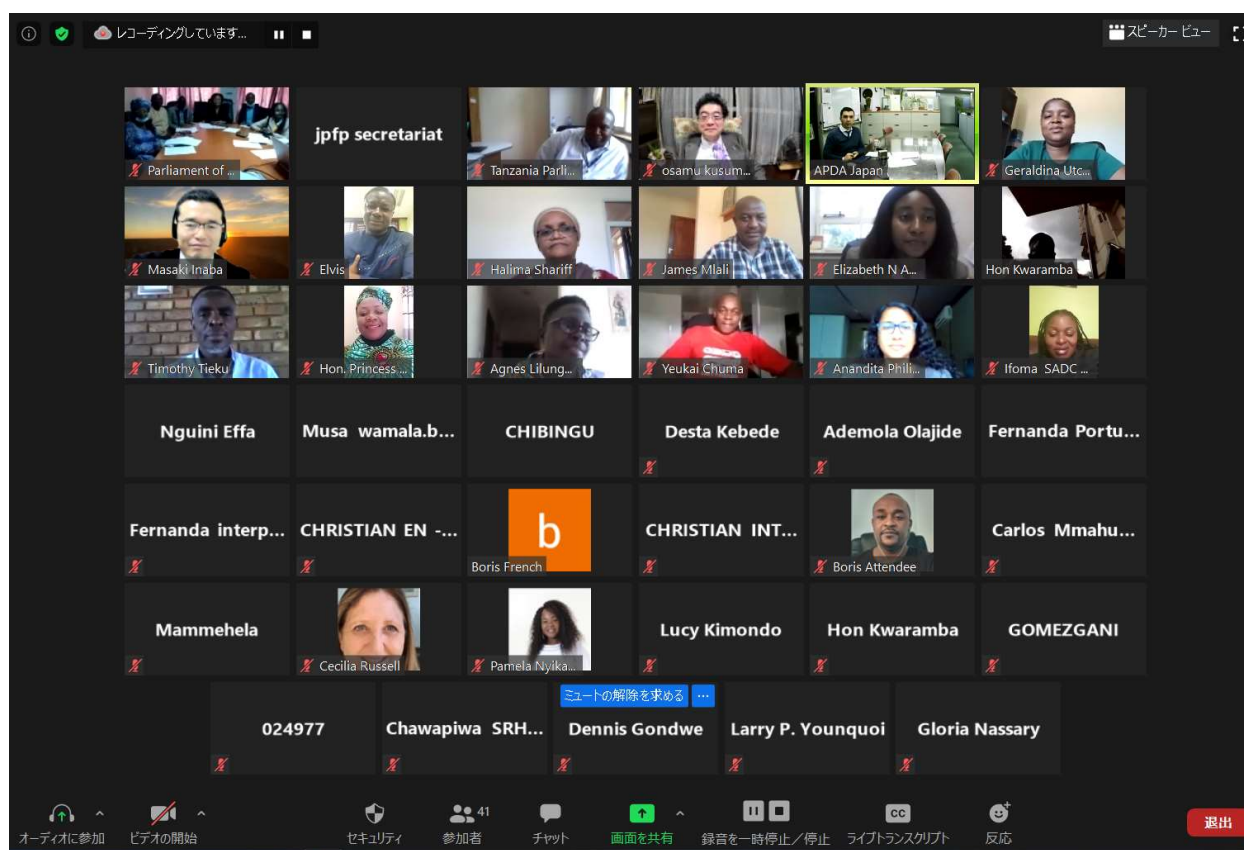




REPORT

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

Part I and Part II



The Asian Population and Development Association (APDA)

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

Acronyms

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

Background

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

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

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

The African and Asia Parliamentarians' meeting on Population and Development for ICPD+25 in Tanzania in August 2019 gathered parliamentarians to discuss the unfinished business of the ICPD and made commitments toward the Nairobi Summit on ICPD25 in November. As an outcome of the parliamentarians' meeting, the declaration of commitment was adopted and successfully submitted to the Summit, while a group of parliamentarians shared the result of the Tanzania meeting with their colleagues from different regions. Furthermore, the 2020 Inter-Regional Parliamentarians' Meeting on ICPD25 in Djibouti not only strengthened the parliamentarians' commitments to the Nairobi Statement, but it also contributed to developing and adopting a roadmap for the way forward. The roadmap calls for parliamentarians to advocate for the full implementation of the ICPD25 Commitments and change social norms, laws and policies to uphold human rights, in particular the most crucial reforms that promote gender equality and empowerment of women, girls and youth, through inter-regional/regional networking and partnerships.

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

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

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

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

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

Part One: 19 January 2021

Summary

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

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

Opening Session

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

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

Hon. Aisawa reiterated that it was necessary to reaffirm the importance of fulfilling the ICPD Program of Action and the ICPD25 Commitments made in Nairobi, Kenya, in 2019 with COVID-19 measures being a public health challenge. Seeing that the 8th Tokyo International Conference on African Development (TICAD) would be held in Tunisia in 2022, and he expressed his hope that the world would overcome COVID-19 and form renewed concrete goals for African development.

Ms. Justine Coulson, Deputy Regional Director of UNFPA ESARO

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

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

According to a UNFPA study, the pandemic may have affected 47 million women, in low- and middle-income countries, who might lose access modern contraceptives resulting in about 7 million

unintended pregnancies. Lockdowns could lead to 31 million additional cases of GBV. Longer-term projections indicate that 2 million additional female genital mutilation (FGM) cases, and potentially 13 million additional child marriage cases could occur due to disruptions in prevention programs. This trend could continue in 2021. This made the ICPD agenda more urgent.

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

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

Dr. Ademola Olajide, Country Representative of UNFPA Kenya Office

The COVID-19 pandemic affected the implementation of the ICPD25 Commitments on several fronts. First, there was a significant diversion and stretching of limited human, material, and financial resources to respond to the pandemic. At the same time “mixed messaging” resulted in communities not fully understanding the pandemic and so many avoided utilizing facilities. Curfews and lockdowns significantly impacted essential maternal and child health services, family planning, HIV and GBV wellness services. There were also livelihood challenges with people losing their jobs and income. Disrupted effective protection measures within school systems to monitor teenage pregnancies, FGM and GBV were significantly disrupted. Vulnerable populations began to be pushed further to the back in terms of development.

Dr. Olajide shared two graphs from Kenya indicating the pandemic’s impact on antenatal services and skilled attendants at birth. It also showed that GBV became a significant challenge because incidences spiked considerably. A helpline, which in February took about 86 calls, by June received over 700 calls, given the fact that people were now locked into circumstances where they could not escape their abusers. Older people were disproportionately affected with regards to the pandemic. They were more vulnerable to morbidity and mortality. They also became more vulnerable in some of the African states which had locked down communities. Some of them are dependent on their relatives for income, some lost their jobs.

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

Discussion

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

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

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

Session2: Response from the Civil Society: the Japanese Contribution to Africa's Health Sector during Pandemic

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

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

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

Mr. Inaba reflected on the funding shortages. While USD 23.7 billion raised for ACT-Accelerator was huge in the context of health, it was a drop in the ocean compared to the annual USD 2 trillion spent on military across the world. He called for innovative funding for the health crisis. He also said because COVID-19 was an unprecedented crisis, it needed unprecedented solutions. South Africa and India's submission to the World Trade Organization (WTO) a waiver for intellectual property rights related to COVID-19 prevention, containment, and treatment was a potential solution. The waiver will come up for discussion in February. The proposal was supported by 100 mainly low- and middle-income countries including in Africa and civil society organizations including Medicines Sans Frontiers (MSF).

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

Discussion

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

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

Hon. Larry Younquoi, MP Liberia

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

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

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

Discussion

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

Closing Session

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

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

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

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

Dr. Kusumoto said that it was necessary to finish the unfinished business of the ICPD and confirm the new action plan agreed to in Nairobi. While the world had serious difficulties caused by COVID-19,

there were measures for tackling the issues, referring to the remarks made by Hon. Ichio Aisawa and Mr. Masaki Inaba. Dr. Kusumoto commented that if the world was unable to tackle population issues in the COVID-19 pandemic, it could exacerbate insecurity issues.

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

Part Two: 9 March 2021

Summary

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

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

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

Opening Session

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

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

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

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

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

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

Ensuring or achieving universal SRH would have multiple dividends for Africa. It was not just about health. When SRHR are guaranteed, this was good for women, good for the households, good for the family, the community, and the overall economy. COVID-19 interrupted the progress, and a UNFPA

study estimated that 31 million additional cases of GBV could be expected every six months. Similarly, there was a huge increase in helpline calls across the East and Southern African regions.

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

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

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

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

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

The UNFPA estimated there could be up to 7 million unintended pregnancies every six months. An additional 18 million child marriage cases could occur due to disruptions of programs to prevent female genital mutilation and child marriage. She noted that when young girls drop out of school, they become more vulnerable to sexual and gender-based violence, even to teenage pregnancy, to sexually transmitted diseases including HIV and child marriage. This perpetuates the cycle of poverty. COVID-19 affected women who worked in the informal sector as they had been pushed out of work. When more vulnerable to poverty, they also experienced more GBV in their homes.

The Eastern and Southern Africa region also recorded spikes in GBV, child marriage, and teenage pregnancies across all countries. For example, in Zimbabwe, 90% of calls to traditional hotlines between March and May 2020 were related to intimate partner violence. A recent UNFPA study on the impact of COVID-19 on men and women showed that most men and women in Ethiopia, Malawi, Mozambique, South Africa, and Uganda believed that GBV had increased during the pandemic. In addition, child marriage was on the rise. Malawi recorded an 11% increase in teenage pregnancies and an additional 13,000 cases of child marriage from January to August 2020, compared to 2019.

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

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

Discussion

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

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

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

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

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

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

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

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

Discussion

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

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

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

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

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

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

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

Discussion

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

Ms. Halima Shariff from Advance Family Planning in Tanzania told the delegates her vision on GBV situation in Tanzania and her hope that the Parliament and the Civil Societies can continuously work

together to solve this issue because there are still many challenges in dealing with social and cultural practices.

Closing Session

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

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

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

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

APPENDIX

Appendix 1

Part I Programme

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

19 January 2021

Programme

12:00-12:15 East Africa time	Opening (MC)
	<i>Address by Organizer</i> Hon. Ichiro Aisawa , Chair of Japan-African Union (AU) Parliamentary Friendship League, Senior Vice-Chair of JPFP, Member of APDA Board of Directors (video message)
	<i>Address by UN Partner</i> Ms. Justine Coulson , Deputy Regional Director, UNFPA East and Southern Africa Regional Office
12:20-12:35	Session 1: Impacts of COVID-19 in the implementation of ICPD Programme of Action and the 2030 Agenda for Sustainable Development in Africa
	Dr. Ademola Olajide , Country Representative, UNFPA Kenya Office [15 min] Chair: Hon. Paul Chibingu , former MP Malawi, FPA Vice-President
12:35-12:50	Discussion [15 min]
12:50-13:05	Session 2: Response from the Civil Society: The Japanese contribution to the Africa's health sector during Pandemic
	Mr. Masaki Inaba , Program Director for Global Health, Africa Japan Forum [15 min] Chair: Mr. Dennis Godwe , SADC Parliamentary Forum
13:05-13:20	Discussion [15 min]
13.20-13.35	Session 3: Role of Parliamentarians in the ICPD25 Agenda on SRHR
	Hon. Larry Younquoi , MP Liberia [15 min] Chair: Ms. Halima Shariff , Country Director for the Advance Family Planning (AFP), Tanzania
13.35-13.50	Discussion [15 min]
13.50-14.00	Closing
	Hon. Marie Rose Nguini Effa , MP Cameroon, FPA President [5 mins]
	Dr. Osamu Kusumoto , Executive Director/Secretary General of APDA [5 mins]

Organized by:

The Asian Population and Development Association (APDA)

Supported by:

The United Nations Population Fund (UNFPA)

In cooperation with

The International Planned Parenthood Federation (IPPF)



Part II Programme

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

9 March 2021

Programme (draft)

12:00-12:15 East Africa time	Opening (MC)
	<i>Address by Organizer</i> Hon. Asahiko Mihara , MP, Deputy President of Japan-AU Parliamentary Friendship League, Japan
	<i>Address by UN Partner</i> Ms. Justine Coulson , Deputy Regional Director, UNFPA East and Southern Africa Regional Office
12:20-12:35	Session 1: Impacts of COVID-19 on gender-based violence and on deepening inequalities for women and youth in the Africa Region
	Ms. Gift Malunga , UNFPA Country Representative for Zambia [15 min] Moderator: Ms. Nenita Dalde , Manager, National Advocacy and Policy Development Unit (NAPDU), Philippine Legislators' Committee on Population and Development Foundation, Inc (PLCPD)
12:35-12:50	Discussion [15 min]
12:50-13:05	Session 2: Parliamentarian action to address GBV and promote women and youth empowerment
	Hon. Atupele Mwakibete , MP Tanzania, Secretary General of TPAPD [15 min] Moderator: Hon. Helen Kuyembeh , Former MP, Sierra Leone
13:05-13:20	Discussion [15 min]
13.20-13.35	Session 3: Role of the Civil Societies in addressing GBV and empowering women and youth in the COVID-19 contexts
	Mr. Sam Ntelamo , Resident Representative to the African Union & ECA IPPF Liaison Office [15 min] Moderator: Hon. Helen Kuyembeh , Former MP, Sierra Leone
13.35-13.50	Discussion [15 min]
13.50-14.00	Closing
	Hon. Marie Rose Nguini Effa , MP Cameroon, FPA President [5 mins]
	Dr. Osamu Kusumoto , Executive Director/Secretary General of APDA [5 mins]

Organized by:

The Asian Population and Development Association (APDA)

Supported by:

The United Nations Population Fund (UNFPA)

In cooperation with

The International Planned Parenthood Federation (IPPF)



ANNEX 2

Part I Participants List

N ^o	Title	Name	Country	Position
MPs and National Committees on Population and Development				
1	Mr.	Lesedi Keekae	Botswana	Assistant Clerk – Parliamentary Committees
2	Mr.	Lesedi Gaolaolwe	Botswana	Deputy Clerk
3	Hon.	Marie Rose Nguini Effa	Cameroon	MP, President of FPA
4	Ms.	Jabulile Malaza	Eswatini	Parliamentary officer
5	Hon.	Abdul Rashid Pelpuo	Ghana	MP, Chair of Population Caucus
6	Hon.	Elvis Donkoh	Ghana	MP
7	Mr.	Samuel Addei	Ghana	Clerk to the Population Caucus
8	Hon.	Ichiro Aisawa	Japan	MP; Chair of Japan-African Union (AU) Parliamentary Friendship League; Senior Vice-Chair of JPFP; Member of APDA Board of Directors
9	Mr.	Innocent Mbaya	Kenya	Senate officer
10	Hon.	Larry Younquoi	Liberia	MP; FPA Executive Member
11	Hon.Dr.	Mathews Ngwale	Malawi	MP, Chair of Health Committee
12	Hon.	Paul Chibingu	Malawi	Former Vice-President of FPA
13	Hon.	Helen Kuyembeh	Sierra Leone	Former MP, Population Expert
14	Hon.	Atupele Mwakibete	Tanzania	MP
15	Hon.	Sebastian Kapufi	Tanzania	MP
16	Hon.	Grace Tendega	Tanzania	MP
17	Mr.	Brown Gideon Mwangoka	Tanzania	TPAPD Coordinator
18	Mr.	Angumbwike Ngwavi	Tanzania	TPAPD Secretary
19	Hon.	Mardo Issa	Tchad	MP, FPA Executive member
20	Hon.	Mathias Kasamba	Uganda	Member of East African legislative Assembly
21	Mr.	Musa Wamala	Uganda	Coordinator of the Ugandan Forum
22	Hon.	Christopher Kalila	Zambia	MP
23	Hon.	Princess Kasune	Zambia	MP
24	Hon.	Joseph Kabamba	Zambia	MP
24	Mr.	Temwa Nyirenda	Zambia	ZAPPD desk officer
25	Hon.	Kwaramba Goodluck	Zimbabwe	MP
26	Ms.	Yeukai Nyasha Chuma	Zimbabwe	SRHR Coordinator, Parliament office
The United Nations Population Fund (UNFPA)				
27	Ms.	Justine Coulson	South Africa	Deputy Regional Director of UNFPA East and Southern Africa Office (ESARO)
28	Ms.	Anandita Philipose	South Africa	UNFPA ESARO
International and Local partners				
29	Mr.	Mompoloki Mosheti	Botswana	SADC PF Desk Officer
30	Ms.	Chawapiwa T. Mahlaya	Botswana	Researcher-SADC PF:SRHR and HIV/AIDS Governance Project Botswana Parliament
31	Mr.	Deste Kebede	Ethiopia	IPPF
32	Ms.	Lucy Kimondo	Kenya	NCPD
33	Mr.	Masaki Inaba	Japan	Program Director for Global Health, Africa Japan Forum
34		Mammehela Matamane	Lesotho	Project research of the Parliament
35		Gomezgani Ngwira	Malawi	SRHR,HIV/AIDS Governance Project researcher Parliament of Malawi
36	Ms.	Boemo Sekgoma		SADC Parliamentary Forum, Secretary General
37	Mr.	Dennis Gondwe	Malawi	Senior Committee Clerk
38	Mr.	Manuel Chifunga	Mozambique	
39	Ms.	Agnes Milinga Lilungwe	Namibia	SADC Parliamentary Forum Secretariat
40	Ms.	Elizabeth Andreas	Namibia	SRHR,HIV/AIDS Governance Project researcher Namibia Parliament
41	Ms.	Pamela Nyika		M&E Consultant: SADC PF SRHR HIV, AIDS and Governance
42	Ms.	Halima Shariff	Tanzania	Country Director for the Advance Family Planning (AFP)
43	Mr.	James Mlali	Tanzania	Family Planning Association
The Asian Population and Development Association (APDA)				
44	Dr.	Osamu Kusumoto	Japan	Secretary-General / Executive Director
45	Ms.	Hitomi Tsunekawa	Japan	
46	Dr.	Farrukh Usmonov	Japan	
47	Ms.	Yoko Oshima	Japan	
Interpreters, Rapporteur, Captioner				
48	Mr.	Christian Koumba		English-French interpreter
49	Mr.	Boris Oven		English-French interpreter
50	Ms.	Fernanda Du Preez		English-Portuguese interpreter
51	Mr.	Carlos Mahumane		English-Portuguese interpreter
52	Ms.	Cecilia Russell		Rapporteur
53	Ms.	Gloria Nassary		Closed captioner

Part II Participants List

Nc	Title	Name	Country	Position
MPs and National Committees on Population and Development				
1	Hon.	Marie Rose Nguini Effa	Cameroon	MP, President of FPA
2	Ms.	Jabulile Malaza	Eswatini	Parliamentary officer
3	Hon.	Abdul Rashid Pelpuo	Ghana	MP, Chair of Population Caucus
4	Hon.	Elvis Donkoh	Ghana	MP
5	Hon.	Sandaare	Ghana	MP
6	Hon.	Godfred Seidu Jasaw	Ghana	MP
7	Mr.	Samuel Addei	Ghana	Clerk to the Population Caucus
8	Hon.	Ananda Rapolu	India	MP
9	Mr.	Manmohan Sharma	India	IAPPD Executive Secretary
10	Hon.	Asahiko Mihara	Japan	MP, Deputy President of Japan-AU Parliamentarians Friendship League
11	Hon.	Larry Younquoi	Liberia	MP; FPA Executive Member
12	Hon.	Paul Chibingu	Malawi	Former Vice-President of FPA
13	Hon.	Dato' Noraini Ahmad	Malaysia	MP, Minister of Higher Education
14	Hon.	Hatta Ramli	Malaysia	MP
15	Ms.	Mariany Mohammad Yit	Malaysia	Former MP, Population Expert
16	Mr.	Azri Norfikri bin Aziz	Malaysia	International Relations & Protocol Division, Parliament of Malaysia
17	Mr.	Enkhtuvshin Urtnasan	Mongolia	
18	Mr.	Syed Raheem Shah	Pakistan	Assistant Director, National Assembly Secretariat
19	Ms.	Nenita Dalde	Philippines	PCPD Secretariat
20	Ms.	Mikaela Alfonso	Philippines	PLCPD
21	Hon.	Helen Kuyembeh	Sierra Leone	Former MP, Population Expert
22	Hon.	Hector Appuhamy	Sri Lanka	MP
23	Hon.	Atupele Mwakibete	Tanzania	MP
24	Hon.	Sebastian Kapufi	Tanzania	MP
25	Mr.	Brown Gideon Mwangoka	Tanzania	TPAPD Coordinator
26	Mr.	Angumbwike Ngwavi	Tanzania	TPAPD Secretary
27	Hon.	Mardo Issa	Tchad	MP, FPA Executive member
28	Hon.	Mathias Kasamba	Uganda	Member of East African legislative Assembly
29	Mr.	Musa Wamala	Uganda	Coordinator of the Ugandan Forum
30	Hon.	Princess Kasune	Zambia	MP
31	Hon.	Kwaramba Goodluck	Zimbabwe	MP
The United Nations Population Fund (UNFPA)				
32	Ms.	Justine Coulson	South Africa	Deputy Regional Director of UNFPA East and Southern Africa Office (ESARO)
33	Ms.	Gift Malunga	Zambia	UNFPA Country Representative for Zambia
34	Ms.	Maria Bakaloudis	South Africa	UNFPA ESARO
35	Ms.	Lindsay Barnes		UNFPA
36		Ebele Michael		UNFPA
37	Ms.	Womba Mayondi	Zambia	UNFPA
38	Ms.	Anandita Philipose	South Africa	UNFPA ESARO
International and Local partners				
39	Ms.	Chawapiwa T. Mahlaya	Botswana	Researcher-SADC PF:SRHR and HIV/AIDS Governance Project Botswana Parliament
40	Mr.	Sam Ntelamo	Ethiopia	Resident Representative to the African Union & ECA IPPF Liaison Office
41	Mr.	Bahta Bekele	Ethiopia	IPPF
42	Dr.	Mohammad Smadi	Jordan	FAPPD Regional Coordinator
43		Mammehela Matamane	Lesotho	Project research of the Parliament
44	Mr.	Manuel Chifunga	Mozambique	
45	Mr.	Manohar Bhattarai	Nepal	Parliamentary advisor
46	Ms.	Halima Shariff	Tanzania	Country Director for the Advance Family Planning (AFP)
47	Mr.	James Mlali	Tanzania	Family Planning Association
The Asian Population and Development Association (APDA)				
48	Dr.	Osamu Kusumoto	Japan	Secretary-General / Executive Director
49	Ms.	Hitomi Tsunekawa	Japan	
50	Dr.	Farrukh Usmonov	Japan	
51	Ms.	Yoko Oshima	Japan	
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53	Mr.	Boris Tokop		English-French interpreter
54	Ms.	Julio Da Silva		English-Portuguese interpreter
55	Mr.	Carlos Mahumane		English-Portuguese interpreter
56	Ms.	Cecilia Russell		Rapporteur
57	Ms.	Gloria Nassary		Closed captioner