



**ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC  
UNITED NATIONS POPULATION FUND**

**REPORT OF THE ASIA-PACIFIC HIGH-LEVEL FORUM ON ICPD AT 15:  
ACCELERATING PROGRESS TOWARDS THE ICPD AND  
MILLENNIUM DEVELOPMENT GOALS**

**Bangkok, 16 and 17 September 2009**

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# I. ASIA-PACIFIC HIGH-LEVEL FORUM DECLARATION ON POPULATION AND DEVELOPMENT: FIFTEEN YEARS AFTER CAIRO

## A. Background

1. Fifteen years ago, the world came together at the International Conference on Population and Development (ICPD) in Cairo and agreed by consensus on a 20-year Programme of Action that integrated a comprehensive range of population, development and human rights issues, necessary for ensuring that each person lives a healthy and dignified life.
2. Since then, the Asian and Pacific region has seen increased access to sexual and reproductive health and reduced gender gaps in education. This has led to improved living standards, increased opportunities and choices for both women and men, and improved health and well-being for millions of people. This also had a positive impact on poverty reduction and economic development. However, there remain considerable challenges and gaps, including as a result of the economic crisis, that need to be addressed in order to attain internationally agreed development goals including the Millennium Development Goals (MDGs).
3. **This is a moment of opportunity.** With only five years remaining until the end of the ICPD Programme of Action, and being past the mid-point of the MDGs, it is urgent for countries to identify gaps and challenges, to consolidate lessons learned over the last 15 years, and to reaffirm their commitments, while redoubling efforts, sustaining the achievements and increasing resources to accelerate progress towards the fulfillment of the ICPD Programme of Action and the MDGs.

## B. Declaration

4. **Recalling** the ICPD Programme of Action adopted in Cairo in 1994 and Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development adopted in 1999;
5. **Recalling** the Fourth World Conference on Women held in Beijing in 1995 and the Beijing Declaration and Platform for Action and their subsequent reviews;
6. **Recalling** the Millennium Declaration and its revised MDGs monitoring framework, including the new target under MDG 5 to “achieve, by 2015, universal access to reproductive health”;
7. **Recalling** the Plan of Action on Population and Poverty adopted by the Fifth Asian and Pacific Population Conference in 2002;
8. **Recalling** the outcomes of all the relevant United Nations conferences and summits of the 1990s, including all conventions, treaties and protocols;
9. **Convinced** that the promotion of human rights, empowerment of women and gender equality are key requirements for development;

10. **Acknowledging** the links between improved sexual and reproductive health and gender equality and equity, socio-economic development and poverty reduction;
11. **Acknowledging** the complex interrelationships between population, economic growth and sustainable development, as well as population distribution, environmental concerns including climate change, urbanization and migration; \*
12. **Noting** that the region is home to the largest generation of young people ever;
13. **Noting** that many countries in the region are facing rapid population ageing;
14. **Noting** that the region is vulnerable to frequent natural disasters;
15. **Concerned** by the uneven progress within the region in implementing the ICPD Programme of Action and achieving the MDGs, especially the relatively slow progress made in the region in reducing maternal mortality and ensuring equitable access to reproductive health information and services for all population groups, including the most vulnerable;
16. **Concerned** by the continued high levels of violence against women and girls and the devastating consequences for them, their families, communities and the state;
17. **Recognizing** that the global economic crisis will have adverse consequences for aid flows and the anticipated high level increases in investments in infrastructure, particularly on education and health, which are indispensable for the development of quality human resources needed to power the engine of economic growth and prosperity;
18. **Further recognizing** that the crisis could jeopardize current progress and future gains in the achievement of development in many developing countries, with damaging fallout for the achievement of the MDGs, including gender-sensitive and gender-responsive policies;
19. **Recalling** the documented evidence that investments in the social sector, particularly in health and education, enhance the linkage between population dynamics and sustainable development and lead to higher productivity, more savings and more productive investments, resulting in faster economic growth;
20. **Stressing** the crucial need for all development policies and support to address the linkage between the development of human capital in developing countries and financing for development in a more systematic and coherent way;
21. **We, the delegates of the Asia-Pacific High-level Forum on ICPD at 15, reaffirm our commitment to fully implement the ICPD Programme of Action by 2014 through concerted actions in the following areas:**

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\* The delegation of the Russian Federation expressed a general reservation on this paragraph. It considered that the substantive intergovernmental negotiations on the issue of climate change should take place within the process of the United Nations Framework Convention on Climate Change (UNFCCC).

## 1. Maternal health

22. Maternal mortality and morbidity constitute the greatest health inequity. It is an indicator of economic and social development, social justice and human rights. Poor reproductive health outcomes are rooted in poverty, and the subordination of women as well as inadequate quality information and services for reproductive health. Survival of mothers and maternal health determine the survival and health of their children, particularly during the newborn period. Almost half of the world's maternal deaths occur in Asia and the Pacific. The region also has the lowest rate of deliveries assisted by skilled birth attendants. If the current trends persist, it is clear that the region will not achieve MDG 5 on Improving Maternal Health by 2015.

### *Key actions:*

23. Provide evidence-based advocacy on the critical role of maternal health in achieving the MDGs and the need to increase investments in maternal and newborn health.

24. Strengthen mechanisms to reduce financial barriers to enable poor women access to quality maternal health services.

25. Expedite the achievement of MDG 5 on Improving Maternal Health, thereby realizing the right to maternal health, through ensuring universal access to comprehensive reproductive health services, in particular family planning, prenatal care, skilled birth attendance and emergency obstetric care through enhanced political commitment and adequate allocation of resources.

26. Highlight maternal health in poverty reduction frameworks, population and health policies and allocate adequate financial resources, and ensure their effective utilization.

27. Implement effective policies and programmes to address factors such as women's autonomy and empowerment, as well as accessibility to quality health care that will lead to improvement in reproductive health outcomes. Improved nutrition and education for girls in childhood and adolescence will also contribute to improved maternal health outcomes.

28. Implement and enforce policies and laws on minimum age of marriage, thereby preventing risks associated with low age at marriage and adolescent pregnancies.

29. Empower the community through enhancing knowledge and changing behaviour to facilitate access to quality information, care and services.

30. Guarantee the availability of minimal physical infrastructure, including necessary and well-maintained obstetric equipment and the widest possible range of reproductive health commodities needed to provide the full range of emergency obstetric care services, according to internationally agreed standards, with a particular focus on marginalized groups and the poor.

31. Ensure the availability of quality human resources for the provision of maternal health services, including strengthened partnerships between skilled birth attendants and traditional birth attendants based on adequate forecasting of needs, retention plans for skilled health personnel, and the qualitative improvement of skills for such services by medical and paramedical staff – the latter in accordance with internationally agreed standards.
32. Ensure that women have access to services for the management of complications arising from abortion, compassionate post-abortion counseling and care, and necessary information so that they can make informed choices.
33. Work in partnership with civil society to address the socio-economic barriers to access to and utilization of sexual and reproductive health services.
34. Integrate the target on universal access to reproductive health by 2015 into national development plans, monitor and report on implementation of the target as part of national MDG reports.

## **2. Family planning**

35. Investments in family planning are economically sound and play an important role in economic development and poverty reduction. However, despite increases in the contraceptive prevalence rate due to the success of family planning programmes, the unmet need in the region remains high, hindering achievement of related reproductive health goals.

### ***Key actions:***

36. Enhance political commitment to reposition and revitalize family planning as a development agenda for achieving reproductive health outcomes as well as broader poverty reduction goals.
37. Ensure adequate financial investments in family planning, including for reproductive health commodity security, in collaboration with partners as part of broader poverty reduction efforts.
38. Fully integrate family planning, HIV and other sexually transmitted infection and reproductive tract infection programmes into essential reproductive health services.
39. Build capacity of service providers to deliver client-focused services with a special emphasis on culturally-sensitive delivery methods to address the needs of the most vulnerable sections of the population.
40. Reduce the high proportion of unmet need in family planning and improve access to a wide range of quality contraceptive services, and information, education and communications, especially to poor women and marginalized groups.

## **3. Sexual and reproductive health, including for adolescents**

41. Asia and the Pacific has the largest ever generation of young people between the ages of 10 and 24 years. This presents a great opportunity for countries to invest in the productive

and healthy development of young people. Commitments made to provide age-appropriate, gender-sensitive, youth-friendly information and services, have largely remained limited to plans and policies. Where services are available, they have limited coverage in terms of population and geography and are not socially inclusive, often not reaching vulnerable and most at-risk young people.

***Key actions:***

42. Take urgent measures to strengthen health systems, to mobilize community support and to realign services to be more equitable, culturally-sensitive and socially acceptable, to ensure universal access to comprehensive, integrated and quality sexual and reproductive health services.

43. Develop strategies to strengthen community support (which includes parents, senior members of the family, faith-based organizations, NGOs) for youth-friendly adolescent sexual and reproductive health programmes and services, including comprehensive, rights-based, gender-sensitive and participatory sexuality education.

44. Integrate youth issues and policies in national development strategies and policies.

45. Upscale evidence-based programmes, including information and education, which provide a comprehensive approach to young people's sexual and reproductive health, including age-relevant, gender-sensitive and context-specific information, and life-skills education for young people in and out of school, especially in rural areas.

46. Provide youth-friendly sexual and reproductive health information and services which are accessible to young people, both integrated into primary health care and as youth-specific services where required, with a focus on reaching excluded and marginalized young people, especially young girls.

47. Create space for and empower young people to meaningfully participate in various stages and levels of policy and programme formulation in the context of national development processes.

48. Encourage leadership at all levels – national, provincial and local – especially in the areas of HIV and AIDS prevention.

49. Ensure universal access to prevention, treatment, care and support to address HIV and AIDS.

50. Combat stigma and discrimination through fostering positive attitudes among health providers and community towards persons living with HIV (PLHIV) and the introduction and enforcement of laws and through regulations that safeguard the rights of affected communities and PLHIV.

#### **4. Gender equality and women's empowerment**

51. Gender equality underpins all progress and is a prerequisite to the achievement of broader development goals. While many countries in the region have comprehensive laws and policy frameworks in place for promoting gender equality and addressing gender discrimination, there are major gaps in implementation. Deep-rooted structural gender inequity and harmful sociocultural norms and practices continue to persist.

##### ***Key actions:***

52. Promote gender equality and equity through the adoption and implementation of laws and policies in line with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and other relevant international frameworks.

53. Recognize gender mainstreaming as an important strategy, including gender-responsive budgeting and planning, implementation and monitoring.

54. Strengthen accountability mechanisms for ensuring the full realization of women's sexual reproductive health and rights.

55. Empower women to actively participate in decision-making processes and increase the number of women who hold political office at all levels.

56. Put in place the necessary policies and institutional mechanisms to address exploitation and abuse, including trafficking of women and children and other harmful practices and forms of discrimination, such as son preference.

57. Invest in men and boys to transform norms and behaviours that perpetuate gender inequities and discriminatory practices and increase men's involvement in and responsibility for enhancing gender equality and women's and girls' empowerment at all levels.

58. Ensure that policies and programmes are guided by collection, analysis and use of suitably disaggregated data and other evidence on priority concerns and situations of women and men.

#### **5. Violence against women and girls**

59. Despite progress made, all forms of violence against women and girls remain a major challenge to gender equality and fulfillment of women's and girls' rights in Asia and the Pacific. The pervasiveness and forms of violence impede the achievement of gender equality and universal reproductive and sexual health and rights, the objectives of the ICPD Programme of Action as well as the Millennium Development Goals and the Beijing Platform for Action.

##### ***Key actions:***

60. Promote zero tolerance of violence against women and girls and implement policies that eliminate such violence, trafficking and exploitation of women and children, and commit to address sociocultural norms that are barriers to empowerment of women and girls.

61. Support national data collection and research on the prevalence, causes and consequences of various forms of violence against women and girls.
62. Monitor reform implementation and enforcement of laws related to prevention of and response to violence against women and girls.
63. Increase the evidence-base on violence against women and girls, and apply it to the formulation and revision of policies and programmes.
64. Develop strategies to engage men and boys in prevention of violence against women and girls.
65. Develop and implement national action plans for the elimination of violence against women and girls, including multisectoral programmes and actions to effectively prevent and address violence against women and girls.

## **6. Population ageing**

66. As a result of declining fertility and mortality, many countries in the region are experiencing a rapid transition in their age structure and face the onset of population ageing. Women comprise the greater number and proportion of older persons and the disparity between the numbers of women and men progressively increases with age.

### ***Key actions:***

67. Develop evidence-based policies, plans and programmes to address impact of ageing on economic growth and poverty reduction, taking into consideration the gender aspects of ageing, as well as the rights of the elderly.
68. Enhance national capacity to better understand the implications of population ageing, including feminization of ageing, public health consequences and the need to expand the traditional scope of public and community health organizations and develop appropriate policies.
69. Ensure that social protection plans are in place to address the needs of the elderly, taking into consideration the specific needs of older women and the most vulnerable elderly.
70. Promote self-reliance of older persons by facilitating their continued participation at all levels of economic and social activities, making full use of their skills and abilities, thereby reducing their dependence on intergenerational transfers.
71. Strengthen capacity of family caregivers, home-based care and community care including through the use of volunteers to address the needs of the elderly.
72. Promote adult education, including by providing opportunities within educational programmes for the exchange of knowledge and experience between generations, taking advantage of new technologies.

### **In countries that have yet to undergo the demographic transition:**

73. Conduct analysis of the age structure over time, including that of the age dependency ratio, in order to guide long-term plans and policies.
74. Make substantial investments in sectors, including education and employment, in order to take advantage of the demographic bonus.

### **7. International migration**

75. Cross-border and international migration have contributed to the region's economic growth with remittances increasing income levels. However, migrants rarely have access to basic social and health services, and women are particularly at risk of abuse and exploitation. Trafficking for labour and sexual exploitation is a major concern within the region. Migrants, often with little or no access to health services, are at higher risk of contracting HIV. External migration in some countries is contributing to loss of skills and capacities in the countries of origin, in many cases leading to critical labour shortages, for example of health workers.

#### ***Key actions:***

76. Integrate matters relating to international migration into national development strategies, addressing social dimensions and specific issues related to gender.
77. Establish and strengthen systems to collect, analyze and disseminate comprehensive sex-disaggregated data on international migration and ensure that those data are used as a basis for policy formulation and planning processes.
78. Intensify partnership through bilateral and multilateral dialogue for addressing international migration, in respect of human and labour rights.
79. Adopt and implement appropriate policies and programmes between countries of origin and host countries to protect and provide legal and social services to migrant workers and their families, including sexual and reproductive health and rights, in accordance with the ICPD Programme of Action.
80. Work within Asia and the Pacific and the global community to accord special attention to internal and cross-border migrations which are driven by development-induced displacement, natural disasters and environmental changes.

### **8. Emergency preparedness, humanitarian response, transition and recovery**

81. The Asian and Pacific region faces frequent natural disasters, as well as conflict situations. Not only do these emergencies reverse development progress, they also result in displacement of populations; interruption of social and health services, including sexual and reproductive health services; and increased vulnerability to gender-based violence, exploitation and abuse. Women and girls have specific needs during crises.

***Key actions:***

82. Incorporate reproductive health into formulation and implementation of gender-sensitive, culturally-appropriate, national humanitarian preparedness, response and recovery plans, especially those targeting marginalized groups.

**9. Strengthening health systems**

83. A fully functional, efficient and quality health system is essential for the realization of the ICPD Programme of Action and the MDG health-related goals, including sexual and reproductive health and reproductive rights. Many countries in the region have health-care systems which are deficient in infrastructure and human resources. Countries should strengthen the capacity of health systems to ensure the availability, accessibility, acceptability and quality of services, with a particular focus on marginalized groups and the poor.

***Key actions:***

84. Increase and sustain investment for developing and maintaining infrastructure and building a skilled health work-force, especially at the primary health-care level, to address sexual and reproductive health.

85. Promote the collection, publication and dissemination of sex-disaggregated data in line with MDG indicators and focus on data addressing sexual and reproductive health and rights.

86. Facilitate and strengthen policy and programme linkages to integrate sexual and reproductive health and HIV and AIDS and STI services.

87. Strengthen referral and response systems to ensure timely and appropriate provision of services for sexual and reproductive health.

88. Strengthen evidence-based monitoring and evaluation systems at all levels on maternal and neonatal health as well as reproductive health and family planning.

89. Develop and implement policies and programmes for retention of the skilled health workforce vital for achieving the ICPD Programme of Action.

90. Ensure availability, accessibility and affordability of quality maternal health services.

**10. Partnerships**

***Key Actions:***

91. Strengthen collaboration and coordination among Governments, donors, NGOs, civil society, private sector and other sectors, in the implementation of sexual and reproductive health and reproductive rights.

92. The international community should expedite action to assist countries to stay on course for achieving the MDGs, including through gender-sensitive and gender-responsive policies.

93. Donors should increase levels of development assistance, consistent with their commitments to developing countries, in order to ensure sustainability and achievement of the MDGs.

94. All development partners should take speedy action to meet their commitments to the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action to ensure development effectiveness.

95. **In conclusion, we, the delegates of the Asia-Pacific High-level Forum on ICPD at 15 reaffirm our commitment to the promotion of the human rights of all the people of this region and to ensuring their access to the highest attainable standard of health, in the context of sustainable development. We end our Forum determined to implement the key actions contained in this Declaration in order to complete the unfinished agenda of the ICPD.**

## **II. PROCEEDINGS OF THE ASIA-PACIFIC HIGH-LEVEL FORUM**

### **A. Opening**

96. In her welcome remarks, **Dr. Noeleen Heyzer, Under-Secretary-General of the United Nations and Executive Secretary, ESCAP** stated that exactly 15 ago, the largest ever intergovernmental conference on population and development had been convened in Cairo, Egypt, bringing together some 11,000 participants, including representatives from 179 Governments, the United Nations, intergovernmental organizations, non-governmental organizations and the media. On the last day of the Conference, participants approved the Programme of Action of the International Conference on Population and Development (ICPD).

97. The landmark Cairo consensus had broken much new ground in the areas of sexual and reproductive health, women and human rights and gender equality, she said. As a visionary document, it was well ahead of its time, bringing new light on the linkages between reproductive health and other aspects of development. The 15 years that have passed only reaffirmed the power of the Cairo vision and its emphasis on individuals and their human rights as cornerstones of population and development efforts. The rights-based approach fostered by this document laid the foundation for several crucial international gatherings that would take place later including the Fourth World Conference on Women and the Millennium Summit.

98. The Cairo consensus was also instrumental in integrating population concerns into socio-economic development strategies and adopting laws to protect women's rights. As a result, a number of countries in the Asian and Pacific region have achieved access to primary education and succeeded in eliminating the gender gap in education. Nearly all countries in the region have increased access to school and reproductive health services. As a result of commitments to strong population policies adopted in the wake of the ICPD Programme of

Action, today the population of the region is growing at a much slower rate than in the early 1990s.

99. However inspiring this vision, 15 years later the ICPD goals remained out of reach for too many countries and too many people in Asia and the Pacific, Dr. Heyzer said. Although the region had come a long way, many daunting challenges remained. Maternal health and child mortality were areas where progress had been extremely slow and where urgent action was required. Important issues like maternal mortality and health cannot be addressed by taking action within the health system alone, she said. Social exclusion, poverty and violence, gender inequality all acted as barriers to women trying to access health services even when they were available. As the Under-Secretary-General of the United Nations and Chair of the Asia-Pacific Regional Coordination Mechanism, Dr. Heyzer expressed her hope to be able to launch a regional campaign throughout the United Nations system in the region, to ensure that tackling maternal mortality was accorded top most priority.

100. Dr. Heyzer concluded by saying that achieving the ICPD goals was required now more than ever. When faced with a global economic slow down and multiple other crises, achieving these goals had to be seen as investments for a more inclusive and sustainable society.

101. In her opening statement, **Dr. Purnima Mane, Assistant Secretary-General of the United Nations and Deputy Executive Director, UNFPA** stated that much had been done in Asia and the Pacific to implement the Programme of Action of ICPD and the Plan of Action on Population and Poverty adopted by the Fifth Asian and Pacific Population Conference. Since those landmark conferences, more girls attended school than ever before, more births were attended by skilled health personnel, and more women used modern contraceptives to space their pregnancies and determine the number of their children. None the less, the region still had a long way to go to reach the goal of universal access to reproductive health by 2015, a target now formally included in the Millennium Development Goals.

102. Dr. Mane highlighted three areas that UNFPA felt required priority attention. The first was to reduce inequities in health. She noted that persons with the least means and the greatest health problems had the least access to health care. The greatest health inequity concerned maternal mortality – nearly all maternal deaths occur in less developed countries, and reinforce gender inequities in health.

103. The second priority area of concern was funding for actions to implement the ICPD Programme of Action. More resources needed to be devoted to reproductive health, particularly skilled care at birth and family planning. The third priority was facing complex population issues within an ever-evolving global environment. These complex population and development issues included ageing, migration, urbanization, employment opportunities, climate change, food security and social tensions.

104. Dr. Mane invited the participants in the High-level Forum to focus on the future and to identify areas where a redoubling of efforts and a renewed commitment on the part of all stakeholders was essential to ensure the timely achievement of the internationally agreed development goals.

105. In his opening address, **H.E. Mr. Kasit Piromya, Minister of Foreign Affairs, Government of Thailand**, noted that the Programme of Action adopted at the International Conference on Population and Development, in Cairo in 1994, had provided important guidelines for social policy formulation for the past 15 years. Four of the eight key Millennium Development Goals (MDGs) related to core areas of the ICPD Programme of Action.

106. Mr. Kasit explained some of the progress made by his country in carrying out actions recommended by ICPD and in achieving the MDGs. Thailand had been successful in reducing poverty and extending coverage of social services and had reduced the number of poor people from 18.4 million in 1990 to 6.1 million in 2006. The country had already reached the MDG poverty target of halving the proportion of people living in poverty. It had also achieved the MDG targets of (i) improving maternal health; (ii) reducing child mortality; (iii) increasing access to safe drinking water and sanitation; and (iv) combating HIV and AIDS, malaria, and other diseases. In fact, Thailand was well positioned to achieve all of the MDGs and had for its own development purposes established a series of national targets – MDG Plus – that exceeded the globally agreed MDG targets.

107. Thailand had a long history of investing in reproductive health. The country's early investment in primary health care, including interventions focusing on skilled birth attendants, had paid dividends in multiple ways. While the contraceptive prevalence rate was 72 per cent of eligible couples, 97 per cent of births were attended by skilled birth attendants and 98 per cent of pregnant women made at least one visit for antenatal care.

108. The Minister of Foreign Affairs stated that, as a consequence of those achievements, development plans in Thailand no longer sought or required significant levels of Official Development Assistance. On the contrary, the country was now increasingly sharing its experiences with other developing countries through an expanding partnership programme, much of it as ODA, using its own financial and technical resources. The country was committed to playing an active and leading role in promoting regional and global cooperation frameworks, including the ICPD and MDG frameworks, through south-south cooperation.

### **B. Looking beyond 2015: an unfinished agenda**

109. In her keynote address on “Advancing the ICPD Agenda: Intimate Partner Relationships – The New Battleground”, **Dr. Nafis Sadik, Special Adviser to the United Nations Secretary-General and Special Envoy for HIV/AIDS in Asia and the Pacific**, noted that the Programme of Action showed that affirmation of the right to sexual and reproductive health, as an end in itself, was a precondition for the success of demographic

policies and that both were essential to balanced and sustainable development. She stressed that sexual and reproductive health, including family planning, was everyone's right and that together with education, sexual and reproductive health was the basis for gender equality and women's empowerment.

110. Dr. Sadik said that the focus on intimate-partner relationship brought out the process through which decisions were made about sexual contact, contraception, childbearing and protection from infection, noting that in most societies in the region, women – whether married or not – were not the decision-makers in any of those areas.

111. She stressed that although sexual contact between unmarried people was not the norm, it was becoming more common in many urban settings across the region. She also said that it was not safe to assume that women entered into such relationships with complete freedom, noting that many sex workers for example had been forced into the business by circumstances or personal coercion. Within marriage or stable unions, Asian women generally had few enforceable rights as regards sexual contact with their partners, she said, even when their lives or health were at stake.

112. Dr. Sadik underlined that educational outreach on sexual and reproductive health had to include men and boys, specifically teaching them respect and consideration for women. This is key to motivating men, and the success of refocusing approaches to sexual and reproductive health on intimate-partner relationships, she said. A close focus on the latest would also help reduce violence between intimate partners, which as research showed, was generally associated with sexual risk taking, inconsistent condom use, unplanned pregnancy, induced abortion, STI and sexual dysfunction.

113. Dr. Sadik stressed that national policies were needed for the many women who lived in fear or who were suffering emotional or physical violence. Those policies had to include a fundamental reappraisal of intimate-partner relationships, and training for men and boys to accept women's agency in all matters concerning them, in addition to adequate and enforceable legal protection against violence against women, and training for police and judiciary officials on the issue. Dr. Sadik noted that these policy changes implied a big increase in resources for sexual and reproductive health across the board, and for family planning in particular.

114. With regard to intimate-partner transmission of HIV and AIDS, Dr. Sadik noted that few programmes addressed this aspect, or high-risk behaviour on the part of men, although she noted, the AIDS Commission Report had confirmed that the proportion of women among HIV-positive population had been rising and that many of those were married women, overwhelmingly monogamous and having acquired the infection from their husbands. Dr. Sadik suggested that the issue be reframed in terms of high-risk behaviours – in this case the sexual behaviours of married men, which jeopardized not only their own lives, but also that of their partners. With regard to same-sex contact, Dr. Sadik noted that very few countries were

prepared to address intimate-partner issues among MSM honestly and openly and that interventions ought to recognize the risks to intimate partners of male-male sexual contact in its many varieties.

115. She concluded by saying that, as a means not only of reaching the goals of the Cairo Programme of Action and the MDGs but also as a means of moving towards their own development goals, countries had to effectively address the underlying power structures that effectively keep women in subjection. Women ought to have power to protect themselves, their partners, their children and other family members; power to negotiate and power to decide.

116. **Dr. Haryono Suyono, Chairman, Damandiri Foundation, Jakarta and Professor, University of Airlangga, Indonesia** presented a keynote address titled “Beyond 2015: Family empowerment for better quality of life”. He stated that at the International Conference on Population and Development both developed and developing countries forged a consensus in order to integrate a wide range of population, development and human rights issues into the comprehensive 20-year Programme of Action.

117. The Millennium Declaration adopted by the General Assembly in 2000 had given insufficient attention to population issues but the inclusion in 2005 of additional population-related indicators for measuring the achievement of the Millennium Development Goals had partially rectified this.

118. Dr. Haryono stated that discussions in the population area since Cairo and after the Millennium Declaration had had too narrow a focus on certain issues. A focus on HIV/AIDS had meant that less attention was given to other diseases, such as malaria and influenza. A focus on gender and reproductive rights had resulted in inadequate attention to educational and employment rights.

119. Dr. Haryono argued that the considerable successes achieved by family planning and reproductive health programmes in the region had occurred because families saw those programmes as enhancing their health, welfare and opportunities for development.

120. Thus, families had been at the heart of these successful strategies. Population programmes in the region, however, had concentrated their efforts on maternal and infant health but had neglected the needs of young children of school-going age and of adolescents who had finished school but were not able to find employment. He stressed that we should give greater emphasis to establishing harmonious family life, with tangible efforts to equip younger generations for a better tomorrow. If we did not do so, we faced the possibility of having a “lost generation” having no access to adequate health services, uneducated owing to the poverty of their parents and unemployed.

121. In Dr. Haryono’s current work, he had been working to achieve a new paradigm for family and community development. Organization at the village level was essential in order to take into account the needs, culture and economy of the population. In Indonesia, village

posts had been established that were centered on four broad elements of the MDGs, i.e., health, education, economic activities and the environment.

122. **Ms. Jacqueline S. Koroi, President, Pacific Youth Parliament** also delivered a keynote address at the Forum, speaking from the perspective of a young person. Young people make up significant portions of their nations' population and in some instances nearly half of their population, as is the case in several countries and areas of the Pacific.

123. The need to "unpack" the message of the ICPD was the first point made by Ms. Koroi. As a comprehensive Programme of Action which addresses a number of important topics and brought to the forefront the notion of reproductive rights, the ICPD still needed to be "unpacked" to be better understood and owned by young people - who could and should be used as champions of this landmark document.

124. Second, with regard to young people's participation, Ms. Koroi stressed that youth needed to educate themselves and show interest, yet she considered that adults too often took it for granted that young people knew how to meaningfully make a contribution. It takes courage for young people to speak up, particularly in cultures where they are told to keep quiet but it also takes adults to reassure young people that their voices can be meaningful, Ms. Koroi noted.

125. Ms. Koroi's third point was about reproductive health and rights of young men and women. She stressed the need to bridge the intergenerational gap, in view of the fact that parents too often were uncomfortable talking to their children about issues related to sexuality. She suggested that more efforts be centered around making the "family home" the starting point of discussions on sexual and reproductive health matters. She said that the days of silence on sexuality issues in the household should be over by now. Ms. Koroi also suggested that the linkages between sexual and reproductive health programmes and international efforts on HIV and AIDS be strengthened.

126. Fourthly, Ms. Koroi addressed the issue of young women's empowerment, urging Governments to pay special attention to women, young women and children and to strive to eliminate factors that cause women's vulnerability, also promoting more programmes involving male in responsible sexual and reproductive health. She concluded by highlighting another key aspect of the ICPD; on the relation between population and the environment. As an inhabitant of a such region which is bearing the brunt of climate change, she sent an appeal for further analysis of the interlinkages between population and the environment.

### **C. Roundtables**

127. As explained in greater details in section III, A. of this report, the objective of the High-level Forum was to provide Member States with a platform for dialogue to identify the remaining challenges to be addressed and priority areas for action in order to accelerate progress towards achieving the ICPD Programme of Action. To that effect, several interactive roundtable discussions facilitated by expert panelists were held under agenda item 5. The

recommendations emanating from those roundtables were submitted to the plenary for consideration and inclusion into the High-level Forum outcome document. The following paragraphs briefly summarize the discussions which took place during the various roundtables:

***Roundtable 1: Ensuring universal access to reproductive health: health systems perspectives***

128. Dr. Dorji Wangchuk (Bhutan) acted as moderator for this roundtable, while Dr. Saroj Pachauri, Regional Director, South and East Asia, Population Council and Dr. Raj Karim, Regional Director, International Planned Parenthood Federation (IPPF) East and South-East Asia and Oceania Regional Office served as presenters/facilitators.

129. Dr. Saroj Pachauri outlined that the reproductive health approach set forth by the ICPD emphasized synergies between health, population and development programmes and provided the rationale for the design and implementation of client-centered programmes, also promoting comprehensive reproductive health care for women by enhancing their access to information and services. In order to ensure universal access to RH, the first basic requirement was to have a well-managed, robust health-care system in place. Dr. Saroj stressed that there were continuing unaddressed issues related to infrastructure, human resources, logistics, management and accountability of public health systems, especially in South Asia. She underlined the importance of public-private partnerships and the urgent need for Governments and donors to assess and address the shortfalls of the health-care system, as well as address the multiple sexual and reproductive health needs of men, women and young people, or particular groups of people such as those living with HIV/AIDS. She also underscored the importance of removing inequities to ensure access for the poorest of the poor.

130. In order to reduce maternal mortality, which is mostly preventable, Dr. Pachauri emphasized the need for women to have access to quality maternal health services (antenatal and postnatal care, skilled birth attendance and emergency obstetric care). She further stressed that the demand for contraception would increase and that the unmet need for contraception could also be expected to grow.

131. Datuk Dr. Raj Karim noted that different groups of countries throughout the vast Asian and Pacific region were facing different types of challenges. The Pacific region for example is confronted with specific challenges owing to its remoteness and insularity. By contrast, middle-income countries in which health-care systems are mostly in place are facing the issue of unequal access.

132. Datuk Dr. Raj Karim emphasized the importance of having adequate physical infrastructures in place to serve very diverse needs for reproductive health-care services. The first requirement she noted was that of a functioning primary health-care system, besides that

of investments in health infrastructure and resources, including human resources. She also stressed the need for integrating reproductive health into primary health care. She concluded by saying how crucial political commitment was to scale-up progress and stressed the need to work outside the health sector to better establish good health systems.

133. In the ensuing discussions, delegates from Pacific island countries and landlocked developing countries noted that they faced specific challenges in providing access to health care because some areas were difficult to access, including for doctors who often were reluctant to work in such remote areas.

134. Some delegations noted that their country suffered from a shortage of obstetric care equipment and had no sustainable arrangement in place to adequately maintain existing equipment. While some delegations commended the progress made in providing obstetric care training, others expressed concern about the constraints they faced in this connection.

135. Several delegations lamented the rise in the incidence of unsafe abortion – a leading cause of maternal death in developing countries. Delegations also stressed the need for better data and information on reproductive health, as well as the need for political commitment.

136. This particular roundtable then held concurrent smaller group discussions on the issues of adolescent health, safe motherhood and family planning, which resulted in specific recommendations which were incorporated in the roundtable's input to the plenary Working Group on the Draft Declaration.

### ***Roundtable 2: Ensuring an enabling environment for gender equality***

137. Dr. Anjali Doshi-Gandhi (Malaysia) acted as moderator for this roundtable, while Ms. Saira Shameen, Executive Director, ARROW (Malaysia), Dr. Renu Rajbhandari, Executive Chairperson, Women's Rehabilitation Center (Nepal) and Ms. Priscilla Kare, National Council of Women, Papua New Guinea (TBC) served as presenters/facilitators.

138. Ms. Shameen presented key results of comparative studies carried out by ARROW in 12 countries of the region, including that each and every one of the countries studied performed better with regard to the gender development index (GDI) than they did for the human development index (HDI). However in 7 of those 12, this did not translate into higher gender empowerment measures (GEM). The challenge to close the gender gap in the region was therefore clearly related to creating gender equity in opportunity.

139. With regard to education, while there were marked improvements for girls in primary and secondary gross enrollment rates, very disparate results could be observed in tertiary education (significant drop outs in some vs. increases in Malaysia/Philippines/Thailand), with marginalized communities still experiencing extremely limited opportunities to receive education.

140. Unequal access to employment opportunities and unequal women's participation in political life and decision-making positions (due to structural and social barriers), as well as

impunity of perpetrators of violence against women remain major problems in the region. Also, specific sexual and reproductive health and rights needs of women in conflict situations, disasters, internally displaced persons, migrant workers, transsexual and transgendered communities as well as trafficking in women and girls continue to be areas of concern.

141. A presentation (Nepal) highlighted some practical experiences and challenges faced at the country level, including women lacking access to very basic reproductive health services and information; trafficking and HIV being critical areas of concern; as well as violence against women which ought to be seen through the political lens, in terms of rights and legislation.

142. Several delegations then shared their experience and lessons learnt, including that networks for the purpose of sharing information in particular among members of parliament need to be improved, as well as, in general experience-sharing of gender issues and means to tackle them; gender-mainstreaming initiatives need follow-up and certainly a shift towards planning and budgeting for greater effectiveness; women's participation and engagement in politics need to be further promoted (Thailand); men's role as important supporters and major players in women's empowerment need to be emphasized (Fiji, Micronesia, Papua New Guinea).

### ***Roundtable 3: Population ageing: implications for development***

143. Ms. Erlinda Capones (Philippines) acted as moderator for this roundtable, while Dr. Suttichai Jitapunkul, Professor, Faculty of Medicine, Chulalongkorn University, and Ms. Kalyani K. Mehta, Associate Professor, National University of Singapore served as presenters/facilitators.

144. Following two country presentations highlighting the situation on ageing and challenges posed at the national level, Dr. Suttichai Jitapunkul shared some research findings showing that contrary to the compression of morbidity theory, the trend in Thailand for both men and women pointed towards an expansion of morbidity among those aged 65 and above. Death from chronic diseases was also increasing at all age cohorts above 65.

145. On the notion of dependency of elderly persons, he pointed out to survey results showing increasing dependence on feeding, dressing and/or bathing and disparity between provinces in terms dependency status – poorer provinces have a higher dependency status than developed urban ones, which indicates a correlation between dependency and economic development.

146. These trends have direct consequences for health-care financing, informal care-giving and pension-systems health-care demand. Health care per capita is currently 2-5 times more for persons aged 65 and above than for those in younger cohorts. As an increasing number of older persons live longer, there will be a prolonged period of morbidity and disability that will further strain those resources. But despite the projected increase in demand for health-care services, there is a dearth of such services and health-care professionals, owing to the

stigmatization of those professions, their low wages and hard-working conditions, as well as limited training on care for the elderly among generic medical professionals.

147. Ms. Kalyani Mehta spoke on the issue of ageing, gender and development. She stressed the rapid pace of population ageing in Singapore, in particular the increase in the proportion of women in the 80 and above cohort. The number of older persons living with illnesses and disabilities would thus increase. She noted that whilst women tended to have more physical disabilities in the region, men succumbed disproportionately to fatal illnesses.

148. Women often are at a disadvantageous position compared with men, owing to sex discrimination that leads to unequal access to health care, lack of economic resources, lack of knowledge, isolation and neglect of the needs of older persons. By contrast, women also often have better social support networks than men in Singapore.

149. Ms. Kalyani discussed the issue of ageing, gender and development at the individual and national levels. At individual level, she noted differences between elderly persons living in urban and rural areas and the increased likelihood for women aged over 75 to be widowed compared with men. She said elderly persons could be subject to abuse even within the family circle. At the national level, she noted the need to earmark funds from national budget for health-care expenditures, to safeguard older persons' rights at work and to work, social security coverage and access to primary health-care resources, especially for women who live longer and are more likely to suffer chronic diseases.

150. Ms. Kalyani stressed the need for mental stimulation through education and training at older ages, which would have multiplier effects on better health outcomes, such as delaying the onset of dementia and contributing to active ageing. She noted that 64 million persons in Asia-Pacific could be affected by dementia by 2050 and that measures needed to be put in place to address this. She also highlighted the need to look at how effective policies were and which form of provision – such as universal vs. contributory social security coverage – would be effective and economically feasible. In addition, she stressed that a life-cycle approach in health-care promotion and social services provision was needed.

151. This roundtable then set up a working group on mechanisms in place to ensure that the rights of the elderly, including older women are protected. After an overview of various country programmes to support older persons, it was acknowledged that in some countries no pension system was available and that much more efforts were required in the region to respond to longer life expectancies and working life, as well as a higher proportion of non-economically active elderly persons. In particular, the lack of access to social security for elderly women was stressed, besides the need for a more systematic sharing of good practices and exchange of knowledge and experience among countries facing issues related to population ageing. The lack of and need for more data on elderly women was also noted.

152. It was stressed that policies for the elderly need to ensure income security, universal access to health care and community networks to promote an active and dignified ageing

process. Discussions looked at the multifaceted impact of ageing and how Governments have responded/should respond to address this impact. In the ensuing discussions, among other, participants noted that in some countries - whilst current social programmes for the elderly focused on the health and social services, little attention had yet been paid to social insurance for elderly. The issue of providing non-contributory universal social security for older persons was discussed in terms of affordability and sustainability and in this regard, some good practices were shared on affordable social pensions, which have been used as social investments in the education of children/grandchildren or to cover the costs of medicine (Nepal); on attempts to provide universal access to income support and health care (China); or on living arrangements facilitating an active ageing process (Japan). It was noted that family values remained strong and that families were still considered the main pillar of support for many countries in the region, so that Governments ought to look at how to provide assistance to enable families to provide such care.

***Roundtable 4: Ensuring universal access to reproductive health: rights perspective***

153. H.E. Dame Carol A. Kidu (Papua New Guinea) acted as moderator for this roundtable, while Dr. Zeba Sathar, County Director, Population Council Pakistan and Ms. Saira Shameen, Executive Director, ARROW served as presenters/facilitators.

154. The first presentation by Dr. Sathar focused on the issue of adolescents and sexual and reproductive rights in Asia-Pacific, against the backdrop of the largest ever population of adolescent in history, whose voice must be heard and whose rights ought to be upheld. Dr. Sathar stressed that adolescents were not automatically included among beneficiaries of reproductive health care and that every aspect of service delivery, infrastructure, health personnel had to be adjusted to respond to the needs of adolescents. The need for accountability mechanisms was also noted.

155. In order to ensure that the rights are upheld to universal access to reproductive health, different approaches could be considered throughout the vast and heterogeneous Asian and Pacific region, as per the specific needs of each subregion; i.e. low age at marriage in South Asia, HIV in East and South-East Asia, etc. Dr. Sathar stressed that each subregion had to prioritize the issues faced and requiring actions, both in the short- and long-terms.

156. In terms of programming, she emphasized the importance of recognizing the different needs of different groups of young people; i.e. married young women from those that are unmarried, yet bearing in mind that unmarried youth precisely tended to be left out as premarital sexual activities were considered unacceptable in many countries/areas of the region.

157. Talking about the rights perspective, Dr. Sathar stressed that in developing countries, where poverty was still widespread, one had to acknowledge that justice was unfortunately often denied. When resources are insufficient or lacking, reproductive health tends to fall off

the focus, she noted, adding that, for want of emphasizing the entire reproductive health, one or two schemes had to be provided in priority within the broader spectrum.

158. Leadership of young people themselves, and their necessary involvement in the design of programmes and accountability of ASRH services was another point made by Dr. Sathar, who also underscored the crucial role played by NGOs. She said Governments ought to establish solid partnerships with them, for example to facilitate the provision of information and services delivery.

159. Ms. Shameen highlighted the continuum of care behind maternal health and the need to address the rights issues, to complement the focus on health systems. She stressed that access to safe pregnancy services was a right of every woman and that unsafe abortion - a very political issue - continued to be a major cause of maternal death. Lack of awareness of the legal status of abortion within country, including among women in general and service providers constitute major hindrance to access safe abortion services, she noted.

160. She stressed the importance of the service provider attitude and their ability to provide compassionate and gender-sensitive services in reducing unsafe abortion. She noted that gender and socio-economic inequity largely determined which groups of women run the greatest risk when they become pregnant (usually most at-risk continue to be women who are poor, less educated, living in rural/remote areas and from ethnic minorities). She welcomed a recent High Rights Council resolution [on preventable maternal mortality and morbidity and human rights] but stressed that the actual realization of these rights remained a challenge throughout the region.

161. During the ensuing discussions, several questions were raised with regard to the use of data, while the presenters underscored the alarming proportion of maternal deaths occurring in the region to women during their post-natal period. Skilled birth attendance and adequate service provisions in institutions were highlighted as areas requiring increased attention, while also ensuring that provisions were made to ensure that institutions are adequately equipped and prepared to face an increased demand for obstetric care.

#### ***Roundtable 5: International migration and development***

162. Mr. Bounthavy Sisouphanthong (Lao People's Democratic Republic) acted as moderator for this roundtable, while Mr. Federico Soda, Senior Regional Programme Development Officer, IOM, Regional Office for Southeast Asia and Ms. Thetis Mangahas, Senior Regional Migration Specialist, ILO, Regional Office for Asia and the Pacific served as presenters/facilitators.

163. Mr. Soda outlined the history of the dialogue process on international migration, including the High-level Dialogue on International Migration and Development held at United Nations Headquarters in 2006 and which is pursued through the annual Global Forum on Migration and Development. Mr. Soda highlighted the links between decreasing fertility rates, population ageing and international migration, noting that the global migration of health-care

personnel and caregivers was likely to increase owing to the fertility transition. He emphasized the need for better data to analyze the linkages between migration, population and development and the need for mainstreaming international migration into national development policies.

164. He said that in connection with the ICPD Programme of Action, providing access to health-care services for migrants was of particular importance since millions of migrants were deprived of access to basic health services. He stressed that working to ensure service delivery had to be done through both top-down and bottom-up approaches; service had to be made available and migrants needed to know how to access it and why. He highlighted the specific needs of women and said that pregnant women were often dismissed from their work and if able to stay in the country undetected, their children often ended up stateless and denied rights even in their home country.

165. The presentation by Ms. Mangahas focused on the challenges faced in providing protection for migrants especially in the context of the current global economic crisis. She presented an overview of migration flows within Asia; although the bulk of migrants migrated to the Arab Gulf States, new destinations were emerging within Asia itself; for example within South-East Asia with Singapore, Malaysia and Thailand being main destinations. Within East Asia, Taiwan Province of China; Hong Kong, China; the Republic of Korea and Japan had emerged as main destinations.

166. Ms. Mangahas noted that the impact of the current global economic crisis was less severe than had been anticipated in pessimistic scenarios. Construction workers excepted, only a relatively limited number of migrant workers had lost their jobs and returned home. Most migrants had remained in the country of destination and were often able to find alternative work there. The impact of the crisis had been most severe in South-East and East Asia, especially Taiwan Province of China where overall unemployment had increased as a result of the crisis. Some countries of destination (for instance the Republic of Korea) had taken measures to protect migrant workers in the wake of the crisis.

167. The high number of irregular migrants was another area of concern, she said, citing the limited legal opportunities to migrate as one of the reasons behind the high number of irregular migrants, besides the often exorbitant recruitment cost. She noted that one of the specificities of the Asian region was that migration was mainly organized by private recruitment agencies and emphasized that regional solutions would need to be devised in view of the increasing migration trends within Asia.

168. In subsequent discussions, participants stressed the importance of bi- and multilateral agreements to regulate migration, ensure the protection of migrant workers and combat trafficking. One delegation (Myanmar) informed that the bilateral Memorandum of Understanding signed with Thailand had helped combat trafficking and that the Government was also working on a Plan of Action with China. Another delegation (Viet Nam) noted that

while many migrants migrated out of the country, internal migration was also on the rise especially towards provinces where economy was booming. A high number of women also migrated out of the country for marriage. The shortage of caregivers for elderly as a result of migration was also stressed.

#### **D. Identifying ways forward**

169. Under this particular agenda item, the moderators of the five roundtables reported back to the plenary, summarizing their discussions, as described in the previous section, and proposing a set of specific recommendations for inclusion in the Declaration to be adopted by the end of the Forum.

170. The Asia-Pacific NGO Forum on ICPD at 15, organized on 15 September, ahead of the present High-level Forum issued “The Unfinished Agenda of Cairo at ICPD at 15, Asia-Pacific NGO Call to Action” which was made available to the Working Group on the Draft Declaration.

171. Building on the “Berlin Call to Action” adopted at the “Global Partners in Action: NGO Forum on Sexual and Reproductive health and Development”, held in Berlin from 2 to 4 September, the Asia-Pacific NGO Call to Action highlighted key issues of concern for the Asian and Pacific region. Those include: persistently high levels of maternal mortality in some countries; unmet need for family planning of both married and unmarried women, unsafe abortion; unmet sexual and reproductive health needs of adolescents and young people, and of marginalized groups such as refugees, migrants and internally displaced persons and persons with disability.

172. The NGO Forum participants - who came from 16 countries in the region and included NGO and civil society representatives, members of parliament, representatives of United Nations and donors - commended the significant progress made by some countries in advancing the Cairo agenda but expressed concern about the ability, in particular of least developed, landlocked, island and fragile states and countries in crisis situations, to effectively meet the needs of the most at-risk populations.

173. The NGO Forum reaffirmed the importance of a rights-based and gender-sensitive approach in programming and advocacy and of ensuring the participation of beneficiaries in all aspects of programme implementation. Sexual and reproductive health and rights are basic human rights and the needs and choices of individuals must be respected, fulfilled and protected, the Call to Action notes.

174. The NGO Forum urged that certain actions be taken immediately, including by NGOs, such as the establishment of a mechanism for ongoing dialogues for effective collaboration, sharing of experiences and the creation of a unified voice for sexual and reproductive health and rights advocacy and resource mobilization; and the pursuit urgently of targeted, determined and appropriate media campaigns and advocacy, while engaging parliamentarians

at the highest level to secure adequate funding and to lobby for favorable laws and policies to meet the ICPD Programme of Action and related MDG targets, particularly under MDG5.

175. The NGO Forum identified several priority actions to accelerate achievement of the ICPD and MDG goals, urging Governments to invest in primary health care and strengthening of health systems to enable provision of integrated, comprehensive, and quality services towards the achievement of universal access to sexual and reproductive health and reproductive rights. The Call to Action urged to reposition and revitalize family planning as the most cost-effective intervention to reduce maternal mortality, prevent unsafe abortions and unintended pregnancies with a particular focus on the most vulnerable populations such as unmarried and married young girls and women. In order to meet the sexual and reproductive health needs and rights of young people, the document also called for increased investments in youth participation, capacity-building, youth-friendly services, comprehensive sexuality education and the intensification of efforts to reach the most vulnerable and marginalized groups. It also urged Governments to ensure that safeguards are in place to protect the gains of ICPD, even as the region faces economic challenges.

176. Director, UNFPA Asia and the Pacific Regional Office, Ms. Nobuko Horibe, then brought forward a few suggestions with regard to innovative and effective ways to accelerate the implementation of the ICPD agenda. We need to identify barriers and root causes of the delays and come up with concrete actions to remove or address the obstacles with clear action plans and costing, she said. “We have to involve different partners, beyond our usual social sector partners, to bring additional forces and resources. To accelerate the progress, we need financial and human resources, in addition to political commitment”.

177. First, supporters of the ICPD agenda should be outward-looking, she noted, so as to reach out to other groups of people and agendas in order to find opportunities for growth and change. She cited the example of linking ICPD with the MDGs, at least six out of eight MDGs having a direct relationship with the ICPD Programme of Action. In order to increase or maintain the level of financial resources, she stressed the need to reach out to national and subnational level budget decision-makers who decide where to allocate the limited resources, both from national and international resources. She therefore emphasized the importance of demonstrating the multiplying benefits of investing in mothers’ health, youth knowledge and behaviour, girls’ education, male involvement and data collection and analysis for economic and social development, as well as human resources development.

178. Second, Ms. Horibe noted that the nature of partnership could change, citing increasing space for south-south or north-south-south partnership as it builds on the diverse experiences and successes available in the region. She also noted opportunities for the United Nations system to collaborate with regional intergovernmental organizations such as ASEAN, SAARC, the Pacific Islands Forum Secretariat, as well as individual countries, including through enhanced partnerships with NGOs, civil society and the private sector – all playing complementary roles.

179. Third, in order to translate the Declaration into action, Ms. Horibe urged Governments to cost their respective priorities and incorporate them into their national and sectoral planning processes. With the prospect of new data coming up from the 2010 round of census and other surveys, she noted that this was also an opportune time to review national plans in light of new data and reflect population dynamics and interlinkages to poverty reduction in the plans.

180. Fourth, she emphasized the need to focus on strategies that worked and had been proven, in order to scale up for wider impact. She said that whatever investments were made should be informed by evidence, citing good models such as integrating HIV and RH services or working with men and boys to counter gender-based violence as potential mainstreamed elements of national development frameworks. Finally, Ms. Horibe stressed the need for the United Nations to further consolidate its resources and efforts on a few selected areas of priorities, as Dr. Noeleen Heyzer had stated in her welcoming remarks. She concluded by recalling the Paris Declaration on Aid Effectiveness adopted in 2005, also noting that the national ownership of the Cairo Agenda was one key factor for success.

### **III. ORGANIZATION OF THE ASIA-PACIFIC HIGH-LEVEL FORUM ON ICPD AT 15**

181. The Asia-Pacific High-level Forum on ICPD at 15: Accelerating Progress towards the ICPD and Millennium Development Goals was held at the United Nations Conference Centre, Bangkok on 16 and 17 September. The High-level Forum was organized by the Social Policy and Population Section, Social Development Division, ESCAP in collaboration with the UNFPA Asia and the Pacific Regional Office.

#### **A. Background**

182. As a key player assisting countries in the region shape a more balanced and integrated economic and social development, the Economic and Social Commission for Asia and the Pacific (ESCAP) remains committed to creating an enabling environment that addresses persistent and emerging issues of population and development, thus also contributing to inclusive and sustainable development.

183. In the face of new threats and challenges to development, which may undo much of the progress accomplished by countries in the region and adversely affect disadvantaged sections of the populations including women, ESCAP, together with the United Nations Population Fund (UNFPA) and other partners, is calling for redoubled efforts to advance progress towards achieving the Programme of Action of the International Conference on Population and Development (ICPD) – an achievement being widely recognized as central to the pursuit of the Millennium Development Goals.

184. ESCAP has convened regional population conferences every 10 years to help increase awareness of the importance of population dynamics and reproductive health issues and their

impact on development, and identify emerging trends that require policy and programme interventions. The most recent of those decennial ministerial conferences was the Fifth Asian and Pacific Population Conference (Fifth APPC) held in Bangkok in December 2002. Convened in the wake of the Millennium Declaration and the path-breaking ICPD, the Fifth APPC adopted a Plan of Action on Population and Poverty which recommended priority actions in 12 key areas and strongly reaffirmed the ICPD Programme of Action.

185. Ensuing from ESCAP resolution 64/9 on “Midpoint review of the implementation of the Plan of Action on Population and Development adopted at the Fifth APPC” and as 2009 marks the fifteenth anniversary of the adoption of the ICPD Programme of Action, ESCAP and UNFPA organized the Asia-Pacific High-level Forum on ICPD at 15, to focus on scaling up implementation of the ICPD Programme of Action and accelerate progress towards the achievement of the above goals. The Forum drew on the review of progress accomplished by countries in the region since the ICPD and Fifth APPC, prepared for the Expert Group Meeting to Assess the Progress in the Implementation of the Plan of Action on Population and Poverty Adopted at the Fifth APPC held in early February 2009.

186. Recommendations/statements made by Member States at the Committee on Social Development, in 2008 and at the sixty-fifth ESCAP Commission in April 2009 further reinforced the necessity, timeliness and relevance of organizing the High-level Forum on ICPD at 15.

187. Against this background and to mark the 15<sup>th</sup> anniversary of the adoption of the Programme of Action of the International Conference on Population and Development, the Economic and Social Commission for Asia and the Pacific (ESCAP) in collaboration with the United Nations Population Fund (UNFPA) Asia-Pacific Regional Office, convened the Asia-Pacific High-level Forum on ICPD at 15 on 16 and 17 September 2009. The objective of organizing the Forum was to provide countries in the region with a platform for dialogue to identify the remaining challenges to be addressed in order to accelerate progress towards achieving the ICPD goals and pave the way forward, thereby also scaling up progress towards the achievement of the Millennium Development Goals.

#### **B. Election of officers**

188. The High-level Forum elected H.E. Dame Carol Kidu (Papua New Guinea) as Chairperson; minister and vice-minister ranking participants of the Forum as Vice-chairpersons, namely H.E. Ms. Jiko Fatafehi Luveni (Fiji), Ms. Nina Sardjunant (Indonesia), Dr. Seyed Hassan Emami Razavi (Islamic Republic of Iran), Mr. Bounthavy Sisouphanthong (Lao People’s Democratic Republic), Dr. Nyamdavaa Khurelbaatar (Myanmar) and Dr. Vita A. Skilling (Federated States of Micronesia); and Mr. Tomas Osias (Philippines) as Rapporteur.

### **C. Adoption of the agenda**

189. The Asia-Pacific High-level Forum adopted the following substantive agenda items:

1. Opening of the Forum.
2. Election of officers.
3. Adoption of the agenda.
4. Looking beyond 2015: An Unfinished Agenda:
  - (a) The Asian and Pacific Region: Post ICPD;
  - (b) The Centrality of Human Rights in Achieving the ICPD Agenda;
  - (c) Report of the Expert Group Meeting on Progress towards Achieving the Fifth APPC Plan of Action.
5. Roundtables:
  - (a) Roundtable 1: Ensuring universal access to reproductive health (1): Health systems perspectives;
  - (b) Roundtable 2: Ensuring an enabling environment for gender equality;
  - (c) Roundtable 3: Population ageing: implications for development;
  - (d) Roundtable 4: Ensuring universal access to reproductive health (2): Rights perspectives;
  - (e) Roundtable 5: International migration and development.
6. Identifying ways forward.
7. Adoption of declaration.
8. Closing of the Forum.

### **D. Participation in the Asia-Pacific High-level Forum on ICPD at 15**

190. Representatives of 29 members and associate members of ESCAP attended the meeting: Australia, Bangladesh, Bhutan, Cambodia, China, Democratic People's Republic of Korea, Fiji, Indonesia, Islamic Republic of Iran, Japan, Lao People's Democratic Republic, Malaysia, Micronesia (Federated States of), Mongolia, Myanmar, Nepal, New Zealand, Pakistan, Papua New Guinea, Philippines, Russian Federation, Solomon Islands, Sri Lanka, Thailand, Turkey, United States of America, Viet Nam, Cook Islands and Macao, China.

191. In addition, representatives of the following United Nations bodies, specialized agency and related organization attended: Joint United Nations Programme on HIV/AIDS Regional Support Team for Asia and the Pacific, Office of the High Commissioner for Human Rights, United Nations Children's Fund, United Nations Convention to Combat Desertification, United Nations Development Fund for Women, and the International Labour Organization.

192. The following intergovernmental organizations were represented: Asian Development Bank, International Organization for Migration and Partners in Population and Development.

193. The following non-governmental organizations in general consultative status were represented: Asia Pacific Forum on Women, Law and Development, Asia-Pacific Resource and Research Centre for Women, Asian Forum of Parliamentarians on Population and Development, HelpAge International, International Council on Management of Population Programme, International Planned Parenthood Federation, Japanese Organization for International Cooperation in Family Planning and Population Council.

194. Other organizations represented were the College of Population Studies, Chulalongkorn University and the Planned Parenthood Association of Thailand.

195. The full list of participants is provided in Annex IV.

#### **E. Adoption of the Declaration**

196. The High-level Forum adopted the Asia-Pacific High-level Forum Declaration on Population and Development: Fifteen Years after Cairo on 17 September 2009.

## ANNEX I: PROGRAMME

Wednesday, 16 September 2009				
0800-0900	<i>Registration</i>			
0915-1015	Agenda item 1	<b>Opening of the meeting ( UNCC, Conference Room 3)</b> <ul style="list-style-type: none"> <li>• Welcoming remarks by Dr. Noeleen Heyzer, Under-Secretary-General of the United Nations and Executive Secretary of ESCAP</li> <li>• Opening statement by Dr. Pumima Mane, Assistant Secretary General and Deputy Executive Director (Programme), UNFPA</li> <li>• Opening address by H.E Mr. Kasit Piromya, Minister of Foreign Affairs, Royal Thai Government</li> </ul>		
	Agenda item 2	Election of officers		
	Agenda item 3	Adoption of the agenda		
1015-1045	<i>Coffee break</i>			
1045-1200	Agenda item 4	<b>Looking beyond 2015: An Unfinished Agenda (UNCC, CR3)</b> <p>4a. Keynote address by Dr. Nafis Sadik, Special Envoy of the Secretary-General for HIV/AIDS in Asia and in the Pacific;</p> <p>4b. Keynote address by Dr. Haryono Suyono, Chairman, Damandiri Foundation, Jakarta and Professor, University of Airlangga, Indonesia;</p> <p>4c. Keynote address by Ms. Jacqueline S. Koroi, President, Pacific Youth Parliament</p> <p>4d. Report of the Expert Group Meeting on Progress towards Achieving the Fifth APPC Plan of Action on Population and Poverty by Mr. Tomas Osias, Executive Director, Commission on Population, The Philippines</p>		
1200-1330	<i>Lunch break</i>			
1330-1500	Agenda item 5	<b>5a. Roundtable 1 (UNCC, CR 3)</b> Panel discussion: Ensuring Universal Access to RH (1): Health Systems Perspective  <i>Concurrent dialogue groups (UNCC, MR-D, F available)</i>	<b>5b. Roundtable 2 (UNCC, CR 4)</b> Panel discussion: Ensuring an Enabling Environment for Gender Equality  <i>Concurrent dialogue groups (UNCC, MR-G available)</i>	<b>5c. Roundtable 3 (UNCC, MR A)</b> Panel discussion: Population Ageing: Implications for Development  <i>Concurrent dialogue groups (UNCC, MR C available)</i>
1500-1530	<i>Coffee break</i>			
1530-1630	Agenda item 5 ctd.	<b>5a. Roundtable 1 (Continued)</b>	<b>5b. Roundtable 2 (Continued)</b>	<b>5c. Roundtable 3 (Continued)</b>
1700-1830	Cocktail reception hosted by ESCAP and UNFPA			

Thursday, 17 September 2009			
0900-1030	Agenda item 5 (Continued)	<b>5d. Roundtable 4 (UNCC, CR 3)</b> Panel discussion: Ensuring Universal Access to RH (2): Rights Perspective <i>Concurrent dialogue groups (UNCC, MR-D, F, G available)</i>	<b>5e. Roundtable 5 (UNCC, CR4)</b> Panel discussion: International Migration and Development <i>Concurrent dialogue groups (UNCC, MR- C available)</i>
1030-1045	<i>Coffee break</i>		

1045-1130	Agenda item 5 (Continued)	<b>5d. Roundtable 4</b> (Continued)	<b>5e. Roundtable 5</b> (Continued)
1130-1300	<i>Lunch break –Side-event on Building Effective Bridges with the Media (UNCC, MR-A)</i>		
1300-1430	Agenda item 6	<b>Identifying Ways Forward (UNCC, CR3)</b> - Presentation of roundtable outcomes – (Roundtable Moderators) - Presentation of outcome from NGO Consultation – Dr. Raj Karim, Executive Director, IPPF - ESEAOR - Synthesis of key recommendations – Ms. Nobuko Horibe, Director, UNFPA Asia and the Pacific Regional Office	
1430-1500	<i>Coffee Break</i>		
1500-1630	Agenda Item 7	<b>Adoption of Declaration (UNCC, CR3)</b>	
1630-1700	Agenda item 8	<b>Closing session (UNCC, CR3)</b> Remarks by Ms. Purnima Mane, Assistant Secretary-General and Deputy Executive Director (Programme), UNFPA Statement by Dr. Noeleen Heyzer, Under-Secretary-General of the United Nations and Executive Secretary of ESCAP.	

## ANNEX II: LIST OF PARTICIPANTS

### MEMBERS

#### AUSTRALIA

Mr. Phillippe Allen, Minister Counsellor, Mekong and Regional, Australian Agency for International Development (AUSAID), Australian Embassy, 37 South Sathorn Road, Bangkok 10120, Tel: 662-344-6471, Fax: 662-344-6305, Email: [phillippe.allen@dfat.gov.au](mailto:phillippe.allen@dfat.gov.au)

Ms. Jill Bell, Policy and Program Manager, Health and HIV Thematic Group, Australian Agency for International Development (AUSAID), GPO Box 887, Canberra ACT 2601, Tel: 612-6206-4725, Fax: 612-6206-4634, Email: [jill.bell@ausaid.gov.au](mailto:jill.bell@ausaid.gov.au)

Ms. Jane Singleton, Chief Executive Officer, Australian Reproductive Health Alliance, PO Box 41, Deakin West ACT 2600, Australia, Tel: 612 62496566, Fax: 612 6249 6577, Email: [jane@arha.org.au](mailto:jane@arha.org.au)

#### BANGLADESH

Mr. Mohammad Abdul Qayyum, Director General, Directorate General of Family Planning, Dhaka, Tel: 880-2-911-8903, Fax: 880-2-912-4523, Email: [dgfpinfo@gmail.com](mailto:dgfpinfo@gmail.com)

Dr. A.K.M. Mahbubur Rahman, Line Director, Clinical Contraception Services Delivery Program, Directorate General of Family Planning, 6, KawranBazar, Dhaka 1215, Tel: 880-2-8152311, Email: [ccsdpdgfp@gmail.com](mailto:ccsdpdgfp@gmail.com)

Mr. Zubayer Hussain, Chief Executive, BWHC, 10/2 Iqbal Road, Mohammadpur, Dhaka, Tel: 880-2-8110974-5

#### BHUTAN

Dr. Dorji Wangchuk, Director General, Department of Medical Services, Ministry of Health, Kawajangsa, Thimphu, 975-2-322967, Fax: 975-2-321-446, Email: [drdorjiw@health.gov.bt](mailto:drdorjiw@health.gov.bt)

Mr. Kinzang, Chief, International Organizations Division, Department of Multilateral, Ministry of Foreign Affairs, Thimphu, Email: [kinzang@mfa.gov.bt](mailto:kinzang@mfa.gov.bt)

Mr. Pema Gyaltsen, Deputy Director, Respect Educate Nurture and Empower Women Secretariat (RENEW), P.O. Box 1404, Thimphu, Tel: 975-1760-2076, Fax: 975-2-332411, Email: [pema-gyaltsen@hotmail.com](mailto:pema-gyaltsen@hotmail.com)

#### CAMBODIA

Mr. Ouk Sophoin, Counsellor and Deputy Permanent Representative to ESCAP, Royal Embassy of Cambodia, 518/4, Pracha Uthit Road, Soi Ramkamhaeng 39, Wangtonglang, Bangkok 10310

## CHINA

Mr. Hu Hongtao, Deputy Director-General, Department of International Cooperation, National Population and Family Planning Commission, 14 Zhichun Road, Haidian District, Beijing 100-088, Tel: 86-10-6203-0636, Fax: 86-10-6203-0831, Email: [hongtaohu@126.com](mailto:hongtaohu@126.com), [hthu@npfpc.gov.cn](mailto:hthu@npfpc.gov.cn)

Mr. Baochang Gu, Professor of Demography, Center for Population and Development Studies, Renmin University of China, No. 59 Zhongguancun Street, Haidian District, Beijing 100 872, Tel: 86-10-6251-6991, Fax: 86-10-6251-5213, Email: [bcgu2008@gmail.com](mailto:bcgu2008@gmail.com), [baochanggu@gmail.com](mailto:baochanggu@gmail.com)

## DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Mr. Jong Sun Won, Counsellor and Permanent Representative to ESCAP, Embassy of the Democratic People's Republic of Korea, 14 Mooban Suanlaemtong 2, Pattanakarn Rd., Suan Luang, Bangkok 10250, Tel: 662-3192686-7, Fax: 662-318-6333

Mr. Kim Il Sun, Second Secretary, Embassy of the Democratic People's Republic of Korea, 14 Mooban Suanlaemtong 2, Pattanakarn Rd., Suan Luang, Bangkok 10250, Tel: 662-3192686-7, Fax: 662-318-6333

## FIJI

H.E. Ms. Jiko Fatafehi Luveni, Minister for Social Welfare, Women and Poverty Alleviation, Ministry of Social Welfare, Women and Poverty Alleviation, Level 5, Civic Towers, Suva, Tel: 679-990-5055, Fax: 679-330-3829, Email: [jluveni@yahoo.com](mailto:jluveni@yahoo.com)

## INDONESIA

Mr. Haryono Suyono, Professor, University of Airlangga, and Chairman, Damandiri Foundation, Grandi Building Lantai 11<sup>th</sup> Floor, Jl. HR. Rasuna Said Block X Kav. 8-9 Kuningan, Jakarta 12950, Indonesia, Tel: 62-21-252-4981, Mobile: 62-813-8002-8687, Fax: 62-21-252-4980, Email: [harysuyono@yahoo.com](mailto:harysuyono@yahoo.com), [haryono65@msn.com](mailto:haryono65@msn.com)

Mr. Subiakto Tjakrawerdaja, Secretary, Damandiri Foundation, Grandi Building Lantai 11<sup>th</sup> Floor, Jl. HR. Rasuna Said Block X Kav. 8-9 Kuningan, Jakarta 12950, Indonesia, Tel: 62-21-252-4984-5, Fax: 62-21-252-4980, Email: [stjakrawerdaja@yahoo.com](mailto:stjakrawerdaja@yahoo.com)

Ms. Nina Sardjunant, Deputy Minister for Human Resources Development, State Ministry for Development Planning, Jl. Taman Suropati No. 2, Jakarta, Tel: 62-21-314-8552, Email: [nina@bappenas.go.id](mailto:nina@bappenas.go.id)

Drs. Much Soedarmadi, Executive Director, Damandiri Roundation, Damandiri Foundation, Grandi Building Lantai 11<sup>th</sup> Floor, Jl. HR. Rasuna Said Block X Kav. 8-9 Kuningan, Jakarta 12950, Indonesia, Tel: 62-21-252-4984-5, Mobile: 62-816-946908, Fax: 62-21-252-4980, Email: [sudarmadi40@yahoo.com](mailto:sudarmadi40@yahoo.com)

Mr. Sudibyolo Alimoeso, Secretary, Family Planning National Coordinating Board, Jl. Permata No. 1 Halim Perdanakusuma, Jakarta 13650, or P.O. Box 1314, Jakarta 13013, Tel: 62-21-809-7389, Fax: 62-21-809-7389, Email: [s\\_alimoeso@yahoo.com](mailto:s_alimoeso@yahoo.com)

Mr. H. Muhammad Basir Palu, Deputy for Family Planning and Reproduction Health, Indonesian Family Planning National Coordinating Board, Jl. Permata No. 1 Halim Perdanakusuma, Jakarta 13650, or P.O. Box 1314, Jakarta 13013, Tel: 62-21-809-8018, Fax: 62-21-800-8554

Mr. Ida Bagus Permana, Head, Research and Development for Family Planning, Indonesian Family Planning National Coordinating Board, Jl. Permata No. 1 Halim Perdanakusuma, Jakarta 13650, or P.O. Box 1314, Jakarta 13013, Tel: 62-21-809-8018, Fax: 62-21-800-8554, Email: [permana@bkkbn.go.id](mailto:permana@bkkbn.go.id)

Dr. Sri Hermiyanti Yunizarman, Director of Mother's Health, Ministry of Health, Jl. HR, Rasuna Said Block, X 5 Kav. 4-9, Jakarta, Selatan 12950, Tel: 62-21-522-1227, 5279286 ext 8207, Fax: 62-21-520-3884, Email: [ditkesga@dep.kes.go.id](mailto:ditkesga@dep.kes.go.id)

Mr. Fithriyah, Head of Population Subdivision, State Ministry for Development Planning, Jl. Taman Suropati No. 2, Jakarta 10310, Tel: 62-21-392-6587, Email: [fithriyah@bappenas.go.id](mailto:fithriyah@bappenas.go.id)

Mr. Inne Silviane, Executive Director, The Indonesian Planned Parenthood Association, Jl. Hang Jebat III/F3 KebayoranBaru, Jakarta 12120, Tel: 62-21-720-7372, 739-4123, Fax: 62-21-739-4088, Email: [ippa@pkbi.or.id](mailto:ippa@pkbi.or.id)

Ms. Nana Yuliana, First Secretary and Alternate Permanent Representative to ESCAP, Embassy of the Republic of Indonesia, 600-602 Petchburi Road, Bangkok 10400, Tel: 662-255-1262, Fax: 662-255-1267, Email: [nanayuliana@deplu.go.id](mailto:nanayuliana@deplu.go.id)

Mr. Suargana Pringganu, Second Secretary and Alternate Permanent Representative to ESCAP, Embassy of the Republic of Indonesia, 600-602 Petchburi Road, Bangkok 10400, Tel: 662-2523135, ext. 144, Fax: 662-255-1267, Email: [suargana@gmail.com](mailto:suargana@gmail.com)

#### ISLAMIC REPUBLIC OF IRAN

Dr. Seyed Hassan Emami Razavi, Deputy Minister for Health and Medical Education, Ministry of Health and Medical Education, UNFPA Iran, Tehran, Tel: 98-21-2285-2583, Fax: 98-21-2285-7485, Email: [darvishzadeh@unfpa.org](mailto:darvishzadeh@unfpa.org)

Mr. Mohammad Mehdi Taskhiri, Member, World Forum for Proximity of Islamic Schools of Thought, UNFPA Iran, Tehran, Tel: 98-21-2285-2583, Fax: 98-21-2285-7485, Email: [darvishzadeh@unfpa.org](mailto:darvishzadeh@unfpa.org)

#### JAPAN

Mr. Masatoshi Sato, Counsellor and Deputy Permanent Representative to ESCAP, Embassy of Japan, 177 Wittayu Road, Lumpini, Pathumwan, Bangkok 10330, Tel: 662-696-300, Fax: 662-696-3017, Email: [masatoshi.sato@mofa.go.jp](mailto:masatoshi.sato@mofa.go.jp)

#### LAO PEOPLE'S DEMOCRATIC REPUBLIC

Mr. Bounthavy Sisouphanthong, Vice Minister, Ministry of Planning and Investment, Luangprabang Road, Sithane Neua, Vientiane, Tel: 856-21-217001, Fax: 856-21-217010, Email: [asboun@hotmail.com](mailto:asboun@hotmail.com)

Mr. Anouparb Vongnorkeo, Director of UN System Division (Social-Economic Affairs), Department of International Organizations, Ministry of Foreign Affairs, 23 Singha Road, Vientiane, Tel: 856-21-453-586, Fax: 856-21-262-711, Email: [anouparbv@hotmail.com](mailto:anouparbv@hotmail.com)

Ms. Boupahy Phayouphorn, Senior Official, Foreign Relations Division, Cabinet, Ministry of Health, Vientiane, Tel: 856-21-214001-6, Fax: 856-21-214001, Email: [phayouphornboupahy@yahoo.com](mailto:phayouphornboupahy@yahoo.com)

Mr. Keo Vongxay, First Secretary and Assistant Permanent Representative to ESCAP, Embassy of the Lao People's Democratic Republic, 520, 502/1-3 Soi Sahakarnpramoon, Pracha Uthid Road, Wangthonglang, Bangkok 10310

#### MALAYSIA

Ms. Wan Azizah Wan Jaffar, Under Secretary, Urban Poverty Division, Ministry of Housing and Local Government, Level 2, Block B North, Damansara Town Centre, 50782 Kuala Lumpur, Tel: 603-2099-8418, Fax: 603-2092-4977, Email: [wanazizah@kpkt.gov.my](mailto:wanazizah@kpkt.gov.my)

Dr. Anjli Doshi-Gandhi, Deputy Director General (Policy), National Population and Family Development Board, Ministry of Women, Family and Community Development, LPPKN Building, 12B, Jalan Raja Laut, 50350 Kuala Lumpur, Tel: 603-2691-9296, Fax: 603-2698-3427, Email: [anjli@lppkn.gov.my](mailto:anjli@lppkn.gov.my)

Mr. Mohd. Shukri B. Hashim, Statistical Officer Population Division, National Population and Family Development Board, Ministry of Women, Family and Community Development, LPPKN Building, 12B, Jalan Raja Laut, 50350 Kuala Lumpur, Tel: 603-2693-7555, ext. 1507, Fax: 603-2698-8185, Email: [shukri@lppkn.gov.my](mailto:shukri@lppkn.gov.my)

#### MICRONESIA (FEDERATED STATES OF)

H.E. Dr. Vita A. Skilling, Secretary, Department of Health and Social Affairs, FSM National Government, P.O. Box PS 70, Palikir, Pohnpei FM 96941, Tel: 691-320-2619, Fax: 691-320-5263, Email: [vskilling@fsmhealth.fm](mailto:vskilling@fsmhealth.fm)

Ms. Fancelyn Perman Solomon, Executive Secretary, Department of Health and Social Affairs, P.O. Box PS 70, Palikir, Pohnpei FM 96941, Tel: 691-320-2619, Fax: 691-320-5263, Email: [fsolomon@fsmhealth.fm](mailto:fsolomon@fsmhealth.fm)

#### MONGOLIA

Dr. Nyamdavaa Khurelbaatar, State Secretary, Ministry of Health, Olympic Street-2, Government Building 8, Ulaanbaatar-48, Tel: 976-51: 263-541, Mobile: 976-9200-6656, Fax: 976-11-323-541, Email: [khurel@moh.mn](mailto:khurel@moh.mn)

Mr. Munkhuu D., Chairman, "Gal Golomt" National Movement, Bayangol Dist., Ard Ayush-s Street ½, Achlal Trade Co. Ltd. Office-605, P.O. Box 36-329, Ulaanbaatar-24, Tel/Fax: 976-11-304786, Email: [galgolomt@mongol.net](mailto:galgolomt@mongol.net), [dmunkhuu@hotmail.com](mailto:dmunkhuu@hotmail.com)

Ms. Tugsdelger Sovd, Director, Public Health Policy Coordination and Implementation Department, Ministry of Health, Ulaanbaatar 210648, Email: [stugso@hotmail.com](mailto:stugso@hotmail.com)

## MYANMAR

Mr. Mya Oo, Professor, and Deputy Minister for Health, Ministry of Health, Building No. 4, Nay Pyi Taw, Tel: 95-67-411303, Fax: 95-67-411038, Email: [dyminister1@moh.gov.mm](mailto:dyminister1@moh.gov.mm)

Mr. Myint Thein, Director, Department of Social Welfare, No. 64, Kabaaye Pagoda Road, Mayangone Township, Yangon, Myanmar, Tel/Fax: 951-664-648

Ms. Mya-Thida, Professor, and Head, Department of Obstetrics and Gynaecology, University of Medicine (2), No. 45 D, Nantha Street, Ahone PO, Yangon, Myanmar, Tel: 95-341-969, 95-1-223375, 95-1-68719, Email: [wmyataye@gmail.com](mailto:wmyataye@gmail.com)

## NEPAL

Mr. Chet Raj Pant, Member, National Planning Commission, Singha Durbar, Kathmandu, Tel: 977-1-421-1838, Fax: 977-1-421-1700, Email: [crpant@npcnepal.gov.np](mailto:crpant@npcnepal.gov.np)

Dr. Praveen Mishra, Secretary (Population), Ministry of Health and Population, Ramshah Path, Kathmandu, Tel/Fax: 977-1-426-2935, Email: [praveen.mishra73@yahoo.com](mailto:praveen.mishra73@yahoo.com)

Ms. Renu Rajbhandari, Chairperson, Women's Rehabilitation Center (WOREC Nepal) P.O. Box 13233, Kathmandu, Tel: 977-1-500-6373, Fax: 977-1-500-6271, Email: [chairperson@worecnepal.org](mailto:chairperson@worecnepal.org), [worec@wlink.com.np](mailto:worec@wlink.com.np)

## NEW ZEALAND

Ms. Salli Davidson, Health Adviser, New Zealand Agency for International Development (NZAID), 195 Lambton Quax, Private Bag 18-901, Wellington 5045, Tel: 644-439-7152, Fax: 644-439-8515, Email: [salli.davidson@nzaid.govt.nz](mailto:salli.davidson@nzaid.govt.nz)

## PAKISTAN

Mr. Abdul Ghaffar Khan, Director General (Projects), Ministry of Population Welfare, F-Block, Pak Secretariat, Islamabad, Tel: 92-51-924-6044, Fax: 92-51-924-6071, Email: [abdulghaffarkhanjee@yahoo.com](mailto:abdulghaffarkhanjee@yahoo.com)

Mr. Shahzad Ahmad Malik, Chief, Planning and Development Division, Suite No. 13, Federal Lodge No. 1, Islamabad, Tel: 92-51-922-3777, Fax: 92-51-920-8257, Email: [samchief1@hotmail.com](mailto:samchief1@hotmail.com)

Mr. S.M. Hasan Akhtar, Section Officer (UN-II), Economic Affairs Division, Ministry of Economic Affairs and Statistics, Room #326, Block 'C', Pak Secretariat, Islamabad, Tel: 92-51-920-6318, Fax: 92-51-921-8336, Email: [akhtarsm@hotmail.com](mailto:akhtarsm@hotmail.com)

## PAPUA NEW GUINEA

H.E. Dame Carol A. Kidu, Minister for Community Development, Office of the Minister for Community Development, P.O. Parliament House, Waigani, National Capital District, Tel: 675-327-7549, Fax: 675-327-7480, Email: [cakidu@online.net.pg](mailto:cakidu@online.net.pg)

Ms. Gayle Tatsi Misionyaki, Deputy Secretary – Corporate Services, Department of Community Development, P.O. Box 7354, Boroko, National Capital District, Papua New Guinea, Tel: 675-325-4566, Fax: 675-325-0133, Email: [gmisionyaki@pngfamilies.gov.pg](mailto:gmisionyaki@pngfamilies.gov.pg)

Ms. Christine Aisoli, Project Manager, Department of National Planning and Monitoring, P.O. Box 631, Waigani, National Capital District, Papua New Guinea, Tel: 675-328-8576, Fax: 675-328-8399, Email: [Christine-aisoli@planning.gov.pg](mailto:Christine-aisoli@planning.gov.pg)

Mr. Igo Gari, Assistant Secretary, Social Sector, Department of National Planning and Monitoring, Port Moresby, Tel: 675-328-8557, Fax: 675-328-8364, Email: [igo-gari@planning.gov.pg](mailto:igo-gari@planning.gov.pg)

Ms. Janet Russell, National General Secretary and Project Director, YWCA of Papua New Guinea, P.O. Box 5224, Boroko, National Capital District, Papua New Guinea, Tel: 675-325-2181, Fax: 675-325-6158, Email: [ngs@ywcang.org](mailto:ngs@ywcang.org)

#### PHILIPPINES

Mr. Tomas M. Osias, Executive Director, Commission on Population, Welfareville Compound, Mandaluyong City, Philippines, Tel: 632-531-6805, Fax: 632-533-5122, Email: [osias@popcom.gov.ph](mailto:osias@popcom.gov.ph)

Ms. Erlinda M. Capones, Director IV, Social Development Staff, National Economic and Development Authority, 4/F NEDA sa Pasig Building, 12 St. Jose Maria Escriva Drive, Ortigas Center, Pasig City, Philippines, Tel: 632-631-3758, Fax: 632-631-5435, Email: [emcapones@neda.gov.ph](mailto:emcapones@neda.gov.ph)

Ms. Eden R. Divinagracia, Executive Director, Philippine NGO Council on Population, Health and Welfare Inc., Unit 304, Diplomat Condominium Bldg., Russel Ave., cor. Roxas Blvd., Pasay City 1300, Philippines, Tel: (632) 834 5007, Telefax: 832 3267, Email: [erdivinagracia@yahoo.com](mailto:erdivinagracia@yahoo.com)

#### RUSSIAN FEDERATION

Ms. Tajiana Minina, Third Secretary, Foreign Ministry of the Russian Federation, Moscow 119607, Tel: 7-916-126-1615, Fax: 7499-244-2401, Email: [Tatiana.minina@inbox.ru](mailto:Tatiana.minina@inbox.ru)

Ms. Anna Klyukhina, Attache and Assistant Permanent Representative to ESCAP, Embassy of the Russian Federation, 78 Sap Road, Suriwongse, Bangrak, Bangkok 10500, Tel: 662-234-9824, Fax: 662-237-8488, Email: [aklyukhina@gmail.com](mailto:aklyukhina@gmail.com)

#### SOLOMON ISLANDS

Ms. Junilyn Pikacha, Director of Reproductive and Child Health, Ministry of Health, P.O. Box 349, Honiara, Tel: 677-28169, Fax: 677-20085, Email: [jpikacha@moh.gov.sb](mailto:jpikacha@moh.gov.sb)

#### SRI LANKA

Dr. Loshan N. Moonesinghe, Consultant Community Physician, Family Health Bureau, Ministry of Health, 231 De Saram Plale, Colombo 10, Tel: 94-11-269-6677, Fax: 94-11-269-2744, Email: [loshan@msn.com](mailto:loshan@msn.com)

Mr. P.T. Madurawala, Chief Accountant, Ministry of Healthcare and Nutrition, “Suwasiripaya”, Rev. Baddegama Wimalawansa, Mawatha, Colombo 10, Tel: 94-81-257-5545, Email: [pmadurawala@yahoo.com](mailto:pmadurawala@yahoo.com)

#### THAILAND

Dr. Narongsak Aungkasuvapala, Director-General, Department of Health, Ministry of Public Health, Nonthaburi, Thailand

Dr. Sangsom Sinawat, Senior Public Health Officer (Nutrition), Bureau of Technical Advisors, Department of Health, Ministry of Public Health, Tiwanon Road, Nonthaburi 11000, Thailand, Tel: 662-590-4224, Fax: 662-591-8147

Ms. Namon Yuthavong, Diplomatic Service Officer, First Secretary, Social Division, Ministry of Foreign Affairs, Sri Ayudhya Road, Bangkok, Tel: 662-643-5000, ext. 2209, Fax: 662-643-5064, Email: [namon@mfa.go.th](mailto:namon@mfa.go.th)

Ms. Sairoong Dhamacharoen, Diplomatic Service Officer, First Secretary, Ministry of Foreign Affairs, Sri Ayudhya Road, Bangkok, Tel: 662-643-5300 ext. 2222, Fax: 662-643-5070, E-mail: [sairoong@mfa.go.th](mailto:sairoong@mfa.go.th)

Mr. Narut Soontarodom, First Secretary, Royal Thai Embassy, 29-30 Queen’s Gate, London SW7 5JB, Tel: 7225-5519, Fax: 7823-9695, Email: [thaiduto@btinternet.com](mailto:thaiduto@btinternet.com), [naruts@mfa.go.th](mailto:naruts@mfa.go.th)

Ms. Paranee Watana, Director, Social Data-Based and Indicator Development Office, Office of the National Economic and Social Development Board, Bangkok, Tel: 662 2818831, Fax: 662 2812803, E-mail: [paranee@nesdb.go.th](mailto:paranee@nesdb.go.th)

Mr. Chaiyong Mongkolkitngam, Office of the National Economic and Social Development Board, Bangkok, Tel: 662-2818831

Ms. Siriwan Aruntippaitune, Senior Social Worker, Bureau of Empowerment for Older Persons, Ministry of Social Development and Human Security, 618/1 Makkasan Community Road, Rajathevi, Bangkok, Tel: 662-306-8803, Fax: 662-306-8806, Email: [siriwan999@hotmail.com](mailto:siriwan999@hotmail.com)

Ms. Pensiri Taesuwan, Social Development Worker, Bureau of Empowerment for Older Persons, Ministry of Social Development and Human Security, 618/1 Makkasan Community Road, Rajathevi, Bangkok, Tel/Fax: 662-650-1887

Ms. Tassanee Sushevagul, Social Development Worker, Senior Professional Level, Bureau of Empowerment for Persons with Disabilities, Ministry of Social Development and Human Security, DPW 60<sup>th</sup> Anniversary Building, 255 Rajavithi Road, Rajavithi, Bangkok 10400, Tel: 662-306-8767, Fax: 662-306-8753, Email: [t\\_sushevagul@yahoo.com](mailto:t_sushevagul@yahoo.com)

Ms. Somsri Chongpensuklert, Social Worker Professional Level, Office of Women’s Affairs and Family Development, Ministry of Social Development and Human Security, 1034 Krungkasem Road, Promprab Sattru Pai, Bangkok 10100

Ms. Praohayanee Prampan, International Affairs Officer, International Affairs Group, Ministry of Social Development and Human Security, 1034 Krungkasem Road, Promprab Sattru Pai, Bangkok 10100, Tel/Fax: 662-306-8724, Email: [prachayanee.p@m-society.go.th](mailto:prachayanee.p@m-society.go.th)

Mr. Rattawoot Nanthakuakool, International Affairs Officer, International Affairs Group, Ministry of Social Development and Human Security, 1034 Krungkasem Road, Promprab Sattru Pai, Bangkok 10100, Tel/Fax: 662-306-8724, Email: [rattawoot.n@m-society.go.th](mailto:rattawoot.n@m-society.go.th)

#### TURKEY

Mr. Tuncer Kocaman, Planning Expert, State Planning Organization, The General Directorate of Social Sectors and Coordination, Necatibey Caddesi, No. 108, 06100, Ankara, Tel: 90-312-294-6508, Fax: 90-312-294-6577, Email: [tkocaman@dpt.gov.tr](mailto:tkocaman@dpt.gov.tr)

#### UNITED STATES OF AMERICA

Ms. Aye Aye Thwin, Director, Office of Public Health, US Agency for International Development (USAID), GPF Wittayu Tower A, 93/1 Wireless Road, Bangkok, Tel: 662-263-7400

#### VIET NAM

Mr. Tran Van Chien, Deputy Director-General, General Office for Population and Family Planning, Ministry of Health, 12 Ngo Tat To Street, Dong Da, Hanoi, Tel/Fax: 844-3843-7752, Email: [Tr\\_van\\_chien@hotmail.com](mailto:Tr_van_chien@hotmail.com)

Ms. Vu Thi Bich Dung, Government Official, Department of International Organizations, Ministry of Foreign Affairs, 6 Chu Van An, Hanoi, Tel: 844-3799-3313, Fax: 844-3799-3115, Email: [vbich1963@yahoo.com](mailto:vbich1963@yahoo.com)

Dr. Le Quang Duong, Expert of the Maternal and Child Health Department, Ministry of Health, No. 138A Giangvo Street, Hanoi, Tel: 844-3823-7299, Fax: 844-3843-1271, Email: [lequongmoh@yahoo.com](mailto:lequongmoh@yahoo.com)

Mr. Nguyen Quoc Anh, Centre for Population Information and Documentation, General Office for Population and Family Planning, 12 Ngo Tat To, Dong Da, Hanoi, Tel: 844-3843-7960, Fax: 844-3733-1951, Email: [cpfc@hn.vnn.vn](mailto:cpfc@hn.vnn.vn), [anh.cpid@gopfp.gov.vn](mailto:anh.cpid@gopfp.gov.vn)

Mr. Nguyen Thien Truong, President, Vietnam Family Planning Association (VINAFPA), No. 02 Le Duc Tho Street, Cau Giay District, Hanoi, Tel: 844-3764-8091, Fax: 844-3764-8090, Email: [vinafpa@hn.vnn.vn](mailto:vinafpa@hn.vnn.vn)

---

#### ASSOCIATE MEMBERS

#### COOK ISLANDS

Ms. Te Vaerangi Tatuava, Executive Director, Cook Islands Family Welfare Association, P.O. Box 824, Tupapa, Avarua, Rarotonga, Tel: 682-23420, Fax: 682-23421, Email: [cooksfa@oyster.net.ck](mailto:cooksfa@oyster.net.ck)

Mr. Roro Daniel, Consultant, Ministry of Health, Box 109, Rarotonga, Tel: 682-29664, Fax: 682-23109, Email: [r.daniel@health.gov.ck](mailto:r.daniel@health.gov.ck)

#### MACAO, CHINA

Mr. Ip Peng Kin, Director, Social Welfare Bureau, Government of the Special Administrative Region of Macao, China, Estrada Do Cemiterio, No. 6, Macao, China, Macao, Tel.: 853 2857 4067; Fax: 853 2855 9529, Email: [srh@ias.gov.mo](mailto:srh@ias.gov.mo)

---

### UNITED NATIONS BODIES

#### JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

Mr. J.V.R. Prasada Rao, Director, Regional Support Team for Asia and the Pacific, UNAIDS, 9<sup>th</sup> Floor, United Nations Building, Rajdamnern Nok Avenue, Bangkok 10200, Tel: 662-288-1490, Fax: 662-288-1092, Email: [raojvrp@unaids.org](mailto:raojvrp@unaids.org)

Ms. Jane Wilson, Regional Programme Advisor, UNAIDS Regional Support Team for Asia and the Pacific, 9<sup>th</sup> Floor, United Nations Building, Rajdamnern Nok Avenue, Bangkok 10200, Tel: 662-288-2869, Fax: 662-288-1092, Email: [wilsonj@unaids.org](mailto:wilsonj@unaids.org)

Ms. Geeta Sethi, Manager, APLF, UNAIDS Regional Support Team for Asia and the Pacific, 9<sup>th</sup> Floor, United Nations Building, Rajdamnern Nok Avenue, Bangkok 10200, Tel: 662-288-2678, Email: [sethig@unaids.org](mailto:sethig@unaids.org)

#### OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS (OHCHR)

Mr. Francesco Notti, Human Rights Officer, OHCHR Regional Office for South East Asia, 6<sup>th</sup> Floor, United Nations Building, Rajadamnern Nok Avenue, Bangkok 10200

#### UNITED NATIONS CHILDREN'S FUND (UNICEF)

Mr. Jon Kapp, Education Specialist – Gender , UNICEF East Asia and the Pacific Regional Office, 19 Phra Atit Road, Bangkok 10200, Tel: 662-356-9411, Fax: 662-280-3563, Email: [jkapp@unicef.org](mailto:jkapp@unicef.org)

Ms. Kornvipa Whillas, Regional Gender Consultant, UNICEF East Asia and the Pacific Regional Office, 19 Phra Atit Road, Bangkok 10200, Tel: 662-356-9277, Fax: 662-280-3563, Email: [kwhillas@unicef.org](mailto:kwhillas@unicef.org)

#### UNITED NATIONS CONVENTION TO COMBAT DESERTIFICATION (UNCCD)

Ms. Jiae Ahn, UNCCD, Asia Regional Coordination Unit, Room No. 604, 6<sup>th</sup> Floor, United Nations Building, Rajadamnern Nok Avenue, Bangkok 10200, Tel: 662-2882907, Fax: 662-288-3065

Mr. Kaung Myat Soe, UNCCD, Asia Regional Coordination Unit, Room No. 604, 6<sup>th</sup> Floor, United Nations Building, Rajadamnern Nok Avenue, Bangkok 10200, Tel: 084-143-3706, Fax: 662-288-3065, Email: [kaungmyatsoe1606@gmail.com](mailto:kaungmyatsoe1606@gmail.com)

---

UNITED NATIONS DEVELOPMENT FUND FOR WOMEN (UNIFEM)

Mr. Mark Wallem, Deputy Regional Programme Director, UNIFEM East & Southeast Asia Regional Office, 5<sup>th</sup> Floor, United Nations Building, Rajadamnern Nok Avenue, Bangkok 10200, Tel: 662-2882074, Fax: 662-2806030, Email: [mark.wallem@unifem.org](mailto:mark.wallem@unifem.org)

---

**SPECIALIZED AGENCY AND RELATED ORGANIZATION**

INTERNATIONAL LABOUR ORGANIZATION (ILO)

Ms. Thetis Mangahas, Senior Regional Migration Specialist, International Labour Organization, Regional Office for Asia and the Pacific, United Nations Building, Rajadamnern Nok Avenue, Bangkok 10200

---

**INTERGOVERNMENTAL ORGANIZATIONS**

ASIAN DEVELOPMENT BANK (ADB)

Mr. Jacques Jeugmans, Practice Leader (Health), Regional Sustainable Development Department, ADB, Manila

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

Mr. Federico Soda, Senior Regional Programme Development Officer, IOM, Regional Office for Southeast Asia, Bangkok

PARTNERS IN POPULATION AND DEVELOPMENT (PPD)

Mr. Harry S. Jooseery, Executive Director, PPD, IPH Building, 2<sup>nd</sup> Floor, Mohakhali, Dhaka-1212, Bangladesh, Tel: 880-2-9881882-3, 882-9475, Fax: 880-2-882-9387, 988-0264, Email: [hijooseery@ppdsec.org](mailto:hijooseery@ppdsec.org), [hijooseery@gmail.com](mailto:hijooseery@gmail.com), [partners@ppdsec.org](mailto:partners@ppdsec.org)

---

**NON GOVERNMENTAL ORGANIZATIONS**

ASIA PACIFIC FORUM ON WOMEN, LAW AND DEVELOPMENT (APWLD)

Ms. Wanee Bangprapha Thitiprasert, Programme and Management Committee Member, APWLD, 189/3 Changklan Road, Amphor Muang, Chiang Mai 50101, Thailand, Tel: 66-53-284856, Fax: 66-53-280847, Email: [wanee\\_ba@yahoo.co.uk](mailto:wanee_ba@yahoo.co.uk)

## ASIA-PACIFIC RESOURCE AND RESEARCH CENTRE FOR WOMEN (ARROW)

Ms. Nalini Singh, Programme Manager, ARROW, Kuala Lumpur, c/o #616-617 Nimmanhaeminda Road, Chiang Mai, Thailand, Tel: 66-866-730-315, Email: [nsingh01@gmail.com](mailto:nsingh01@gmail.com)

## ASIAN FORUM OF PARLIAMENTARIANS ON POPULATION AND DEVELOPMENT (AFPPD)

Mr. Shiv Khare, Executive Director, AFPPD, Suite C-9, Phyathai Plaza Building, Phyathai Road, Ratchathewee, Bangkok 10400, Tel: 662-2192903-4, Fax: 662-2192905, Email: [afppd@afppd.org](mailto:afppd@afppd.org)

Mr. Pinit Kullavanijaya, Secretary General, AFPPD, Suite C-9, Phyathai Plaza Building, Phyathai Road, Ratchathewee, Bangkok 10400, Tel: 662-2192903-4, Fax: 662-2192905, Email: [afppd@afppd.org](mailto:afppd@afppd.org)

## HELPAGE INTERNATIONAL (HAI)

Mr. Eduardo Klien, Regional Representative, East Asia/Pacific Regional Development Centre, No.6 Soi 17, Nimmanhaemin Rd., T. Suthep, A.Muang, Chiang Mai 50200, Thailand, Tel: 66-81-951-9017, 66-53 225440, Fax: 66-53 225441, Email: [Eduardo@helpageasia.org](mailto:Eduardo@helpageasia.org)

## INTERNATIONAL COUNCIL ON MANAGEMENT OF POPULATION PROGRAMMES (ICOMP)

Mr. K.S. Seetharam, Consultant, ICOMP, No. 534 Jalan Lima Taman Ampang Utama, 68000 Ampang, Selorgor, Malaysia

## INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)

Datuk Dr. Raj Karim, Regional Director, IPPF East and South East Asia and Oceania Regional Office, No. 246 Jalan Ampang, 50450 Kuala Lumpur, Malaysia, Tel: 603-4256-6122, Fax: 603-4256-6386, Email: [rkarim@ippfeseaor.org](mailto:rkarim@ippfeseaor.org), [ippfklro@ippfeseaor.org](mailto:ippfklro@ippfeseaor.org)

Ms. Lasantha Gunaratne, Director – Outreach, IPPF South Asia Region, FPA Sri Lanka, 37/27, Bullers Lane, Colombo – 07, Tel: 94-11, 258-4157, Fax: 94-11-258-0915, Email: [lasantha@fpasilanka.org](mailto:lasantha@fpasilanka.org)

Ms. Anjali Sen, Regional Director, IPPF South Asia Regional Office, 66 Sunder Nagar, New Delhi 110 003, India, Tel: 91-11-2435-9221-26, Fax: 91-11-2435-9220, Email: [asen@ippfsar.org](mailto:asen@ippfsar.org)

Mr. Romeo Arca Jr., Programme Manager, Advocacy and Resource Mobilization, IPPF East and South East Asia and Oceania Regional Office, No. 246 Jalan Ampang, 50450 Kuala Lumpur, Malaysia, Tel: 603-4256-6122, Fax: 603-4256-6386, Email: [rarcajr@ippfeseaor.org](mailto:rarcajr@ippfeseaor.org)

Ms. Lee Yuet Ngor, Programme Officer, IPPF East and South East Asia and Oceania Regional Office, No. 246 Jalan Ampang, 50450 Kuala Lumpur, Malaysia, Tel: 603-4256-6122, Fax: 603-4256-6386, Email: [SLNg@ippfeseaor.org](mailto:SLNg@ippfeseaor.org)

Ms. Vani Dulaki Ravula, Senior Programme Officer, IPPF ESEAOR Sub-Regional Office for the Pacific, Level 4, Dominion House, Suva, Fiji, Tel: 679-331-5624, Fax: 679-331-5656, Email: [vanid@ippf-ffo.org.fj](mailto:vanid@ippf-ffo.org.fj)

Dr. Kamaruzaman Ali, Chairman, FFPAM, Regional Chairperson, IPPF ESEAOR, 05250 Alor Setar, Kedah, Malaysia, Tel: 604-7308878, Fax: 604-7332869, Email: [drkamaruzamanali@yahoo.com](mailto:drkamaruzamanali@yahoo.com), [ffpam@ffpam.org.my](mailto:ffpam@ffpam.org.my)

JAPANESE ORGANIZATION FOR INTERNATIONAL COOPERATION IN  
FAMILY PLANNING (JOICFP)

Ms. Makoto Yaguchi, Chief, Advocacy Group, JOICFP, Hoken Kaikan Shinkan, 1-10 Ichigaya Tamachi, Shinjuku-ku, Tokyo 162-0843, Tel: 813-3268-5875, Fax: 813-3235-9774, Email: [myaguchi@joicfp.or.jp](mailto:myaguchi@joicfp.or.jp)

POPULATION COUNCIL

Dr. Zeba A. Sathar, Country Director, Population Council, 7, St. 62, F-6/3, Islamabad, Tel: 92-51-227-7439, Fax: 92-51-282-1401, Email: [zsatha@popcouncil.org](mailto:zsatha@popcouncil.org)

---

**OTHER ORGANIZATIONS**

COLLEGE OF POPULATION STUDIES

Ms. Vipin Prachuabmoh, Associate Professor, College of Population Studies, Visid Prachuabmoh Building, Chulalongkorn University, Bangkok 10330, Tel: 02 218 7350, Fax: 02 255-1469, Email: [vipan.p@chula.ac.th](mailto:vipan.p@chula.ac.th)

PLANNED PARENTHOOD ASSOCIATION OF THAILAND (PPAT)

Mr. Nibhon Debavalya, PPAT, 8 Soi Vibhavadi-Rangsit 44, Vibhavadi-Rangsit Road, Ladyao, Chatuchak, Bangkok 10900, Tel: 662- 941-2320, Fax: 662-561-5130, Email: [info@ppat.or.th](mailto:info@ppat.or.th)

---

**KEYNOTE SPEAKERS**

Ms. Jacqueline Sekoula Koroi, President, Pacific Youth Council, P.O. Box 17828, Suva, Fiji, Tel: 679-713-5154, Email: [jacquekoroi@gmail.com](mailto:jacquekoroi@gmail.com)

Dr. Nafis Sadik, Under-Secretary-General, Special Envoy of the UN Secretary General for HIV/AIDS in Asia and the Pacific, 300 East 56<sup>th</sup> Street, Apt. 9J, New York, NY 10022, Tel: 1-212-826-5025, Fax: 1-212-758-1529, Email: [sadik@unfpa.org](mailto:sadik@unfpa.org)

Mr. Haryono Suyono, Professor, University of Airlangga, and Chairman, Damandiri Foundation, Grandi Building Lantai 11<sup>th</sup> Floor, Jl. HR. Rasuna Said Block X Kav. 8-9 Kuningan, Jakarta 12950, Indonesia, Tel: 62-21-252-4981, Mobile: 62-813-8002-8687, Fax: 62-21-252-4980, Email: [harysuyono@yahoo.com](mailto:harysuyono@yahoo.com), [haryono65@msn.com](mailto:haryono65@msn.com)

## PANEL SPEAKERS

Dr. Sutthichai Jitapunkul, Professor, Department of Medicine, Faculty of Medicine, Chulalongkorn University, Rama IV Road, Bangkok 10330, Tel: 662-256-4449, 652-4232, Fax: 662-251-1296, Email: [sutthichai.j@chula.ac.th](mailto:sutthichai.j@chula.ac.th), [sutthichaij@gmail.com](mailto:sutthichaij@gmail.com)

Ms. Kalyani K. Mehta, Associate Professor, National University of Singapore, Department of Social Work, Faculty of Arts & Social Sciences, Block AS3, Level 4, 3 Arts Link, Singapore 117570, Tel: 65-6516-6117, Fax: 65-6778-1213, Email: [swkkm@nus.edu.sg](mailto:swkkm@nus.edu.sg)

Datuk Dr. Raj Karim, Regional Director, IPPF East and South East Asia and Oceania Regional Office, No. 246 Jalan Ampang, 50450 Kuala Lumpur, Malaysia, Tel: 603-4256-6122, Fax: 603-4256-6386, Email: [RKarim@ippfeseaor.org](mailto:RKarim@ippfeseaor.org), [ippfklro@ippfeseaor.org](mailto:ippfklro@ippfeseaor.org)

Dr. Saroj Pachauri, Asia Regional Director, Population Council, New Delhi, India, Email: [spachauri@popcouncil.org](mailto:spachauri@popcouncil.org)

Dr. Zeba Sathar, Country Director, Population Council, Islamabad, Pakistan, Email: [zsathar@pcpak.org](mailto:zsathar@pcpak.org)

Ms. Saira Shameem, Executive Director, Asian-Pacific Resource and Research Centre for Women, Kuala Lumpur, Malaysia, Tel: 603 227 39413, Email: [sham@arrow.po.my](mailto:sham@arrow.po.my)

## SIDE-EVENT

Mr. Larry Jagan, Trainer and Free-lance Journalist, Raintree Ville Condominium, 108/9 Sukhumvit Soi 53, Klongton-Nua, Vadhana, Bangkok 10110, Tel: 662-662-5733, Email: [larryjagan@hotmail.com](mailto:larryjagan@hotmail.com), [Larry.Jagan@gamil.com](mailto:Larry.Jagan@gamil.com)

---

## OBSERVERS

Ms. Donya Aziz, Member Parliament Pakistan, 43-B St. 15, Chak Shezad Farms, Islamabad, Pakistan, Tel: 92-51-224-1452, Email: [donyaaziz@hotmail.com](mailto:donyaaziz@hotmail.com)

Ms. Wamida Easmin, Consultant, Lighthouse, Jahurulnagar, Bogra 5800, Bangladesh, Tel: 88 051 66246, 60029, Email: [harun.lh@btcl.net.bd](mailto:harun.lh@btcl.net.bd)

Mr. Jafor Ahmed Hakim, Director, MCH Services of the Ministry of Health, Bangladesh

Ms. Zubayer Hussain, Chief Executive Officer, Bangladesh Women's Health Coalition, 10/2 Iqbal Road, Mohammadpur, Dhaka 1209, Bangladesh, Tel: 880-2-811-0974, Fax: 880-2-811-7969, Email: [zubayerbwhc@siriusbb.com](mailto:zubayerbwhc@siriusbb.com)

Ms. Naureen Ilyas Butt, Senior Programme Officer, Shirkat Gah, 68 – Tipu Block, New Garden Town, Lahore, Pakistan, Tel: 92-42-583-6554, Fax: 92-42-586-0185, Email: [naureen@sgh.org.pk](mailto:naureen@sgh.org.pk)

Ms. Jiraporn Kespichayawattana, Gerontological Nursing, Faculty of Nursing, Chulalongkorn University, Bangkok 10330, Tel: 662-218-9831, Fax: 662-218-9806, Email: [wattanaj@yahoo.com](mailto:wattanaj@yahoo.com)

Ms. Nguyen Thi Hoai Duc, Director, Institute for Reproductive and Family Health, No. 63 Lane 35, Cat Linh, Dong Da, Hanoi, Viet Nam, Tel: 844-3733-3613, Fax: 844-3823-4288, Email: [rafh@hn.vnn.vn](mailto:rafh@hn.vnn.vn)

Ms. Tajkera Noor, Programme Officer, Naripokkho, Nilu Square, 4<sup>th</sup> Floor, Plot #1, 3, 5, Road #5/A, Satmasjid Road, Dhanmondi, Dhaka, Bangladesh, Tel: 880-2-811-9917, Fax: 880-2-811-6148, Email: [npwhrap@gmail.com](mailto:npwhrap@gmail.com)

Dr. Harun-or-Rashid, Executive Director, Lighthouse, Jahurulnagar, Bogra 5800, Bangladesh, Tel: 88 051 66246, 60029, Email: [harun.lh@btcl.net.bd](mailto:harun.lh@btcl.net.bd)

Ms. Ava Darshan Shrestha, Vice Chairperson, Safe Motherhood Network, Lalitpur, Nepal, Tel: 977-1-552-2097, Email: [ava\\_darshan@hotmail.com](mailto:ava_darshan@hotmail.com)

Mr. Narin Somboonsarn, Director, Farmer Organization Development Division, Department of Agricultural Extension, Ministry of Agriculture and Cooperatives, Phaholyothin Road, Jatuchak, Bangkok 10900, Tel/Fax: 662-955-1637, Email: [lekdoa@hotmail.com](mailto:lekdoa@hotmail.com)

---

## SECRETARIAT

### UNITED NATIONS POPULATION FUND

Ms. Purnima Mane	Deputy Executive Director (Programme) and Assistant Secretary-General
Mr. Kwabena Osei-Danquah	Chief, Executive Board and External Relations Branch
Mr. Yanming Lin	Regional Desk Adviser for Asia and the Pacific
Ms. Nobuko Horibe	Regional Director, Asia Pacific Regional Office
Mr. Najib Assifi	Deputy Regional Director and UNFPA Representative to Thailand
Dr. Annette Robertson	Deputy Director, Pacific Sub-Regional Office
Mr. Stan Bernstein	Technical Adviser, Technical Division
Dr. Saramma Thomas Mathai	Regional Team Coordinator and Adviser, Maternal Health
Mr. Caspar Peek	Programme Adviser, Asia Pacific Regional Office
Mr. Rabbi Royan	Technical Adviser, Population and Development
Ms. Josephine Sauvarin	Technical Adviser, HIV/ASRH
Ms. Anne Harmer	Technical Adviser, Sociocultural Anthropology
Ms. Kiran Bhatia	Technical Adviser, Gender
Ms. Riet Groenen	Adviser, Pacific Sub-Regional Office
Ms. Eriko Hibi	Regional Programme Coordinator, Asia Pacific Regional Office
Ms. Wassana Im-em	Assistant Representative, UNFPA Thailand Country Office
Mr. William Ryan	Regional Communications Adviser, Information and External Relations Division
Ms. Galanne Deressa	Programme Specialist, Asia Pacific Regional Office
Ms. Rizvina De Alvis	Programme Specialist, Asia Pacific Regional Office
Ms. Nami Takashi	Programme Specialist, Asia Pacific Regional Office

Mr. Ali Shirazi	Programme Specialist, Asia Pacific Regional Office
Ms. Asha Rao	Programme Coordinator, Asia Pacific Regional Office
Ms. Duangkamol Ponchamni	National Programme Officer, UNFPA Thailand Country Office
Ms. Patnarin Sutthirak	Programme Associate, Asia Pacific Regional Office
Ms. Thanida Voraurai	Programme Assistant, Asia Pacific Regional Office
Ms. Sutida Manaspati	Programme Assistant, Asia Pacific Regional Office
Ms. Thitiporn Winijmongkolsin	Communications Assistant, Information and External Relations Division
Ms. Giulia Vallese	Resource Mobilization Adviser, Resource Mobilization Branch, Information and External Relations Division
Mr. Ador Leanpa Hurtado	UNFPA Philippines

---

ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

Ms. Noeleen Heyzer	Executive Secretary
Mr. Shigeru Mochida	Deputy Executive Secretary
Mr. S. Thampi	Principal Officer
-----	
Mr. Srinivas Tata	Officer-in-Charge, a.i., Social Development Division (SDD)
Mr. Jerrold W. Huguet	Senior Social Affairs Officer, Social Policy and Population Section, SDD
Ms. Aiko Akiyama	Officer-in-Charge, a.i., Social Policy and Population Section, SDD
Ms. Wanphen Sreshthaputra-Korotki	Project Coordinator, Social Policy and Population Section, SDD
Ms. Vanessa Steinmayer	Social Affairs Officer, Social Policy and Population Section, SDD
Ms. Sayuri Cocco Okada	Associate Social Affairs Officer, Social Affairs Officer, Social Policy and Population Section, SDD
-----	
Mr. Jorge Carrillo Rodriguez	Social Affairs Officer, Social Protection and Social Justice Section, SDD
Ms. Beverly Jones	Social Affairs Officer, Gender Equality and Empowerment Section, SDD
-----	
Mr. Peter Van Laere	Chief, Administrative Services Division (ASD)
Mr. Christian De Sutters	Chief, Conference Services Section, ASD
Mr. Yang Yafei	Chief, Conference Management Unit, Conference Services Section, ASD
-----	
Mr. Hak-Fan Lau	Chief, ESCAP Information Services