

The 21st Asian Parliamentarians' Meeting

on

Population and Development

Population in Emergency

— Parliamentarians' Response to Social and Economic Recovery —

April 29–30, 2005

Phnom Penh

CAMBODIA

THE ASIAN POPULATION AND DEVELOPMENT ASSOCIATION  
(APDA)

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## **PROGRAMME**

### **The 21<sup>st</sup> Asian Parliamentarians' Meeting on Population and Development**

Phnom Penh  
Cambodia  
29<sup>th</sup> and 30<sup>th</sup> April 2005

### **Population in Emergency —Parliamentarians' Response to Social and Economic Recovery—**

#### **28th April 2005 (Thurs.)**

- <All day> Participants' arrival and registration
- 19:30~20:30 Welcome Dinner hosted by Madam Men Sam An, Chairperson of CAPPD
- 20:30 AFPPD Executive Committee Meeting (Executive members only)

#### **29th April 2005 (Fri.)**

- 09:30~10:30 Opening Ceremony**  
Address of Organizer: Dr. Taro Nakayama, Chairperson of APDA,  
Read on his behalf by Ms. Kayoko Shimizu, Vice-Chairperson of APDA  
Welcome Address: Madam Men Sam An, Chairperson of CAPPD  
Address: Mr. Yoshio Yatsu, Chairperson of AFPPD  
Address: Ms. Imelda Henkin, Deputy Executive Director of UNFPA  
Special Address: Samdech Heng Samrin, Acting-President of the National  
Assembly of the Kingdom of Cambodia
- 10:30~11:00 Collective Photograph / Tea Break
- 11:00~11:30 Keynote address: Parliamentarian Activities in Emergency Situations**  
Madam Men Sam An, Chairperson of CAPPD
- 12:00~13:30 Lunch hosted by Mr. Yoshio Yatsu, Chairperson of AFPPD
- Session I: Population Issues in Emergency —Problems, Tasks and Countermeasures—**
- 14:00~14:30 Dr. Osamu Kunii, Prof. of Institute of Tropical Medicine, Nagasaki University
- 14:30~15:30 Discussion  
Intervention Speech by Ms. Khuon Sudary
- 15:30~15:45 Tea Break

- Session II: Disaster and International Cooperation: Parliamentarians' Role  
—Focus on Tsunami Disaster—**
- 15:45~16:15 Mr. Shin Sakurai, Former Chairperson of AFPPD
- 16:15~17:15 Discussion  
Intervention Speech by Ms. Ky Lum Ang
- 19:30~ Dinner hosted by Samdech Heng Samrin, Acting-President of the National Assembly of the Kingdom of Cambodia

**30th April 2005 (Sat.)**

- Session III: Population and Public Health —In Emergency Situations—**
- 09:00~09:30 Ms. Bettina Maas, Representative of UNFPA Cambodia
- 09:30~10:30 Discussion  
Intervention Speech by Princess Sisowath Santa
- 10:30~10:50 Tea Break

**Session IV: Reproductive Health and Rights in International and Domestic Disputes**

- 10:50~11:20 Dr. Ouk Vong Vathiny, Executive Director of Reproductive Health Association of Cambodia (RHAC)
- 11:20~12:00 Discussion  
Intervention Speech by Mrs. Ho Naun
- 12:30~14:00 Lunch hosted by APDA

**Session V: Round Table Discussion:  
Parliamentarians' Role in Emergency Situations to Reconstruct the Living  
Condition and Enhance Socio-Economic Development.**

- 14:00~15:30 Discussion  
Intervention Speech by Mr. Un Ning
- 15:30~15:35 Tea Break
- 15:35~16:15 Discussion
- 16:15~16:45 Closing Ceremony**  
Closing Address: Ms. Kayoko Shimizu, Vice-Chairperson of APDA  
Address: Ms. Imelda Henkin, Deputy Executive Director of UNFPA  
Address: Dr. Raj Karim, Regional Director of IPPF-ESEAOR  
Address: Madam Men Sam An, Chairperson of CAPPD
- 17:00~19:00 City Tour
- 19:30 Farewell Reception, hosted by APDA

# Opening Ceremony

# Address of the Organizer

**Dr. Taro Nakayama, M.P.**

Chairperson of APDA

Read by

Ms. Kayoko Shimizu,

Vice-Chairperson, APDA

Your Excellency Heng Samrin, Acting-President of the National Assembly of the Kingdom of Cambodia,

Madam Men Sam An, Chairperson of the Cambodia Association of Parliamentarians on Population and Development,

Mr. Yoshio Yatsu, Chairman of the Asian Forum of Parliamentarians on Population and Development, Distinguished delegates,

Ms. Imelda Henkin, Deputy Executive Director of United Nations Population Fund,

Dr. Raj Karim, IPPF East and South East Asia and Oceania Region Regional Director,

Esteemed lecturers,

Ladies and gentlemen,

In my capacity as the organizer of this meeting, I thank you very much for joining us at the Asian Parliamentarians' Meeting on Population and Development.

First of all, I would like to express my profound gratitude to Your Excellency Heng Samrin, Acting-President of the National Assembly of the Kingdom of Cambodia, Madam Men Sam An, Chairperson of the Cambodia Association of Parliamentarians on Population and Development, Mr. Pen Pannha, Chairman of the APDA Meeting Preparatory Committee, Ms. Bettina Maas, UNFPA Resident Representative, and all concerned for your generous efforts in making this meeting a reality.

Cambodia was the last country to see the end of the war in Indochina. Future historians will undoubtedly look back on 20th century Cambodia and record it as one of the greatest tragedies in human history. It may take a little longer for us to know why it happened and what it meant, as it was just too grave an historical event to be able to coolly make sense of it all.

I believe that the mere fact that the APDA meeting is taking place in Phnom Penh, the capital city of



Cambodia, is of great significance. I say this because I feel very close to Cambodia. It was in 1991 that Cambodia's path to peace was charted. I was then serving my country as foreign minister. That year, on 21 October, the International Conference on Peace of Cambodia took place in Paris during which Agreement on a Comprehensive Political Settlement of the Cambodia Conflict, composed of four instruments, was signed by representatives of each Cambodian faction and the foreign ministers of eighteen countries, including myself. For Japan it was the second International Peace Agreement it had signed, seventy years after the Versailles Treaty that declared the end of World War I. Two years later in 1993, under the United Nations Transitional Authority in Cambodia headed by Mr. Yasushi Akashi, then UN Secretary-General's Special Representative for Cambodia, the Election of a Constituent Assembly took place to lay the foundation of the present-day Cambodia.

Since then I have had the privilege of enjoying a close exchange with His Majesty King Sihanouk, His Royal Highness Prince Ranariddh, and Prime Minister Hun Sen. The city of Phnom Penh, the venue of the meeting, is today peaceful and bustling with activity, which makes it hard for one to believe that it was once a desolate and deserted town. I am proud as a politician to have been part of the historic achievement of bringing peace to Cambodia. And I am truly glad that Cambodia enjoys peace and prosperity today.

I feel a surge of emotion that on this very land of Cambodia, which holds many memories for me, the Asian Population and Development Association of which I am proud to serve as Chairperson is organizing the 21st APDA meeting. The theme selected for this meeting is "Population in Emergency," which is precisely what we are facing today.

Cambodia, which was the last country to see the end of the tragic conflicts in Indochina, has today risen remarkably to a new beginning, but violence continues to rage in many parts of the world. Afghanistan, which appears to have reached a certain level of stability compared with the past, is continuing to grapple with serious consequences. There was in addition the mammoth natural disaster last December when an earthquake of huge magnitude off the Island of North Sumatra and the ensuing tsunami wreaked havoc on the coastal states of the Indian Ocean as far away as Somalia. A major aftershock in March is causing further injury and devastation.

This was an instance of a typical plate type earthquake taking place in the vicinity of the Sunda plate zone. Japan, located on the edges of four tectonic plates —the Eurasian, the Philippine Sea, the North American and the Pacific— is also a very earthquake-prone country. On January 17, 1995 an earthquake destroyed the city of Kobe and the surrounding area. And just last year, on October 23, there was a major earthquake in the Chuetsu region of Niigata. Natural disaster can strike any country

and requires a collaborative international response.

Japan could offer quick assistance to the victims of the Indian Ocean tsunami because it was able to make use of the lessons learned from its own past earthquakes. The Tsunami disaster relief has moved from the stage of providing emergency assistance to the next step of supporting reconstruction and rehabilitation. The highest priority now is for the international community to work to help survivors rebuild their lives.

Whether it is war or civil unrest, or natural disaster such as the tsunami, it is the marginalized, women and children, people with disabilities and the minorities, who are the most vulnerable. We read reports of how women and children have been exposed to all kinds of violence following the Sumatra earthquake. At the same time, there have been inspiring acts of goodwill by those who have offered themselves body and soul to provide emergency relief. We are moved to see in them the wonderful potential goodness of human beings.

Against this background, what roles can we parliamentarians play? We have been elected by our people to represent their will in governing their lives and society. Let us work together for our common objective of building societies in which every individual can enjoy what he or she is born for, to live a happy and productive life.

I see many familiar faces in the audience. There can be no greater happiness for me than if our meeting will provide the opportunity for us parliamentarians to put our thoughts together as to how we, as elected representatives of the people, can respond to social and economic recovery and through this strengthen solidarity in the Asian region. I am confident that we will do this through our active discussion and involvement. Thank you.

## Address

**H.E. Mrs. Men Sam An, MP**

Chairperson of CAPPD

Respected Samdech Heng Samrin, Acting-President of the National Assembly,  
Honorable Ms. Kayoko Shimizu, M.P. Vice-Chairperson of APDA,  
Honorable Mr. Yoshio Yatsu, Chairperson of AFPPD,  
Distinguished Ms. Imelda Henkin, UNFPA Representative,  
Distinguished Dr. Raj Karim, IPPF Regional Director,  
Excellencies, Honorable Parliamentarians,  
Distinguished guests, Ladies and Gentlemen,

In the name of the Cambodian Association of Parliamentarians on Population and Development, CAPPD, I have great honor and pleasure to warmly welcome Parliamentarians from 16 countries and Representatives of APDA, AFPPD, UNFPA IPPF and all attendants who will participate in the 21<sup>st</sup> Asian Parliamentarians' Meeting on Population and Development on "Population in Emergency: Parliamentarians' Response to Social and Economic Recovery" here in Phnom Penh, Cambodia.

The presence of Samdech Heng Samrin, Acting-President of the National Assembly, is a clear message from the Cambodian Government about our concern for these global issues. In the spirit of amity and cooperation, this meeting shall strengthen our cooperation and efforts to reduce the negative impact of disasters domestically, bilaterally, regionally and internationally.

I would like to take this opportunity to express my appreciation to APDA who has entrusted Cambodia as the host country for this significant forum and who has organized such an important gathering. I would also like to extend my sincere thanks for the contributions of all participants in this special event.

Samdech Heng Samrin,

Excellencies, Ladies and Gentlemen,

With the firm support of the National Assembly of the Kingdom of Cambodia, CAPPD has worked closely with APDA and AFPPD on issues related to population and development in order to improve the quality of life for all of our nations citizens. In early December 2000, assisted by these two prestigious organizations, CAPPD organized the Indo-China Parliamentarians Seminar on Reproductive Health and Sustainable Development. At this seminar, CAPPD had the assistance and

support from Parliamentarians from Australia, Cambodia, China, Japan, Lao PDR, and the Philippines, Thailand, Vietnam and other eminent experts on this issue.

Today, CAPPD with the assistance of APDA and AFPPD is proud to host representatives from 16 countries to this 21<sup>st</sup> APDA meeting. This meeting will be discussing issues of vital, if not critical concern to all; the great challenge of Disaster Management and the role of Parliamentarians in reducing the risk and our peoples suffering.

How do we as Parliamentarians deal with the grave consequences of these calamities as we implement the 1994 International Conference on Population and Development Plan of Action, Millennium Development Goals and our own country poverty reduction specific goals. To understand this, the meeting will focus on the principal phases of the Disaster Management cycle; preparedness, response, rehabilitation, reconstruction, prevention and mitigation.

Again, I warmly welcome all delegates to this important meeting and wish us the best for the coming two days. Thank you.

# Address

**Mr. Yoshio Yatsu**  
Chairman of AFPPD

Your Excellency Heng Samrin, Acting-President of the National Assembly of the Kingdom of Cambodia,  
Madam Men Sam An, Chairperson of Cambodia Association of Parliamentarians on Population and Development,  
Ms. Kayoko Shimizu, Vice-Chairperson, Asian Population and Development Association  
Distinguished delegates,  
Ms. Imelda Henkin, Deputy Executive Director of United Nations Population Fund,  
Dr. Raj Karim, IPPF-EASEAOR Regional Director  
Esteemed specialists who are contributing their intellectual capital,  
Ladies and gentlemen,

Let me on behalf of AFPPD sincerely thank each and every one of you for attending the 21<sup>st</sup> Asian Parliamentarians' Meeting on Population and Development.

I would like to express my profound gratitude to Your Excellency Heng Samrin, Acting-President of the National Assembly, Madam Men Sam An, Chairperson of the Cambodia Association of Parliamentarians on Population and Development, Mr. Pen Pannha, Chairman of the APDA Meeting Preparatory Committee, and Ms. Bettina Maas, UNFPA Resident Representative, and everyone concerned for contributing to the organizing of this meeting.

The theme of the 21<sup>st</sup> APDA meeting is "Population in Emergency." I am reminded of the great significance of getting together in peace and tranquility in a country on the way to achieving peace and democracy and putting behind it its appalling suffering, and to discuss the role of parliamentarians in social and economic recovery.

Specialists point out that rapid and explosive increase in population can trigger ethnic conflict, but that Cambodia, in cooperation with Japan and many other concerned countries, has achieved peace can be a model of international cooperation. There are as we know too many conflicts as a result of ethnic and ideological confrontation. However, the process of Cambodian peace-making, I earnestly hope, will make an important international contribution as an inspiring act of human wisdom for all who yearn

for peace.

The major focus of this APDA meeting, needless to say, is the colossal earthquake and ensuing tsunami that struck the coastal states of the Indian Ocean not once but twice at the end of last year and again more recently. Torahiko Terada, a natural scientist and a writer, said at the time of the Great Kanto Earthquake of 1923 that disasters strike when we have forgotten all about them. Of course, Indonesians, Sri Lankans, Maldivians and Thais had not forgotten—but they had never experienced any like this. Their grief at losing their loved ones, three hundred thousand of them, is simply beyond imagination.

I took the opportunity of attending the Asia Pacific Academic Conference held on Kurabi Island in Thailand early this March to see for myself the ravaged islands of Pipi, Phuket and Kaolak from a helicopter. I saw how the coasts had been washed away by the big waves that clawed off the lush green cover exposing the pale soil underneath. I shuddered at the furious forces of nature.

The tragedy taught us, at the sacrifice of many lives, the foolishness of the endless manmade conflicts around the world and the need for us to be prepared for unexpected rages of nature. Two things are of utmost importance. We have also delegates from affected areas at this meeting. We must resolve to minimize disasters when they strike and be prepared by equipping ourselves with sufficient knowledge and effective warning systems. It is very much to be hoped that through our discussions here we as elected representatives of our people shall develop a better sense of our responsibilities and be able through a spirit of cooperation to maximize international solidarity beyond our borders.

HIV/AIDS, rampant in Africa today, is considered the third pandemic after the plague and the Spanish Flu that struck Europe respectively in the 14<sup>th</sup> and early 20<sup>th</sup> centuries. We must arouse global interest in its treatment, care and prevention. It has already claimed twenty million lives, and we must at all costs arrest its spread in Asia. HIV/AIDS is no longer a personal disease; it is a human challenge that requires a united global approach.

AFPPD is committed to working together with Asian parliamentarians assembled here at the APDA meeting to boldly take on the human challenges that we face, including the continuing conflicts, natural disasters and worldwide infectious diseases that I have alluded to, by appealing to policy makers in our respective countries from our position of responsibility as elected representatives of our peoples. In concluding, I pledge with all of you to work earnestly to make the 21<sup>st</sup> APDA meeting a great success. Thank you for your attention.

# Address

**Ms. Imelda Henkin**

Deputy Executive Director of UNFPA

Your Excellencies, distinguished parliamentarians, ladies and gentlemen,

It is my pleasure to join you in Cambodia for the 21st Asian Parliamentarians' Meeting on Population and Development. Population in Emergency is a timely topic, given the recent tsunami, which garnered unprecedented international support, and other emergencies around the globe.

I would like to thank the Asian Population and Development Association for organizing this meeting, in cooperation with the Asian Forum of Parliamentarians on Population and Development and the Cambodian Association of Parliamentarians on Population and Development. UNFPA is pleased to be your partner together with the International Planned Parenthood Federation.

It is indeed a pleasure to be here in Phnom Penh and to have the opportunity to discuss over the next two days the very important issue of population in emergency with government officials and parliamentarians from throughout the region. As Parliamentarians and Ministers, you are very important people because you represent the people in your countries and advocate for their rights and needs. You are uniquely placed to offer leadership on important issues.

As Parliamentarians, you have influence at the highest levels of government, in civil society and at the grassroots among individual men and women and youth. You are the voices of the people and their natural link to their governments. Your presence here is most gratifying. It is my sincere hope that you will use this opportunity to reaffirm and strengthen your commitment to populations in emergency.

From the Indian Ocean tsunami to the conflict in Nepal, from the crisis in Darfur to the eastern Democratic Republic of the Congo, recent months have provided eloquent testimony to the ever-growing range and scale of demands being placed on the international humanitarian response system. With leadership and coordination from the United Nations, the system was able to provide massive relief to tsunami-affected communities in the Indian Ocean, against all odds, in the course of a few weeks.

The agency I represent, UNFPA, moved rapidly to protect maternal health. There were an estimated

150,000 pregnant women in the affected areas in Indonesia and Sri Lanka and health systems were destroyed, putting the lives of mothers and babies at risk. Immediate UNFPA response included supplying simple provisions for safe delivery, as well as more sophisticated equipment and supplies for the reestablishment of comprehensive maternal services, including emergency obstetric care.

UNFPA also moved to restore reproductive health care services, including family planning and HIV prevention, which were needed. We also provided support to address sexual and gender based violence—which often increases in emergency situations—to protect women, girls and boys. We moved to reinforce urgently needed psychosocial and counseling support for those suffering from trauma, and to restore dignity and hygiene by providing personal hygiene kits, like the one I have here.

Our representatives in the field spoke to women survivors and asked them what they needed. Surprisingly, they responded that they needed simple things, such as soap, a washcloth, a towel, a comb, underwear and sanitary products—the most basic things, which other relief efforts were not providing. Some women also asked for head scarves, since they were Muslim and were accustomed to having their heads covered for praying, which they wanted to do, especially for their loved ones who they lost, and also for going out in public to seek services for themselves and their families.

Recent data show that many more women died in the tsunami than men. A survey of eight tsunami-affected villages in Indonesia's Aceh province found surviving males outnumbered females four to one. Findings were similar in India and Sri Lanka. This disproportionate impact will lead to problems for years to come. There are reports of rapes, harassment and forced early marriages. We all need to wake up to this issue and ensure the protection, inclusion and empowerment of the women that have survived. There may be pressure on them to have more children and space their children less to replace those lost by the community. Together we must ensure that their human rights are respected, including the right to make reproductive decisions free of coercion, discrimination and violence. We must also ensure that surviving men, who have been left without their wives, are given the support they need to care for their children.

The main point I want to make is that gender concerns—the different realities, roles and responsibilities of men and women—must be taken into account in humanitarian response and social and economic recovery. This is an issue of meeting people's needs and respecting their human rights. And it is an issue to which UNFPA is fully committed and I am happy to report, progress is being made.



Your Excellencies,

In Strasbourg last October, over 130 parliamentarians and ministers from 90 countries reaffirmed their responsibility to uphold the right of individuals to decide the number and spacing of their children, to empower women and to eliminate all forms of violence against them. At the closing, participants endorsed a strong set of commitments to advance the goals of the International Conference on Population and Development. They recognized that “the decision to defend these principles is the difference between a life with hope and opportunity and a life of despair and desperation. And worse, it is the difference between life and death itself.”

In emergency situations around the world, issues of life and death are an immediate concern. Although situations vary from one country to the next, one thing is constant—the need for humanitarian response to become more predictable. In his report, In “Larger Freedom: towards development, security and human rights for all,” UN Secretary-General Kofi Annan calls for rapid progress on three fronts. First, the humanitarian system needs to have a more predictable response capacity in areas where now there too often are gaps, ranging from the provision of water, shelter, food to health services, including reproductive health, to camp management and protection. Second, we need predictable funding to meet the needs of vulnerable communities. We need to ensure that the generous outpouring of global support to the tsunami crisis becomes the rule, not the exception.

Third, we need to have a predictable right to access and guaranteed security for our humanitarian workers and operations in the field. Too often humanitarian workers are blocked from providing assistance because government forces or armed groups prevent them from doing their jobs. We see this happening now in Nepal, and the people are left to suffer. Elsewhere, terrorists attack our unarmed aid workers and paralyze operations, in violation of international law. As Ministers and Parliamentarians, you can play a key role in speaking out forcefully for the right of access for humanitarian workers.

Another issue of urgent concern is the growing number of internally displaced persons. Unlike refugees, who have crossed an international border, those displaced within their own countries by violence and war are not protected by established minimum standards. Yet this acutely vulnerable group now totals roughly 25 million, more than double the estimated number of refugees.

Today, I urge all of you as Ministers and Parliamentarians to accept the Guiding Principles on Internal Displacement prepared by the Special Representative of the Secretary-General as the basic international norm for protection of such persons, and to promote the adoption of these principles through national legislation.

As I said before, predictable funding for ALL emergencies is urgently needed. We must redirect media attention to forgotten emergencies. Today millions of people are suffering and dying in Sudan, Chad, the Central African Republic, Guinea, Afghanistan and other countries. Yet their plight is not seen on TV every night. They are largely forgotten.

Ensuring consistent and timely responses to crises requires both that pledges be rapidly converted into resources and that more predictable and flexible funding be made available for humanitarian operations, particularly in the initial emergency phase. This is extremely important for the often neglected, but critically important, areas of reproductive and maternal health and protection from gender based violence.

While progress has been made in addressing these sensitive issues, protection against sexual violence is still an evolving area of humanitarian assistance. Thus it is sometimes considered a marginal concern. For the women who are violated, sexual violence is far from being a marginal concern. In a report to the UN Security Council on Darfur the UN Secretary General referred to information from the NGO Médecins sans Frontières that from October 2004 to February 2005 500 rape victims had been treated. And he said that “This figure is all the more shocking when set against the reality that many survivors of sexual and gender-based violence do not seek treatment, owing both to social stigma attached to rape and fear of negative repercussions.” In one case several pregnant rape victims were detained on adultery charges and, although eventually released, were beaten and sexually assaulted while in detention, this discouraging others from registering complaints.

The impact of violence, especially rape, can be devastating. Physical consequences may include injuries, unwanted pregnancies, sexual dysfunction and HIV/AIDS. Damage to mental health may include anxiety, post-traumatic stress disorder, depression and suicide. For both prevention and treatment, UNFPA works with UN and NGO partners to coordinate relief efforts across sectors, with staff involved in protection, security and community and health services.

UNFPA’s actions to prevent sexual violence include:

1. Raising awareness about the increased danger and condemning such acts as violations of human rights and a threat to public health;
2. Supporting education and information campaigns;
3. Promoting safety measures, including adequate lighting, security patrols and the safe location of services and facilities;

4. Advocating for the enactment and enforcement of laws and policies against sexual and gender-based violence, and providing training for police and judges; and
5. Involving men to promote behavior change.

Your Excellencies,

I have outlined several areas of priority concern. Of primary importance is the need to ensure universal access to reproductive health services for populations in emergency, and to protect women and adolescent girls and boys from sexual violence. In times of upheaval, pregnancy-related deaths and sexual violence soar. Reproductive health services—including prenatal care, assisted delivery, and emergency obstetric care—often become unavailable. Young people become more vulnerable to HIV infection and sexual exploitation. And many women lose access to family planning services, exposing them to unwanted pregnancy in perilous conditions.

It is important to ensure that women play an equal role in humanitarian response and recovery. Women are the backbones of families and communities and they know what needs to be done. They should be involved in reconstruction every step of the way. For a society to return to normal, all members of the population must be involved and actively engaged in the solution.

All over the world, UNFPA humanitarian response moves quickly when emergency strikes—to collect and analyze population data and protect the reproductive health of communities in crisis. And your support is highly appreciated.

In closing, I would like to stress that support for reproductive health is especially important this year as nations gather in September in New York to review the implementation of the Millennium Declaration and the Millennium Development Goals. As Ministers and Parliamentarians interested in population and development issues, you have a critical role to play. Ensuring universal access to reproductive health is central to the achievement of the Millennium Development Goals. It is therefore important that this key goal of the 1994 International Conference on Population and Development is reflected in national statements.

I thank you very much for the opportunity to address you and I look forward to our discussions.

# Opening Address

**Samdech Heng Samrin**

Acting-President of the National Assembly of the Kingdom of Cambodia

Honorable Ms. Kayoko Shimizu, M.P. Vice-Chairperson APDA,  
Parliamentarians on Population and Development,  
Association of Parliamentarians on Population and Development,  
Distinguished Dr. Raj Karim, IPPF-ESEAOR Regional Director,  
Excellencies, Honorable Parliamentarians,  
Distinguished guests, Ladies and Gentlemen,

It is a great pleasure and a privilege for me to welcome you all to Phnom Penh for this meeting of the Asian Parliamentarians' Meeting on Population and Development. Also, I am honored to participate in the forum of the respected representatives from 16 countries of the Asia Pacific region. I appreciate APDA's initiative in organizing this meaningful meeting and the contribution of all participants on this important gathering. Cambodian parliamentarians are very proud to host this special event.

At the outset, I would like to send my sincere condolences to people who have suffered from the past disasters. I would like to invite you all, now, to stand, to pay homage to those who have lost their lives in the disasters around the world.

We have entered a new century with growing concerns about disaster. It has been observed that, since 1970, disasters have nearly tripled and the numbers of people affected have more than tripled. Disasters cause terrible suffering and loss of human life and severe damage to property, economy and environment. Disasters have residual effects in the affected communities, such as food shortages and the deterioration of sanitary conditions.

Cambodia has suffered often from disasters —both natural and man-made. In the past we experienced the tragedy of protracted conflicts that continued for many years, and the danger of landmines and unexploded ordnance still exists. We regularly suffer from storms, floods and drought, often in the same year. These calamities cause deaths, destruction of property, and serious damage to the country's socio-economic infrastructure. These natural disasters place strains on poverty reduction efforts and the development of the nation, in which we have invested so much time and resources.

Excellencies, Honorable parliamentarians,  
Distinguished guests, ladies and gentlemen,

Numerous steps have been taken within Cambodia to better prepare for and respond to disasters and to repair the damage left in their wake. The Cambodian government has shown its political will to provide humanitarian and emergency assistance and to gradually strengthen our disaster management mechanisms with the aim of mitigating risks and promoting rehabilitation and reconstruction. The National Committee for Disaster Management, NCDM, which was established with Prime Minister Samdech Hun Sen as Chairman is responsible for managing the response and rebuilding caused by disasters across the country, developing national policies for disaster management, and strengthening legal frameworks. In Cambodia today, NGOs, United Nations Agencies, international organizations, the Cambodian Red Cross and its partner organizations —International Red Cross Federation and Red Crescent— are actively working in the disaster management sector. A United Nations Disaster Management Team was established in 2001, with the aim of implementing and addressing emergency operation cases that occur in Cambodia. In addition, the Royal Palace Intervention Team also plays an active role in assisting the most vulnerable.

Due to our limited resources and capacity, and the magnitude of natural disasters in recent years —such as severe floods in 2000–2001, severe drought resulting from the Elniño phenomenon, and the 2004–2005 prolonged droughts— we are hard pressed to respond effectively to disasters, particularly for the most vulnerable.

Nonetheless, on behalf of the National Assembly of the Kingdom of Cambodia and its people, I wish to express our warmest and sincerest gratitude to the international community for providing us both technical and financial assistances in disaster management.

Excellencies, Honorable Parliamentarians  
Distinguished guests, ladies and gentlemen,

I wish to take this opportunity to draw your attention to the fact that in emergencies, we must act as soon as possible in order to minimize suffering and tragedies and to rapidly restore the situation to normal. As parliamentarians, we have to be proactive, to join efforts and activities and we must respond with love and compassion in striving to save victims and assist affected people.

Participation and cooperation are vitally essential. In Cambodia’s experience, the fundamental factor in disaster management during an emergency is the responsible participation of top leadership in the relief effort, in close collaboration with the NCDM, relevant ministries, UN agencies, international

organizations, NGOs, and partners, together with the participation of the people. That is a great culture of people supporting each other.

It is important that the disaster management information systems be strengthened and that an early warning system be established and reinforced in order to prepare people for the onset of disasters. This is an important way to protect people and property and mitigate the losses caused by disasters. Funds, resources, materials and food stocks must be reserved to ensure timely intervention and ensure that aid truly addresses the suffering of those affected. Needless to say, these measures demand good management practices to ensure accountability and transparency in all the operations.

Local capacity must be strengthened and encouraged, public awareness of disasters promoted, and people provided with opportunities to quickly return to their normal lives. As lawmakers, we need to review and enforce legal frameworks relating to adequate management of disasters in line with international disaster response law and other relevant rules and principles.

As we continue to cope with the devastation caused by the Tsunami, it is clear that our region was well-prepared to anticipate and respond to this disaster. It is clear that had we been better prepared, better warned, the effects of tsunami could have been greatly reduced.

With a clear understanding of the importance of regional and international cooperation, solidarity, and partnership, and with a strong willingness to assist each other during an emergency, the Cambodian Parliament strongly supports the Royal Government of Cambodia in its effort to promote cooperation, especially in such organizations as the Asian Committee for Disaster Management, which aims at reducing the effects of disaster by strengthening regional and international cooperation.

In the spirit of humanity, I urge that we move quickly on such priority tasks as the creation and strengthening of an early warning system center in coastal countries, disaster research centers, reserve funds, technology, provision of specialists and experts, and legal support programs. I believe that proper management of disasters is important to speed up economic growth, to promote sustainable development and to liberate people from poverty.

This gathering provides a good opportunity for us to exchange lessons learned and experiences, with the aim of preparing ourselves, strengthening preventive measures, and making operational mechanisms more effective in emergency situations.

In closing, I would like to wish you all success in this endeavor. I wish the forum fruitful results and all

participants a pleasant stay in Cambodia. Now, in the spirit of friendship and cooperation on which this august organization is founded, it is my honor and privilege to declare this meeting open. Thank you very much.

Keynote Address  
**“Parliamentarian Activities in Emergency Situations”**  
**H.E. Mrs. Men Sam An**  
Chairperson of CAPPD

Honorable Ms. Kayoko Shimizu, Vice-Chairperson of APDA

Honorable Mr. Yoshio Yatsu, Chairman of AFPPD

Distinguished Ms. Imelda Henkin of UNFPA

Distinguished Dr. Raj Karim, Regional Director of IPPF

Excellencies, Honorable Parliamentarians

Distinguished guests Ladies and Gentlemen,

We are gathered here today to discuss the important issue of “Population in Emergency: Parliamentarians' Response Social and Economic Recovery”. I wish to open this session with a brief introduction on the issues relating to the Activities of Parliamentarians in Emergency Situations.

The 1994 Cairo International Conference on Population and Development (ICPD) formulated a Plan of Action that emphasized the integral linkages between population and development. The ICPD Plan of Action focused on meeting the needs of individual women and men and set goals for four inter-related areas. These areas are universal education, reduction of infant and child mortality, reduction of maternal mortality and access to reproductive and sexual health services including family planning.

We as Parliamentarians play an important role in ensuring these aims and objectives that are incorporated into our National Policies and Legislation and are implemented. We also play a role in setting goals and targets and monitoring the outcome of our country’s policies and programs on these issues. Additionally, through our membership and activities with other groups and organizations such as AFPPD and ASEAN, we can strategize and assist other nations with regional efforts to implementing the ICPD Plan of Action.

Disasters, natural or man made, can stifle our countries attempts to achieve these population and development targets and goals. These disasters often strike with little warning and devastate the lives not only of those people in the affected areas, but all the citizens of that country. Parliamentarians need to play a leading role in helping our citizens and global neighbors recover from these calamitous



and life changing events.

My country, Cambodia has suffered from both natural and man-made disasters; the legacy of many years of conflict, land mines and UXO, floods, drought, disease and the impacts of climate change amongst others. Other nations have suffered similarly and we all share a common desire to mitigate the impact and assist in the aftermath of disasters.

As shown recently with the Indian Ocean Tsunami, the earthquake near Nias Island in Indonesia, and the ongoing conflict in the Darfur Region of Sudan, disasters not only impact on the citizens of the affected countries, but their neighbors and the international community. Disasters not only destroy lives and infrastructure, but also retard our social and economic development and our goal of poverty reduction. While the direct physical impact of disasters may be short, the results of such events may last for generations.

The response to these emergency situations by governments and organizations from around the world has been outstanding. In a spirit of mutual compassion and understanding, governments from all corners of the globe have offered support for the response, reconstruction and rehabilitation of these shattered and traumatized populations and communities.

The pledges and offers of support have taken many forms, from the provision of specialists like doctors, nurses and counselors to providing technical and material assistance in rebuilding the essential infrastructure needed to serve the needs of the population. But these are only response measures, and in order to reduce poverty and ensure the ongoing well being of all people, we need to be vigilant and ensure that we are prepared for, prevent and mitigate the impacts of disasters.

Parliamentarians can play a role in the phases of the Disaster Management cycle; preparedness, response, rehabilitation, reconstruction, prevention and mitigation. With essential assistance from the Asian Population and Development Association (APDA), the ASEAN Committee on Disaster Management (ACDM), AFPPD, The United Nations Population Fund (UNFPA) and other Organizations, countries such as my own have developed the mechanisms necessary to be prepared, responded and reconstructed after disasters.

But what role do we, Parliamentarians play, after a disaster has struck our own country? In Cambodia since 1997, which is subject to frequent cycles of flood and drought, Parliamentarians fully support the establishment of the National Committee for Disaster Management (NCDM). The role of the NCDM is to coordinate all of our government's efforts in the Disaster Management cycle, to participate in regional and international forums and to continually strengthen our country's Disaster Management

capacity.

During times of drought, flood or other disaster, the NCDM is empowered to assist with the provision of supplies and support to affected communities and organizing mitigation measures. Cambodian Parliamentarians have played a direct role in these activities by providing additional funds, machinery, seeking assistance from international organizations and in many instances taking a role in the distribution of aid or even providing their labor.

But our primary role is as policy makers and legislators. Our focus should be to ensure that our Disaster Management plans are appropriate for the ongoing wellbeing and development of our nations and people. We can review the resources available and approaches taken in regards to Disaster Management to ensure we can achieve the goals of the ICPD Plan of Action and other targets such as the Millennium Development Goals. We can allocate resources to those areas that are lacking, impress the need to continually build capacity in our Disaster Management authorities and cooperate with regional Disaster Management organizations and bodies.

We can participate in forums such as this to learn and share each others experiences and expertise. We should take an active role in obtaining external support and technical assistance to ensure we can help our people and our neighbors. We can provide leadership and support for those who desperately need it during times of crisis. We should carefully consider before entering into agreements that may in any way limit or hamper our ability to provide what is necessary for our nation's citizens in times of disaster and distress.

Many of these issues will be discussed in sessions over the next two days. Issues those are important to the ongoing development to our nations and the world. We must never forget that we can play a role in helping our fellow sisters and brothers in times of need, wherever they may be. Thank you!

## Session 1 Population Issues in Emergency

— Problems, Tasks and Countermeasures —

**Chairperson**

**Mr. Gunasagaran Gounder (Fiji)**

**Resource Person**

**Dr. Osamu Kunii,**

**Professor of Institute of Tropical Medicine,**

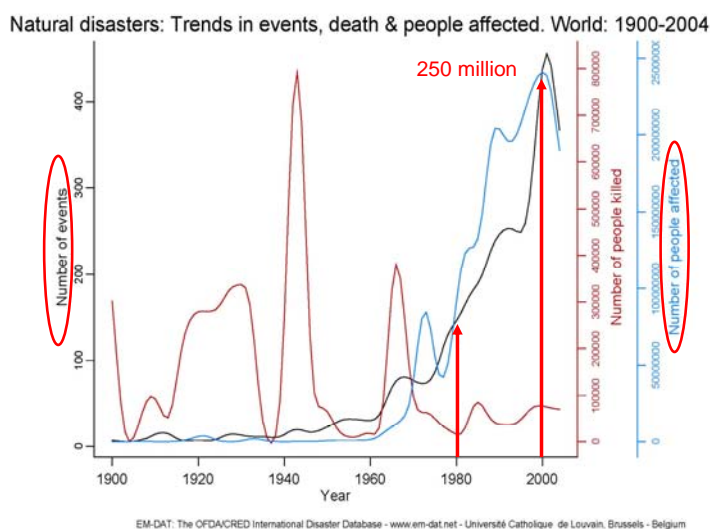
**Nagasaki University**

**Population Issues in Emergency**  
**— Problems, Tasks and Countermeasures —**  
**By Dr. Osamu Kunii**  
Professor of Institute of Tropical Medicine  
Nagasaki University

Madam Men Sam An, Chairperson of CAPPD,  
Ms. Kayoko Shimizu, Vice-Chairperson,  
Mr. Yoshio Yatsu, Chairperson of the AFPPD,  
Ms. Imelda Henkin, Deputy Executive Director of UNFPFA,  
Dr. Raj Karim, IPPF-ESEAOR Regional Director,  
Distinguished delegates,  
Ladies and gentlemen,

I am deeply honoured to have this opportunity today. As the starter of the 1st session, I'd like to overview emergencies and population issues, showing examples of emergency situations in Asia that I visited and worked for.

In the past 20 years, the numbers of natural disasters and people affected by the disasters have been rapidly on the increase, and now over 250 million people suffered from such impacts.

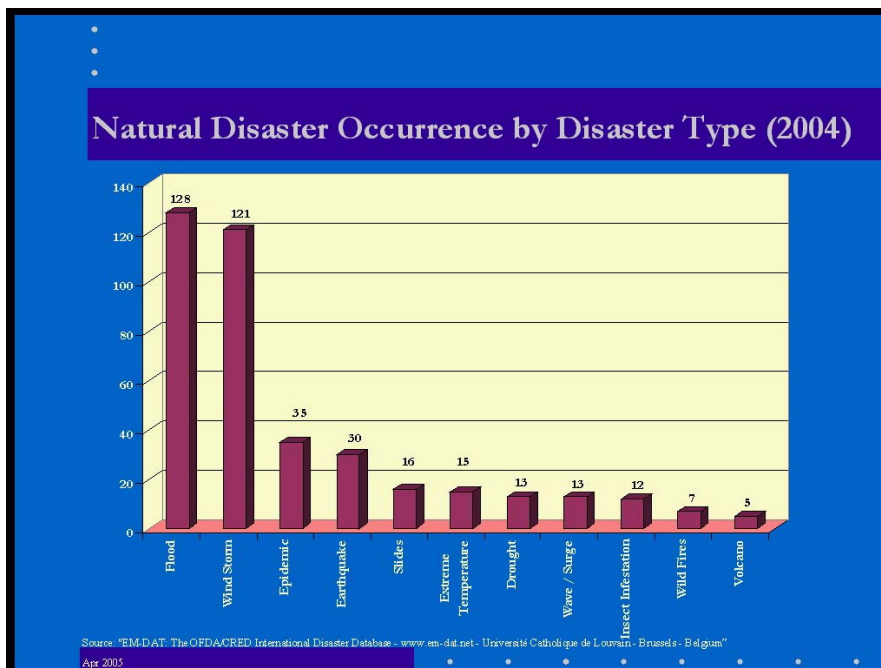


In particular, the Asia and Pacific region is the most disaster-prone, counting 80% of people killed by natural and technological disasters in the world. The types of natural disasters vary from volcanic eruption to wind storm.

Among them, the most gigantic and shocking natural disaster for most of us here is the Indian Ocean Earthquake and Tsunami. I have visited the affected areas several times in Thailand, Sri Lanka and Indonesia for emergency medical relief, assessment of public health and as the delegate of Japanese government to make assistance strategies. What I have seen there, were only debris and rubble, and the people in despair losing family and property.

There was a fear of excess deaths of infectious disease outbreaks among the affected, and WHO made an international appeal to prevent disease outbreaks in tsunami affected area mentioning that 150,000 people at 'extreme risk' of dying of preventable disease. In cooperation with experts in Sri Lanka and Indonesia, we have made several studies to assess risks of such outbreaks on site. So far, our findings are, contrary to the projection, that risks of infectious diseases were low in an initial stage in the aftermath. Because mosquitoes which can cause malaria and dengue fever were also killed or washed away by tsunami. And abundant emergency relief, both domestic and overseas, have responded to the needs of shelter, food, water supply and sanitation.

I'd like to mention other further findings in other session. However, the most frequent event among natural disasters both in Asia and the world is flooding.



Bangladesh is the most flood prone country. Flooding attacks this nation almost every year and causes an emergency situation covering over 30% of the country every 6 years. I witnessed 1998 flooding, that was the most extensive: covering over 2/3 of the land, deepest over 20 meters high and longest-lasting over 2 months. 30 million people were affected and left homeless. There were urgent needs of shelters, water/sanitation, and food.

I found diseases epidemics among the affected, over 400,000 people contracted diarrhoea and large number of people pneumonia. Some of you might be wondering why in such a tropical zone pneumonia can be spread. In this situation, the poor looted the poor. Most of the affected were poor and had to evacuate to safer areas. But there were many other poor who try to loot even such an affected house. So many of the affected had to stay and watch for thieves on the roof of their house. Soaking in water, many got respiratory infection, and later, spread over in densely populated evacuation centres.

But the future projection is pessimistic. There is a trend that recent floods are getting more lands covered with water. Local sea-level is elevating with projection of 1 meter high in some part by 2050 in Bangladesh.

Deforestation, population growth and poor people's habitation in vulnerable areas are increasing. Besides flooding, Bangladesh has been suffering from various disasters. The 1995 tornado killed over 500 people and 500 more missing in about 80 villages within 20 minutes. Here we made a survey on fatality of this disaster, examining which population group was most vulnerable to death. The answer was not a woman or a child, but the elderly. That's because in this disaster, galvanized iron or tin roof was a major cause of injury. It flied with wind speed over 200 km per hour. At the time, children were small enough to avoid being hit by the tin roof and also apt to be protected by family member. But the elderly were not protected by others and a smaller volume of blood loss may cause death than young women and others.

Even with advanced disaster preparedness and plan, Japan has been affected by many natural disasters like this 1995 Kobe earthquake. I witnessed devastation and dysfunction of local infrastructure and capacity, including lifeline, transportation, communication, and administration. Even though I rushed into Kobe soon after the event, for the first 3 days I could not be engaged in medical relief but have to work for post-mortem examination, or examination of dead bodies. PTSD or post-traumatic stress disorder among the affected is played up in disasters, but it is not a task only for psychiatrists or psychologists. Psycho-social care should be integrated in many activities and places, including family,

communities and schools. Besides, mental care for relief workers should not be forgotten.

The number of the displaced by conflicts or civil wars has been doubled in five years, especially in low human development index countries. Recently, we call this kind of disasters, complex humanitarian emergencies. Many of conflicts have occurred in Asia and Pacific, coming up to 84% of death toll by conflicts in the world.

I had worked in a Cambodian refugee camp in the Thai border in 1980's and conducted health project in a province near Phnom Penh in 1990's. This country showed us lots of lessons and models in rehabilitation and reconstruction to other countries. However, people still suffer from some adverse legacy from the past including landmine.

Afghanistan is also straggling for rehabilitation and reconstruction. During the Taliban regime, women were not allowed to work outside, but now these female health workers play a very crucial role in health services in communities. Even without school buildings, girls' basic education has been facilitated in refugee camps and now inside Afghanistan. But still female literacy rate is very low.

Despite undergoing rehabilitation, maternal mortality ratio and under-5 mortality rate is among the worse in the world. Access to safe drinking water and adequate sanitation is among the lowest.

Iraq was once a highly prosperous country with advanced health systems and infrastructure. They conducted open heart surgery over 30 years ago, which needed at that time high medical skills and technology. But now hospitals and clinics I visited were looted or destroyed and many skilled doctors and nurses fled the country.

Aral Sea in Kazakhstan was once the world 4th largest lake. But due to irrigation, the surface shrunk by half, and the volume by 3 quarters, and the surrounding areas were salinised. Shoreline has receded, in some place 70km between the present and the past shoreline. Media covered the news and reports that overuse of pesticides and chemical fertilizers contaminated water, food and air, and diseases such as bronchitis, liver and kidney diseases, cancer have increased by over 3000%. But when we started community health studies in the Aral sea region, I was surprised to find very little scientific evidence to prove such adverse health effects from environment. Most of the health effects have been reported by rumours, speculation, or very biased studies. Our study findings also tell that there might be environmental causes but also important factors existed, such as socio-economic changes of the rural poor after disintegration of Soviet Union.

Another example of an environmental disaster is 1997 Indonesia forest fires. It was the worst forest

fires on record that Southeast Asia have experienced, with 5 million hectares of land burned over 1500 sites. Haze generating from these fires caused Airbus crash, tanker collision, cancellation of international travelling to affected areas and others. In my study on air quality measurement and a community sample survey, we found a variety of toxic substances in haze, especially carcinogenic substance, that is, agent to induce cancers. We also found that about 98% of the community people suffered from respiratory or other symptoms. Contrary to the example of the Aral Sea, health effects by this kind of air pollution are likely to be underestimated.

As SARS and avian flue indicated, infectious diseases are other threats and emergency situation to us. Currently, infectious diseases were responsible for the daily deaths of 50,000 people worldwide. SARS caused about 8,000 cases and about 800 deaths in 26 countries. However, compared to influenza epidemics that occurred in Japan in 1997, you can see SARS might not be so dreadful in terms of health effect. Rather, psychosocial and economic impacts were so vast. Some people committed suicide in Taiwan due to just presuming they contract SARS. This happened from the fear and stigma from unknown, unseen enemy.

The only infectious disease eradicated through human efforts in our history was small pox. And now we're challenging the second eradication of the infection, that is, polio. However, the global target to eradicate by the end of this year might be difficult. While we're lingering upon the fight against one pathogen, over 30 new infectious diseases have emerged in the past 2 decades, and classic diseases like tuberculosis and malaria re-emerged in the world.

There are 4 determinants of infectious diseases epidemics. Human susceptibility to infection in younger generations or specific groups is likely to weaken. There are many mutations of pathogens resistant to medicine. Climatic change has expanded the areas where malaria-carrying mosquitoes can survive. Airplanes easily carry west Nile virus vector. There are the top ten infectious threats of the new millennium that the U.S. is worrying about. What's terrifying us is not only terrorists themselves to use them, but mother nature to produce them.

As everybody recognize, HIV/AIDS is the formidable threats in our region in the 21st century, and some countries are in an emergency situation. HIV positive, Women HIV (+), New infection, AIDS deaths, all are on the increase in this region. In some countries, HIV is rapidly spreading among high risk groups, but it is just an initial stage to permeate into general public and family.



## HIV/AIDS in Asia

	2002	2004
<b>HIV positive (million)</b>	7.2	8.2
<b>Women HIV (+) (million)</b>	1.9	2.3
<b>New infection (million)</b>	1.1	1.2
<b>AIDS deaths</b>	470,000	540,000

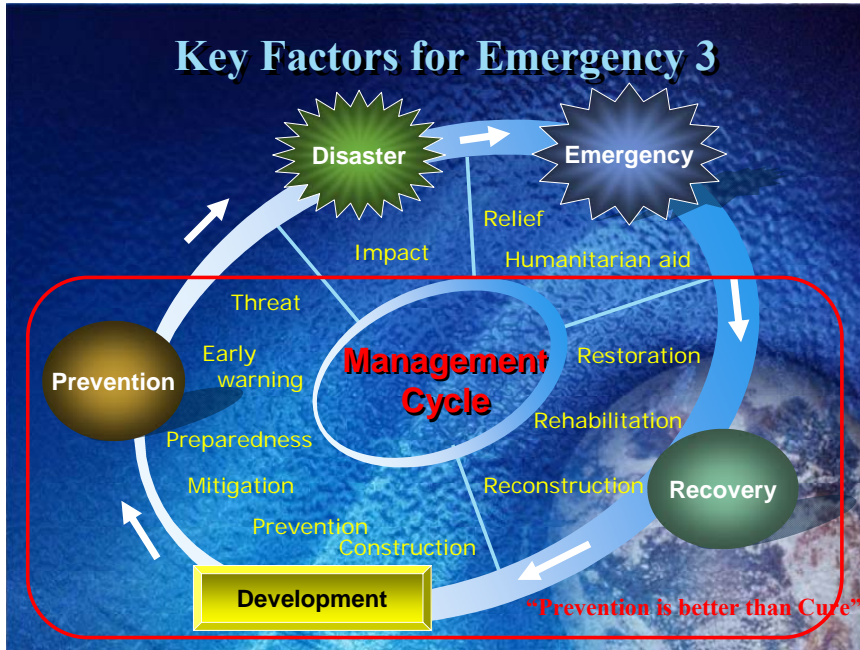
However, there is good news. In Thailand and Cambodia HIV incidence rate is lowering. We can find success stories even in sub-Saharan Africa like Uganda, Senegal and Zambia. Hard-working efforts coordinating various sectors and interventions, including behavioural change communication, and promotion of condom use, are now coming to fruition. But one of the common features in these success stories is political commitment and government's leadership.

Occurrence, frequency and severity of emergencies might be largely determined by hazards, vulnerability and inability. Vulnerability of the place and population could be a determinant of impact. Inability of the affected region and country might determine response capacity to the emergency. Hazards and vulnerability might best predict risks.

Because most of the disasters occur all of a sudden, relief and response have to start without proper information. Even if there is information, it is often not shared among stakeholders. One of the key factors for emergency is proper and timely study and assessment on hazards, vulnerability and inability. It should be shared among all the stakeholders, and be linked with policy, planning and further interventions. All the stakeholders, especially, policy makers, academia, administrators and media should work closely.

Many people say empowerment and participation of the affected and communities is important, but in reality the affected persons and communities are neglected or just left as recipients in emergencies. We

have to remember who the centre for relief, reconstruction and rehabilitation is. And we also understand the communities know the best way for themselves.



Finally, I'd like to remind you of the importance of prevention and development to mitigate and prepare emergencies. In peacetime, we forget very easily painful time. But your leadership and political commitment is a real key for future preparation. Thank you.

## DISCUSSION

CHAIRPERSON:

Thank you very much for your comprehensive speech. Before we start discussion, Cambodia has a short presentation to share with us.

MS. KHUON SUDARY, CAMBODIA:

Mr. Chairperson, Honourable Delegates, Distinguished guests, ladies and gentleman, I am greatly honoured to join this important gathering composed of representatives elected by the people and have the responsibility of serving them. I would like to take this opportunity to share with all of you the Population issue in Emergency and discuss this important concept with you at today's meeting.

The Royal Government of Cambodia established its National Disaster Management Body named “National Committee for Disaster Management” NCDM. This institution is presided over by Samdech HUN SEN, Prime Minister of the Royal Government of Cambodia. The purpose of the NCDM is to lead and manage disasters and their impact throughout Cambodia by coordinating activities with its members and partners who are involved in disaster management. In addition to the NCDM, we have a number of NGOs, IOs, UN Agencies, National Red Cross Society (CRC) and Partners National Societies, especially the International Federation of Red Cross and Red Crescent, who are currently working in the area of Disaster Management in Cambodia. In 2001, the NCDM established a Disaster Management mechanism named “United Nation Disaster Management Team” (UNDMT) to carry out and operate EMERGENCY operation cases that occur in the country.

The Royal Palace Intervention Team has been playing a very active role in assisting the most vulnerable group so far. However, the existing emergency response mechanisms cannot cope effectively with all disasters and their impacts on the most vulnerable people such as severe flood, in 2000 and 2001 and notably, the current drought impact of 2004-2005. On top of these disasters mentioned above, the recent Asian Tsunami made people in our region to suffer very much. Consequently, huge numbers of victims are requesting humanitarian aid for daily survival, recovery and rehabilitation.

As parliamentarians, we are always visiting the disaster sites and providing many kinds of assistances to a number of disaster victims up to the individual capacity. The first step in these disaster situations is to help the government make a rapid assessment in order to normalize the emergency situation as soon as possible, and to minimize the negative impacts of psychological trauma, human right and gender.

To cope effectively when an EMERGENCY situation happens, we have to consider a number of problems:

- We do not have an adequate system such as an Early Warning System to predict accurately what will happen.
- We have to be aware about the understanding of our public (population) vis a vis disaster impacts (tradition believes of our people).
- We lack human resources, technical skills, equipments which are the essential tools to operate the EMERGENCY situation.
- Lack of Disaster Management Information System in place (DMIS).
- The Disaster Preparedness Program has been recently implemented.
- Fund is the most important factor that can start everything in relation to the Emergency situation (the Royal Government has little fund).

- Legal framework or Legal base to support parliamentarians' efforts during emergency situations.

I sincerely believe that to solve these problems, members of Parliaments should:

- Encourage NCDM to develop a Legal frame work, Disaster management structure, procedures and guidelines. At the same time, we must establish a specific Emergency Disaster Management Unit for the members of parliament as a FOUNDATION to serve people in danger.
- Make time to talk with the community on the public awareness program.
- Follow up on a regularly basic the understanding and the implementation of the public awareness in community especially, the vulnerable groups chronically affected by disaster.
- Work closely with humanitarian assistance agencies instead of providing assistance on individual basis.
- Disseminate Disaster Preparedness Program and its activities to other parliamentarians, as part of the risk reduction measures and awareness.
- In addition, in order to overcome the problems mentioned above, some measures have to be considered:

We have to be proactive and join together to help the most vulnerable group to have better living conditions before the Emergency situation occurs by launching the CBDM (Community Based Disaster Management program) in areas considered as the most vulnerable to disaster.

We identify hazards; determine the degree of vulnerability, analyze the local capacity and look for external capacity and resources. Community Action Plan needs to be produced based on Hazards, Vulnerability Analysis (HVCA)

- Set up the EMERGENCY RESPONSE UNIT and train them to be skilled enough to conduct the operation.
- Set up coordination mechanisms, Evacuation team, Evacuation Centres with well defined tasks and responsibilities.
- Mobilize all available resources from both, local and international people, to effectively implement disaster management policy.

Thank you for your attention.

CHAIRPERSON:

So the floor is now open. If anybody wishes to make some comments, you could do that. Or if you wish, you can raise some questions. People are willing to answer the questions. Cambodia as well will

be answering questions. Cambodia has come up with one suggestion about emergency situations and they were talking about having a proper legislation in place for emergency situations. I don't know how many countries have legislation. I do not think many have them. But Fiji, being a very small country, we have one small piece of legislation. India is raising their hand. So the floor is yours, India.

MR. LAKSHMAM SINGH, INDIA

I would like to know from Dr. Kunii: have we developed any early warning systems? The best way to combat disaster is to have a proper early warning system. So are we well developed or do we still have to develop our early warning systems? Number one. Talking about legislation for disaster management, we, in our country, have formulated a bill which will be passed by parliament shortly. It is called the disaster management bill. We are running disaster management training institute as well after we faced the tsunami disaster and a number of earthquakes. So this is for your information. Thank you.

DR. OSAMU KUNII:

Thank you very much for a very important question. For the first question, it depends on the type of disaster. Actually, some of the disasters are very easy to predict. I mean, tropical storms, cyclones and typhoons are quite easy to find the severity, degree and time of arrival. But tsunami and earthquakes are very difficult to predict. For example, this time in Sri Lanka, there was no early warning system or prediction of tsunami, but just after the Sumatra earthquake, many meteorologists and other researchers gave information through email to others in Sri Lanka. But most of the people at that time were on holiday, and also they did not know the term, "tsunami." So some of the people just thought it meant that some very important person named "Tsunami" would come to Sri Lanka. Some of the people even went to the airport. It is like a joke, but there were such cases. So early warning system is very important, but it depends on the type of disaster. And we can share the information and technologies in the world, not only in the country so that the newly establishing countries can learn such lessons and technologies in their countries. We have quite a good collaboration between Japan and the United States in terms of preparation for earthquakes, and also with several others including the Philippines. This type of international collaborations is needed for early warning.

Also, the appropriate technology is very important. For example, in Bangladesh, the results of my findings show that, in the rural areas, only 5% of the people have a TV and 15% have only a radio. So it means that even in total 20% can listen to that warning. So this type of through-mass-media warning is useless. They need some other kinds of warning or alert system; just siren or human resource utilization like visiting all the houses. They have their own technology or appropriate technology.

The second question is legislation. Actually, in Japan, we have this kind of training and research institute for earthquakes and some for fires and others, but it is quite difficult to establish such institutes or legislations at a time and for all the disasters. So we just gradually have to establish each step and level of the legislation and institution. Thank you.

FROM THAILAND:

Thailand is a tsunami victim, and it is very sad. At the time the tsunami occurred, I was in Bangkok, and when we knew that the tsunami had come, my heart and mind fell apart. I did not know what to do. But I think that I got to do something. And this happened all over the country. We all had the same feeling. So I sent the money to my senator in Panga province, and he said, "Why do you send the money here?" I said, "You just go and spend the money." We cannot go to the site of tsunami because there is no plane, no bus, and no train. And you cannot drive your own car over there because it is crowded, and everything is so confusing. But anyway, according to the hospital in all the provinces, we have a disaster training program each year so that we can serve the people who cannot come to the hospital. So we are able to bring them to the hospital. But the people that I see in the other parts of the village, we cannot do anything at all. So it is really confusing. Up until now, I still do not know what will happen in the future. We are discussing that we have to collaborate and have a warning system in place, but it still has not happened. That does not seem like when you have a disease, we have WHO to handle it, and we have the UN to handle it. How about this disaster? Who is going to be the body, the one that can unite and handle all these issues? So I would like to ask Professor Kunii, with your experience and real expert, what you think can keep us safe and protect us even during this event. I can understand my friend Kunsadari mentioned about what she was doing in the country. How about in the region? How about in rural areas? I would like to ask you, sir. Thank you.

DR. OSAMU KUNII:

Thank you very much for your moving story and very important question. Actually, I visited Thailand, Karlok and other places. Thailand's response was amazing because all the hospitals and the clinics were responding very fast and giving relief and medical service to the people. Also the information regarding mobility, mortality, deaths, ill people and missing was very rapidly collected, disseminated, and compiled. The surveillance system of infectious diseases in the evacuation census was also collected very rapidly. Why did it happen? That's because Thailand was already prepared for the situation. Actually, Thailand is not only successful in terms of HIV/AIDS, but also in other diseases and primary health care. In the past, the Japanese government supported Thailand a lot, but we are now learning a lot from Thailand about the health system and primary health care. During the peace time, we should establish just an ordinary system. An ordinary system means sometimes just information system, human capacity building and training, and also the facility and supply management.

Everything. So, all the development issues are linked with preparedness and planning.

Also, I want to mention about some of the myths in emergencies. As she said, we are very much moved, and we are very much willing to go and offer on-site help. But sometimes it is a mistake when it is an extreme emergency which is confusing and distracting. So sometimes we should not go there. Also, we have very much sympathy and are willing to supply and provide medicines, clothes and others. But we should stop it because sometimes their needs are different. I experienced this in Kobe and other places. When we are working inside and if we receive a lot of medicines, and if most of the medicines are written in Arabic or written in Thai, we cannot read them. We are very glad to have such medicines from all over the world, but arranging and checking them take so much time. Clothes, also, sometimes are not suited for local needs, and we have no place to store them. So, proper information collection is very important. Professionalism—not only in health but also in shelter provision and caring for children or orphans, requires professionalism. All these emergency stages need some kind of professionalism. So in peace time, we should train such people and create these systems.

FROM PHILIPPINES:

I would like to ask Dr. Kunii. You mentioned earlier that many of these disasters are either natural or man-made, or a combination of both. And many of them are predictable, such as deforestation in my country. The rate of deforestation is very rapid, and nothing seems to be done about it because when we get overseas development assistance, it is in the form of infrastructure not related to something predictable like disasters of this nature. We are a typhoon-prone country. We are subject to landslides and avalanches. This can be avoided if reforestation efforts have been made. Even during the last tsunami, if the mangroves were replanted in many areas, it could have been avoided. Why is it that the overseas development assistance policies of the donor countries are not focused, or cannot be focused on these kinds of disaster prevention and the restoration of nature so that we can avoid the dire consequences of these disasters? Thank you.

DR. OSAMU KUNII:

This is a very hard issue of sustainable development. Actually, I attended the Sustainable Development Conference in Johannesburg. At that time, United Nations Secretary-General Kofi Annan put a very important issue on the linkage of water, energy, health, agriculture and biodiversity. Those factors interplay and interact very much, but actually we do not know how much they interact and influence each other. So we really need some scientific research and we have to analyze the past experiences. As mentioned, deforestation and other developmental procedures are very rapidly increasing. But at the same time, those factors really influence the occurrence of disasters. So I totally agree with your suggestion and the issues you have taken up. But actually, the forces to raise the

economy and create income generation or other economic activities are much stronger than such protective actions in each country and locality. So I have no good answer for countermeasures. But we do really have to make much better evidence to protect them.

CHAIRPERSON:

Yes, the answer is of course sustainable development, as he says, which I think is a major requirement now for all loan agencies. If you want to seek assistance from some of these funding agencies, they ask for sustainable development plan and other things. But what happens is that corrupt politicians and corrupt governments often hijack that issue and go back to wrong developments that result in disasters. This is a problem for developing countries, no doubt.

FROM CAMBODIA:

May I make a response, doctor? As an experience, I was in the executive department before I became a member of parliament. I noticed that many of these projects for sustainable development are taken up because many contractors, or many of those who give aid are actually benefited and it goes back to their industries. It goes back to their companies. These are soft loans, and you can call it sustainable development, but in the end, you can call it overseas development assistance, but it is also a business. Is there any other approach we can put to this matter of sustainable development because it appears to be a very sensitive issue? It can look very good from the outside, but from the inside the corruption that comes in with sustainable development is very evident. An example would be the fact that the assistance to our country and the consultancy that comes with it, built in, even though consultancy is not really needed or consultancy fees are just being kicked back and given to people who do not deserve them. I would set an example of probably a package of 100 million dollars and 10% is given already to consultants who do not even give the proper design. Everything is overpriced and yet they call it sustainable development and overseas development assistance. I would just like to say that we probably have to restudy our ethics with sustainable development and overseas development assistance, because it seems to be a selfish tactic on the part of the donor countries. Thank you.

CHAIRPERSON:

The rule of the law I think is going to be in the hands of the politicians, how you handle the situation. It is a lot of racketeering with all these donor agencies. I think that every government needs to have a sustainable development bill, environmental management laws and regulations, and politicians must ensure that these laws are in place and they should enforce it. Otherwise there will be a lot of racketeering going on as usual. New Zealand, it's your turn.



MS. STEVE CHADWICK, NEW ZEALAND:

My question is post-emergency response planning and the global action of how small countries engage. I think we raised a lot of money for Indonesia in response to the tsunami. But one has to question were we better to develop a country competence to respond to the next emergency and should we have a delegated capacity of each country to identify what we are particularly good at that we could go in with. This could be a skill, whether its external monitoring of aid funding that goes or identification of victims. I think it would be so much more effective if we did not duplicate or putting money in, but developed a country competence to respond to disasters on a global basis. So it is not necessarily the money that we give, it is the expertise that we can develop to contribute.

DR. OSAMU KUNII:

This time, a lot of money went to NGOs and other organizations, and one big international organization just stopped donating because it was such a large amount of money that organizations could not spend. In Sri Lanka and Indonesia, I found that a lot of people in the provincial or district levels who were lost by tsunami, and the amount of money donated exceeded their spending capacity. I felt this time a sort of imbalance between the money and the absorbing or executing capacity. So maybe what we have to do is to support this level, not just give money, policy or pressures. That is one point.

Another is that, this time, the voices are influencing policy. In some of the local areas in Sri Lanka, for example, the eastern side of the affected areas was neglected. The southern and other parts are very gorgeous hotel resorts, and many VIPs focused on these areas. So the voices from these unprivileged areas or LTTE, those on the opposite side of the political party, were very much neglected. But their voices are also very important. We also have to re-examine the appropriate allocation and distribution of our support. Thank you.

CHAIRPERSON:

Thank you for that comment. I think it is coming loud and clear that each country has to try and develop its own management skills and be prepared for disasters like this. And not just to expect donations. I think India did a marvellous job. They refused all outside help and they handled their own situation. Any other comments or questions? Yes, Cambodia?

FROM CAMBODIA:

Thank you Mr. Chairman. It is very appropriate and it is the proper time to talk about this. We are very honoured to have this conference in our country. Through this APDA conference, we now have established a network of parliamentarians in member countries of the association. We also have

learned from each other the emergency in our respective countries. We are also looking at our role as parliamentarians in disasters and emergencies. For many years, and still now, Cambodia receives assistance from many countries through the government. This is through an operation or a relationship or activities between governments. Now, what I would like to ask all parliamentarians that are here; could we have a direct system between parliamentarians instead of going through the government? Is there any conflict? Is there anything that might not be politically right? If possible, Cambodia has another way to bring assistance through parliamentarians we can bring this down immediately to the needed areas. Thank you.

CHAIRPERSON:

Thank you very much Cambodia. Any comments on that aid and assistance should come from parliament to parliament, parliamentarian to parliamentarian? Any comments?

MR. SHIN SAKURAI, JAPAN:

I think there should be no money given and taken between parliamentarians. We are not the enforcers. We are the ones to monitor and watch what the government is doing. So the role of parliamentarians is to judge and monitor whether the executive branch is doing good or bad. And if it is bad we make a proposal and try to make some proposals. Well, I'd better stop here, since I am going to make a speech later on, and if I speak further, I will be invading upon Professor Kunii's sector.

FROM MALAYSIA:

Mr. Chairman, I would like to respond to what was mentioned, giving aid down to parliamentarians. Now we have very good experience because we have gone through the tsunami experience. What happened is that we still believe that it has to go through the government. We have a special body set up by the government. It is called under our national security body, of which all donations and everything goes to that body. We do not have too many. If you have too many then it will go haywire. We have only one, and it is under the right honourable deputy prime minister in charge. So from there, after this passing to our own needs in the country, we also disperse to the other countries at the same time. And I think we are so moved by the generosity of the people in which everybody chips in. They give even a dollar, as it means everything. So I think that was really a clear case of everybody was there together with the whole country and not only for Malaysia itself, but for all the other countries. I believe it should not go down to parliamentarians but through a body, the government, and it will be dispersed. And of course parliamentarians are also playing a key role, especially if their area is affected. They are also the so-called general in that area. If the parliamentarians who have a role to play right there on the ground because it's their people, it's their borders. So this is what we do. I think the mechanism will work very well. Even though we don't have legislation yet, we are going to put it

in. But I think the administrative, seeing the way it has done, I think it has worked very well. Thank you very much.

CHAIRPERSON:

Any further comments on that? Regarding aid and assistance coming through government or government agencies?

FROM FLOOR:

I agree that aid should come through the government body and our role as parliamentarians is to overlook and check the capability of the government to do the work. But also by the suggestion that we should form a parliamentarian network, then we can assist the parliament of each country that suffered from disaster. I think we should coordinate a network to assist each other in the case of emergency need.

CHAIRPERSON:

Thank you. Any other comments on that? Yes, Japan.

MR. YUKIO UBUKATA, JAPAN:

My name is Ubukata from the House of Representatives of Japan. I would like to make a comment. When an emergency strikes, it is the government's role to give assistance at once. When the earthquakes struck off the Sumatra islands, we parliamentarians went back to the constituency, and we raised contributions from our constituents. By donating such money, we can actually feel the calamities that struck Indonesia. This will lead to the next step; when Japan's ODA is given to earthquake- and tsunami-affected areas, people will be interested in the ways their donation was used, and also the ODA was used towards these areas. We parliamentarians also explained to our constituents how their money had been used. That is how we can play a bridge role between the people and the parliament. I think this is a very important role for us.

DR. BEKSULTAN TUTKUSHEV, KAZAKHSTAN

Honourable Parliamentarians, many disasters are taking place in various parts of the world. Indeed, they are taking place constantly. We parliamentarians must accurately grasp these conditions. Human capacity becomes most important in every country. There are women and children in every country, and we parliamentarians must protect these women and children through law. It is important to have educational institutions and hospitals firmly established in regions where they are needed. Schools must be located in safe regions, not in dangerous areas, and this will have to be the goal of parliamentarians.

The budget of government is decided by parliamentarians. So we parliamentarians have to verify whether the budget is being used fully for the people and for the society from year to year. I think it is also important to establish a special fund to prepare for such situation. Kazakhstan is not a very big country and her budget is not that large either. However, the number of ministries is increasing. We have a ministry for responding to emergency situations. The budgets of these ministries are not very large but enough to cope with the situation. We were able to send 3 tons of relief goods to areas afflicted by tsunami 3 days after it occurred. Government has its own roles and parliamentarians have their own roles. I think it is important for each entity to play its role according to law so that we can protect the lives of our people. Needless to say, the situation of each country is different. We have no risk of tsunami in Kazakhstan, but we have other disasters. We have earthquakes. So we have made it possible to allocate the budget to prepare for earthquakes, earmarking adequate funds for the safety of our children and children's hospital, for instance. Each country has its priority area and areas where they have to allocate more budgets. The most important thing is not money; it is strategy. So we parliamentarians have to make sure that proper strategies are followed in the event of these disasters.

CHAIRPERSON:

Thank you very much. Anyway, I think we are all concentrating more on tsunami now, because it was the biggest disaster to affect us most recently, so I think it is overriding everybody's mind. Anyway, there is another session on tsunami, I think, later on, during which we can discuss it. On the issue of assistance going to through parliamentarians or governmental agencies, I think at the moment, if it is a minor emergency situation, it is government to government or government agency to government agency. But if it is a major one, I think there is a need for other organizations, especially the NGOs and all that, to involve. That is my personal opinion, because governments do not have the capacity to handle all the emergency situations. And also, there are corrupt governments as well. Governments are also not totally transparent and accountable. So it can be misused as well. For that reason we'll leave that discussion. Australia wants to make a comment.

AUSTRALIA:

In Australia, we have a vulnerability to tsunami, but we also have other disasters like fires very regularly, floods and so on. What we have tried to do in particular is make sure that the people at the community level are organized into voluntary responses and for example sirens in the towns. And we call them state emergency services, who are coordinated with groups like our schools, our Red Cross organizations on the ground, and I think very often we think about government response, and perhaps how defence forces responses and international responses. But on the ground, I think we also need to train up those who live in vulnerable areas so the leaders in those communities, the volunteers, if you

like, who will emerge during a crisis, know what to do, who to liaison with at a government level, have emergency supplies like fuel, vehicles, and so on. So just add that into the mix we have been talking about, the volunteers at the local level who need education, capacity building support, and certainly they need communications systems, radio, something that does not on electricity, of course. A solar-driven power unit, and sort of things in case of these emergencies wherever possible.

CHAIRPERSON:

Thank you very much to Australia for your comments. Professor, would you like to make a last comment on any of the discussion that has taken place, and then we will wind up after that.

DR. OSAMU KUNII:

I just want to make a comment on the role of parliamentarians. Actually, there are many neglected, or forgotten, or silent emergencies in the world. For example, I visited Afghanistan refugee camps in 1994. It was just before taking up, or playing up Afghanistan in media. At that time, the situation was terrible because they were neglected. They were just drinking very dirty water from the river, and there was not good enough assistance. The same goes for the refugee camps in Iran and Pakistan I visited. But actually, the Iranian government did not speak out about the situation. And very recently I visited refugee camps in Tanzania. There were around 700,000 refugees in Tanzania, but they were also neglected. They have only 1000 calories per day. They are almost starving. They cannot go away to another country; they have to stay there. A lot of money comes to tsunami, but not to such areas. So I really hope that the national leaders here watch on even such silent emergencies. Actually, the media does not play up such news. They also forget. Only fresh disasters or fresh scars, they play up. Not old scars, even if they are very painful to the body. So please watch on such silent ones. One country cannot solve that; it is collective work for such leaders.

CHAIRPERSON:

Thank you very much professor. So ladies and gentlemen, just reserve your claps for a while. We all have learnt a lot in this session, and I would like to thank our professor here for a very lively discussion and the presentation was very informative. I think most of us are concentrating more on tsunami. But there are other disasters which he has rightly reminded us of toward the end which have to be considered seriously by parliamentarians. I would like to thank him for that. I would like to thank every one of you for listening attentively and also participating in the discussion. We are running out of time now, so let's give him a big hand of applause.

Session II: Disaster and International Cooperation:

Parliamentarians' Role

Focus on Tsunami Disaster

**Session II**  
**Disaster and International cooperation: Parliamentarians' Role**  
**— Focus on Tsunami Disaster —**

**Chairperson**  
**Mr. Vyalar Ravi (India)**

**Resource Person**  
**Mr. Shin Sakurai**  
**Former Chairman of AFPPD**

## **Disaster and International Cooperation, and Parliamentarians' Role** –Focus on Tsunami Disaster–

**by Mr. Shin Sakurai**

Former Chairman, AFPPD

His Excellency, Heng Samrin, Acting-president of National Assembly of the Kingdom of Cambodia,  
Madam Men Sam An, Chairmen of CAPPD,

Ms. Shimizu, Vice-Chairperson of APDA, on behalf of Mr. Taro Nakayama, Chairperson of APDA,  
Mr. Yoshio Yatsu, Chairperson of AFPPD,

Distinguished delegates,

Ms. Imelda Henkin, Deputy Executive Director of UNFPA,

Dr. Raj Karim, IPPF-ESEAOR Regional Director,

Ladies and gentlemen,

I would like to talk to you on the theme of the tsunami disaster and international cooperation, focusing on parliamentarians' roles. Before that, I would like to just say a few words off the cuff. In the morning session, I was very moved by the talks by His Excellency Heng Samrin and by Madam Men Sam An, Chairman of CAPPD. For disaster, as they mentioned, we must stand on the viewpoint of those affected. It is not just medicine or healthcare and assistance, but we need to be engaged in disaster management. Once the disaster hits, we need to be immediately responding to the disaster, and I think this conference is being held timely after the tsunami. We should really stand up against disaster in times of emergency and make people feel that they must do something. In that sense, the talks by His Excellency Heng Samrin and Madam Men Sam An were really moving, and went right on to the point.

Last December, a major earthquake of historic proportions struck northern Sumatra, generating a huge tsunami that wreaked havoc on the coastal states of the Indian Ocean. I express my sincere sympathy to all who were victimized by it. I hasten to express my deep condolences to the families that have lost their loved ones. In fact, on October 23, a huge earthquake struck my hometown. It struck at 5:59 in the evening and took many lives, and robbed a hundred thousand of the local citizens of their livelihood and homes. As I was right in the centre of the relief work, I would like to share my thoughts with you, my long-standing AFPPD friends. So I hope that my talk will be of reference to you.

Now I would like to say a few more things off the cuff. My constituency lies in Niigata prefecture, on



the coastal side of the northern part of Japan. At the earthquake in Niigata, it was just one day before the new governor took office. That is, in my constituency, the earthquake aftermath took place without the presiding governor. We have the local governments and the local government heads, but I felt that this governor's non-existence was of grave consequence and I felt I had to do something immediately after the disaster. Since I am a parliamentarian, I do not have any executive rights. But we had people who were suffering and who were on the brink of death. They did not have any electricity, gas, or transportation. How could we save our people? I told all the local government heads that if they were not able to really respond to this entire emergency, tell me and I will try to do something. Then I worked on behalf of the executive branch people who could not do anything and acted as a bridge between the executive branch and the people. Fortunately, I had been a politician in my local district as well as a parliamentarian in the national parliament for over 30 years, and I had good experience. I knew where to go to ask requests, so I advised people that you needed to go to such and such agency or that if you combined these two laws and ask for assistance, then that would be given to you. I gave this kind of advice and I felt that this was the responsibility of a politician like me. So I was able to respond to almost all the needs and requests from the local governments.

So I feel that we parliamentarians must ask the executive branch that if there is anything that needs to have action taken on. Such consultation or giving advice is very important. I think it is wonderful that we are able to convene here today, right after the disaster. We should not seek for just external assistance, but we should try to give our own wisdom. The people should really become self-dependent. Then there are lots of things that we can do. Sometimes, people are at a loss as to what to do or what position they are in. That's how the people feel when they are affected by a disaster. We should really try to give them energy by giving them suggestions. I have my own experience in my constituency, which was hit by an earthquake. I hope the AFPPD can be a forum where we can give such suggestions to each other so that you will also be able to play a big role in your own regions. I have asked Dr. Nakayama and Mr. Yatsu to convene this meeting as soon as possible, and that was how this meeting came to be held timely.

You may all know that tsunami is a Japanese word. The last devastating tsunami damage took place in 1883 when Krakatau volcano in Java erupted, unleashing a tsunami that took 36,000 lives. This time the number of dead and missing is said to be about 240,000, reflecting damage of an order of magnitude larger. Japan is a tsunami-prone country. In 1960, a tsunami that originated in Chile reached Japan after 22 hours and 30 minutes, causing death and damage on the Sanriku coast on the Pacific Ocean side. This tsunami travelled across the Pacific to strike Japan at the same velocity as the Indian Ocean tsunami, a jet aircraft speed of 800km an hour. The term tsunami became an internationally used technical term because of Japan's history of tsunami. The experience of the tsunami generated by

the 1960 earthquake in Chile resulted in the establishment of a tsunami early warning system in the Pacific, ITCO. Japan is providing support for the establishment of a similar early warning system in the Indian Ocean area.

Circumstances that surround us in the 21st century are riddled with not just natural disasters, but also conflicts that occur within and beyond our borders. Therefore, I wish to discuss what roles we may be able to play as parliamentarians in the face of wars, international and domestic conflicts, and tsunami and other natural disasters.

The 20th century was called the century of great wars. There were first and second world wars, as well as many that were fought between countries. Now that we are in the 21st Century, conflicts continue to rage throughout the world. Today's wars and conflicts have big differences compared to those of the last century. The post World War II was divided into East and West camps, to one or other of which most countries belonged. The iron and bamboo curtains closed off certain parts of the world and it was difficult to know what was happening behind these curtains. This situation resulted in the arms race that produced an arsenal of atom and hydrogen bombs that could destroy our world many times over. Today, Japan was the first country victimized by these bombs.

Today, the Cold War is behind us. The situation, however, may be more serious. While we may have put behind us the confrontation of ideologies, instead we now see emerging actors in conflicts and wars, fundamentalists, religious and ethnic groups that were in the past constituent parts of the modern system of nation-states. In this context, the parties of the present conflicts may not necessarily be the nation-states that were defined as main actors in international law. In certain cases, there are no clear actors that they represent any state or they may change depending on circumstances. We observe a chain reaction of terrorism as a consequence of breeding bitterness and retaliation begetting retaliation between the actors. The U.S. invasion of Iraq was not supported wholeheartedly by all states because it represented a historic turning point where the U.S., having become the sole superpower after the end of the Cold War, violated the sovereignty of another country, thus going beyond the system of nation-states that had been the foundation of the modern age. This is not the place to discuss the pros and cons of the U.S. attack on Iraq. It is enough to suggest that perhaps we are witnessing the breakdown of what we have until now known as the modern system of international law and an emerging need to design a different order and system of governing it. In that sense, it was certainly an extremely symbolic event that prompts us to rethink our perspectives. As globalization proceeds, it is more difficult to identify those who trigger conflicts, while it is becoming harder than ever for states to control them.

Next I will talk about disasters and population. These conflicts and natural disasters are matters of emergency. They thrust us into difficulties that are unimaginable in our daily lives. As Ms. Shimizu mentioned in her address, it is the women, children, people with disabilities, and minorities, the socially marginalized, who are most victimized by wars, internal conflicts, or tsunami and other natural disasters. The media reported how women and children were the victims of rape and human trafficking in the earthquakes off Sumatra.

Secondary disasters, such as infectious diseases caused by primary diseases can also produce terrible consequences. This time, thanks to the timely warning issued by the World Health Organization and the quick response, widespread infection was prevented. Without that response, the secondary disaster could have been much greater than that caused directly by the earthquake and tsunami. My background is that of a civil engineer and I have experienced how support after a disaster is a formidable challenge because, like in Niigata, water and gas and electricity, such lifelines were cut off, and transportation infrastructure was also cut off. So the people affected will really feel panicked. It is very difficult to respond to this when the entire infrastructure in cities is destroyed, since the infrastructure is necessary to transport all the necessary supplies for everyday life to people.

Also, various kinds of reproductive health equipment is also necessary. In the past, we all remember how the fertility increased suddenly following the blackout in New York some years back. Life goes on, whatever the conditions. Without appropriate measures to cope with reality, we will be faced with the problem of unwanted pregnancies. There is a need to mobilize necessary resources to cope with this. It is not sin for a child to be born. It makes me shake with anger to see children dying like falling leaves in a zone of conflict. It is a matter of the highest priority to prevent unwarranted pregnancies in situations where children cannot be expected to grow up as healthy human beings. Drastic measures are needed. Unfortunately, however, while we may be able to raise money for campaigns to rescue children in conflict zones, it is much harder to mobilize resources to prevent unwanted pregnancies. Even those campaigns to help the poor children that are easy to understand, and emotionally support do not last long. After the crackdown on Al Qaida, Afghanistan became the focus of international assistance. After Iraq became the centre of international concern, Afghanistan received much less attention, which there is no proof that the number of people in need has decreased all that much. So what must we do?

Now I will talk on conflicts and population. In addition to these disasters, wars, and ethnic conflicts inflict not just personal and physical injury but leave an impact on population structure and social values over extremely long periods. Japan inflicted serious damage and suffering on our Asian neighbours in the Second World War. The historic implications remain an international issue. At the

same time, the Japanese too, were gravely affected, starting with the world's first atomic bomb dropped on Hiroshima and the world's first plutonium bomb on Nagasaki three days later. The Japanese were the first victims of the arms race. There was also a large impact in terms of population. It is said that 5% of Japan's population was lost directly or indirectly in the war. The Japanese military junta during the war encouraged high fertility as part of the war effort. Ironically, since the country's men were away on the battlefield, the government did not achieve this objective. It was only after the defeat that people began to feel hopeful about their future and produced many children. These children were the baby boom generation of Japan.

In the years following the war, Japan was able to make a spectacular recovery. A number of reasons can be given to explain its phenomenal success, but one factor has been sighted as a significant contribution was the accumulation of human resources resulting from the prevalence of education under Japan's education system prior to World War II. Following World War II, various international events also had an undeniable impact on Japan. The outbreak of war in areas near Japan resulted in special demand, which also fuelled the rapid growth of the Japanese economy.

Also, the reconstruction of Japan following the Second World War is rested on the major factor that is to build the infrastructure that was needed in the modern society. We had a Grand National plan to cover the whole of the archipelago. It became a national plan. In other words, people worked hard to earn income, paid taxes, accumulated wealth to rebuild the nation after the war. That, I think, was the single most important factor. For example, we built a bullet train, Shinkansen, between Tokyo and Osaka. Before the war we did not have water works, but it was decided that there would be water works throughout the country. Toyota cars come from Aichi prefecture. That was where the dam was built. We borrowed three million dollars from the World Bank to implement this national plan. After we built the dam we were able to use the clean water, we paid for it, and when we had the bullet train, we paid for the ticket. So in that way the citizens contributed in rebuilding the country. So we were able to pay back the money to the World Bank and other lenders much earlier. Sometimes some of the programs had to be built by the national government. Some programs could be done privately, and I think the major factor for the success in Japanese reconstruction is to involve the people. I think it is important that we do not just depend on other people's money to borrow from other institutions. I think we have got to involve the whole of the citizenry. That, I think, is the important job of the parliamentarians that we do not just expect other people to give us money, but that we involve the citizens in rebuilding their country.

We were able to successfully reconstruct our economy, but the major difficulty after World War II is that we were about to lose the traditional culture that was built over centuries. This was respect for

parents, participating in the community, traditional events. Those were important in building the values of the society. Pursuing individual interest became the main factor. So we were losing the family values and values of the society. Loss in the war and the loss in values, Japanese society based its values on Western values. That is to say the priority was economic growth, economic values. As a result, Japanese society changed. Surely Japanese society was richer and commercial structures had changed. For Japanese families, children who had been considered as asset that brought economic growth were now considered an expensive liability. That is to say the way we regard a child has changed 180 degrees. So in present Japan, low fertility has become a serious problem while at the same time, the baby boomer generation, 60 years after the end of the war, is aging. These two phenomena are creating the most serious low fertility and aging population structure throughout the entire world. What is clear is that the large-scale conflict leaves a substantial impact on society over a long period of time by changing its value systems and population structure. It will take longer, even 60 years after the war, for the Japanese population structure to stabilize. Where social values are concerned, we Japanese must rebuild our values and the meaning of life under the principle of pursuing international peace. That is still a great challenge for us Japanese.

I feel that if you are living in a continent like the United States of America, you have the resources. In contrast, Japan is an archipelago, a small island surrounded by ocean and we have mountainous terrain, with a large population, visited very often by typhoons from the southern seas. It is too difficult for the Japanese to try to live like the Americans because the land is different, our resources are different. We have to go back to the best of the values that we created before the war. That is my personal conviction. Not only the government, but also corporations must consider managing the economy and business. We should review the traditional values.

Now I want to discuss the role of us parliamentarians. I have been involved in the population problem for 25 years under the guidance of the late Prime Minister Takeo Fukuda. In that sense, I have been involved in AFPPD from its inception. Activities of the AFPPD are carried out by us parliamentarians of member countries at our own discretion through free and frank discussions. They do not represent official diplomatic efforts through government contacts. We promote informal diplomacy, so to speak, in the kitchen, not in the living room. We start from serving women and the children who are most vulnerable. And that was the core of our activities. I believe that the most important ingredient in successful diplomacy is trust, not military power, not economic power. At these meetings the Asian parliamentarians have always freely exchanged opinions. It is true that we have built trust and deepened mutual understanding. The mainstream of international assistance still follows international principles. Simply put, unless governments of countries in need request assistance, donor countries are not able to provide assistance. This stems from the concept of sovereignty. We parliamentarians

elected by our people are entrusted to represent their opinion. In that sense, we can grasp the needs of the front lines, so to speak, and make representations to our governments. In our respective countries, our role is to appeal to our governments, involve ourselves in policy making, and decide budgets. So when we come together at a meeting like this, we can learn from each other what our fellow parliamentarians are thinking. It is also vital that we inspire and enlighten our governments and our voters about the needs to address the population issues. It is very important for us to talk to each other based on mutual trust and to build mutual understanding.

Needless to say, the recent national disaster was a great tragedy. I am convinced that in the process of overcoming this tragedy we can create new hope. Since part of the tsunami hit area happens to be a base for antigovernment activities by ethnic and secessionist groups, the international community is most concerned that the rehabilitation assistance should function effectively, particularly in those antigovernment areas. There is no question that the victims of the huge national disaster require as much assistance as can be provided. Japan has donated through international organizations 250 million dollars, which is half the 500 million dollars pledged towards emergency relief. Another 250 million dollars have already been contributed by Japan, through bilateral aid. The assistance from now on will shift to rehabilitation of the lives of victims and establishing an early tsunami warning system in the Indian Ocean. The tsunami disaster was a terrible tragedy, but I personally feel that we saw some glimmer of hope. That is to say, there has never been disaster relief on such a massive scale by the international community, transcending ideological and other differences. It was the first time that humankind united to grapple with such a vast problem. This is an apocryphal event that will lead to a more hopeful future. I think it was the first time it happened.

There is a saying in Japan; a calamity can turn into good fortune. While political problems should be in principle resolved within the sovereign state concerned, I believe there are times when assistance can and should be given in disaster stricken areas that have ethnic problems. To overcome a major disaster such as the tsunami, there has to be cooperation, understanding, and underlying trust among the parties concerned. During the process of rehabilitation, we are positively offering assistance. We may be able to reach the local people and win their trust, even in a region that has known prolonged ethnic conflict. Following World War II, Japan was able to return to the international community because at the San Francisco Peace Conference, an opportunity was created by the representative of Sri Lanka, who cited a clause from the Dhammapada, a collection of Buddha's words: "Bitterness cannot be stopped by bitterness. Bitterness can only be stopped by the absence of bitterness." That opened the door for Japan to re-enter the international community. We are forever grateful. Even in a region that has known ethnic strife, working side by side for reconstruction and setting aside bitterness would create trust and eventually overcome bitterness and the desire for revenge accumulated over the years and encourage

working together for the development of the country.

We parliamentarians are committed to the happiness of our peoples. Let us return to this main principle and in a spirit of collaboration, in search of solutions to the problems of population and development, which are basic issues that determine the future of humankind. Let's discuss what must be done and recommend the proper measures to our governments and nurture public opinion in our countries to support them.

Let me lastly talk about international cooperation. As for what concrete assistance might be required, the priority must be in the areas that directly relate to basic human needs such as population, family planning, and public health including fighting infectious disease. I believe the first thing is to raise enough funds from natural resources but as well as through international aid for building infrastructure. The international aid should come when the national resources are not sufficient. I think that has to be the basic approach. As I said, I am a civil engineer. In that capacity I have been involved in various disaster prevention projects. Even in the recent tsunami, there was much less damage where wind and sand break forest has been planted in a 100- to 200-meters belt from the shoreline. If this much needed barrier is to be built and maintained, there must be a social unity. Unless there is a common understanding among the local citizens that the barrier has to be protected, even in the face of increasing population and shortage of fuel, there must be a commitment to protect that barrier and not to be tempted to cut it down for firewood. We can use solar energy for a kitchen stove. Maybe that is one way to contribute to developing countries. That is to say a stable society whose values lead in the long run to the benefit of the community is also protected from disaster. We have been elected by communities to play that role. Strengthening the community is to strengthen the people who support us and vote for us. In that sense, the earthquake has shown us that strengthening our communities make us more effective in preventing disaster and minimizing damage.

There are various ways of providing concrete assistance. Some years ago a major cyclone hit Bangladesh. It caused a high wave that created damage much like that of a tsunami. At that time, we provided shelters from Japan that have continued to be useful during subsequent natural disasters. It has been reported that the indigenous people of the Andaman and Nicobar islands escaped the disaster with relatively little damage. They had traditional knowledge of ways to prevent natural disasters from causing major damage. I believe that effective use of local resources, knowledge, and skills must be encouraged. Also it is important for us to assist disaster stricken governments in putting together requests for assistance to donor countries by suggesting appropriate price policies. It is essential that we should discuss ways and means of appropriate policy formulation after meetings like this if assistance is to reach those who need it most. I am sure as we take each other into confidence as fellow

parliamentarians engaged in free and frank discussion we will be able to benefit from sharing our knowledge and wisdom. It is also important that we create empathy and understanding through a frank exchange that are different from those at government levels. The trusting relations that we may be able to nurture through such discussion will no doubt be the foundation of our future cooperation. It is also our mission to obtain funds so that such relationships built on trust become a reality and serve as the basis for its further development.

When I served as the chairperson of the International Conference of Parliamentarians on Population Development, ICPPD, which was convened in conjunction with the United Nations International Conference on Population Development, we know as ICPD. We adopted a declaration which contained the following sentence; “Military expenditure should be reduced and made available for the resolution of population issues.” My commitment to that sentence remains as firm today as it was then. I pledge myself to continue to work hand in hand with all of you to persuade our governments to build a society in which every single person is able to live in dignity as a human being. I thank you very much for allowing me to speak at length.



## DISCUSSION

CHAIRPERSON:

Thank you Mr. Sakurai for your elaborate and extensive presentation on this natural calamity, such as tsunami and earthquakes, especially your vast experience of involvement in your own constituency and how to face this kind of challenges. And also you made some ideas of precautions to be taken, especially for a country like Japan, which is prone to earthquakes and tsunami. As an engineer you know the designs have been made to make buildings that minimize the human calamities. This is one point. And of course, you refer to the political tsunami which was created by certain governments, or certain groups. That is a different aspect. Also, you mentioned the importance of building self-confidence and also the international assistance that we channel in a proper manner. This all was enlightened by the backing explanation of how Japan has emerged in the world, in the political world arena and in the international arena. Definitely, it is very praiseworthy effort to the part of the people of Japan, turning from a war-torn country to one of the most developed nations. You are also a guiding force, a spirit behind all this movement. You revealed this meeting itself is your own incentive. Thank you for all. Now the floor is open to the delegates to seek clarifications or make comments on the presentation of Mr. Sakurai. Thank you.

MR. SINA THAN, CAMBODIA:

My name is Sina Than and I am a Cambodian parliamentarian. First of all, I would like to express my deep congratulations and heartfelt thanks to this kind of important exercise that we all gather here with 16 countries to support about population and development, especially about natural disaster. Since this morning, all the speakers and especially the gentlemen from Japan gave a very interesting speech concerning experience in Japan with regard to economic development and helping also with disasters and calamities. Even though I support that, I look at the title and this Association about the Population and Development, I think we tend to overlook two important points, which I am going to raise at this time.

What is the meaning of population and development? According to the United Nations report, they said by the year 2020 in many developing countries, the population in the urban areas will be larger than the population in the rural areas. This is for sure, as I used to work as first deputy mayor and was sent to different countries. I saw a lot of urban poverty in different countries and we learned that our population in urban areas will increase more than the population in the rural areas. Why? This is not because of violence or war. This is because of poverty. I think that this association should also focus on poverty in the population to deal with this problem. Like this morning, Ms. Imelda Henkin mentioned about 25 million people being internally displaced in countries. This is almost double the number of

refugees across borders. This is not only particularly because of the war or because of violence, but also poverty, I think. And I think not only the government, but also the parliament should focus on how to help the poor people. But so far I have not heard any mention of poverty yet, just about natural disaster.

CHAIRPERSON:

We are dealing with the population and development. Development includes all this.

MR. SINA THAN, CAMBODIA:

But poverty is very important. You can see that even the United Nations also has a goal that by 2015 they will cut the poverty by half. According to Geoffrey Sapp, an economist who is an expert at the United Nations, it is just not really possible. He also gave recommendations on how to deal with this poverty. Especially for the Asian population, you see the poverty as a big problem. I think we should focus on that. This is one of my points.

But I also acknowledge all the work, experience, lessons learned from this natural disaster. If you look at that during the tsunami in the Indian Ocean, the international community, including the World Bank, raised billions of dollars to help in a very short period. So the world is not just passive or ignoring this problem. I think we know that already. We all have sympathy for this problem and the international community is not passive about this matter. So this is a point that I also mention. We should also focus on poverty reduction for the Asian population.

Second point that I would like raise at this time is that you talk about a lot of natural disasters, tsunami, earthquakes, but one thing I think we should also focus on is man-made disasters. I think Cambodia can deal with natural disasters. It is not perfect, but we can cope with it because we have a national committee to deal with natural disasters, from the national committee going down to the local level. We have also NGOs to help us in that matter. We have the Red Cross and also a group from the Royal Palace to help. And our members of the parliament are also very active. We go to the affected areas by disasters and we raise some money. So I think dealing with this kind of issue is working very well.

But what I mean by man-made disaster, I am really concerned about what has been happening in the Mekong River. A lot of newspapers and magazines published articles about the dam that was built upstream of Mekong River. That causes the drain in the river and problems of shortages of fish and drought. Probably Thailand faces similar problems.

CHAIRPERSON:

We are not getting into subjects which are beyond the scope of the whole session today. So we can discuss this tomorrow. The time is very limited.

MR. SINA THAN, CAMBODIA:

Because tomorrow I am not going to be here, that is why I raised this issue. I think that those are two important issues. Number one is poverty issue. The second one is not only natural disaster but also man-made disaster should be considered. And I would also like to suggest that all the parliamentarians from those countries which are around the Mekong River should pay attention on this matter.

MR. SHIN SAKURAI:

May I answer that question? In fact, after this meeting, I will go back to Japan and then from May 10th I will visit India, Thailand and Indonesia. The objective of this travel is trying to meet your questions. The globe is now on the verge of collapse. There are earthquakes here and there. You may think that this is unavoidable because this is a natural disaster, but the energy within the Earth is going to be burnt out, and someday it is going to be a dead planet. As we develop and exploit these resources underneath, burning too much oil and energy, we have this global warming issue, which we have never experienced before. And in the area of food, the natural production of food is not good enough. We have to have artificial production. As a result of that, fish, pig, and beef, they all suffer from infectious diseases. This has been caused by the fact that human beings have maximized the use of science and technology in order to meet our desire. It is as a result of unlimited resource utilization and exploitation that we have this problem of the Mekong River Dam and poverty issues. People are talking about the liberalization of trade, but when we think about the consumption of food, 30% are being thrown away in developed countries. But in some third world countries, they are suffering from shortages of food. Nonetheless, we are competing fiercely with each other to produce and sell food.

India is a big country with the highest population density in Asia and has a long history. We, India and other Asian countries, should cooperate with each other to persuade the U.S. and other developed countries to let them know what the cause of the problem is. For Indonesia, just as Japan has recovered from World War II, we hope that Indonesia is going to stand on its own and construct a modern state by themselves. That is why I am going to visit Indonesia and India. In order to attain sustainable development, we really need to go back to the drawing board. So that is a sort of summary answer to your question. I would like to talk to you in person later if time allows. Now time is limited.

CHAIRPERSON:

Cambodia has a short presentation to share with us.

MS. KY LUM ANG, CAMBODIA:

Chairman, Excellencies, Ladies and Gentlemen, it is a great honor and privilege for me in addressing such a significant event of today's meeting.

My intervention on Tsunami Disaster and International cooperation focuses on Parliamentary role, and I would like to present to the meeting the following chapters:

- The International cooperation, organizational structure and working procedures as experienced after Tsunami Disaster
- The Parliamentarians' role before, during and after a Natural Disaster

Millions of people died, injured or lost property and forced to move/displaced to elsewhere for surviving. We know that, in the civil war or conflicts, millions of people died so far; but the recent Tsunami disaster made people dramatically suffered. We can say that the number of the victim is multiplied. How can we imagine? You all may remember that the *Cambodian country faced a big manmade disaster during the year 1975-1979, and 3.5 million of Cambodian citizens were killed.* Due to the lack off cooperation, coordination and collaboration in the region and would-wide during that time; why?

How about other types of natural disasters that always happened in our region? As in the disaster effect recorded, we remember that the Asian Earthquakes killed too many people and to respond to that, billions of USD were spent to meet the needs of those victims. The emergency response operation was a worldwide network and mechanism executed by UN Agencies, Governments, NGOs, IOs, charities, individuals and especially the International Red Cross and Red Crescent Society which is recognized globally.

To overcome these challenges, we have to unify in providing and sharing human resource, resources, knowledge/skills and experience. If we can do that, how difficult it is, it will be effectively achieved in an efficient manner (by cooperative ways or team work).

To have a good cooperation in responding to such disaster impact, we have to join together in producing "Disaster Management plan" or Disaster Action Plan according to the type of disaster that might happen in our region. The Disaster Preparedness Program is the most important program in reducing disaster impact as well as to protect human life better than to wait and respond. For example, the earthquake in Kobe 1995, due to the *existed Preparedness program*, it can be reconstructed in a very short time of period as the "Kobe strategy".

Besides sufficient human resource, resources, technical/skills and experience, we must consider the following elements: Disaster Response mechanism, Disaster Management planning, performances

and commitments of disaster management staff are essential.

Now I would like to talk about roles of the parliamentarians before, during and after disaster strike.

The disaster Management program is difficult to understand and implement; therefore no body can do it alone, and we have to join effort to perform it. At national, regional as well as global levels, we have to define the *common goal, strategy and objectives* in *reducing risks* caused by nature. *We cannot stop disasters but we have to prevent, mitigate as well as reduce risks.* We have to analyze and discuss together the question: *Can we move people from hazards? Or can we move hazards from people?*

As Parliamentarian members we must initiate the following tasks:

**a-** Before disasters:

There are many things to do, but as Parliamentarian members we have to be aware of some key issues such as:

- *One thing that the Cambodian parliamentarians have the possibility to do is to initiate the Disaster Management policy and its frame work because it is the duty of the National Assembly who has the mandate as LEGISLATIVE institution.*
- *As the Parliamentarian, we have to motivate and support the relevant Government in building up the response capacity as well as to coordinate, cooperate with other National Assemblies in the region and world-wide to strengthen and systematize the Disaster preparedness program and continue to assist each other when it is required.*
- *Also all Parliamentarian members have to pay attention to learning how to do the logical international appeal, and have to understand what the Disaster Response Emergency Fund “DREF” is.*
- *Disaster Management Policy and contingency planning are required to perform systematically the Disaster Management operation; therefore they have to be in place and adopted.*
- *Make sure that the Early warning system and public awareness are in place and correctly performed. The public has to be educated and the Disaster Preparedness program has to be disseminated.*
- *To be able to be in quickest response, we have to make sure that we have the DMIS (Disaster Management system) in place.*
- *Disaster Management technology is needed.*

**b-** During disaster:

- Facilitation, coordination and support of the activities performed by NCDM
  - Follow up the operation,
  - Support and facilitate the Disaster Response Operation,
  - Cooperation, coordination and collaboration are required,
  - Advise the NCDM on all the gaps defined by each Parliamentarian member.
- c-** Post disaster:
- The National Assembly has to think on how the NCDM (National Committee for Disaster Management) can implement effectively its tasks assigned in the Royal Decree, Decrees and Sub-Decrees. The NCDM is a DM coordination Body in the country, it is the umbrella of DM Organizations and Agencies.
  - Annual budget for the NCDM is an issue that has to be addressed.

As the time is limited, I would like to end my intervention shortly. I really hope that what I have shared with all of you may make us join together to analyze and discuss the issues for better understanding. May I wish you all success and happiness in your work and great success in your life. Thank you very much for your attention.

**CHAIRPERSON:**

Thank you very much for your presentation. Do you have any comments on it?

**MR. SHIN SAKURAI:**

Everything you pointed out is all very up to the point, so I hope that Cambodians will take these measures. All of us who are present today, if you have any questions for us, or if you wish to ask for assistance, we are willing to extend our assistance and suggestions.

**MS. HJ ABD RASHID SHIRLIN, MALAYSIA:**

I would like to ask a question. My name is Rosnah Hj Abd Rashid Shirlin from Malaysia. I would like to actually share the experience of my country of the tsunami with you. In fact, in our opinion, the tsunami, despite its negative impact, the positive side is to unite all the population of the world, I would say. In Malaysia, after tsunami, the all the public of Malaysia were immediately united in the sense that we managed to collect a very large amount of funds. We channelled these not only to our country in assistance, but to other countries like Indonesia, Sri Lanka, and Maldives. What I have noticed on the situation with the tsunami is the spirit of the good relation between Asian countries. But I would like to request the opinion of our speaker. What does he think of the formation of a special

committee to be centralized not only on the local government level, but on the national as well as regional level? So at least we are better prepared to face disasters. Coordination is most important. So we can face the disaster and we are ready to face such catastrophe.

MR. SINGH LAKSHMAN, INDIA:

Thank you, Chairman. I would like to know, after the tsunami disaster, there has been a very uneven gender ratio in the areas where the tsunami has affected people. What roles should parliamentarians play to solve this problem, the problem of uneven gender ratio created after tsunami? In fact, in Kerala, in India, in my state and my home district, the worst affected and more than 120 people died. I could see the courage of the women folk, the fisherman. They told me how they survived, how they escaped. So sometimes we feel that the women are more courageous and they are prepared to face any eventuality. Unfortunately something happened occasionally. It happens.

MR. SHIN SAKURAI, JAPAN:

This is a very difficult question. The Malaysian delegate said that the tsunami not only had a negative effect, but also a positive effect. We should not be grieving over the incident that already happened, but we should be positive, looking toward the future. Now regarding the imbalance between the men and women, I think we should leave it up to God. God will probably have some solution ready and I think that young people will be energized probably.

When Niigata was hit by the earthquake, it was around dinner time and I was going to change my clothes when the earthquake struck. My wife came running. She jumped on me and she said, "Oh dear!" I was surprised because I'm now 72 years old and this had not happened for years. And we took each other's hand and evacuated. So this is some good consequence. I think we should leave this up to God.

MR. TOSARI WIDJAJA, INDONESIA:

Nobody expected on December 26, 2004, that there would be an earthquake followed by tsunami that Indonesia experienced, destroying public infrastructure, peoples' houses, religious places, school buildings, and hospitals. In addition, the earthquake and tsunami also killed many people. According to the national coordination body on disasters, there were 173,121 dead both in Asia and in Sumatra. 28,950 houses were collapsed and 420,126 had to flee from their places.

What can parliamentarians do? The earthquakes followed by tsunami destroyed many things and killed hundreds of thousands of people in central and Southeast Asia. This shocked many people and created global solidarity to help people affected by the earthquake and tsunami. The parliamentarians

play an important role in maximizing your function as legislation, budgeting, and monitoring. And legislation, the parliament can issue law on managing disasters so that there is a clear guide on how to prevent natural disasters. The parliamentarians are also important to increase the budget and monitor the implementation of the emergency and recovery phases. Thank you.

MR. SHIN SAKURAI:

I would like to say this to my Indonesian friend. I am going to be in your country from the 15th to the 18th, so I would like to talk with you and your friends. We can put all of our good ideas and wisdom together. I am sure that God is going to be on our side. Whatever we lost in the disaster is not going to come back, but I think the disaster can turn into happiness. God is going to send us a window of hope, so let's work together. We say "God's Wind" you know *kamikaze*. That means God's wind.

CHAIRPERSON:

Now the honourable delegates, this session is also coming to an end. It is a very important subject and the role of parliamentarians has been discussed here. Besides the part of the parliamentarians, there is another important component. That number one, NGOs; number two, the different sections of the governance of the state. For example, in India, every state government took incentive along with the government of India, and below the state government we do have a system of *Punjayat Piraj*. It means we let *Punjayat* up to district *Punjayat*. All elected bodies. This is a unique experience from the constitutional amendment in India where the women have been given 30% representation. It means three million elected representatives in the *Punjayat* out of this one million are women. So we involve all these representatives in any natural calamities. The tsunami period also, it is evident.

Then the international community came forward as our wonderful delegate from Indonesia suggested, the world came forward. Countries came forward to help each other. This is a unique experience, especially this experience of cooperation between nations and the initiative taken by the developed nations as well as the United Nations. And also our own effort is definitely a guiding spirit which we had to think in larger terms, especially how to minimize the calamity by advance warning. When tsunami struck, nobody could get a warning. It struck India within one hour and thirty minutes after it happened in Indonesia. No one knew what was happening. Unfortunately, there is no pre-warning system as expected in the world today. I think every country is putting their mind together to install a pre-warning system and more advanced technology to be used in this area. We the parliamentarians have to convince our national governments to cooperate, take initiative, and minimize the calamities of a disaster, when it strikes. This is one thing that we can do. Japan always takes initiative on these matters. We hope that the advancement of technology and science can help countries to survive this sort of natural calamities. With these words I conclude. I thank you all, especially Mr. Sakurai for his



elaborate expression and presentation, and all the wonderful delegates who participated and made statements. Thank you all. Session adjourned.

## Session III: Population and Public Health — In Emergency

Situation —

**Session III**  
**Population and Public Health**  
**— In Emergency Situation —**

**Chairperson**  
**Dr. Guowei Sang (China)**

**Resource Person**  
**Ms. Bettina Maas**  
**Representative UNFPA Cambodia**

## **Population and Public Health –In Emergency Situation–**

by Ms. Bettina Maas

Representative of UNFPA Cambodia

Good morning. Excellencies, Honourable Participants, Guests, Colleagues. I would not see myself as a lecturing expert, but rather have a modest contribution on what from experience with our work with UNFPA at country level and headquarters level in the area of public health and emergency settings I have gained and also provide, reflections which stem from those of an earthquake survivor.

Ladies and gentlemen, the topic I want to contribute this morning on public health and emergency is quite complex. We are all acutely aware of the difficulties on what public health systems around the world have to accomplish, how they have to be delivered, how financing for these systems can be done sustainably, and who is to take the responsibility in which area. Governments, NGOs, and parliamentarians debate this often in relation to government programs and priority setting and resource allocation. If public health is in itself a complicated topic, it is even more complicated in the context of emergency settings. Therefore, when I was brought in to reflect on these issues, I thought I needed to take a rather simplistic approach. Some of the presentation is therefore geared towards bringing some points in the introduction on what are the challenges in the context of public health systems and what can be the responses of public health systems, especially with regards to reproductive health. This will then be followed up by three short videos produced by UNFPA and which will provide a more emotional piece of communication on the subject we are discussing.

Ladies and gentlemen, we are all acutely aware of the recent and longstanding news around the world on the humanitarian crisis produced either by man or by nature. But still, some data will highlight this. Over 35 million people are currently displaced by war. Millions more are displaced or otherwise severely affected each year by conflict, natural disasters, and environmental degradation. Women and children account for more than 75% of these. (We know that in specific cases like in the effects of the tsunami, more women died than men, which has different consequences for the societies.) 90% of victims and survivors of natural disasters actually live in developing countries.

We are also fully aware of the slow progress made in improving health status. We have seen it in the ICPD plus 10, the Beijing plus 10, and now in the upcoming millennium declaration review that the progress in addressing constant emergencies of HIV/AIDS, maternal and child mortality is too slow. Already 42 million deaths of HIV/AIDS and yearly 500,000 maternal deaths are reported, and child mortality is also high. Then, we also know that half of the countries which have emerged from violent

conflicts are likely to re-enter conflict within 5 years.

At the same time, there are also some good news, which often do not reach TV, radio or printed news. There are now more effective global, regional, and national program responses available. There are growing partnerships and shared responsibilities. The response to the tsunami globally, and the peacekeeping movements globally, have shown that people, governments, and civil society around the world share global and common goals. There is an increased knowledge and also technology available as well as capacity building to prepare for emergencies for better mitigation, and for reconstruction. And definitely, more resources are available. In spite of the small progress, we also know that more people than ever have access to primary and health care systems. In spite of the difficulties of implementing and managing healthcare systems around the world, and especially in developing countries, it has been demonstrated that the system of a district health and decentralized health system are effective and its implementation needs to be accelerated.

With establishment of the United Nations system and the United Nations charter, the human rights, and many treaties and declarations and legal frameworks, it is clear that there is global consensus on the basic principles on the right to health given for all people at all points and at all times. The role of the legal framework to achieving the goal in an equity and rights-based approach is also set.

In addressing practical points, in the provision of services and the managing of services in emergency settings, I have followed in my presentation the phases of preparedness, acute emergencies, long-term displacement and refugee settings, and transition, reconstruction, and development.

The experiences around the world have shown that preparedness is one of the key elements to mitigate impact and to ensure a more feasible and sustainable reconstruction in countries and communities stricken by emergencies. To achieve better preparedness, the planning process itself constitutes an important point. It has been seen that if countries are better prepared and have a system in place for planning and technology for early awareness, even in poor countries and in conflict stricken countries, the impact can be mitigated and the health systems can continue to perform with appropriate preparedness and decentralized health systems.

The preparedness includes a mapping of the most vulnerable people and the access to health services. Service providers need specific training on how to engage in emergency settings. Moreover, preparedness requires a service of access to commodities and the awareness creation and advocacy among policy makers and the people on how to confront and behave in emergency settings. It also requires engaging as you see today, in a global and regional network in terms of emergency

preparedness. But basically and as we mentioned earlier, it is also about strengthening the existing health systems.

In acute emergencies, obviously, public health systems are challenged by additional constraints, whether they are in developing countries or in rich countries. Weak health systems, however, suffer more and are more challenged to cope with these additional challenges when health personnel are killed or are not protected, infrastructures are destroyed, and referral system and normal immunization and disease control programs are either collapsed or blocked. In these settings, whether this is in poor countries or even in rich countries, the role of external assistance also plays a crucial role. This is even more important because we know of exclusion processes in national crises; often it is difficult for vulnerable population to achieve access to services. For instance in Europe in the case of crisis, immigrants have difficulties having access to health services. External assistance can also play an important role in ensuring equitable access to services.

A couple of practical steps should be taken. Mapping of the vulnerability and rapid assessments can be undertaken. Speedy and timely deployment of trained personnel and alternative communication means are crucial. The tsunami in the region has proven the importance of the quick response in terms of the deployment of commodities and personnel, and the use of alternative communication. Then also, based on the experiences, mobilization of coordinating mechanisms and partnerships is crucial as is mobilizing the protection mechanisms to insure the protection of the rights and the lives of those most vulnerable and whose lives and rights are endangered. In this regard, the use and the implementation of the legal frameworks, not only within the countries but cross-border are of crucial importance. Parliamentarians do play a crucial role and have the responsibility to ensure that beyond their national borders, legal frameworks are in place and implemented.

In a phase of long term internal displacement and refugees, a different set of constraints is put on healthcare systems, given that access to local and especially high quality services and commodities is eroded and most of the displaced and refugee people enter in a process of exclusion from the normal healthcare delivery. In other words, in massive refugee camps, special healthcare systems need to be established in order for refugees to have access to those. Again here, it is necessary to have information available on the situation of the internally displaced and refugees. The provision of comprehensive healthcare packages, the support of mobile services and the capacity development of local service providers to engage in the work are also required. Often there is a bias of the local healthcare provider themselves to engage in providing services for the displaced. This also has to have the task of advocacy and behaviour communication and counselling needs to be included.

Here again, the role of protection mechanisms of the legal frameworks cannot be underestimated. And

teasy, simply financial systems need to be put in place to ensure that, in spite of the speedy and the constant financial flows, accountability can be assured.

In the phase of transition, reconstruction, and development, we can see clearly where the links between emergency and development and the importance of focusing the provision of access to services on the poorest, excluded and vulnerable. In a setting where external resources are declining, more national ownership has to emerge, and the national capacity building process becomes increasingly important. This requires rehabilitation of critical services by providing comprehensive packages, and the strengthening of the healthcare system. Experience shows that the failure of district health system is not linked to a technical problem, but is mostly a problem of lack of managerial and administrative and logistics capacities. In other words, the acceleration of this implementation of decentralized health care systems is not only crucial but possible. In the transition and reconstruction, capacity building, in-service training, and the developing programs with the participation of stake holders is important. The engagement of government, intergovernmental, and non-governmental machineries in conflict solution, peace keeping, policy dialogues need to include healthcare as a priority. In the longer term, the challenge lays in ensuring the sustaining of coordination, resource mobilization, and financial systems. Often in the first phases of acute emergencies, financial flows come in quickly, partnerships and coordination works, but in the following years to come, these are eroded and need to be revitalized.

Having talked about healthcare, in general, I would like to move to an too often forgotten topic: , reproductive health and rights. Often the role of reproductive and sexual health in an emergency setting is not recognized because of the "vsibilbe" acute needs for shelter, water, and health. The fact is, however, that for safe motherhood, emergencies accelerate already significant risks. Complications of pregnancy and childbirth are the leading cause of death for women under 50 years in most developing countries. Reproductive health problems are one of the primary causes of death in refugee women. Premature deliveries and miscarriages are produced by trauma in crisis situations and unsafe abortions as a result of that. Only half of deliveries of babies take place with skilled attendants. And even in the best circumstances, 15% of women anywhere require emergency obstetric care, so it will be even more complicated if they don't receive emergency obstetric care in an emergency setting.

In unstable settings, unplanned pregnancy can be fatal. Unsafe abortions resulting from unwanted pregnancies and pregnancies too closely linked put in danger the health of young women and women that are not so young. Dangerous obstacles to family planning services include the blocking of the commodities, the interruption of distribution, and distraction of the health facilities, but also an increased pressure on women and the couple to reproduce the loss in fertility. Fertility rates among

indigenous peoples remain high not only as a product of poverty or values, but as studies have shown, are also linked to a basic idea of ethnic survival. Post conflict situations often carry show increased fertility with possible detrimental effect, not only the health of women and the families and the children, but also to the right to choose the timing and number of children.

An important and crucial topic, which Madam Henkin referred to yesterday, is that of violence against women. Sexual and gender based violence occurs at every stage of a conflict. We have seen that rape is often used as a weapon of war. Torture, humiliation, breaking of the last remedy of the soul of women is rape and sexual abuse in emergency settings. Instability and the loss of man's status often lead to increased domestic violence. Displacements, loss and fear may lead also to sexual violence of unprotected women and children. In other words, we saw before that 75% of women are among the refugees and displaced people. These women if they do not have the necessary protection of even simple moments of going to a toilet can be exposed to sexual violence. These are crucial concerns, I think, that we need to look at and take into consideration in our interventions. Women and girls are often forced into sex trade to get their protection, to get the shelter, and to get access to any basic services.

Emergencies increase the risk of exposure to HIV/AIDS and STIs for the simple reason that we are encountering large movement of people, the disintegration of communities, family life, and stable relationships, which generate more diversification of sexual contacts that are consented or unconsented. As we said earlier in the context of violence, women are often forced to trade sex for food, shelter, and protection, hence are more exposed to STIs, and HIV/AIDS. Then there is also the erosion of community and life structures, an increase in risk behaviour among its populations, and obviously there is a lack of safe blood in universal standard procedures in the health settings, which means that any blood transfusion or use of instruments in injections can pose an extra risk.

Now, why do we have a special focus also on adolescents? War and disaster affect young people especially by trauma of violence, loss of family members, disruption of schools and friendships and breakdown of social and cultural systems. Already in a normal setting, 500,000 young people are infected by STIs every day. Now let alone in these disrupted situations. Young women are more vulnerable to HIV/AIDS infections than men, and as we said earlier they are more exposed to violence and to sexual abuse. And we know that early pregnancy can be life threatening. I mention here also suicide, because we know that depressions in emergency settings, conflict situations, or post conflict situations are a larger problem, and suicide among women are particularly high: two to three times more women fall into depression and commit suicide. This may also have a link to situations of violence and reproductive health of young women and women.



It is clear that support to reproductive health needs to happen before the emergency strikes, in the planning and preparedness processes. But, we also need to focus on reproductive health and violence and gender approaches during acute emergency settings. We need to focus on it while working in health systems with refugees and IDPs in post-conflict settings, in the continuation of reconstruction, transition, and development. In other words, reproductive health and sexual and gender-based violence has to be a key component in all phases of emergencies.

What do we support? What support to reproductive health and emergencies? Again, I think it is very much linked to the earlier presentation on healthcare systems per se. Support needs to be timely, effective, and include the relevant provision of emergency supply equipment. One sample is the experience of UNFPA in the tsunami, with the support of the people of Japan, a kit was developed with participation of the stakeholders. One kit for women and one for men. For women, it has simple hygiene tools. It includes panamas, soap and a toothbrush, and pads. It also has, based on the request from the women themselves, a praying carpet, because women felt they need a place to console themselves, and the best way is through prayers in those particular settings. This is also a very nice sample of how women themselves or people themselves can be involved in developing of a tool which is meant for them, and, how global partnership can support a process like this.

Here is another sample of UNFPA supported intervention which is very useful. This is a 25-cent kit for clean deliveries which can be used in crisis situations. Integration of population and reproductive health issues into contingency planning and integration of reproductive health in the district health package system, and the acceleration of these processes are important. I would like to highlight again the importance of timely, simple, accurate and culture and gender sensitive rapid assessment. The basic globally acceptable criteria need to reflect the different needs of women and men and also ensure that it assessments and interventions are done in a culturally sensitive way. We need to focus on advocacy and awareness-raising, and to ensure that inter-agency coordination and planning and monitoring include this component of reproductive health and violence.

Then, funding, funding and funding. We have a better impact already is for provision for HIV/AIDS prevention, although in emergency settings need more needs to be done. But the integration of reproductive health, maternal health, and sexual violence components are still severely under-funded. It is crucial that resource mobilization for these areas is included for emergency in global appeals and in support and partnership in crisis and post-crisis.

Some time ago the wife of the UNFPA previous executive director Ms. Salas said, “When each

maternal death is valued as high as the price of the death of a high political leader, I think resource flows will be easier to be achieved for this area.”

How do we support reproductive health in emergencies? It is, as we said, by strengthening public health and health sector reforms for universal access to reproductive health services including HIV/AIDS, STIs, and gender-based violence. It is by building on existing systems and existing capacities, and it is by partnership, coordination, and involving the beneficiary. There is no agency, and no government alone and no vertical program alone which can take stock of all the reproductive, sexual, and violence needs and rights of people globally or in a country. We need to ensure speedy culturally and gender-sensitive interventions and safety measures. We need to mobilize additional resources for the emergencies and by involving non-traditional partners in reproductive health. I would like to make special reference on interventions on RH/SH that have been supported by the UNFPA with the uniformed and the peacekeeping: We refer to them not only as how they can support the provision of logistics and commodities, but as a target group themselves. In other words, as perpetrators, or as sexually active people (Cambodia itself has shown how we need to work with the uniformed forces and how it can actually be done.)

Let me finalize that ICPD confirms that the right to reproductive health applies to all people and at all times and in all circumstances. And as the Secretary General pointed out in the latest report, in “Larger Freedom,” that it is for the world community to decide whether this moment of uncertainty creates wider conflict, deepening inequalities and the erosion of rule of law, or is used to renew institutions for peace, prosperity, and human rights. Now is the time to act.”

I think by discussing the topic of today, we are acting. Thank you for your attention.

### UNFPA Video 1: “Inter-Agency Working Group Film”

Every year, millions of people around the world flee their homes to escape conflict and violence. The risks of sexual violence, unwanted pregnancy and sexually transmitted infections increase dramatically during conflict and displacement. Untreated maternal complications heighten the risk of disability or even death for pregnant women and their newborns.

Prior to the mid-1990s, very little was done to address the reproductive health needs of refugees and internally displaced persons. In 1994, there were two landmark events that changed this situation. The

first was the release of a seminal report on refugee women and reproductive health care. The second was the International Conference on Population and Development in Cairo, Egypt.

In 1995, more than 50 governments, non-governmental organizations and UN agencies met and formed the Inter-Agency Working Group on Reproductive Health in Refugee Situations. Since then, this group has worked relentlessly to raise awareness and advance reproductive health for conflict-affected populations. Now, ten years after the Cairo conference, the Inter-Agency Working Group has completed an unprecedented global evaluation of reproductive health services for refugees and internally displaced persons worldwide. The evaluation looks at the field, agency and global levels to see when and where services are being provided to refugees and internally displaced persons. It also identifies gaps and obstacles.

In the past decade, dramatic improvements have been made. However, huge challenges remain. While there has been significant progress in defining a minimum package of services to address critical reproductive health needs in acute emergencies, the provision of these basic services is uneven, depending on resources, trained staff, and access to affected communities. Basic safe motherhood services for refugees have improved greatly in most refugee camp settings. The major gap that remains is care for obstetric complications. Access to family planning programs has also improved. Contraceptives are now much more widely available to refugees than a decade ago. Coverage for the prevention and care of sexually transmitted infections, including HIV, has increased dramatically in the past decade. Even so, HIV/AIDS services were found to be weaker than other, longer-established, areas of reproductive health programming. Given the global HIV crisis and the impact of conflict and displacement on HIV vulnerability, much more needs to be done in this area. Sexual and gender-based violence is receiving much more attention now than a decade ago. Yet it continues to be the least developed aspect of reproductive health programming. Refugee women and girls who survive rape do not routinely receive medical attention. Likewise, there is limited programming to address other forms of gender-based violence. As with HIV/AIDS services, this newer technical area poses huge challenges. Gaps were also found in programs for displaced adolescents. Conflict-affected youth are particularly vulnerable to sexual violence and exploitation, to sexually transmitted infections, unwanted pregnancies and unsafe abortions. They need much more attention from youth-friendly services.

Overall, just one decade after Cairo, reproductive health service quality and coverage has improved greatly for millions of refugees. But in addition to the gaps already mentioned, there remain tremendous challenges. Unlike the progress found in organized refugee camps, reproductive health services for internally displaced persons are severely lacking. Those displaced by conflict inside

their country do not have the same protection and support from the international community as refugees who cross an international border. Today in Sudan, for example, more than one million people are displaced by conflict in the Darfur region. Less than half have access to any health services.

The instability of funding for reproductive health for refugees is another challenge. Although funding and support expanded considerably between 1994 and 2000, the evaluation's findings show that funding has declined since 2000, jeopardizing some established programs and limiting support in recent emergencies.

These challenges notwithstanding, a refugee woman today has a far better chance of having a safe pregnancy and delivery than she did ten years ago. She also has improved access to family planning, services for the prevention and treatment of sexual and gender-based violence, and sexually transmitted infections, including HIV. In the future, millions more refugee and internally displaced women will benefit from these services. We've come so far. We've learned so much.

This critical work must continue.

## UNFPA Video 2: "Humanitarian Response Film"

In the world today, more than 37,000,000 people have been displaced by war.

Over 65% are women and girls

To Survive, they need food, water, Shelter and protection.

They also need health care.

During war and in refugee settings, women don't stop getting pregnant or having babies.

Violence against women and rape escalate.

And HIV /AIDS thrives.

Among Afghan refugees, complications of pregnancy and childbirth are the leading cause of death for women, leaving thousands of families without a mother

In Eastern Congo, violence against women is a deliberate strategy of war, leaving thousands in need of medical treatment and support.

For women affected by war, not having basic materials for clean childbirth, not having access to emergency obstetric care, or even a condom can be a death sentence.

Reproductive health care is not a luxury or a secondary concern.

RH is a human right, RH saves lives.

### UNFPA Video 3: “Indonesia Rosmawati’s Story: Women’s Health in Aceh’s Camps”

Rosmawati lost her home and all her possessions to the tsunami. Separated from her husband and children, she escaped the raging waters by climbing up to the rooftop of her local mosque. Today, she’s one of 470,000 people left homeless in the Aceh Province of Indonesia. Rosmawati joined thousands of others in overcrowded makeshift camps. While conditions are difficult for everyone – poor nutrition, health sanitation- the women here face unique challenges, like having to bathe in public, a source of shame and discomfort as well as a daily reminder of their vulnerability as homeless women.

And there’s the danger of childbirth. With little or no access to hospitals, nearly a thousand women like this one – pregnant with her sixth child – will likely give birth this month in Aceh’s camps, with no privacy and without the proper medical attention in case of complications.

Islamic relief groups and the United Nations Population Fund, UNFPA, work feverishly to try and meet their needs. “We are trying to provide, immediately, clean delivery kits and other basics that health providers need, including midwives, to help people give birth as safely as possible.”

But the needs are great for all women in this region. They’re desperate for even the most mundane necessities of life. “We are providing hygiene kits which include soap, towels, toothbrushes and sanitary napkins, underwear.”

Over 36,000 hygiene kits are being distributed to women throughout the camps. Rosmawati has just received hers. “This we can use for praying...and for sleeping in.”

Today, Rosmawati is living in a smaller camp, with a little more privacy. Beside her... her family. She found her husband, young son and daughter in a frantic search in the days following the Tsunami. A devout Muslim, she tries hard to maintain the rhythms of a normal life amid the chaos. But as they work to rebuild their lives there’s something else Rosmawati believes is essential during this crisis...family planning. “Without contraceptives, we’d have more children, and we wouldn’t be able to raise them and educate them properly...it would backfire on our community.” A community where even little things mean so much. A community desperate to regain the lives they have lost. This report was prepared by Michele Zaccheo for the United Nations.

## DISCUSSION

CHAIRPERSON:

Thank you very much, Ms. Bettina Maas. The films were really moving and heart-aching. We have to take some measure to cope with these problems. Before we start discussion, Princess Sisowath Santa of Cambodia has a short speech to make.

PRINCESS SISOWATH SANTA, CAMBODIA:

Honourable chairman; Excellencies, Honourable Members of Parliament; Ladies and Gentleman, I am very honoured to welcome you all to the Kingdom of Cambodia. We have just celebrated our Cambodian New Year, Year of the Rooster about two weeks ago, and we would like to wish each of you prosperity, good health and success in your endeavours.

We come today to share together our experiences, our knowledge and many of lessons we have learned in over the years in order to safeguard our future. Our topic of this session is the “Population and Public Health in Emergency Situation”. In Asia-Pacific Region, there are similarities and differences, due to the make-up of our societies, and our political situation changes. In spite of these changes, we have our colleagues from near and far whose knowledge, technologies, contributions, resources and cooperation are such of enrichment. So your participation and your best contribution would be highly welcome.

Again, our subject of today discussion is the “Population and Public Health in Emergency Situation”. When I am given this subject, I am amazed by the word “Emergency”. In Public Health, in my opinion, there is always an emergency. Emergency in diseases prevention, emergency in treatment, emergency in providing good health care and environment, and emergency in responding and controlling the spread of diseases. So in that respect, in our discussion, we need to look in our respective countries the following:

- 1) Adequate Health facilities, medical materials and physicians for the services of all our people.
- 2) Trained staff to meet demand.
- 3) Biological institutions adequately equipped to respond and identify diseases for early warning and be able to provide urgent information.
- 4) Communication network within our country and with the international health communities for disease outbreaks, and also the cooperation network in responding to this emergency.
- 5) Human resources and training skills to cope with any emergency situation, so that our population are not left to suffer or die, and who will be able to provide these kinds of training

skills.

6) Adequate supply of medicines, updated and ready to respond in case of emergency.

7) We also need to look if the mass media are well informed to provide correct information to the public.

8) We need to address how the role of the military and police forces could be useful, and should they be incorporated in the emergency team.

9) We need to determine the roles and responsibilities of all public agencies that should be defined so that they can assist in emergency situations.

10) We need to look at our national planning and preparations for large population displacement for their adequacy, especially in the area of shelter, food and sanitation.

Along this line of discussion, we should consider:

Our role as parliamentarians in the case of disaster or health emergency;

Our involvement;

Coordination of our services without overlapping responsibilities of relevant departments or agencies;

Our support.

Enactment of new law required to allow storage of large number of medicines for emergency situation.

Our lead in coordination of staff capacities upgrade and medical facilities in response to emergency.

These are some points of discussion and I hope that our session proceed with success. Thanks for your attention.

CHAIRPERSON:

Thank you very much. Now the floor is open.

MS. STEVE CHADWICK, NEW ZEALAND:

Thank you for that address, Bettina. We found it most useful. I just wondered you mentioned after the 1995 really incredible conference when UNFPA was established, do we now go and post major disaster and do a debrief about how we can improve services after lessons learned like in the tsunami? Are UNFPA coordinating that work?

MS. BETTINA MAAS, UNFPA:

UNFPA is a member of the coordinating committees both at the reproductive health interagency working group and also a member of OCHA. It will be perhaps more appropriate for Ms. Imelda Henkin to reply to that question. But in principle, we are as an organization also internally reviewing the experiences and the progress made, and building our own capacity to ensure an effective response and the same approach. We are also supporting the networks to do the same. It is up to fora like this one to ensure that regional global partnerships and networks take these issues up and learn from those

experiences. And when it comes to the millennium declaration and the millennium summit in September, it really takes the importance it needs to have. Imelda, perhaps if you want to add something?

MS. IMELDA HENKIN, UNFPA:

With reference to the specific question on the tsunami and UNFPA, from the very beginning we were engaged in mobilizing our officers and ourselves to participate in the initial phases. Now we have to be engaged for the long haul, because a lot of work has to be done in the next couple of years because the problems do not stop after the initial emergency has run its course. UNFPA is very much involved as Bettina was mentioning with the other agencies in the UN system and on a wider basis both at the country level, and I should emphasize especially the country level, because that is where the action is and where it should be. The UN and UNFPA is also participating in that, has set up a system to track the progress made of this huge effort. And there is a monitoring system being put in place now to see what happens with the funding that has been pledged both to make sure that it is used properly, and to make sure that those pledges materialize because you probably have heard in the news media that in many emergencies where huge pledges are made, in the end only sometimes 10% of the funds have been pledged actually materialize. So we need to avoid this happening again with the tsunami situation. So in all these respects, the UNFPA is very much a part of the networks that have been set up, both in terms of making sure that quality services are delivered and at the same time making sure that funds that have been pledged also materialized so UNFPA is part of all the interagency networks that have been set up both at the headquarters and at the country level.

DR. MALINEE SUKAVEJWORKIT, THAILAND:

I am Dr. Malinee from Thailand, senator from Thailand, Secretary General of AFPPD. I just want to add and strengthen what Princess Santa from Cambodia has already mentioned that actually from the tsunami victim countries. I can say that first of all the psychic trauma is most important because the orphans, widows and people like that suffer psychic trauma. So I think that we should add this issue into what we are talking about because it really is terrible and lasts so long for the kids that have lost their parents and everything. Thank you.

FROM, AUSTRALIA:

Good morning and thank you Bettina for that presentation. I made a comment to my colleague that that presentation should be provided to every Member of Parliament from every donor country because it just shows and emphasizes the good work that UNFPA does. You spoke about the work that UNFPA is doing at the moment with other UN organizations and international organizations and country organizations that are there. I was wondering about the preparedness side, the type of work that



UNFPA does with countries and with local organizations on a regular basis and what the response, the reaction of countries are when UNFPA tries to do its work. Does UNFPA have the resources to be able to prepare countries, governments, organizations, for times of emergency?

MS. BETTINA MAAS, UNFPA:

Perhaps I will give a short reply based on experience and Imelda perhaps will reply on organization-wide if you can add something. From country office perspective, I can give some samples how UNFPA is supporting in the preparedness phase. We are a member of the disaster management theme groups and working groups to ensure that in the national disaster management plans, those issues are well taken care of and the specific indicators and costing exercises and mapping exercises look at those. In our regular program, development process, we also support the inclusion of population demographic data, and for instance here in Cambodia we have supported also the mapping of existing healthcare systems and so this is all important information in the planning process. Also, in terms of capacity building, we ensure the integration of the reproductive health package into the district health systems, and in essential packages.

AN interesting e UNFPA is a member of the coordinating committees both at the reproductive health interagency working group and also a member of OCHA. It will be perhaps more appropriate for Ms. Imelda Henkin to reply to that question. But in principle, we are as an organization also internally reviewing the experiences and the progress made, and building our own capacity to ensure an effective response and the same approach. We are also supporting the networks to do the same. It is up to fora like this one to ensure that regional global partnerships and networks take these issues up and learn from those experiences. And when it comes to the millennium declaration and the millennium summit in September, it really takes the importance it needs to have. Imelda, perhaps if you want to add something?

Example is the role of midwives in health care provision. When UNFPA supported the developing of a midwife association, we brought together midwives from Cambodia, with those from Yemen, Palestine and selected other countries to share their experience. Some come from highly professional healthcare system but the service delivery was hindered because of the conflict situation. In other places like Yemen, the remoteness and the poverty and the insecurity is very strong so access is similarly difficult. So these midwives shared their experience on how to use the most basic simple lifesaving skills, how they as a network of health providers could function for the most important issues on safe delivery, family planning and counselling on violence and what is the role of them in the different stages. So UNFPA's programs I do believe can really make a crucial impact

On the question whether we have sufficient resources. We know that financially much more is required.

Capacity development, even for our own organization, we are constantly updating those and we also hope that our executive board will positively reflect this when the country programmes are discussed in the executive board session so that the adequate financial resources are made available. So that we really continue to strengthen that approach because these situations are not an exception anymore.

MS. IMELDA HENKIN, UNFPA:

UNFPA's work in emergencies and long term humanitarian response very much requires partnerships with other organizations, NGOs, and of course governments. In the recent experience with the tsunami, we linked up with local NGOs to help to deliver the services and the commodities. As Bettina was just mentioning, much more resources are needed for UNFPA to play its full role. At this point, our executive board only allows us to use one million of our resources for emergency situations. That is from a time when conflict situations and emergency situations were far less. We have heard since yesterday that the number of conflicts and the number of disasters are ever increasing. We are now talking about over forty countries being identified as fragile states. So also our policies and procedures have to adjust to that. So actually we are in the midst of reviewing and making proposals to our executive board to make some changes so we have more flexibility in the usage of our resources. In June when we our annual governing board session, we are intending to present our plans to the executive board and then in subsequent sessions to come with more details.

Recently we held a workshop with a number of representatives and also people from other organizations as to how UNFPA can strengthen itself in terms of responding to emergency situations, and when I am saying emergency, it is also very much long-term emergency situations. We are participating in the consolidated appeals. We have pre-positioned supplies so that when an emergency happens we can quickly work in terms of delivering commodities. We also have identified expertise so that we have the necessary expertise available on short term notice of competent people who know how to deal with these situations and with the necessary expertise. Also, we have not mentioned this, but for a number of years, UNFPA has been working very closely with the department of peacekeeping operations to work with peacekeepers in order for them to have more responsible behaviour, and also to be a positive force in peacekeeping situations. You probably have heard in recent months that we have some problems in that connection, and UNFPA has very much been in the forefront in dealing with this, and working closely with the DPKO, the department of the United Nations dealing with peacekeeping. So the UNFPA is very much active in emergency situations and we are in the midst of beefing up our capacity to do much more, which is required for the great number of emergency situations and we have to be prepared for the future emergencies coming up. Thank you.

CHAIRPERSON:

Dr. Karim, do you have any comments?

DR. RAJ KARIM, IPPF:

Thank you, Mr. Chairman, for giving me the floor. I would like to congratulate Bettina of UNFPA for your talk and UNFPA's work. I thought that I would just like to give a comment. We have been discussing about population in emergencies and how we respond to emergencies yesterday and today. But I think one of the basic lessons that we have to learn from this title of public health and emergencies is that we have to do a lot of work during peace time and not wait for emergencies because what really happens in emergencies is that the whole public health system breaks down. Health infrastructure breaks, disease surveillance systems break, our manpower gets disrupted. People are not informed. So I think that we have a responsibility to ensure, especially as parliamentarians, that we build up at least a viable infrastructure at any point of time so that will be our staying force. Sufficient manpower, I know, it is easier said than done, but I think we have a responsibility to at least ensure that we have a functional health infrastructure, especially at the district level with referral systems, with manpower, with commodities, because then in times of emergency we can respond much better and much faster.

The other thing is empowering women and young people that we need to keep on reinforcing and working on during peacetimes and especially with the fragile populations that we are talking about, those that are left out of the healthcare systems and are neglected. So I would really like our parliamentarians to advocate for resources in that area. We have seen in many of the emergencies that when an emergency happens, everything breaks down, and it is only countries and situations that have some infrastructure that can move on. As Bettina said, we do not operate in a vacuum. We operate with some existing systems there. There was a recent meeting in Kuala Lumpur just about a month ago, re-looking at the experiences of the tsunami and this was organized by the Red Cross and the Red Crescent Societies and it was also a point that that was driven home. That Red Crescent only works mainly during emergencies, and how now can they help the other organizations at UNFPA so that they can also put in and train manpower to be that added force that can help these fragile populations.

Since I have the floor, I would like to say just for a little while, although IPPF is not an emergency organization, we have been very strong with the tsunami because we have our national organizations in the affected areas, so in Aceh, for example, we responded very fast. And because in Indonesia we work with a very strong NGO, Indonesian Planned Parenthood Association, we were able to support them to deploy people from where Sumatra, Medan and other parts of the country to continue with some of the services that were disrupted. Today we have got resources that we are helping them to rebuild some of their infrastructure. Thank you.

FROM PHILIPPINES:

One of the things that struck me about the Bettina Maas' presentation was that reproductive health is a human right. In my country, we are trying to advocate the two-child policy, having one of the highest growth rates in the world in terms of population, almost 2.7% per year. Now what happened is that the Catholic Church intervenes. They even went to the extent of going to one of my colleagues and saying we will campaign against you if you support any family planning methods being advocated which are not in consonance with the natural family planning methods advocated by the Catholic Church. So what can you say about the steps that we as parliamentarians can do to stop institutions like the Catholic Church from interfering with these rights of choice and rights of informed choice. I am a Catholic, but in principle I do not think that they should be meddling in terms of governance, because they are not the ones who answer for problems when there are problems. The Catholic Church itself is interfering with the policy of government. What can we do as a body and how can the UNFPA help us in this advocacy for Planned Parenthood and informed choice?

MS. BETTINA MAAS, UNFPA:

I think the ICPD+5, ICPD+10, Beijing plus 5, Beijing plus 10, Millennium Summit are frameworks where this debate with the Catholic Church and the Vatican will always come up, and I think it is probably the role of parliamentarians at a national level, as well as at regional and global levels, to lobby precisely to ensure that those global consensus are implemented. In the case of the Philippines, the UNFPA country office is supporting the lobbying in a culturally sensitive way, because it entails that programs will operate with the local communities, and will also work with the programming strategies to ensure that you work with allies to provide family planning and service and to ensure that people can take their choices. And it is also in working in advocacy and lobbying to ensure that even if some Catholic leaders are opposing it, at least they do not constitute an obstacle. The UNFPA globally has implemented a publication called "Culture Matters" whereby the UNFPA puts these issues on the forefront, on how best to implement culturally sensitive program strategies. I think the role of a parliamentarian is to engage in those debates at all levels and lobby to ensure that in the parliament the issue is on the forefront and that priority and the budgetary approach is taken seriously. But I think that you have a strong network behind you in the Philippines and globally, who will make sure that family planning continues to be, and universal access to reproductive health service is a basic right of all people in this world. Thank you.

FROM PHILIPPINES:

May I respond? Yes, as parliamentarians, we can advocate all of these reproductive health rights to our

constituents, but the problem is, for many of my colleagues in parliament, the presence of the Catholic Church is very strong and influential in the areas where they are elected. And their chances of being re-elected can be diminished by the influence of the Catholic Church itself. So we are faced with a horse of a dilemma. We want reproductive health to be an issue thoroughly discussed and become an educational tool for our constituents so that we can prevent unwanted pregnancies and have planned parenthood. On the other hand, the chances of re-election becomes slim when the Catholic Church, goes out every Sunday and tell the people that man, who is advocating reproductive health, is an evil man. Can we not have a common position on this matter so that the Catholic Church will stop meddling in affairs of this nature because they are not the ones suffering? In fact, it is the priests who make babies also in our country. It is true. There are many incidences of priests who cause pregnancies and we have one of the highest incidences of abortion in our country, which is outlawed and is not allowed by law. So there is a dilemma. The Catholic Church has a very big influence, but yet we cannot stop them from saying what they want and we cannot deem their activities illegal either. But how do we, as a body, lobby with them at least not to interfere with the things of this nature, especially with a country like ours which is struggling with one of the highest population growths in the world?

MS. BETTINA MAAS, UNFPA:

I think the experiences in the past 10 years have shown that there is no one single solution; otherwise it would have already been solved. I think you have to continue to search for ways to provide, perhaps in a non-judgemental way, to the communities by evidence. Look for different channels to provide and lobby for those. Look who are the allies and the means to at least provide gateways so that it does not become an obstacle. You cannot expect that the position will switch completely, but at least you may work towards a way that those positions do not obstruct the implementation of programs at the community level. I think there are experiences out there also in Guatemala for instance. It took 10 years or more than 10 years, and now the parliament came out with a declaration for reproductive health. In 1996 when I had a meeting with the Secretary of State and advisor to the Prime Minister, he said to me, there are two concepts which need to be eliminated even from the dictionaries. One is reproductive health, and the other is gender. These cases prove that there are possibilities, even in those environments which seem to be very difficult. Achievements can be made, and it is working through different lobbying, program-based, evidence-based, non-judgemental ways, I think. And your colleagues may be able to provide you with more help. And the experience exchange precisely. How can Philippines learn from Guatemala? How was it possible there?

MS. IMELDA HENKIN, UNFPA:

Can I just put in a promotion for UNFPA here in the work that they do for advocacy in terms of very good information on the opposition and what the opposition is doing, and that in terms of for advocacy

material for Christian countries that are concerned with this issue, that they can get this information from the website here as well receive the material if they want to.

**DR. OSAMU KUNII, JAPAN:**

Just one comment. Actually, UNFPA's role in emergencies is very important at this time. But at the same time, just the linkage between this emergency and development is very important because women's issues should be targeted in a very long term, and the reconstruction and rehabilitation stages in emergencies are a very good opportunity in another sense. So I really suggest that UNFPA should not target only emergency or reconstruction of the affected. There are many unprivileged, unaffected women just besides the affected areas. I found in Sri Lanka, Indonesia and other places that there are many unprivileged unaffected areas which could not get any relief or rehabilitation. So this time it is a very good opportunity not only to give reconstruction, but to improve women's health and other welfare, even better than the previous one, because the previous baseline level is often very dreadful. So I ask UNFPA to have a better vision and a clear picture for development, especially a linkage with relief work. Thank you.

**MS. BETTINA MAAS, UNFPA:**

I think that is a very valid comment. The fact that UNFPA gets more involved in emergency and I have been stressing long-term emergency, so go beyond the immediate period of emergency relief. That does not mean that we would not anymore be involved in development work in areas where there were no disasters. It is a matter of balance and having the flexibility when we need to assist increasingly in fragile states that we have the flexibility to do so, and to do on a long term basis, so not just for a couple of months and very much focus on the situation of women and vulnerable groups. And focus on empowerment of women and young people as Dr. Raj Karim was just mentioning also before.

**MS. KAYOKO SHIMIZU, JAPAN:**

I am from Japan. Ms. Bettina Maas, your presentation was really very moving and impressive. I have a request to the UNFPA. For this earthquake and tsunami disaster, various NGOs have been very active. For example, the ICN, International Council of Nursing, was involved. The ICN made a request to each country's nursing association to provide assistance to these disaster stricken areas. Japan's Nursing Association also responded to this ICN request and even at present, they are soliciting funds and donations. They raised a lot of money. Also, members of the Japan Nursing Association went to Sri Lanka, Thailand, and Indonesia. They held discussion about what help they could offer to these disaster stricken areas. In particular, Japan had experienced the Kobe earthquake, so we have a lot of experience in nursing during disasters. So I think the results of that nursing activity will be presented to you sometime in the future in some forum. I hope this kind of activity can be coordinated by ICN

and UNFPA. That will perhaps deepen and enrich their current activities. Japan Medical Association or Midwife's Association can also be included in these efforts. Thank you.

CHAIRPERSON:

Thank you very much for your comments on the nursing activity and midwife activity association. I think we all learned a lot from this session, such as being well-prepared in peace times and the need for a specific training for the emergency situation; and just like she emphasized many times in her lecture, we need more global, regional work, stressing existing public health systems and capabilities which we have to try to ensure vulnerable people to achieve access. And we need a quick response and also we need to think about long term concerns and also we discussed the issue of emergency and development. We also need sustained coordination. All these kinds of issues were emphasized by Ms. Bettina. I think it really was worthwhile for the discussion and for our thinking. Thank you everybody for your participation and very active discussion.

Session IV Reproduction Health and Rights in International and  
Domestic Disputes



**Session IV**

**Reproduction Health and Rights in International and Domestic  
Disputes**

**Chairperson**

**Dr. Sharman Nancy Stone (Australia)**

**Resource Person**

**Dr. Ouk Vong Vathiny,  
Executive Director,  
Reproductive Health Association of Cambodia**

## **Reproductive Health and Rights in International and Domestic Disputes**

By: Dr. Ouk Vong Vathiny

Honourable Mrs. Kayoko Shimizu, M.P. Vice Chairperson of APDA

Honourable Mrs. Yoshio Yatsu, Chairperson of AFFPD

Distinguished Ms. Imelda Henkin, UNFPA Deputy Executive Director

Distinguished Ms. Raj Karim, IPPF Regional Director

Excellencies, Honourable Parliamentarians

Distinguished guests Ladies and Gentlemen,

I have a great honour and pleasure to present the papers in the important meeting of the 21st Asian Parliamentarians Meeting on Population and Development respond to the theme of Reproductive Health and Rights in International and Domestic Disputes.

### Introduction

Too often neglected in the rush to provide relief, reproductive health information and services are required from the start. In an earthquake, flood, or violent conflict the immediate concerns are the same: childbirth, sexually transmitted infections and sexual violence.

Today I am going to discuss with you how we can best meet the emergency reproductive health needs of refugees, internally displaced persons (IDPs) and other populations affected by crisis situations.

The areas I will be highlighting for your consideration include:

The type and scope of current population crises that exist in Asia today

The increased vulnerability of women and youth in these emergency situations

Focal areas in providing reproductive health to safeguard the rights of refugees and internally displaced persons

A Call to Action- steps can be undertaken to improve the current practice

### Background: Populations in Crisis:

Type and scope of current populations in crises within Asia:

Traumatized and fearing for their lives, every year millions of people, most of them women and children, are forced to leave behind their homes, land and other belongings to seek refuge in more secure areas. Without access to employment, farmable land, social services, or even informal support networks, many refugees and IDPs- particularly those living in camps- have to rely on humanitarian

aid to survive. Many receive little to no assistance at all due to insecurity, natural barriers, lack of donor funds, coordination problems among aid agencies, corrupted or hostile authorities complicating access or lack of information on the whereabouts and living conditions of refugees and IDPs living with host communities rather in designated sites.

The overwhelming majority, some 22 million people worldwide, have been displaced for more than a year, many of them for a decade or even longer. While remaining in situations of protracted displacement, many refugees and IDPs are forced to live as second class citizens, facing discrimination, restrictions to their freedom of movement and political rights, as well as difficulties in accessing social services and benefits.

At the end of 2004, an estimated 3.2 million refugees and 3.3 million IDPs were in the Asia-Pacific Region. This figure does not include displacement related to natural disaster or large scale infrastructure projects, both of which are major causes of displacement in the region. The Indian Ocean tsunami disaster killed more than 280,000 people, injured more than half a million and left up to 1.2 million homeless. The intensification of on-going conflicts opposing governments and rebel movements has been the main cause of IDPs and refugees during 2004 in Asia. Currently, 11 countries in the Asia-Pacific region are experiencing emergency situations with large populations in crisis. These countries include Burma, Indonesia, Nepal, Bangladesh, Sri Lanka and the Philippines.

Increased vulnerability of women and youth in emergency situations:

Women and children account for more than 75% of the refugees and displaced persons at risk from war, famine, persecution and natural disaster.

25% of this population at risk are women on reproductive age and 1 in 5 is likely to be pregnant

Drawing from my own experiences, I can share with you examples of how women were directly affected during the prolonged internal conflict here in Cambodia. During the Pol Pot Era and the years following this Regime, I witnessed how:

Women who had been widowed during the conflict were forced to sell sex in order to feed their children.

Men promised sweethearts in the provinces to join them in the city, only abandoning them later where these women were forced to sell sex to survive.

Even today, human trafficking continues to be a major reproductive health problem as young women seeking employment opportunities or trying to escape drastic environmental conditions, such as drought or flood, go with trafficking agents who promise them respectable jobs, but then force them to work in the sex trade.

Neglecting reproductive health in emergencies has serious consequences: unwanted pregnancies, preventable maternal and infant deaths, and the spread of sexually transmitted infections including HIV/AIDS. It not only affects the reproductive health of these women, but impacts their individual rights to make free choices about their personal safety, their health and their livelihoods.

#### Critical Reproductive Health and Human Rights Issues:

Worldwide reproductive health, including family planning, is recognized as a human right. The International Conference on Population and Development (ICPD) Programme of Action endorsed by 179 countries in Cairo in 1994 recognized the need to ensure reproductive rights and provide reproductive health care in emergency situations, especially for women and adolescents.

Effective reproductive health programs safeguard human rights such as:

The right to health

The right to freely decide the number and spacing of children

The right to information and education, and

The right to freedom from sexual violence and coercion

Many countries respect these rights and are making family planning and reproductive health information and services more accessible for increasing numbers of women, men and young people. In emergencies, however, reproductive rights are often violated and the low social status of women compounds the risks to their health and safety.

Focal areas to provide reproductive healthcare and safeguard the rights of refugees and IDPs:

#### (1) Safe Motherhood

People often forget that during conflicts and disasters women still need prenatal, post-natal and delivery care. Without skilled help, giving birth with out basic equipment can be a matter of life or death for women and their newborn infants.

Emergency situations heighten already significant risks:

Premature deliveries, miscarriages brought on by trauma and unsafe abortions resulting from unwanted pregnancies are all linked to crisis situations- and all require medical treatment.

#### (2) Family Planning

Neglecting family planning has a long list of serious consequences: unwanted pregnancies, unsafe abortion resulting from unwanted pregnancies, pregnancies spaced too close together, dangerous

pregnancies in women who are too old or too young and the transmission of STIs including HIV/AIDS.

Family planning allows women and men to choose whether, when and how often to have children. For a woman coping with a crisis situation, access to family planning is an important part of protecting her own health and the well-being of her family.

### (3) Adolescent Reproductive Health

In a crisis, the family support so vital to young people often collapses. A network that might have provided protection, help and information disintegrates, leaving young men and women more vulnerable than ever before. At the same time, the youth traumatized by violence or other catastrophic events tend to engage in higher-risk behaviour.

Emergency situations increase already significant risks:

Each day, more than 500,000 young people are infected with an STI

Early pregnancy carries great risk, as girls ages 10-14 are 5 times more likely to die in pregnancy and childbirth than women aged 20-24.

More than 4.4 million young women aged 15-19 have abortions every year, 40% of which are performed under dangerous conditions.

Young refugees and IDPs may be deeply affected by the absence of role models, breakdown of social and cultural systems, personal traumas such as loss of family members, exposure to violence and the disruption of school and friendships. With few ways to earn income, especially in female-headed households, this creates pressures for young women to trade sex for food and protection.

In emergency situations, specific concerns include:

Increased risk-taking behaviour among young people due to the lack of normal social controls and a tendency to overlook consequences in the face of uncertainty

Greater risk of early and unwanted pregnancy, STIs and HIV/AIDS, drug abuse, sexual abuse and violence

Young women's lack of power to control their sexual and reproductive lives

Lack of youth-friendly services in situations where it is hard enough to reach adults

Political and cultural barriers often prevent information and services from reaching young men and women. While advocacy help overcome these barriers in many parts of the world, adolescents in emergency situations remain uniquely vulnerable to neglect.

#### (4) Addressing Sexual Violence

Sexual and gender-based violence occurs at every stage of a conflict, from before the flight to the return home. The victims are most often women and adolescent girls and boys. Such violence is common in many armed conflicts, especially where combatants mix with civilian populations.

Rape is used as a weapon of war intended to humiliate, torture, dominate, stigmatize and disrupt social ties, as are other forms of violent assault

Women and girls may be forced to offer sex in exchange for food, shelter or protection

Other abuses include sexual threats, exploitation, humiliation, molestation, incest, torture and domestic violence.

The impact of violence, especially rape can be disastrous. Injuries, unwanted pregnancies, sexual dysfunction and HIV/AIDS are among the physical consequences. Damage to mental health includes anxiety, post-traumatic stress disorder, depression and suicide.

#### (5) HIV/AIDS and STI Prevention

All sexually transmitted diseases and infections including HIV/AIDS thrive under crisis conditions, which coincide with limited access to the means of prevention, treatment and care.

Conditions in emergencies that increase the risk of exposure to HIV/AIDS:

Large movements of people

Break-up of stable relationships along with the disintegration of community and family life

Disruption of social norms governing sexual behaviour

Coercion of women and adolescent girls and boys to exchange sex for food, shelter, income and protection

Mixing of populations with higher rates of HIV infection

Camp conditions are comparable to large urban settings, which increase risk

#### A Call to Action:

The rapid and forced movement of populations, sometimes accompanied by violence and other risks, results in the need to care for people in temporary settlements. During this phase it is necessary to assess the conditions of the population for the purpose of emergency relief planning, to provide basic services and food, prevent disease, protect people from violence and other abuses of human rights, reunify families and protect communities and provide trauma treatment and counselling.

In such an emergency, access to reproductive health care can be a major challenge. Transportation routes may be cut off, distribution networks disrupted or dissolved and health facilities destroyed. Existing supplies may fall far short of demand when large numbers of people move into a safer location.

Key reproductive health needs in the early phase of an emergency response include:

Safe delivery for births with and without skilled help.

In situations of conflict or natural disaster, emergency reproductive health equipment and supplies help make childbirth safer. Simple home delivery kits that provide soap, plastic sheeting, razor blades, string, and gloves are an important first step in protecting the health of the mother and newborn.

Condoms to prevent STI transmission and unwanted pregnancy.

Free condoms are often the first step toward restoring family planning services, made available from the earliest stages of a relief operation.

Contraceptive and family planning support

Rape prevention and management:

Counselling can be crucial for young victims of sexual violence, female and male. These services for young people should be welcoming, confidential and provided by a health worker of the same sex as victims. Taking action to prevent sexual violence can include safety measures such as adequate lighting, security patrols and the safe location of services and facilities, in addition to supporting education and information campaigns.

STI prevention and drugs for treatment

HIV/AIDS prevention

Care after miscarriages and unsafe abortion

Safe blood transfusions and instructions on universal precautions

Referrals for more advanced care

Key steps can be undertaken to improve current practice through:

#### (1) Planning

Ensuring that adequate disaster management plans have been designed

Preparing for the immediate needs for basics care: adequate safe water, appropriate sanitation, shelter, food and preventative and curative care, including a focus on reproductive health issues.

Coordination of all efforts through one Ministry or Department

Developing the capacity of the leading Ministry to forecast and measure needs of populations and analyze risks to determine vulnerability among refugee and IDP groups

#### (2) Standards

Promote a universal code of conduct in times of emergency (1) to coordinate relief efforts and (2) maximize quality of services provided

Reference WHO/ UNFPA/ UNHCR Reproductive Health in Refugee Situations: an Inter-Agency Field Manual (1999)

Standardize the approach to the prevention, management and treatment of common conditions in reproductive health

### (3) Training

Emergency response training by the Ministry of Health or other designated agencies to prepare government staff in quick response and coping with emergency response and critical health and human rights issues mentioned above

Training in understanding and responding to the differing reproductive health needs of women and men in managing relief response to emergency situations

Providing training for police and judges to enforce laws and policies against sexual and gender-based violence

### (4) Advocacy

Sensitise the public towards the abhorrence of sexual violence, raise awareness about the increased danger and condemn such acts as violations of human rights and a threat to public health

Ensure that sexual violence is criminalized in the laws and enforce laws and policies against sexual and gender-based violence

Increase investment social services

Reaffirm the right of health for all, regardless of how distant or isolated groups of people may be.

### Conclusion

We all have witnessed the effects of the disasters, we all have experienced on tremendous efforts that we have put in the relief missions, we all have learnt the effectiveness of our responses, and we learnt also that we need to have a more coordinated, concerted comprehensive responses, including a more sensitive approach to sexual and reproductive health needs and rights of the affected population, particularly the women, and the adolescents.

I would like to see a more concerted regional mechanism among the civil society, with the encouragement from the government and parliamentarian members, to respond to the population in the emergency situation.

I am pleased that our current efforts are moving in the right direction, and this important meeting is one



of the examples.

There were many positive changes that are taking place; necessary steps in addressing the technical and organizational issues involved in meeting the reproductive health and human rights of populations facing emergency situations. Our ability to address and resolve the many issues I raised today that affect women and their families is of critical importance. If not, the rights of internally displaced people and refugees will continue to be denied.

## DISCUSSION

MR. GUNASAGARAN GOUNDER , FIJI:

Actually, it is more of a comment rather than a question. It was quite comprehensive and quite informative as well. Cambodia also made a valuable contribution. Now IDPs is a major problem. There is no doubt about that. There are various reasons for that. One of the factors even today, and in the last two or three presentations, we have been referring to IDPs as a very important issue. At the same time, we seem to be forgetting about squatter settlements. We seem to be concentrating only on emergency situations like war, terrorism, etc. But because of poverty and other man-made reasons, this disaster of squatter settlements is a major problem in a lot of big cities, in urban areas especially. All these factors that are being enumerated, all the problems like being the most vulnerable group, because of economically disadvantaged situation—poverty. They are not able to handle their own lives. So as such they are prone to prostitution and violence against women, teenage pregnancies, drug abuse, and substance abuse, prostitution, a whole range of HIV/AIDS and STIs, a whole range of problems are rampant in these squatter settlements. Most of the time, law is a slow process while settlements are generally a slow process, but many times squatter settlements spring up like a mushroom overnight. A few houses will appear overnight and then after another 24 hours you see some more houses there. So it is a crisis situation as well. We have not made any reference to that. But all these situations apply to these people.

So in cases of extreme poverty and all that, because of lack of hygiene, water supply and all that, we do see disease outbreaks as well like typhoid, etc. So that is an emergency situation as well, which I think this whole conference, I have been just listening to all the talks. There was no reference to this particular situation. If anybody has any comments you can make, but I think this is my personal view. That is an emergency situation as well which needs addressing very urgently.

There are situations like for example in family planning in Fiji itself. We are out of free condom supplies. Free condoms are not available. They can buy them, but they should be given free in fact. We look forward to UNFPA and other international agencies who can supply the basic reproductive needs of women and young people especially. Drug and substance abuse is a major problem, and that leads to STIs and HIV/AIDS and all that. It is all interlinked. So there is a need for us to address that area as well, thank you.

CHAIRPERSON:

Thank you, our representative from Fiji. We are well reminded of the squatter situation as you say.

Doctor, would you like to comment at all on any experience you have had in particular with urban fringe squatters?

DR. VATHINY:

Thank you very much for your precise comment on the squatters and marginalized population. Those are a vulnerable group, and Cambodia supports through thousands of volunteer peer educators. Thank you for your comments, Excellency.

MR. GUNASAGARAN GOUNDER, FIJI:

In 2003 we passed a law against the trafficking of women and children. I think that it is an international convention read in the United Nations, and if it is not yet passed here in Cambodia, probably it should be considered as a primary objective to pass a law against the trafficking of women and children. Those punished are actually those who procure and transport and harbour these people who are being exploited. Traditionally, prostitutes or the people providing services are the ones being punished. But in our case, we follow the convention, and we passed a law against the trafficking of women and children. So I think that is a positive step towards prevention.

CHAIRPERSON:

Doctor, I think Cambodia does have strong laws on human trafficking, would you like to comment, though, from that statement, the request for information about Cambodia's trafficking laws?

DR. VATHINY:

Yes, Cambodia trafficking law is already adopted. This law is also criminalizes the person who abuses it, but it is still weak in law enforcement and in support from the police. However, the intervention and the awareness has been raised in the community that the community takes action to support, to reinforce the law by themselves. This is the support from community, so in the name of the law, the policemen are also a little bit weak in the community. And our church, our outreach activities civil society is also offering very strong support, and we identify many cases of trafficking children and sexual trades. This is one step toward success in Cambodia's experience.

DR. TIEN NGUYEN, VIETNAM:

Thank you, Madame Chair. In Vietnam, we've discussed, and we have some comments and questions. We are the neighbour of Cambodia and we know that Cambodia has a long traditional cultural heritage like Ankor Wat and Thom, and then the war is more than 20 years past, so I see in the letter presented here. It looks terrible sometimes, for example the illiteracy rate for women is only 43%. There is also very high mortality. What is different if you show the letter, what is the difference between now and 10

years ago. You can see the progress made by the government and the people, and then we want to ask, what is the role of UNFPA and NGO to contribute to progress of reproductive rights in Cambodia?

CHAIRPERSON:

Thank you doctor, very direct question there from Vietnam, what progress has been made, and particularly the NGO roles and other support roles of UNFPA?

DR. VATHINY:

Thank you for your precise and accurate question related to literacy, mortality rates of infants, and mortality of the mothers. We can see from our 10 years of experience, the improvement of women's illiteracy rate from 48 to 57%, and also the CPR increased from 7% to 18.5%. The maternal mortality ratio went down from more than 500 per 100,000 live births down to 337(450). We also can see the infant mortality rate reduced from 150 to 97 one thousand live births. I would also like you to go through this data. This is a source of information and summarization of a very big study in Cambodia. So you can quote from this data on this data sheet for your information. Thank you Your Excellency.

CHAIRPERSON:

So do we have that letter sheet in our information? Do you wish to pick up on that other issue that Vietnam raised on the role of NGOs in the improvement?

DR. VATHINY:

The role of NGO is to support or improve the situation through supporting the government health centre or health facility, and to upgrade and increase the capacity of health providers. The NGOs also support the government and managerial system in health centres, and also provide a system for outreach activities to support women and children for vaccination and antenatal care. This also includes the support from the local authorities that they understand that this issue is their issue. It is their problem. So the mobilization from the community is very important to improve women's and children's health. The most important thing is all of inter-sectoral talking the same thing; sing the same song related to health together to make their voice heard and make people change their behaviour in the community. This is the best practice and experience from our Cambodian people. Thank you.

DR. OSAMU KUNII, JAPAN:

Thank you very much. The question is regarding how to address problems in adolescence. Actually, there are some success stories from some countries about participation of adolescents towards the prevention of STIs, HIV/AIDS and other viruses. Even in Japan, the rate of HIV infection is increasing

a little. It is quite extraordinary among the developed countries. We are facilitating participation of adolescents, but it is very difficult. If you have any good stories or any ideas about that, please tell us. Thank you.

CHAIRPERSON:

Doctor, do you have any particular examples of success with adolescent support, particularly with STIs and HIV/AIDS? Most of the countries in the world are still struggling with this issue of how to connect with our adolescents.

DR. VATHINY:

Thank you very much Excellency. I do not have the data here available to present to you right now, but I have some in mind that after the intervention through our organization as a leading NGO on reproductive and sexual health, and all the organizations, international and local NGO implement the adolescent reproductive health project under the support from IPPF and UNFPA in Cambodia. We found out that adolescents changed their behaviour. During our baseline survey, we found that 31.1% of them never use condom in their first sex and after the three year project of these activities, our evaluation at the end of the project found that this number decreased to 21.1%. Regarding the HIV positive prevalence found out 39.1% in 1996 and decreased to 20.8 in 2003 among direct sex workers., among the indirect sex workers, it is still a little bit decreased (from 18.4% in 1998 and 11.7 in 2003). This cause by the impact of the intervention of 100% condom used which applied to the direct sex workers, which is involved from all inter-sectoral, multisectoral, and crosssectoral of the society, we can see the results in a tremendous decrease of HIV/AIDS from more than half to 38% among direct sex workers. These people are also aware and are changing their behaviour to seek services for reproductive health. The number of under 25 years old using our facility. Youth friendly services increased from 10% to 35%. They are seeking for sexual reproductive health service and information including HIV counselling and testing. Did I answer your question Excellency? Thank you very much.

FROM MALAYSIA:

Thank you so much. I was very impressed. When you were explaining some more, I felt that I needed to ask you this. First, congratulations on all your effort, but I just want to find out how long did it take you to have all these success stories. It is not so easy to convince the community and the society. Maybe there is some persistency. Because we in Asian society, we have taboos, you cannot even talk about this kind of thing. So how is it that you go about this? How long? Maybe one generation or more?

DR. VATHINY:

From our experience, we started intervention since the first time that we found HIV positive in Cambodia. It was in 1991. But the fully implementing against HIV/AIDS, STDs and unwanted pregnancies was a strong effort in 1993. By the end of the year 2002, we could see the impact and the result of these efforts. So we know that HIV/AIDS is a social and economical problem, not only a health problem, so all ministries and the community seem to understand the needs of their involvement and they see the HIV cases in their community. This makes them change their behaviour and their belief. Actually, at the beginning, everyone understands that HIV/AIDS is a taboo. It is not the issue for the adolescents to learn. Actually, though, household women, while I showed the video on HIV infected men, they laugh, and say that oh, these play men, they deserve to have this HIV positive. Then I say, please wait and think that man is belonging to who? They could be our husbands, and who will be the next person who contaminate HIV/AIDS? It is us, the last vulnerable group and our children. So they are aware, and they stop laughing and start using their brain. Thank you.

FROM AUSTRALIA:

Thank you, just a very brief question on domestic violence and violence against women. Are there any specific laws in Cambodia against violence against women?

DR. VATHINY:

Thank you Your Excellency. The laws regarding domestic violence have been developed and also reviewed by the parliamentarians. It has passed through many steps of parliamentarians, and now it is at the ministry council or minister to adopt this. This is in the government, and it is in the process of being adopted. Thank you.

CHAIRPERSON:

Her Excellency from Cambodia would like to make a follow up comment, and then there will be two other questions over here we have as well.

MRS. HO NAUN, VICE CHAIRMAN OF CAPPD:

I would like to add to talk about domestic violence. So far, it is still in the draft stage and has been submitted to the 8<sup>th</sup> Committee and I am serving as the chairperson of that committee. This issue of domestic violence relates to the Cambodian society and therefore cannot be discussed from the context of laws from overseas. Although the society in Cambodia may be similar to those in other countries, the situation of women in Cambodia is different. We are therefore reviewing the bill from various angles by inviting lawyers from civil society and making efforts to learn from the experience of other countries. We are currently working to incorporate our tradition and culture so that the law will be effective when it is passed.

CHAIRPERSON:

Thank you Your Excellency. An important point you made is there is no one answer. It is not a recipe that we can adopt one country to another, but there are overarching principles that need to be adapted to each country's cultural experience and backgrounds. Next is New Zealand, please go ahead.

MS. STEVE CHADWICK, NEW ZEALAND::

I just wanted to comment that it was fantastic address and thank her. One of the things that reminds us as parliamentarians coming to meetings like this, I am just so heartened to see so many Cambodian members of parliament taking part the both two days meeting, because until we are aware of the issues and honestly deal with the effects, we don't show leadership out in our communities and support our NGOs in the work that they are doing. And it is fantastic to see more women in parliament, and also it is great to see men parliamentarians walking beside us on this issue, because it is one that needs shared leadership. When we are out in our communities, it is about us breaking down the stigma of patterns in our countries and admitting our own gaps in our own policies but getting ideas at meetings like this. I think it is the leadership that we are learning to walk beside our NGOs and those that are providing the services, but be brave about making statements to the media and owning our own country problems. So I think it is incredibly heartening to see so many hear today and sharing honest facts with us and thank you for that.

CHAIRPERSON:

That is well said. I do not think we need a follow up comment, do we. Are there any comments? Are we all done? Thank you very much to Dr. Vathiny and also her Excellency Mrs. Ho Naun and say that this has been a very enlightening session. We thank you very much. We are in Cambodia, and we need to learn about your particular circumstances here. You have had a very difficult recent past and we want to congratulate you for the extraordinary progress that you have made. And you can teach many of us how to do similar very important work in our own home countries. Can we all give some applause to Dr. Vathiny and thank her very much for her address.

## Session V Round Table Discussion:



**Session V**

**Round Table Discussion:  
Parliamentarians' Role in Emergency Situation to  
Reconstruct the Living Condition and Enhance Socio-Economic  
Development**

Chairperson:

. Rohani Abdul Karim (Malaysia)

## PRESENTATION

CHAIRPERSON: Rohani Abdul Karim (Malaysia)

Thank you so much. I am indeed very grateful, and we are coming to the last session of our meeting for the two days that we have been here. I am sure that all of you honourable delegates and especially our host country, you have been a very good and nice host, and you have been with us throughout for two days. I see a number of you here. Indeed, we are very glad. We are now coming to the session five, which is the round table discussion. I was informed by the organizer that we will give a little bit of time for my panel members to dwell a little bit on the topic that is the parliamentarian's role in emergency situations to reconstruct the living conditions and enhance the socio-economic development. So from the representatives of the countries, Korea, New Zealand, Japan, Cambodia, and Australia are in front here. Indeed, I think from yesterday until today, we have been given so much information about what is meant by emergency situation. Because there are 16 countries participating here, emergency situation means something different from your perspective, from your countries. But here we have the chance to hear all of it from 16 countries of you.

For me, this meeting is very enlightening because I found out what the real emergency is, and I jot down some of the words bring up here. First, when is meant by emergency. It means it is both predictable and non-predictable that we found out that yesterday. We also found out that disasters come in two forms. One is natural disaster, and the other is man-made disaster. Parliamentarians, especially for topics like this, actually "Man" means both men and women. We know tsunami is now getting very popular and then there are floods. At the same time there are draughts, fatal diseases, HIV/AIDS, SARS, NIPA, earthquakes, volcanic eruptions, war, riots, unrest, violence, and landmines. These are all situations which we as parliamentarians, we get together here. I think we are learning at the same time as we are sharing what we have been through. That is why it is very important here, and I want to quote Dr. Raj Karim, she mentioned, "Please do a lot of things during peacetimes". I think God forbid and we will not have such disaster repeating so many times. But we see that it seems this tsunami thing. It seems there are earthquakes happening all over repeatedly. So meaning to say this is a good time for us to get together and share together, and to learn from one another here. I think I will start off with Japan first, and follow by New Zealand, Korea, Australia and Cambodia. So please, sir. Thank you.

MR. YUKIO UBUKATA, JAPAN

Thank you very much Madam Chair. My name is Ubukata, a member of the House of Representatives, and I come from Japan. I also feel what you said, it has been a wonderful two days. We have been able to get together under one roof and be honest with each other and discuss frankly.

That experience, I think, is very significant. What I would like to do is to speak three things. First is the role of parliamentarians in emergencies. As you know, Japan has a number of earthquakes and in June through September we have typhoons and floods. So we do not want to boast that we have many natural disasters, but we do. Every time there is a natural disaster, the parliamentarians have to go right back to the hometown and help with the relief activities. What we are trying to do in parliament is when the emergencies come, communication is important between parliamentarians and parliamentarians or parliamentarians and administration. Cell phones or telephones become disconnected very often, so I am a member of the board of parliamentary operation committee. So we decided to have an IC tip embedded in cell phones so that when there is an emergency, at least the parliamentarians can communicate. So that is what we are working on. When there is a case of emergency, communication has to be secured. That is most important. The priority should be given to parliamentarians so that the communication between us will not be disconnected. Also, what parliamentarians must do in terms of emergency is to be a bridge between the victims and the relief givers and help providers. There was an earthquake in Niigata, which happened last year. A great deal of relief goods reached Niigata. When we checked it out, in spite of the amount of goods that reached them, all of them did not get to the victims. Why? We checked that out, too. People who were there did not have the know-how to get those important goods to the victims. The local villagers, the local town councils did not have those skills, that know-how. That is one thing.

The other thing is that the transportation network as well as the communication network had been truncated. We didn't know where the victims were, and even if we knew where the victims were, there was no mode of transportation to get the goods to the people. So even in Japan, some victims had to use stones to write Japanese characters on the ground so that helicopters flying above the town located those stones saying help, we need food. So how do we secure the distribution channel in terms of emergency? How do we deliver the relief goods? Of course we have the know-how, but it was not shared by the people who needed that know-how.

So the third point, since we have very many earthquakes in Japan, we have always prepared for emergencies. All the local autonomous bodies have a reserve stockpile of water bottles and dry bread which is canned. This dry bread and water has to be changed every two or three years. Very often they are discarded without ever being used. That is the reality in Japan. So having sat through yesterday and today's sessions, I felt that when there was an earthquake in Sumatra, we could use those stockpile goods. They could be sent immediately because they are already there. We do not have to start collecting goods. So I thought that that sort of channel has to be made open. I think the international relief is international relief, the domestic relief is domestic relief. So I felt that that has to be streamlined and that the domestic relief goods should be made available for international relief when

there is an emergency outside of Japan.

There are not just primary needs, but the secondary needs and the tertiary needs, that would have to be identified. Food and water are primary needs of course, and they do not last because they are perishable. And there are kits that the UNFPA provided that do not perish. So we need to stockpile them according to their nature. We should have the transportation mode, and international network to get the primary relief goods right to the site of the disaster when there is a need. So we need to know what sorts of goods are located where, and how that can be transported. That should not be a national concern. I think we need to have an international network. What kind of goods should be stockpiled? Which countries would be able to access that stockpile. I think if you made the decision before the emergency, during peace, we would be better prepared when the emergency strikes us.

As a member of parliament, I have been a part of this meeting and these were the three points that I really wanted to get back to Japan and try and get that prepared for the next emergency. If you have any suggestions, I am open to your suggestions. I would welcome that. If there is an opportunity at the next meeting, I would be very glad to give you a report of what happened as a result of my work.

CHAIRPERSON:

Thank you so much. He has mentioned very clearly that at the same time he is learning, and at the same time he is telling you some of the experiences Japan has been through. Thank you so much. I think we will keep the questions until all my members of the panel have mentioned their bit. Is that OK? I know he says he is open to suggestions, but we will hold that until after this. My next honourable panellist is from New Zealand. Thank you so much.

MS. STEVE CHADWICK, NEW ZEALAND:

Good afternoon and thank you Madame Chair. Thank you for asking me at the end of this morning to be part of the panel. It shows us about the need for preparedness, and also for listening closely over the two days so that you know what you are talking about. I'd just like to congratulate the initiative of this meeting to look at such an area of work that we have not sat around and discussed before as parliamentarians involved in population and development.

For preparedness, to come to this meeting, it was incumbent on us, and I chair a parliamentarians group in New Zealand to receive a briefing, both from the ministry and the NGO network so that I knew of our own country's position and our own country's response to global emergencies such as the tsunami and the impact. That was a good preparedness for me, and I hope that my colleagues who have come to the meeting have also received such a briefing so that we know what strengths we are bringing

from our own individual countries.

What I have learned from the two days is that this is not going to be the first time that we are going to be looking at such a high impact situation that is going to come again. We need to be certain in knowing that we have a more rapid response. I think I have also learned that the response is not only a political response, but I have gained a great degree of satisfaction about the preparedness of the NGO sector and United Nations bodies to disaster planning and to disaster response. And then the engagement of countries as they see fit. I think it is terribly important as politicians that we do not go where we are not probably best to lead. We are bitter to take the lead from those that have an international strategy that then calls on us to participate with the strengths and capacity which we do best.

When I go back to New Zealand, I am going to get out our emergency management act, which is a new act that we passed in 2002 and make sure in there that we do have preparedness for emergencies in our own country. I am particularly reminded from UNFPA about the packs. Something as simple and pragmatic as having packs so that safe birthing can be assured and that we are giving immediate response. So we are going to look at the act when we go back as parliamentarians and population group that I chair.

I also feel profoundly about the centrality of sexual and reproductive health and women and children and the impact of disasters on women and children, which makes me more affirmed to insure that we have a strategy ready for the review of the millennium development goals and New York in September. I believe it is incumbent on us as politicians, whether we are in cabinet or outside of outside of cabinet to make sure of our country position that is going to go forward to the review of the millennium development goals in September. Because we must not lose the script, the wording, and the intent behind the wording of sexual and reproductive health, and how important it is to every aspect of the work that is undertaken in emergencies and this has really reaffirmed that for me here today.

So I would just like to thank you all for participating and sharing your stories of countries that had disasters on a scale that we cannot imagine in our own country. We get the after quakes of the tsunami and the terrible earthquakes, we have them in New Zealand, but we don't have the extent of the loss of lives and civil emergency that you have expressed and shared with us and the impact on humanity that you have so clearly demonstrated to us today. I think the network of parliamentarians is incredibly important as well. We now have the same faces coming back to these meetings, and we have consistency. We have an understanding of different country positions. But we also have a network of informal lengths that can be terribly important when a disaster occurs for us to know that we have a

trusted relationship country to country. And that country relationship can get into gear to give you the response when you so require it. Thank you very much.

CHAIRPERSON:

Thank you, honourable Steve Chadwick from New Zealand. So, as rightly mentioned, even though they did not face the disasters that some of the countries have experienced, it is as well something good, some ideas that can be drawn out of this, so that we can have a very good system of what to do when the next emergency strikes. So now I would like to call upon another panel member, honourable Jae Sae Oh from Korea.

MR. JAE SAE OH, KOREA:

Good afternoon. My name is Jae Sae Oh from Korea. Madame Chair, Distinguished Colleagues, Ladies and Gentlemen. It is my great honour to join this important meeting as a panellist. This is the first time to attend the APDA meeting, but during the two days meeting, I learned a lot from you and shared the information with different levels from different countries. On behalf of the Korean delegation, I extend gratitude to all of you.

According to the recent survey of an international organization, the occurrence of material, natural, as well as related environmental and technological disasters is increasing. During the past four decades for example, a series of earthquakes droughts, floods, and volcanic eruptions have resulted in major loss of lives and destruction of economic and social infrastructures. We already have experienced and learned that disasters are not confined to particular regions nor do they discriminate between developed and less developed countries. Let me briefly outline the support system provided by the Korean government after the tsunami last year caused by the earthquake measuring 9.0 on the Richter scale.

The Korean government in cooperation with the NGO dispatched emergency medical aid and an epidemic control team to Sri Lanka and Indonesia. Emergency medical supplies amounting to six tons were transported to the affected countries by the aid of special planes of the Korean Air Force. About 6,200 victims in Sri Lanka and Indonesia received medical help. The Red Cross of Korea reported that it collected approximately 19.5 million US Dollars nationwide as of the end of February to provide emergency assistance consisting of relief and supplies about 4.9 million US Dollars was dispensed. As international relief efforts were provided by sectors, the coordination service was supplied for logistics in the afflicted region. This includes the activities of different agencies to share the know-how. As the lows regarding international relief is needed to be develop, accountability and transparency could be ensured in emergency assistance. We do not know when we are put in the emergency situation so

that we need a preparation.

CHAIRPERSON:

Thank you very much. So now I would like to call upon next panel member, honourable Kelly Hoare from Australia.

MS. KELLY HOARE, AUSTRALIA:

I thank all of you honourable delegates and especially our host country, you have been a very good and nice host. As relief efforts are occurring, we need to be questioning our governments and relief agencies. Do women have all the sanitary supplies they need? Is there somewhere safe for pregnant women to give birth? Are there adequate bathroom facilities? Do they provide privacy for women? Are people safe in camps, free from all types of abuse and violence? Do women have the means available to them for preventing pregnancies? Following on from a disaster there are generally many tasks at hand requiring immediate attention. Without addressing some of these basic issues that women face, their prospects of participating fully in the rebuilding phase will be greatly hampered.

Running parallel to this, we need to be asking our governments to cast in security measures in emergency situations. Women and children are particularly vulnerable to abuse in times of post-conflict following on from an emergency. A casted security package could include patrols within camps and significantly contribute to increasing people's level of security and mobility, allowing them greater opportunity to participate in the rebuilding phase.

Just as a lot of attention should be paid to planning for a disaster, the more attention and planning time dedicated to rehabilitation and rebuilding, the more of a chance we have to redress the imbalance between the needs of men and women. A practical example of blending gender considerations into the rebuilding phase can be seen by reviewing the reconstruction of a health clinic. When a health clinic is being rebuilt, we need to be looking to see if the building is designed in a way that will enable women to use it as well as appeal to the broader public. As members of governments, we should insure that there are adequate private facilities at the clinic. Women and young people can access it easily and that it has facilities for babies and mothers while they are waiting.

Parliamentarians should insist on women being consulted in the reconstruction efforts, and that they have effort to have a voice in how and what gets built and how the reconstruction efforts will affect them. In this context, parliamentarians could also insist that spending is based on credible evidence, based research, taking into account women's needs in that region and their particular health issues. A

tool that would allow for such an analysis is a gender impact statement. Impact statements have been used in many settings, and help assess the impacts of new policies and programs. Australia has recently adopted the family impact statement. This means that all government policies must be reviewed in the light of the impact it will have on families. This could be translated to the settings that we are concerned with here today. A gender impact statement could be used to assist the ways in which government and aid agencies conduct their relief and reconstruction efforts. It could help identify simple things such as the safest means of distributing food, how best to provide care for people, as well as having a role in much larger undertakings, such as the reconstruction of roads, schools, and homes. Including gender considerations into the reconstruction phase, we will have a long lasting and positive impact on enhancing the socio-economic status of communities who have recently experienced a disaster or an emergency situation. Thank you.

CHAIRPERSON:

Thank you very much. There are some ideas and opinions we have from Australia. And now we get to our host country. Thank you so much, so may I call upon honourable Un Ning.

MS.UN NING, CAMBODIA:

Honourable Chairperson, Honourable parliamentarians Delegates, Distinguished guests, ladies and gentlemen, the Cambodian delegates for the round table meeting would like to welcome all delegates and express their hope that the round table meeting function well, bearing fruitful results.

First of all, we would like to express our condolences to the families of those who passed away in the Tsunami disaster that took place recently and in other disasters which happened frequently in our world.

As parliamentarians elected by the people, we have always committed to our obligation to save lives, give support and restore living conditions after each disaster as well as rehabilitate social and economic development.

This is a very hard task but it is crucial for the Government of Cambodia and parliamentarians to develop mechanisms for coping and responding to the needs of emergency situations in an immediate and timely manner. First of all, a specific mechanism should be established to use in all relevant institutions to help them perform their duties and to take appropriate action in responding to the emergency situation. This mechanism should be strengthened and the institutions should perform their tasks by promoting close cooperation under the supervision of the Parliament and the Royal Government aiming at responding promptly and shorten the relief period.



In Cambodia, parliamentarians perform their emergency tasks by working on their own and in cooperation with the National Committee for Disaster Management (NCDM) of the Royal Government, presided over by the Prime Minister, Samdech HUN SEN, NGOs, international organizations, United Nations agencies, Cambodian Red Cross, Red Crescent, United Nations Disaster Management Team, the Royal Palace Intervention Team, local authorities or commune councils and people living in the community, including monks.

Parliamentarians shall conduct studies in cooperation with the above partners in order to clearly identify all types of disasters and help the vulnerable to improve their living conditions before the emergency situation eventuates, by implementing the Community Based Disaster Management Program (CBDMD). Priority is given to short and long term food security, clean water and sanitation. Determine the severity of disasters, take into account the community capacity, and look for assistance and resources from other places.

Facilitate and establish Emergency Response Unit (ERU), and train them in the management of good operations. This must have tools and adequate equipment for helping the victims reinforce mechanisms of tasks to perform according to categories of the disaster management in order to restore living conditions and promote social and economic development.

Make sure that emergency operation continues smoothly by enabling the emergency mechanisms to progress well, appeal for human resources, funds and means to help in the operation, control the situation and “work as a team” with transparent responsibilities, and prioritize the needs, and address them one by one.

Parliamentarians shall make reports requesting intervention by appealing for national, regional and international assistance such as the ASEAN Committee on Disaster Management (ACDM), promote social and economic development on a long-term basis by implementing the plan step-by-step based on the living conditions after the disaster, and importantly, financial management shall be conducted with transparency and accountability.

All physical infrastructures, houses, schools, hospitals, clean water system and pagodas, shall be reconstructed, and requires human resources, techniques and budget. Education, training and preparedness shall be promoted among citizens living in potential disaster-stricken areas, aiming at reducing the risks of emergency.

Although Cambodia has never experienced a tsunami disaster, but floods, droughts and storms often

threaten Cambodia almost every year. Moreover, chronic war has left to Cambodia with too much tragedy, greatly affecting the livelihood of citizens. Landmines and unexploded ammunitions are still the major killers.

Parliamentarians play a very important role in seeking all means to address these problems, and as legislators, parliamentarians shall review and make adequate laws on the management of disasters in order to comply with the International Disaster-Responding Law (IDRL) as well as relevant rules and principles. Thank you.

CHAIRPERSON:

Thank you very much to all my members of the panel, and each and every one of them have given suggestions, have mentioned experiences, and I think overall this is the concern of all, and of which after this I would like to also hear from the floor and maybe have questions. You have questions for my panel members as well as also some suggestion, because I think this is good for the organizers. They are going to take notes and we will see from here. Maybe they will have more. I think they have sent out a lot of feedback that we might be writing to the organizer. So maybe at the same time you can ask questions to my panel members. Thank you to all my panel members for sharing your opinions and experiences. Maybe now I will open discussion to the floor. Maybe you will receive experiences and suggestions from the other countries. Now I open it up to the floor. Dr. Malinee, Thailand, please.

## **Discussion**

DR. MALINEE SUKAVEJWORAKIT, THAILAND:

Thank you Madame Chair. I am from Thailand, the victim country. I think that all the panellists have mentioned and nearly covered everything already, but I would like to add something more. Number one is psychiatric support, the mental support. It is necessary. Secondly, after the tsunami, there will be villagers who could not come home and build their home on the same land because the land does not belong to them. That happened to them. So this is another problem. So I think that we have to look through the whole stories about the villagers and they cannot earn money in the way that they did before. Such as someone cannot go fishing, the fishermen cannot do that anymore. So I think that all of these are things that we have to consider.

CHAIRPERSON:

Thank you very much. Meaning to say the after effects, the traumatic after effects are also to be considered and that coming from one of the countries that really has suffered from tsunami. Maybe I

would like to call upon the country, there is another one that has been affected very badly by tsunami. Maybe our friend from Indonesia, please.

INDONESIA:

Thank you Madame Chair. To solve the impact of disasters, the Indonesian government experiences these important steps. The first step is emergency response. In this, the Indonesian government provides food and medical services. The Indonesian government mobilized resources to collect bodies of dying people, clean and improve the infrastructures and especially transport patients. The second step is the Indonesian government tried to normalize the situation by providing temporary houses and money so that they can start their life again. The third is pre-development. In this the Indonesian government together with other agencies established new houses and fixed streets and important public places such as schools and hospitals. The fourth is the Indonesian government will develop an early warning system.

In the emergency situation, it was surprising to see people mobilized, resources to help people in Aceh and Nyas of north Sumatra. They donated clothes, money, and food. Many of them came to Aceh and Nyas to help the Indonesian government to fix the impact.

And then what is the role of the parliamentarians? Parliamentarians play an important role in contributing to the recovery of the areas affected by disaster. As I said yesterday, we know parliamentarians have three roles. They are constitution of law, monitoring, and securing the budget. These functions are important to contribute to solving the problems. Indonesia itself does not have laws which regulate disaster management except by presidential decree. Our situation in Asia is very fragile. Disasters happen, both caused by nature and human beings. Therefore the Indonesian house of representatives of parliament decided to issue a bill on disaster management that must be supported. In this, the law will define what disaster is, whether disaster is categorized a local, district, provincial, a national disaster. What government at any level must do. In relation to that, the laws will decide which institution will be responsible for disasters. If at this coordination body, the laws will regulate the function of the coordination body. The parliamentarians can also review a number of laws which can trigger the natural disasters. The natural resource laws, the forestry law, and mining law should be reviewed to check the consistency of the law with the disaster management law and not trigger a natural disaster. The laws also mention what rights belong to the refugees and how to mobilize support from people both at home and in foreign countries. Flood and drought, for instance, have become serious disasters in Indonesia.

Almost every year, some part of Indonesia is affected by flood or drought. It causes serious impact

such as health disturbances, transportation and economic problems. The Indonesian government should define the definition of disaster management as wider, such as the management disaster law and the humanity disasters such as HIV/AIDS.

The parliamentarians play an important role in increasing the budget for preventing and reducing the impact of natural disasters like tsunami. Despite the emergency and recovery budget, the parliamentarians should pay more attention in focusing on the budget for developing an early warning system. This budget will be invested to reduce the impact of the natural disaster. The budgets will be allocated in buying technology to detect from the beginning of earthquake or tsunami. The budget should be allocated to educate professional staff to operate the technology, our disaster management experts. In relation to that, the budget can be allocated to train leaders and young leaders how to respond if there is a disaster.

The parliament also plays a significant role in monitoring the budget which is allocated for emergency and the recovery of various areas affected by tsunami and earthquake. The budget must be spent according to the plan. In an emergency situation, the control is very big, therefore it is useful practice and successful in AFD corruption springs. The role of parliamentarians becomes very important to make sure the entire budget is used effectively and efficiently. The parliamentarians will give the yellow light to the government or other institution if they find misuse of the budget, so that from the beginning the government and related parties understand the way the money is spent.

The Indonesian government, for instance, allocated around 36.9 million US Dollars to affected area. This does not include money from foreign sources. Therefore the monitoring should be done closely and carefully and the parliamentarians' role becomes very important to make sure that the budget is spent on the track and there is no corruption in spending the money. The parliamentarians can use good government principles such as transparency, accountability while doing monitoring. Thank you, Madame Chair.

CHAIRPERSON:

Thank you very much. So you have heard especially on the victim of tsunami, his experiences and his suggestions because they have been through the aftermath. So now I see from India, another victim.

MR. LAKSHMAN SINGH, INDIA:

Thank you Madam Chair. We were also affected by the tsunami and other disasters, and our MPs worked very hard for it. I would just like to raise one issue. Since poor people's livelihood mostly depends on animal husbandry, dairy or piggery, or fisheries. Now in the post disaster period, while I

appreciate efforts by the international agencies, not much has been said or done about making hospitals for animals which are sources of livelihood for the poor. Obviously when man is drowning along with the pig, you save the human being first. But how does he restart his life? Either we could think of giving him or her interest free loan or a loan with very small interest. Or maybe this international aid that we get, we could divert some funds for him or her to start their livelihood. So I would like to know from the panel, and especially from the UNFPA and other agencies, what can be done about this.

CHAIRPERSON:

If I get it correctly, just now you are mentioned hospital for animals or assistance for animals.

MR. LAKSHMAN SINGH, INDIA:

Not only hospitals, giving them animals for livelihood after the disaster, interest free loans or loans with small interest, or if small aid could be diverted for people buying these animals, because they have to start a new life, how do they do that? That is my point.

CHAIRPERSON:

Ok, thank you. He is very specific, the aids for animals for the people. Alright, we will take note of that. We are all here, we are sharing ideas together. Yes, a show of hands. Japan, please.

MR. SHIN SAKURAI, JAPAN

I am Sakurai Shin from Japan, and responding to the India representative. I completely agree with you. Also, the speech made by the Australian friend also said how we stabilize people's lives during emergencies. If they are not secure in their lives, they will be depressed and suffer from psychotic trauma. We might be able to suggest to them that this is the type of job that you should be training for yourself or looking for yourself. So I think the presidents, prime ministers, and members of parliament will have to have clear direction to suggest to the survivors.

We are talking about saving animals. Let me talk about the earthquake in my hometown, Niigata. Nothing grows there, but the local citizens have spent 200 years trying to raise Koi. You know, the colourful Japanese fish, Koi? They lost most of the Koi during the earthquake, but some of the important stock of the fish was saved by helicopters. A person from that location, he has a farm with 1,000 heads of cattle, and the Koi fish, and after the earthquake, the stock bulls and stock fish were saved by helicopters. You have to have the stock to start the family of animals or fish, so that was my suggestion. I supported this idea and took it to the central government and the prefectural government and it was done. So when the disaster strikes, people cannot think anymore. At the shelter, they have a

blanket over their heads and they just shiver. They are injured, but they are not thinking because they are so insecure. We have to give them a job so they do not just sit with a blanket over their heads because they need money to build a new house. I did that. You have got to give them jobs, not just let them sit with a blanket over their heads. That is what we should be doing. Maybe this is an indirect way, but members of parliament like us can help people, give them a job, help them get enough money so that they can start rebuilding their lives. I just wanted to add.

CHAIRPERSON:

Thank you very much sir. Now I know where the name Nishikigoi is from. It comes from Japan. Alright, these are all angles, angles that we do not even think about. As Dr. Malinee and others rightly mentioned, the trauma is the thing that is the worst effect, and nothing much can be done. They need other people to think for them. The victims cannot do much. I think now another victim country. Maybe I call upon Malaysia.

MALAYSIA:

Thank you Madame Chair, the panel members, as well as distinguished delegates. I would like take the opportunity first to thank the organizer for organizing such a wonderful event, and I would also like to thank the host for being so nice and the fact that you are all very petite and small size, but you seem to have a very big heart. Thank you very much.

Madame Chair, let me just share my view of the whole event. Parliamentarians should not only be given the role, but the most important thing parliamentarians have to be given the necessary assistance in order for the parliamentarians to play their role effectively in their own constituency or even in their country. For example in Malaysia, every member of parliament in Malaysia, we are actually given a sort of crisis funds, amounting to 20,000 Ringgit. That will be equivalent of USD 5,000 for each constituency, to actually assist the victims in their times of crisis in our respective constituency. I know the amount is very small, but it is something to start out with. We are further assisted in the sense that in the case of an event like the tsunami, for example, we have these funds, they call it an Akirar fund, which is basically, it means lightning. So it has to be immediate funds, where houses can be built in less than a month for all the victims to stay in, and things like that. So we have such a situation.

I am of the opinion as well that members of parliament can play a better role if there is an expressed stipulation, whether it's an administratively or in the legislature to make members of parliament coordinate crisis management unit in their area. This is indeed for the purpose of coordination. As I said yesterday and I will repeat it today, in times of great crisis, if this is no coordination things will become very high wire and as we know, in every crisis, whether it is health or unforeseen disasters, the

most important factor is the victim. No coordination means no delivery system, and no delivery systems always cause the victims to be more victimized. This is why we have cases like assistance that has not reached the target group in time and more examples.

I would also like to touch on the early warning system. Every government in the region should adopt an early warning system. In Malaysia, we are on the verge of our 8th Malaysian plan, economic plan, that is. We are coming to the 9th Malaysian plan, and we are making it a priority to have an early warning system in Malaysia. It has been proposed, and I hope it will be taken seriously during our budget presentation in September. I hope with all the efforts taken, as our religion says Insh'Allah, we can avoid another 26th December event to occur again in the future. That is all from Malaysia. Thank you very much again to the organizers as well as to the host, Cambodia.

CHAIRPERSON:

Thank you. Thank you also comes from me, I asked her to mention, not forgetting. She is a first time, we are grooming a lot of first-timers. Yes, my friend from Laos.

MR. RASMY KHAMPHAY, LAOS:

Thank you Madame Chair. Excellency, Honourable Delegates, Ladies and Gentlemen, my name is Rasmy Khamphay, member of the national assembly Lao PDR. It is a great honour for me to be here today, and at this important meeting and to have the opportunity to learn many lessons and experiences from the representatives of the 16 countries in the Asian Pacific Region in Phnom Penh, the beautiful capital city of the kingdom of Cambodia.

As a member of the large ASEAN and Asia and the Pacific region family, the Lao PDR has actively performed for our government and our ASEAN. The national assembly has actively upheld its mandates as the representatives of the people, as a legislative body in charge of supervising the activities of the executive body to ensure our efficient development, our social life in the Lao PDR. And we place emphasis on foreign activity at the sub-regional, regional, and international level in an increasingly widening scope with the objective of strengthening relation, our friendship, understanding, and cooperation.

After the tsunami in December 2004, the government of the Lao PDR contributed to the register about \$100,000 US to the victims through the National Committee for disasters which is composed of different ministries. The National Committee presided by the Minister of Labour and Social Welfare. In case, after a big calamity, the prime minister will supervise the situation. Therefore, the National Assembly closely works with the mass organization, the Red Cross, the religious organizations.

The Ministry of Health has drafted the Reproductive Health Policy, but is still in process. Regarding HIV/AIDS prevention and treatment, the only one centre was established because the cost is expensive about \$500/year per person. The cumulative number of HIV positive from 1990 to end of 2004 was about 1,470 cases. Out of this, 556 were died (60% is men, and 40% is women). AIDS victims are 20 to 39 years old.

Now allow me to brief about the socio-economic development plan.

In the year 2003-2004, many projects were implemented and materialized in various sectors, such as education, development, labour management, social security, technology promotion, and information. But there were many difficulties and obstacles in implementing the system of socio-economic development due to the insufficient of infrastructure, human resources, and funds.

In 2004-2005 plan, the National Assembly has suggested the government to enhance social policy such as improvement of allowance for mainly retired civil servants, education and health services, and social security. The preparation of the sixth five-year plan to the year 2006 to the year 2010 is bringing about a new trend for the efficient implementation of the national development strategy to the year 2010 and 2020 set by the seven party's congress.

On this occasion, I would like to express my profound gratitude to our host, the Cambodian parliament, for the facility and other things provided for our participation. I wish the meeting a great success, and thank you Madame Chair, for giving me the floor.

CHAIRPERSON:

Thank you very much sir. I just wish that inside your development plans having these emergency situations put in for the budget at the same time. I saw hands from Cambodia.

CAMBODIA:

Thank you Madame Chair. Cambodia, for the last two days, has said a lot. And we do not want to give you any more suggestions, but rather our delegation would like to have a statement before closing.

This meeting focused on population in emergency and it shows that all delegates from the representative countries have taken crucial interest on this topic. For example, in Iraq, Afghanistan, and other countries that experienced armed conflicts and recently the tsunami disaster, have received attention and funding and assistance in a timely manner. I would like to raise the situation of Cambodia



during the genocide regime. During that time, it was not World War I or World War II, but it was a time that development of science had reached modern technology. However, the people of Cambodia had experienced holocaust and starvation. Our women colleagues are certainly the victims. We had lost families and been suffering of living for three years, eight months and 20 days without food, sanitation, and health care. From the world organization would be, meetings of this importance right now make us think that at this time if the world has the interest as it is now, the Cambodian people would not have a bad dream, because we have bad dreams like have experienced. We clearly understand the need for responding on time to the emergency situations. We have struggled to rebuild and reconstruct the country on our own, and also with the assistance of the world communities, but we still have a lot more to accomplish, especially to get out of our debt. All our parliamentarians would like to make a commitment, and give more hope to the world also with the assistance of the world organizations. Thank you.

CHAIRPERSON:

Thank you very much. Your Excellency, I think that is the reason why the organizer is having this meeting, especially to discuss on emergency situations in Cambodia. You have a very traumatic experience as you said. As you mentioned, you had bad dreams, but maybe now with all of us sharing together, it is not as bad. As we said, God willing, I think now we have set some kind of mechanism that is with us that we are able to help one another. You know, God willing, we do not want any more disasters to strike. But at least we are prepared. Thank you very much Your Excellency.

PHILIPPINES:

Thank you Madame Chair. Today we are ending our meeting on our response to social and economic recover, population in emergency. In the Philippines, we have a built in mechanism in our budget, called the calamity fund. It is 10% of the budget of the local government unit, which is prepared for any eventuality since our country is always receiving natural disasters. We have volcanic eruptions, typhoons, flooding, landslides, drought, el Nino, and all of disasters. Everything happens in our country. Probably, the theme this afternoon of reconstruction is most important, because our cooperation probably opens the door to cooperation with different countries for us to be aware of each others' problems and hopefully this will not be the end, but the beginning of a joint effort to help each other out in times of emergency.

Of course, there are countries which have more resources within us, and there are those with less. Nonetheless, the very essence of our meeting here, is the fact that us parliamentarians, we are leaders. People look to us for leadership in times of crisis and times of emergency. Therefore, probably we should look at our own roles, not only within the community, but our own country, to show the

example as the leaders, we are prepared to be at the front lines of any emergency that may happen. Disasters are both, as mentioned earlier, man-made and natural. Our hosts here are very generous hosts, suffer from both the natural disasters of drought and flood, and of course as earlier mentioned, landmines, which continue to be in the country of Cambodia. I hope that we can have an effort to help Cambodia with this problem of landmines, because this itself deprives them of the use of land and the use of resources and safety, and causes a lot of consternation and problems within the country.

All of us here, or most of us, here have gone through a lot of natural disasters. Japan, where the word tsunami came from experienced earthquake and tsunami, and we know all that happened in Australia, the forest fires, in Malaysia, Indonesia, the fires also. All of us have gone through disaster, and probably our role here as parliamentarians is leadership, to be able to foresee and probably include in our future plans in our budgets, a certain fund, a calamity fund, which can eventually be tapped. I am astounded by the country of Japan, which has stockpiles of emergency relief supplies, and I hope my country could afford the same. I know that each of us will be generous to each other in the future, and we hope that disasters will not happen too often. On the question of population, probably we have to look at two choices; the question of education in population management is a question that has to be answered properly in a significant manner. There are countries with a population problem of reverse population. Like in Japan and Singapore they have negative population growth. But the Philippines have a very high population growth. It is a matter of balancing and looking into each other's cultures on how to be able to have a better future for the people of our countries.

In closing, we are all tenants. We are all temporarily in our positions today, as leaders of our country, as leaders of our constituents. Hopefully we can leave a legacy, that in the end we can be able to share what we learned today in our country when we go home, prepared for any disaster and of course prepared for the emergencies that occur. In closing, probably we should not forget, much of the man-made disasters have their impact on their environment, and the environment should be the one that we should safeguard since all of them are interconnected. What happens in India can go all the way to the Philippines and vice versa. So that is all. Thank you very much.

CHAIRPERSON:

Thank you very much your Excellency. Next, Singapore, please go ahead.

DR. ONG SHE HONG, SINGAPORE:

Thank you, chairlady. I just would like to make one observation, and then share with you what we do in Singapore to prepare ourselves. I think the key words for any emergency situation is preparedness, and whether it is physical or psychological. I want to make an observation, for example, it is simple if

a country has done a good vaccination program, and during the emergency where there is IDPs and refugees, then the outbreak of some diseases like tetanus would not be there in the displaced person camp. That is what I observed in the recent tsunami disaster where I had the opportunity to do some medical relief work in two different countries. So the other thing is psychological preparedness.

I think I really agree with what our friends in Thailand have brought up, psychological trauma tends to be neglected. I am a psychiatrist, so this is my area of interest. I think it is very important that we should deliver psychological first-aid based on three principles. One is proximity, second is immediacy, and third is expectancy. Proximity means you have to do it as close to the place of disaster as possible. Immediacy means you act as soon as possible. Expectancy means you help the people to expect to go back to some form of normalcy. Studies have shown that if you are able to do psychological first-aid, then you are able to reduce subsequent psychological sickness, post traumatic stress disorder, chronic depression, anxiety, and so on and so forth. For psychological first-aid, you do not need doctors or psychiatrists to do it. You can train people to do it. This is where the peace time preparation is very important. We have the group called emergency behaviour officers came from all sorts of backgrounds, school teachers, postmen, and policeman, and they are trained in handling crisis situations, how to deal with those situations and how to give some sort of psychological support. I think that is some area that we as parliamentarians can push a country to do.

Next, I want to share some Singapore perspective on emergency preparations. In Singapore, we are very fortunate. We do not have natural disasters, quite unlike some of our friends here, where your countries are subject to earthquakes, tsunami, volcano, flood, drought and so on where you suffer and you have my sympathies with you. In Singapore, because we are a very densely populated place, we do worry about man-made disasters, whether it is a collapse of building, which we happened in the 1980s or industrial accidents where we have a very bad oil tanker explosion in the 1970s. Now in recent years, we worry about possible terrorist attack. In a very densely populated place like Singapore, you can imagine the disaster that can happen to us if we do have any of these problems. So it becomes a part of our national strategy to have a total defence where we prepare ourselves, both in many areas, economically, in terms of our national army and psychology. It is our civil defence. At the national level, it involves multiple agencies from all the major government ministries like home affairs, defence forces, ministry of health, where all the hospitals are involved. And we also involve the civilian sectors, where civilian resources may be mobilized during any emergencies.

At a constancy level, that is where MPs play a role. We have community emergency exercise. We have community emergency response team where the team members are trained to carry out evacuations, provide first-aid, provide CPR. This is what the parliamentarians in my country do. We become

promoters or motivators for people to get involved in all these community emergency preparation exercises. We also encourage our people to have emergency kits at their homes and recently we published an emergency handbook that we distribute to every household to tell them what to do during emergencies. This is our Singapore experience that I wanted to share with you.

My last point is actually this round table discussion reconstruction as well as economic redevelopment after emergency. This is something that I think will affect both those countries who have suffered emergencies as well as donor countries. I think the reason the tsunami disaster showcased that there is a need for some international coordination where we want to help victim countries to rebuild the communities for their people, providing jobs, rebuilding schools so that the students can go back to get an education as well as to rebuild the healthcare facilities for them. My observation is that somehow there is an unequal distribution of this aid even within one victim country. Certain areas seem to have too many houses or hospitals to be built while other places seem to be neglected. That is maybe a very important area that I think we, as an international parliamentarian organization, should call for some sort of international coordination where we want to help any countries. Thank you, chairlady.

CHAIRPERSON:

Thank you very much. Please start off with Thailand first, and follow by Japan and Kazakhstan. Thank you.

DR. MALINEE SUKAVEJWORAKIT, THAILAND:

Thank you Madame Chair. After I have listened to each country, I have my conceptual thinking that we got through this disaster in a systematic way, or logistic way, meaning that in the first place we have to prepare, pre-disaster, just like our panellist from Japan mentioned about that. Prepare food, dry bread and water, and so on. Secondly, we need a warning system. I think this has to be united and organized internationally. Thirdly, we need a system to find the victims during the night. I have an experience in Thailand. According to the television, at night we cannot look for the victims because they do not have such a system. That hurts my feelings, because you have to find the victims. Every minute could mean the difference between life and death for them. So I think that we need to prepare. We have to look at the hospitals, transportation, and also water, food supply, shelter, clothes, health centres, and of course we must have mental health support. Forth, we have to look at these victims at post disaster, because how can they live as Mr. Sakurai mentioned. I think that we have to, with all of these categories, we have to go through. We need a body can unite the international as mentioned this morning, because there are so many organizations, such as UN, UNFPA, are doing their best on the reproductive health, and we are all working on the health care system and so on. I say Japan has a lot of experience with earthquakes and everything. Maybe Japan should consider a main body too. Now I

give you the homework, sir. Thank you.

MR. YUKIO UBKATA, JAPAN:

I am not going to directly respond to your question, but from my experience in Japan, let me say the following in order to help prepare for the next one, Thailand, Indonesia, and Malaysia will face after tsunami. Right after the post-disaster, you have got to have mental care. But our experience says that when there was a major earthquake in Kobe, many people were victimized. We built temporary shelters, and people went there, but many people died because they were so lonely. They were not part of the community, the elderly who had to be put into little shelter all alone. They died out of loneliness. Another example that there is an island called Miyakejima. The volcano erupted, and the islanders had to evacuate to Tokyo. They wanted to return to their own island. They returned at the end of last year. All of them went back to Miyake island. Tokyo was fine, but these two things teach us that we are social beings. We cannot live alone. It is important to rebuild the livelihood, but you have got to rebuild the community. You cannot only give them livelihood in a vacuum. It is within that community that every individual livelihood has to be rebuilt. I think that will be better and most effective. That is the short comment that I wanted to respond to.

CHAIRPERSON:

Thank you very much. Kazakhstan, please.

DR. BEXULTAN TUTKUSHEV, KAZAKHSTAN:

Thank you. I can pray that such disaster will not happen again in Cambodia. I would like to comment on the issue that we are discussing now. My understanding is that we are talking about recovery of life after the disaster. I think there is one point we are missing here, and that is how to deal with the corpses of people who have died from the disaster. We must first identify the body because it is very important for the families and relatives to be able to identify the body.

And the government must also have a system for certifying the identity and verifying the property of individuals. Government is also responsible for paying the pension. Considering the number of lives lost by tsunami, we must talk about what to do with the corpses, hopefully in the future. It does not necessarily have to be in this conference now.

CHAIRPERSON:

Thank you, Kazakhstan. Thank you so much. Your good wishes mean everything to all these countries that have suffered from the disasters. Next is Cambodia, please.

CAMBODIA:

Thank you Madame Chair. The host should talk less and less, but because of the generosity of the chair, allow me a few minutes to share one idea. First, I hope you enjoyed your stay in Cambodia, the land of Angkor Watt. Like most of our honourable delegates, delegates from India, from Korea, I learned that they will spend some time to see Angkor Watt temples. Enjoy your stay in our country.

In less than 30 years, disasters have befallen in our region in particular. All disasters cause terrible suffering and damages and losses of human life. You can mention about damage to property, damage to the environment, to the economy, to infrastructure, and so on. And most disasters overpower the capacity of a country. So as nations we need to improve our cooperation between nations, between institutions, and so on. So disasters call for closer solidarity, closer cooperation. Yesterday, in a special address of Mrs. Men Sam An our acting speaker of the house of Cambodia, called on for closer cooperation and partnership and solidarity on this field. Today, I listened carefully to all statements from honourable delegates. They all mentioned the need for cooperation, coordination, networking between countries, and peoples in particular between parliaments.

My idea is that should we, when we go back, look for possibilities to set up a mechanism in the framework of the parliament of each respective country. A parliament's mechanism on disasters, because there are so many things to share, experience, we learn from different countries about how they address these problems in their respective countries. So I think we need a network with a mechanism within the parliaments of each country. We can share a lot about how to respond more effectively to the victims of disasters in the future. Thank you very much Madame.

CHAIRPERSON:

Thank you very much. I saw hands from China. Please.

DR. GUOWEI SANG, CHINA:

Thank you, Madame Chair. I must say China is one of the heavily disaster-hit countries in the world, such as earthquakes, floods, and infectious diseases, although this time China is not the victim of tsunami. After the outbreak of SARS in 2003, we had attached great importance to public health issue. Several movements and actions have been taken. First, we emphasize stepping up the law and the regulation frames. I think that is very important. We need to emphasize to step up the law. In 2003, the state council issued the regulations of public emergency response to ensure this emergency to be tackled by law in several respects including prevention, emergency response, reporting, and the news release and the emergency handling. In 2004, the law of prevention and treatment of infectious disease was revised.

Second, we emphasized to establish and improve the public health emergency warning system. Several relevant plans have been drawn up including a national plan for public health emergencies and a plan for medical rescue response to public health emergencies. In order to organize and coordinate the emergency and the disaster work, we go under the department of severe affairs. It has formulated a national response plan for natural disasters and set up a national expert database for emergency response which consists of several databases including clinical treatment, disaster control, public health, laboratory, and others including psychological rescue and health education and also improved reservation of materials, funds, and technology.

The third action we have taken is to increase investment in public health, especially for rural areas. I believe as parliamentarians, we have both responsibility and obligation to urge our own government to establish and improve warning systems for major natural disasters and public health emergencies to pay close attention, especially to post disaster. That is also important, post disaster public health issues, to prevent and control the spread of infectious diseases. Of course we should be responsible to promote and spread international cooperation and exchange among parliamentarians and governments in the Asia Pacific region. Thank you very much Madame Chair.

CHAIRPERSON:

I have listened with dedication with my whole heart, and it almost broke my heart when I heard from Cambodia about what they have been through and where we do not have such an organization like now. So these are all that should be the motivating force for us when we go back respectively to our countries, this is the call. I heard this many time as we mentioned. Please take this issue up. I would like to thank, and I would like to urge the organizer. Maybe give us, maybe next year, we may come back again and see what we have done after this meeting.

Ok, so this is serious in a way. We really pray and we really hope there will not be any disaster from now until we meet again, because we would like to have no disaster at all, but very importantly just now, everybody mentioned, first this kind of emergency situation is urgent. So we all have to be in a state of preparedness. We must be prepared. So I put that at the end of my note, there must be a checklist. As just now Dr. Malinee has suggested Japan, and after hearing my friend from China, I think Japan and China are together because they both have all kinds of disasters. I think they have good and tremendous experience, and can help us out.

Next point is the networking between us in the country as well as networking with other countries. We need to ensure the coordination, the collaboration and the transparency with them. If the funds were

donated, make sure it reaches the target group.

As just now friends from China say the law, legislation is important. You must have the legislation as well as you must have the administrative process to ensure that what you have passed in the law is also able to be implemented. It does not just look good, but actually it is very good. It can be implemented. I saw just now Japan was talking about stockpiling, and they say they have to change and make sure the food is in good order every two or three years. Malaysia, we have stockpiles of rice, we have three months supply. But with the current situation, even a three month supply of rice might be not enough.

My friend from India mentioned animals because we need them to restart victim's livelihood. Next time in an emergency situation, also please save the animals and the lives of men. When I say men, men are human, not only the men. We need the women. Otherwise we do not have generation. So you save women, men and animals.

Then I saw here again, early warning system. I understood that Japan sent it somewhere, and that somewhere got stuck. They did not send it to the others, so we were not in time to be warned. Malaysia does not have warning system. So now in the coming budget that is in September, we are putting that up as a priority. We need a warning system so that we are prepared.

Next, actions to be take during and after disasters, the traumatic psychological care and taking care of the dead mentioned by Thailand and Kazakhstan. Sorry for the dead, we have to bury them in one grave, but sometimes they are not in proper form. We respect the dead, but in this kind of situation, not much that we can do. But I think for this situation we want to make sure that the one who is still living is managed to be rescued and still live.

When we go back with all the information we got from these two days, I think we all can play our role as parliamentarians. We have learned from all our friends the kind of experience that they have been through, and they were just now telling us that these are the necessary steps to be taken for all of us here, even though our countries have not gone through disasters, or what. We hope we will not have disasters. Disasters can strike us any time. As I started this afternoon, the definition of disaster, it is natural as well as man-made. So of course, at this time of the millennium, or whatever it is, we hope no countries have any disaster. That is why we have a state of preparedness. So I hope friends, you can prepare a check list for all the countries, what is to be done. At times of emergency, check lists are very good.

Thank you so much panel members, especially to all those who have participated in this meeting, I



think very good round up. I think this is the culmination of the two days that we have been through. I hope each and every one of us when we go back, we will take this note, and please debate in the parliament.

I am very sorry to my panel members because I did not mention their names. So beside me, he is from Japan, honourable Ubukata, very good. I think he is going to prepare a check list. Then we have honourable Steve Chadwick from New Zealand. Thank you so much. Honourable Jae Sae Oh from Korea. On this side we have honourable Kelly Hoare from Australia. And of course the hosts, very good host, honourable Excellency Un Ning from Cambodia. I would like to put on record that we feel very happy to be in Cambodia. For me it is my first time, but it is such a memorable first time. Thank you so much for all your hospitality. Thank you.

## Closing Ceremony

## **Closing Remarks**

by

Ms. Kayoko Shimizu M.P.

Vice-Chairperson of APDA

Madame Men Sam an, Chairperson of the Cambodia Association of Parliamentarians on Population and Development

Dr. Taro Nakayama, Chairperson of APDA

Ms. Imelda Henkin, UNFPA Headquarters

Dr. Raj Karim, IPPF ESEAOR Regional Director

Distinguished delegates,

Esteemed lecturers,

Ladies and gentlemen,

Thanks to your enthusiastic cooperation, we have been able to bring the 21<sup>st</sup> Asian Parliamentarians' Meeting on Population and Development to a successful conclusion. I would also like to thank our esteemed lecturers for their superb addresses. Please accept my deep appreciation for your contribution.

This is the first time that we have held an APDA meeting on the theme "Population in Emergency". In recent years, we have witnessed not only a number of colossal natural catastrophes in succession but also frequent incidents of unforeseeable conflict and terrorism against the backdrop of a changing global community.

In the wake of such disasters and incidents, the ones who suffer the most are women, children, those with disabilities, and minorities. The question as to what role we as parliamentarians can fulfil to improve the situation of those in such vulnerable positions in society and who stand to suffer the most has, I believe, been the central issue of our meeting this time.

Although to date in our APDA meetings we have had many opportunities to discuss fundamental issues in the areas of population and development, I am very proud that on this occasion we took what I believe is an historic first step by holding discussions on the theme "Population in Emergency" from the viewpoint of what we as parliamentarians can do at a time when various relations in our world are becoming more complex and difficult.

Recently, UN Secretary General Kofi Anan stated that UN principles were being formulated on the

establishment of a society “where human dignity will be protected” as part of UN reforms. However, the protection of human dignity has been the fundamental principle in our discussions of population and development issues and has been the goal that we have been promoting for over 20 years.

Therefore, international recognition of the affirmation of establishing a “society where human dignity is protected” somehow suggests, I believe, that our activities to date have had an impact in some way.

The world we live in is becoming more complex and at the same time interdependence is rapidly increasing. The growing interdependence taking place today surpasses by far the scenario imagined by Kenneth Boulding and others when they first called our world “Spaceship Earth”. With our increasing interdependence, there will undoubtedly be many times when our interests come into conflict with each other.

I believe that we must sharpen our intellects if we are to resolve the issues in this more complex society where relations are deeply intertwined. We must consider issues like what kind of cooperation is possible and what kind of problems are at the root of the various conflicts in our world. If, as these situations become more complex, we are not able to deal with them adequately, the more apt people are to act on instinct, and this will lead to violence. The more complex problems become, the greater our need for wisdom to understand them and to find ways of resolving them.

For this wisdom to have power and to be able to solve problems in a realistic way, it must be founded upon mutual understanding and trust. In complex situations, sound intelligence is required to respond appropriately to problems.

Without a belief in people and without a belief in a bright future, our efforts as parliamentarians will come to naught. We participate in the governments of our countries because we have earned the trust of the people. In this respect, I believe that our roles in our increasingly complex society are even more vital. And our responsibilities are enormous.

Furthermore, in such positions as ours, we should bare our hearts and discuss issues frankly, so that we may grasp and understand them. And on the basis of this understanding, we must appeal to the governments of every country and address the electorate of each country.

I would like for all of us who have this responsibility to fulfil to join hands in our efforts. I fervently hope that our APDA activities can contribute to establishing the platform for this.

I hope that the in-depth discussions among parliamentarians on the 29<sup>th</sup> and 30<sup>th</sup> here in Phnom Penh will help in some small way to safeguard the development of each and every country and the life environment of the people and to enhance their dignity.

In holding this meeting, we were very fortunate to have the much-appreciated cooperation of His Royal Highness Prince Nor Odom Ranariddh, President of the National Assembly of Cambodia, Madame Men Sam An, Chairperson of CAPPD, Mr. Pen Pannya, Chairman of the APDA Meeting Preparatory Committee, the staff of CAPPD, Ms. Betina Mass, UNFPA Resident Representative of Cambodia, and delegates from UNFPA, from the Reproductive Health Association of Cambodia, and from IPPF.

And without the superior presentations of our resource persons and the active participation of all the parliamentarians in attendance, this meeting could not have been a success. Again, in closing, I would like to express my heartfelt appreciation for your contribution. Thank you very much.

Finally, I would like to say that I look forward to seeing you all again at our next APDA meeting.

## **Closing Statement**

By

Ms. Imelda Henkin

Deputy Executive Director of UNFPA

Your Excellencies,  
Distinguished Parliamentarians,  
Friends,

It has been a pleasure to join you for these past few days. It is always good to exchange ideas and experiences. It is in this way that we can move forward with greater vision and wisdom. And it is in this way that we can strengthen our relationships and work together more closely as partners.

Let me start by expressing my sincere appreciation to the government of Cambodia for its participation and hospitality, to the Cambodia Association of Parliamentarians on Population and Development for hosting the conference, and to APDA and AFPPD for organizing this conference.

The keynote address by Madam Men Sam An set us off in the right direction. Her insights into lessons learned from the Cambodian tragic experiences in recent decades and her insights into parliamentary activities in emergency situations were both inspiring and forward looking. The frank and active sharing of experiences by members of parliament of Cambodia throughout the meeting is much appreciated.

The calls to action by the presenters crystallized the urgent efforts that are needed to respond quickly and effectively in emergency situations and to safeguard the rights of the affected populations, particularly the most vulnerable, namely women and the young.

I believe that the various sessions have shed new light on ways in which we can work together. The discussion on the problems, tasks and countermeasures for populations in emergency highlighted the various constraints that must be overcome, including in situations of natural disasters and conflict situations,

In our discussions on population and public health in emergency situations, we were able to more fully grasp the many dimensions of health that must be addressed, in the various stages, from preparedness,

acute emergencies, transition, reconstruction, rehabilitation, recovery and development.

Discussions on reproductive health and rights were very stimulating, taking the Cambodia case as an illuminating example, particularly highlighting the innovative role of civil society, through the leadership of the Reproductive Health Association of Cambodia.

Various speakers touched upon issues that are of growing importance, such as psycho-social counselling, the problem of trafficking of women and children, and the need for engagement of communities and women as equal partners.

I will take the insights and lessons from this meeting back to UNFPA Headquarters in New York, where we are in the process of strengthening our capacity in responding to humanitarian crisis, transition and recovery, and in line with the UN reform agenda, including the Secretary-General's recent report, *In Larger Freedom*. This is required because the people we serve find themselves increasingly at risk, and on the move in conflict and post conflict situations.

Today, crisis and instability are not the exception. Scientists and the insurance industry believe that global warming will increase the strength and frequency of natural disasters. Currently over 40 UNFPA country offices are working in some phase of crisis and the British Department for International Development recently identified 46 so-called fragile states. Poverty, environmental degradation, HIV/AIDS and conflict together increasingly result in a violent mix, causing collapse in societies and communities, with as a result great suffering to ever increasing numbers of people on a long-term basis.

Professor Osamu Kunii of Nagasaki University drew our attention in a very eloquent way to the phenomenon of silent disasters. The world's attention is drawn to fresh disasters, to fresh scars. But there are many more old scars, and they hurt very much. Parliamentarians must put and must keep the spotlight on these silent disasters.

In closing, members of parliament as lawmakers, policy makers, budget providers and advocates, are in a unique position to make a difference. Let me also stress that UNFPA is firmly committed to meeting the needs of populations in emergency situations. And we are committed to working with partners, especially parliamentarians, to generate a rapid and effective response that meets individual needs and respects their human rights.

Thank you.

## **Closing Address**

by

Ms. Raj Karim

Regional Director of IPPF-ESEAOR

Madame Chairman. Your Excellencies. Ladies and Gentlemen.

Thank you for giving IPPF this opportunity to address the closing of this very important 3-day discussion where we focused on the realities of life and situations of unfortunate people whose lives are affected permanently from the physical and emotional trauma of emergencies and crisis situation.

It is a privilege and honour for us in IPPF to work with you and to be a part of your discussions and deliberations. As you parliamentarians represent voices of your people and your constituencies. The advocacy that you do moves both policies at the highest level as well as actions at grassroots level. In many situations in Asia-Pacific, mobilisation of concerted and coordinated actions is urgently needed to improve the health of our population, especially those in emergencies. And as parliamentarians, you are in a good position to provide this leadership.

Ladies and Gentlemen, IPPF is not labelled as an emergency relief organisation. And this is why you have not heard IPPF mentioned here with the tsunami relief, as you have heard Red Cross and Red Crescent.

IPPF works through our member associations and countries. For example, we work with reproductive health association in Cambodia, and you have heard Cambodia's story this afternoon. Our philosophy is to support and build the capacity of our national organisation, through our NGOs, so that they in turn would be able to provide quality and comprehensive sexual and reproductive health information and services to the populations in need. Our objective is to focus on population groups who are marginalised, poor, underserved and vulnerable. And our target groups are women, men, children, adolescents and young people.

We know that the reproductive and sexual health needs and the problems of populations in emergencies are great and yet are unfulfilled. IPPF works with communities to try to fill this unmet need, together with our partners, such as UNFPA, governments and the community. For example, when the tsunami disaster happened, we provided immediate support to our member associations. In Indonesia, we worked with Indonesian Planned Parenthood Association to provide outreach services



for affected populations in camps, mosques and even in homes of our staff. We have mobilized resources from ING Netherlands and other resources to help rebuild the Aceh Chapter Office, a maternity hospital and health clinics which have been destroyed in the disaster. In this respect, I would like to thank the government and people of Japan, as though JFPA and JOICEPF, we have US\$95,000 to rehabilitate our services. We are also training youths in post-trauma counselling, and we heard the importance of this afternoon. And we are also doing peer education for sexual and reproductive health, to meet the needs of the young people. And this was the need that was felt based on the assessment done by our Indonesian Chapter Team.

JOICEPF and IPPF have just fielded a two-week mission in Aceh, to help plan the best way to continue our support for rehabilitation, and we've just received a report yesterday, which we have passed to you because we need much more resources.

Ladies and Gentlemen, Incidents of acute disaster like the tsunami bring the emotional and generous outpouring of aid. Yet, as our friend from Japan and Imelda has just said, silent tsunamis occur every day in the course of our work and our lives that are unseen and unheard, and do not evoke the same compassion and emotion. These are people deprived of their basic rights to reproductive health and sexual services because those who die, because they lack skilled care, or emergency obstetric care during childbirth, or those who have to recourse to unsafe abortion for unwanted pregnancies. Then there are populations whose need remain unmet as they are not represented, such as internally displaced persons or ethnic minorities.

And there are also groups whose fate has been taken for granted, such as those in civil strife. As we say, when the cameras and media go, people are just left on to lead their normal life. And also those are facing economic and political sanctions. We have seen this, and I have seen this in many countries that we are working with, Myanmar, North Korea and others. IPPF has focused on these groups through special initiative such as Japanese and Netherlands trust funds. We are grateful to our donors, governments, partner organisations and to all of you parliamentarians for supporting our work and for giving us the opportunity to make a little difference in the lives, health and rights of those who are not as fortunate as we are here. We are proud to work with you and we pledge to continue to serve fragile communities and those in emergency situations. I bring greetings from our Director General Dr. Steven Sinding and the IPPF family with a message for you and for all of us to continue to speak for the voice of the voiceless and to ensure universal access to sexual and reproductive health services as the basic rights of all.

I would like to end by thanking our host, CAPPD, for the wonderful hospitality, to APDA for

organising this important forum, and to all of you for sharing your insights and experiences. It has been a valuable learning experience for me, and like Imelda, I will share this experience with my colleagues in IPPF when we meet in London next week. I thank you.

## **Closing Address**

By

Dr. Malinee Sukavejworakit, M.P.

Secretary General of AFPPD

Fellow parliamentarians, distinguished guests and delegates, I would like to express my sincere gratitude to you for your enthusiastic participation in making this conference successful.

A conference sponsored by AFPPD and UNFPA was held in Mongolia and it was my intention to attend. However, Thailand is one of the countries that suffered severe casualties from the *tsunami* this past year and I felt that it was important for me to convey the current situation there to my fellow parliamentarians so I decided to attend this APDA conference. This is because I feel that only people who visit a disaster area immediately after the event are able to grasp the enormity of the destruction. I felt that I wanted to relate information about the conditions in Koura and Phuket in particular. It would have been good if we could have held the conference in Phuket or Colombo on this topic. In that way, delegates would have been able to witness the actual destruction first hand. To fully understand the extent of the damage suffered by this area, it is best for us to visit the actual area. For example, we held the Asia Pacific Academic Conference in Kurabi which also suffered from the effects of the *tsunami*.

In the last two days we have learned a lot about reproductive health, sexual health and dealing with disasters and emergency situations. With respect to the situation in Thailand, the system of medical teams functioned effectively and was able to provide services not only to the domestic population but also to foreign visitors. Even now there are missing persons and the task of identifying the bodies has been very important, as well as the enormous task of delivering bodies that had been identified to the respective families. And even now, as they care for orphans who lost their parents in the tsunami, they continue the search to locate the surviving members of families and relatives of these children.

There are times when I cannot help but wonder how so many people die from the destructive force of a natural disaster like a *tsunami*. The fact is, however, extensive damage is often caused in areas which are also burdened by the problem of overpopulation. I believe that the scale of this natural disaster was exacerbated by factors such as global warming, over-consumption, environmental destruction and excessive deforestation. In other words, the population problem is deeply connected to natural disasters. This was also the case with last year's tsunami. I believe that it is very important for us parliamentarians to study not only the aftermath of disasters but also examine the series of problems leading up to natural disasters.

I believe that over the last two days we have learned from each other's experiences and we were able to make more commitments. If we can establish a comprehensive system which can deal with emergencies in each country, I believe that we may be able to save a lot more lives during times of natural disasters in the future. As parliamentarians, I would like for us to increase our energetic efforts by promoting closer communication among us.

I would like to express my deep gratitude to APDA, AFPPD, IPPF and UNFPA for sponsoring this valuable conference. I would also express my deep appreciation to the warm hospitality extended to us by Cambodia.

## **Closing Address**

by

H.E. Mrs. Men Sam An

Chairperson of CAPPD

Honourable Mrs. Kayoko Shimizu, M.P. Vice-Chairperson APDA

Honourable Mr. Yoshio Yatsu, Chairman of AFPPD;

Distinguished Ms Imelda Henkin, UNFPA Representative;

Distinguished Dr. Raj Karim, IPPF ESEAOR, Regional Director;

Excellencies, Honourable Parliamentarians

Distinguished Guests, Ladies and Gentlemen,

I would like to express my sincere and great thanks to your active participations that make our gathering today the good result. Our meeting has a great honour to have the presence of Samdech Heng Samrin, Acting-President of the National Assembly of the Kingdom of Cambodia. His presence is not only a source of encouragement to our meeting, but he also provides good recommendations concerning the main topics of the 5 sessions.

I really appreciate the valuable and responsible contributions of the Honourable Representatives of people from 16 countries of the Asia Pacific Region, of APDA, AFPPD, UNFPA, IPPF, and all eminent lecturers and experts that bring our 21st meeting on "Population in Emergency" the great success. I would like to extend my deep appreciation to the concerning institutions such as the General Secretariat of the National Assembly, National Committee for Disaster Management (NCDM), Cambodian Red Cross (CRC), relevant ministries, and other Organizations in the country: UNFPA, UNDP, WAC, RHAC, WHO, Konrad Adenauer, International Federation of Red Cross, Cambodian Club of Journalists, especially the hard effort of Mr. Kusumoto Osamu and Ms. Ryoko Kimura from the Secretariat of APDA, Ms. Bettina Mass, UNFPA Representative, Mrs. Rosanna Barbero Executive Director of WAC, Mrs. Ouk Vong Vathiny Executive Director of RHAC and others who have contributed to the success of the 21st meeting of APDA in Phnom Penh, Cambodia.

Excellencies, Honourable Parliamentarians

Distinguished Guests, Ladies, and Gentlemen,

We have done the hard work together the past two days, and we have acknowledged the significance of

the population issues in emergencies, and the roles of parliamentarians in economic and social recovery and in enhancing the sustainable development. We have shared lessons learned together by presenting our efforts, difficulties, deficiency, cooperation and future endeavour. We have committed to accomplish the valuable tasks in order to minimize the suffering of the people and the negative impacts of psychological trauma, human rights, and gender during disaster and to rapidly normalize the situation.

Participation and Contribution are essential; domestic capacities and initiatives of communities should be promoted and encouraged. Accountability and Transparency should be ensured in every emergency intervention.

Our meeting has highlighted that well prepared is better than response. To cope with the growing concerns of disasters, we as national, regional, and international communities should strengthen the culture of shares, cooperation, and mutual assistance. Our activities and intervention should be truly addressed to the suffering people affected by disaster, especially the vulnerable people such as children, women, handicaps, old people and the poorest.

Through the humanitarian value, we have an important role in alleviating human suffering, and more, much more remain to be done in helping our fellow, sisters and brothers, in the times of need, wherever they may be.

The continuing global epidemic of HIV/AIDS is another threat to the economic and social life of every country of the planet. It poses great health risks, and in many countries, it erodes the dignity of every people who suffers the most.

It is incumbent on Parliament to take the lead for global access to ARV therapy medical welfare, prevention and the end of discrimination in safeguarding the dignity and security of our people.

CAPPD continues to work closely with APDA and AFPPD in order to implement the International Conference on Population and Development (ICPD) Plan of Action to achieve the objectives of Millennium Development Goal (MDG) on the areas related to population and sustainable development and for our bright future.

I wish all of you good health and good trip to your countries.

Thank you very much for your attention!