



REPORT

PART I AND PART II

The Webinar on Leadership of African and Asian
Parliamentarians in the Implementation of ICPD25
Commitments during the Pandemic



*The Asian Population and
Development Association (APDA)*

Table of Contents

Acronyms.....	3
Background.....	4
Part One: 19 January 2021.....	8
Summary.....	8
Opening Session.....	9
Session 1: Impacts of COVID-19 in the Implementation of ICPD Programme of Action and the 2030 Agenda for Sustainable Development in Africa.....	11
Session 2: Response from the Civil Society: the Japanese Contribution to Africa’s Health Sector during Pandemic.....	13
Session 3: Role of Parliamentarians in the ICPD25 Agenda on SRHR.....	15
Closing Session.....	17
Part Two: 9 March 2021.....	18
Summary.....	18
Opening Session.....	19
Session 1: Impacts of COVID-19 on gender-based violence and on deepening inequalities for women and youth in the Africa Region.....	21
Session 2: Role of the Civil Societies in addressing GBV and empowering women and youth in the COVID-19 contexts.....	23
Session 3: Parliamentary action to address GBV and promote women and youth empowerment.....	25
Closing Session.....	27
APPENDIX.....	28

The contents of this report were based on the presentations, speeches and remarks made by the participants of the webinar on the “Leadership of African Parliamentarians in the implementation of ICPD25 commitments during pandemic”, and do not necessarily reflect the positions of APDA.

Acronyms

ACT-A	ACT-Accelerator
AFP	Advance Family Planning
AIDS	Acquired Immune Deficiency Syndrome
APDA	Asian Population and Development Association
AU	African Union
CSO	Civil Society Organization
ESARO	East and Southern Africa Regional Office (UNFPA)
FGM	Female Genital Mutilation
FPA	The African Parliamentary Forum on Population and Development
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
JTF	Japan Trust Fund
NGO	Non-Governmental Organization
PHC	Primary Health Care
PoA	Programme of Action
RH	Reproductive Health
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
TICAD	Tokyo International Conference on African Development
TPAPD	Tanzania Parliamentary Association on Population and Development
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WB	World Bank
WHO	World Health Organization

Background

Given their capacities and responsibilities, parliamentarians play an important role in addressing the targeted Sustainable Development Goals (SDGs) and emerging challenges, such as COVID-19, by enacting necessary policies and legislative changes, allocating resources for transformative issues, and holding governments accountable for the implementation. Their responsibilities have further increased due to the impact of COVID-19 on various sectors in each country.

The COVID-19 pandemic constitutes the largest global public health crisis in a century, with daunting health and socioeconomic challenges. The pandemic poses a hindrance to the follow up of the Nairobi Commitments and the fulfilment of the promise of the ICPD. The pandemic has already severely disrupted access to life-saving sexual reproductive health (SRH), HIV and gender-based violence (GBV) services. It is worsening existing inequalities for women and girls, and deepening discrimination against other marginalized groups. The UNFPA projections predict about 7 million unintended pregnancies and 31 million additional cases of GBV can be expected to occur if the lockdown carries on for 6 months. Furthermore, COVID-19 will disrupt efforts to end child marriage, potentially resulting in an additional 13 million child marriages taking place between 2020 and 2030 that could otherwise have been averted.¹

In order to achieve the SDGs and ICPD25 commitments in the time of pandemic it is important to provide a platform between parliamentarians and civil society representatives to address their responses to the COVID-19 impact. There is a need to understand the current situations and explore how best to improve and address the ICPD agenda and Nairobi Commitments.





As an outcome of the parliamentarians' meeting, the declaration of commitment was adopted and successfully submitted to the Summit, while a group of parliamentarians shared the result of the Tanzania meeting with their colleagues from different regions. Furthermore, the 2020

Inter-Regional Parliamentarians' Meeting on ICPD25 in Djibouti not only strengthened the parliamentarians' commitments to the Nairobi Statement, but it also contributed to developing and adopting a road map for the way forward.

The roadmap calls for parliamentarians to advocate for the full implementation of the ICPD25 Commitments and change social norms, laws and policies to uphold human rights, in particular the most crucial reforms that promote gender equality and empowerment of women, girls and youth, through inter- regional/regional networking and partnerships.



The world still has unfinished business of the ICPD, and considerable gaps still remain among and within countries. The gap has been expanded especially due to the impact of COVID-19. It is not too much to say that the populations in Africa and Asia hold the key to achieving the SDGs. While Asia currently has more than half of the world population, Africa is estimated to account for more than 90% of the increase in the global population between 2020-2100. In relation to this, high total fertility rates (more than 3.5 children per woman) are seen in poor countries mostly in Africa and South Asia.¹ Despite progress in many areas, there continue to be significant challenges in sub-Saharan Africa: 66% of all maternal deaths occur in sub-Saharan Africa and nearly one fifth, or 2 in 10, of adolescent girls get pregnant.

¹<https://www.unfpa.org/press/new-unfpa-projections-predict-calamitous-impact-womens-health-covid-19-pandemic-continues#:~:text=KEY%20PROJECTIONS%3A,major%20disruptions%20to%20health%20services>.

²https://www.unfpa.org/sites/default/files/pub-pdf/ICPD_beyond2014_EN.pdf

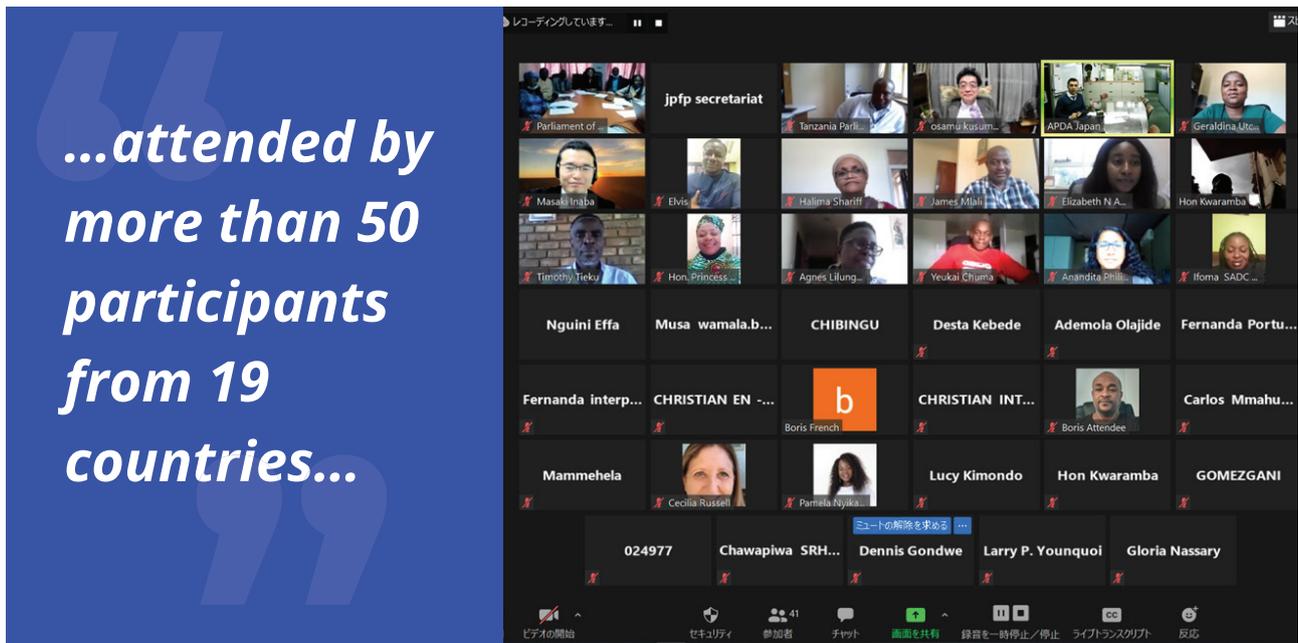
Evidence from sub-Saharan Africa indicates that at least one third of teen pregnancies are unwanted or unplanned. Complications related to pregnancy and childbirth is the leading cause of deaths among adolescent girls.

Sexual and gender-based violence (SGBV) continues to be appalling high. One in every three women worldwide and on the continent have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence. Current and proposed essential Universal Health Coverage (UHC) service packages in most East and Southern African (ESA) countries do not include 9 out of the 12 recommended SRH interventions/elements. SRHR elements that are not fully part of the current UHC conversations are: Comprehensive Sexual Education (CSE); Adolescent Sexual and Reproductive Health and Rights (ASRHR); Safe abortion and Post-abortion care; Gender-Based Violence (GBV); Female Genital Mutilation (FGM); Child Marriage; Menstrual Hygiene Management (MHM); Reproductive cancers; and, Sub-fertility and Infertility.

Follow-up actions from the Nairobi Summit can revitalize parliamentary actions and translate the unfinished business of the ICPD into national actions. It is particularly important to reaffirm that the full implementation of the ICPD25 Commitments is integral to addressing existing and emerging global challenges and achieving sustainable development.



Part One: 19 January 2021



Summary

The webinar, facilitated by the Asian Population and Development Association (APDA) and supported by UNFPA-JTF, was held to enable information sharing about the implementation of ICPD25 Commitments in the context of COVID-19. It was also aimed at highlighting the roles of parliamentarians had in support of the ICPD Programme of Action. It was attended by more than 50 participants from 19 countries (Botswana, Cameroon, Eswatini, Ethiopia, Ghana, Japan, Kenya, Lesotho, Liberia, Malawi, Mozambique, Namibia, RSA, Sierra Leone, Tanzania, Tchad, Uganda, Zambia and Zimbabwe).

Several UN, international and local partners also attended including delegates from the United Nations Population Fund (UNFPA), the African Parliamentary Forum on Population and Development (FPA), Southern African Development Community (SADC), International Planned Parenthood Federation (IPPF), Africa Japan Forum and representatives of the SRHR, HIV/AIDS Governance Project.

Opening Session

Hon. Ichiro Aisawa, MP Japan, Chair of Japan-African Union (AU) Parliamentary Friendship League, Senior Vice-Chair of JPPF, Member of APDA Board of Directors

Hon. Aisawa opened the webinar with a recorded message. He noted that the spread of COVID-19 had changed the world. However, this was the first time in modern history that the world had united to fight a global crisis. Many development programs were delayed by the impact of pandemic. The COVID-19 pandemic was making it difficult to deal with population issues; however, it was essential to take proper measures to avoid unwanted pregnancies for achieving sustainable development.

Hon. Aisawa reiterated that it was necessary to reaffirm the importance of fulfilling the ICPD Program of Action and the ICPD25 Commitments made in Nairobi, Kenya, in 1994 with COVID-19 measures being a public health challenge. Seeing that the 8th Tokyo International Conference on African Development (TICAD) would be held in Tunisia in 2022, and he expressed his hope that the world would overcome COVID-19 and form renewed concrete goals for African development.



Ms. Justine Coulson, Deputy Regional Director of UNFPA ESARO

Ms. Coulson stressed that many at the webinar were also at the Nairobi Summit, which rallied universal access to sexual and reproductive health and rights (SRHR) with zero unmet needs for family planning, zero preventable deaths, zero gender-based violence (GBV) practises by 2030. For Africa, there was also a commitment to zero sexual transmission of HIV. These dividends were crucial to the SDGs achievement and a more equitable, just, prosperous, and sustainable world.

Unfortunately, in 2020 COVID-19 led to widespread disruption to the essential SRH, HIV and GBV services and had deepened inequalities and vulnerabilities. Women were disproportionately represented in the health and social service sectors as workers, increasing their risk of exposure to COVID-19. Limited mobility and livelihood disruptions also increase women's and girls' vulnerability to GBV and exploitation.

According to a UNPFA study, the pandemic may have affected 47 million women, in low- and middle-income countries, who might lose access modern contraceptives resulting in about 7 million unintended pregnancies. Lockdowns could lead to 31 million additional cases of GBV. Longer-term projections indicate that 2 million additional female genital mutilation (FGM) cases, and potentially 13 million additional child marriage cases could occur due to disruptions in prevention programs. This

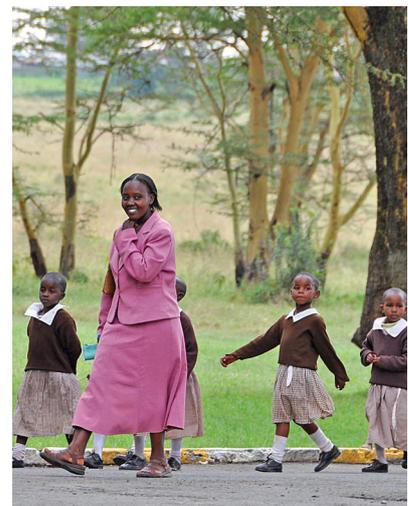
trend could continue in 2021. This made the ICPD agenda more urgent.

Ms. Coulson said that parliamentarians acted as a critical bridge between people and their governments and were instrumental in advocating for their rights and needs. They played a crucial role in supporting policies, legislative and accountability frameworks of governments, and important partners to advocate and mobilize around the ICPD agenda on SRHR and gender equality.

Session 1:

Impacts of COVID-19 in the Implementation of ICPD Programme of Action and the 2030 Agenda for Sustainable Development in Africa

Dr. Ademola Olajide, Country Representative of UNFPA Kenya Office



The COVID-19 pandemic affected the implementation of the ICPD25 Commitments on several fronts. First, there was a significant diversion and stretching of limited human, material, and financial resources to respond to the pandemic. At the same time “mixed messaging” resulted in communities not fully understanding the pandemic and so many avoided utilizing facilities. Curfews and lockdowns significantly impacted essential maternal and child health services, family planning, HIV and GBV wellness services. There were also livelihood challenges with people losing their jobs and income. Disrupted

effective protection measures within school systems to monitor teenage pregnancies, FGM and GBV were significantly disrupted. Vulnerable populations began to be pushed further to the back in terms of development.

Dr. Olajide shared two graphs from Kenya indicating the pandemic’s impact on antenatal services and skilled attendants at birth. It also showed that GBV became a significant challenge because incidences spiked considerably. A helpline, which in February took about 86 calls, by June received over 700 calls, given the fact that people were now

locked into circumstances where they could not escape their abusers. Older people were disproportionately affected with regards to the pandemic. They were more vulnerable to morbidity and mortality. They also became more vulnerable in some of the African states which had locked down communities. Some of them are dependent on their relatives for income, some lost their jobs.

However, the pandemic motivated the deployment of new thinking and innovative solutions that were efficient and effective in transport, data, telemedicine, and movement of commodities security and safety. The critical lesson learnt was the need to rethink national planning processes, including preparedness planning. It was also necessary to rethink funding, national, and global development objectives and policy.

DISCUSSION

Several questions were raised during the discussion. These included how parliamentarians should react as countries battled the so-called second wave of COVID-19. The second wave had a more considerable death toll, and citizens, especially young people, were more vulnerable. However, people have not been following physical distancing or mask protocols correctly.

Dr. Olajide spoke about a significant trust deficit. He suggested mobilizing the youth and engaging them with clearly understood messages. Several platforms were needed for communication.

The other question involved innovation, and Dr Olajide pointed out that many young people came up with innovations – phone tools and social media platforms, which included collecting data on, for example, blood donors and safety of blood. He suggested countries to look at the range of innovation deployed across the various the continent. The most efficient and cost-effective designs could be developed to scale and optimally applied to go forward.



Session 2:

Response from the Civil Society: the Japanese Contribution to Africa's Health Sector during Pandemic

Mr. Masaki Inaba, Program Director for Global Health of Africa Japan Forum

Mr. Inaba gave a background to the Japanese response to COVID-19. The number of Japan's COVID-19 infections and deaths was far lower than other G7 countries located in Europe or North America, while Japan was one of the worst-affected countries in East and Southeast Asia and the Pacific, especially compared with the countries in the region with similar national income per capita, like Taiwan or South Korea or Singapore. He identified three issues. Firstly, the country was not as prepared for the epidemic as it had not experienced SARS or MERS. Secondly, Japan had a low public investment in public health, and thirdly, there was no policy coherence on epidemic control and economic recovery.

Despite its problems on home soil, Japan contributed to the international communities' fight against the pandemic. The country has multilateral and bilateral aid commitments in place – including a wide range of funding for organizations. It also co-established ACT-Accelerator and was once the 2nd largest donor for this partnership to support developing tools to fight the disease. It also funded the COVAX- facility to ensure COVID-19 vaccines reach those in greatest need, whoever they are and wherever they live. It has also provided loan aid of USD 4.5 billion to 89 countries, including in Africa for the emergency response against COVID-19.



Mr. Inaba reflected on the funding shortages.

While USD 23.7 billion raised for ACT-Accelerator was huge in the context of health, it was a drop in the ocean compared to the annual USD 2 trillion spent on military across the world.

He called for innovative funding for the health crisis. He also said because COVID-19 was an unprecedented crisis, it needed unprecedented solutions. South Africa and India's submission to the World Trade Organization (WTO) a waiver for intellectual property rights related to COVID-19 prevention, containment, and treatment was a potential solution. The waiver will come up for discussion in February. The proposal was supported by 100 mainly low- and middle-income countries including in Africa and civil society organizations including Medicines Sans Frontiers (MSF).

There was also the need for the full funding of ACT-A and utilizing C-TAP (COVID-19 Technology Access Pool), and a systemic change of intellectual property rights and trade rules was needed. He called for innovative financing ideas, including international solidarity taxes (currency/ financial transaction taxes) or re-allocation of military expenses for health.

DISCUSSION

Questions emerged about the distribution of the funding and how it was managed. Delegates from Sierra Leone asked if the funding could go directly to the parliament where greater oversight would be used. Mr. Inaba explained that the funding was managed through the Japanese embassies in the various African countries on the continent.

Session 3:

Role of Parliamentarians in the ICPD25 Agenda on SRHR

Hon. Larry Younquoi, MP Liberia

Hon. Younquoi said while most parliamentarians' work relates to law-making, it has other responsibilities, including creating awareness about the laws. Parliamentarians are closest to the population and interface with the community regularly. Parliamentarians are also expected to engage in some advocacy. It was also essential to ensure that the ICPD25 agenda is accentuated especially youth, gender, women, GBV and health policy, and that 25% of the national budget is allocated for health. Parliamentarians were also expected to exercise oversight on the institutions funded and that monitor the implementation of laws. For example, in Liberia, all births should take place in institutions and not by midwives in the homes. This policy impacted the infant mortality rates as complications could be more easily dealt with in professional institutions.



Hon. Younquoi said parliamentarians should also be aware of a wide range of aspects for delivering on the ICPD25 agenda. For instance, it is essential to have adequate road infrastructure to provide access to health facilities. In many developing countries, he said, access to the interior was a challenge often exacerbated by harsh weather conditions.

Furthermore, he called upon various institutions and international partners such as UNFPA, APDA and other civil society organizations (CSOs) to support parliaments and parliamentarians with different development programmes to address new challenges.

DISCUSSION

Hon. Younquoi was thanked for elaborating on parliamentarians' roles as advocates. Hon. Elvis Donkoh, MP from Ghana, asked if any concrete suggestions could be discussed here so parliamentarians and partners could take a note for future collaboration. There were suggestions that CSOs could work hand-in-hand with parliamentarians to build capacity, especially in the area of accountability.

Closing Session

**Hon. Marie Rose Nguini Effa,
MP Cameroon, FPA President**

Hon. Effa said that the ICPD25 Commitments were essential and should be continuously addressed. These commitments should reach the most vulnerable, especially now, when they have been affected the most by the COVID-19 pandemic.

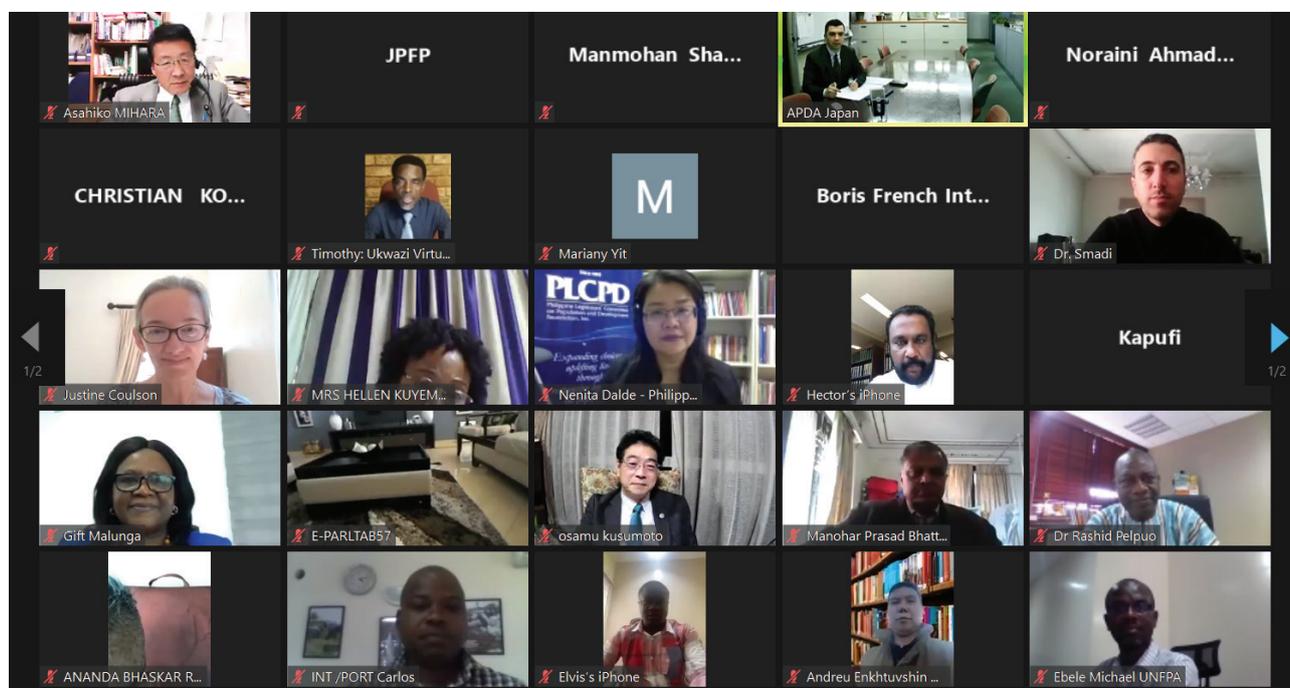
She thanked the organizer, APDA, and supporting organization, UNFPA, for supporting parliamentarians' activities on population and development in Africa. A meeting like this one provides parliamentarians with a platform to better understand the current situations by exchanging ideas and experiences. The webinar could also help explore how best to improve and address the ICPD agenda and Nairobi Commitments despite the negative impact of COVID-19.

**Dr. Osamu Kusumoto,
Executive Director/Secretary General of APDA**

Dr. Kusumoto said that it was necessary to finish the unfinished business of the ICPD and confirm the new action plan agreed to in Nairobi. While the world had serious difficulties caused by COVID-19, there were measures for tackling the issues, referring to the remarks made by Hon. Ichio Aisawa and Mr. Masaki Inaba. Dr. Kusumoto commented that if the world was unable to tackle population issues in the COVID-19 pandemic, it could exacerbate insecurity issues.

He hoped that the webinar provided a valuable opportunity for discussion that could strengthen the collaboration among parties to combat COVID-19 and its effects.

Part Two: 9 March 2021



Summary

The webinar, facilitated by the Asian Population and Development Association (APDA) and supported by UNFPA and JTF, was held to enable inter-continental sharing of information on implementing ICPD25 commitments during the COVID-19 pandemic. The webinar emphasised gender-based violence (GBV) during COVID-19 lockdowns.

It was attended by more than 50 participants, among them parliamentarians and the National Committee officers, the representatives of the civil societies and international organizations from Botswana, Cameroon, Eswatini, Ethiopia, Ghana, India, Japan, Kenya, Liberia, Malawi, Malaysia, Nepal, Pakistan, Philippines, Sierra Leone, Sri Lanka, Tanzania, Chad, Uganda, Zambia, and Zimbabwe.

The International organizations and partner organizations were from the United Nations Population Fund (UNFPA), the African Union (AU) Southern African Development Community (SADC), International Planned Parenthood Federation (IPPF), and experts in the fields of SRHR and HIV/AIDS.

Opening Session

**Hon. Asahiko Mihara, MP, Deputy
President of Japan-AU Parliamentarians
Friendship League, Japan**

Hon. Mihara noted this was the second webinar under this project. He thanked UNFPA ESARO for their extended support, stating that the webinar was necessary because the global challenge of COVID-19 should not stop parliamentarians from discussing the ICPD agenda and ICPD25 commitments.

He said the pandemic had exacted a toll on women and had prompted an escalation of GBV. Japan supported the UN Secretary General's call on GBV and COVID-19. Women, as frontline workers, played a crucial role in the management of the pandemic. However, the reallocation of resources, including SRH services, would be detrimental to global and national efforts to improve women's health. It would affect the implementation of the ICPD PoA, ICPD25 commitments and 2030 Agenda for Sustainable Development.

He noted that Japan had established COVID-19 Crisis Response Emergency Support Loans for developing countries to revitalise economic activities and support African health care services during the pandemic.



Ms. Justine Coulson, Deputy Regional Director of ESARO

Ms. Coulson thanked organisers and participants. It was crucial to focus on the ‘zeros’ in the ICPD agenda. The commitment to delivering on zero unmet needs for family planning; zero preventable maternal deaths and zero GBVs and harmful practices; and in East and Southern Africa, a fourth zero, which is zero sexual transmission of HIV. She reminded the parliamentarians at the Nairobi Summit, there was a commitment to deliver on that agenda, and in the era of COVID-19, it is even more crucial.

Ensuring or achieving universal SRH would have multiple dividends for Africa. It was not just about health. When SRHR are guaranteed, this was good for women, good for the households, good for the family, the community, and the overall economy. COVID-19 interrupted the progress, and a UNFPA study estimated that 31 million additional cases of GBV could be expected every six months. Similarly, there was a huge increase in helpline calls across the East and Southern African regions.

Ms. Coulson encouraged parliamentarians to consider what was needed to halt the trends. She also noted the impact on youth ranged from school and university closures, loss of employment, heightened food insecurity, and accessing health services. Republic of South Africa, Namibia and Botswana were already among some of the world’s most unequal countries despite being middle- income countries, and this inequality had increased during COVID-19.

The immediate impact of COVID-19 on women, girls and young people could also have long term impacts that threaten the ICPD agenda and the attainment of the SDGs and impede the progress made over the last 10 to 15 years. Parliamentarians needed to urgently ensure policies, legislation, and accountability frameworks to prioritise women, girls, and young people in COVID-19 response plans were in place.

Session 1:

Impacts of COVID-19 on gender-based violence and on deepening inequalities for women and youth in the Africa Region

Speaker: Ms. Gift Malunga, UNFPA Country Representative for Zambia



Ms. Malunga said that even before the COVID-19 pandemic that sexual and gender-based violence was high – with one in three women having experienced physical or sexual intimate partner violence. The pandemic resulted in disruptions of services for SRH, both for information and services.

The UNFPA estimated there could be up to 7 million unintended pregnancies every six months. An additional 18 million child marriage cases could occur due to disruptions of programs to prevent female genital mutilation and child marriage. She noted that when young girls drop out of school, they become more vulnerable to sexual and gender-based violence, even to teenage pregnancy, to sexually transmitted diseases including HIV and child marriage. This perpetuates the cycle of poverty. COVID- 19

affected women who worked in the informal sector as they had been pushed out of work. When more vulnerable to poverty, they also experienced more GBV in their homes

The Eastern and Southern Africa region also recorded spikes in GBV, child marriage, and teenage pregnancies across all countries. For example, in Zimbabwe, 90% of calls to traditional hotlines between March and May 2020 were related to intimate partner violence. A recent UNFPA study on the impact of COVID-19 on men and women showed that most men and women in Ethiopia, Malawi, Mozambique, South Africa, and Uganda believed that GBV had increased during the pandemic. In addition, child marriage was on the rise. Malawi recorded an 11% increase in teenage pregnancies and an additional 13,000 cases of child



marriage from January to August 2020, compared to 2019. In Zambia, during partial lockdowns, there was increased exposure to GBV, and a study conducted in December 2020 showed that 30% of young people between the ages of 15 and 24 experienced domestic violence. There was also an increase in transactional sex, with one respondent quoted: “Child marriage is on the increase because parents have become poorer and can’t afford to provide adequately for their children. Lack of income and prolonged closure of schools are the major causes of the increase in child marriage. This is more common in large families where hunger is more pronounced”.

UNFPA was engaging with parliamentarians to advocate for an enabling environment for women and girls. She noted while many countries had great policies and strategies, but problems arose with implementation.

DISCUSSION

Ms. Malunga was asked whether the negative impacts of COVID-19 would be short-lived as restrictions lifted. Another delegate noted that GBV during the COVID-19 pandemic had become a pandemic in itself. One asked about whether women in Zambia would have equal access to the vaccine programmes.

Ms. Malunga replied that GBV had been exacerbated by COVID-19 and would require long-term solutions, including parliamentarians ensuring policy was in place, and it was implemented. She agreed that GBV was indeed a pandemic of its own and finally said that while Zambia had yet to start the rollout of vaccines, the protocols would follow those of the rest of the world where frontline workers, those over 65 with comorbidities, would receive the vaccine first with the rest of the population to follow.

Session 2:

Role of the Civil Societies in addressing GBV and empowering women and youth in the COVID-19 contexts

Mr. Sam Ntelamo, Resident Representative to the African Union & ECA IPPF Liaison Office

Mr. Ntelamo noted that Africa found itself in an unprecedented COVID-19 situation since the continent confirmed its first COVID-19 case in February last year. This had claimed lives, undermined the health and well-being of citizens. He said it was apparent that the pandemic exacerbated the already existing inequalities. Like many other crises, health emergencies tend to affect mostly women and girls, and COVID-19 was no different.

As it spread, it overwhelmed the already fragile health systems and GBV programs. This disruption of social and protective networks, loss of income, and decreased access to services could exacerbate the risk of violence, particularly on women. Contraceptives, abortion, even counselling services for GBV was in short supply. A study conducted by UNFPA revealed that there would be 31 million additional cases of violence and 2 million female genital mutilation cases over the next 10 years.

Because of the circumstances, civil society also found itself unable to help because of the restrictions imposed. Mr. Ntelamo said governments needed to consider the underlying gender and other forms of discrimination. He said CSOs implored governments to address women and girls' needs, especially in rural and remote areas. These areas needed time-sensitive services such as voluntary termination of pregnancies. Governments should guarantee access to assistance and protection of women survivors of sexual violence, trafficking, and other exploitation.



The rights of women and girls needed to be at the centre of mitigating the pandemic. CSOs wanted to see member states implement already-agreed regional and international human rights policies, such as the Maputo protocol on human rights and the recently launched gender equality and women empowerment strategy of the AU.

DISCUSSION

There were several questions, including how CSOs intend to reach out to ‘unreachable population’. Mr. Ntelamo replied that CSOs should not work in silos but with government and other organizations, but this was difficult in lockdowns where there were curfews. In addition, in Africa, there was an issue with connectivity and mobile reception. He added that there needed to be a collaboration by state and non-state to work together to provide solutions.

He responded to another question about the impact on CSOs by saying that in some cases, civil society organizations lost funding and aid because borders were closed.



Session 3:

Parliamentarian action to address GBV and promote women and youth empowerment

Hon. Atupele Mwakibete, MP Tanzania, Secretary-General of Tanzania Parliamentary Association on Population and Development (TPAPD)

Hon. Mwakibete stated that parliamentarians need to take actions in addressing gender-based violence (GBV) and promotion of women and youth empowerment by facilitating debates among parliamentarians themselves and increasing awareness of the issues. Furthermore, it is important to provide capacity building at the national and regional levels for developing laws, which can be used as a tool to promote the implementation of related policies and strategies. These efforts have prompted strong parliamentary commitments and action. He listed the efforts made by the Tanzanian parliamentarians to enact that laws that a geared toward curbing GBV.

As for women and youth empowerment, Hon. Mwakibete pointed out that the Parliament took action to support provision of women special seats for Members of Parliament and Councillors; free education for primary, secondary schools and provision of Higher Education Loans for youths in higher learning institutions, ensuring youths and women have access to education. Furthermore, it gives a first priority to women in employment opportunities, when male and female candidates have equal qualifications; provision of hostels and dormitories to girl schools to minimize risks of bullies on their way to and from schools and providing gender desks in all law enforcing institutions.

...gives a first priority to women in employment opportunities...



In the end, TPAPD Secretary General concluded that the country must adopt laws that specifically tackle violence against women and have the courage to enforce them in an effective way and make follow up on what have been achieved.

DISCUSSION

Hon. Dr. Abdul Rashid Pelpuo shared some examples from Ghana. He said that due to advocacy, awareness of contraceptives and SRH had increased considerably in recent years. From 1993 to 2017, 20% more females in Ghana used contraceptives. The use of contraceptives had risen to 30.8% from 2017. He said 98% of all married women and men knew that contraceptives were necessary to avoid some diseases and pregnancies. He commented, however, that there was a difference between the knowledge and use of contraceptives. He added that in Ghana, the impact of COVID-19 was not as significant as it was for other countries.

Ms. Halima Shariff from Advance Family Planning in Tanzania told the delegates her vision on GBV situation in Tanzania and her hope that the Parliament and the Civil Societies can continuously work together to solve this issue because there are still many challenges in dealing with social and cultural practices.

Closing Session

**Hon. Marie Rose Nguini Effa,
MP Cameroon, FPA President**

Hon. Nguini Effa noted that both the webinars had been exceptional. It was unfortunate that the discussion and implementation of the ICPD agenda and its Nairobi Commitments shrunk due to the impact of the COVID-19 pandemic. However, fulfilling these commitments is a prerequisite to tackle current and upcoming challenges and meeting the needs of the most vulnerable, particularly GBV survivors and youth.

**Dr. Osamu Kusumoto,
Executive Director/Secretary General of APDA**

Dr. Kusumoto expressed gratitude for each of the delegates' participation. Under the spotlight were GBV and youth empowerment during the COVID-19 pandemic. He said violence was not justified under any circumstances – and this was what the ICPD and the ICPPD and what the 2019 Nairobi Commitment reaffirmed. It was needed to identify ways to stop GBV and remember that the youth investment was an investment in the future.

APPENDIX

Appendix 1

Part I Programme

Leadership of African Parliamentarians in the implementation of ICPD25 commitments during pandemic

19 January 2021

Programme

12:00-12:15

East Africa Time

Opening (MC)

Address by Organizer

Hon. Ichiro Aisawa, MP Japan, Chair of Japan-African Union (AU) Parliamentary Friendship League, Senior Vice-Chair of JPFP, Member of APDA Board of Directors (video message)

Address by UN Partner

Ms. Justine Coulson, Deputy Regional Director, UNFPA East and Southern Africa Regional Office

12:20-12:35

Session 1: Impacts of COVID-19 in the Implementation of ICPD Programme of Action and the 2030 Agenda for Sustainable Development in Africa

Dr. Ademola Olajide, Country Representative, UNFPA Kenya Office (15 min)
Chair: **Hon. Paul Chibingu**, former MP Malawi, FPA Vice-President

12:35-12:50

Discussion (15 min)

12:50-13:05

Session 2: Response from the Civil Society: the Japanese Contribution to Africa's Health Sector during Pandemic

Mr. Masaki Inaba, Program Director for Global Health of Africa Japan Forum (15 min)
Chair: **Mr. Dennis Godwe**, SADC Parliamentary Forum

13:05-13:20

Discussion (15 min)

13:20-13:35

Session 3: Role of Parliamentarians in the ICPD25 Agenda on SRHR

Hon. Larry Younquoi, MP Liberia (15 min)

Chair: **Ms. Halima Shariff**, Country Director for the Advance Family Planning (AFP), Tanzania

13:35-13:50

Discussion (15 min)

13:50-14:00

Closing

Hon. Marie Rose Nguini Effa, MP Cameroon, FPA President (5 mins)

Dr. Osamu Kusumoto, Executive Director/Secretary General of APDA (5 mins)

Part II Programme

Leadership of African Parliamentarians in the implementation of ICPD25 commitments during pandemic Part II

9 March 2021

Programme (draft)

12:00-12:15

East Africa Time

Opening (MC)

Address by Organizer

Hon. Asahiko Mihara, MP, Deputy President of Japan-AU Parliamentarians Friendship League, Japan

Address by UN Partner

Ms. Justine Coulson, Deputy Regional Director, UNFPA East and Southern Africa Regional Office

12:20-12:35

Session 1: Impacts of COVID-19 on gender-based violence and on deepening inequalities for women and youth in the Africa Region

Ms. Gift Malunga, UNFPA Country Representative for Zambia (15 min)

Moderator: **Ms. Nenita Dalde**, Manager, National Advocacy and Policy Development Unit (NAPDU), Philippine Legislators' Committee on Population and Development Foundation, Inc (PLCPD)

12:35-12:50

Discussion (15 min)

12:50-13:05

Session 2: Role of the Civil Societies in addressing GBV and empowering women and youth in the COVID-19 contexts

Mr. Sam Ntelamo, Resident Representative to the African Union & ECA IPPF Liaison Office (15 min)

Moderator: **Hon. Helen Kuyembeh**, Former MP, Sierra Leone

13:05-13:20

Discussion (15 min)

13:20-13:35

Session 3: Parliamentarian action to address GBV and promote women and youth empowerment

Hon. Atupele Mwakibete, MP Tanzania, Secretary-General of TPAPD (15 min)

Moderator: **Hon. Helen Kuyembeh**, Former MP, Sierra Leone

13:35-13:50

Discussion (15 min)

13:50-14:00

Closing

Hon. Marie Rose Nguini Effa, MP Cameroon, FPA President (5 mins)

Dr. Osamu Kusumoto, Executive Director/Secretary General of APDA (5 mins)

ANNEX 2

Part I Participants List

No.	Title	Name	Country	Position
<i>MPs and National Committees on Population and Development</i>				
1	Mr.	Lesedi Keekae	Botswana	Assistant Clerk – Parliamentary Committees
2	Mr.	Lesedi Gaolaolwe	Botswana	Deputy Clerk
3	Hon.	Marie Rose Nguini Effa	Cameroon	MP, President of FPA
4	Ms.	Jabulile Malaza	Eswatini	Parliamentary officer
5	Hon.	Abdul Rashid Pelpuo	Ghana	MP, Chair of Population Caucus
6	Hon.	Elvis Donkoh	Ghana	MP
7	Mr.	Samuel Addei	Ghana	Clerk to the Population Caucus
8	Hon.	Ichiro Aisawa	Japan	MP; Chair of Japan-African Union (AU) Parliamentary Friendship League; Senior Vice-Chair of JPPF; Member of APDA Board of Directors
9	Mr.	Innocent Mbaya	Kenya	Senate officer
10	Hon.	Larry Younquoi	Liberia	MP; FPA Executive Member
11	Hon.Dr.	Mathews Ngwale	Malawi	MP, Chair of Health Committee
12	Hon.	Paul Chibingu	Malawi	Former Vice-President of FPA
13	Hon.	Helen Kuyembah	Sierra Leone	Former MP, Population Expert
14	Hon.	Atupele Mwakibete	Tanzania	MP
15	Hon.	Sebastian Kapufi	Tanzania	MP
16	Hon.	Grace Tendega	Tanzania	MP
17	Mr.	Brown Gideon Mwangoka	Tanzania	TPAPD Coordinator
18	Mr.	Angumbwike Ngwavi	Tanzania	TPAPD Secretary
19	Hon.	Mardo Issa	Tchad	MP, FPA Executive member
20	Hon.	Mathias Kasamba	Uganda	Member of East African legislative Assembly
21	Mr.	Musa Wamala	Uganda	Coordinator of the Ugandan Forum
22	Hon.	Christopher Kalila	Zambia	MP
23	Hon.	Princess Kasune	Zambia	MP
24	Hon.	Joseph Kabamba	Zambia	MP
24	Mr.	Temwa Nyirenda	Zambia	ZAPPD desk officer
25	Hon.	Kwaramba Goodluck	Zimbabwe	MP
26	Ms.	Yeukai Nyasha Chuma	Zimbabwe	SRHR Coordinator, Parliament office
<i>The United Nations Population Fund (UNFPA)</i>				
27	Ms.	Justine Coulson	South Africa	Deputy Regional Director of UNFPA East and Southern Africa\Office (ESARO)
28	Ms.	Anandita Philipose	South Africa	UNFPA ESARO



No.	Title	Name	Country	Position
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International and Local partners

29	Mr.	Mompoloki Mosheti	Botswana	SADC PF Desk Officer
30	Ms.	Chawapiwa T. Mahlaya	Botswana	Researcher-SADC PF:SRHR and HIV/AIDS Governance Project Botswana Parliament
31	Mr.	Deste Kebede	Ethiopia	IPPF
32	Ms.	Lucy Kimondo	Kenya	NCPD
33	Mr.	Masaki Inaba	Japan	Program Director for Global Health, Africa Japan Forum
34	Ms.	Mammehela Matamane	Lesotho	Project research of the Parliament
35	Mr.	Gomezgani Ngwira	Malawi	SRHR,HIV/AIDS Governance Project researcher Parliament of Malawi
36	Ms.	Boemo Sekgoma		SADC Parliamentary Forum, Secretary General
37	Mr.	Dennis Gondwe	Malawi	Senior Committee Clerk
38	Mr.	Manuel Chifunga	Mozambique	
39	Ms.	Agnes Milinga Lilungwe	Namibia	SADC Parliamentary Forum Secretariat
40	Ms.	Elizabeth Andreas	Namibia	SRHR,HIV/AIDS Governance Project researcher Namibia Parliament
41	Ms.	Pamela Nyika		M&E Consultant: SADC PF SRHR HIV, AIDS and Governance
42	Ms.	Halima Shariff	Tanzania	Country Director for the Advance Family Planning (AFP)
43	Mr.	James Mlali	Tanzania	Family Planning Association

The Asian Population and Development Association (APDA)

44	Dr.	Osamu Kusumoto	Japan	Secretary-General / Executive Director
45	Ms.	Hitomi Tsunekawa	Japan	
46	Dr.	Farrukh Usmonov	Japan	
47	Ms.	Yoko Oshima	Japan	

Interpreters, Rapporteur, Captioner

48	Mr.	Christian Koumba		English-French interpreter
49	Mr.	Boris Oven		English-French interpreter
50	Ms.	Fernanda Du Preez		English-Portuguese interpreter
51	Mr.	Carlos Mahumane		English-Portuguese interpreter
52	Ms.	Cecilia Russell		Rapporteur
53	Ms.	Gloria Nassary		Closed captioner

Part II Participants List

No.	Title	Name	Country	Position
MPs and National Committees on Population and Development				
1	Hon.	Marie Rose Nguini Effa	Cameroon	MP, President of FPA
2	Ms.	Jabulile Malaza	Eswatini	Parliamentary officer
3	Hon.	Abdul Rashid Pelpuo	Ghana	MP, Chair of Population Caucus
4	Hon.	Elvis Donkoh	Ghana	MP
5	Hon.	Sandaare	Ghana	MP
6	Hon.	Godfred Seidu Jasaw	Ghana	MP
7	Mr.	Samuel Addei	Ghana	Clerk to the Population Caucus
8	Hon.	Ananda Rapolu	India	MP
9	Mr.	Manmohan Sharma	India	IAPPD Executive Secretary
10	Hon.	Asahiko Mihara	Japan	MP, Deputy President of Japan-AU Parliamentarians Friendship League
11	Hon.	Larry Younquoi	Liberia	MP; FPA Executive Member
12	Hon.	Paul Chibingu	Malawi	Former Vice-President of FPA
13	Hon.	Dato' Noraini Ahmad	Malaysia	MP, Minister of Higher Education
14	Hon.	Hatta Ramli	Malaysia	MP
15	Ms.	Mariany Mohammad Yit	Malaysia	Former MP, Population Expert
16	Mr.	Azri Norfikri bin Aziz	Malaysia	International Relations & Protocol Division, Parliament of Malaysia
17	Mr.	Enkhtuvshin Urtnasan	Mongolia	
18	Mr.	Syed Raheem Shah	Pakistan	Assistant Director, National Assembly Secretariat
19	Ms.	Nenita Dalde	Philippines	PCPD Secretariat
20	Ms.	Mikaela Alfonso	Philippines	PLCPD
21	Hon.	Helen Kuyembah	Sierra Leone	Former MP, Population Expert
22	Hon.	Hector Appuhamy	Sri Lanka	MP
23	Hon.	Atupele Mwakibete	Tanzania	MP
24	Hon.	Sebastian Kapufi	Tanzania	MP
25	Mr.	Brown Gideon Mwangoka	Tanzania	TPAPD Coordinator
26	Mr.	Angumbwike Ngwavi	Tanzania	TPAPD Secretary
27	Hon.	Mardo Issa	Tchad	MP, FPA Executive member
28	Hon.	Mathias Kasamba	Uganda	Member of East African legislative Assembly
29	Mr.	Musa Wamala	Uganda	Coordinator of the Ugandan Forum
30	Hon.	Princess Kasune	Zambia	MP
31	Hon.	Kwaramba Goodluck	Zimbabwe	MP



Organized by: **The Asian Population and Development Association**

Supported by: **The United Nations Population Fund (UNFPA)**

In cooperation with: **The International Planned Parenthood Federation (IPPF)**

No.	Title	Name	Country	Position
<i>The United Nations Population Fund (UNFPA)</i>				
32	Ms.	Justine Coulson	South Africa	Deputy Regional Director of UNFPA East
33	Ms.	Gift Malunga	Zambia	UNFPA Country Representative for Zambia
34	Ms.	Maria Bakaloudis	South Africa	UNFPA ESARO
35	Ms.	Lindsay Barnes		UNFPA
36	Mr.	Ebele Michael		UNFPA
37	Ms.	Womba Mayondi	Zambia	UNFPA
38	Ms.	Anandita Philipose	South Africa	UNFPA ESARO
<i>International and Local partners)</i>				
39	Ms.	Chawapiwa T. Mahlaya	Botswana	Researcher-SADC PF:SRHR and HIV/AIDS Governance Project Botswana Parliament
40	Mr.	Sam Ntelamo	Ethiopia	Resident Representative to the African Union & ECA IPPF Liaison Office
41	Mr.	Bahta Bekele	Ethiopia	IPPF
42	Dr.	Mohammad Smadi	Jordan	FAPPD Regional Coordinator
43		Mammehela Matamane	Lesotho	Project research of the Parliament
44	Mr.	Manuel Chifunga	Mozambique	
45	Mr.	Manohar Bhattarai	Nepal	Parliamentary advisor
46	Ms.	Halima Shariff	Tanzania	Country Director for the Advance Family Planning (AFP)
47	Mr.	James Mlali	Tanzania	Family Planning Association
<i>The Asian Population and Development Association (APDA)</i>				
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49	Ms.	Hitomi Tsunekawa	Japan	
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57	Ms.	Gloria Nassary		Closed captioner





African and Asian Parliamentarians' Meeting to Follow-Up on ICPD25 Commitments



Acronyms

ACT-A	ACT-Accelerator
AFP	Advance Family Planning
AIDS	Acquired Immune Deficiency Syndrome
APDA	Asian Population and Development Association
AU	African Union
CSO	Civil Society Organization
ESARO	East and Southern Africa Regional Office (UNFPA)
FGM	Female Genital Mutilation
FPA	The African Parliamentary Forum on Population and Development
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
IPV	Intimate Partner Violence
JTF	Japan Trust Fund
MTEF/MTPs	Medium-Term Expenditure Framework/ Medium Terms Plans



MTEF/MTPs	Medium-Term Expenditure Framework/ Medium Terms Plans
NGO	Non-Governmental Organization
PHC	Primary Health Care
PoA	Programme of Action
RH	Reproductive Health
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SGBV	Sexual and gender-based violence
SRHR	Sexual and Reproductive Health and Rights
TICAD	Tokyo International Conference on African Development
TPAPD	Tanzania Parliamentary Association on Population and Development
TVET	Technical Vocational Education and Training
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WB	World Bank
WHO	World Health Organization



Opening Session

The opening session was moderated by Mr. Musa Wamala Buyungo, Coordinator of UPPFSP&D, who welcomed delegates across Africa and Asia, participating in person and virtually.

The conference was attended by more than 100 parliamentarians, experts, and members of CSO from more than 25 countries in Asia and Africa.

Address of the Organizer

Hon. Yasuo Fukuda, Former Prime Minister of Japan, Chair of APDA

Hon. Fukuda congratulated parliamentarians for holding the conference on ICPD25 commitments. He also expressed his appreciation to UNFPA East and Southern Africa Regional Office (ESARO) and the Parliament of Uganda for their support and cooperation.

He said the COVID-19 pandemic had dramatically changed the world. It has exposed enormous challenges to African and Asian countries, which lack sufficient infrastructure in health and medical services.



He noted that there were only nine years until 2030 to achieve the SDGs – and in meeting these, climate change could not be ignored.

Hon. Fukuda said while Africa was the world’s largest frontier, it also faced many challenges, including conflicts and poverty. Most of the increase in the world population in the next 50 years would come from the continent. Asia shared similar population issues to Africa, and, in addition, more and more Asian countries faced the challenge of ageing populations.

In 2019, immediately before the emergence of COVID-19, the Nairobi Summit was held to celebrate the 25th anniversary of ICPD. The Summit reaffirmed ICPD’s commitment to “the universal access to reproductive health for all”. If this could be achieved, it would contribute to many positive outcomes in Asia and Africa, including stabilizing the population, providing the foundation for economic and social development, ensuring water and food security, and protecting the environment and resources, among many others.

In conclusion, he referred to the Eighth Tokyo International Conference on African Development (TICAD8) next year which would espouse “human security”, with its central theme would be “Health as a Development Issue”, and wished positive and constructive discussions for the participants at this conference.

Address

Hon. Marie Rose Nguini Effa, MP Cameroon, President of African Parliamentary Forum on Population and Development (FPA)

Hon. Effa thanked the organizers and parliamentarians, saying that this meeting after months of isolation and lockdowns was significant for society. She said the ICPD25 commitments were important and needed to be addressed. Achieving universal access to SRH services, even in a pandemic, and preventing unintended pregnancies was the most effective way to achieve sustainable development. Through efforts to realize the commitments, it was possible to reach those lagging and most vulnerable, especially those most affected by the COVID-19 pandemic. Hon. Effa said that the pandemic impacted most regions, including Africa, and affected many

people's lives, including the aged, youth, and women. Many young people lost their jobs while girls' and young women's access to integrated SRH information, education, and services had plunged.

Referring to an earlier meeting, Hon. Effa said that parliamentarians had agreed on the importance of collaboration and partnerships between various sectors to implement the ICPD25 commitments.

Address

Ms. Beatrice Mutali, Deputy Regional Director of UNFPA East, and Southern Africa Regional Office

Ms. Mutali said that those who were part of the initial ICPD conference in 1994 would recall how SRHR was placed at the center of the global development agenda. This meant that they were recognized as a pillar of sustainable development. The Nairobi Summit in 2019, with delegates from 170 countries and territories, reaffirmed this and committed the countries to the Programme of Action with a focus on ensuring gender equality and empowerment of youth as key drivers for success.

However, Ms. Mutali said COVID-19 fundamentally changed the world. It led to movement restrictions, disruptions in health, education and social protection services, and deepened inequalities. It has shone a spotlight on health systems and personnel in ways that have rarely happened before. Evidence and data show that GBV, teenage pregnancies, child marriage, and FGM had risen dramatically in the COVID-19 contexts. As the continent continued to grapple with new variants and waves of COVID-19, it was crucial to keep SRHR on the agenda to ensure the most vulnerable are reached even amid a global pandemic.

UNFPA remained committed to working with parliamentarians to develop governments' policies, legislation, and accountability frameworks to ensure that SRHR and gender equality were prioritized in the COVID-19 recovery and response plans.

Address

Hon. Akol Anthony, MP Uganda, Acting Chair of the Ugandan Parliamentarians' Forum on Food Security, Population & Development (UPFFSP&D)

Hon. Anthony thanked the people from Asia and Africa, who were participating in this meeting. He noted that the trade between the two regions indicated that they lived in harmony. He welcomed delegates to Kampala and wished them a peaceful stay.

Address

Dr. Musinguzi Jotham, Director General of National Population Council, Uganda

Dr. Jotham recalled that the 2019 Nairobi Summit committed the world to the Programme of Action agreed to at ICPD in Cairo, Egypt, in 1994. Before the Nairobi Summit, the international community met in New York in 2015 to reaffirm their commitment to the three Ps – people, planet, and prosperity and ensure that nobody was left behind.

While there had been some progress since 1994, he asked the parliamentarians to acknowledge the unfinished business, especially the need to invest more in SRH information and services, which were still a challenge. Countries should report transparently, including the successes and failures.

Address

H.E. Dr. Chris Baryomunsi, Minister for ICT and National Guidance, Uganda

H.E. Dr. Baryomunsi noted that Uganda was advanced in terms of gender equality and was proud the Deputy Speaker, a chief guest at this conference, is a woman. He said that Asia and Africa had much in common and shared similar challenges. As legislators, they had the responsibility to improve people's quality of life.

He said that in the 1960s and 1970s, the development indices in Africa were more or less the same level as in Asia – and in some cases like Kenya, Malawi and Zimbabwe could be compared favorably with Malaysia, South Korea, Japan, and so forth. However, in Asia, health policies and economic reforms were vigorously implemented, which is why 40 or 50 years later, Asia has moved faster than Africa.

Following the ICPD in Cairo, all sectors of society were encouraged to become involved in the development agenda. It was also at this conference that parliamentarians were urged to get involved. In 1996 in Uganda, a parliamentary forum was set up.

Parliamentarians need to reflect on their roles and responsibilities as they represent the voice of the people. They should commit to empowering parliaments to make laws to protect people's health, welfare, and well-being. They need to take their oversight role in the appropriation of budgets, ensuring fair budgetary allocations to women, young people, and disadvantaged people.

He reflected on the impact of COVID-19 on their work and said it was essential to collaborate to overcome the effects of the pandemic.

Opening Statement

Rt. Hon. Deputy Speaker Anita Annet Among, Deputy Speaker of the National Assembly of Uganda

Rt. Hon. Among said the ICPD Programme of Action was integral to achieving the SDGs, and there has been much progress since 1994. However, COVID-19 was severely impacting the successes. In Uganda, there had been some successes – the number of girls who died before 18 had shown a steady decline. However, the progress was uneven, and it was unacceptable that one out of five adolescent girls get pregnant. Pregnancies among adolescents increased during COVID-19 – something she attributed to the school closures. She noted that, at least, these girls have been allowed to write exams as the pandemic was not of their making. She also said that one in three women experience SGBV.

Rt. Hon. Among said that she was proud that Uganda supported women and that some of the wealthiest people in the country are women. However, attention should be paid to the deepening inequalities on the continent and ensure that the human rights of the most marginalized are protected.

She asked delegates to ensure that they enacted strong laws that protect women and youth and that money appropriated supported marginalized persons. In closing, she thanked APDA and UNPFA for their support in this conference.



Session 1:

Impacts of COVID-19 in the implementation of ICPD 25: Challenges and Outcomes

Session Chair: Hon. Paul Chibingu, Former MP Malawi

Mr. Jyoti Tewari, Regional Health Systems Advisor of UNFPA East and Southern Africa Regional Office



Mr. Tewari noted that UNFPA works to support and translate the ICPD commitments into action. In the Eastern and Southern Africa, there had been considerable progress since ICPD. Maternal mortality had declined by almost half (49%), contraceptive use and women's participation in government had increased two and a half times.

However, the region had a long way to go because 80,000 women were still dying due to preventable diseases each year, and one in five had an unmet need for contraception.

Experience of disease outbreaks had shown COVID-19 could result in:

1. Disruptions of health services could kill as many people (if not more) as the disease.
2. Outbreaks could increase social and economic pressures, which could increase GBV.
3. Outbreaks could rapidly erode public trust of public and undermine the recovery effort.

In February and March 2020 last year, UNFPA predicted that if the world failed to provide continuity of services, 47 million women may not have access to contraceptives, which could lead to unintended pregnancies, particularly teen pregnancy.

Today, however, almost 88% of countries in Africa have ensured that some kind of SRH

continuity plan was integrated into the COVID-19 response plan. Many countries expanded the reach of self-care – nearly 80% of childcare services were self-care. Community-based health care was expanded quickly. These were good things that were happening and which happened quickly to reduce the disruption significantly.

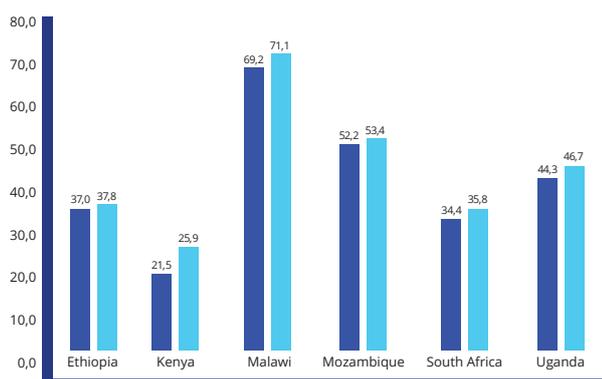
A joint study by WHO, UNFPA, UNICEF, and UN AIDS compared 2019 and 2020 for outpatient attendance and family planning, and there were significantly fewer people accessing these two services. Home births increased over the same period.

Another study (FIG 1) asked respondents whether they “personally knew someone” who had been affected by GBV during September and December 2020. This was the best way to capture the GBV statistics, and people could be reluctant to admit it themselves. The figures range from a high of 71% in Malawi to 21.5 % in Kenya.

In most countries, maternal deaths (FIG 2) increased in 2020 over 2019, with Madagascar rising by 32%. In Uganda, Zambia, and Ethiopia, maternal death rates decreased. This indicated a great opportunity to learn from each other, especially concerning self-care services and community-based care. He said it was necessary to sustain evidence-based advocacy to promptly detect changes to service delivery and utilization and support countries to implement mitigation strategies.

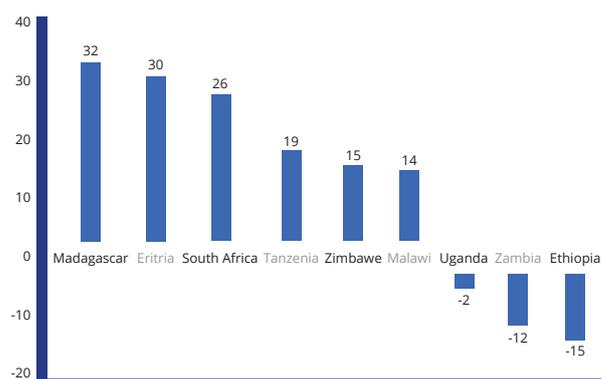
GENDER-BASED VIOLENCE

Percentage who personally know someone who has been affected by GBV



INSTITUTIONAL MATERNAL DEATH PERCENTAGE CHANGE BETWEEN AUG-DEC 2019 & AUG-DEC 2020

% change in 2020 over 2019



Dr. Betty Kyaddondo, Director Family Health of National Population Council, on behalf of
Dr. Musinguzi Jotham, Director General of National Population Council, Uganda

Dr. Kyaddondo said that the Ugandan president had committed to a development plan focused on sustainable industrialization for inclusive growth. As a country with a very young population, the government was committed to spending at least 10% of the budget on maternal and child health care resources. It was committed to eliminating all girls' empowerment obstacles, including teenage pregnancy, early marriages, and GBV.

The government was committed to universal access to all family planning methods and reducing the unmet needs from 28% to 10%. Specifically, it reaffirmed the commitments made at the Family Planning Summit in London in July 2017 to increase financial support towards RH/FP supplies and commodities. It was also committed to providing a formal national direction for sexuality education with schools.

Uganda aimed to reduce teenage pregnancy from 25% to 15% by 2025. However, COVID-19 impacted issues around women and RH/FP. The closure of schools and lockdowns escalated teenage pregnancy, STIs, and HIV, especially STIs and HIV among young people. The school closures intensified gender inequalities, and GBV, especially for the poor, further worsening generational inequalities. It increased the risk of early marriages and resulted in children leaving school, especially where families have lost jobs and were unable to pay school fees.

The advent of COVID-19 has posed a threat to Uganda's health, education, and economic gains.

Dr. Kyaddondo recommended:

1. In the event of aggressive increased community transmission for COVID-19, Uganda may need to prepare the health system for possible hospitalization based on the rates of population-level NCD cases, who may be at risk of infection for COVID-19.
2. Program implementers in promoting SRH information and services will need targeted interventions and priority resource allocation.
3. The burden of the apparent consequences of the COVID-19 on unintended pregnancies and HIV/STI and adverse consequences of the effect will require equitable attention to address the challenges in the different sub-regions.

4. Provide domestic and GBV awareness, prevention, support, and referral mechanism text messages, WhatsApp, radio, TV, and digital content to parents, intimate partners, and children to support the families and stress management strategies.
5. Strengthening systems, including community structures that protect women and girls.

Mr. Sam Ntelamo, Resident Representative to the African Union & ECA IPPF Liaison Office

Mr. Ntelamo noted that since the Nairobi Summit, the opportunities for intergovernmental discussions on the commitments had shrunk due to COVID-19 restrictions. There had been a lack of time and opportunity to lobby decision-makers on how to advance the commitments.

The pandemic had impacted many IPPF because the restrictions, like curfews and movement restrictions, closure of schools, lockdowns, and staff shortages due to self-quarantine, among others, had resulted in limited access to critical SRH services at clinics.

In addition, financial resources were directed to managing the pandemic, buying PPE, and many country offices were financially constrained. As a result, there were reduced stock levels for SRH commodities. There were stockouts, including medical abortion commodities, and this had repercussions for safe abortions.

To overcome these challenges, Mr. Ntelamo suggested that it was crucial that information and services were provided through digital health interventions. Telemedicine, he noted, was not available everywhere in Africa. Policymakers were at this because digital health initiatives guarantee access to high-quality SRH services, including abortion care during a pandemic.

It was also essential to look at alternative service models, including home-based service delivery, self-managed care for contraception, and mobile clinics.

To continue to advance the ICPD25 agenda, it was essential to encourage people to get vaccinated and restore SRH services. Governments and CSOs should work together, and parliamentarians exercise their oversight roles and ensure the ICPD commitments are fulfilled.

Session 2:

Addressing Nairobi Summit commitments in the East and Southern Africa region

Session Chair: Hon. Daring Rahmon Jahon Afruz, MP Tajikistan

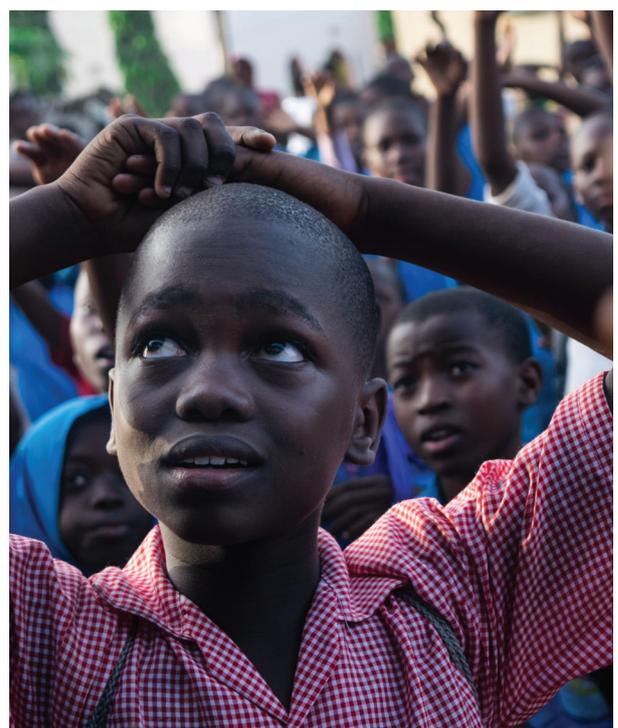
Hon. Constatino Kanyasu, MP Tanzania

Hon. Kanyasu said that the Tanzanian President Samia Suluhu Hassan had put the ICPD agenda on top of the agenda. In her inaugural speech, President Hassan said: “In the next five years until 2025, we will strengthen access to health services by continuing to build infrastructure; increasing the number of healthcare workers; and procuring medical supplies, medicines, and laboratory reagents. Moreover, efforts towards reducing maternal and child mortality will be upheld”.

Hon. Kanyasu outlined some of Tanzania’s successes. The government had taken deliberate steps toward ensuring access to universal health insurance to cover the most vulnerable segments of society. Dependents were now covered until the age of 21 so that those who graduate but are not employed are covered.

The government had also embarked on skills training that benefitted more than 20,000 youths. A higher education student’s loan was available to ensure that all eligible can go to university, benefitting 130,000 students. The budget increased from 348 billion to 570 billion Tanzanian Shillings this year. Free education was available to all students from Standard 1 to Form 4.

To mitigate SGBV, desks had been established in all regional and district police offices. CSOs support these. The number of



health service centers increased to 7,293. An indication of the improvement was that fewer patients were referred for medical treatment abroad.

Tanzania’s management of HIV has also improved, and the country aims to ensure that by 2030 there is less than 5% of mother-to-child transmission.

The COVID-19 pandemic set the country back in that it diverted attention and resources from other health programmes and disrupted access to services.

It was recommended that developing countries work together to address COVID-19 and the ICPD25 commitments.

Hon. Judith Pareno, Senator Kenya

Hon. Pareno said that Kenya had made 17 commitments which she outlined and detailed the achievements for the years 2019/2020:

NO.	COMMITMENT	ACHIEVEMENT
1.	Innovation & technology to ensure adolescents and youth attain the highest possible standard of health.	Multiagency task force established to end teenage pregnancies. More than 300,000 young people reached through online integrated HIV/SRH services.
2.	Eliminate preventable mother-to-child transmission of HIV and severe morbidity such as obstetric fistula among women by 2030.	Increased skilled birth attendance from 62% (899,182 deliveries) in 2017 to 75% (1,155,266 deliveries) in 2019. Increased access to modern family planning methods from 53% to 62%; budget increased to over 10% in 2018/19.
3.	Progressively increase health sector financing to 15 percent of the total budget as per the Abuja Declaration by 2030.	Annual forecasting, quantification for family planning and HIV. National Supply Chain strategy completed. Kshs 4billion to NHIF for the Linda Mama program for health insurance for pregnant and postnatal mothers.

4. Improve support to older persons, PWDs, orphans, and vulnerable persons.	Cash transfers to 766,424 older persons, 37,104 severely disabled, and 295,316 orphans and vulnerable children. Education scholarships to 22,000 orphans and vulnerable children and 1,030 street persons rehabilitated. National Social Security Fund registered 311,478 new members raising the base to 2.7 million.
5. Enhance integration of population, health, and development programmes and projects into MTPs and MTEF.	33 advocacy forums held at national and county levels to integrate population dynamics in planning and budgeting; population programmes allocated Kshs 589.16 million.
6. Enhance Government capacity to provide high-quality, timely, and reliable population and related data.	Kenya Population and Housing Census in August 2019 covered 12 million households. Five basic census reports, 2019 Annual Economic Survey report, and 2019 statistical abstracts were produced. A rapid assessment of the impact COVID-19 undertaken and documented in the COVID-19 Impact Survey.
7. Integrate population issues into formulation, implementation, monitoring, and evaluation of all policies and programmes relating to sustainable development.	Review of the population and development policy was undertaken to identify gaps through policy development and/or program planning and implementation.
8. Harness the demographic dividend through investment in health and citizens' well-being, education and skills training, employment creation and entrepreneurship, and rights, governance, and empowerment of young people.	A scorecard to measure progress to achieve a demographic dividend started. 30,000 youths benefitted from skills development, and 38,384 workers upgraded their industrial skills. Kshs 473.3m was disbursed to youth and youth enterprises. State Department for Labour placed 57,528 job seekers in employment locally and abroad.
9. Eliminate legal, policy, and programmatic barriers that impede youth participation in decision-making, planning, and development activities.	The National Youth Policy 2007 was reviewed and approved. The policy aligns with Africa Youth Charter, SDGs, Africa Union Agenda for 2063, Kenya Vision 2030, and ICPD POA. The National Youth Council Bill was submitted to Parliament.

<p>10. Attain universal basic education by ensuring 100 percent transition of pupils, including those with special needs and disabilities, from early learning to secondary education.</p>	<p>The transition rate from primary to secondary was 98 percent. 9000 learners were awarded scholarships, and over 3 million secondary students were enrolled on health insurance cover. 900,000 girls benefited from the Sanitary Towels and 1.6 million learners from the School Meals programs. 476 other low-cost boarding primary schools were built, learning centers in informal urban settlements were mapped, and 269 Basic APBET Centers were established.</p>
<p>11. Improve the employability and life skills of youths by enhancing quality and relevance of TVET in partnership with industries and the private sector.</p>	<p>Construction works for new TVET institutions continued. Enrolment in Public Technical Institutions increased from 175,278 in 2018/2019 to 219,589 in 2019/2020. This increase is new TVCs in the Country, increased funding of special needs TVET institutions, the introduction of annual capitation to each trainee in the institutions, and enhancement of higher Educations Loans Board trainees' loan allocation.</p>
<p>12. Fully implement the Competency- Based Curriculum (CBC) to equip learners with relevant competencies and skills early for sustainable development.</p>	<p>Taskforce appointed for CBC to develop a roadmap for full implementation. A framework for teacher education aligned to CBC was created. CBC textbooks were distributed to achieve a pupil textbook ratio of 1:1. 100,00 curriculum implementers were trained.</p>
<p>13. End FGM by strengthening coordination in legislation and policy framework, communication and advocacy, evidence generation, and support cross-border collaboration on FGM elimination by 2022.</p>	<p>Activities aimed at sensitizing the public on FGM and anti-FGM. Capacity building for 4,123 duty bearers and community members on the FGM Act (2011) prohibition. 159 girls and women at risk of FGM identified and linked to social and legal services, 36 FGM perpetrators convicted, and two rescue/child protection units established. Prohibition of FGM policy and strategic plan was finalized. County forums were convened in 22 FGM high prevalence Counties.</p>
<p>14. Eliminate by 2030 all forms of GBV, including child and forced marriages, by addressing social, cultural norms that propagate the practice while providing support to women and girls.</p>	<p>Capacity building on SOPs for GBV recovery center committees in the Counties was done. Awareness of women's and human rights through various platforms was undertaken. A special unit at the Director of Public Prosecutions office set up for FGM and GBV cases.</p>

15. End gender and other forms of discrimination by 2030 through enforcing the anti-discrimination laws and adequate budgetary allocations to promote gender equity and empowerment of women and girls.	A total of 13 activities were planned. 10 were fully or partially implemented, while the remaining three were not undertaken due to budget constraints and COVID-19 restrictions.
16. Ensure universal access to quality reproductive health services, including prevention and management of GBV, humanitarian and fragile contexts by 2030.	Minimum standards for prevention and response to GBV in emergencies were disseminated in 21 Counties, and reproductive health kits to support response efforts were procured and distributed, reaching 99,701 in humanitarian settings.
17. Track and monitor implementation of the ICPD25 Nairobi Summit commitments through National Council for Population and Development.	Report on the Nairobi Summit and the Action Plan for implementing the commitments was developed. A Technical Working Group was constituted to track and report on the implementation of the commitments.

Mr. Kevin Osborne, Consultant

Piecing it Together: Parliamentarians, People, and Policy – Findings from a 4-country review

Mr. Osborne conducted a review of four countries – Kenya, Malawi, Zambia, and Uganda. He gave the conference a snapshot of the findings.

He started with a quote from Natalia Kanem, United Nations Under-Secretary-General and Executive Director of UNFPA: “Sexual and reproductive health and rights are human rights, and it is up to all of us to protect and defend them”.

Mr. Osborne gave an overview of the methodology, which included the commitments from the four countries and was supplemented with semi-structured interviews with parliamentary forums, UNFPA staff, and stakeholders. The report looked at the four zeros – the unmet need for family planning, preventable maternal deaths, GBV and harmful practices, and new HIV infections.

For Kenya, Mr. Osborne spoke about family planning (just one of the country's 17 commitments). The report found there was a challenge because the age of consent to access SRH and prescription services was 18, and many teenagers were getting pregnant at a younger age. It might be necessary to look at alternative ways to address that specific issue.

For Malawi, there were ten commitments, including a very ambitious target to reduce the maternal mortality rate by 75% by 2030. However, a study showed that unsafe abortion in 2017 accounted for between 6% to 18% of maternal mortality. A bill introduced to ease termination of pregnancy legislation has been tabled but not yet passed.

The study found that early marriage and IPV/FGM were a reality in Uganda despite the age of consent is 18. Parental consent meant that girls younger than 18 were getting married.

In Zambia, they were on track to meet their voluntary male medical circumcision (VMMC) and the prevention of mother-to-child transmission targets. The country's weakness involved stigma and discrimination. Services were needed to reach men who have sex with men, sex workers, etc.

Mr. Osborne identified several common obstacles across the four countries that were important for parliamentarians. He said it was essential to dramatically sharpen the watchdog role for several key policy areas (see FIG 3):

1. Policy implementation and oversight
2. Provision of SRH services to teenagers
3. Expansion of legal abortion services
4. Proactive and inclusive CSE curricula
5. Provision of services to key populations
6. SGBV and IPV prevention and response

Mr. Osborne suggested that policy creation and generation needed to be matched with an equally robust implementation and learning approach. It was crucial to link policy development to implementation and oversight.

The report talks to 10 specific recommendations (FIG 4). He reiterated that it was crucial to revitalize policy, implementation, and the parliamentarians’ watchdog role. Investment in SRH should be increased and fine-tuned so that SRHR and HIV responses can support resilient pandemic preparedness.

The generation and utilization of data to inform region-wide strategic policymaking, notably around a number of issues, including disaggregated teenage pregnancy data and tracking investments in options for youth in education, training, and work. Young people needed to be meaningfully engaged in policy, expanding the tracking and evaluation of abortion care.

<p>SOME COMMON OBSTACLES</p> <ul style="list-style-type: none"> 1. Policy implementation and oversight 2. Provision of SRH services to teenagers 3. Expansion of legal abortion services 4. Proactive and inclusive CSE curricula 5. Privision of services to key populations 6. SGBV and IPV prevention and response 	<p>REGIONAL APPLICATION</p>	1. Revitalize policy implementation	6. Increase generation & utilization of data
		2. Increase domestic investments for SRHR	7. Endure ending GBV is a political priority
		3. Harmonise multi-sectoral policies	8. Engage young people in policy formation
		4. Support policy through DSD	9. Endorse evidence-based & service-linked CSE
		5. Nurture ICPD parliamentarian champions	10. Expand evaluation of abortion care

DISCUSSION

Delegates in their responses called for a component about mental health, especially during the pandemic when people were forced to remain at home. A suggestion was made the COVID-19 vaccine centers could be used for health awareness campaigns.

Session 3:

Best Practices/Lessons Learned for Youth and Women Empowerment and Engagement in Addressing ICPD25 Commitments

Session Chair: Hon. Mohamed Al-Ammadi, Former MP Bahrain

Hon. Sulemana Yusif, MP Ghana

Hon. Yusif said that the primary focus of ICPD was to reach out to the vulnerable and marginalized women, children, refugees, and people living in humanitarian crises and conflict. He acknowledged that women and youth had been at the forefront during the COVID-19 pandemic as frontline workers, scientists, doctors, caregivers, etc. The Parliament of Ghana supports effective communication of evidence-based public health information on the pandemic.

There were 12 parliamentarians aged between 20 and 35. However, only 14.5% are women, which is below the global average of about 24.9%. He quoted an article in *The Economist* that stated that finance was a barrier to participation in elected positions. In Ghana, it costs approximately US\$ 86,000 to secure a nomination to participate in presidential and parliamentary elections. In Uganda, the cost is estimated at US\$ 200,000, more than 200 times Uganda's GDP per capita.

Since ICPD, women's rights have been promoted in Ghana, including legislation to curb GBV, FGM, and early childhood marriages.

Agriculture in Ghana is mainly controlled by the youth and women. Women are overrepresented in poorly paid work, and the evidence suggests that women are paid less than men for the same job. African countries need affirmative action laws to support women. This is being drafted in the *Elimination of All Forms of Discrimination Against Women*.

Youth, too, need to be involved in meaningful partnerships to develop interventions and services. Women and youth empowerment issues require multifaceted solutions at a public-private level, including flexible working arrangements to ensure inclusivity.

Hon. Issa Mardo, MP Chad

Hon. Mardo indicated that Chad needed to initiate or complete several programmes, including:

1. Support Fund for Young Entrepreneurs for young start-ups.
2. Implement Law No. 006/PR/2002 on Reproductive Health, Ordinance No. 12.
3. Recruit by 2021, 2,189 health workers, focusing on underserved areas and areas in humanitarian crisis. Post 315 midwives to accelerate the reduction of infant mortality by 2026.
4. Develop a law on social protection and promote decent work by creating at least 10,000 decent jobs per year for young people, 40% of whom are women until 2030.
5. Scale up the establishment of the League of Women Preachers in at least 12 provinces to accelerate women's access to SRH services by 2026.
6. Train at least 100 religious leaders in provinces most vulnerable to violent extremism and intercommunal violence.
7. Scale-up high-impact strategies of the Sahel Women's Empowerment and Demographic Dividend (SWEDD) initiative by 2026.
8. Health sector allocation should be 15% of the national budget by 2026, with at least 25% going to mothers' and children's health, including RH products.

The following has already been achieved:

1. The Government has, since 2020, allocated CFA Franc 30 billion for promising youth projects. The same amount has been assigned to women and girls.
2. Chad has subscribed to the 2030 FP commitments.
3. Chad has started placing orders for RH products and equipment from UNFPA procurement office.
4. Chad has mobilized US\$ 36 million for phase 2 of the SWEDD Project, which will cover 15 of the 23 provinces in 2020.
5. During the COVID-19 period, the government recruited more than 3,000 Health Workers (Doctors, Midwives, Specialists).

More than 400 religious leaders have been trained in the provinces most vulnerable to violent extremism and intercommunal violence. Law No. 006/PR /2002 on Reproductive Health, Ordinance No. 12 on parity has been promulgated and implemented. The law on social protection was passed in 2020.

The partnership with the Alliance of Religious Leaders for Integral Health and the Promotion of the Human Person (ARSIP) focused on the involvement of religious leaders in community mobilization during the Stronger Together campaign and at the Paris Peace Forum.

The African network of adolescents and young people (AfriYAN) was mobilized to amplify, through social networks messages, to youth communities during the Stronger Together campaign.

Chad used an integrated health and community approach for the three Zeros, including the distribution of health products and getting the commitment of religious and traditional leaders to eliminate harmful practices and boost the demographic dividend. Covid-19 has accentuated the vulnerability of the beneficiaries of the projects with a risk of compromising the gains.

Hon. Mardo made recommendations to:

1. Develop a roadmap for removing bottlenecks in the establishment of financing agreements and governance and management bodies for the project.
2. Extend the SWEDD Project to 23 provinces in Chad.
3. Make the inter-ministerial and parliamentary committee to monitor the implementation of the ICPD25 commitments.

Additionally, Chad will look at how to ensure women and girls are included in the national responses and recovery plans against COVID-19.

Hon. Amihilda Sangcopan, MP Philippines

The prevalence of child marriages is higher in some areas in the Philippines than others due to cultural practices and other socio-economic reasons. Early and arranged marriage is rampant because low-income families marry off their daughters in exchange for dowries. Other respondents said families sent their daughters to other households where they could be cared for by well-off husbands. A few wealthy families engage in this practice because they want to strengthen their influence.

The prevalence of adolescent births went down to 47 out of 1,000 live births, from 57 out of 1,000 in 2013. The number of women aged 15-19 who began childbearing slightly decreased from 10% in 2013 to 9%. Overall, 9% of adolescents began bearing children. Thus, one in every five 19-year-olds is already a mother.

The impact of early marriage and pregnancy is deadly as mothers between the ages of 15 and 19 are twice as likely to die of pregnancy and childbirth complications than women aged 20-24. Early pregnancy also poses risks to infants. Having painted a dire picture of child marriage, Hon. Sangcopan said that there were efforts and campaigns to improve the situation.

The Bangsamoro Transition Authority (BTA Parliament) has pledged its full support to the Bangsamoro Children's Declaration. It is tasked to craft the Gender and Development Code and lead the region's campaign against child and forced marriage, as it explores the possibility of amending the minimum prescribed age for marriage to 18.

The Ministry of Health also aims to decrease the early childbearing age by 11% in 2021, while the Ministry of Social Services and Development also has a Child and Youth Welfare Program with a budget of 129.2 million for 2021, while the Bangsamoro Human Rights Commission also has programmes for child rights protection, promotion, and fulfillment.



The effects of this pandemic and quarantine measures have continuously disrupted efforts on educating against early pregnancies and child marriage. According to the University of the Philippines Population Institute, the COVID-19 pandemic led to annual maternal deaths of 3,200, a figure higher than the pre-COVID 2019. There was also a significant increase in unplanned pregnancies—including among thousands of teenage girls.

DISCUSSION

The Session Chair congratulated the speakers for their excellent presentations, while others also highlighted some salient areas from the presentations – like affirmative action legislation for women. A comment from a delegate noted that providing survivor-centered care for victims of rape and GBV should be incorporated. The issue of hygiene and sanitary towels for girls to encourage them to remain at school was also highlighted in the discussion.

Session 4:

Role of Legislators and Policymakers on Implementation of ICPD25 Commitments

Session Chair: Hon. Akol Anthony, MP Uganda, Acting Chair of UPFFSP&D

Hon. Matthews Ngwale, MP Malawi

According to Hon. Ngwale, in November 2019, the Government of Malawi renewed its commitment to accelerate the ICPD agenda through delivering 10 commitments. The Ministry of Health chairs an ICPD steering committee comprising various stakeholders, youth, chiefs, technical people, academics, and researchers.

This table represents the commitments, action points, and recommendations.

COMMITMENTS	ACTION POINTS	ROLE OF LEGISLATORS
1. Increase the health budget to 15% of the national budget by 2030	The health budget is at 9% of the national budget.	Lobby Minister of Finance to increase the health budget. Our voices to executive must be louder, even to donors who are shifting focus to other areas during COVID-19.
2. Reduce unmet FP needs for all women to below 11% by 2030	Slight decline from 19.4% (2016) to 15.6% (2020).	Lobby for more financial resources for FP. (Current budget is US\$ 200,000 against annual commodity budget of over US\$5 million). Community support to FP services (both demand and utilization)
3. Lower maternal mortality ratio to 110 per 100,000 live births by 2030	Reached 13,000 youths with door-to-door distribution of key family planning information and services. Six mobile vans distributed to three districts.	Lobby with private sector and well-wishers to support YFHS. Pass legislation to ensure adequate funding of youth and health sector. Monitor health and youth budgets.

4. Youth-friendly health services (YFHS) delivering SRH services	Reached 13,000 youths with door-to-door distribution of key family planning information and services. Six mobile vans distributed to three districts.	Lobby with private sector and well-wishers to support YFHS. Pass legislation to ensure adequate funding of youth and health sector. Monitor health and youth budgets.
5. End child marriage by 2030	Supported inter-ministerial round table discussions on legal reforms and child protection.	Law enforcement, monitors and where necessary, amend the laws. Support the education sector through private sector mobilization and make schools child-friendly. Community enforcement of by-laws.
6. Increase budgetary allocation to reproductive, maternal, neonatal, child, and adolescent health to 30% by 2030	FP budget at MK200 million instead of MK250 million.	Lobby Minister of Finance to increase the FP budget. NGO/CSO voice must be amplified. Population caucus in Parliament caucus must be active and functional.
7. Provide 12 years of free education for every child	Ministry of Education reform area, work in progress.	Encourage parents and influential community leaders to encourage children remain in school. Private sector involvement in education.
8. To fully digitalize population data collection systems by 2030	Making progress in creating several platforms to digitalize data. MoH at an advanced stage in Unique Patient Identification based on National IDs.	Harmonization of data at all levels to have one database to track social and economic activities in the country. As legislators, let's talk about using data to show the benefits to those implementing programs, allocating resources.
9. To include 30% youth representation in decision-making bodies	Track youth representation in local governance structures through Youth Management Information Systems.	We need the voice of youth, stakeholders, and CSOs to always include youth. As legislators, let's amplify voices and enact enabling laws.
10. All humanitarian responses incorporate SRHR	Multi-sectoral frontline workers have been oriented on Minimum Initial Services Package. Rapid response teams trained on MISP and GBV.	Assist in resource mobilization and provision of essential resources (family tents, reproductive health kits, etc.). Let's form partnerships that make a difference.

Presentations by the Pakistani delegation

Hon. Sahibzada Sibghatullah, MP Pakistan

Hon. Sibghatullah that Pakistan had made progress in pursuit of ICPD. Pakistan became the first country to include Typhoid Conjugate Vaccine in its compulsory Expanded Programme for Immunization. Children are vaccinated against eight vaccine-preventable diseases: childhood tuberculosis, poliomyelitis, diphtheria, neonatal tetanus, measles, hepatitis B, and typhoid.

Pakistan has an initiative, "Sehat Sahulat Programme", leading to UHC. The country grants a three-month maternity leave and requires employers to provide nursery services on-site for women with young children.

To ensure reproductive health, the government will target 2 million pregnant and lactating women and 2 million children in the first 1000 days.

To encourage girls to remain in school, free education is a right, and the government pays a monthly stipend to the children and monthly funds for family support. This 81 billion Rupee project will achieve enrollment of 9 million children by 2023.

The Child Marriage Restraint Act, which Senate has passed, sets the 18 year-age limit for marriage, and violators face criminal penalties.

To provide social protection for women who migrate or return after working abroad, Pakistan launched a portal where returnees can contact the Prime Minister's Secretariat for support.

The justice system is working to protect the inheritance rights of women. Moreover, the government is establishing GBV courts at district levels.

Hon. Ramina Khurshid Alam, MP Pakistan

Hon. Alam said that Pakistan upholds the right to primary reproductive and maternal healthcare for women and girls everywhere. Pakistan's first female Prime Minister, the Late Mohtarma

Benazir Bhutto, who attended the inaugural ICPD in 1994, said: “No matter what, I will attend this conference as a mother, as a sister and as a daughter for the empowerment of my country’s women”.

Pakistan’s continuous and unswerving implementation of the ICPD commitments has resulted in:

1. Enhanced effective coverage of skilled birth attendants
2. Improved public sector health facilities
3. Increased number of Basic Health Units (BHUs) and Rural Health Clinics (RHCs) equipped with essential services.
4. Lowered infant mortality rate from 62.1 deaths per 1,000 live births in 2015 to 55.7 in 2019
5. Decreased neonatal mortality rate from 45.2 deaths per 1,000 live births in 2015 to 41.2 in 2019
6. Increased percentage of birth attended by skilled health personnel from 58% in 2015 to 68% in 2020
7. Decreased maternal mortality ratio from 276 maternal deaths per 100,000 births in 2006 to 189 in 2019.
8. Increased health expenditure from Rs 421.8 billion in 2018/19 to Rs 482.3 billion in 2019/20.

Hon. Shandana Gulzar Khan, MP Pakistan,

Hon. Gulzar Khan stressed that the government introduced a special programme, with an outlay of Rs70 billion, to mitigate the impact of the COVID-19 pandemic. The programme focuses on upgrading health care facilities, sewerage systems, solid waste management, clean drinking water, and education.

Furthermore, she spoke about Ehsaas programme initiated by the Government of Pakistan in 2019 with objectives to reduce inequality, invest in people, and lift lagging districts. The programme is about the creation of a “welfare state” by countering elite capture and leveraging

21st century tools—such as using data and technology to create precision safety nets; promoting financial inclusion and access to digital services; and supporting the economic empowerment of women.

DISCUSSION

There was a lively discussion following the presentations – with questions on clarification on gender court, the reasons for the decrease in budgets in Malawi, and the rollout of free education. Pakistan was asked about its gender courts and management of COVID-19 and ICPD commitments.

Hon. Ngwale said the reduction in the budget was due to unexpected spending on COVID-19. The allocation to fund the health budget decreased from 25% to 9%. Malawi has draconian abortion laws and that is why the mortality rate has not reduced.

Hon. Khan from Pakistan responded that women ran the children’s and women’s districts court. She then went on to explain how the country managed its ICPD commitments. Since the new government came to power, and the SDG secretariat was established. It is not party-aligned and is known as the Ehsaas Programme.

During COVID-19, Pakistan approached the G20, IMF, and the World Bank to stop debt repayments to have the money to manage the impact of the pandemic. Because 70% of the population worked in construction and agriculture, these sectors remained open during the “lockdown” periods.

Because COVID impacted the poorest of the poor, the government also provided handouts of money for four months to 20 million families. Also, free basic healthcare was rolled out to two of the country’s biggest provinces. Pakistan has been praised for its handling of COVID and ranked third by *The Economist*.

Session 5:

Impact of Parliamentarians Ensuring Transparency, Accountability and Good Governance (TAGG)

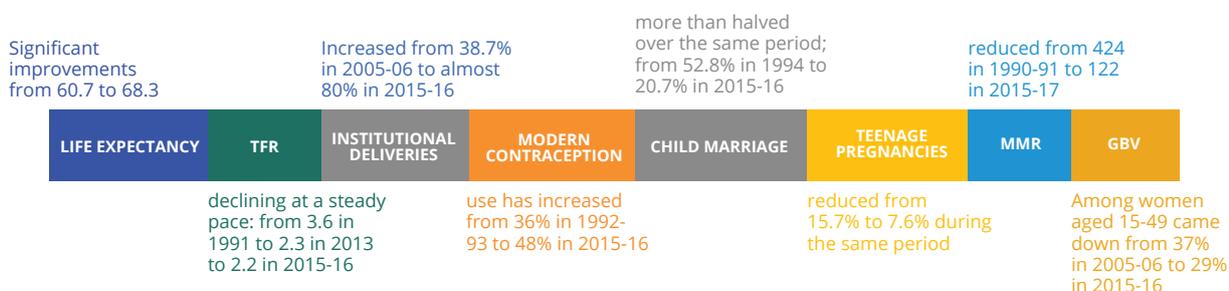
Session Chair: Hon. Yayesh Tesfahuney Kiflay, MP Ethiopia

Hon. Bhubaneshwar Kalita, MP India

India has made significant progress in bringing healthier lives to its citizens over the past 25 years, since the ICPD. Hon. Kalita quoted a series of statistics that indicated the improvement in India (see FIG 5).

For example, life expectancy had improved from 60.7 to 68.3 years. Institutional delivery increased from 38.7% in 2005/6 to almost 80% in 2015/16, and contraception use increased from 36% in 1892/93 to 48.8% in 2015/16.

ICPD & INDIA: KEY COUNTRY ACHIEVEMENTS IN 25 YEARS



ICPD & INDIA: CHALLENGES

Despite vast improvements, the ICPD PoA is yet to be realized for all the people in all places.

Some challenges are:



Nevertheless, he said the country still faced significant challenges, including that one in three women faced some sort of violence, and one in three of the world's child brides come from India (FIG 6).

Hon. Kalita gave details of the major programmes for the ICPD commitments, which included:

1. UHC through its flagship programme, “Ayushman Bharat” (Healthy India).
2. Under National Health Protection Scheme (called Pradhan Mantri Jan Arogya Yojana) 500 million Indians are provided with coverage equaling US\$7000 per family per year.
3. Additionally, 0.15 million health and wellness centers will provide comprehensive primary healthcare.
4. India has worked toward increasing the range of contraceptives and improving the quality of family planning services.
5. Committed to achieving the SDG target for MMR of less than 70 by 2030 through Suman (Surakshit Matritav Aashwasan – Safe Motherhood Assurance), ensuring delivery of maternal and newborn healthcare services. India plans to roll out midwifery services.

Hon. Kalita said that without structural and good governance reforms, the achievements could not have taken place. This includes passing legislation to enable a transparent and accountable system of governance.

The country had also made progress in e-governance, making all government services accessible to people in an efficient, transparent, and affordable way. He noted that the Indian Government aimed to focus on “Minimum Government, Maximum Governance”. It also launched a Good Governance Index and introduced steps to improve the country’s business environment.

Hon. Larry Younquoi, MP Liberia

Hon. Younquoi said that parliamentarians do this in three main ways – lawmaking, oversight, and representation. They serve as representatives of their people at a national level. The combined effects of these three cardinal responsibilities should lead to the engendering of Transparency,

Accountability, and Good Governance (TAGG) in the running of Government.

He noted that the legislature’s impact in Liberia included establishing the Liberian Anti-corruption Commission (LACC). The Parliament passed laws strengthening/amending the General

Auditing Commission (GAC) and established the Governance Commission.

Other examples included the establishment of the Independent Human Rights Commission, Freedom of Information mechanism, the Table Mountain Declaration, passed legislation to protect witnesses, and the Local Government/Decentralization Act.

The passage of these legislations strengthened existing institutions with budgetary allocations that benefited gender mainstreaming, youth empowerment, health, food security, and the environment.

He emphasized that parliamentarians also needed to provide oversight in actualizing the legislation and promote community cooperation to ensure the success of programmes and activities.

Hon. Kabahenda Flavia, MP Uganda

Hon. Flavia said that empowering young people and unleashing their full potential to contribute to economic and social progress is the basis of the ICPD Programme of Action and the 2030 Agenda of leaving no one behind.

Women are the backbone of most economies. In Uganda, whenever a Minister of Finance reads his budget, the GDP growth in the formal sector will be emphasized. In fact, close to 80% of the informal sector are women.

The Parliament and Government of Uganda provide an enabling environment to facilitate the Programme of Action, such as the Constitution of the Republic of Uganda enacted in 1995. Article 33 emphasizes that women should be accorded full and equal dignity with men. There are other laws that were passed to address GBV, FGM, and so forth. Affirmative action legislation aims to get women involved in politics and give opportunities to women students.

In Uganda, there is a Women Parliamentarians' Association – which among other things, stampeded the budget process to ensure there was a budget to recruit midwives and nurses at

the lowest health centers. Also, the country was the only one in the region where budgets needed to have gender and equity embedded before being presented in Parliament. Men have two weeks of paternity leave.

Hon. Flavia said that an inbuilt mechanism is needed to routinely track the Government's commitment to the Programme of Action and the implementation, performance, and enforcement of all laws. Similarly, mechanisms are required to monitor harmful practices such as FGM, forced marriages, forced sex in marriages, child marriages, prohibitive bride price, widow inheritance, discriminatory languages, and ageism.

There are gaps between policy and practice. Issues of women's land rights are still a challenge, because more women are engaged in subsistence farming and need support. Maternal mortality remains at 336 deaths per 100,000 live births and is too high. Parliamentarians were tackling clandestine and unsafe abortions.

During the COVID-19 pandemic, access to family planning was deficient, and women struggled to reach health facilities for delivering babies. Maternal mortality increased because they could not get to the health facilities, and many relied on traditional birth attendants.

He mentioned that several pieces of legislation had not yet been passed, including the Sexual Offences Bill, the Succession Bill, and the Minimum Wage Bill.

Session 6:

Discussion for the Adoption of Recommendations for the Follow up on ICPD+25 Commitments

Session Chair: Hon. Fredrick Outa, MP Kenya

The conference adopted the following declaration:

African and Asian Parliamentarians' Meeting to Follow-Up on ICPD25 Commitments

18 August 2021

Kampala, Uganda

Declaration

We, Members of Parliaments from the Africa and Asia regions, having participated in the African and Asian Parliamentarians' Meeting to Follow-Up on ICPD25 Commitments in Kampala, Uganda, from 17 to 19 August, 2021,

Bearing in mind that the implementation of the Nairobi Commitments of the International Conference on Population and Development (ICPD), or ICPD25 commitments, are vital for the undertakings of sustainable development of our regions. Welcoming this meeting, which is the continuation of the 2021 conducted webinars between African and Asian parliamentarians working on the implementation of ICPD25, with a focus on the related issues.

Considering that this is a vital meeting for achieving sustainable development in Africa and Asian countries and for promoting Sustainable Development Goals (SDGs) through regional exchanges. Taking into account the outcomes of the regional reviews of ICPD25 commitments, the challenges encountered and recommendations, we have agreed as follows:

1. We recognize the progress that has been made since the ICPD in 1994 which was held in Cairo and since the adoption of the Millennium Development Goals (MDGs);

2. We recognize the importance of the Nairobi Summit on ICPD25 and its commitments to fulfil the pledges of ICPD;
3. We affirm that people constitute a society, and that without fulfilling the ICPD25 commitments, the SDGs will not be achieved;
4. We reiterate that, despite the progress made, the Programme of Action of the ICPD is still unfinished in the regions, whereas the challenges facing the full implementation of the Programme of Action, including the ICPD25 commitments, and the achievement of the SDGs by 2030, remain prominent;
5. We renew our commitments to the 2030 Agenda for Sustainable Development and the ICPD25 commitments in the Africa and Asian regions in partnership with the United Nations Population Fund (UNFPA) in supporting the implementation of the ICPD agenda as a benchmark to guide governments in formulating their sexual and reproductive health and population policies and programmes;
6. We realize that population issues will not achieve great progress without social, economic and political development, taking into account the cultural dimensions of countries within the framework of sustainable development, which considers the environment as an integral component;
7. We are aware that the global situation has worsened as a result of the COVID-19 pandemic, which has slowed down the ICPD25 achievements. We draw everyone's attention that this pandemic has complicated conditions in many societies in relation to sexual and reproductive health (SRH) and increased gender-based violence (GBV), harmful practices and teenage pregnancies;
8. We commit to work with UNFPA towards the full implementation of ICPD25 commitments and to capitalize on this momentum to develop policies and mobilize financial support to ensure that consensus is reached in order to achieve the full implementation of the ICPD25 commitments; and

9. We issue a strong demand for the inclusion into Tokyo International Conference on African Development (TICAD8) of the recommendation from the African and Asian Parliamentarians' Meeting to Follow-Up on ICPD25 Commitments.

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

- Continue our advocacy for the full implementation of the ICPD agenda to provide sexual and reproductive health (SRH) services for all, comprehensive sexuality education for adolescents as affirmed by the SDGs, being vital to prevent unintended pregnancy. Also, we continue our advocacy to contribute to the three zeros of the UNFPA vision: zero preventable maternal deaths, zero unmet needs for family planning, zero GBV and harmful practices, so young people can live healthy and productive lives;
- Ensure stronger political commitments to continue implementing the ICPD Programme of Action and use our role as parliamentarians to urge governments to fulfil their commitments and to achieve the SDGs by 2030;
- Recognize that the promotion of social, agricultural and economic development and environmental protection can create a favorable condition for sexual and reproductive health and rights (SRHR) for all;
- Call for the development of a national monitoring framework for budgetary allocation and disbursement for the implementation of the ICPD Commitments to ensure effective parliamentary roles.
- Call for mapping and following up of the legislative framework and identifying gaps and reforms to pave the way for the implementation of ICPD25 commitments;
- Advocate for increased national budgets for the implementation of ICPD25 commitments;
- Continue to advocate for the full implementation of ICPD25 commitments to end GBV and empower youth, as emphasized by the SDGs;

- Establish and support laws linking national constitutions to the ICPD agenda with perspectives on people's rights, health, education, economic planning and development;
- Emphasize the importance of investing in the potential of young people, as the main actors in relation to population, SRHR, gender equality, economic and social development, social and environmental protection, and encourage governments to create investment opportunities for the youth;
- Identify ways to implement ICPD25 commitments at the national level and develop/adopt the necessary monitoring and evaluation frameworks that will keep track of progress through selected key performance Indicators;
- Advocate for changing social norms, bad cultural practices and language, laws and policies, and supporting human rights, especially the most important reforms that promote gender equality and empowerment of women, girls and youth;
- Ensure that parliamentarians actively work in the regions with their governments at the national level to secure the necessary budgets and exert efforts to mobilize resources to ensure the implementation of ICPD25 commitments related to the "Nairobi work program" so as to complete the unfinished business;
- Work to deepen parliamentarians' understanding of the linkage between SRHR and sustainable development issues. Parliamentarians should enhance cooperation between regions in order to further revitalize their work, and actively defend their peers through national committees in their respective countries;
- Work with regional and global governments and fora to achieve and maintain peace and security within and across countries, in order to avoid the effects of occupation, armed conflicts, emergencies and humanitarian crises; and
- Request UNFPA offices, donor countries and civil society organizations, to cooperate with national committees and regional fora to implement the ICPD25 commitments.

Closing Session

Address

H.E. Dr. Chris Baryomunsi, Minister for ICT and National Guidance, Uganda

Dr. Baryomunsi thanked the organizer, APDA and UPPFSP&D, support of UNFPA and Japan Trust Fund (JTF), and all others involved in the conference. He also thanked delegates at the conference and those online for their invaluable participation.

Address

Hon. Akol Anthony, MP Uganda, Acting Chair of UPPFSP&D

Hon. Anthony thanked APDA, UNFPA, JTF, as well as the delegates for their participation in this two-day conference. He noted that there had been some good news in Africa with mortality rates coming down and FP and contraceptive rates increasing. However, more needed to be done.

Hon. Anthony called on delegates to use their time in Parliament to benefit the people and work towards the ICPD25 commitments. He said that they needed to use their privileged position to make laws to improve the population's lives.

He then said that it was necessary to work together as parliamentarians to overcome the pandemic and address the issue of vaccinations. While some in the Global North have vaccinated 70% of their people, in Africa, several countries have not yet vaccinated 1%.

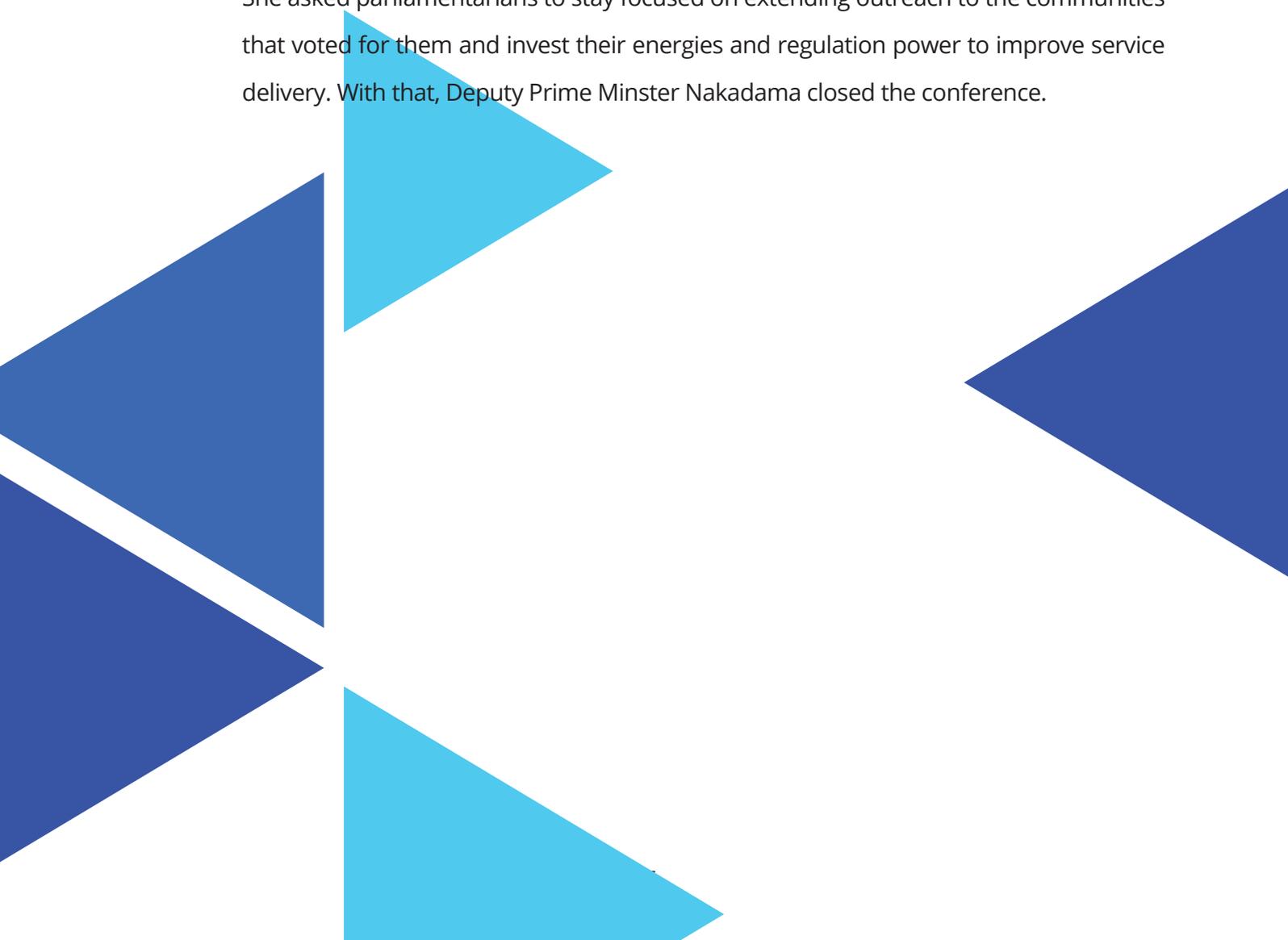
Closing Statement

H.E. Rukia Isanga Nakadama, Deputy Prime Minister, Uganda

Deputy Prime Minister Nakadama said that as the conference closed, it was essential to be reminded that implementing the ICPD Programme of Action is integral to achieving the SDGs. While there has been improvement in Uganda, there is still unfinished business.

The number of girls married before the age of 18 has recorded a slow but steady decline. She reminded the delegates that their mothers used to be married at the age of 12 and 14. Now in Uganda, the number of women graduates is equal to that of men. She noted that the parliamentarians had deliberated on the impact of COVID-19 and were focused on challenges and outcomes.

She also emphasized that the conference reflected on youth and women empowerment. She asked parliamentarians to stay focused on extending outreach to the communities that voted for them and invest their energies and regulation power to improve service delivery. With that, Deputy Prime Minister Nakadama closed the conference.



STUDY VISIT

A Visit to Reproductive Health Uganda (RHU)

In his briefing, Mr. Jackson Chekweko, Executive Director of RHU, highlighted the long-standing cooperation between RHU and IPPF. RHU is the longest established organization in Uganda on issues related to family planning. It was established in 1957 and is one of the pioneer member associations of IPPF, following the meeting that was held in Bombay, India.

Mr. Chekweko gave a brief history that RHU, which started the movement of family planning by working in health facilities. In the 1970's, however, there was a shift that moved them to work underground. In 1980, the Family Planning Association of Uganda was established, and in 2007 it was rebranded and became RHU, as an organization embracing SRH agenda.

He also noted that, to date, RHU has a presence across the country existing in the 20 sub-regions of Uganda serving a complexion of 1.5 million of Ugandans each year, who are young people, adolescents, women and men. RHU has a franchise of 20 clinics, which have partnered with 150 clinics, and there are over 2,500 trained community resource personnel, who on a daily basis reach out the vulnerable persons.

Due to the diverse coverage of RHU, they engage the government to allocate resources for RH commodities in the country. RHU was part of the commitment made by Uganda in the Nairobi Summit.

It was mentioned that, CSOs like RHU do not only engage at national level but also at subnational level, which enables them to distribute resources for family planning. They have been responsible for the establishment of RH working groups for over 30 districts out of 140.

Mr. Chekweko's introductory address was followed by a presentation by Director of Programmes on the role of RHU as a CSO in the implementation of the ICPD25 commitments.

He stated that RHU complemented the efforts of the Government in various areas by offering different forms of family planning related services. RHU partners with other CSOs to lobby with the Government to ensure that conducive policies in the area of SRHR are in place. He gave an example, saying that in 2019 RHU worked with the National Population Council and organized a pre-ICPD25 CSO symposium and through that, a position paper was developed.

Mr. Peter presented the following CSOs' commitments to ICPD25:

1. Support the scaleup and implementation of prioritized services related to population and development programmes and policies;
2. Leverage resources and expertise in integrating health with other sectors and work more effectively towards a shared goal of ending preventable deaths;
3. Mobilize citizens to call on government to increase investments in high impact interventions e.g. Reproductive Health including Family Planning, GBV prevention, climate change, programming, nutrition, etc.;
4. Working with key gatekeepers including parents, guardians or caretaker, teachers, cultural and religious leaders to reach more young people with information and services;
5. Strengthen partnerships with government and other stakeholders to support holistic programming for people in humanitarian and fragile situations;
6. Engage all stakeholders towards holistic approach to address SRHR needs including integrating SRH with GBV prevention; amplify the voice of refugees and refugee hosting communities for SRH including fighting GBV.

A Visit to Nakawa Vocational Training College (NVTC)

After visiting RHU, participants visited Nakawa Vocational Training College (NVTC), JICA funded project. At Nakawa Vocational Training College, Mr. Takayuki Uchiyama, Chief Representative of JICA Uganda, briefed the participants on the assistance provided to the vocational college by JICA, starting in 1968, four years after Tokyo hosted its first Olympic Games. Even though the assistance had to be suspended for about 20 years due to a civil war, the partnership has lasted more than half a century. With assistance in infrastructure development and dispatch of Japanese experts, the institution has been well regarded as one of the best centers for skills training. The school's contribution in skills development extends beyond Uganda to surrounding countries. It was explained that vocational diploma courses providing junior-college-level education were established in 2018 to respond to the growing needs of the industry resulting from Uganda's economic development.

Then, a student made a presentation about her experience at the vocational college. She said, "Although I am worried if I can continue to pay my tuition, I hope to somehow complete my studies and put to practice what I learned here". In response, Hon. Frederick Outa, MP Kenya, promised to support payment of her tuition through his foundation, to which she thanked him in tears.

On the tour, a parliamentarian representing the capital Kampala was so impressed with the undertakings by parliamentarians to address population and development issues that he said he will join UPPFSP&D. Participants praised JICA for their achievements and expressed hope to conduct similar projects in their own countries to promote skills development, youth empowerment and economic development.

APPENDIX 1- Program

African and Asian Parliamentarians' Meeting to Follow-Up on ICPD25 Commitments 17-19 August 2021 Kampala, Uganda

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

For online participants, please join via Zoom

<https://us02web.zoom.us/j/85230594662?pwd=d3o0dExVYkpBNmhEWmw3N0VFeHQzQT09>

Meeting ID: 852 3059 4662

Passcode: 779987

16 August 2021

Arrival of Participants

17 August 2021 / Meeting (Day 1)

- 09:00-09:20** **Registration** (Venue: Victoria Hall, Serena Kampala Hotel)
(*Ugandan time)
- 09:30-10:10** **Opening Session** (Venue: Victoria Hall, Serena Kampala Hotel)
MC: **Mr. Musa Wamala Buyungo**, UPPFSP&D Coordinator
Address of Organizer
Hon. Yasuo Fukuda, Former Prime Minister of Japan, Chair of APDA (online) Address of Organizer
Hon. Marie Rose Nguini Effa, MP Cameroon; President of African Parliamentary Forum on Population and Development (FPA)
Ms. Beatrice Mutali, Deputy Regional Director, UNFPA East and Southern Africa Regional Office (online)
Hon. Akol Anthony, MP Uganda, Acting Chair of Ugandan Parliamentarians' Forum on Food Security, Population & Development (UPPFSP&D)
Dr. Musinguzi Jotham, Director General, National Population Council, Uganda [15 min]
H.E. Dr. Chris Baryomunsi, Minister for ICT and National Guidance, Uganda
Opening Statement:
Rt Hon. Deputy Speaker Anita Annet Among, Deputy Speaker of the National Assembly of Uganda
- 10:10-10:20** Group Photo
- 10:20-10:30** Coffee Break
- 10:30-11:15** **Session 1: Impacts of COVID-19 in the implementation of ICPD 25: Challenges and Outcomes**
Session Chair: **Hon. Paul Chibingu** Former MP Malawi
1. **Mr. Jyoti Tewari**, Regional Health Systems Advisor, UNFPA East and Southern Africa Regional Office (online) [15 min]
2. **Dr. Musinguzi Jotham**, Director General, National Population Council, Uganda [15 min]
3. **Mr. Sam Ntelamo**, Resident Representative to the African Union & ECA IPPF Liaison Office (online) [15 min]

11:15-11:45 Discussion [30 min]

11:45-13:00 **Lunch**

13:00-13:45 **Session 2: Addressing Nairobi Summit commitments in the East and Southern Africa region**

Session Chair: **Hon. Daring Rahmon Jahon Afruz**, MP Tajikistan

1. Hon. Constatino Kanyasu, MP Tanzania [15 min]

2. Hon. Judith Pareno, MP Kenya [15 min]

3. Mr. Kevin Osborne, Consultant (online) [15 mins]

“Piecing it Together: Parliamentarians, People and Policy – Findings from a 4-country review”

13:45-14:15 Discussion [30 min]

14:15-14:25 Coffee Break

Session 3: Best Practices/Lessons Learned for Youth and Women Empowerment and Engagement in Addressing ICPD25 Commitments

Session Chair: **Hon. Mohamed Al-Ammadi**, MP Bahrain

1. Hon. Sulemana Yusif MP Ghana [15 min]

2. Hon. Issa Mardo, MP Chad [15 min]

3. Hon. Amihilda Sangcopan, MP Philippines (online) [15 min]

15:10-15:40 Discussion [30 min]

18 August 2021 / Meeting (Day 2)

09:30-10:15	Session 4: Role of Legislators and Policymakers on Implementation of ICPD25 Commitments Session Chair: Hon. Akol Anthony , MP Uganda, Acting Chair of UPFFSP&D 1. Hon. Matthews Ngwale , MP Malawi [15 min] 2. Hon. Shandana Gulzar Khan , MP Pakistan [15 min] 3. Hon. Nokuthula M. Dlamini , MP Eswatini [15 min]
10:15-10:45	Discussion [30 min]
10:45-11:00	Coffee Break
11:00-11:45	Session 5: Impact of Parliamentarians Ensuring Transparency, Accountability and Good Governance (TAGG) Session Chair: Hon. Yayesh Tesfahuney Kiflay , MP Ethiopia 1. Hon. Bhubaneshwar Kalita , MP India (online) [15 min] 2. Hon. Larry Younquoi , MP Liberia [15 min] 3. Hon. Kabahenda Flavia , MP Uganda [15 min]
11:45-12:15	Discussion [30 min]
12:20-13:20	Lunch
13:20-14:30	Session 6: Discussion for the Adoption of Recommendations for the Follow up on ICPD+25 Commitments Session Chair: Hon. Fredrick Outa , MP Kenya
14:30-14:45	Coffee Break
14:45-15:00	Closing Session Hon. Akol Anthony , MP Uganda, Acting Chair of Ugandan Parliamentarians' Forum on Food Security, Population & Development (UPFFSP&D) H.E. Dr. Chris Baryomunsi , Minister for ICT and National Guidance, Uganda H.E. Rukia Isanga Nakadama , Deputy Prime Minister, Uganda

19 August 2021 / Study Visit (Day 3)

08:50-09:00	Meeting at the Lobby
09:00-09:30	Travel to Reproductive Health Uganda
09:30-11:00	Visiting & briefing at Reproductive Health Uganda
11:00-11:40	Travel to lunch
11:40-13:00	Lunch

- 13:00-13:30** Travel to Nakawa Vocational Training College (NVTC), JICA funded project
- 13:30-15:00** Briefing at Nakawa Vocational Training College (NVTC)
- 15:00-15:40** Travel back to Hotel

20 August 2021 / Departure (Day 4)

Whole day Departure of Participants

Organized by:

**The Asian Population and Development Association (APDA) in partnership with
The United Nations Population Fund (UNFPA)**

Hosted by:

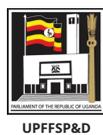
**Ugandan Parliamentarians Forum of Food Security, Population and Development
(UPFFSP&D)**

Funded by:

The Japan Trust Fund (JTF)

Supported by:

The International Planned Parenthood Federation (IPPF)



APPENDIX 2- List of participants

Participants' List of African and Asian Parliamentarians' Meeting to Follow-Up on ICPD+25 Commitments

17-19 August 2021 Kampala, Uganda

No.	Title	Name	Country	Position
<i>MPs and National Committees on Population and Development</i>				
1	Hon.	Hassan Omar	Djibouti	MP
2	Hon.	Mohammed Al-Ammadi	Bahrain	MP
3	Hon.	Marie Rose Nguini Effa	Cameroon	MP; President of FPA
4	Hon.	Issa Mardo	Chad	MP
5	Hon.	Dingamadji Moryo Delphine	Chad	MP
6	Hon.	Yayesh Tesfahuney Kiflay	Ethiopia	MP
7	Mr.	Estifanos Alemayehu	Ethiopia	Chief Protocol
8	Hon.	Sulemana Yusif	Ghana	MP
9	Hon.	Marfo Emmanuel	Ghana	MP
10	Hon.	Bhubaneshwar Kalita	India	MP
11	Mr.	Manmohan Sharma	India	Executive Secretary of IAPPD
12	Hon.	Yasuo Fukuda	Japan	Former Prime Minister; Chair of APDA
13	Hon.	Teruhiko Mashiko	Japan	MP; Vice-Chair of JPPF
14	Hon.	Noriko Horiuchi	Japan	MP; State Minister of the Environment
15	Hon.	Karen Makishima	Japan	MP
16	Hon.	Fredrick Outa	Kenya	Senator
17	Hon.	Makori Beatrice Kwamboka	Kenya	Senator
18	Hon.	Judith Pareno	Kenya	Senator
19	Ms.	Carolyne Cherop	Kenya	Clerk Assistant
20	Mr.	Lawrence Amollo	Kenya	Principal Clerk Assistant
21	Hon.	Larry Younquoi	Liberia	MP
22	Hon.	Matthews Ngwale	Malawi	MP
23	Mr.	Paul Chibingu	Malawi	Former MP, Vice-President of FPA
24	Hon.	Mariany Mohammad Yit	Malaysia	Former MP
25	Hon.	Sibghatullah Sahibzada	Pakistan	MP
26	Hon.	Alam Romina Khurshid	Pakistan	MP
27	Hon.	Khan Shandana Gulzar	Pakistan	MP
28	Mr.	Beg Mirza Salman Babar	Pakistan	Director General Special Initiatives, National Assembly
29	Mr.	Syed Raheem Shah	Pakistan	Assistant Director (IR), Secretariat of Parliament
30	Mr.	Shehzad Saeed	Pakistan	Assistant Director Research
31	Hon.	Amihilda Sangcopan	Philippines	MP
32	Ms.	Nenita Dalde	Philippines	PLCPD officer
33	Ms.	Mikaela Alfonso	Philippines	PLCPD officer
34	Hon.	Constantino John Kanyasu	Tanzania	MP

No.	Title	Name	Country	Position
35	Hon.	Atupele Freddy Mwakibete	Tanzania	MP
36	Hon.	Matiko Esther Nicholas	Tanzania	MP
37	Hon.	Mwakaje Michael Hezron	Tanzania	MP
38	Mr.	Brown Gideon Mwangoka	Tanzania	TPAPD coordinator
39	Hon.	Daring Rahmon Jahon Afruz	Tajikistan	MP
40	Hon.	Qahhorov Abduaziz	Tajikistan	Parliamentary advisor
41	Rt. Hon.	Anita Annet Among	Uganda	Deputy Speaker of the National Assembly
42	H.E.	Rukia Isanga Nakadama	Uganda	Deputy Prime Minister
43	H.E. Dr.	Chris Baryomunsi	Uganda	Minister for ICT and National Guidance
44	Hon.	Akol Anthony	Uganda	MP
45	Hon.	Muhumuza David	Uganda	MP
46	Hon.	Kabahenda Flavia	Uganda	MP
47	Hon.	Ojara Mapenduzi	Uganda	MP
48	Hon. Dr.	Nguyễn Văn Tiễn	Vietnam	Former MP; Ageing expert
49	Mr.	Mpolokoso Anthony Kambole	Zambia	Deputy Principal Clerk
50	Mr.	Temwa Nyarenda	Zambia	ZAPPD officer
51	Hon.	Kwaramba Goodluck	Zimbabwe	MP

The United Nations Population Fund (UNFPA)

52	Ms.	Beatrice Mutali	South Africa	Deputy Regional Director ESARO
53	Mr.	Jyoti Tewari	South Africa	Regional Health Systems Advisor ESARO
54	Ms.	Anandita Philipose	South Africa	Youth and Gender Specialist, ESARO
55	Mr.	Alain Sibenaler	Uganda	UNFPA Representative in Uganda
56	Ms.	Florence Tagoola	Uganda	Programme Specialist at UNFPA
57	Ms.	Muna Ali		UNFPA ESARO

Government, Partner Institutions and Resource Persons

58	Dr.	Jotham Musinguzi	Uganda	Director General, National Population Council
59	Dr.	Betty Kyaddondo	Uganda	Director Family Health, National Population Council
60	Ms.	Stella Kigozi	Uganda	Director, Information & Communications at National Population Council
61	Mr.	Mugirwa Patrick	Uganda	Executive Director, Partners in Population and Development, 39 Africa Regional Office
62	Mr.	Sam Ntelamo	Ethiopia	Resident Representative to the African Union & ECA IPPF Liaison Office
63	Ms.	Everlyne Nyongesa	Kenya	Advocacy Advisor at IPPF Africa Region
64	Mr.	Kevin Osborne	Greece	Consultant; former Executive Director of International AIDS Society (IAS)
65	Mr.	Manuel Chifunga	Mozambique	Senior HIV and AIDS Research Officer at Mozambican Parliament
66	Ms.	Rene Mwangi		
67	Ms.	Ashley Birungi		

No.	Title	Name	Country	Position
68	Ms.	Nambirige Sharifah		
69	Mr.	Jimmy Okiror		
70	Ms.	Sarah Ssemanda		
71	Ms.	Twesigye Margret	Uganda	Security officer
72	Mr.	Mukebezi Emmanuel	Uganda	Security officer
73	Mr.	Kambasu Isaac	Uganda	Security officer
74	Mr.	Namutamba Priscila	Uganda	Security officer
75	Mr.	Kedi Ezeri Carohne	Uganda	Security officer
76	Ms.	Barole Hillary	Uganda	Security officer
77	Ms.	Nakato Christine	Uganda	Security officer
78	Mr.	Yapualimo Joan	Uganda	Security officer
79	Mr.	Ssemwanga Adam	Uganda	Security officer
80	Mr.	Musa Wamala Buyungo	Uganda	UPFFSP&D Coordinator
81	Mr.	Elvis Kizito	Uganda	Protocol Officer
82	Mr.	Lutaaya Najibu	Uganda	Protocol Officer
83	Ms.	Nanyanzi Annet	Uganda	Protocol Officer
84	Mr.	Wavamunno Abdunasser	Uganda	Protocol Officer
85	Ms.	Nabagesera Rose	Uganda	Protocol officer
86	Mr.	Kikalo Paul	Uganda	
87	Mr.	Maganja Samuel	Uganda	
88	Mr.	Ssenabulya Muhammad	Uganda	
89	Mr.	Bwayamba Robert	Uganda	
90	Ms.	Kigonya Josephine	Uganda	Medical officer

The Asian Population and Development Association (APDA)

91	Dr.	Osamu Kusumoto	Japan	Secretary-General / Executive Director
92	Ms.	Hitomi Tsunekawa	Japan	Chief Manager, International Affairs
93	Dr.	Farrukh Usmonov	Japan	Assistant Manager of International Affairs Senior Researcher

Interpreters, Photographer, Videographer

94	Mr.	Stephane Aduya	Uganda	Interpreter (EN-FR)
95	Mr.	Joseph Nshimba	Uganda	Interpreter (EN-FR)
96	Mr.	Christopher Lutaaya	Uganda	Interpreter (EN-FR)
97	Mr.	Achilles Kiwanuka	Uganda	Interpreter (EN-FR)
98	Prof.	Oswald Ndoleriire	Uganda	Interpreter (EN-FR)
99	Mr.	Henry Muwanga	Uganda	Interpreter (EN-FR)
100	Ms.	Cecilia Russell		IPS
101	Ms.	Tracy Milyango	Tanzania	Closed captioner
102	Ms.	Nassary Gloria Alfred	Tanzania	Captioner / Rapporteur
103	Mr.	Isaac Mbaziira	Uganda	Technical staff
104	Mr.	Tom Tumwebaze	Uganda	Technical staff

No.	Title	Name	Country	Position
105	Mr.	Derrick Lukyamuzi	Uganda	Technical staff
106	Mr	Jackson Kikonyogo	Uganda	Photographer
107	Mr.	Ssegujja Jordan	Uganda	Photographer
108	Mr.	Walusimbi Kenneth Wasswa	Uganda	Videographer
109	Mr.	Gusimba Mark	Uganda	Videographer