contents

Table of contents

Introduction

The global financial crisis is one of the greatest challenges facing the world in 2009 and years to come. Its impact on G8 countries' Official Development Assistance (ODA), and in particular on global health, is not yet clear. While all countries are affected, developing countries will carry a particular burden. Women are at particular risk, especially with regard to their sexual and reproductive health and rights (SRHR). Compromises in this area will have severe repercussions on the entire socio-economic situation of the countries involved. The progress made on improving the lives of millions is at stake. Within this context, more than 100 Parliamentarians, representatives and experts of International Organisations and civil society organisations gathered for the fifth annual G8 Parliamentarians' Conference, held in Rome, Italy on 22-23 June 2009. This year the participants from the G8-countries, as well as from Africa and Asia, focused their discussions on "**Strategic Investments in Times of Crisis – The Rewards of Making Women's Health a Priority**".The Conference stood in the tradition of four Parliamentarians' Conferences held in previous years in conjunction with the G8 Presidency of the UK (2005), Russia (2006), Germany (2007) and Japan (2008). It was kindly hosted by the Italian Parliamentary Working Group on Global Health and Women's Rights and organised by GCAP Italy, Action Aid, the Italian Association for Women in Development (AIDOS), the German Foundation for World Population (DSW) and the European Parliamentary Forum on Population and Development (EPF) in co-operation with Action Canada for Population and Development (ACPD), the Asian Population and Development Association (APDA) and Interact Worldwide.

The Parliamentarians' Conference concluded with a very strong and forward-looking statement, entitled the "**Parliamentary Appeal to G8 Heads of State and Government**" which was delivered to the G8 Heads of State and Government. The Appeal, amongst others, calls upon the G8 Heads of State and Government not to reduce ODA levels in light of the economic crisis and to reaffirm existing commitments to fund US$ 60 Billion through Official Development Assistance for addressing the health-related needs in development countries over five years including support for health systems strengthening and efforts to fight AIDS, tuberculosis and malaria based on concrete action plans and clear timetables, to invest in maternal and infant health as being the most cost-effective way to achieve the Millennium Development Goals, and to promote gender equality by enacting development policies which protect young girls and their rights, educate young girls and boys, empower women and involve men in becoming active participants in the above.

Welcome

In welcoming the participants to the fifth G8 Parliamentarians' Conference, **Senator Emma Bonino,** Vice President of the Senate, Italy, **Hon. Danielle Bousquet,** MP from France, member of the Executive Committee of the European Parliamentary Forum on Population and Development (EPF), and **Fosca Nomis,** Global Call to Action against Poverty (GCAP Italy), highlighted the importance of discussing women's health particularly in times of crisis, given that even though significant progress has been made in achieving the MDGs, almost all countries were lagging behind in achieving the goal related to maternal health. Fosca Nomis underlined that it was of the essence not to get back on the promises made by the G8 countries, and not to have Africa pay the price for an economic crisis that has been created by the G8 countries.

Senator Emma Bonino regretted that the Italian aid budget had a drastic cut due to the financial crisis, stressed the need for strengthening the cooperation between North and South and increasing spending on health care, and declared that G8 countries needed to integrate women's policies into the political agenda. A country cannot grow and develop with 50 per cent of its population unable to participate. Hon. Danielle Bousquet referred to EPF's and DSW's long history of mobilising Parliamentarians within the G8 and expressed her gratitude to AIDOS for co-organising this important and timely event.
Senator Emma Bonino, Hon. Danielle Bousquet and Fosca Nomis emphasized that the aim of this year's Parliamentarians' Conference was to produce specific recommendations to be presented to the G8 Summit on how to keep on investing in women's health in times of crisis, and to increase awareness of the fact that reaching the MDGs was as far away as ever, and that keeping up a strong commitment is vital.

A country cannot grow and develop with 50 per cent of its population unable to participate.

They concluded by calling on the residing Parliamentarians to actively follow-up with and hold their Governments accountable for the commitments made to this extent.

Day 1: Monday 22 June 2009

Session 1: Shaping the G8 agenda. Chair: Sen. Francesca Marinaro, MP (Italy)

"Results from 2008 G8 Summit and G8 Parliamentarians' Conference in Japan" Hon. Wakako Hironaka, MP from Japan, Vice Senior Chair, Japan Parliamentarians Federation for Population (JPFP), opened her speech by recalling the last Parliamentarians' Conference, which was hosted by JPFP and focused on the links between population, food security and environment. The Conference had started with an Afro-Parliamentarian dialogue, so that MPs were able to voice their concerns and build the agenda for the G8 Conference. Population is a prerequisite for reducing humanity impact on the environment, she remarked, and pointed out that this linkage is not mainstreamed in the MDGs and needs more attention, because growing population and increasing emissions combined endanger wellbeing, food and water security. "The causes of climate change as outlined in IPCC are known, now it is the time to act!".

With special reference to Japan's commitment which, according to Hon. Hironaka, has been very intense from the beginning with the 2000 Summit in Japan leading to the creation of the GFATM, she reported that Japan recently renewed its commitment to reducing child and maternal mortality and referred to the strong commitment and leadership of Japan's former Prime Minister Yasao Fakuda, who read last year's declaration to the G8 leaders and made a case for population and reproductive health needs, and the Tokayo Framework for Action on Global Health based on the St Petersburg Commitment on Fighting Infectious Diseases. Hon. Hironaka concluded by calling on participants to capitalize on the change of direction following the election of President Barack Obama and to continue their efforts to achieve sustainable development. "The tireless efforts by Parliamentarians will brighten the future of humankind", she encouraged participants and emphasized that the discussion over the next two days would essentially help to focus on these efforts and that the success of this year Conference would be of much benefit for next year Conference in Canada.

"Importance of G8 International Parliamentarians' Conferences and Expectations" Hon. Sibylle Pfeiffer, MP from Germany and Chair of DSW's Parliamentary Advisory Committee, expressed her thanks for being invited to the Conference and remarked that working in development politics demands some patience and tenacity at times, which was why the Parliamentarians' Conferences play an important role and give Parliamentarians the courage to persevere, overcome barriers in their heads, and keep up their spirit. "The conferences help us take the courage to promote our case in our countries, in our Parliaments.

We are indeed a big family, and in a family there is mutual support. This is the 5th Parliamentarians' Conference, and we can be proud of this and of the appeals that have resulted. The 2007 Berlin Appeal and the 2008 Statement on Global Health, Climate Change & Food Security were submitted to the G8 Heads of State and have become important elements of international politics. "Steter Tropfen höhlt den Stein"[1], she continued, and called on participants to be aware of their power and their responsibility to make a difference.

Notwithstanding that the global financial crisis has dominated politics throughout the year, the issue of health needs to remain a priority on the G8 Agenda, and notwithstanding investments in infrastructure and technology that need to be made, there will be no development if there is no health. It is therefore vital for governments to strengthen our partner countries' health systems, particularly in times of financial crisis. There is a reason why 3 out of the 8 MDGs directly relate to health. "We must break the vicious circle of poor people falling ill, and ill people becoming poor, and we must not use the crisis as an excuse for global health being neglected, and previous achievements made undone." Hon. Pfeiffer hailed as a shimmer of hope the recent resolution adopted by the UN Human Rights Council yet also stressed that the situation of women in many countries of the developing world was still unacceptable and could not be justified by referring to the "cultural particularities". Of course, culture, religion, traditions and customs needed to be respected, however, crime and spurning human rights were unacceptable, and "women's rights are human

1. Literally: "Constant dripping wears away the stone", a German saying, which means that with persistency and patience, even hard to reach goals can be achieved.

rights," she stated, "and there should be no need to assign women's rights! These rights are not alms to be 'granted' by governments or religious institutions as they think best!" Hon. Pfeiffer further highlighted that it was out of the question that women, notwithstanding their important role as an essential force in development, are always the ones to be hit the hardest by any crisis.

Using the example of the micro-credit schemes introduced by Nobel Prize holder Mohamed Yunus, she illustrated that women invest sustainably in the well-being of their families, and that development policies can not be successful without involving women.

She called on G8 leaders to undertake to ensure access to sexual and reproductive health by 2015 and denounced the gap of more than $ 18 billion in financing of the fight against HIV/AIDS and maternal and infant mortality as per recent UN estimates. She claimed to make G8 leaders aware that halfway to the target in 2015, they are far from delivering their commitments to improve maternal health made in 2000, and stressed that joint and coordinated action in cooperation with partner countries like the "Consensus for Maternal and Newborn Health" is essential to achieve the desired result of saving millions of lives.

She further acknowledged that money tends to be scarce, be it in business or in a family context, but that despite the fact that money is certainly needed to achieve one's goals, requesting for funding alone is not enough. Parliamentarians, as a matter of fact, are also responsible to identify alternative ways, such as redeployment of funds as recently resolved in the German Parliament, or increasing support to UNFPA and IPPF.

"The next two days are meant for us to look at current challenges in the health sector and how to approach them. We are not going to leave this conference without a specific appeal to the G8, including specific recommendations, which allow for financially realistic implementation and are supported by all partners.

A group of delegates from Africa, Asia, Europe and G8 countries will draft an appeal based on our discussions to be handed over to the G8 leaders in L'Aquila, and we will vote on this draft tomorrow evening. This is exactly the right time; the G8 Sherpas meet here in Rome on 24th and 25th June. We will have the chance to directly present our results and our requests, and bring our influence to bear. I am very confident that we will leave this conference with specific recommendations to the G8 Summit on our minds."

"What is so special about women's health?" Daniela Colombo, President, Italian Association for Women in Development (AIDOS), started off by extending her congratulations to all the NGOs in the fields of women's rights and SRHR for the recent Resolution on preventable maternal mortality and morbidity and human rights by the UN Human Rights Council.

The resolution states that maternal mortality is unacceptably high, acknowledges that this is a human rights issue and includes a commitment to step up efforts. To that extent, Ms. Colombo remarked that it had taken the UN main political body quite a long time to recognize that maternal mortality and morbidity are preventable and that this poses a health, development and human rights challenge.

The Resolution now calls on governments to refocus their efforts, exchange effective practices and technical assistance and integrate a human rights perspective into their initiatives. It also includes a request to the UN High Commissioner for Human Rights to prepare a thematic study.

Ms Colombo called for concerted action and continued by explaining the development of the health system related to SRH in Italy. The underlying model, which includes gynecological care, pre and post natal care, family planning, prevention of breast and cervical cancers, STDs, psychological and social support and counseling, has been adapted by AIDOS for various countries from Latin America to the Middle East, from Nepal to Burkina Faso.

Ms. Colombo emphasized the pivotal role of SRH Counseling Centers in advocacy and information and pointed out that even where such centers are not fully sustainable, the running costs are low with $ 6000 a month on average, and even where a network of Counseling Centers is not feasible, established centers may be used to train NGOs or health workers, upgrade family planning centers and for advocacy activities with a general beneficial spin off effect.

Yet women's health, she underlined, is not only affected by poverty, poor health systems and a lack of trained personal, but basically on gender inequity.

For Ms. Colombo, there is a gender dimension in every disease, every aspect of health. Using the example of Nepal, where massive manipulation during deliveries resulted in over 800,000 cases of uterus-vaginal prolapse, she denounced that in the developing world the life of a woman has no meaning even among women themselves, and her social status depends on getting married and having children, which makes women victims of harmful traditional practices, such as female genital mutilation, gender based violence, and unsafe abortions that are a major cause of maternal mortality with one in six maternal deaths globally. "When a woman is asked to whom her body belongs, the answer is too often 'to my parents', 'to my husband', or 'to God'. This is why women's health is so special and why it is so difficult to save women's lives", she said, and pointed out that institutions and organizations knew well what needed to be done, but too often went their own ways with competing, single focused projects involving little or no joint planning. Ms Colombo sees the way forward in partnerships among all stakeholders rather than tackling one aspect on a macro-scale.

Calling for cohesive national strategies and clear roles for each group of actors, clearly defined and evidence based priorities and goals and interventions that are focused and effective and implemented in an incremental fashion, she emphasized the strong role of Parliamentarians in fostering partnerships and the great importance of the Declaration to be issued to call on G8 governments to honor their commitments and ask for effective monitoring and accountability mechanisms. "Italy, which has the presidency of the G8 and is a member of the Human Rights Council, is the first country to be called to order after a 56% cut in ODA in 2009. At AIDOS, in our advocacy efforts, we keep reminding policy makers that the new poverty determined by the economic crisis in our country is minimal when compared with the ancient poverty of the poorest countries in the world."

"Recent G8 commitments on women's health" Dr. Guglielmo Riva, Doctor in Public Health and Tropical Diseases, Expert, Health Advisor, Directorate General of Cooperation for Development, Ministry of Foreign Affairs (Italy), pointed out that women's health depends on MDG 1, 2 and 3, whereas maternal health and reproductive health and rights are being referred to by MDG 4, 5 and 6. Dr. Riva provided the participants with an overview of related commitments of the G8 by topics:

SRH

- G8 commitment in Heiligendamm in 2007 to reduce the gaps in the area of maternal and child health and voluntary family planning, an estimated $1.5 billion: Reproductive health is widely accessible. Concrete steps will be taken to support education programmes, especially for girls.
- G8 commitment in Hokkaido in 2008 to take concrete steps to mainstream HIV/AIDS, SRH and voluntary family planning to improve access to health care.

Gender

- Commitment by the GFATM in 2007 to support gender-sensitive responses and emphasize the importance of programmes to promote and protect human rights of women and girls and the prevention of sexual violence.

HIV/AIDS

- Commitment mentioned in St. Petersburg in 2006 to address the rising rate of HIV infections.

Global health

- Commitment in Hokkaido in 2008: a promise to provide at least $60 billion over 5 years to fight infectious diseases and strengthen health systems.

Dr. Riva introduced a report compiled by the G8 Health Experts Group in the context of the ongoing consultations prior to the 2009 Summit. The report provides information on G8 inputs to estimate outcomes and impact of G8 actions in four priority areas: the promotion of integrated approaches to health-related MDGs; strengthening health systems to advance in the goal of universal access to services; promoting health as an outcome of all policies; and increasing the volume of aid. The G8 increasingly recognize social health indicators (poverty and social exclusion) and universal access to health as a prerequisite for the achievement of the health related MDGs, as well as the need to monitor the impact of the crisis on health and promote harmonized actions at the country and global level. On the issue of women's health, the report highlights three main topics: the promotion and protection of human rights of women and girls with reference to the ICPD Programme of Action; the need to mainstream human rights and gender equality in all policies and programmes; and the prioritization of essential services to reduce maternal, newborn and child health. Dr. Riva, in concluding his presentation, mentioned that the Italian Parliament was committed to scale up investments in maternal and newborn health, and that there was a good perspective as the International Health Partnership taskforce highlighted a critical need to raise an additional $10 billion to be spent on health in poor countries.

Discussion

In the emerging discussion, **Hon. Dr. Erika Ober,** MP from Germany, agreed that the topic raised by Ms. Colombo was an important one and added that a proposal should take into account different cultures and focus on prevention, unwanted pregnancy, and illegal abortion. She confirmed that the global crisis should indeed not serve as an excuse, and that targets needed to be established. **Hon. Kamal Qureshi,** MP from Denmark, remarked that Denmark was aiming for ODA levels of 1% of GNI and reported that programmes were being put in place, however, that the Catholic Church was hindering comprehensive programs by sparing the distribution of condoms to fight AIDS. He affirmed that the crisis cannot serve as an excuse, and that there is a need to catch momentum with Obama's more liberal approach while keeping the focus on health and trying to enhance access to condoms and safe abortion. **Hon. Rosemary Seninde,** MP from Uganda, made specific reference to the problem of brain drain in the health sector, which required increased investments "on site" on part of both the developed and developing world, and with reference to Dr. Riva's presentation, on the point to link women and AIDS, she pointed out that the upward trend of infections in married women in Uganda necessitates a refocused strategy and increased inclusion of women. **Hon. James Magara,** MP from Kenya, responded on Ms Colombo's call for increased stakeholder involvement by contributing two comments: Economic empowerment is a prerequisite for women to take choices; and even though parliamentarians play a key role as health facilitators, they cannot reach out directly to health workers.

The global crisis should indeed not serve as an excuse.

Thematic Speeches

Chair: Sen. Francesca Marinaro, MP from Italy

"What Resources do we need for women's health" Sietske Steneker, Director, UNFPA Brussels Office, underlined that the MDGs to create a better world will not be achieved without making improvements in women's health and rights, and denounced that every year more than half a million women die not from disease, but from carrying out their basic reproductive function. "These women," she said, "are denied their right to sexual and reproductive health." For Ms Steneker, making progress on all of the MDGs essentially starts from reducing maternal mortality. "For too many years, women have been at the end of a long list of priorities. The cost of putting women last is felt in profound ways across the world. Today, women comprise about 60% of the world's poor. Investing in women's health is not only the right thing to do, it is also smart economics: by saving the lives of mothers and newborns, the world would gain an estimated $15 billion in productivity every year." Ms Steneker made specific reference to new bilateral donor commitments and new health coalitions, including the Partnership for Maternal, Newborn and Child Health, the International Health Partnership Plus, and the "H8", that are working together to coordinate their interventions with a focus on strengthening health systems. The global costs of a women's health service package that includes family planning and delivery have been estimated with $8.4 billion this year, increasing to $22 billion annually in 2015.

Adding programme and system costs, such as training, outreach, monitoring and supervision, the total cost of providing reproductive health services to women around the developing world would be $23.5 billion this year and $33 billion by 2015. For Ms Steneker, such investment would promote health and equity, and boost productivity and economic growth. "At the current time, the health of women and their children is under serious threat from the economic downturn, and the need for concerted action is more urgent than ever. The financial and economic crisis has plunged women and families deeper into poverty and increases health risks, especially for pregnant women." According to Ms Steneker, the following message is essential for the G8 leaders to hear:

- during this economic crisis, our collective efforts to achieve the Millennium Development Goals must remain a global priority;
- priority attention must be given to MDG5 to improve maternal health and its targets to reduce maternal mortality and achieve universal access to reproductive health by 2015;
- we must strengthen health systems; and
- we must not let women and children die needlessly from causes that can be prevented.

Ms Steneker stressed that, as Parliamentarians and representatives of civil society, the audience played a key role in advocating for stronger commitment and more investments in sexual and reproductive health. "There is no social investment that would cost less, bring as many benefits and would be as far-reaching as an investment in girls' and women's health and rights. And there is no greater gift", Ms Steneker concluded, "for us to give to the next generation."

"The role of family planning in the reduction of maternal mortality" Sahlu Haile, Regional Advisor for Sub-Saharan Africa, The David and Lucile Packard Foundation, remarked that the world seems to have finally awakened to the plight of women and their tragic health situation. "For too long", he said, "preventable and treatable conditions have not been dealt with in time; and still hundreds of thousands of Africans die before they reach a health facility. And even if they reach such a facility, the conditions are such that survival chances are still small. Mr. Haile advised that this is where low-tech; low-level investments can make a huge difference". For Mr. Haile, family planning is probably the most important, but unfortunately the most neglected, issue of all. Studies have shown that promoting family planning in countries with high birth rates can avert 32% of all maternal deaths and nearly 10% of childhood deaths. Even simple family planning interventions can achieve a fall in maternal mortality rom 670 to 500 deaths per 100,000 deliveries.

Unfortunately, in most low-income countries, mainly in Africa, contraceptive prevalence remains low, whereas fertility, population growth and an unmet need for family planning are high. Every year, an estimated 210 million women face life threatening complications in pregnancy, often leading to serious disability, and another half a million dies in pregnancy and childbirth. Mr. Haile cited a recent study by the Futures Group, which claims that if development countries (like Ethiopia) were able to meet the unmet need for family planning of women in the country, the following achievements could be made by 2015:

- Unintended pregnancies could decrease from over three million to 1.6 million per year.
- Abortions could decrease from over a million to less than half a million per year.
- Cumulative costs for achieving universal primary education during the MDG period could be reduced by some $186 million.
- Costs of child vaccination goals could be reduced by an estimated $97 million.
- The number of births could be reduced by 8.5 million over the next 10 years .
- The savings for maternal health are estimated at $225 millions.

Mr. Haile characterized the unmet need for family planning among adolescents as significant and twice as large as that of the general population. Currently, family planning is blighted by a lack of political will, especially on sensitive issues such as abortion. A climate of opinion needs to be created that is supportive of modern contraceptive use at all levels. In addition, knowledge of methods should be disseminated, FP services and products made accessible and affordable and misinformation addressed.

Session 2: Women's Health within the Context of the Global Crisis
Chair: Hon. Lediana Mng'ong'o, MP (Tanzania)

"The rewards of investing in women's health" Dr. Jörg F. Maas, Global Health Policy and Advocacy, Europe, The Bill and Melinda Gates Foundation, highlighted the rewards of investing in women's health. Underscoring that an increased understanding of women's health is critical and must be at the focus of investments, Dr. Maas stressed that also investments affecting other areas, such as poverty, the environment and society in general, need to increasingly focus on interventions. Whereas the past two decades saw the rise and fall of SRHR, in recent years there has been a better balance between the population level (i.e. factors that affect population growth) and the individual level (i.e. the necessity to improve contraceptive choice and effectiveness of interventions), with the US administration's strong commitment towards SRHR contributing to an increased awareness of FP and RH on a global scale. Dr. Maas indicated that population levels are still on the rise, especially in sub-Saharan Africa and in the Middle East; a trend that will likewise increase the unmet need for contraception given the growing numbers of women in their reproductive age particularly in countries like Uganda, Ghana, Ethiopia and Zambia. Using the example of Ethiopia with its current contraceptive prevalence rate of 15%, he demonstrated the anticipated health impact of an investment of US$ 100 million in family planning, which could lead to: an additional 3.6 million people using contraceptives; 2.1 million unintended pregnancies being avoided; 825,000 abortions and 70,000 infant deaths being prevented; and 4,000 maternal lives being saved. Dr. Maas urged to make use of the new financial instruments, which allow for more effective and efficient investments to help create sustainable societies worldwide. With reference to findings according to which access to FP would contribute to a 22% reduction in infant mortality and a 31% reduction in maternal mortality, he called attention to the fact that investing in women's access to family planning and reproductive health and in child and newborn health would not only make significant impact on poverty reduction, enhance gender equality

Good quality of care and continuity of supplies are likewise fundamental to the success of a family planning program. In order to achieve these goals:

- More funds need to be made available.
- National governments need to commit more resources for family planning.
- Train their medical and paramedical staff on the provision of quality services.

It is in this area where Mr. Haile sees a critical role for parliamentarians, as they can question the level of commitment of their respective governments and also educate their constituencies on the importance of family planning.

In closing the session, Senator Francesca Marinaro stressed the need for a cultural change in order to get people to see the problem and invest in development and women's empowerment in particular. The new strong leadership in the USA can be the beginning of a change. "The economic crisis is our chance to reinforce our common efforts as equal partners, create a new economic order and a shared universal system of values".

and reduce child mortality, but also bring about substantial economic benefit. Concluding by urging the parliamentary decision-makers to convince the members of strategic committees like the Foreign Affairs and Budget Committee of the cost effectiveness of investing in health and generate cross-cutting support, Dr. Maas underlined the need for global health advocacy messages to be better combined with advocacy on related policy fields like climate change, conflict and humanitarian crisis. The returns of investing in family planning programs are considerable, Dr. Maas affirmed, and called on Parliamentarians to speak out loud and clear and make a case for investing in SRHR beyond the G8 meeting. In this respect, Dr. Maas remarked that a reduction of Italian ODA by 56% was not tolerable, neither in times of crisis, nor ever, and concluded by stating that there was no alternative to increase funding for RH/FP on a long term basis if commitments were to be delivered.

"Political commitments on women's health"
Dr. Adrienne Germain, President, International Women's Health Coalition, centered around the need to protect and safeguard women's and girls' fundamental human rights to ensure their health and save their lives, given that one in three women in the world is subject to violence in her lifetime, simply because of being a woman. "The right investments will benefit everyone. It does not cost much!", Dr. Germain argued. She urged conference participants to act now and make sure that the largest generation of young people will not suffer and die as their mothers did. In this respect, she requested Parliamentarians and other decision-makers to endorse, promote and fund the blueprint for action as agreed during the 42nd session of the UN Commission on Population and Development in April 2009. For Dr. Germain, this constitutes a path breaking intergovernmental agreement, the first strong intergovernmental statement which recognizes that the implementation of the ICPD Programme of Action is essential for the achievement of the MDGs, and the first such statement ever recognizing MDG target 5b (universal access to reproductive health by 2015). "This document", she said, "sets an unprecedented emphasis on human rights including sexual rights, and voices a new commitment to comprehensive education on sexuality and gender equality, access to male and female condoms, and reproductive health services for adolescents without restrictive language on culture, religion or parental rights. In addition, it asserts the importance of addressing HIV prevention through sexual and reproductive health services, information and education, particularly for girls and women." Dr. Germain pointed out an increasing understanding among world leaders that there will be no peace and no security in communities, countries or the world unless women's rights to a just and healthy life are ensured, and highlighted the CPD resolution as proof that the majority of governments had understood this. She concluded by urging conference participants to make sure that their governments reaffirm the CPD resolution and act accordingly.

"Women's health and health care reforms"
Hon. Lydia Wanyoto, MP from Tanzania, set forth the benefits of women's health and the challenges related thereto, with a focus on health care reforms from an African perspective. After establishing the framework of what constitutes women's health[2], Hon. Wanyoto presented the international and regional frameworks guiding health services, such as the UN-AU International Conventions, the Beijing Platform of Action, the MDGs especially MDG 5 and the African Union SRHR Maputo Plan. In addition, Hon. Wanyoto underlined the importance of the rights-based approach to women's health, as enshrined in major UN international human rights treaties like the Convention against Torture (CAT), the Convention

2. Women's health issues involve the complete physical, emotional, mental and social well-being that emphasises disease promotion, prevention, treatment and rehabilitation and not only the absence of disease. It includes health needs during all stages of development – neonatal, ante-natal, adolescent, youth, adult and old age.

on the Elimination of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child, among others. While health services need to be promotive, preventive, curative and rehabilitative, awareness also needs to be drawn to cross-cutting issues affecting women's health such as sexual and gender based violence (GBV), social and cultural practices impeding women's access to health such as early marriage, Female Genital Mutilation (FGM), and teenage pregnancy; and "dual health systems", that is, traditional and modern services. Ideally, health care reforms will broaden access, affordability, quality and acceptability of services in both the private and public sector. This involves empowering individual households, families and communities. Successful health care reforms will provide health insurance coverage, infrastructure investments and qualified human resources while promoting public health investments. By using a set of examples of health care reforms in Africa, Hon. Wanyoto explained that the main focus had been on the extension of primary health care and services, cost sharing in health services and innovative health financing. Empowering frontline workers and a constant community dialogue on health problems through peer education proved to be as important as finding alternative rites of passage for girls (i.e. instead of FGM). "Still", Hon. Wanyoto explained, "a lot of challenges have remained in building effective health systems: the infrastructure remains poor and distances to health service providers remain long, which hampers access considerably. The lack of trained health care personnel, the brain drain and corruption in procurement and construction of e.g. health facilities remain pressing problems. In addition, social and cultural factors, the lack of information on health issues, poverty, rapid population growth and a lack of prioritization of SRHR as an essential component of women's health have prevented progress". In concluding, Hon. Wanyoto emphasized that male involvement in women's health services as well as strengthening programs addressing health needs at all stages was essential in building strong, effective and sustainable health care systems in developing countries.

Health facilities should be available, accessible, acceptable and of good quality.

"Women's human rights to safe motherhood and sexual & reproductive health" Dr. Heli Bathija, Area Manager for the African and Eastern Mediterranean Regions, Department of Reproductive Health and Research, World Health Organization, focused on the rights-based approach to women's health. "Why", she asked, "are women still dying in childbirth, are still having unsafe abortions, are being raped, suffer from fistula, are losing a new-born child"? In her opinion, it all boils down to continued violation of women's rights. "Women's rights are human rights. They are codified in a number of international treaties, national constitutions and laws"! Dr. Bathija emphasized that there is no need to find more resources for human rights, but that it is time for governments to respect, protect and fulfill these rights for every individual. Human rights relate to sexual and reproductive health in various ways: Every woman should have the right to decide freely and responsibly the number, spacing and timing of her children; the right to make decisions concerning sexuality and reproduction free or discrimination, coercion and violence; the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning and the right to go safely through pregnancy. Related to this is the unalienable right to life, survival and security; the right to health, which guarantees that health facilities should be available, accessible, acceptable and of good quality; and the right to education and information. Human rights can be used by decision makers, Dr. Bathija said, to provide remedies for those who suffer violations, to support advocacy, to analyze government performance and as a framework for policy and program development. The application of the rights-based approach on SRH would lead to better laws and policies by e.g. the formal recognition of midwifes and the adoption of an appropriate minimum age of marriage for young women. It would mean to look into what services

are offered, i.e. a full range of RH services, including safe abortion, STI diagnosis and treatment, and into how these services are offered, i.e. through provider-client interaction, respect, privacy, protection of confidentiality, no discrimination on the basis of social class, health or marital status, age, etc. Dr. Bathija stressed that Parliamentarians play a key role in promoting and enforcing the rights-based approach to SRH and remarked that the leadership and pioneership of Finnish MPs in women's SRHR resulted in Finland's maternal mortality rate being one of the lowest in the world. "Parliamentary scrutiny is a key tool in ensuring that a rights-based approach is applied and needs to be used more rigorously ", she concluded.

Discussion

In the emerging discussion, **Hon. Öznur Çalik**, MP from Turkey, presented the improvements Turkey has made in the area of mother and child health. Hon. Çalik highlighted that nearly € 2 billion will be spent for preventive and primary health care services in 2009, up from only 750 million in 2002. An amount of € 150 million has been allocated for Turkey's vaccination program in 2009. The provision of antenatal care was raised by 11% to 92%. Hon. Çalik pointed out that 73% of women in Turkey are using family planning services, and 47% modern family planning methods. All services are provided free of charge. Child and maternal mortality has been reduced significantly. While in 1998 the MMR was still at 70/100,000, it stands at 19.5/100,000 in 2008 with 92% of all births being delivered in hospital. **Hon. Silvia Ssinabulya**, MP from Uganda, affirmed that investing in women's health was necessary to reduce maternal mortality. She reported that in her country, the Minister of Health had to present the budget allocations to FP including planned implementation of activities before Parliament to be endorsed by the MPs. In case of disagreement, the budget would not be passed. However, the use of modern FP methods was hampered by the negative perception many African couples still have, combined with reservations many religions have in promoting modern FP methods. Hon. Ssinabulya emphasized that Parliamentarians play an important role in changing attitudes and bringing religious leaders on board, which has, however, not yet been fulfilled to its fullest extent. The fact that in many African regions men feel proud to have a large family, which is aligned to status and pride within communities, makes it difficult for them to understand that FP is crucial for the future of their country. **Hon. El Hadji Malick Diop**, MP from Senegal, called attention to the importance of investing in young people, the most difficult target group in Africa. "It is crucial", he stated, "that young people have access to high quality contraceptive services as a prerequisite to tackle the problems related to SRH". Hon. Diop also identified the brain drain as a pressing problem, "as our best doctors and health care personnel have emigrated to the west and we need to find a solution for that. Please allow us to keep our doctors", he pledged.

Hon. James Magara, MP from Kenya, confirmed that there was no way to talk about SRHR and rights without involving men. Women are at the core of the MDGs and we need to ensure that their health is guarded. "Principally", he noted, "it is not about laws, guidelines and resolutions - it is about involving those men that make these decisions, because in most developing countries it is still largely men who decide about policies and funding with regard to women's health". **Hon. Vincent Mwale**, MP from Zambia, supported the WHO view that problems in the field of reproductive health largely occur due to the violation of human rights, but also as a result of the fact that the donor community oftentimes demand conditions that do not work on the ground or that the donor community itself is not keeping commitments. Hon. Mwale asked the WHO representative to elaborate on this and stated that the WHO was well placed to take the lead in ameliorating this situation. **Hon. Marie Rose Nguini Effa**, MP from Cameroon, underscored the need to promote female condoms as a way of empowering women, which were still too expensive and called for sufficient funding to be made available in relevant budget lines in recipient countries to ensure sufficient coverage for such commodities. Holding governments accountable on this she sees as the responsibility of MPs. "Women are the economic lungs of our countries", she established. "MPs need to increase budget quotas to ensure that their governments invest in education, and the few women

that are sitting in Parliament needed to work together, listen to each other and apply best practices.
Hon. Ara Babloyan, MP from Armenia, emphasized the importance of realizing that it is Parliamentarians who need to stand up and improve maternal and child, women's and girls' health in our countries.
In this respect, solidarity is key to advance our issues. According to Hon. Babloyan, investing in public health means investing in our economies since this is a guarantee of sustainability and well being.
In responding to Hon. Mwale, **Dr. Bathija** explained that WHO had developed training courses for decision-makers, but also NGOs, to learn more about the rights-based approach and to take dedicated action. WHO currently provides these training courses in six countries and is eager to extent the number of countries. With regard to WHO taking the lead in guiding governments to apply the rights-based approach, Ms Bathija explained that the WHO is requested to comment on specific country situations and provide support when international treaty bodies meet to consider the case of these countries. However, support beyond that would even be difficult for WHO to realize for lack of resources. Responding to Hon. Ssinabulya, Dr. Bathija further highlighted that WHO invested a lot in family planning counseling in various countries to overcome FP misconceptions, but pointed out that even though there was an enormous desire to have access to FP, still misconceptions widely prevail.
Dr. Germain noted that leadership of both, women and men, was needed. She also urged to repeat the comments made on the responsibility of men and young adolescents in SRHR to Members of Congress wherever possible.

Session 3: Evidence of Success in Improving Women's Health
Chair: Dr. Stanley Sonoiya, East African Community (EAC)

"Making critical and timely investments in adolescent girls' health: why and how" Dr. Judith Bruce, Senior Associate and Policy Analyst, Poverty, Gender and Youth Program, Population Council, announced a new report on adolescent girls on the global health agenda, prepared with inputs from the Population Council, WHO and other leading organizations to be issued by the Center for Global Development in September, and the UN Adolescent Girls Initiative, which brings together major UN organizations in support of much greater attention and investments in girls. Dr. Bruce highlighted the necessity of making timely investments to reach out to girls, whose lives are shaped in their early adolescence when they become important to households and long-term economic actors. This time in a girl's life is the critical moment, when vulnerability is consolidated, rights are irremediably lost and health is severely threatened. She further portrayed the situation of adolescent girls at the age of about 12 years, whose lives change dramatically at the point when they should actually go to secondary school but have to start producing with their body, either working or reproducing instead. She remarked that before this time, there were basically no differences in school enrolment, but that it was common to see married girls at school age thereafter, which she considers the most normal human right abuse, resulting in higher levels of maternal mortality, fewer social connections, and limited access to information. Girls at the ages of 10 to 14 are the most difficult to reach with youth initiatives, however, at the same time they constitute the most vulnerable population to unprotected sex, which was evidenced by high rates of HIV infection in married girls, as study cases in Kenya and Zambia show. Dr. Bruce denounced that girls are socially isolated, live in a household without parents and do not go to school. "The poorer they are the higher is the risk of suffering sexual assault or forced relations. In general, the better off and the older they are, the less vulnerable they are and the more attention they get."
Girls between the ages of 10 to 14 do not receive any attention, for example in Burkina Faso, only 7% of adolescent girls are reached. It is crucial that programmes reach out to this target group in a

timely manner. She highlighted two main instruments to reach out to these girls, the first one being a place for girls only, a platform for exchange and social meeting within any program to build health, social and economic assets, a forum for learning, leadership and developing livelihood skills for older girls; and the second one a 12 year old check-in to systematically find girls (and plausibly boys) at greatest risk before it is too late. This, according to Dr. Bruce, would mean a significant contribution to reaching out to girls before they get out of reach, several examples of good practices exist in Armenia, Guatemala, Ethiopia, Kenya, Burkina Faso and India.

Maternal mortality rates have remained unacceptably high.

"Best practices in the South" Hon. Akua Sena Dansua, MP, Minister of Women and Children's Affairs (MOWAC) Ghana, explained the women's health situation in Ghana, a multicultural and multilingual society of 20m with a broad based population pyramid, high dependency ratio, preponderant poverty, low literacy levels and inadequate access to social services which generally affects the quality of life of the majority. A number of legal instruments have been issued to protect gender and women's health issues since the 1992 Constitution, including the Mental Health Law as amended, the 1994 revision of Ghana's 1969 Population Policy, a Gender and Children Policy, the Human Trafficking Act, the National Social Protection Policy, the Strategic Implementation Plan of MOWAC, the National Health Insurance and the Growth and Poverty Reduction Strategy. Hon. Akua Sena Dansua remarked that Ghana has seen steady progress over the past few decades, focusing on the agenda to attain middle income status by 2015. These achievements were enabled within an environment of good governance, strengthening of democratic institutions, broader civil participation and social inclusion. According to UNDP in 2007, poverty in Ghana has reduced from 42 to 28.5%, even though 18% of the population is classified as extremely poor. Efforts to achieve a more inclusive society and to tackle geographical, financial and service delivery disparities and socio-economical barriers have remained main challenges. With special reference to women, she pointed out that 60% of those living on less than a dollar are women who face restrictive access to relevant goods and basic social services. Persistent gender inequality and high incidence of poverty are major bottlenecks undermining long term social and economic prospects for sustainable development. "Political, economic and social life is mediated partly through traditional processes and systems including patterns of socialization that limit women's visibility, initiative, participation and influence at critical levels of the society." Whereas evidence such as declining fertility rates (from 6.4 in 1988 to 4.6 in 2008) and improved access to antenatal services in previously underserved parts of the country (from 86% in 1993 to 96% in 2008) suggested an improvement, maternal mortality rates have remained unacceptably high (451 per 100.000 live births). Other important issues are infectious diseases that account for 40% of deaths among women aged 15-49, miscarriage, induced abortions, female genital mutilation, malaria, early marriage and related forms of gender based violence. Hon. Akua Sena Dansua highlighted the main priorities for health care delivery: bridging the gaps in access to quality health and nutrition services, ensuring sustainable financing arrangements and enhancing efficiency in service delivery; and presented examples of best practices in Ghana to the participants:

1. Ensure access to health during reproductive years, a free ante-natal service package, free delivery service and free health care for infants under 2.
2. Ensure that health services include reproductive health and are brought closer to women in community based health planning and services.
3. Ensure adequate human resources and a midwifery programme has been introduced. She mentioned the "Zorkor Initiative" in the Bongo district as an example, where midwives stay closer to where women live and provide culturally appropriate care, which led to an increase in professionally attended deliveries from 5% in 2000 to 60% in 2005.
4. Establish community-based emergency transport systems for pregnant women as they exist in some parts of Ghana.

"Success stories: making women's health a reality" **Dr. Gill Greer**, Director General, International Planned Parenthood Federation (IPPF), expressed that it was an honor for her to attend today's Conference and extend her congratulations on the theme, since women's health has been neglected, overlooked and underfunded for too long.

"It must be mentioned that sex is important. It comes before pregnancy but it is barely mentioned. Nobody dies of sex, nobody should die of pregnancy. It is difficult to get outspoken support for these issues. But imagine for a second what would happen in the developed world if we didn't have contraception, medical services, etc.?" She continued that from the 60s, there has been an increase from 50 to 480 million users of contraception, resulting in a decline of mortality. "While progress towards improving women's health was mixed, there are some remarkable success stories. Women's empowerment, education and health are core issues. Where women participate in political life, policies are more likely to promote development and social welfare". She highlighted the example of Uganda, where 30% of MPs are women and where there is a budget line for RH, and called for collective commitment to change things. "Women are not dying of causes we don't know; in fact they are being denied in policy making." Not only women should advocate, men should be on board as well, she stated and called for more political commitment and clarity, sexuality related issues needed to be talked about openly, and for MPs to inspire each other. "Abortion is a contentious issue, but the real contentious issue is the lack of women's health. When women are in power of child spacing, they choose more for their children, not more children. There are success stories, and together we can make sure that there will be more. But we need to be very clear: This is a human rights issue, the right to health, the right of women to have access to health."

"Focusing investment to widen returns: the example of malaria" **Pru Smith**, Advocacy and Communication Coordinator, Roll Back Malaria Partnership, highlighted how investments in malaria would improve maternal and reproductive health and child health. Malaria contributes to 6 different MDGs and is linked to maternal mortality: Half of the world's population is at risk of contracting malaria, and an estimated 1 million, 90% in Sub-Saharan Africa, dies every year. Between 1990 and 2005, the maternal mortality ratio declined by only 5%, while the target is 75%. Pregnant women are 4 times more likely to contract malaria. Malaria in pregnancy leads to early and low weight deliveries. 300 million malaria cases are the leading cause of death for 18% of all under-five childhood deaths. The Roll Back Malaria Partnership has been created as a broad alliance of stakeholders such as GFATM, donor countries, endemic countries, WHO, UNDP, UNICEF, the World Bank, among others.

The Global Malaria Action Plan aims at achieving universal coverage by 2010 and elimination by 2015. Measures to control malaria include insecticide treated nets (ITN), effective treatments, ACTs, and indoor residual spraying with insecticides. The targeted interventions for women include free or subsidized ITNs, preventive treatment during pregnancy and the promotion of gender and malaria approaches. Prevention will reduce illness by 50% and under-five mortality by 20%. Malaria interventions strengthen health systems, because goods are distributed by public systems and, when effectively integrated in health programmes, reduce the costs of health service delivery, as such tackling various issues at a time. For example, bed nets factories in Tanzania promote the country's own development and give jobs to women. Preventive treatments to pregnant women are highly effective in reducing maternal anaemia, placental parasitaemia, and incidences of low birth weight. A treatment at $0.10 to $0.12 per individual could prevent 75,000 to 2,000,000 infant deaths per year. "Investment in malaria improves maternal and reproductive health and child health strengthens health systems and contributes to women empowerment by employing a gender approach", Ms. Smith summarized.

Discussion

In the emerging discussion, **Hon. Nkinahamira,** MP from Burundi, stated that many countries actually did have laws on RH, but that there was a cultural barrier, as well as insufficient health practitioners due to a lack of adequate salaries. "We created the facilities but have a durst of doctors. Our colleagues should encourage those doctors to stay." **Hon. Qureshi,** MP from Denmark, stated that that qualified doctors would hardly be asked by anyone to stay in their countries, and that from his point of view the reality was that nobody could say how exactly to tackle this issue. "Donor countries want to make an effort, but the question is how. Restrictions are not the way", he concluded.

Sum up of first day of discussion

Hon. Livia Turco, MP from Italy, Former Minister of Health, outlined that women's health was a very important but neglected issue, and that a common approach and agreements on key issues would make us stronger, also in global health related issues. Women's rights are fundamental rights and a global issue. The discussion to uphold women's rights in Italy would use the same elements as discussed today. Healthy women are an asset for every society. Expressing her hope that the G8 would recognize the importance of this issue, she called on participants to do their outmost to make sure that women's health issues will be a top priority on the political agenda, with a focus on the most vulnerable. She also underscored that poverty was a neglected problem also in developed countries, and that also in Italy, there were health disparities due to poverty. She made special reference to a center for migrant health and other initiatives in Italy that had enhanced cohabitation and peace and called for universal public health systems, universal solidarity, not only on the national level but also in donor efforts, and access to basic health for all, and promised that, as an MP, she will place great effort in the health of migrant women.

Closing remarks

Jean Claude Nsengiyumva, Burundi, Deputy Secretary General, East African Community (EAC), made special reference to initiatives already in place, such as the Maputo Plan of action of 2006 on Sexual and Reproductive Health, which, according to Mr. Nsegiyumva, were being implemented also through the continental Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA).
In his closing remarks, Nsengiyumva invited the G8 and European Parliamentarians to send a fact finding mission before the next G8. "We want to share and learn from each other and there will be meetings with different parliamentary networks. There is need to strengthen the secretariats of parliamentarians' forums in the different regions.
Today sessions have shown the rewards of investing in health and urged the drafting committee to take into consideration the recommendations of this conference. Noting the efforts that developing countries have made, individually and collectively with the support of developed nations, we urge the G8 to continue to deliver their previous commitments and not to reduce development assistance despite of the ongoing global financial crisis".

Day 2: Tuesday 23 June 2009

Session 4: Creating Resources for Women's Health
Chair: Hon. Enrico Pianetta, President of the Parliamentary Committee on the MDGs, Italy

In welcoming the participants to the second day of the Conference, **Hon. Enrico Pianetta** remembered that the present economical crisis has created 100 millions more people suffering from hunger, something that never happened before. The goal to have less than 400 millions people in the world suffering from hunger – included in MDG 1 – is now more difficult to achieve. Today we are facing a global crisis: world population's life and health has got worse – he continued. One billion people do not have access to health systems, and we know that the women, as confirmed by every report, are the ones paying the highest consequences of this situation. That is why it is important to focus on women's health in these times, when the global crisis makes it harder to find resources.

"The Global Fund to fight AIDS, Tubercolosis and Malaria's gender equality strategy in the context of the financial crisis" Dr. Françoise Ndayishimiye, Senior Gender Advisor of the Global Fund, presented the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Gender Equality Strategy approved in November 2008. GFATM has been established to dramatically increase the resources to fight HIV/AIDS, tuberculosis and malaria in countries in need, and contribute to poverty reduction. Today, it provides 57% of international financing against tuberculosis, 50% of funding against malaria, and 23% of international assistance to fight AIDS. 740 prospective grants in 140 countries worth $15.6 billion were approved.
Due to GFATM, 30%-45% of international targets (only) were achieved by the end of 2008. A gender specific approach is indispensable, Dr. Ndayishimiye affirmed, since huge differences existed between the affected gender groups. For example, HIV prevalence among young women is far higher than among young men (e.g. in South Africa, 3-4 times higher).
Gender inequality causes distinctive health risks, access to health care and health outcomes for women and men: out of all adults living with HIV in sub-Saharan Africa, 58% are women; every day, 1,600 women over 10,000 newborns die from preventable complications during pregnancy and childbirth; as far as young people are concerned, the latest UNICEF report shows that in developing countries, 30 per cent of young men and only 19 per cent of young women have correct knowledge about HIV. Dr. Ndayishimiye stressed that all stakeholders need to improve the opportunities to respond to this challenge.
The Gender Equality Strategy aims to "include programs that empower women and girls so they can protect themselves and have access to sexual and reproductive health care, access to female-controlled prevention measures (female condoms, negotiating skills related to condom use etc.), and access to information and education.
In this context, the Global Fund will champion activities that strengthen SRH-HIV/AIDS service integration."
She further detailed the strategy's implementation along a 3-year work plan to be implemented at the global level. Proposals will be submitted by the countries themselves, whereas international partner organizations, such as UNAIDS or UNFPA, would provide assistance in proposal preparation.
She also spotlighted the need to strengthen advocacy at the country level, with a focus on prevention and family protection. The consequences of the current financial crisis will be most severe in the developing world, since existing gaps in access to health care might further widen. Within this context, continued investments in health become even more important, whereas integration of services, aid effectiveness and coordination are essential aspects.
The Gender Equality Strategy aims at improving access to prevention and health care for women and girls in contribution to the achievement of MDG 4 and 5.
"The need of scaling up services requires scaling up investment. What the G8 states can do", she concluded her statement, "is to keep health on the agenda, keep commitments, and make resources available."

"National examples of increasing investments in women's health" Hon. George Tsereteli, MP from Georgia, Deputy Chairman of the Parliament of Georgia, Member of the EPF Executive Committee, began his speech by assuring the strong commitment of the Government of Georgia to ensure that every citizen has access to quality health services and information, and introduced current developments in Georgia to that extent. Georgia's commitment to women's health, he pointed out, was reflected in Georgia's constitution and in key health legislation. Georgia is a signatory to a number of critical international health conventions and agreements. In the health sphere, priority has been placed on protecting and upholding mothers', children's and family's health as a foundation for a healthy society. Georgia has developed internal targets towards achieving the MDGs. As a result, the maternal mortality rate has been on the decline. In 2007, 20.2 out of 100,000 live births resulted in maternal death. For the first time ever in Georgia, a reproductive health policy document passed in Parliament in July 2007 with Gender Equity and Equality among the main guiding principles. He further reported that in order to ensure equal access to high quality medical care for all women in the new privatized facilities, the concept of Perinatal Care had been developed with assistance from USAID.

He highlighted Georgia's special position in the light of the global economic downturn due to the war in August 2008, along with a drastic increase in demand for social benefits, financial subsidies, health care services housing, jobs, and migration issues - a serious challenge for the national budget. Hon. Tsereteli took the opportunity to express his gratitude for the unprecedented donor support. In 2009, funding for special medical services is planned to improve women's health care under the State Obstetrics Care Program and State Medical Insurance Program for the population below the poverty line to provide safe pregnancy and efficient obstetric care. Health care for different segments of the population will be subsidized. In January 2007, a National Reproductive Health Council chaired by Georgia's First Lady, Sandra Elisabeth Roelofs, was established to improve the coordination between the Government and the donor community and increase awareness for women's health issues. In partnership with UNFPA, programmes and initiatives have been launched to provide quality RH services to the population by opening youth-friendly RH centers. Progress has been made, and Georgia will continue to work on implementing reforms.

Discussion

In response to the questions of how to prioritize and encourage prevention, and what realistic prevention strategies would be financed by the GFATM, **Dr. Ndayishimiye** stated that the financing mechanisms of the Global Fund were actually meant to support country demands. The countries themselves do better plan for girls and women, but they need to be supported in building their capacity to present their requests to the Global Fund. For this purpose, an independent panel has been established to revise proposals and consolidate advocacy efforts. **Hon. Marie Rose Nguini Effa,** MP from Cameroon, expressed her concern as to the conditions set by GFATM which were too severe, draconian. Practically, countries were being penalized by not being eligible to receive funds for malaria. This was nothing to say against civil society, but governments are an important partner as well. **Dr. Ndayishimiye** responded to Hon. Nguini Effa that the existing conditions did not restrict access to GFATM funds, that marginalization of countries was not intended, and affirmed that the model of working through partnerships was a good one in terms of monitoring results and avoiding mismanagement, which should not impair access to treatment. **Stefania Burbo,** Italian Network against AIDS, noted that if the Global Fund is a result of G8 commitments, the G8 have to deliver on their commitment. She denounced the current large funding gap (despite recent US funding) and the lack of an implementation plan for achieving HIV prevention targets and expressed that Italian civil society was prepared to cooperate. She further asked how the program could be monitored, and whether funds actually went the intended way. She also pointed out in this respect that poverty

Youth centres have proved to be a very effective tool.

alleviation needed to be urgently addressed, since in practice mothers in developing countries were actually even selling their drugs to buy food for their children. In response to the question whether the youth-friendly centres in Georgia are successful, what kinds of services are offered and how these centers work, **Hon. George Tsereteli** briefly described the youth initiatives on SHR in Georgia and reported that the youth centres have proved to be a very effective tool not only in Georgia, but also in other East European regions, and that accordingly an extension of this programme was presently being negotiated. **Hon. James Magara**, MP from Kenya, asked how the special risks and needs of Georgian women and girls were to handle, and about the issues of emigration and sex exploitation of East European women. **Hon. George Tsereteli** replied to Hon. Magara that exploitation of women was not such a major problem in Georgia, and that the destinies of street children posed the greater challenge, as within entire Eastern Europe. To this extent, agencies against child trafficking have been established, and new legislation is underway. **Hon. Ara Babloyan**, MP from Armenia, asked Hon. Tsereteli whether there were any figures on HIV infected pregnant women available, and how such data was being collected. With regard to the question of Hon. Babloyan, **Hon. Tsereteli** stressed that HIV infections mainly occurred in rural areas and that detection was mainly based on mandatory blood tests. It was possible to refuse HIV screening tests, which, however, rarely occurred. The main problem, however, was the cost of the tests which render them unaffordable to large parts of the population.

Session 5: Parliamentary Scrutiny to Make Funding Accountable to Women's Health
Chair: Hon. Enrico Pianetta, President of the Parliamentary Committee on the MDGs, Italy

"The impact of Budget Support on population funding" Hon. Darlene Antonino-Custodio, MP from the Philippines, began by stating that the Conference was very inspiring to her and expressed her certainty that the community will keep on fighting in order to combat the global problems that affect human beings the most, like climate change, food crisis, the global financial crisis. Hon. Antonino-Custodio presented the situation in her own country. In the Philippines, 156 out of 100,000 live births result in mother's death. Not only in the Philippines, but in all developing countries, do complications during pregnancy lead to mother's deaths, leaving orphans behind. Would these mothers have died, had they delivered in developed countries? A mother in Canada or Europe would have been very likely to survive. These mothers die because the needed health services are not provided. And the reason is, among others, a failure in leadership and commitment.
The Philippines are a middle-income country, and wealth is distributed very unequally. Out of a population of 88 million people, 30 million are living below the poverty line. Another big problem is that 8 million Filipinos work overseas, whereas most of them are women who have to leave their children at home. The government is promoting work abroad instead of improving the conditions for domestic labor. The unmet need for contraception among the poor is at 25%, and national SRHR programmes are being

neglected. Budget support is a very new financing mechanism for the Philippines, which is why there is almost no evidence based data. For the health sector, 33 million Euros are channeled through EU budget support, which is a huge amount. The funds are controlled by the national government.
A success story is that in 2007, 150 million Pesos in budget support have been allocated for family planning (FP). Nevertheless, only 60% has yet been released, due to the restrictions imposed by the catholic opposition. In addition, these funds were not spent on FP programmes. Hon. Antonino-Custodio questioned how EU funds would reach SRHR initiatives if such funds are administrated by the national government. "MPs have the power to review the flow of funds, to control if they are actually spent to achieve the MDGs, to reduce maternal deaths and infant mortality. In September 2000, the UN Millennium-Declaration was signed. 189 countries promised to

help the people in poor countries by 2015.Do we really have to remind G8 leaders that they have committed themselves to fulfill these goals? How can we explain to the most vulnerable groups, women and children, that the world's most powerful leaders are failing to help them?", she concluded her strong appeal.

Hon. El Hadji Malick Diop, MP from Senegal, opened his speech pointing out that the conference was taking place at a very important moment, since strategic investments in times of crisis are crucial in order to solve the problem of maternal mortality. He emphasized the need for ongoing financing to be guaranteed, and the importance of reminding all stakeholders to be aware of the situation, even more in times of crisis, as underlined by Margaret Chan, WHO Director-General. "The challenge is to find an immediate response to the crisis, because long-term commitments have already been made. But right now, short-term decisions have to be implemented." He called on MPs to launch a very strong appeal to avoid reoccurrence of the mistakes that have been made during the energy crisis in the 80s, on leaders to draw lessons from this crisis and not forget the impact of climate change in this debate.

"We need better health care policies, because women, children and disabled persons are suffering. Women's health has to be a priority, under the current circumstances that HIV/AIDS is becoming more and more a female disease, and all the diseases as malaria, TB and epilepsy affect women more than men. Women are the source of energy, protecting women means to protect the whole family. In times of budget support, MPs have to review the governments' budgets". He affirmed that governments need to provide a well-working management of investments in public health.

"In the past years, much has been done to improve coordination and transparency of financial flows. In 2004, donors signed the Marrakesh Memorandum; in 2005 they signed the Paris Declaration to increase efforts in harmonization, alignment and managing for results.

It is important to strengthen ownership and to clarify the responsibilities amongst the donor and recipient countries." Senegal, he closed, is on a very good way in this respect and has become responsible and accountable.

Women are the source of energy, protecting women means to protect the whole family.

"A view on Budget Support" Hon. Fabio Evangelisti, MP from Italy, picking up the issue of budget support, stated that the impact of budget support, especially on developing countries, was very well known, and that budget support was a very democratic and transparent way of transferring money. He admitted that budget support was a two-sided issue, given that even though responsibility of the recipient countries was increased, there was the problem of corruption and funds not being channeled efficiently in some cases. He also called for more equality between men and women and increased accountability in the recipient countries. "NGOs often criticize that it is not clear how decisions on the flow of money are being made. Stronger controlling and monitoring systems are urgently needed. The needs of the population, and of women in particular, have to be respected."

He remarked that even though Italy accorded to improve coordination and technical structure with regard to funding, there was still a lot to do. "Italy has reduced funds for development cooperation dramatically by 56% which is unacceptable! Together with the opposition parties Italy must pay more attention to women's health. It is up to the Italian G8 Presidency to launch a new cooperation model for development aid. A change of direction is urgently needed!".

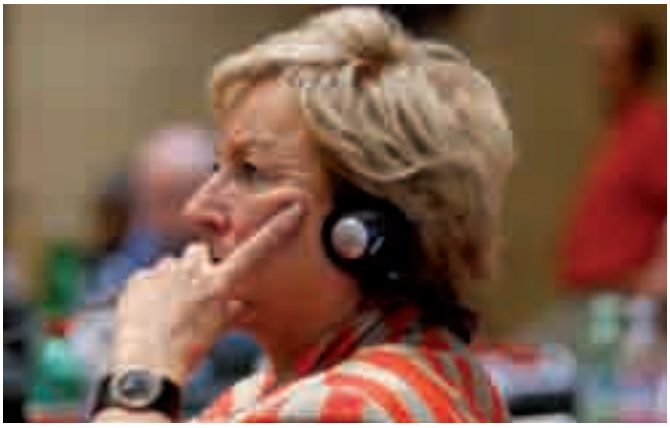
Hon. Nguini-Effa, MP from Cameroon, pointed out that MPs are obliged to control the budgets of their governments. **Hon. Nkinahamira**, MP from Burundi, mentioned that Burundi had introduced a good management to control the budget and that in 2008, teaching courses on anti-corruption were organized. **Hon. Keith Martin**, MP from Canada, pointed out the "three C's" as main problems: conflict, corruption and lack of capacity. "It is important to build capacity on the ground so that the developing countries can provide what they are asked for. A legal system has to be created in order to protect people, and human capacity is needed to manage the health care system properly. Donor countries have to enable recipient countries to build up economy and security." In the view of **Hon. Sibylle Pfeiffer**, MP from Germany, good governance is crucial in the discussion on budget support, as the coordination of donor support is in the discussion on aid effectiveness. **Hon. Vincent Mwale**, MP from Zambia, mentioned the misuse of funds originally meant for women's health as a severe problem and emphasized that it is important to involve the Parliament, and that MPs have to be knowledgeable of the sources and the intended purposes of funding. "In Zambia, there is no RH policy in place, which makes this problem even more serious", he stated. According to **Hon. Karl Addicks**, partner countries need to work on their own development and demonstrate that structures and systems, e.g. social systems, are in place to allow for investments from outside. **Mr. Sahlu Haile**, The David and Lucile Packard Foundation, Ethiopia admitted that it was difficult to oppose budget support due to its positive sides, however noted that in practice misunderstanding and mismanagement occur. He stated that the North-South partnership should be a frank partnership, and that governments had to be made accountable for the money they received, which, however, did not happen in some cases, and indicated a feeling of guilt, if donors push too far, as a possible reason. **Hon. Fabio Evangelisti**, MP from Italy, underlined that the fight against corruption had to take place not only in developing countries, but also in the developed countries, and. **Hon. Malick Diop**, MP from Senegal, called on MPs to make sure that public expenditure is effective, as the money has to reach those that urgently need it, and for corresponding investigations. **Hon. Darlene Antonino-Custodio**, MP from Phillipines, relating to budget support, agreed on the effect of ownership and the feeling of independence from the donor country, however considered that functional systems in developing countries are also requested. "And we do not have time", Ms. Custodio stressed. "While the discussions are going on, our mothers are dying!".

From the session emerged that it is important to involve MPs in the channeling of budget support and hold governments accountable on spending. Budget support was identified as a new and complex issue with very little data available, which makes it even more important that MPs enter into discussions with their governments as soon as possible in order to guarantee correct spending of funds that are meant to save the lives of millions of women.

Session 6: Panel Discussion on Concrete Actions
Chair: Hon. Birutė Vėsaitė, MP (Lithuania), Chairperson of RH Party Group and Member of EPF Executive Committee

Feedback of Rapporteurs on the two days.
Ms. Renate Bähr, Executive Director, German Foundation for World Population (DSW), welcomed participants to the G8 Parliamentarians' Conference 2009 again and announced that the summary of the two conference days would kick-off concrete actions. All inputs were divided into three sections: the global landscape, current challenges and recommendations to Parliamentarians.
Mr. Serge Rabier, Executive Director, Equilibres & Populations, described the current global landscape: existing ODA commitments have not been met, in some cases there is even a decrease in ODA. Women's health needs to be integrated into population and climate change as emerging challenges. Economics is not acceptable as an excuse (in fact, the argument is to be reversed, as women's health and rights are a condition to better/faster achieving the MDGs and poverty alleviation).
Family planning is the missing link towards achieving the MDG 5b target. The new US administration presents a significant opportunity within the global landscape, the question remains, though, how to successfully implement SRHR policies within the current situation in developing countries that is dominated by 'brain drain' as a major constraint for local health systems and human resources management. While economic empowerment of women is clearly linked to their health and rights status (welcoming the recent UN resolution on women's health as a human rights concern), investing in girls'/women's health and family planning would prove the most cost effective interventions to make. At present, maternal mortality and HIV exposure are the two largest health and rights inequities. Women's health is both overlooked and underfunded. **Ms. Bähr** continued on the three major challenges currently facing developing countries: the status of women, weak health systems and the situation of young people.In order to address this complex challenge of the status of women, one needs to:

- Link SRH and human rights issues (FGM, forced abortion, early marriage, exposure to HIV, gender based violence, polygamy);
- Link dignity and economic assets of women, not charity;
- Involve men;
- Have strong political leadership and courage on the part of all stakeholders;



- Address the specific but increasing problem of married women being infected with HIV/AIDS (and granting women affordable access to means of self-protection that already exist, such as the female condom, or that are being developed, like microbicides);
- Not be paralyzed by cultural/religious specificity when looking at the status of women, but dare to speak out on unsafe abortion as leading to death, life injury and sterility

On the issue of health systems, Ms. Bähr highlighted the following aspects: Maternal health as a human right is a key entry point for advocates/legislators, while prevention remains a key issue, particularly when it comes to articulating the linkage between HIV, SRH, and Malaria. Integration of HIV, SRH, and Malaria represents a major step towards health systems strengthening (HSS). Essential is training as well as rewarding and fair payment of paramedical and medical staff, especially for midwives and community health workers. RH supplies and commodities are another key issue, whereas emphasis should remain on the demand side. Financial barriers to RH and maternal health should be removed and referral systems and gratuity schemes implemented, and primary health care systems strengthened. The youth issue has been widely recognized and repeatedly mentioned by participants, particularly in relation with aid effectiveness and policy implementation. Both donors and recipient countries should focus on targeted youth policies (specifically addressing the region, rights, and health of young girls in order to make a difference). Recommendations include: early marriages to be delayed; secondary education for girls to be expanded; social isolation to be fought back; specific forums for girls to be created; operational research based on risk mapping/analysis for young girls to be conducted - but keeping the boys involved!

Mr. Rabier concluded by explaining how Parliamentarians can get involved:

- By systemizing women's health and gender policies into MP's agendas;
- By making better use of/integrating regional parliamentary forums;
- By addressing the specific conditions and needs of girls at extremely high risk of becoming infected (through education, etc);
- By taking into account the gender-specific approach in MPs work (highly relevant for accountability and monitoring issues);
- By increasing involvement of MPs from the South with GFATM Country Co-ordinating Mechanisms;
- By increasingly cooperating with the G8 Health Experts Group;
- By supporting family planning;
- By working towards achieving MDG 5 and 5b in particular, which represents a real blueprint to erase poverty;
- By promoting comprehensive sexual education and gender equity, while involving boys.

Dr. Gill Greer, International Planned Parenthood Federation (UK), added that girls and women are denied their right to policy making, thus effecting change for themselves.

"MP Discussion on Concrete Actions."
Hon. John Rafferty, MP from Canada, began the discussion by stressing that indigenous people were first nations, and motivated his statement by the need of showing respect for his constituencies, as well as putting the comments into the correct context. "In Canada, it is known that healthy babies come from healthy women", he stated and reported that even though at the moment there are no partisan working groups in Canada, there is a need for such initiatives by MPs in order to identify and act on health challenges in the first instance. "When times get rough, governments cut funding for health, but Parliamentarians have the legal ability for rights enforcement. Parliamentarians hold the purse strings of our nations." With regard to resources for maternal and children care and SRH, there would be a huge return on first investments, provided that such investments, for example income supplements to prevent women from falling into poverty, are actually made. With special reference to the results of the Japan conference in 2008, Hon. Rafferty underlined that MPs are able to create and promote national mechanisms for supporting women's health in developing countries and suggested to work on a Charter of Rights to enshrine gender equality and protection of our children's health as fundamental human rights, further emphasizing the urgency and timeliness of this issue.

Hon. Chantal Bourragué, MP from France, thanked organizers and colleagues and gave a description of how she was first involved in issues of women's health before becoming an MP. Working with the Ministry of Foreign Affairs Hon. Bourragué had the chance to see how vital it is to reiterate equity and equality today and recognize the rights of 50% of the world population – women's rights – so that women can reach their potential and enjoy complete physical, mental and social well-being, not merely the absence of disease or infirmity. In spite of the greater contribution of women to producing national health, a great majority of people still ignores today that a women's right to health and education is a human right, as stated and reinforced during various international meetings and summits. She further reported that the French government was implementing a strategy on gender and one on women's rights and that France is a member of the RH Coalition working to improve SRH services. For Hon. Bourragué, making an impact on governance is crucial, and there is a need to consider women's needs, and MPs also need to convince citizens that women should be given greater attention. With regard to development aid, she requested bilateral and multilateral approaches to support women's health, whereas the need for economic independence is huge. It was encouraging that French MPs raised this particular issue to become a priority on the government's agenda by the end of 2009, and that Parliamentarians would continue to work on improving the conditions

Women's right to health and education is a human right.

for women in developing countries. Whereas ¾ of French development aid was devoted to epidemics, this needed to be re-examined to earmark 1% of GDP for health services in developing countries, and additionally support the 120 millions of women and children in need and save many lives by 2015.

Following the discussion, **Hon. Dr. Karl Addicks,** MP from Germany, Member of the Parliamentary Committee for Economic Cooperation and Development, thanked the organizers for the opportunity of this conference and the interpreters for their great support. In his following speech, he highlighted different ways for MPs to advocate for women's health. "What MPs can do concretely to tackle the issue of women's health in developing countries depends on the MP opposition and the governing parties", he said and underlined that the task of Parliamentarians in this respect included asking questions, after return from a study tour for instance, asking the government for increased commitment, or even why there was no commitment. He acknowledged that this task required some courage at times, particularly if the media was involved, but also pointed out that the media was an effective tool to involve the public and influence governments if such questions remain unanswered. He admitted, though, that this approach may at times be unpopular among fellow colleagues, and explained how MPs in Germany preferably advocate via Committees, such as the Committee for Economic Cooperation and Development. Using such platforms, MPs can organize events and meetings with organizations and experts, for mutual exchange and reporting on current issues. If 70 people attend such an event, they will later act as multipliers of the information received. He also recommended working with the Budget Committee to remind of the responsibility of developed countries vis-à-vis developing countries, to recall that international commitments have not been delivered, and to advocate for existing ODA quotas to be fulfilled. Hon. Addicks also called for more women to responsibly take part in the political dialogue concerning women in partner countries and stressed that a great potential rested in strengthening politics at the grass roots level, which would lead to a fruitful exchange.

Hon. Wakako Hironaka, MP from Japan, Vice Senior Chair, Japan Parliamentarians Federation for Population (JPFP), opened her speech by congratulating on the wonderful location and thanking the organizers of the conference. After 10 years of parliamentary activity, Hon. Hironaka acknowledged that, even during this period, population matters have changed. Born in 1956, Hon. Hironaka experienced that the Japanese society greatly changed in the post-war period to achieve a high level of development. The birth rate dropped to reach 1.29 today. Since 2006, there has been a decline, and according to statistics, this trend will continue. During the war, the prevailing idea was to have as many children as possible. The larger the families, the greater the poverty – these are the two sides of the coin: one more work force, but also one more mouth to feed. After World War II, the birth rate declined; however, and during the following period of development Japan continued to assume that population development would be stabilizing. Now the time has come to think about new policies to adapt to the continuing decline in birth rate. Japan has managed to become a prosperous country, from being a recipient of development aid in the aftermath of World War II. Hon. Hironaka reported that accounting for aid amounting to $ 10 billion posed a challenge since it had all been invested in huge, so called 'consumptuous projects', which did not always work well. In 1993, a new framework was created to make the projects smaller, following the needs/requests of the local population. It is vital to make good use of small grants which are specifically for women's health, Hon. Hironaka emphasized, and asked participants to support such funds being managed effectively and efficiently, including by passing just, current laws. She also encouraged participants not to think that this will not win an election and pointed out that accountability to the voters for the use of such funds was all that was needed, especially at the national level, where funds from the people become funds that go to the people. Also, the priority of strengthening health systems

needs to be increased and rational objectives have to be set. With special reference to a conference on accountability with view to achieving the MDGs to take place in Japan, she remarked that Japan was facing an extremely complicated situation and a changing environment, both in terms of ideas and in terms of funding, which made it particularly important to make people understand why this was urgently needed, find new solutions and enter into concrete dialogue.

"Update on U.S." Tod Preston, Vice President, U.S. Government Relations, Population Action International (PAI) regretted that no MP from the U.S. was able to participate in the conference due to the busy period in the light of Independence Day. However, Mr. Preston presented a written statement by the Democratic Congresswoman McCollum, participant in the G8 International Parliamentarians' Conference in Edinburgh in 2005. After reading out this statement, Mr. Preston provided an update on the situation in the U.S.: "After a long time, there are good news on SRH: The U.S. is back as leader on reproductive health. Even in this difficult environment, the US is going to provide more in terms of ODA to contribute to achieving the Cairo PoA and the MDGs 4 and 5." Positive actions of President Obama since coming into office included the removal of the 'Global Gag Rule' and an increase in UNFPA funding to $50 million on multilateral front. "At a meeting in March, the Obama administration has made very positive comments with regard to women's health and family planning. The Secretary of State, Hillary Clinton, is clearly a committed leader on SRH and FP. There are still many opponents to FP and SRH in the U.S. Congress, also on the Democrats' side. However, even in the face of the financial crisis the U.S. government is increasing financial development commitments." The U.S. President has reportedly announced a new Global Health initiative that would include a more comprehensive strategy on child and maternal health, FP and NTD as a response to currently disproportionate HIV/AIDS funding. "The election of President Obama has made a huge difference, and it is a new day in the U.S.", said Mr. Preston.

Discussion

Hon. Danielle Bousquet, MP from France, started the discussion by requesting for mothers' and infant health to be at the forefront and said that it was a scandal that women die in pregnancy. There is an urgent need for implementing targeted action that we have not discussed today. The GFATM's approach is correct, babies need to be protected from HIV, but mothers should be also able to protect themselves, for instance by using microbicides. **Hon. Marie Rose Nguini Effa,** MP from Cameroon, picking up the issue of protection, asked how societies see the status of women with regard to HIV/AIDS protection. **Dr. Judith Bruce,** Population Council (USA), raised the point of denominating the issues in a more appropriate way, by using the term 'women and (adolescent) girls', and replacing 'early marriage' by 'child marriage', when referring to young people under 18. **Hon. John Rafferty,** MP from Canada, suggested the expansion of the human rights concept in constitutions. **Ms. Felicity Daly,** Interact Worldwide (UK), gave an update from the UK on the recent briefing of the UK All Party Parliamentary Group on Population, Development and Reproductive Health through Interact Worldwide. **Ms. Fionnuala Murphy,** Interact Worldwide (UK), stated that the UK was willing to talk the right language in terms of putting women first, civil society participation, comprehensive approaches, leadership etc., but when it comes to practice, emphasis is put on budget support. When asking how much money goes into SRH, FP, the answer is that the UK has pledged 6 billion pounds for HSS. The problem is posed by accountability issues: Has the British government any data on the impact their money has had in terms of women's and adolescent girls' health? The Parliamentary Under-Secretary for International Development said that 'the mark of a good health system is whether it delivers on maternal mortality, which sounds a bit naïve, since investment in health alone will not bring any gains for women and adolescent girls", Ms. Murphy added. Further, she stressed that it is vital to make specific efforts that respond to the realities of women and girls in developing countries. **Ms. Pam Norick,** International

Partnership for Microbicides (USA) gave a brief insight on the current microbicides research. Microbicides are products which, once developed, will be used vaginally to prevent HIV infection during intercourse. There are ongoing clinical studies in Europe, Africa and the US, whose results can be expected in November 2009 and the next spring. The research process is slow and difficult, however of greatest importance. **Hon. John Rafferty**, MP from Canada, appreciated the language Ms. Judith Bruce suggested on 'child marriage' as a term that implies coercion and violation of human rights. "It took Canada a hundred and thirty years to come up with a rights charter and it has not been challenged in the highest court. The whole point is if the existing Charter of Rights involves young people to make choices, and another point is that many high courts in the world are not fully independent from the legislative branch." **Hon. Karl Addicks** replied to Hon. John Rafferty that there are still many challenges to overcome in this regard. However, in the first instance, legislation has to be in place, and introducing such legislation rests with Parliamentarians.

Session 7: Discussion and Adoption of G8 Parliamentarians' Appeal
Chair: Hon. Keith Martin, MP (Canada)

"Presentation of the Draft Appeal by the Members of the Drafting Committee" The draft appeal was distributed and time was allowed for the MPs to read it.

"Discussion on Draft Appeal" Hon. Keith Martin, MP from Canada, asked the audience whether there were any significant red flags (i.e. things that cannot go in) – no objections were raised. **Dr. Judith Bruce** suggested that the background of facts should emphasize the number of HIV infections occurring among young women, as well as the persistence of child marriage, both of which are issues that will affect 100 million girls during the next 10 years, as per current estimates. Dr. Bruce also suggested the following points to be added to the recommendations: the recognition of women's and girls' right to bodily integrity, making elimination of child marriage a priority, since it links to a number of agenda items including maternal mortality, RH, and women's human rights. **Hon. Sibylle Pfeiffer** encouraged the audience to unanimously agree to Dr. Bruce's suggestions, and **Hon. Bourragué** concurred. As well, consensus was reached on the issues of family planning being included in the recommendations. **Dr. Kebede Kassa,** African Union Representative, emphasized the impact of this conference on Africa and the efforts made by the African Union to date, such as the adoption of the Maputo Plan of Action on RH, and the adoption of a campaign on accelerated reduction of maternal mortality by the Ministers of Health of the Africa Union. Dr. Kassa called on the G8 states to provide their support and assistance for both of these initiatives. Other comments included:

- A reference to reducing inequalities within countries, as well as other issues mentioned in the ICPD@2015 report (2008), such as safe abortion services where legal, post abortion services in countries where abortion is illegal, emergency contraception.
- Mentioning explicitly 'through official development assistance', when requesting for $60bn at paragraph 1.1.
- Adding migrant women's RH as well as maternal mortality.
- Specifically addressing the funding gap concerning the GFATM between estimated needs of $5.5-6bn and the available funds amounting to $3bn, which results in a gap of 2.5bn (paragraph 6.2).
- Specifying over which period of time – by when, that is - the amount of $60bn will be provided. The Heiligendamm commitment read by 2012.

After discussing and/or incorporating the comments, **Hon. Keith Martin** acknowledged the unanimous consensus of the participants and thanked for the contributions to adopting the final document.

Closing Ceremony

"Farewell Speech by the Conference organizers" Mr. Neil Datta, EPF Secretary, began by thanking everyone for coming to Rome for the G8 International Parliamentarian's Conference. This conference was EPF's fifth one, beginning with Edinburgh in 2005. By every year, the significance of the conferences increased, and so did the voice of Parliamentarians in the G8 process. It is to the great credit of all the MPs present that they decided to make women's health, especially SRH, the key theme of this conference. Mr. Datta expressed his special thanks to the host of the conference, the Italian Parliamentary Working Group on Global Health, along with the hope of welcoming the Italian members to EPF soon. As well, Mr. Datta thanked the Italian NGOs, GCAP Italy and all collaborating partners, and, last but not least, all the staff of these organizations for making the conference run smoothly. **Ms. Renate Bähr** stressed that she was looking forward to the moment of sharing the Appeal with the German G8 Sherpa at next week's meeting, and kindly asked Hon. Sibylle Pfeiffer to share it with the officials of the German Chancellor. Ms. Bähr also encouraged participants from G8 countries to forward the document to their Heads of State and Governments, since the G8 Summit offered an essential opportunity for G8 leaders to deliver outcomes on improving the situation in developing countries. She welcomed the great collaboration among NGOs and Parliamentarians, as well as the strong commitment among Parliamentarians from all over the world. **Ms. Daniela Colombo** expressed her hope that this conference would be the last one to be entitled "G8 Parliamentarians' Conference", because a much larger forum was needed, and that she was looking forward to having a G14 or G20 institutionalized by next year, when the next conference will take place in Canada. Further, Ms. Colombo apologized on behalf of the Italian Parliamentarians for not being able to participate for long in the Conference, since a significant Parliamentary Session was taking place concurrently. However, Italian MPs will be inspired by the document resulting from the Conference. Great advocacy work will be done as well, since lots of media announced their interest in the Conference's outcome. In the end, Ms. Colombo thanked all the staff of EPF, DSW, and AIDOS, including the graphics designer, the photographer, the interpreters for their great work.

"Outlook to G8 Summit Canada 2010" Hon. Dr. Keith Martin, MP from Canada, started his presentation with appreciative words towards this year Parliamentarians' Conference as a significant event aiming to mobilize resources for health, giving representatives of donor and recipient countries an opportunity to work together and have valuable exchange. "How can we improve health outcomes in developing countries, what should be the focus of our actions?", he asked. It has to be kept in mind that a world that is safer for mothers is a world safer for everyone, he continued. The recent UN Resolution on maternal mortality from June 17th 2009 recognizes that maternal mortality is a human catastrophe and that it is a woman's right to have these issues addressed, and imposes stringent obligations on the states concerned to bring the rights of pregnant women to the forefront. The solution is not focusing on diseases, but building a primary health care system, whereas, again, fighting maternal mortality would have a great impact on all the other MDGs. Primary health care systems have to be built from the ground up, starting with the basic range of treatment options, then making disease prevention and health promotion, and finally providing tertiary care centers that can provide more complex care. By providing basic elements, such as health care

workers (including a surgeon), clean water, electricity and medication, a great difference can be made, as the innovative, pragmatic approach of Dr. Paul Farmer from the Harvard University showed. According to Hon. Keith Martin, reducing maternal mortality can be achieved by granting access to:

- Skilled attendants;
- A full array of family planning options;
- Education for girls instead of child marriage.

Hon. Lediana Mafuru Mng'ong'ngo, MP from Tanzania, observed at this point that, before trying to emancipate women, men have to be educated as early as possible to respect women's and girl's rights. **Hon. Keith Martin** continued on the progress concerning timelines and commitments that already exist: The goals set at ICPD in 1994 have not been accomplished, and MDG 5 is not on track. One of the major PHC needs refers to Africa's enormous health worker deficit of 1 million health care workers. What Parliamentarians can do is putting in place legislation that can:

- Stop the brain drain by improving working conditions. By international agreement, the West must stop poaching health care workers and instead: either train two workers in the developing nations for every healthcare worker the developed nations accept (following the Canadian example), or train health care workers in the country they live in;
- Provide safe conditions, decent pay and incentives to stay – including treatment for those who are positive and access to prevention and information to avoid infection.

A Plan of Action for the Developing as well as G8 Countries includes:

1. Identifying a working group of country representatives from developing and developed countries as well as a coordinator and point person for the initiative;
2. Identifying the areas of expertise in which a donor country can contribute, e.g. Canada in health workers, micronutrients, water;
3. Ministries of Health in recipient countries to contact hospitals and identify needs;
4. Regulation of logistics matters, people to handle the paperwork, and of legal matters in order to facilitate import of development assets.

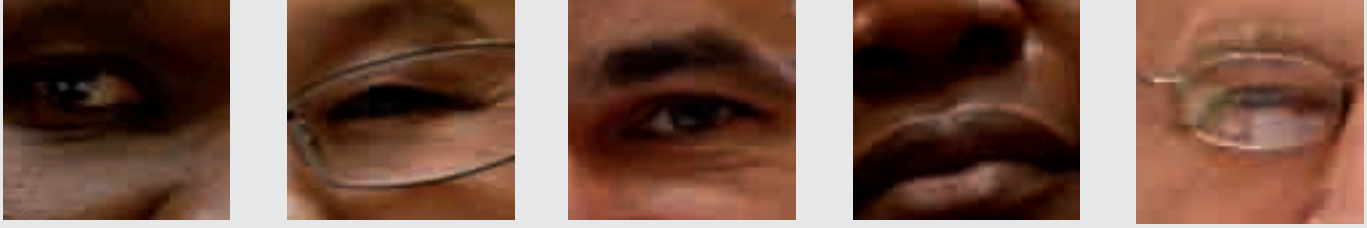
The administrative structure should embody the 3 ONES approach: One framework, one implementing mechanism, and one oversight mechanism. At the end of his presentation, Dr. Keith Martin briefly illustrated Canada's example regarding projects and initiatives on:

- Health Human Resources.
- Micronutrients: Micronutrient Initiative (www.micronutrient.org).
- Medicines: Health Partners International (www.hpicanada.ca).
- Water: Engineers Without Borders (www.ewb.ca), WaterCan (www.watercan.com).

"We need action now!" Hon. Keith Martin concluded as an imperative outlook to the next G8 Summit in 2010.

Closing Statement

Senator Barbara Contini, a member of the Defence and Human Rights Committee, was unable to join the Conference due to the Committee Session taking place in the Italian Parliament. However, Sen. Contini sent a written statement to the Conference to assure of her strong commitment.
In her statement, Sen. Contini stressed that, so far, women have been ignored by Governments. It was a 'global crisis of values' that finally resulted in a financial crisis. In spite of the universal right to health, and in spite of the efforts of developed countries to achieve the MDG to decrease maternal mortality, every minute a woman still dies of preventable reasons. Further, Sen. Contini expressed her gratitude for the Conference bringing together Parliamentarians from all over the world to make the voices of women finally heard, and concluded with a commitment to hand in the Appeal to the Italian G8 representatives as a sound working basis for making decisions.



Parliamentary Appeal to G8 Heads of State and Governments

Rome, 23 June 2009

We, the Parliamentarians

from African, Asian, European and G8 countries

gathered in Rome, Italy on 22nd and 23rd June 2009 for the G8

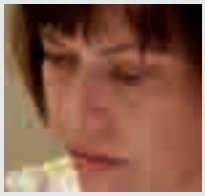
Parliamentarians' Conference on "Strategic Investments in Times of Crisis The Rewards of Making Women's Health a Priority". We commit ourselves to provide political leadership on a national, European and international level to improve the health and wellbeing of the millions of people we represent, particularly women and girls and to hold ourselves accountable to our commitments in a transparent and responsible manner. We reaffirm the 2008 Tokyo Statement on Global Health, Climate Change and Food Security and the 2007 Berlin Appeal and previous statements at Parliamentarians' meetings on population and development. We recall the international commitment to improve maternal health (MDG 5) and to reduce child mortality (MDG 4) as well as to achieve universal access to reproductive health by 2015 as set out in the Programme of Action from the International Conference on Population and Development and as a target under Millennium Development Goal 5. Yet, we note with concern that:

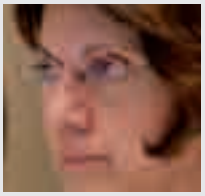
- MDGs 4 and 5 are the Millennium Development Goals most off track and progress to achieve these goals has been stalled,
- more than 536.000 women and girls die during pregnancy and childbirth every year – one every minute of which 99% occur in developing countries,
- four million newborns die each year, most in the first few days of life,
- the HIV epidemic is increasingly young, poor and female with ratios of female to male infection three to one among those 15-24,
- 100 million girls will be married as children in the next decade if present trends continue,
- in Africa, sexual and reproductive health problems account for one third of the total burden of disease among women and are a leading driver of poverty, donor funding for family planning services has decreased by 50% between 1995 and 2006[1],
- while G8 Governments affirm their commitment for continued support in global health and development, and particularly for women's health, the current financial and economic crisis may hamper efforts to translate these commitments into practice.

We recall that nearly all these deaths are preventable with increased political will and adequate financial investment.

We underline the unique opportunity for the L'Aquila Summit to give political leadership to the global effort to deliver on their commitments on global health with a special focus on maternal and newborn health (MNH).

1.The latest year for which data is available.





We Parliamentarians from African, Asian, European and G8 countries therefore appeal to G8 Heads of State and Governments to:

1. Reinforce existing Health Commitments

1.1 We urge the G8 to reaffirm existing commitments to fund US$ 60 Billion through Official Development Assistance (ODA) for addressing the health related needs in developing countries over five years including supportfor health systems strengthening and efforts to fight HIV/AIDS, tubercolosis and malaria, based on action plans and clear timetables;

1.2 We underline the urgent need to working towards the WHO threshold of 2.3 health workers per 1000 people in the 57 countries suffering from a critical shortage of health care providers[2], and to support MDG 4 and 5 via a comprehensive approach to improving maternal and newborn health that was made at the G8 Toyako Summit Leaders Declaration from July 2008;

1.3 We underline the need to strengthen the accountability framework around these commitments and to develop a detailed timeline for meeting them by 2010 and for each of the G8 countries to submit an operational plan on how to meet the commitments of the Paris Declaration and Accra Agenda for Action by 2010;

1.4 We call on the G8 to allocate dedicated resources to women's and girl's health especially in times of the global economic crisis to ensure the well-being of women and their families since compromises in the area of women's health and sexual and reproductive rights will have severe repercussions on the entire socio-economic situation of the countries involved with the progress made on improving the lives of millions being at stake.

2. Invest in Maternal Health – it pays

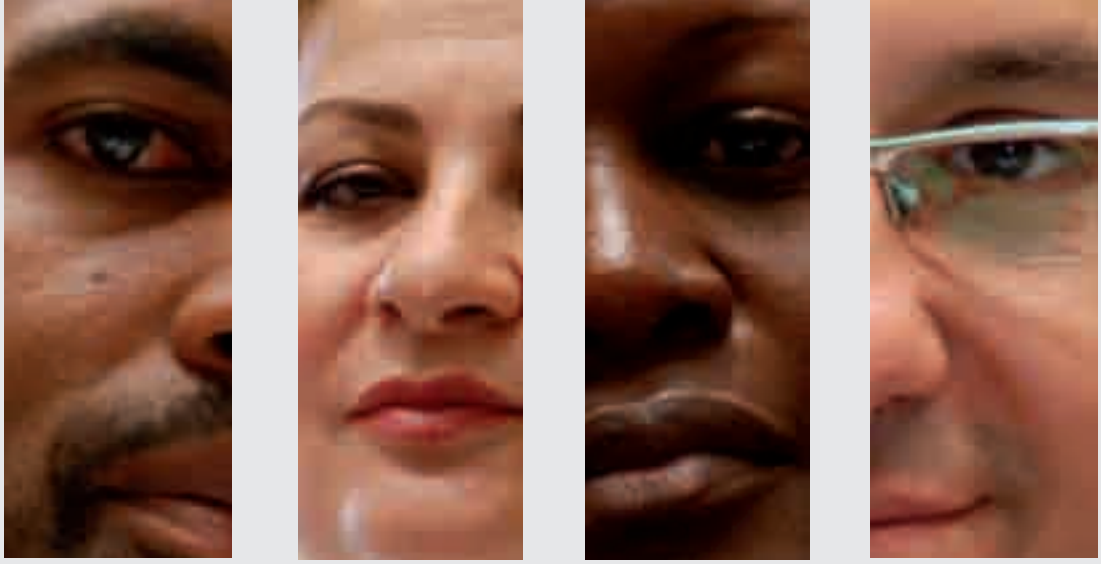
2.1 We strongly underline the fact that women and girls are a country's social and economic backbone and that their deaths lower a family's income and productivity, affecting the entire community. Still, women's and girl's lives in too many countries are not valued, their voices not heard, and they are excluded from health-care systems which fail to prioritize their needs. Ignoring women's and girl's health means ignoring the very basis our societies are build upon – human rights and solidarity;

2.2 We recognize the need for action at global, national and sub-national level to align current momentum in politics, advocacy and finance behind a commonly agreed set of politics and priority interventions to accelerate progress in maternal and newborn health on the ground;

2.3 In this regard, we welcome the Consensus on Maternal and Newborn Health which provides a formidable framework to catalyse political commitment into concrete, coordinated actions from developing countries, donor countries and international institutions alike that can get progress on MNH back on track by following policies and interventions that make up a sound approach at country level such as **a**) political, operational and community leadership and engagement and **b**) by providing a quality package of evidence-based interventions through effective health systems, with interventions in key areas such as comprehensive family planning by:

- providing advice, services and supplies including emergency contraceptives,
- safe abortion and post abortion services, where abortion is legal,
- antenatal care, quality care at birth, including skilled birth attendants and emergency obstetric and neonatal care as well as postnatal care for mothers and babies,
- removing barriers to access with quality services for all women and children, free were countries choose to provide it,
- skilled and motivated health workers, especially women's health workers in the right place at the right time, with supporting infrastructure, drugs and equipment, and lastly,
- to ensure accountability for credible results;

2. Numbers are drawn from the 2006 World Health Report, 2006.



2.4 We remind all stakeholders and decision-makers that these actions would prevent the deaths of nearly 6 million mothers and babies in low-income countries, would reduce the global number of unwanted pregnancies by two thirds and half the number of unsafe abortions, would prevent nearly 90% of abortion-related maternal deaths and would mean an effective end to current unmet needs for family planning services[3] ;
2.5 In this respect, we urge the G8 to call upon the H4 (WB, WHO, UNICEF, UNFPA) to provide operational and technical support in working with countries to ensure their national plans, including monitoring, evaluation and control frameworks and indicators, adequately prioritize MNH, whereby this process must be country driven;
2.6 We also invite the G8 to use their role on the boards of multilateral agencies to spur effective alignment and harmonization around single, country-led results frameworks and use of indicators that promote integration of services and programs to strengthen health systems;
2.7 We call, in this respect, for the mainstreaming of MNH as decisive part of sexual and reproductive health and rights and the achievement of the MDGs in all related policy fields particularly in Foreign Affairs, Health Policies, Social Affairs, Youth Policies, Migration and Women's Rights.

3. Explore and Use innovative Financing Mechanisms

3.1 We acknowledge the promising increase of official development assistance by 10.2% in real terms in 2008; but recognize, at the same time, that urgent action beyond reinforcing existing health commitments is needed if we are to get maternal and newborn health progress back on track;
3.2 We warn that hard won gains in health systems are under threat and urge the G8 to support and commit to innovative financing initiatives since they are vital if we are to prevent this financial crisis from becoming a human crisis;
3.3 We, therefore, welcome the recommendations of the High Level Task Force on Innovative International Financing for Health Systems and urge the G8 to commit to promote various innovative approaches to support stronger health systems, particularly the provision of essential services to pregnant women and girls and newborns in the countries most at need (i.e. the LICs);
3.4 We urge the G8 to support investment in research and development (R&D) of new medicines, microbicides and vaccines (for example for HIV/AIDS and malaria), as well as on the most effective ways to achieve behavioural change, including through funding for Public Private Partnerships and by promoting policies that encourage innovation;
3.5 We emphasize the need to provide adequate technical and financial support to strengthen primary health care systems including training and retaining health workers. This includes ensuring and implementing regulations that prevent "brain drain", and terminating the active recruitment of skilled health care workers from developing countries unless there is prior consent between the recipient and sending countries.

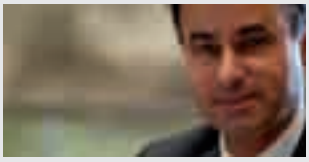
3. Figures are drawn from the calculations done for the High Level Task Force on Innovative International Financing for Health Systems, May 2009.

4. Respect Women's and Girl's Right to Health as a Human Right

4.1 We recall that access to healthcare is a human right;
4.2 In this respect, we warmly welcome the landmark resolution on "Preventable Maternal Mortality and Morbidity and Human Rights", adopted by the UN Human Rights Council on 17 June 2009 which acknowledges that maternal mortality and morbidity is a human rights issue and endorse the resolution produced by the United Nations Commission on Population and Development (CPD) in April 2009 recommitting national governments to priority actions with regard to sexual and reproductive health and rights;
4.3 We underline the need to ensure that all programs and policies are based on a fundamental respect for human rights and evidence-based approaches, in this respect, we urge the G8 to take the lead to further develop proposals for a consolidated, stronger and robustly funded UN entity for women and to take concrete steps for the implementation of key gender equality frameworks such as CEDAW, the Beijing Platform for Action and the MDGs;
4.4 We emphasize the urgent need to provide the information, education, services and supplies required to end the needless deaths of more than 500.000 women and girls every year due to pregnancy and childbirth and the additional suffering of millions of others, in particular women and girls who suffer from debilitating obstetric fistula and other pregnancy-related long-term handicaps;
4.5 We underline, however, that women's and girl's lives must not only be saved because they are mothers, not only for their contribution to the wealth of their nations, but in the name of their own rights: the right to have control over their body, the right to chose the number and spacing of their children and the right to lead a life free from violence and coercion;
4.6 We also urge governments to equip the largest ever generation of young people entering their reproductive years for responsible adulthood by promoting evidence-based comprehensive sexuality education, counseling and services on safer sex, male and female condom use, promoting sexual safety and health security including the provision of safe abortion services, where abortion is legal, to aggressively improving girls' access to and continuation of education at all levels;
4.7 We highlight the positive role that churches, faith based organizations and religious communities can and do play with regard to sexual and reproductive health.

5. Maximise Parliamentarian and Civil Society Involvement

5.1 We underline that Parliamentarians play a key role in advancing the development agenda, particularly in mobilizing the necessary support and holding government leaders accountable for their commitments;
5.2 Therefore, we emphasize the urgency to strengthen parliamentary involvement, ownership, commitment and responsibility in the formulation of state budgets, with particular attention to health budgets;
5.3 We underline the need to strengthen NGO involvement in these same processes by providing civil society representatives formal opportunities to participate in these processes at an early stage.




6. Drive the future Maternal and Newborn Health Agenda

6.1 We urgently remind the G8 Heads of State and Government that MDGs 4 and 5 lie at the heart of all other MDGs. If these fail, so will all others;

6.2 Therefore, we urge the G8 Heads of State and Governments to take concerted and co-ordinated action on reproductive, maternal, newborn and child health with a special focus on maternal and newborn health (MNH) by:

- calling upon both donor and recipient countries to have a shared responsibility for reaching the MDGs whereby donor countries are strongly requested to meet the ODA pledge of 0.7% of GNI;
- fully funding the Global Fund to Fight Aids and Malaria and close the anticipated funding gap of US$ 2.5-3.0 billion4 in 2010 while ensuring that this is not to the detriment of funding for family planning services,
- basic reproductive health services and basic research;
- tackling malaria and keep the existing commitment to provide 100 million insecticide-treated nets through bilateral and multilateral assistance by the end of 2010;
- eliminate child marriage as a massive continuing human rights abuse closely associated with maternal mortality as the youngest, first time mothers carry elevated risks, linked closely to the rising HIV epidemic in girls and young women, fostering poor reproductive health outcomes and increasingly is a core driver of rapid population growth;
- committing to promote the recruitment, training and retaining of the 1.1 million additional health workers needed in developing countries;
- committing to financing one third of the total of US$ 27.4 billion5 needed in 2010 to achieve universal access to a package of basic sexual and reproductive health services in developing countries; whereby the remaining two thirds of the total amount needed is to be allocated by developing countries;
- by earmarking 10% of official development assistance for population and sexual and reproductive health and rights;
- using maternal mortality, maternal morbidity, infant mortality, and life span as indicators for health system performance;
- aligning their aid behind approved national health plans.

6.3 We also call upon recipient countries to put in place measures that will ensure the transparent and effective use of development aid, embrace good governance, democracy, increased efforts towards reaching the Abuja Targets by formulating operational plans, and accountability to allow for the attainment of MDGs in their countries by 2015.

6.4 We welcome the Campaign on Accelerated Reduction of Maternal Mortality in Africa recently launched by the African Union's Ministers of Health and call upon the G8 to support its implementation in the context of the Maputo Plan of Action on Sexual and Reproductive Health and Rights (2006).

We, Parliamentarians from African, Asian, European and G8 countries gathered in Rome on 22nd and 23rd June 2009 for the G8 International Parliamentarians' Conference on "Strategic Investments in Times of Crisis – The Rewards of Making Women's Health a Priority" express our sincere gratitude to the hosts of the Conference, the Italian Parliamentary Working Group on Global Health and Women's Rights and the organizers Global Call to Action against Poverty (GCAP) Italy, Action Aid Italy, the Italian Association for Women in Development (AIDOS), the German Foundation for World Population (DSW), and the European Parliamentary Forum on Population and Development (EPF).

4. Global Fund Factsheet: Resource Needs 2009/2010.
5. Re-Costing Cairo : Revised Estimate of the Resource Requirements to Achieve the ICPD Goals, PAI, March 2009.

Conference Programme

Day 1: Monday, June 22 - 2009

	Time
Registration	9.00 - 9.30
Opening Ceremony	
Opening Address: *Hon. Danielle Bousquet*, MP, Member of the European Parliamentary Forum (EPF) Executive Committee (France) *Fosca Nomis*, The Global Call to Action against Poverty (GCAP Italy)	9.30 - 10.00
Session 1: Shaping the G8 agenda	
"Results from 2008 G8 Summit and G8 Parliamentarians' Conference in Japan" *Hon. Wakako Hironaka*, MP, Vice Senior Chair, Japan Parliamentarians Federation for Population - JPFP (Japan) **"Importance of G8 International Parliamentarians' Conferences and Expectations"** *Hon. Sibylle Pfeiffer*, MP (Germany) **"What is so special about women's health?"** *Daniela Colombo*, President, Italian Association for Women in Development (AIDOS) **"Recent G8 commitments on women's health"** *Guglielmo Riva*, Health Advisor, Directorate General for Development Cooperation, Ministry of Foreign Affairs (Italy) **Discussion** Chair: *Sen. Francesca Marinaro*, MP (Italy)	10.00 - 11.15
Group Photo	11.15 - 11.30
Coffee Break	11.30 - 12.00
Thematic Speeches	
"**What resources do we need for women's health?"** *Sietske Steneker*, Director, United Nations Population Fund (UNFPA) Brussels Office **"The role of family planning in the reduction of maternal mortality"** *Sahlu Haile*, Regional Advisor for Sub-Saharan Africa, The David and Lucile Packard Foundation Intervention of *Sen. Emma Bonino*, Vice Chair of the Senate (Italy) Chair: *Sen. Francesca Marinaro*, MP (Italy)	12.00 - 13.00
Lunch reception	13.00 - 14.00

Session 2: Women's health within the context of the global crisis	Time
"The rewards of investing in women's health" *Dr. Joerg F. Maas*, Global Health Policy and Advocacy, Europe, The Bill & Melinda Gates Foundation	
"Political commitments on women's health" *Adrienne Germain*, President, International Women's Health Coalition	
"Women's health and health care reforms" *Hon. Lydia Wanyoto*, MP (Tanzania) East African Legislative Assembly (EALA)	14.00 - 15.30
"Women's human rights to safe motherhood and sexual & reproductive health" *Dr. Heli Bathija*, Area Manager for the African and Eastern Mediterranean Regions, Department of Reproductive Health and Research, World Health Organization (WHO)	
Discussion Chair: *Hon. Lediana Mng'ong'o*, MP (Tanzania)	
Coffee Break 	15.30 - 16.00
Session 3: Evidence of success in improving women's health	
"Making critical and timely investments in adolescent girls' health: why and how " *Judith Bruce*, Senior Associate and Policy Analyst, Poverty, Gender & Youth Program, Population Council	
"Best practices in the South " *Hon. Akua Sena Dansua*, Minister for Women and Children's Affairs (Ghana)	
"Success stories: making women's health a reality" *Dr. Gill Greer*, Director General, International Planned Parenthood Federation (IPPF)	16.00 - 17.30
"Focusing investment to widen returns: the example of malaria" *Pru Smith*, Advocacy and Communication Coordinator, Roll Back Malaria Partnership	
Discussion Chair: *Hon. Dr. Stanley Sonoiya*, East African Community (EAC)	

Session 3	Time
Sum up of first day of discussion *Hon. Livia Turco*, Former Minister of Health (Italy) **Closing of first day - Closing Remarks** *Jean Claude Nsengiyumva* (EAC)	17.30 - 18.30
Drafting Committee meeting	20.00 - 21.30

Day 2: Tuesday, June 23 - 2009

Session 4: Creating resources for women's health	
"The Global Fund to fight AIDS, Tuberculosis and Malaria's gender equality strategy in the context of the financial crisis" *Dr. Françoise Ndayishimiye*, Senior Gender Advisor of the Global Fund **"National examples of increasing investments in women's health"** *Hon. George Tsereteli*, MP, Deputy Chairman of the Parliament of Georgia, Member of the EPF Executive Committee (Georgia) **Discussion** Chair: *Hon. Enrico Pianetta*, President of the Parliamentary Committee on MDGs (Italy)	9.30 - 11.00
Coffee Break	11.00 - 11.30
Press Conference	11.00 - 12.00

Session 5: Parliamentary scrutiny to make funding accountable to women's health	
"The role of Parliamentarians as driving force and guardians of Governmental Commitments concerning women's health " *Neil Datta*, Secretary, EPF **"The impact of budget support on population funding"** *Hon. Darlene Antonino-Custodio*, MP (Philippines) *Hon. El Hadji Malick Diop*, MP (Senegal) **"A view on Budget Support"** *Hon. Fabio Evangelisti, MP* (Italy) **Discussion** Chair: *Hon. Enrico Pianetta*, President of the Parliamentary Committee on MDGs (Italy)	11.30 - 13.00
Lunch reception	13.00 - 14.00

Session 6: Panel discussion on concrete actions	Time
Feedback of Rapporteurs on the two days *Serge Rabier*, Executive Director, Equilibres & Populations *Renate Bähr*, Executive Director, German Foundation for World Population (DSW)	
MP Discussion on Concrete Actions MP from Canada - *Hon. John Rafferty* MP from France - *Hon. Chantal Bourragué* MP from Germany - *Hon. Dr. Karl Addicks* MP from Italy - *Hon. Elisabetta Zamparutti* MP from Japan - *Hon. Wakako Hironaka*	14.00 - 15.30
Update on U.S. *Tod Preston*, Vice President, U.S. Government Relations, Population Action International (PAI)	
Discussion Chair: *Hon. Birutė Vėsaitė*, MP, Member of the EPF Executive Committee (Lithuania)	
Coffee Break	15.30 - 16.00
Session 7: Discussion and adoption of G8 Parliamentarians' Appeal	
Presentation of the Draft Appeal by the Members of the Drafting Committee MP Members of the Drafting Committee	
Discussion on Draft Appeal **Adoption of G8 Parliamentarians' Appeal** Chair: Hon. Dr. Keith Martin, MP (Canada)	16.00 - 17.00
Closing Ceremony	
Farewell speech by organizers	17.00 - 17.15
Looking Forward/Outlook to G8 Summit Canada 2010 Hon. Dr. Keith Martin, MP (Canada)	17.15 - 17.45
Closing Statement Sen. Barbara Contini, MP (Italy)	17.45 - 18.00





Participants list

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List of abbreviations

ACPD:	Action Canada for Population and Development
ACT:	Artemisinin-based Combination Therapy
AIDOS:	Italian Association for Women in Development
APDA:	Asian Population and Development Association
AU:	African Union
CARMMA:	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CAT:	Convention against Torture
CEDAW:	Convention on the Elimination of Discrimination Against Women
CPD:	Commission on Population and Development
DSW:	German Foundation for World Population
EAC:	East African Community
EPF:	European Parliamentary Forum on Population and Development
EU:	European Union
FGM:	Female Genital Mutilation
FP:	Family Planning
GBV:	Gender Based Violence
GCAP:	Global Call to Action Against Poverty
GDP:	Gross Domestic Product
GFATM:	Global Fund to fight AIDS, Tubercolosis and Malaria
GNI:	Gross National Income
H8:	Health Eight (WHO, World Bank, GAVI, UNICEF, UNFPA, UNAIDS, the Global Fund to fight AIDS, Tubercolosis and Malaria, and the Bill and Melinda Gates Foundation)
HSS:	Health Systems Strengthening
ICPD:	International Conference on Population and Development
IPCC:	Intergovernmental Panel on Climate Change
IPPF (EN):	International Planned Parenthood Federation (European Network)
ITN:	Insecticide Treated Net
JPFP:	Japan Parliamentarians Federation for Population
LIC:	Low Income Country
MDG:	Millennium Development Goal
MMR:	Maternal Mortality Ratio
MNH:	Maternal and Newborn Health
MOWAC:	Ministry of Woman and Children's Affairs (Ghana)
MP:	Member of Parliament
NGO:	Non-Governmental Organization
NTD:	Neglected Tropical Diseases
ODA:	Official Development Assistance
PAI:	Population Action International
PoA:	Plan of Action
PHC:	Primary Health Care
RH:	Reproductive Health
SRH:	Sexual and Reproductive Health
SRHR:	Sexual and Reproductive Health and Rights
STD:	Sexually Transmitted Disease
STI:	Sexually Transmitted Infection
TB:	Tubercolosis
UN:	United Nations
UNAIDS:	Joint United Nations Programme on HIV and AIDS
UNDP:	United Nations Development Programme
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
USAID:	United States Agency for International Development
WB:	World Bank

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