



**ASEAN Inter-Parliamentary Assembly (AIPA)
Seminar on
“Accelerating the Achievement of MDG-5 through the Role of Women
Parliamentarians”
Phnom Penh, Cambodia, 9-12 March 2011**

REPORT

INTRODUCTION

1. Pursuant to Resolution on the Role of Women Parliamentarians in Achieving Millennium Development Goals (MDGs) adopted by the 27th AIPA General Assembly held in Cebu City, Philippines in 2006, the National Assembly of the Kingdom of Cambodia initiates to host the AIPA Seminar on “Accelerating the Achievement of MDG-5 through the Role of Women Parliamentarians” in Phnom Penh, Cambodia from March 9 to 12, 2011.
2. The Objectives of the Meeting were as follow:
 - (a) To provide a forum in which Member Countries of ASEAN can share their effective strategies in progressing towards MDG-5, highlight achievements, and discuss specific challenges;
 - (b) To promote friendship and cooperation among the participating delegates of each nation in a joint effort to improve the quality of care and quality of life for mothers and newborns within the 2015 timeframe;
 - (c) To advocate for the rights of women and children in our respective nations for their worth, dignity and right to proper health care resources and to promote the empowerment for those who have been compromised;
 - (d) To increase in knowledge and awareness of the complex and multifaceted issues of maternal and infant mortality rates in order to educate and expand upon the issues to our respective countries so that a common understanding and sense of urgency is established for change.

PARTICIPANTS

3. The Meeting was attended by delegations from AIPA Member countries and chaired by Hon. Ms. Khuon Sudary:
 - Cambodia was led by Hon. Mrs. Nin Saphon,
 - Indonesia was led by Hon. Mrs. Nova Riyanti Yusuf,
 - Lao PDR was led by H.E. Hon. Prof. Dr. Ms. Bougnong Boupoua,
 - Malaysia was led by Hon. Sen. Mdm. Usha Nandhini S. Jayaram,
 - Philippines was led by Hon. Mrs. Imelda R. Marcos,
 - Thailand was led by Hon. Mrs. Sirintorn Rammasute,
 - Viet Nam was led by H.E. Mr. Phan Trong Khanh,
 - Special Observer Myanmar was led by First Secretary Mrs. Daw Thauung Yi,
 - The AIPA Secretariat was represented by Hon. Mr. Antonio V. Cuenco,
4. Speakers from the international organizations participating in the seminar:
 - AFPPD was led by Mr. Shiv Khare,
 - SABIN was led by Dr. Devendra Prasad Gnawali,
 - UNFPA was led by Mr. Nesim Tumkaya and Dr. Vinit Sharma,
 - UNW was led by Ms. Amarsanaa Darisuren
 - WHO was led by Dr. Howard Lawrence Sobel,

- Ministry of Health of Cambodia was led by H.E. Prof. Eng Huot
- SES – Germany was led Ms. Frage-Münch Annemarie

5. A list of all the delegates is attached as Annex A.
6. Heads of AIPA Member Countries Delegates and Guests of Honor paid a Courtesy Call on Her Excellency Dr. Mrs. Bun Rany Hun Sen, President of Cambodia Red Cross, the First Lady of Cambodia, Champion for the UNSG’s Joint Plan of Action for Women’s and Children’s Health, The Asia Pacific Leadership Forum National Champion for HIV/AIDS and Development in Cambodia, Honorary President of National Committee on Social Ethics, Women value, and Khmer Families and Honorary President of Women Association for Peace and Development on March 10, 2011 at 8:30 a.m.

OPENING SESSION

7. The Opening Session of the Seminar on “Accelerating the Achievement of MDG-5 through the Role of Women Parliamentarians” was held on March 10, 2011. It was also attended by Her Excellency Mrs. Dr. Bun Rany Hun Sen, President of Cambodia Red Cross, the First Lady of Cambodia, Champion for the UNSG’s Joint Plan of Action for Women’s and Children’s Health, The Asia Pacific Leadership Forum National Champion for HIV/AIDS and Development in Cambodia, Honorary President of National Committee on Social Ethics, Women value, and Khmer Families and Honorary President of Women Association for Peace and Development.
8. Welcome remarks was delivered by Hon. Khuon Sudary, Chairperson of the WAIPA Committee of the 32nd General Assembly of AIPA and Chairperson of the Commission on Human Rights, Complaint Reception and Investigation of the National Assembly and Senate.
9. In her Welcome Remarks said that in Cambodia, the Role of the Senate and National Assembly is to make law, and institute a Governmental Strategic Development Plan, particularly those laws that are relevant to Maternal and Child's Health.

After Welcome Remarks, Representatives from AFPPD and UNFPA delivered Keynote Address.

AFPPD:

10. Mr. Shiv Khare, Executive Director of AFPPD addressed five areas in which parliamentarians can help accelerate the achievement of MDG5:
 - **Representing** the voices of women and children is a key role of parliamentarians.
 - **Legislating** to ensure universal access to essential care.
 - **Strengthening** parliamentary capacity for oversight to increase accountability.
 - **Ensuring adequate financial** resources through budget allocation for maternal and child health.
 - Parliamentarians must take a broader view and **advocate** not only for MDG-5 but also those issues which have an impact on MDG-5.

UNFPA:

11. Mr. Nesim Tumkaya addressed two key concerns in our region which are adequate financing for maternal and newborn health, including measures to overcome the financial barriers that prevent poor people accessing health services, and ensuring a continuous supply of reproductive health commodities, including contraceptives. In order to reach the MDGs, there must be a higher level of political commitment, efforts and investments focused on women's health.
12. **Opening Address** was delivered by Her Excellency Mrs. Dr. Bun Rany Hun Sen, President of Cambodia Red Cross, the First Lady of Cambodia, Champion for the UNSG's Joint Plan of Action for Women's and Children's Health, The Asia Pacific Leadership Forum National Champion for HIV/AIDS and Development in Cambodia, Honorary President of National Committee on Social Ethnic, Women Value, and Khmer Families and Honorary President of Women Association for Peace and Development:
13. In her speech the First Lady emphasized the following fundamental duties of women parliamentarians:
 1. Political Willingness: to actively push for good governance, transparency, and information dissemination on leadership and management of programs as well as to incorporate agendas on maternal and child's health into political platforms.
 2. Laws and Regulations Enforcement: to engage in the process of creating, implementing, enforcing, and regulating policy.
 3. Financing: to allocate budget for promoting maternal and child's health as well as provide resources for women and children in need
 4. Education and Promoting Comprehensive Understanding: to promote knowledge and understanding among all stakeholders and particularly women
 5. Promotion of Partnership for Women Parliamentarians: to conduct meetings on all levels of government in order to engage with and educate both men and women

SESSION 1: MDG-5 Improve Maternal Health

14. The First Session of the Seminar on "Accelerating the Achievement of MDG-5 through the Role of Women Parliamentarians" (MDG-5 Improve Maternal Health) was held on March 10, 2011 at 10.15 a.m. and presided over by Hon. Mrs. Khuon Sudary, Chairperson of the WAIPA Committee of 32nd GA of AIPA, and Chairperson of the Commission on Human Rights, Complaint Reception and Investigation of the National Assembly.

15. The Seminar adopted the following documents:
- a) Agenda (Annex B)
 - b) Program of Activities (Annex C)

16. Overview of Maternal health in ASEAN Countries was presented by H.E. Prof. Eng Huot, Secretary of State, Ministry of Health of the Royal Government of Cambodia and Representative Office of WHO in Cambodia. The highlights of their presentation are as follows:

Presentation on the Overview of Maternal Health in ASEAN Countries by Ministry of Health of the Royal Government of Cambodia

17. Ministry of Health reported maternal health targets to be met by the end of 2015:
 - Increased number of health facilities to provide Basic and Comprehensive Emergency Obstetric & Newborn care
 - Increased Antenatal Care Coverage to 90%
 - Increased percentage of deliveries attended by Skilled Birth Attendants at health facilities to 70%
 - Increased Post-natal Care Coverage to 50%
 - Increased Contraceptive Prevalence Rate to 60%
 - Increased access to reproductive, maternal and newborn health financial barrier and ensure that 95% of the poor is covered by Health Equity Fund
 - Improved health seeking behavior among individuals, family and community

Overview of Maternal health in ASEAN Countries was presented by Dr. Howard Lawrence Sobel of WHO's representative.

18. Dr. Sobel stated that parliamentarians can ensure:
 - Correct information is disseminated
 - Sufficient financial and human resource investment in reproductive health services, especially for youth
 - Increased investment in quality health care
 - Local administrative authorities invest in, monitor and regulate improved quality of care.

19. After hearing the presentations from Ministry of Health of the Royal Government of Cambodia as well as Representative Office of WHO in Cambodia, each delegation of AIPA Member Countries presented its country report on the Overview of Maternal health. The highlights of the presentations are as follow:

INDONESIA

20. Policy to improve Maternal Health in Indonesia include: 1) Improving facility-based outreach services by expanding on quality and quantity; 2) Increasing access to family planning services, by means of expanding the service network (coverage and access) and integrating family planning with other reproductive health programs 3) Expanding the village midwife functions; 4) Strengthening the referral system, to reduce the "three delays" and save women's lives by giving adequate care in time. The concept of "three delays" consists of a) delays in decision-making; b) delays in the mobilization (due to the lack of transportation means as well as infrastructure); and c) delays in the service/rescue.
21. The role of parliaments and parliamentarians for the advancement of MDG-5 involve the joint, collective action among ASEAN countries as well as to encourage increased regional and global partnerships, in both private and public sectors.

LAO PDR

22. LAO PDR has adopted three pillars for saving the lives of women and new born: 1) access to comprehensive reproductive health services especially family planning, 2) skilled care during and immediately after pregnancy and childbirth, and 3) emergency obstetric and neonatal care when life-threatening complications develop.

23. LAO PDR has developed a National Poverty Eradication Program (NPEP) in 2003 and the National Socio-economic Development Plan (NSEDP) in 2006 to achieve the 8 MDGs in general and in particularly MDG-5 by 2015.

PHILLIPINES

24. Implemented Strategies:
 - Quality Improvement Program for all Health Facilities and Services
 - Improve Monitoring and Evaluation System
 - Resource Adequacy
 - Legislation on Universal Health Program and Population Management
 - Male involvement in reproductive health
 - Intensify and sustain the localization of the Maternal Health Services
25. Role of Women Parliamentarians:
 - Recognize reproductive health as a basic right of women
 - Formulate national policy, enact pertinent laws and pursue reforms, appropriate adequate budget and scrutinize implementation of maternal health-related programs, projects and activities
 - Wield our political will to protect the rights of women to life and reproductive health, and promote the best interests of our children before and after their birth

THAILAND

26. Other issues faced involve difficulties in accessing primary health care in the northern region due to mountainous terrain and the southernmost provinces face challenges based on gender, culture, religion and language.
27. Thailand seeks to improve skills development, provide training for health personnel and ensure health volunteers are dispatched to assist in the improvement of health care.
28. By addressing the importance of maternal health care and establishing the first midwifery school in 1896, Thailand has been made significant strides in developing initiatives to strengthen the role of healthcare personnel in the community. Additionally, in 1977 the development of Village Health Volunteers has made successful assessment of maternal risk in the rural areas.
29. With regards to male involvement there has been promotion to encourage the role of men with respects to responsibilities on maternal and child health service.

VIETNAM

30. Women's reproductive health has improved as the number of pregnant women receiving more than three prenatal check-ups has increased over recent years. Nationwide, almost 95 percent of pregnant women receive two doses of tetanus vaccination. Contraceptive use among women aged 15 to 49.
31. The following interventions have been shown to improve maternal and neonatal health:
 - Increase access to reproductive health, sexual health, and family planning services, especially in rural areas. In addition, many men and women in rural and urban areas lack access to information and services related to HIV/AIDS and other STIs.
 - Strengthen reproductive health and family planning policies and improve planning and resource allocation.
 - Increase access to and education about family planning.

- Increase access to high quality antenatal care.
- Increase access to skilled delivery care.
- Provide prompt postpartum care, counselling, and access to family planning.
- Improve post-abortion care.
- Strengthen health promotion activities.

CAMBODIA

32. Cambodia raised specific challenges currently being faced, which include:
- access to training and understanding of antenatal and postnatal health care
 - illiteracy
 - poverty amongst especially rural and indigenous women
 - in-appropriate care-seeking and insufficient nutrition during pregnancy, before and after childbirths
 - poor infrastructure, especially in the rural and mountainous areas
 - dissemination of information on health care for rural and indigenous groups
 - lack of health centers, medical equipment and limited availability of emergency obstetric.
33. Furthermore, parliamentarians of The Kingdom propose the following in order to accelerate the achievement of MDG-5:
- Call for all relevant stakeholders to extend their full support to Her Excellency Dr. BUN Rany Hun Sen, First Lady of the Kingdom of Cambodia
 - Call for International Communities, national and international governmental and non-governmental organizations, friendly countries and UN agencies to continue their technical and financial support for Cambodia.
 - Request the Royal Government of Cambodia to continue the implementation of its investment policy with the incentive to attract more local and foreign investors in the Public Health Sector. This will offer new jobs to our youths and promote the livelihoods of our people, women in particular.
 - Encouraging all AIPA member countries to enhance the spirit of friendship, understanding and cooperation

MALAYSIA

34. The six key elemental approach to reducing maternal mortality are:
1. Improve access to, and quality of care of maternal health services, including family planning, by expanding health care facilities in rural and urban areas.
 2. Invest in upgrading of essential obstetric care in district hospitals, with a focus on emergency obstetric care services.
 3. Streamline and improve efficiency of referral and feedback systems to prevent delay in service.
 4. Increase in professional skills of trained delivery attendants
 5. Implement monitoring system with periodic reviews of system investigation
 6. Work closely with communities to remove social and cultural constraints and improve acceptability of modern maternal health services.
35. Remarks made by Dr. Vinit Sharma of UNFPA:
36. Most complications of pregnancy are preventable today. While the overall MMR in the region has decreased, the fact remains that there are preventable deaths that continue to occur. It is our responsibility as individuals, as a society, as a system to ensure the health and well being of all childbearing women and their newborns.

SESSION 2: The Interrelationship between the MDGs

37. The Second Session of the Seminar on “Accelerating the Achievement of MDG-5 through the Role of Women Parliamentarians” (The Interrelationship between the MDGs) was held on March 10, 2011 at 2 p.m. and presided over by Hon. Mrs. Nin Saphon, Chairperson of the Commission on Public Works, Transport, Telecommunications, Post, Industry, Mines, Energy, Commerce, Land Management, Urban Planning and Construction of the National Assembly.
38. The Meeting continued with the presentation on the Overview of ASEAN Countries in Achieving MDG-1 and the correlation with MDG-5 by Representatives from United Nations Women (UNW) and Representatives from SABIN Vaccine Institute. The highlights of the presentations are as follow:

Presentation by UNW:

39. The common objective of both MDGs and Human Rights is to preserve and protect human dignity. Injustice and discrimination constitute denial of human rights, which leads to poverty. Human rights lend legal authority to the aims of the MDGs. Both MDGs and Human Rights provide tools for holding governments accountable. Benefits of development and human rights are still out of reach for poor and excluded people; huge disparities persist within and across countries. Discrimination and human rights violations against women are widespread and a part of the problem.
40. Ongoing challenges include persistent gender inequality, violence against women, increasing HIV/AIDs among women, high maternal mortality rate, low participation of women in politics and decision-making, and low access to economic opportunities/resources.

Presentation by SABIN Vaccine Institute

41. Immunization can also attribute to benefits for women in that the prevention of child illness can liberate a mother’s time, energy and resources. Immunization also places mothers in touch with other preventive and maternal services.
42. SABIN presented the Immunization Laws and its statutes, which focus on policies and strategies, detailing the responsibilities of health personnel and expert advisory committees, identifying revenue sources and establishing permanent budget lines for immunization.

Presentation by Lao PDR

43. Results of the focus discussion groups (FDG) demonstrated that the majority of men and women have never heard about gender, sexuality and reproductive health, but are well aware of the biological characteristics of males and females. The idea of “reproductive health” is a novel concept and “equal rights” between men and women are not widely understood.

Presentation by Thailand

44. The infant mortality rate is one of the important national health indices.

45. It is highly recommended that improving antenatal care service and increasing number of antenatal visit would be an important strategy to improve maternal health and decrease child mortality.
46. Monitoring maternal weight gain is crucial indicator for child health and development. Other serological screening during pregnancy is recommended.
47. The accessibility to health service is essential for preventing maternal and child's death as well as the maternal risk factors that contribute to the child death.
48. Specially, quality health service assistance during birth process will ensure the survival of maternal and infant life.
49. More attention to childhood nutrition and developmental program in day care center in community and workplaces are also recommended.

50. Heads of AIPA Delegations paid a Courtesy Call on Samdech Akka Moha Ponhea Chakrei Heng Samrin, President of the National Assembly of the Kingdom of Cambodia, President of AIPA at National Assembly Palace.

SESSION 3: Challenges to Achieving MDG-5

51. The Third Session of the Seminar on "Accelerating the Achievement of MDG-5 through the Role of Women Parliamentarians" (Challenges to Achieving MDG-5) was held on March 11, 2011 at 08.30 a.m. and presided over by Hon. Mrs. Pum Sichan, Senator and Vice-Chairperson of the Commission on Health, Social Affairs, Veteran, Rehabilitation, Vocational Training, Labor and Woman Affairs of Senate.

Presentation by Indonesia

52. Focus was drawn to the importance of:
 - Spacing between pregnancies could be arranged;
 - Allow recovery for women;
 - Provide enough time for women to care for her children and family;
 - Assist in preventing unwanted pregnancies.
53. Challenges were presented regarding Family Planning in that:
 - Most participants of family planning programs are women;
54. Regarding the lack of male participation in family planning it is seen that the ratio of male contraceptives use compared to female contraceptives use is only 1.5%. In order to increase male participation, policies proposed will include the increase of access, quality and partnership relating to enhancing participation

Presentation by The Philippines

55. Laws that empower women are those that prohibit discrimination against women in terms of employment and that promote the integration of women as full and equal partners of men in the nation's development.
56. The Magna Carta of Women is a comprehensive women's human rights law that seeks to eliminate discrimination against women by recognizing, protecting, fulfilling and promoting the rights of Filipino women, especially those in the marginalized sectors. It is geared towards accelerating participation and equitable representation of women in the decision-making and policymaking processes in government and private entities.

Presentation by Cambodia

57. Abortion is often times the result of unwanted pregnancy. To mitigate the numbers of abortions, the reduction of unwanted pregnancy is a key issue that needs to be further addressed.
58. Members of parliament and the Ministry of Health and Development Partners in accelerating the achievement of this goal successfully by:
 - Enforcing Law on Abortion
 - Widely disseminate Law to people
 - Promote awareness on reproductive health
 - Provide knowledge on birth spacing
 - Increase accessibility for family planning;
 - Increase the Accessibility to safe abortion service;

GENERAL DISCUSSIONS: Women Parliamentarians Working Together – Way Forward

Some highlights of the discussion include family planning, the use of contraceptives and alternatives, abortion, and overcoming obstacles in the fight against the discrimination of women. Regarding family planning, a common challenge is the need for more social involvement from men. It was reiterated that more education is needed for men to recognize and understand the complex issues that women face when dealing with the pressures and stresses of pregnancy. In dealing with contraceptives, Indonesia is currently conducting studies on a new birth control pill for men. More research is needed to understand the effectiveness and safety of the drug. Next, abortion is a contributing factor to the high MMR in Cambodia. The topic is highly debatable as certain countries have established legal parameters for abortions, while in other countries, it is strictly illegal. Finally, in an effort to empower women and end discrimination, attention was focused on The Philippines due to their unique progress in the participation of women in government roles as well as the accessibility of education, particularly to females. Other topics related to other countries were also discussed, but are not mentioned here.

SESSION 4: What Parliaments and Parliamentarians can do to help advance the MDG-5

59. The Fourth Session of the Seminar on “Accelerating the Achievement of MDG-5 through the Role of Women Parliamentarians” (What Parliaments and Parliamentarians can do to Help Advance the MDG-5) was held on March 11, 2011 at 2 p.m. and presided over by Hon. Mrs. Khuon Sudary, Chairperson of the WAIPA Committee of 32nd GA, and Chairperson of the Commission on Human Rights, Complaint Reception and Investigation of the National Assembly.

Presentation by SES of Germany

60. The highlights of the presentation are as follows:
 - Programs implemented to strengthen the role of parliaments with regard to the MDGs need to include portfolio committees (such as health, education, budget, etc.) if there are any
 - MDG structures work as an entrance point for civil society organisations and multilateral agencies that want to work with the parliament on the MDGs
 - Parliamentary structures do need sufficient resources to be able to perform their role.
 - In all countries the MDGs were integrated into the national documents on development presented to the parliament.

61. The meeting continued with presentation of case study from Malaysia and Viet Nam. The highlights of the presentations are as follows:

Presentation by Malaysia

62. Malaysia was able to reduce maternal mortality rates through:
- Socio-economic development and improved access to health-care service;
 - Early development of the rural health infrastructure;
 - Building of hospitals in the lesser developed state capitals and districts;
 - Establishment of nursing and midwifery training schools;
 - Mobilization and education of rural families and the community on available services
63. Malaysia presented strategic approaches to improve maternal health, which include:
- Improve access to quality of care and expanding health care facilities across the country
 - Invest in upgrading of facilities
 - Streamline and improve efficiency of referral feedback systems
 - Increase professional skills
 - Implement monitoring systems for periodic reviews of system investigation and providing reports
 - Working with communities to solve social and cultural constraints

Presentation by Viet Nam

64. Members of Parliaments have a crucial role to play on MDG-5 issues within the broader context of the health sector and the overall national development agenda.
65. IPU emphasized five core actions that MPs can partake in:
1. Representing the voice of women. In Viet Nam, they developed a Woman Parliamentary Group in order to give a stronger voice in dealing with other branches of government.
 2. Advocating for MDG-5, nationally and internationally by raising awareness on all levels of the government system.
 3. Creating legislation to ensure universal access to essential care
 4. Budgeting for maternal health through allocation of resources
 5. Holding the government to account for implementing policies

GENERAL DISCUSSIONS: Women Parliamentarians Working Together – Way Forward

66. After general discussions and agreement, participants from AIPA Member parliaments discussed on draft resolution(s) on “Accelerating the Achievement of MDG-5 for WAIPA meeting at the 32nd General Assembly”. The full text of the draft resolution(s) is attached as Annex AB.
67. The Report of AIPA Seminar on “Accelerating the Achievement of MDG-5 through the Role of Women Parliamentarians” was adopted.

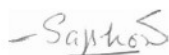
CLOSING SESSION

68. The Meeting was held in an atmosphere of traditional spirit of ASEAN hospitality and solidarity.
69. The Meeting was officially closed by H.E. Mr. Nguon Nhel, First Vice-President of the National Assembly on March 11, 2011 at 17.30.

Done in Peace Palace, office of the Prime Minister, Phnom Penh, Cambodia, the Eleventh Day of March, the Year Two Thousand and Eleven.

For BRUNEI DARUSSALAM

For CAMBODIA



Hon. Mrs. Nin Saphon

For INDONESIA




Hon. dr. Nova Riyanti Yusuf, Spkj

For LAO PEOPLE'S
DEMOCRATIC REPUBLIC



Hon. Prof. Dr. Ms. Bounngong BOUPHA

For MALAYSIA



Hon. Sen. Mdm USHA Nandhini S. Jayaram

For PHILIPPINES



Hon. Imelda R Marcos

For SINGAPORE

For THAILAND



Hon. Mrs. Sirintorn RAMMASUTE

For VIET NAM



Hon. Mr. Phan Trong Khanh

For Myanmar



Hon. Ms. Khuon Sudary

Chairperson of the Seminar on "Accelerating the Achievements of MDG-5 through the Role of Women
Parliamentarians"