

Progress Made by Parliamentarians in Implementing the Programme of Action
of the International Conference on Population and Development

2006 Global Survey

Cairo to 2015 The Road to Success

EXECUTIVE
SUMMARY



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I. BACKGROUND

At the 1994 International Conference on Population and Development (ICPD) in Cairo, 179 countries agreed that population and development are inextricably linked, and that empowering women and meeting people's needs for education and health, including reproductive health, are necessary for both individual advancement and sustainable development. In 1999 on the fifth anniversary of ICPD, governments reiterated their firm commitment to the ICPD Programme of Action and called for increased efforts to achieve its full implementation by 2015.

At the tenth anniversary of Cairo in 2004, the implementation of the ICPD Programme of Action was hailed as an essential element for the successful implementation of the Millennium Development Goals (MDGs). At the 2005 World Summit, countries endorsed this commitment to ICPD at the highest political level, when heads of state resolved to achieve universal access to reproductive health by 2015, promote gender equality and end discrimination against women. Based on the outcome of the Summit, the 61st session of the General Assembly agreed to incorporate universal access to reproductive health as a new target to measure progress in implementing the MDGs.

Parliamentarians are a critical link for the successful implementation of ICPD. National parliamentary groups on population and development have been active since the 1970s; by 2000, almost 100 countries had a national group or committee devoted to population-related issues.

The United Nations Population Fund (UNFPA) works directly with these groups, and has been providing active support to the four regional umbrella networks that coordinate and support the work of the national parliamentary groups: the Asian Forum of Parliamentarians on Population and Development (AFPPD), the Inter-American Parliamentary Group on Population and Development (IAPG), the Forum of African and Arab Parliamentarians on Population and Development (FAAPPD) and the European Parliamentary Forum on Population and Development (EPF). UNFPA has also been working closely with Parliamentarians for Global Action (PGA), a global organization with a strong focus on population and sustainable development.

In 2002 in Ottawa, Canada, the four regional parliamentary groups and PGA hosted the first International Parliamentarians'

Conference on the Implementation of the ICPD Programme of Action (IPCI/ICPD). At the Ottawa Conference, parliamentarians and ministers representing all regions of the world decided to focus on two most important concerns: first, creating an enabling legislative and policy environment, and second, mobilizing national and international resources. In Ottawa and at the second IPCI/ICPD in Strasbourg, France, in 2004, parliamentarians adopted strong Statements of Commitment pledging concrete action to address these two important themes. In 2003, UNFPA, as the permanent secretariat for IPCI/ICPD, began to issue an e-newsletter, *UNFPA Global Population Policy Update*, to keep parliamentarians informed about recent developments regarding ICPD-related laws, policies and funding decisions.

At its meeting in Tokyo in October 2005, the Steering Committee for IPCI/ICPD decided that the third IPCI/ICPD, to be held on 21-22 November 2006 in Bangkok, Thailand, should take a closer look at the progress made by parliamentarians since Cairo on implementing ICPD. The main reason for this decision was that, while there has been steady progress on creating an enabling environment, the reproductive health situation in developing countries had not changed significantly since 1994. Statistics in critical areas such as maternal mortality, HIV/AIDS and access to family planning had remained essentially unchanged. Population assistance had increased overall, but the proportion

going to HIV/AIDS treatment had risen at the expense of other areas of reproductive health, particularly family planning. Although virtually all countries had adopted ICPD-related laws and policies, implementation had not kept pace.

The first two IPCI/ICPD meetings set important goals. The Steering Committee decided it was time to take a closer look at parliamentarians' successes and constraints, to help chart the way forward. The Steering Committee accepted UNFPA's recommendation to conduct a survey of parliamentarians, to document their efforts and analyze their impact. In collaboration with a population law expert at the Harvard School of Public Health, and national and regional parliamentary groups on population and development, UNFPA conducted the survey between April and August of 2006, obtaining responses from parliamentarians in 103 countries and one regional institution¹. The results give a sense of their perceptions of the current situation, the opportunities and the challenges.

II. WHO WE ARE

In all, 322 parliamentarians from 104 countries and institutions participated in the survey: 269 parliamentarians from 85 developing countries, and 53 parliamentarians from 18 donor countries and the European Parliament.

In developing countries, 52% of the parliamentarians responding to the survey were

¹ The European Parliament was the regional institution that participated in the survey. From here on, it will be counted as one country for the sake of analysis.

men and 48% were women. They were evenly divided between those over and under the age of 50. The largest group of respondents was between the ages of 40 and 50. A little over 60% of parliamentarians were affiliated to parties that controlled parliament. A total of 42% of respondents from nearly half of the developing countries belonged to an all-party parliamentary group or committee devoted to population-related issues—many of them formally established within their parliaments.

In donor countries, the respondents were predominantly women (72%), with an average age somewhat older than that of developing country respondents. A total of 59% were members of the ruling party, and 85% belonged to an all-party parliamentary group on population-related issues.

Overall, it appeared that ICPD issues are important to a wide range of age groups and political parties, as well as to both genders. However, countries in several sub-regions did not fully utilize the mechanism of an all-party group on population-related issues. *(See chart on page 11)*

In both developing and donor countries, two professions, education and medicine, stood out among the parliamentarians' backgrounds. This was not a surprise, given that health is central to many ICPD issues, and that educators are more often attuned than other professionals to social problems and the specific difficulties faced by children, adolescents and women.

PARLIAMENTARIANS SHARED MANY OF THE SAME INTERESTS, WITH GENDER EQUALITY AND WOMEN'S EMPOWERMENT, HIV/AIDS AND REPRODUCTIVE HEALTH AND RIGHTS TOPPING THEIR LIST.

III. WHAT WE CARE ABOUT

Respondents rated many of the same ICPD issues among their highest priorities. Topping the list were gender equality and women's empowerment, HIV/AIDS, and reproductive health and rights—three issues at the heart of the ICPD agenda.

However, a number of differences emerged when these interests were correlated by region. Donor-country parliamentarians took a more proactive role in advancing sensitive aspects of the ICPD agenda, by defining reproductive health and rights to include “sexual rights,” supporting abortion rights, and placing priority on overturning the United States' restrictions on family planning funding.

In developing countries, interest in reproductive health and rights was highest in most of Africa and lowest in Asia. Interest in gender-based violence was highest in Latin America and Eastern Europe and lowest in Central and South Asia and the Arab States. Parliamentarians in most of Asia were more

interested in HIV/AIDS than any other regions, while those in Latin America, Eastern Europe and the Arab States showed low levels of interest. Some of these disparities reflect the neglect of important issues in certain regions or differing perceptions of prevalence and risk.

Women were much more likely than men to point to gender equality, women's empowerment and women's education, and more than twice as likely to mention gender-based violence. Men were more likely than women to mention development issues and demographic concerns among priority issues. References to reproductive health and rights, HIV/AIDS and health were much more comparable.

IV. WHAT WE DO

There was a notable difference between donor- and developing-country responses to questions about working with other parliamentarians and government agencies.

In developing countries, three responses were most frequent: 42% of parliamentarians replied that they had developed legislation, and an equal number stated that they had worked with government agencies in various ways; 33% responded that they raised awareness of, or provided information to, other parliamentarians.

It was expected that working to enact legislation would be the most often mentioned, because this is parliamentarians' primary role. However, donor-country respondents cited engaging in advocacy (65%) and participat-

ing in hearings and drafting reports (45%) more frequently, and developing legislation (30%) less often. This is perhaps because most donor countries have already addressed much of the ICPD Programme of Action through legislation, and parliamentarians' focus is on lobbying to increase their countries' official development assistance (ODA) in this area.

Asked to describe experiences working with individuals and groups outside government to advance ICPD issues, a majority of developing-country respondents mentioned working with non-governmental organizations (NGOs), civil society organizations (CSOs) and the private sector. In donor countries, almost all the parliamentarians reported working with these groups.

Both developing- and donor-country respondents mentioned information and raising awareness about ICPD issues as the activities most useful in promoting an enabling environment and mobilizing resources. More than twice as many parliamentarians pointed to this as vital to their work than to any other activity.

V. OUR SUCCESSES

The primary work of parliamentarians is reviewing and adopting legislation, including budget appropriations. They also approve policies formulated by the executive branch of government, and endorse resolutions and statements on topics of importance. With regard to ICPD issues, parliamentarians were personally

involved in enacting 250 laws in 77 countries; proposing 157 bills in 63 countries; and approving 67 policies in 35 countries.

Laws enacted

Developing-country respondents were involved with the enactment of 217 laws in 68 countries, more than half of which dealt with gender equality and women's empowerment, gender-based violence and reproductive health and rights. The remainder related to a wide range of issues, including children; social

issues; human rights; family issues; youth and adolescents; HIV/AIDS; education; health, and population and development.

These laws correlated well with the two ICPD issues in which parliamentarians had expressed the greatest interest: gender equality and reproductive health and rights. However, they reported relatively few laws on HIV/AIDS compared to their interest in the issue, and far more gender-based violence laws than their interest would indicate.



Johnette Iris Stubbs/UNFPA

Teenage students listen intently to student volunteers teaching about reproductive health, HIV prevention and contraceptives.

This may indicate that it is easier to build broad support for laws prohibiting gender-based violence, or at least sexual violence, than it is to achieve consensus on a sensitive and complex issue like HIV/AIDS, which challenges deeply held cultural and religious views and implicates a wide range of health, education, criminal and sexual issues. It may also reflect a lack of political will to face the pandemic.

Donor-country parliamentarians listed far fewer laws, bills and policies; only half the donor countries reported having been involved in the enactment of laws, as opposed to 68 of the 85 developing countries. They were more likely to report on their work towards increasing ODA for ICPD issues than on internal developments in their own countries. Many donor countries had already enacted legislation to implement ICPD in their countries.

Donor-country parliamentarians mentioned most often laws prohibiting gender-based violence, including female genital cutting (FGC), trafficking and domestic violence (ten laws), followed by reproductive health and rights (nine laws), including laws to increase access to abortion and laws to approve the use of

than average on gender-based violence and on HIV/AIDS. Eastern European countries enacted a lower number of gender equality and HIV/AIDS laws, and the Arab States a lower number of laws on gender equality, HIV/AIDS, and reproductive health and rights. In Latin America and the Caribbean countries, there were a higher number of laws than average relating to those three areas and gender-based violence. Some of the regional disparities may be the result of stricter constraints in some regions on confronting certain sensitive issues. Others may be ascribed to different perceptions of available opportunities or to strategic choices about the best way to advance the ICPD agenda.

Bills proposed

Parliamentarians from 58 developing countries stated that they had been personally involved in work on 152 separate bills: the main topics were gender-based violence; gender equality and women's empowerment; reproductive health and rights, and HIV/AIDS. Laws enacted mainly related to the first three: almost four times as many bills as laws involved HIV/AIDS. This difference reinforces the conclusion that parliamentarians have found it difficult to achieve consensus on HIV/AIDS

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