



OPENING REMARKS

Gennady Seleznyov, Speaker of the State Duma of the Russian Federation, opened the IEPPFD's Annual Council meeting. He welcomed the Forum's decision to hold its Council in Moscow, describing the discussion issues of demography, HIV/AIDS, and trafficking as relevant to all countries of the world. He said that Russia hopes to take part in international efforts to address these issues.

Seleznyov outlined the work being carried out by the State Duma, including an agreed State budget for safer maternity and HIV prevention. In a country where twice as many people are dying as being born and where the life expectancy for men is less than 60, Seleznyov welcomed all relevant State and local legislation that improved health and fertility but said funding remained limited for such interventions. He welcomed the creation of a Commission on Population and Development within the Russian State Duma and urged all meeting participants to share their experiences so that this new Commission could learn from experiences of other European countries and the European Union.

IEPPFD Chair **Marjatta Vehkaoja** thanked the Speaker for allowing the Council to take place within the Russian State Duma, and welcomed this opportunity for European parliamentarians to share their experiences and expectations concerning HIV/AIDS prevention, trafficking, and reproductive rights in countries with falling populations. "The IEPPFD is committed to change," she said. "We are committed to learning and listening. Above all we are committed to taking agendas forward, and findings answers to the very complex challenges that are inherent in all development and sexual and reproductive health agendas." She concluded that the meeting should provide an opportunity to create a larger, stronger and more comprehensive political commitment to sexual and reproductive health in all countries of the world.

THE STATE OF SEXUAL AND REPRODUCTIVE HEALTH GLOBALLY AND IN EUROPE

Nikolay Gerisamenko, the recently appointed Chair of the Russian State Duma Commission on Population and Development, said that it had not been an easy task to establish this Commission but now hoped that it would be able to do fruitful and active work. He welcomed this opportunity to learn from other European countries, particularly concerning HIV/AIDS. He said that HIV/AIDS in Russia had already caught up with Africa as far as the speed of the spread of the disease was concerned.

Concerning the other two discussion topics, Gerisamenko described Russia as close to becoming a centre of sex tourism and said new models of legislation were needed to protect both women and children against this crime. Since 1992, the demographic situation in Russia has become “acute”, he said, with many contributing factors including socio-economic problems, sexually transmitted infections leading to infertility, and alcohol and drug abuse. He concluded that the anti-choice movement in Russia made it hard to discuss reproductive health but that he welcomed this opportunity to hear about responses and political action on these issues in other European countries.

Imelda Henkin, Deputy Executive Director of UNFPA, described the work of parliamentary groups and individual parliamentarians as both “encouraging and essential” in the implementation of the ICPD and ICPD +5 agendas. She outlined the unprecedented demographic changes in contemporary Europe, and the call in some countries for women to have more children. “But if there is one thing we have learned over the years it is that fertility cannot be turned on and off like a tap. Women today will not have children to order. Family size and fertility are matters of personal choice and individual human rights.”

Henkin quoted recent UNAIDS figures that suggest that a quarter of a million new HIV infections occurred in Eastern and Central Europe during 2001, and that there were more than 75,000 reported new infections in Russia during the year, a 15-fold increase since 1998. She said that the epidemic is concentrated on young people, and that massive prevention efforts could significantly reduce the scale and extent of the epidemic in the region. “Vigorous prevention efforts are needed to equip young people with the knowledge and services they need to protect themselves from the virus, “ she said.

Henkin concluded that young people – especially young women – are bearing the brunt of the economic transitions in the region, and that programmes are needed to address social and economic issues that contribute to increased vulnerability. “Much more comprehensive efforts are needed to address the complex issues related to HIV, injecting drug use and commercial sex among young people in order to encourage safe behaviour and to fight stigma and discrimination,” she said. She also highlighted UNFPA’s support to improve health information systems, data analysis and census taking to help formulate effective population and development policies.

Lyn Thomas, Director of the IPPF European Network, described Europe as a region of great disparities where abortion rates vary from six per thousand women in the Netherlands to 68 per 1,000 women in Romania, and where HIV/AIDS is contained in some countries but unchecked in others. She described IPPF’s work with both national Family Planning

Associations and national and regional parliamentary groups and the need for stronger partnerships in sexual and reproductive health programmes between all relevant organizations and institutions.

“Sexual and reproductive health is not an isolated issue. It affects health budgets through the strain of care for those with HIV and women who are hospitalised because of unsafe or illegal abortion, “ Thomas said. “It affects young people who are given no answers to their concerns and fears about pregnancy or sexually transmitted infections. It also affects the health and welfare of men and women in all European countries. We all have a choice and a collective responsibility to address the many sexual and reproductive health needs in Europe, from country to country and from ignorance or inertia to comprehension and action.”

REGIONAL PARLIAMENTARY NETWORKS

YoshioYatsu

Chair of the Asian Forum of Parliamentarians on Population and Development

Established in 1982, the Asian Forum was the world’s first regional parliamentarians group on population and development. The Forum now has 16 regular and 11 associate member countries engaged in national and regional activities. Asia is home to 60% of the world’s population, and the Asian Forum works with the firm conviction that what happens in Asia will have direct and important bearing on the whole world.

The Asian Forum organized the International Conference of Parliamentarians on Population and Development at the time of the United Nations Conference on Population and Development in 1994. Some 300 delegates from 117 countries attended this Parliamentarians Conference, and at this meeting the concept of regional forums of parliamentarians working with each other, but with respect to each region’s circumstances, was established. Three years after this meeting, the Forum for Africa and Arab Parliamentarians on Population and Development was established in Cape Town. The Asia Forum has been active in organizing parliamentary meetings at the main United Nations conferences since 1994.

Most countries of the world are now suffering economic depression, and there are two major issues facing all societies: that of explosive increases in population in developing countries and the rapidly developing phenomena of decreased births and ageing in developed parts of the world. Living peacefully together will require suppression and stabilizing of population growths. At the same time, unless we learn to properly manage decreasing birth rates and ageing, many countries will lose vitality.

Japan and Europe share similar challenges. It took Europe a long time to realize demographic conversion and as a result was able to avoid any extreme decreases of birth rates and ageing of populations. However, in the former communist countries, the extreme suffering accompanying economic transition has directly affected many people and old people in particular. However, fewer births and greater numbers of senior citizens do not call for more births. We politicians must find answers to the situation and adopt policies that promise hope for a viable and hopeful society.

From the perspectives of countries whose populations continue to grow, fewer births and the ageing of populations are unavoidable processes. It may well be that the issue is slightly different from what the transition economies of Russia, Eastern Europe and Central Asia are facing. However, as they have successfully solved their 'population' problems they are experiencing the same dilemma.

Today the world is divided into north and south with the wealth concentrated in the North and poverty in the South. HIV/AIDS that spread at first from southern countries is now threatening the whole world. It is the nature of globalisation that no problem remains simply a national issue, but affects the whole world. Population, food security and sustainable development are delicate issues that require long-term commitment to resolve because of the complex relationships between nations.

Although Japan today is in extreme fiscal difficulty, it is committed to providing assistance because it believes in the importance of supporting population and development issues. We are hopeful that effective answers will be found as we mutually learn from Asian and European experiences. Let us work together for the peace and happiness of all mankind.

Ebrahim Saloojee

Vice Chair of the Forum for African and Arab Parliamentarians on Population and Development

The Forum for African and Arab Parliamentarians currently has a membership of 61 parliaments. The Forum's mission and goal is to mobilise African and Arab parliamentarians to be actively involved in promoting national population and development programmes through advocacy. We continually remind parliamentarians that they must give attention to the allocation of resources to the population, health and social development sector, and to advance the needs of women, children, refugees and people with disabilities.

At the Forum's Second General Conference in Amman in January 2001, a three-year plan was adopted with the following priorities

- Population and development information, education and communications and advocacy (to begin with parliaments and to continue at other levels of society)
- Reproductive health rights as well as legislative and policy reforms
- Gender equity, equality and the empowerment of women
- Institutional capacity building, including resource mobilisation for national population and development programmes

These and other issues including HIV/AIDS, poverty, refugee problems, civil wars, and infant and maternal mortality have been and will continue to be addressed at sub-regional workshops organized by the Forum.

Two important initiatives undertaken by the Forum have been a Framework Model Law on the harmonisation on reproductive health rights and legislation, and the promotion of HIV/AIDS legislation in Africa.

While acknowledging that the material conditions in member states differ considerably, this Model Law aims to harmonise reproductive rights legislation in order to ensure that policy concerning population is coherent and that it conforms to the rights-based principles enshrined in international treaties. The Model Law recognizes the multi-faceted nature of reproductive health issues, and how these issues differ from country to country. It recognizes that the increase in sexually transmitted infections including HIV/AIDS is posing serious difficulties in countries in the sub-Saharan region. And it also recognizes that sexual violence and female genital mutilation is a reality for many African women.

An accompanying Plan of Action to promote the Model Law urges parliamentarians to

- Enlist support for the adoption of the Model Law by, for instance, organizing campaigns to dismantle religious and cultural barriers among indigenous populations
- Propose bills that will enable adaptation of the Model Law to the particular requirements of the country concerned, and enacting legislation more conducive to the delivery of reproductive health services
- Mobilise resources needed for the promotion of the Model Law

This Model Law has already been adopted successfully in Guinea Conakry, and other West African countries (Cameroon, Senegal, Benin and Togo) are at various stages of adapting and adopting the Law.

More than 80% of people infected with HIV and affected by HIV/AIDS live in sub-Saharan Africa. The Afro-Arab Forum believes that as well as reviewing existing legislation parliamentarians can play a crucial role in ensuring that national budgetary allocations for HIV/AIDS programmes and activities, both in a domestic and development context, are increased. We further believe that parliamentarians can help foster relationships and partnerships with civil society organizations to raise public awareness of the pandemic and the support needed to combat it.

Jean Augustine

Board Member of the Inter-American Group of Parliamentarians on Population and Development

The Inter-American Parliamentary Group (IAPG) was founded in 1983 with the purpose of educating and encouraging parliamentarians from the Americas to take an active role in the area of population and development to improve the quality of life for women, men and young people.

IAPG is committed to advancing and ensuring the implementation of laws and policies that further the equitable development of women, men, adolescent and children in all countries of the Americas with a particular focus on women's empowerment. IAPG promotes a better understanding of relevant issues among parliamentarians, as well as other elected representatives and decision makers from the Americas, and encourages dialogue with different sectors of society at national, regional and international levels.

Through advocacy, information dissemination, networking, capacity building and technical assistance, IAPG works with legislators and other democratically elected officials and decision makers to raise awareness in areas related to population and development, including reproductive health and rights, gender based violence, trafficking of women and girls, and gender equity and equality. IAPG is guided in its work by the different international human rights instruments and commitments adopted by governments at the various United Nations world conferences, in particular those held in Cairo and Beijing.

In September 2001, the IAPG held a small meeting in Barbados to discuss and reach collaborative agreements between regional agencies such as CARICOM (Caribbean Community) and CAREC (Caribbean Epidemiology Centre), government representatives and family planning associations on the two important issues of HIV/AIDS and youth, and procurement of commodities for sexual and reproductive health programmes. This was an

important meeting that brought parliamentarians and civil society together to discuss means of collaborating on these two issues. The meeting brought into sharp focus the important role parliamentarians can play on these issues as advocates and opinion shapers in their respective countries. The meeting also showed us that we must involve young parliamentarians and have readily accessible information tailored for busy policy makers. It was also clear from our discussions that it is important to involve NGOs, who, with the help of government, and working as partners, should facilitate the use of best practice and models.

In December 2001, the IAPG, the Bolivian Senate and UNFPA hosted a meeting with parliamentarians in La Paz to discuss maternal mortality, which remains high in many countries of the region. The meeting addressed the outcomes and conclusions from an inter-agency Task Force Meeting on Maternal Mortality that took place a few weeks earlier in Bolivia. This meeting, which had involved parliamentarians and other decision makers from the region, adopted a Declaration of Commitment which will now serve as a guiding instrument to implement actions designed to lower maternal mortality in the region.

The IAPG has also been working with regional parliamentary groups such as the Central American Parliament and the Latin American Parliament. In November 2001 IAPG participated as an advisor at the annual meeting of the Commission on Gender Equity of the Latin American Parliament. IAPG provided technical support to this Commission and was instrumental in ensuring that reproductive health was placed on their agenda. During 2002, the IAPG will provide similar support to a Commission meeting in Uruguay on trafficking and sexual exploitation of children and adolescents.

PRESENTATION OF IEPFPD MEMBER ACTIVITIES

Austria

The Austrian All Party Parliamentary Group On Reproductive Health was formally established in November 2000. The aims of the group are to increase parliamentary support for sustainable development with a focus on sexual and reproductive health within the context of the Austrian Development Strategy. The Group specifically promotes programmes and policies that improve the status of women and access to education at international, European and national levels.

During 2001, Group member Edeltraud Gatterer participated in the IEPFPD study tour to India. In May, the Group organized a hearing on FGM, and the Face To Face Women Of The World exhibition was shown in the Austrian Parliament in September. In November, members of the Group took part in a launch of UNFPA's *State Of The World Population* report.

Belgium

The Belgian All Party Parliamentary Group on Population and Development was established during 2001. Prior to the establishment of the Group, Belgian parliamentarians had been active and had worked with their counterparts in Burkina Faso and Senegal and had also signed the IEPFPD petition on the Mexico City Policy. Belgian parliamentarians have taken part in the IEPFPD study tour to Burkina Faso and Mali, and a study day has been held in the Belgian Parliament on HIV/AIDS and the responsibilities of parliamentarians, NGOs and the pharmaceutical industry.

In the coming year, the Group will hold a special session in Parliament on the UNFPA/IPPF *Face to Face* Campaign and will invite the Belgian *Face To Face* Campaign Spokesperson to talk in Parliament about HIV/AIDS. A study tour to Morocco is also planned.

The European Parliament

During 2001, the European Parliament continued important work relating to sexual and reproductive health and rights. The Parliament was represented at the IPPF/UNFPA Symposium on least developed countries in Brussels, and also invited the UNFPA Face to Face Ambassador for Belgium to address the Parliament on HIV/AIDS in the developing world.

Within the European Commission, a working programme of action now has reproductive health on its agenda, and committed parliamentarians within the European Parliament constantly seek to secure funding for reproductive health programmes from within the EC budgets which often change focus and direction. According to Ulla Sandbaek MEP, the Parliament now has a focussed and active debate on sexual and reproductive health issues in Europe and other regions of the world.

Finland

The All Party Group in Finland is five years old and has 21 members which represent 10% of the entire Parliament. The Minister for Environment and Development is an active member of the Group. Finnish parliamentarians have been on IEPFPD study tours to India, Burkina Faso and Mali, and have created strong links with African parliamentarians from Burkina Faso and Mali. A study tour to Mexico is planned in January 2002.

Despite a strong and active Group, the Finnish Government has cut funding for international development aid to 0.34% of GNP, and there will be no opportunity to redress this policy until

2003. Group members continue to stress the need for an increase in this contribution at all available opportunities.

France

In 1999, a parliamentary Delegation was established within the French National Assembly to assess the implementation of the new law on equality. Since that time, the Parliamentary Delegation on Women's Rights and Equal Opportunities Between Women and Men has been studying issues such as abortion, bioethics and contraception.

In April 2002, the National Assembly will hold a colloquium on medical ethics, abortion and cloning. Discussion around these issues will require a strong stance on the rights of women to ensure that French women have access to safe and acceptable abortion services. Members of the Delegation are particularly concerned about the state of sex education in France and are pressing for comprehensive sex education services in all French schools.

Ireland

Working with the Irish Family Planning Association, Irish parliamentarians are supporting women's rights to choose in a country where 7,000 women still go to England for abortions. Other related issues include low contraceptive use, limited sex education, and also HIV. The use of blood products needs stronger monitoring in Ireland.

In Ireland, the TRIPS Agreement has provided an important focus for overseas aid, particularly maternal health care in the developing world.

Portugal

NB : At the time of this presentation by the Portuguese representative, the Prime Minister of Portugal has handed his resignation and dissolved Parliament. Ana Narciso, MP from the Social Democratic party which had just won local elections, emphasised the continuity of Portuguese support to population, development and sexual and reproductive health issues regardless of this change in government.

Despite recent changes in Portuguese Government, the issues of sexual and reproductive health remain vital and Portuguese parliamentarians have been active in their collaborations with the Portuguese Family Planning Association on issues such as the needs of migrant communities in Portugal.

A study tour to Mozambique created important links with Portuguese-speaking Africa and a focus for parliamentary discussions on commitment to reproductive health programmes in Africa. At the national level, there have been improvements in services for young people and for the first time the Church has become actively involved in the HIV/AIDS prevention campaign.

Spain

In Spain, there is an informal group of 30 parliamentarians working with the Spanish Family Planning Association on domestic and international issues. Some 26 separate initiatives have now been taken in Spanish Parliament concerning the implementation of the Cairo and Beijing programmes.

The Spanish FPA has given Spanish parliamentarians the opportunity to work at international levels, and Spanish Members of Parliament have travelled to India, Mali and Burkina Faso on IEPFPD study tours. There are now close links between Spanish parliamentarians and the Inter-American parliamentary group. Knowing about developing world programmes and projects has given Spanish parliamentarians important insight into how solutions can be found for women, men and young people in the developing world.

Sweden

The Swedish All Party Group on Population and Development has a focus on Africa and HIV/AIDS prevention. Group members have opened up avenues of debate with both NGOs and with the Church.

Group members are working actively within their respective parties to ensure that there is a political awareness and commitment to AIDS prevention and ensuring that relevant discussions and interventions focus on the human rights and needs of individuals.

Switzerland

The Cairo + Group within the Swiss Parliament monitors Swiss contributions to UNFPA and IPPF. Early in 2001, the Group held a seminar on female genital mutilation with UNICEF to discuss the cultural implications of the practice and the central place of women's empowerment in all relevant prevention initiatives.

The Group has been vocal on the effects of AIDS on overall development and the Swiss contribution to the Global AIDS Fund has now been doubled. A national referendum on abortion will take place in Switzerland during 2002.

Russia

The recently established Russian Commission on Population and Development already has 13 members from six parties within the State Duma. The Commission is working closely with the Russian Academy of Sciences and relevant ministries and has identified three focal issues. These issues include legislation relating to low fertility and declining population rates in Russia. Since 1992, the national population has decreased by five million. An unfavourable environment for reproductive health is apparent in many parts of Russia, and the Commission hopes to address this issue in the coming months.

The Commission is also involved in on-going debate about sexual exploitation and prostitution and the enforcement of criminal codes to prohibit this trade. Concerning the sexual exploitation of children, the Commission wants a dedicated position within Government on rights of children and a change in laws relating to age of sexual consent.

The Commission believes that funding for national HIV/AIDS programmes is insufficient, and wants more funding committed to comprehensive programmes. One possibility might be to restore the suspended Federal Family Planning Programme under a new name that reflects the need to protect women's reproductive health. At this nascent stage of the Commission's development, there are many, many issues that need to be addressed throughout Russia, including the continuing reliance upon abortion as a means of regulating fertility.

Turkey

There are 15 members of the Population And Development Group within the Turkish Parliament. With technical assistance from the Turkish Family Planning Association, the Group has developed a National Action Plan for 2002.

This Plan calls for the reaffirmation of recommendations from ICPD, increased awareness on sexual and reproductive health and rights, and a commitment to work with other parliamentary groups across Europe. Specific initiatives during 2002 will include round table meetings within and outside the Turkish Parliament, and cooperation with national all party group on human rights, health, education and social welfare.

United Kingdom

The All Party Group on Population And Development was established in the UK in 1979. The Group has the specific objectives of raising the profile of reproductive health in Parliament, pressing for relevant Government action, and influencing the funding policies for sexual and reproductive health programmes both internationally but also domestically.

The Group works closely with relevant NGOs, and has developed close ties with the All Party Group on AIDS. During 2001, the Group held hearings on female genital mutilation and formal and informal meetings with ministers who have influence on development aid priorities.

DISCUSSION: HIV/AIDS

This first discussion was chaired by Nikolay Gerasimenko who described HIV/ADS as an issue that concerns and affects all governments and parliaments in all countries of the world. He gave a brief outline on the situation in Russia where much had been achieved but where there are insufficient funds to provide comprehensive and proactive prevention and treatment programmes. He said that most recent transmissions had been to people between the ages of 15 and 29, although there have been many cases of transmission to people under the age of 14. Following the establishment of an anti-AIDS programme, a special hearing was given in the State Duma in October 2000 where a Special Commission on AIDS was created. This Commission is designed to involve all relevant government and non-governmental bodies in an effort to "find some serious solutions" to HIV/AIDS said Gerasimanko.

V Pokrovsky, an Academician at the Russian Academy of Medicine and Science, provided a detailed overview of HIV/AIDS in the Russian Federation. According to Pokrovsky, Russia is where HIV and AIDS is spreading fastest in the world. During 2001, there were 80,000 new reported transmissions in Russia, twice as many as in all previous years. The predictions for the following year are 200,000, although this does not account for unregistered transmissions. Realistically, there are probably in the region of one million people infected with HIV/AIDS in Russia.

Drug use and sexually active drug addicts have exacerbated the spread of the disease in Russia. Approximately 90% of all female drug addicts resort to some form of prostitution in Russia. The number of children being born with HIV is also increasing, with predictions that the mortality rate of five to eight year olds will increase to a possible 100,000 deaths a year.

Treatment is expensive. The law in Russia gives the State the responsibility of providing free treatment for those with HIV/AIDS, but budgets for this intervention are not big enough. The

budget for 2002 will be 180 million roubles (US \$4 million) but it costs US \$10,000 to provide comprehensive treatment to one person. And treatment does not arrest the continuing spread of the disease. It is only public awareness that will affect change. Pokrovsky said that politicians, the media, and the ministries of health and education must step up their efforts to educate the general public about the disease. He concluded that one of many concrete steps must be to provide information on HIV/AIDS to students in high school.

Ruth Genner said there are already 40 million people around the world living with HIV/AIDS. Rates of transmission differ from country to country, but no country has been left unaffected. In Switzerland, the rates had been declining but this year saw an increase in transmissions. In some countries, 30 to 50% of the population may be infected.

With this global crisis, the message must be to think globally and act locally argued Genner. And any interventions must consider the human dimension of illness and death, and the social dimensions of those living with HIV/AIDS still being ostracised and ignored. The financial implications of not addressing HIV/AIDS are enormous. At the microeconomic level communities are losing their most effective income generators. At the macro level, trying to care for people with HIV and AIDS is crippling health systems. According to Genner, in some countries between 50 and 80% of hospital beds are taken up by people with AIDS.

Prevention must be an international and national priority said Genner. Discussions must take place about sex, about drug use, about prostitution and all other factors fuelling the pandemic. Condoms must be available, and support must be provided for those who are infected. The Swiss approach of open discussion has helped according to Genner, but more is needed to 'normalise' rather than ignore the issues.

Genner concluded with a call for solidarity in the care of people with HIV/AIDS, greater contributions to the Global AIDS Fund, and for parliamentarians to be aware of all dimensions of the issue. "Parliamentarians have a responsibility to force our Governments to act," she said.

These two presentations generated discussion on a number of issues, including the roles and responsibilities of religious organizations in HIV/AIDS prevention, and the need for comprehensive needle exchange programmes which have proved successful in a number of European countries. Participants were in agreement that prevention programmes must be a priority, and that parliamentarians have an important role to play in raising governments and the general public's awareness about HIV/AIDS.

DISCUSSION: TRAFFICKING OF WOMEN AND CHILDREN FOR SEXUAL EXPLOITATION

This discussion was chaired by Svetlana Goriacheva a Russian parliamentarian who has been active in creating legislation in Russia that will protect the victims of trafficking. She said that the Russian legislation must be brought into line with international codes, and that a series of factors had contributed to the increase in trafficking. These include poverty and an increasing number of orphans who may be vulnerable to exploitation. In September 2001, the Russian Government approved new policy that seeks to improve health, enhance the status of the family, and improve migration. There are also 700 centres in Russia for child victims of trafficking and prostitution. During 2001, some 249,000 children were helped at these centres. However, she said that the law is still very soft on those who chose to exploit children and the State must develop further mechanisms to protect adolescents.

Gudrun Ogmundsdottir made reference to the Yokohama Conference that had just been held on trafficking and reminded everyone that "trafficking is a serious crime which must be fought with serious methods". Having outlined the situation in Iceland where an increasing number of women are being trafficked for use in striptease establishments and illegal brothels, Ogmundsdottir quoted from a document which had been sent to her in error that outlined rules as to how foreign girls could expect to be treated by one escort agency in Iceland. These rules include confiscation of passports, open threats of deportation, and absolutely no relationships or friendships.

In Iceland, efforts are being made to combat trafficking and fulfil the condition set out in United Nations protocol relating to prevention and suppression of trafficking of women and children. Ogmundsdottir outlined some interventions that she considers vital in this work in all countries.

- Evaluate the scale and nature of the problem
- Use all relevant United Nations and other protocols to ensure all countries are working in the same ways and with the same intentions and expectations
- Harmonise national and international police and law enforcement initiatives
- Recognize that trafficked women and children are victims of crime, not criminals, and need dedicated protection and assistance
- Mass media and other awareness raising initiatives to show the nature of trafficking and the various laws and human rights it abuses
- Reach out to the victims of trafficking and inform them of their rights, and protect them with the necessary legal and social support

Mary Henry said that the previous speaker had covered many of the important issues, and that she wished to be brief in her analysis of the situation. She said that is now a swift traffic of migrants into Ireland. Prostitution is illegal in Ireland, so it is off the streets and difficult to monitor but there are certainly women from other countries working as prostitutes in Ireland.

A private members bill has recently been introduced in the Irish Parliament for stricter punishment of those involved in sex tourism, and there have been calls for greater protection of Irish and other children throughout the country. She concluded that while there was an urgent need to review the status of work permits in many European countries, the judiciary has a responsibility to treat victims of any form of trafficking with dignity and respect.

DISCUSSION: PROTECTING SEXUAL AND REPRODUCTIVE HEALTH RIGHTS IN COUNTRIES WITH LOW FERTILITY

Chair of this final discussion Mikhail Rakitsky described women's health as an extremely important issue in Russia, and one that could have direct impact on recent demographic changes. (He also indicated that the Russian Ministry of Internal Affairs has little or no data on abuse of children and that more severe punishment was needed for the perpetrators of these crimes.)

Lord Rea put the discussion into context providing figures on population decline around the world. Since 1950, the fertility rates in the developed world have declined from 2.8 children per woman to 1.6, and in the developing world from 6.2 children to 3.0. Across Europe, population projections vary:

Projected population in selected European countries (millions)

	2001	2015	2050
<i>Russian</i>	144.4	136.9	127.7
<i>Ukraine</i>	49.1	45.1	38.4
<i>Hungary</i>	10	9.2	8.0
<i>Italy</i>	57.8	55	46
<i>Spain</i>	39.8	36.7	30.8
<i>Netherlands</i>	16	17.7	18

There are a number of factors affecting the decline in populations in European countries. These include economic and social instability, more women with 'careers' rather than 'jobs', women delaying decisions to have children, the cost associated with starting and sustaining a

family, delaying the age of marriage, and a lack of education and support systems for infants and children

Attempts to reverse or compensate for population decline have included limiting access to reproductive and sexual health services, curbing sexual and reproductive health and rights, attacking promoters or providers of reproductive health services, and looking to migration to solve the problem.

Over the last three decades, there has been a marked and welcomed shift away from the notion of `population control' and target orientated family planning programmes. Today, we focus on the needs of individuals, of women, of young people, of men. This change in focus is as important in the developed world as it has been in the developing world. Within the context of the current demographic changes that are occurring throughout Europe, it is easy and also unrealistic to be critical of the work of reproductive health organizations.

Lord Rea said that this criticism is easy because we are looking for someone to `blame' for the current low fertility and changing population dynamics in Europe. It is easier to be critical of the work of reproductive health organizations than to delve deeper to the real causes of these shifts in population dynamics: economic change and uncertainty; women's gradual emancipation; a lack of education and health services for infants and young children etc.

The Cairo *Programme of Action*, the Beijing *Plan for Action* and other internationally agreed agendas on sexual and reproductive health and family planning provide important guidance on the need for comprehensive, voluntary and accessible reproductive health services. These agendas also promote the very important place of reproductive rights in all international, regional and national legislation. In many European countries, national regulations exist concerning the provision of reproductive health services. This legislation provides a framework around which national health systems can and must provide services such as infertility treatment, education about safer sexual practice, advice and support concerning abortion, and education and services for young people concerning their future health, happiness and welfare.

Lord Rea concluded that parliamentarians have responsibilities to their constituencies and also to their respective countries. All too often the dynamic of levelling or decreasing populations is talked about in terms of security or increasing migrant populations. "It is our responsibility, and the responsibility of reproductive health organizations to articulate the full scope of sexual and reproductive health and to ensure that the many, many benefits of this preventive health intervention are provided to all those that need and want them", he said.

Vladimir Kulakov said that all developed countries are now facing depopulation. In Russia the decrease in population has been mainly the result of low fertility rates and high death rates. The fertility rate in Russia is currently 1.2 children per woman, well below replacement level. There are 39 million women of childbearing age in Russia, but many are choosing not to have children in times of economic and social uncertainty. A third of the population is living below the poverty line, and the State is unable to provide the necessary environment for people to have children.

Many Russian women are still having abortions, and some are suffering from deteriorating reproductive health as a result of repeated abortions. The actual rates of syphilis have decreased in recent years, but more and more younger people are being infected. HIV/AIDS has increased at an alarming rate in Russia, and mother to child transmission of the disease is on the increase, leaving both mothers and children at great risk. As many as 20% of married women in Russia are now unable to have children. Only 40% of in vitro fertilisation treatments are successful in Russia. Only 10% of babies are being born in perfect health, and more and more children are being abandoned.

In this difficult situation, the role of the State is extremely important. Two years ago, a plan to protect reproductive health was developed by three ministries, but programmes for this work require funding. Pregnant women and adolescents should have access to free medical services, but they do not. Funding for the national family planning programme has been cut off. There is no doubt that Russia needs external support to provide comprehensive reproductive health services to its women and young people.

The Russian Government has now adopted a concept of demographic development of the nation up to the year 2015. This concept includes measures to improve health and stimulate fertility. This plan must pay special attention to the support of young people and young families, and help them to have children safely. There must be a distinction between individual and State responsibilities where the State guarantees social stability, and where individuals do not lose freedom of choice concerning their reproductive health and behaviour. The people of Russia need quality of life.

A draft law on reproductive health has been shelved for the last five years. There is no doubt that the issue of reproductive health in Russia must be dealt with by both State and NGOs such as the Russian Family Planning Association which has brought in international funding for domestic programmes. Finally, if the State is interested in the future of the country it should not place the responsibility for reproduction on women but provide supportive and comprehensive health care and services.

The Deputy Health Minister Olga Sharapova was invited to address the meeting at this stage. She said that all relevant Government bodies were seeking solutions to common problems, and that there had been a slight increase in birth rates during 2001. New demographic policy includes assured reproductive health rights, support for families and also new approaches to migration.

Infant and maternal mortality remains a big problem despite slight decreases in maternal mortality rates. A third of all maternal deaths are due to abortion, and comprehensive family planning programmes are needed to redress this situation. However, the Duma has allocated money away from family planning and to a safe motherhood programme. Infant mortality has also declined but 50% of infant deaths could be avoided with access to new medical technology. With new technology infant mortality rates could be reduced to levels of other European countries in three or four years.

Sharapova concluded that the situation is not all bad in Russia and that not all the problems were intractable. She invited participants to return to Russia in three years time to see how her Ministry and others were progressing.

Following some brief discussion on the content and detail of a draft declaration, the participants of this second IEPFPD Council meeting unanimously adopted a final declaration.