelation, women were considered as property, as gifts, debt guarantees, merchandise, and inheritance of men. Therefore, during that time women were considered as sexual satisfaction of men, as a machine for human reproduction. Men had the rights to beat, had unlimited polygamy, had the rights to conduct child marriage as well as forced marriage.
- But after the Qur'an was revealed, women and men have equal status as servant of Allah, and they have also equal mandates from Allah. The value of men and women, according to Islam, depends upon their tauhid to Allah.
- True maslahah or hakiki justice happens if they also give maslahah to women, considering their biological experiences such as menstruation, pregnancy, giving birth,



nifas, and breastfeeding, and avoiding their social experiences which include stigmatization, marginalization, subordination, violence, and double burden.

- Child marriage has more mudharat than the benefits, and it is against marriage principles and goals in Islam.
- People use Islamic teachings to legitimate marriage. We should provide alternative interpretation of Islam, the knowledge system in Islam that integrates bodily and socially experience of women. Men mostly do not have the experience and therefore they do not know. Unfortunately, the decision making is mostly done by men. It is important to acknowledge men to understand the social wisdom. We need to integrate knowledge system of Islam that integrates the women's experience.
- Thus, there is a need to advocate alternative interpretation of Islam. Men should learn and hear the experience of women. Government should also consider that learning and hearing women's experience is part of the social wisdom, and it should be incorporated in every decision making. We need to keep the moral foundation that being married in Islam is not only two bodies but two souls.

Government should also consider that learning and hearing women's experience is part of social wisdom and it should be incorporated in every decision making.

Session 2

Session 2 was on ICPD and SRH/Youth and Gender in the Arab Region. There were three presenters in the session 2: Dr. Hala Youseff of UNFPA ASRO, Hon. Prof. Ashraf Hattem of Egypt, and Hon. Soukaina Lahmouch of Morrocco. The session was moderated by Hon. Nadiul Haque of India. The followings are some pointers of the presentations and discussions:

Dr. Hala Youssef, UNFPA ASRO:

- There are five pillars stipulated in the UNGA resolution no. 65/234 on the review of the implementation of the ICPD beyond 2014: i.e. dignity and human rights and gender equality, health including SRH such as family planning, ASRH and prevention of STI-HIV/AIDS, place and mobility such as international migration, IDPs and refugees, government cooperation and partnership, and sustainability which include population dynamics, environmental sustainability, and climate change.
- Population development composite index (PDCI) in the Arab region is estimated at medium level (58.7) with simple progress over time since 2015.



- The Arab regional population is still considered as youthful region in which youth accounts for 29% of the population, and is experiencing a demographic dividend. The region faces several challenges such as gender and human rights at times of crisis and lack of knowledge and capacity in the area of SRHR. The challenges were more difficult during the COVID-19 pandemic and current economic crisis.

- The focus should also be on provision of the needs of young people and people with disabilities, UHC, budgetary and financial allocations, social determinant of health, maternal mortality among adolescent girls, health system strengthening, and health work force numbers and capacity development.
- ICPD30 is approaching, and we need to accelerate action. There are several issues that should be addressed: such as advocating for the needs of young people and people with disabilities in SRH, making sure that legal barriers are addressed in access and provision of services, addressing social factors, and moving from funding to financing.

Hon. Prof. Ashraf Hattem, MP Egypt:

- The health insurance system in Egypt was established in 1964. During that time the coverage includes government sector employees, retirees, and widows, which account for 60% of the population. In 1993, the health insurance was extended to students.
- In December 2017, the government passed the universal health insurance law (UHIL) to accelerate progress toward UHC, which is in line with the health pillar of Egypt's 2030 Sustainable Development Vision and the Egyptian Constitution (Article 18 - "Every citizen is entitled to health and to comprehensive health care with quality criteria"). Thus, the health insurance covers to all Egyptians.
- All Egyptians are covered on a mandatory basis through family membership. The state is responsible for the costs of treatment for the poor according to the Prime Minister Decree no. 1948 of 2019 with an estimated 30%-35% of the population being subsidized. A large and generous benefit package with low cost-sharing rates coupled with relatively low ceilings is provided.
- As elaborated by the World Health Organization (WHO) in the coverage cube framework, health expenditure is a function of three domains.
- Under the new universal health insurance, all dimensions will expand starting from changing the unit coverage from individual to family-based coverage and expanding from employees to cover all citizens, as well as capping copayments and increasing the number of services included in the benefit package. The new universal health

insurance also aims to reduce cost-sharing, including no co-payments for life saving interventions.

- The new UHC will be trying to tackle the giant out-of-pocket payments and catastrophic health expenditure issues by including all family members in the new insurance scheme and covering the poor from the state budget. Therefore, the implementation of the new insurance system will be through six phases ending by 2032.
- As a result, OOP (Out Of Pocket) expenditure is estimated to decrease from 62% to below 30% by 2032.
- The parliament is working on providing preventive initiatives under the umbrella of universal health insurance. Preventive initiatives can be observed in the vaccination of the Egyptian population.
- The UHC programmes have been able to reduce the fertility of 6.7 in 1960 to 3.3 in 2020, and child morality decreased from 315/1000 to 17/1000, and infant mortality dropped from 210/1000 to 13/1000 during the same period.
- The decreasing fertility rates and mortality can be explained by the observed initiatives from the Egyptian government.
- In March 2016, the Egyptian government issued the Sustainable Development Strategy (SDS): Egypt Vision 2030 to reach the highest level of progress by improving the quality of health services with focusing on healthcare and achieving social equity.
- Health awareness is considered one of the main domains of the healthcare organizations and rural health pioneers play an important role in increasing awareness.
- The Government of Egypt conducts new initiative for the mother and children's well-being by shifting family planning to more culturally and religiously acceptable interventions called "1000 golden days". It aims to widen the interval between pregnancies to be around at least 1000 days to support the well-being of both mothers and children.

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Hon. Soukaina Lahmouch, MP Morocco:

- Morocco with a total population of 37.8 million in 2021, 46% of them is under 25 years old. The ageing population (people aged 60 and over) represents 9.6% of the total population.

- Morocco is also facing several challenges in RH, such as unequal access because of geographical, socio-economic, and socio-cultural barriers to essential services, high unmet needs for family planning due to lack of quality services, information, and practices, gap in evidence (disaggregated and territorialized data), frequency of violence against women (54.4%), persistence child marriage (12%), and deficit in laws on governing SRHR.

- Although Age-Specific Fertility Rate (ASFR) among adolescents 15-19 is relatively low at 19.4/1000, but Morocco remains facing a high neonatal mortality rate (13.5 deaths per 1000 live births), and mortality rate of children under 5 years is 22.1 deaths per 1000 live births.



- Maternal mortality ratio has dropped from 332 in 1992 to 72.6 in 2018, in which 73% of the causes of death were deemed preventable such as hemorrhage, preeclampsia or eclampsia.
- Unfortunately, 11.4% of pregnant women received no prenatal care, and 13.4% of women give birth without the assistance of qualified health personnel.
- The underlying factors are poverty and women educational level. More than half of the women in poverty do not seek follow-up during their pregnancies and nearly 2/3 give birth at home. While almost all women who reached secondary school and above give birth in a health facility, 35% of uneducated women continue to give birth at home.
- The health system in Morocco also needs some improvements. There is insufficient staff quality, quantity and disparity by environments, poor quality of pregnancy monitoring, postpartum follow-up, and management of high-risk pregnancies, poor quality of Essential Obstetric and Newborn Care (EONC), insufficient means of evacuation, insufficient information, education, and communications (IEC), persistence of traditional practices, insufficient budget, and weak involvement of private sectors.
- The contraceptive prevalence rate in Morocco increased tremendously from 42% in 1992 to 70.8% in 2018, comprised of 58% modern methods, and 12% of traditional methods. Almost 55% married women want to stop childbearing, and 25% of pregnant women declared that the current pregnancy is unwanted or to be delayed. Unmet needs for family planning represent 11.3%.

- In Morocco, there is a social, psychological, economic, and medical burden resulting from unintended pregnancies. The abandoned children are around 16% of the out of wedlock new-born babies.
- The unintended pregnancies are caused by poor access to contraceptive services, lack of knowledge and information on contraception, lack of sex education, lack of family dialogue, drug abuse, and sexual violence, including incest.
- The Parliament and Government of Morocco have already endorsed a law No. 06-22 on national health system addressing health care provision, health facilities, national health map and regionals maps, public-private partnership, human resources, training, research, and innovation of health, digitization of health systems, accreditation of health facilities, and management and good governance bodies.
- The commitment of the Morocco parliament members in the area of health and women empowerment include: monitoring government action on RH, making legislative proposals to facilitate access to care, strengthening partnership with UN and civil society organizations, increasing awareness of parliamentarians, engaging in international and regional partnership, promoting socio-economic participation of women, and considering the inclusion of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Beijing Platform of Action, and ICPD principles in the analysis, discussion, amendment, and vote of bills related to RH.

The unintended pregnancies are caused by poor access to contraceptive services, lack of knowledge and information on contraception, lack of sex education, lack of family dialogue, drug abuse, and sexual violence.

In addition, there was also discussion on the population growth, which have negative impact on economy and other related sectors. The negative consequences include provision of health, education, and social services. Therefore, family planning is very important in stabilizing population growth.

Session 3

Session 3 was on Prevention of GBV and Child Marriage in Middle East and Asia. The session consisted of two presentations, one on Arab region represented by Hon. Dr. Suhail Alouni of Tunisia, and on Asia region represented by Hon. Laissa Amalia of the Philippines. The session was moderated by Hon. Hector Appuhamy of Sri Lanka. The following is a summary of presentations and discussions:

Hon. Dr. Suhail Alouni, former MP Tunisia:

- GBV and child marriage cases are still widespread, which is a concern in the Arab region. These practices have negative consequences for individuals and communities, and therefore it is important to address these issues by promoting human rights, health,

and development in general. Parliamentarians have important roles in ending GBV and child marriage.

- GBV, an umbrella terms of any harmful act that is perpetrated against a person's will. Child marriage is a marriage of a girl or a boy before the age of 18, either in formal or informal unions, are perpetuated by cultural norms and gender inequality.



- According to UN Women, one in three women in the Arab region experienced physical or sexual violence in their lifetime. While according to UNFPA, child marriage is a significant problem in the Arab region, with rates ranging from 10% to 45% in different countries. In some countries such as Yemen and Iraq, over half of married women are reportedly married before the age of 18.
- Patriarchal norms and gender inequality contribute to GBV and child marriage in the region. In addition, economic factors, such as poverty and limited job opportunities, can also increase the risk of these practices.
- Conflict and displacement increase the risk of GBV, including sexual violence and forced marriage. In some conflict-affected areas of the Arab region, the rate of child marriage has increased. (Source: UNFPA)
- The COVID-19 pandemic has led to a surge in reports of GBV in the Arab region and around the world. Quarantine measures and social isolation have increased the risk of violence against women and girls. (Source: UN Women)
- The pandemic has also disrupted efforts to prevent child marriage, as school closures and economic hardships have made girls more vulnerable to early marriage. (Source: UNICEF)
- The ICPD25 recognized the need to address GBV and child marriage as critical issues that affect SRHR of women and girls in the Arab region. (Source: UNFPA)
- The ICPD25 called for the elimination of all forms of GBV, including harmful practices such as female genital mutilation and child marriage. It emphasized the importance of promoting gender equality and empowering women and girls. (Source: UNFPA)
- The ICPD25 provided recommendations for action, including strengthening legal and policy frameworks, increasing access to SRH services, and empowering women and girls to make informed choices about their lives. (Source: UNFPA)
- The ICPD25 also called for increased investment in data and research to inform evidence-based policies and programmes, and for the engagement of a wide range of

stakeholders, including parliamentarians, civil society organizations, and young people.
(Source: UNFPA)

- Education and awareness programmes can help to prevent GBV and child marriage by changing cultural norms and attitudes.
- Legal frameworks and policy reforms can help to protect women and girls and hold perpetrators accountable.
- Community-based initiatives that engage men and boys can help to promote gender equality and prevent GBV and child marriage.
- Addressing GBV and child marriage require a comprehensive and multisectoral approach that focuses on prevention, response, and political leadership.
- Prevention efforts should prioritize empowering women and girls and changing harmful social norms and practices.
- Response measures should include access to legal and support services, as well as medical and psychosocial care for survivors.
- Political leadership and engagement, including the role of parliamentarians, is critical in addressing GBV and child marriage.
- The ICPD25 recommendations provide a roadmap for action, emphasizing the importance of investing in data and research and engaging a wide range of stakeholders.

GBV and child marriage require a comprehensive and multisectoral approach that focuses on prevention, response, and political leadership.

Hon. Laissa Amalia, MP Philippines:

- While the Philippines houses some of the most vibrant women's rights movements and comprehensive anti-GBV legal frameworks and mechanisms in the world. But GBV continues to appear as one of the country's pervasive social problems.
- One in four Filipino women age 15-49 experienced physical, emotional, or sexual violence by their husband or partner. One out of 6 Filipino girls finds herself married before hitting the age of 18.
- The persistence of poverty, underdevelopment, and violent conflict in Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) has impacted disproportionately especially around 2.46 million women.
- Ethnic minority Muslim women continue to face different forms and multi-layered discrimination on the basis of their SOGIE, religion, and ethnic-linguistic group, among

others, within or outside their communities. This contributes to their vulnerabilities to abuse and violence.

- Child marriage or marriage below the age of 18 happens worldwide. Its prevalence is in decline, but it remains common in different parts of the world. In the Philippines, the practice is highly associated with indigenous communities.
- The Code of Muslim Personal Laws of the Philippines prescribed age for marriage, which is 15 for males, and at the age of puberty for females (usually between 12-15).
- There have been some interventions such as issuing Republic Act (RA) No 11596 that prohibits the practice of child marriage and imposes penalties for violation. Some key policies include: 1) abolishing traditional and cultural practices and structures that perpetuate discrimination, abuse, and exploitation of children; 2) abolishing unequal structures and practices that perpetuate discrimination and inequality; 3) Marriage shall be entered into only with the free and full consent of capacitated parties; and 4) recognizing that child marriage is child abuse because it debases, degrades, and demeans the intrinsic worth and dignity of children.
- But the policies raised some issues such as that: 1) it contradicts the beliefs of Muslim communities; 2) it is decided by people outside Muslim Filipino communities; 3) it raises questions on religious freedom; 4) it raises issues on criminalization and penalties; and 5) it will not apply to Muslim Filipinos because of their non-subscription to the Family Code.
- There have also been some other mechanisms both at the national and regional levels. At the national level, the mechanisms include establishment the Inter-Agency Council on violence against women and their children (VAWC), Inter-Agency Council against trafficking, stronger protection against rape and sexual exploitation and abuse, Anti-Online Sexual Abuse, Exploitation of Children law, and Safe Spaces Act. At the regional level, the mechanisms include the creation of the Bangsamoro Women Commission, expansion of social services and budget for women empowerment and Gender and Development (GAD), and formulation and localization of the Bangsamoro Regional Action Plan on Women, Peace, and Security.
- It is important to protect human rights and dignity of every person which include protection of the rights of internally displaced persons (IDPs) in BARMM, and promote



Bangsamoro Health Care Subsidy Programme, and social and economic reparation and benefit initiatives for orphans of war.

Discussions:

- In the Philippines, legislation and its implementation is not enough. It is necessary to have dialogue with the community, especially women and girls. In order to address women issues including prevention of GBV and child marriage, it is necessary that the number and the role of women parliamentarians should be improved. At the same time, the 20% quota for female police needs to be met.
- Provision of both negative and positive incentives in the prevention of GBV and child marriage is necessary. In some cases, like India, positive incentives are more effective. Men and women who are married at least at the age of 21, they can get money reward from the government. In addition, empowering women and girls to be economically independent is also an effective strategy to address GBV and child marriage.
- Family planning is still a problem especially in some Arab countries. Many religious leaders are still against family planning programmes. Therefore, looking for different strategies for the implementation is very important. Such strategies might include improving well-being of mothers and children in the 1000 golden days (that was done in Egypt) and advocating for the alternative interpretation of Islam.
- There should be massive communication with the community and religious leaders to address child marriage in Bangsamoro of the Philippine. There is a contradiction of family code in the Philippines and the Shariah law in Bangsamoro. The former criminalizes child marriage, while the latter does not criminalize it.
- There have been some interventions to address child marriage and adolescent pregnancy in Thailand. One of the strategies is the provision of comprehensive sexuality education (CSE), but it took more than 7 years for the Ministry of Education to adopt it. Thus, it takes time to implement the law.

Provision of both negative and positive incentives in the prevention of GBV and child marriage is necessary.

Session 4

Session 4 focused on parliamentarians and policymakers' roles to address GBV, child marriage and youth engagement. Session 4 was moderated by Hon. Fatima Abbas of Bahrain, with two presentations: Hon. Dr. Rida Shibil of Jordan representing the Arab region and Hon. Damry Ouk of Cambodia representing the Asian region. The followings are a summary of presentations and discussions:

Hon. Dr. Rida Shibli, MP Jordan

- The Arab world today is inhabited by around 436 million population, and young people are the fastest growing segment. Some 60% is under 25 years old. While in Jordan, there are around 10.5 million people, with around 63% is under the age of 30.
 - Domestically, Jordan has striven to tackle domestic violence through Law No.6/2008 regarding protection from domestic violence. The main aims of this legislation were to preserve family ties and provide general protection to victims of violence through possible restraining orders. But unfortunately, the law does not mention combating GBV, or addressing the social norms which subordinate women and normalize their mistreatment.
- Decisions that involve young people cannot be done in the absence of their voices and participation. Thus, youth empowerment and engagement in decision-making is a key priority.**
- After 24 years of deliberation, the Children's Rights Law in Jordan was finally referred to the House of Representatives in August 2022 to complete the legislative process, although it needs a great deal of refinement and amendment.
 - The prevalence of child marriage is on the rise again after a decade of decline. Demographic and Health Surveys (DHS) data shows a gradual decrease of child marriage (both under 18 and under 15) between 2007 and 2012, but increases in child marriage both under 18 and under 15 in 2017/2018.
 - Children who are married are at an increased risk of experiencing violence within those relationship as compared to adults (30% compared to 21% respectively).
 - Decisions that involve young people cannot be done in the absence of their voices and participation. Thus, youth empowerment and engagement in decision-making is a key priority. Based on the EU-funded project, it was noted that institutions and civil society organizations can work together to raise awareness among youth and equip them with the necessary tools to make informed decisions as users and producers of information.

Hon. Damry Ouk, MP Cambodia:

- Women and girls continue to be subjected to physical, sexual, emotional, and economic violence, cutting across all divisions of income, culture, and class.
- The Royal Government of Cambodia has made significant progress in its efforts to prevent and respond to violence against women, but challenges remain to be addressed.
- According to the report of the Ministry of Women's Affairs related to the domestic violence, one in five women aged 15-49 reported that they have experienced physical

violence at least once since age 15 and 18% of ever married women aged 15-49 reported having experienced physical or sexual violence from a spouse.

- On the rape and sexual violence in Cambodia, 6% of women aged 15-49 reported having experienced sexual violence at least once in their lifetime. Five (5) percent of women reported having experienced at least one form of sexual harassment, and 4% of girls reported at least one incident of sexual abuse before 18.



- Cambodia has several legal frameworks to address violence against women, either explicitly written in the Constitution of the Kingdom of Cambodia, adopted in 1993, Civil Code 2007 and Civil Procedure Code 2006, which state about the right, freedom, and prevention of domestic violence. The Law on Prevention of Domestic Violence and the Protection of Victims 2005, Law on Suppression of Human Right Trafficking and Sexual

Exploitation 2008, and the Cambodia Labor Law and other relevant Law and the Criminal Codes prohibits sexual harassment and indecent behaviors in the workplace.

- In addition, there are several national policies to prevent GBV such as Rectangular Strategy, Safety village commune/Sangkat Policy, and national strategic development plan 2019-2023.
- Child marriage is considered a form of exploitation of children. Data indicated that school closures and economic shock brought by the COVID-19 pandemic has caused the increase in child marriage cases, especially in developing countries including Cambodia.
- The Ministry of Health of the Kingdom of Cambodia reported for 2021-2022 that 30% of girls aged between 15 and 19 are getting pregnant before they are 20 years old.
- Cambodia has already ratified several international conventions related to child marriage such as the Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), UN Security Council Resolution (SRC) related to women, peace and security, and several ASEAN declarations on prevention of GBV. Cambodia also has several legal frameworks and national policies to prevent child marriage.
- Cambodia is also now experiencing demographic dividend. The number of people in the working age (15-64) is 66.3%, which surpasses the proportion of children below 14 (32.8%) and people aged 65 and above (5.9%).

- To promote the rights and responsibilities of youth, the Ministry of Education, Youth and Sport (MoEYS) has developed the National Policy on Cambodian Youth Development, which focuses on improving quality and equity access to education and vocational training, increasing innovation and entrepreneurship, personal development (physical strength, knowledge, skills, morality, etc.), and providing opportunities for youth to express opinions and perspectives.
- Currently there are about 13% of young parliamentarians in Cambodia, which promotes the involvement of young people in the development.
- There are several remarkable achievements on the youth development in Cambodia, which include the establishment of a large number of Cambodia youth councils, promotion of youth volunteerism and involvement, entrepreneurship, and leadership education etc.

Adoption of Declaration of Commitment

The organizing committee drafted a declaration of commitment of Arab and Asian parliamentarians, which among others contains:

- The commitment covers many issues, including the progress toward the achievement of the ICPD agenda and its sub-subsequent reviews, and challenges that the world today is facing, especially highlighting the three zeros in the context of the SDGs.
- Investing in children, youth, and women is very important in achieving the ICPD PoA and the SDGs.
- Supporting the development of progressive laws, policies and programme that protect all persons including women, youth, and children from any forms of discrimination and stigmatization, and respect their rights.
- Advocating the allocation of appropriate and sufficient resources, including from donor agencies, and enhancing partnership with private sectors to implement ICPD PoA in the context of the SDGs.
- Ensuring stronger political commitments and encouraging inter-regional cooperation, including south-south initiatives on the implementation of ICPD PoA in the context of the SDGs.



The final declaration of statement is in the attachment.

Closing Ceremony

Three dignitaries provided remarks during the closing ceremony: Hon. Dr. Jetn Sirathranont of Thailand, Ms. Tomoko Fukuda, Regional Director of IPPF ESEAOR, and Ms. Anjali Sen, UNFPA Representative of Indonesia. The followings are some pointers of the closing remarks:



- The world today is the world for young people. Therefore, empowerment of young people is a must. We must be committed and make sure that the world today is better place for the future generation to live.
- Issues of youth development and prevention of GBV and harmful practices can be addressed by among others: a) widening access and choices and improving the roles of women and girls, including marginalized people, to make their decisions; b) amplifying their voices; c) improving partnership with parliamentarians and other stakeholders; and d) increasing budget allocation.
- Comprehensive sexuality education (CSE) is one of good approach for youth development. It meets characteristics of effective GBV prevention, based on human rights and gender equality. It recognizes the effect of gender and power on relationships, fosters critical thinking and personal reflection about gender norms and power, encourages the development of respectful and equitable relationship, and builds life skills.
- There are less then 7 years to achieve the three transformative results – ending preventable maternal deaths, ending the unmet need for family planning, and ending GBV and harmful practices. Urgent actions are needed to bring results for women and girls by keeping their rights and choices at the center of development and humanitarian interventions.
- Only with concerted efforts by parliamentarians and all other stakeholders to strengthen awareness, formulate evidence-based policies, and implement them at all levels, can we make the three transformative results and SDGs a reality for us all by 2030

Only with concerted efforts by parliamentarians and all other stakeholders to strengthen awareness, formulate evidence-based policies, and implement them at all levels can we make the three transformative results and SDGs a reality for us all by 2030.

Field visit

On the second day of the meeting, participants conducted field visit to two locations: Youth Information and Counseling Center at the State Islamic High School 9 Jakarta, and a women crisis center of Jakarta (P2TP2A).

Youth Information and Counseling Center (PIK-R):

- Today there are more than 65 million of young people in Indonesia. Unfortunately, they are still facing several challenges such as child marriage, adolescent pregnancy, drug abuse, and unwanted pregnancy.
- To achieve the Golden Indonesia 2045, the government of Indonesia launches several programmes aiming to empower young people. One of the programmes is planning generation (GenRe).
- Planning generation (GenRe) is basically planning to have a prosperous family by having good education, having a good job, and then getting married by considering their reproductive health.
- Youth information and counseling, which is called PIK-R, is established as a part of Planning Generation (GenRe), aiming to provide counseling and information on issues related to adolescents. In addition to PIK-R that exists in most schools, there are also community-based PIK-R.
- There are three different modules for the PIK-R with different stages. Module Berani (Brave) discusses the characteristics of adolescents and how to plan a good family. It is for the age of 10-14. Module Beraksi (Action) contains among others knowing your body, your environment, life transformation, and inspiring others. It is for 15-19 years of age. Module Berkolaborasi (Collaboration) covers among other substantive issues such as ASRH, gender, child marriage and adolescent pregnancy, and how to become a good counselor. It is for the age group of 19-24 years.



Women crisis center (P2TP2A):

- P2TP2A is a women crisis center that is owned by the Government of Jakarta Special Capital Territory. Jakarta city has zero tolerance policy on violence against women and children by providing prevention and rehabilitation.



- There are several policies such as local government regulations that has been translated into Governor regulations, decrees, instructions.

- As the P2TP2A needs multi-agency support, there are several Memorandums of Understanding that were established, including with Jakarta regional police, private sector, university, victim and

witness protection agency, and Jakarta district attorney.

- There have been several activities for the prevention such as dissemination of digital information, community-based empowerment and education, university-based campaigns, and 16-day anti violence against women and children campaign.
- Established in 2004, the center is supported by several professional such as legal advocate, paralegal, quick response unit paralegal, psychologists, counselors, and victim assistance personnel. The center has also 24 hours call center.
- The center is supported by five branches (one in each city), hundreds of community-based complaint centers, university-based complaint centers, and public service complaint centers such at MRT (Jakarta Mass Rapid Transit), LRT (Light Rail Transit) and some bus stations.
- There is also a tele-reporting and counseling that targeted for women and girls with disabilities.

G. DISCUSSIONS AND RECOMMENDATIONS

The following are some discussions and recommendations, taken from the two day-meetings:

- Many countries are in the stage of experiencing demographic dividend. But they can reap full benefits of this demographic dividend if they can provide quality and appropriate vocational education, improved skills of productive age with the latest technological development, improved quality health and RH status especially among adolescent and young people, and development of economics centers, so that they can have productive employment. Unfortunately, reaping the demographic dividend is still big homework for many countries in Arab and Asia. Therefore, more roles should also be given to young women and girls as well as young people in all aspects of their life. Their involvement in the decision-making process is equally important.
- GBV and child marriage remains a problem of most Arab and Asian countries. GBV and child marriage are on the rise in conflict situations, during disasters, and during

prolonged COVID-19 pandemic. Thus, these situations led to widening gaps and inequalities, and affecting the most vulnerable people, including women, children, and youth.

- The ICPD PoA and its following reviews, including the Nairobi Summit in 2019 serve as frameworks of guidelines in addressing the above issues (youth development, GBV, and child marriage).
- Members of Parliament at all levels in Arab and Asian countries should make necessary actions to address the above issues by enactment of laws, provision of budget and conduct monitoring on the implementation of the programmes.
- The Qur'an reveals that women and men have equal status as servants of Allah, the God Almighty. The value of women and men, according to Islam, depend on the tauhid or belief to Allah. The meaning of Islam Rahmatan Lil 'Alamin is Islam whose presence in the midst of people's lives creates peace and compassion for all humans and the universe.
- True justice, according to Islam, should also give justice to all including women. Thus, true justice only happens if women's biological experience such as menstruation, pregnancy, giving birth, nifas, and breastfeeding is considered, and social experience such as stigmatization, marginalization, subordination, violence, and double burden are avoided.
- There should be a new alternative interpretation of the Qur'an by considering women's biological and social experience to prevent GBV and child marriage, as well as promote the youth development.
- As the ICPD30 is coming soon, it is necessary to accelerate the PoA. There are several issues that should be addressed such as advocating for the needs of young people and people with disabilities in SRH; making sure legal barriers are addressed in access and provision of services; promoting preparedness and plans, and moving from funding to financing.
- UHC has been undertaken in several Arab and Asian countries, aiming to tackle the giant out-of-pocket payments and catastrophic health expenditure issues by including all family members in the new insurance scheme and covering the poor from the state budget.
- Family planning remains a problem in some Arab and Asian countries. Family planning has an important role in tackling the population growth, and in increasing the family economy. There are several strategies to address family planning by among others shifting to more culturally and religiously acceptable interventions such as "1000 golden days", aiming to improve well-being of both mothers and children.

- Patriarchal norms and gender inequality contribute to GBV and child marriage in the regions. In addition, economic factors, such as poverty and limited job opportunities, can also increase the risk of these practices. The COVID-19 pandemic has led to a surge in reports of GBV around the world. Quarantine measures and social isolation have increased the risk of violence for women and girls.
- The ICPD25 called for the elimination of all forms of GBV, including harmful practices such as female genital mutilation and child marriage. It emphasized the importance of promoting gender equality and empowering women and girls, strengthening legal and policy frameworks, and engagement of a wide range of stakeholders, including parliamentarians, civil society organizations, and young people.
- Most countries in Arab and Asia prohibit the practice of child marriage and some countries impose penalties for violation. But the laws and policies sometimes are contradicted with the community beliefs and raise questions on religious freedom. Therefore, it is necessary to have dialogue with community leaders including religious leaders, and community members including women and girls. It is also necessary to provide positive incentive to girls who comply with minimum age of marriage.
- The Arab and Asian members of parliament agreed to: 1) invest in children, youth, and women as it is very important in achieving the ICPD PoA and SDGs; 2) to support the development of progressive laws, policies and programme that protect all persons including women, youth, and children from any forms of discrimination and stigmatization, and respect their rights; 3) to advocate the allocation of appropriate and sufficient resources, including from donor agencies, and enhance partnership with private sector to implement ICPD PoA in the context of the SDGs; and 4) to ensure stronger political commitment and encourage inter-regional cooperation, including south-south initiatives on the implementation of ICPD PoA in the context of the SDGs.



H. ATTACHMENTS

1. Agenda of the meeting



Arab and Asian Parliamentarians' Meeting to Follow-Up on ICPD25 Commitment: Addressing Youth Empowerment and Gender-Based Violence

1-2 March 2023

Hotel Pullman, Jl. MH Thamrin - Jakarta, Indonesia

(Note: This is a hybrid meeting with some participants attending in person in Jakarta (observing all COVID-19 protocols) and other participants joining online)

For online participants, please join via Zoom

Meeting ID: **914 4669 2816** Passcode: **944267**

Draft program

No.	Day/Date/Time	Agenda	Resource Persons/PIC
	Tuesday, 28 Feb 2023	Arrival of the delegates/registration	
1.	Wednesday, 1 March 2023		
	09.00 - 09.45	Opening Ceremony and Welcome	
		<ul style="list-style-type: none"> Indonesian anthem Remarks: UNFPA ASRO (5 min) Remarks: APDA/AFPPD (5 min) Remarks: FAPPD Remarks: Chair of IFPPD (5 min) Remarks: Chairperson of BKKBN Group photo 	BKKBN Prof. Hala Youssef, UNFPA ASRO Hon. Prof. Keizo Takemi MP Japan, Director of APDA, Chair of AFPPD Hon. Pierre BouAssi, MP Lebanon, President of FAPPD HE Dr. Dede Yusuf Macan Effendi, MP Indonesia Dr. HC Dr. Hasto Wardoyo
	09.45 - 10.00	<ul style="list-style-type: none"> Doorstop interviews Tea Break 	

	10.00 - 11.00	Session 1: Islamic Perspectives on RH, GBV and Child Marriage	
		Presentation [15 mins]	Dr. Nur Rofiah , Professor at UIN Jakarta
		Discussions [30 mins] Moderator	Ms. Ermalena Muslim Hasbulah of IFPPD
	11.00 - 12.15	Session 2: ICPD and SRH/Youth and Gender in the Arab region: Perspectives and Challenges	
		Presentation [15 mins]	Prof. Hala Youssef , Regional Sexual and Reproductive Health Adviser, UNFPA ASRO: ICPD 1994 between Health and Gender in the Arab States
		Presentation [15 mins]	Hon. Professor Ashraf Hatem , MP Egypt
		Presentation [15 mins]	Hon. Soukaina Lahmouch , MP Morocco
		Discussion [30 mins] Moderator:	Hon. Nadimul Haque , MP India
	12.15 - 13.30	Lunch Break	
	13.30 - 14.30	Session 3: Prevention of GBV and Child Marriage in Middle East and Asia	
		Presentation, Arab region [15 mins]	Hon. Dr. Suhail Aluoni , Former MP Tunisia
		Presentation, Asia region [15 mins]	Hon. Laissa Alamia , MP Bangsamoro Transition Authority, Philippines
		Discussions [30 mins] Moderator:	Hon. Hector Appuhamy , MP Sri Lanka
	14.30 - 14.45	Coffee Break	
	14.45 - 15.45	Session 4: Parliamentarians and policymakers' role to address Prevention of GBV, Child Marriage, and Youth Engagement	
		Presentation, Arab region [15 mins]	Hon. Dr. Rida Shibli , MP Jordan
		Presentation, Asia region [15 mins]	Hon. Damry Ouk , MP Cambodia
		Discussion [30 mins] Moderator	Hon. Fatema Abbas , MP Bahrain
	15.45 - 16.45	Adoption of the statement	
		<ul style="list-style-type: none"> Adoption of today's meeting statement 	Moderator: Mr. Samidjo, IFPPD

	16.45 – 17.05	Closing	
		AFPPD Representative Asia [5 mins] IPPF ESEAOR (5 mins) UNFPA Indonesia 5 mins	Hon. Dr. Jetn Sirathranont , MP Thailand Ms. Tomoko Fukuda , Regional Director Ms. Anjali Sen , UNFPA Representative Indonesia
2.	Thursday, 2 March 2023		
	08.00 - 08.30	Travel from Hotel to MAN 9 (State Islamic High School) in Duren Sawit, East Jakarta	
	08.30 - 10.00	Presentation and discussions and observation of an Islamic-based School's PIK-R, Youth Information Center	Chair, PIK-R and School Master
	10.00 - 10.30	Travel from MAN 9 (State Islamic High School) to P2PT2A of Jakarta	
	10.30 - 12.00	Presentation (including video presentation), discussions and observation of P2TP2A, a Jakarta Women Crisis Center	Head, Provincial Office of Pop, FP, and Women Empowerment and Child Protection (DPPAPP)
	12.00 - 13.00	Return to Hotel	
	13.00 – 14.00	Lunch at the Hotel	
	14.00	Free programme	
	Friday, 3 March 2023	Departure of the delegates	

2. Attachment 2

List of Participants

No.	Prefix	Name	Country	Title	Mode of Attendance
1	Hon.	Abdelli Zoubri	Algeria	Former MP	In-person
2	Hon.	Fatima Abbas Qassim Mohamed	Bahrain	MP	In-person
3	Mr.	Mohammed Al-Ammadi	Bahrain	Former MP	In-person
4	Hon. Dr.	Damry Ouk	Cambodia	MP	In-person
5	Mr.	Youn Tithkakada	Cambodia	CAPPD assistant	In-person
6	Hon.	Hassan Omar	Djibouti	MP	In-person
7	Hon.	Abdelhady El-Kasabey	Egypt	MP	In-person
8	Hon.	Abelhamed Al-Dimerdash	Egypt	MP	In-person
9	Hon.	Ashraf Hatem	Egypt	MP	In-person
10	Hon.	Mohamed Abohemila	Egypt	MP	In-person
11	Hon	Nadimul Haque	India	MP	In-person
12	Mr.	Manmohan Sharma	India	Executive Secretary, IAPPD	In-person
13	Hon.	Yusuf Dede	Indonesia	MP, Chair of IFPPD	In-person
14	Hon	Sri Wulan	Indonesia	MP, Deputy Chair IFPPD	In-person
15	Hon	Nurhayati	Indonesia	MP, Deputy Chair IFPPD	In-person
16	Hon	Dr. Putih Sari	Indonesia	MP, Treasurer of IFPPD	In-person
17	Ms.	Andi Fauziah Pijiwatie	Indonesia	Former MP, Deputy Chair IFPPD	In-person
18	Ms.	Ermalena H. Muslim	Indonesia	Former MP, Secretary of IFPPD	In-person
19	Mr.	Sam Samidjo	Indonesia	Senior Program Manager of IFPPD	In-person
20	Ms.	Nelita Endon	Indonesia	IFPPD Secretariat	In-person
21	Hon.	Abdulkhaleq Malik	Iraq	MP	In-person
22	Hon.	Keizo Takemi	Japan	MP, Chair of AFPPD	online
23	Hon. Dr.	Rida Shibli Kawaldeh	Jordan	MP	In-person
24	Hon.	Pierre BouAssi	Lebanon	MP, President of FAPPD	In-person
25	Dr.	Samar Haddad	Lebanon	Former MP	In-person
26	Hon.	Soukaina Lahmouch	Morocco	MP	In-person
27	Hon.	Angelica Natasha Co	Philippines	MP	In-person
28	Hon. Atty.	Laisa Masuhud Alamia	Philippines		In-person
29	Hon.	Amir Mawallil	Philippines		In-person
30	Ms.	Sylvia Chico	Philippines	Parliamentary Secretary	In-person
31	Ms.	Aurora Quilala	Philippines	Advocacy & Partnership Manager, PLCPD	In-person
32	Ms. Atty.	Dimple Villamin	Philippines	Parliamentary secretary	In-person
33	Hon.	Hector Appuhamy	Sri Lanka	MP	In-person

34	Hon.	Manal Mansour	Sudan	MP	In-person
35	Hon.	Lucy Esgeian	Syria	MP	In-person
36	Hon.	Jetn Sirathranont	Thailand	MP	In-person
37	Dr.	Souhail Alouni	Tunisia	Former MP	In-person
38	Hon.	Pham Trong Nghia	Vietnam	MP	In-person
UNFPA					
39	Ms.	Hala Youssef El-Sayed	UNFPA ASRO	SRH Adviser	In-person
40	Ms.	Anjali Sen	UNFPA Indonesia	Representative	online
41	Dr.	Melania Hidayat	UNFPA Indonesia	Assistant Rep	In-person
42	Mr.	Richard Makalew	UNFPA Indonesia	PD Specialist	In-person
43	Ms.	Eahmi Dian Agustina	UNFPA Indonesia	Comm Analyst	In-person
44	Mr.	Yori Novrianto	UNFPA Indonesia	ME Analyst	In-person
45	Mr.	Norcahyo B. Waskito	UNFPA Indonesia	Gender Transformative Officer	In-person
46.	Ms.	Jumita Siagian	UNFPA Indonesia	Associate	In-person
47.	Mr.	Lucky Putra	UNFPA Indonesia	Media Assistant	In-person
Government and others					
48	Prof Dr.	Rizal Damanik	BKKBN	Deputy Chairperson	In-person
49	Ms.	Wahidah P.	BKKBN	Director of Advocacy	In-person
50	Mr.	Mulyono	BKKBN	Protocol	In-person
51	Ms.	Arum Cindera Aristya	BKKBN	Protocol	In-person
52	Mr.	Adam Krisna Fahreza	BKKBN	PR	In-person
53	Ms.	Niken Akhirini	BKKBN	Policy Analyst	In-person
54	Ms.	Anggi Osyka	BKKBN	FP Counselor	In-person
55	Mr.	Riky Marizal	BKKBN	PR	In-person
56	Ms.	Priyanti	BKKBN	Policy Analyst	In-person
57.	Ms.	Duly Apika Sari	BKKBN	PR	In-person
58	Ms.	Mimi Sumiarti	BKKBN	FP Counselor	online

59	Ms.	Sri Haryani	East Kal BKKBN	Pop Officer	online
60	Ms.	Puji Astuti	Jakarta FP Office	FP Counselor	online
61	Mr.	Tiong Siew Lee	Malaysia	School teacher	online
62	Mr.	M. Hidayatollah	Provincial BKKBN	FP Officer	online
62	Ms.	Nining Suryani	West Java BKKBN	FP Counselor	online
63	Mr.	I Ketut Astawa	Provincial BKKBN	FP Counselor	online
64.	Mr.	Ronny Ap Situmorang	BKKBN	PR	online
65	Mr.	Erik Tulus Nugraha	Ciamis FP Office	FP Counselor	online
66	Mr.	Wawan Ridwan	Ciamis FP Office	FPFW	online
67.	Mr.	Iman Sukmara	West Java BKKBN	FP Counselor	online
68	Ms.	Maudy Sandra	National Syber Security	Cyber Security	online
69	Ms.	Florence Anastasya	Petra Christian University	Copy writer	online
70	Ms.	Lina Rohmalina	District FP Office	FP Officer	online
71	Ms.	Felice Clarabelle Tanupribadi	Petra Christian University	Designer	online
72	Ms.	Susi Sulanjari	BKKBN	Management Analyst	online
73	Ms.	Ni Made Sumertini	Bali Prof BKKBN	FP Counselor	online
74	Mr.	Frederick Maximilli	Parahyangan Univ	IT	online
75	Ms.	Nu Wayan Eryani	Bali Prov BKKBN	FP Counselor	online
76	Ms.	Tati Sutarjo	UGM	Lecturer	online
77	Ms.	Hartini	Office of Education	Teacher	online
78	Ms.	Suharnitha	West Kali Prov BKKBN	FP Officer	online

79.	Ms.	Titin	Bali Prov BKKBN	FP Officer	online
80.	Ms.	Anak Agung AyuEma Vidayani	Bali Profv BKKBN	FP Officer	online
81	Mr.	Noer Alif Baslamin	Genre Indonesia	Chair	In-person
82	Mr.	I Nyoman Karyawan	Tabanan FP Office	FP Counselor	online
83	Ms.	Adriana Tonapa	Bali Prov BKKBN	FP Counselor	online
84.	Ms.	Nining Suryani	West Java Prov BKKBN	FP Officer	online
85	Ms.	Farah Faridah	Health Office	Midwife	online
86.	Ms.	Facy Muhtisari	Hospital	Midwife	online
87.	Mr.	Fahmi Risdan Abdillah	Kaimana Bappenas / Planning Office	Planning analyst	online
88.	Ms.	Mardalena Wati Yulia	Riau Prov BKKBN	Chair	online
89	Ms.	Husniamiarti	Bengkulu Prov BKKBN	FP Counselor	online
90	Ms.	Wulan	BKKBN	PR Officer	In-person
IPPF and Member Association					
91	Ms.	Tomoko Fukuda	Malaysia	Regional Director of IPPF East and South East Asia and Oceania Region (ESEAOR)	In-person
92	Mr.	Gessen Rocas	Malaysia	Director for Strategic Partnership, Advocacy & External Affairs, IPPF East and South East Asia and Oceania Region (ESEAOR)	In-person
93	Dr.	Ichsan Malik	Indonesia	President of Indonesian Planned Parenthood Association (IPPA).	In-person
FAPPD Secretariat					
94	Dr.	Mohammad Al Smadi	Jordan	FAPPD Secretary General	In-person
APDA					
95	Dr.	Kiyoko Ikegami	Japan	Secretary-General; Executive Director	online
96	Ms.	Hitomi Tsunekawa	Japan	APDA	In-person
97	Dr.	Farrukh Usmonov	Japan	AFPPD	In-person

3. Attachment 3



Declaration of Commitment

1-2 March 2023

Jakarta, Indonesia

We, members of parliaments from Arab and Asia regions, participating in the Arab and Asian Parliamentarians' Meeting to Follow-up on ICPD25 Commitment: Addressing Youth Empowerment and Gender-Based Violence, in Jakarta on 1-2 March 2023,

Taking into account the results, challenges and recommendations of the regional and global reviews of progress in the implementation of the ICPD PoA,

- Acknowledge the remarkable progress achieved since the 1994 International Conference on Population and Development (ICPD) in Cairo and the Millennium Development Goals,
- Acknowledge that, despite the progress made, the ICPD's vision remains unfinished business in the regions and note that challenges for the full implementation of the Programme of Action and achieving the Sustainable Development Goals (SDGs) by 2030 are still prominent,
- Reaffirm our commitment to the 2030 Agenda for Sustainable Development and the ICPD PoA in the Arab and Asia regions, and the role of UNFPA in support of the implementation of ICPD agenda as a guide for governments to formulate their population policies and programmes,
- Reaffirm the perspective of the International Conference of Parliamentarians on Population and Development (ICPPD), which emphasizes a strong relationship between population and sustainable development,
- Recognize that population issues will not have substantial progress without social and economic development under the concept of sustainable development, which addresses environment as indivisible component,
- Recognize that in order to finish the unfinished business of ICPD and fulfill reproductive rights as defined at ICPD, enabling conditions for sustainable and inclusive development, including the eradication of hunger and malnutrition and protection of environment, must be in place,
- Reaffirm that ending unmet needs of family planning, ending preventable maternal deaths, and ending violence and all forms of harmful practices against women and girls is vital to achieving the Sustainable Development Goals,

- Call upon countries to continue work for the full implementation of ICPD agenda and leverage this momentum to mobilize political and financial support to secure consensus to achieve full implementation of the ICPD Programme of Action.

In line with our role as parliamentarians, we commit to:

- Recognize that promoting social, agricultural and economic development and environmental protection can create an enabling condition for reproductive health and rights for all,
- Formulate and implement comprehensive socio-economic policies and programmes that allow both developed and developing countries to go through a balanced fertility transition for building a sustainable society, using rights-based approach and power of choice.
- Emphasize the importance of investment in children, youth, and women as the main actors for population, reproductive health, gender equality, economic and social development, and social and environmental protection, and encourage governments to create investment opportunities in youth, including the provision of comprehensive sexuality education
- Continue to advocate for the full implementation of the ICPD promise of universal access to sexual and reproductive health services, as affirmed in the Sustainable Development Goals (SDGs), as vital to deliver the vision for a world where preventable maternal deaths are fully prevented, where unmet need for family planning is zero, where gender-based violence and harmful practices eliminated, and where young people can live healthy and productive lives,
- Ensure that the rights of all individuals are respected, protected and fulfilled as set forth in the United Nations Declaration on Human Rights,
- Support development of laws that link national constitutions to the ICPD agenda with people's rights perspectives, health, education, planning and economic development,
- Enact progressive laws, policies and programmes to prevent and protect all persons, particularly women, youth, and children from discrimination, stigmatization and violence in public and private spheres, including gender-based violence, and to amend laws, policies and programmes that address violation of human rights and discrimination on the basis of gender, sexuality and ethnicity, as well as emerging forms of violence such as cyber violence,
- Enact laws, policies, and programmes that respect, protect and fulfill the sexual and reproductive health and reproductive rights of all individuals, and remove barriers towards realizing the availability, accessibility, acceptability, and quality of a comprehensive package of sexual and reproductive health services and information, including comprehensive sexuality education,
- Advocate to change social norms, laws and policies, to uphold human rights, in particular the most crucial reforms that promote gender equality and empowerment of women and girls,
- Ensure the rights of all individuals to comprehensive, family planning services and guarantee access to safe, modern methods of voluntary contraception as part of an inclusive and

integrated package of sexual and reproductive health services and information including in humanitarian situations,

- Adopt legislations, policies and measures that prevent and eradicate gender-based and sexual violence, including in conflict and post-conflict situations and humanitarian emergencies,
- Adopt comprehensive legislations to eliminate all harmful practices, including child and forced marriage and female genital mutilation, and further enact laws to raise the minimum legal age of marriage to 18 years,
- Advocate for the allocation of appropriate and sufficient resources from donor agencies and partnership with private sectors for long-term investments to ensure inclusive and sustainable growth in support of implementing the ICPD Programme of Action,
- Ensure stronger political commitment for the further implementation of the ICPD Programme of Action and use our role as parliamentarians to keep Governments accountable to the commitments made in Cairo, in Nairobi (ICPD25), and for achieving the SDGs by 2030.
- Ensure that appropriate and timely population, health, gender, and other development data, disaggregated, by sex, age, disability, and other characteristics, made publicly available in order to facilitate sharing and using knowledge to improve public accountability and ensure that no one is left behind.
- Encourage inter-regional cooperation, including south-south initiatives, and cooperation between and across countries of Asia and Arab States within the existing international frameworks including ICPD and its subsequent reviews and the SDGs to advance integration of population dynamics in the SDG monitoring processes, as well as in harnessing the demographic dividend learning from successful examples of Asia,
- Work with governments, regional, inter-regional and global forums to attain and maintain peace and security within and across boundaries of countries to avoid negative implications of conflicts, emergencies, and humanitarian crises.