



**Parliamentary Workshop:
Advancing Maternal and Reproductive Health and Gender Equality in Member
Countries of the Organization of Islamic Cooperation (OIC)**

Golden Tulip Carthage Hotel

Tunis, Tunisia
March 8-10, 2012

1. EXECUTIVE SUMMARY

On March 8-10, 2012 in Tunis, Parliamentarians for Global Action (PGA) convened a Parliamentary Workshop in collaboration with the Tunisian Ministry of Women and Family Affairs on the theme of “Advancing Maternal and Reproductive Health and Gender Equality in Member Countries of the Organization of Islamic Cooperation.” Parliamentarians from 20 different countries participated in the Workshop, together with representatives from international organizations and civil society. The Parliamentary Workshop was inaugurated on International Women’s Day, March 8, 2012 by Ms. Shazia Z. Rafi, Secretary-General of PGA.

The Parliamentary Workshop was structured in panels covering the following issues:

Session I:	The Role of Parliamentarians in Advancing Maternal Health and Gender Equality
Session II:	Highlighting the Societal Benefits of Bridging the Gender Gap
Session III:	Overcoming Challenges to Improving Reproductive and Maternal Health
Session IV:	Opportunities and Initiatives for Improving Reproductive Health and Reducing Maternal Mortality
Session V:	Examining Advocacy Tools and Creating Effective National Action Plans
Session VI:	International Cooperation and National Commitments: Implementation of CEDAW and the ICPD Programme of Action

The inauguration ceremony benefited from a keynote address by Mr. Hafehd Chekir, Regional Director of Arab States Region, United Nations Population Fund (UNFPA), and from additional presentations by Hon. Haythem Belgacem, the President of the Parliamentary Section of the Congress for the Republic Party; Hon. Ms. Sihem Badi, Tunisian Minister of Women and Family Affairs; Dr. Donya Aziz, MP Pakistan and Convener of PGA’s Sustainable Development, Health and Population Programme and Member of PGA’s Executive Committee; H.E. Tiina Jortikka Laitinen, Ambassador of Finland in Tunisia, and Ms. Habiba Ezzahi Ben Romdhane, Chief Executive Officer of the National Family and Population Board of Tunisia.

The participating delegates recognized that maternal and reproductive health and women's empowerment are integral components of an ideal society. With Millennium Development Goals 3 and 5 (MDG 3 & 5), the international community has demonstrated that maternal health and women's health are fundamental aspects of an effective development process. OIC-member states should consider the requirements of Islam when developing effective implementation strategies for MDG 3 & 5. Comprehensive development strategies recognize and respond to women's diverse roles in society in their respective occupations and in the domestic realm as mothers and birthgivers. Providing a regionalized, national maternal health system provides women with access to a stable environment and allows women to give birth with minimal threat to their lives and those of their children. Similarly, establishing equal opportunity in the education and business sectors for women, ensures their ability to succeed outside of the domestic sector.

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) remains the pre-eminent international treaty seeking to introduce, enforce and uphold equal rights for women. Although there are 187 states parties to this treaty that prohibits discrimination on the basis of sex, there is still a long way to go towards full implementation. Moreover, CEDAW legislation can be used as a mechanism to incorporate the objectives of MDG 3 and 5 in national legislation. As parliamentarians, participants recognized their critical role in ensuring the implementation of these international commitments.

First and foremost, gender equality and the empowerment of women are preconditions for overcoming poverty, hunger and disease. Women's economic, social, and political empowerment are components of an effective multi-faceted strategy to ensure gender equality. Limited access to primary and secondary education has a long-term negative impact on women's access to opportunity. The inability to access secondary education effectively limits the ways in which a woman can contribute to her country's progress. The material aspects of women's empowerment need to be addressed with equal vigor – these include women's land and property rights, inheritance rights, access to credit and employment. It is estimated that women own between 1% and 10% of land internationally, limiting their ability to make socio-economic decisions related to their families' futures. Furthermore, the gap on salaries per gender on average remains at 17% internationally. Important developments have been made in the area of gender justice, but domestic abuse and sexual violence, particularly increasing in armed conflict and civil war contexts, continue to be grim realities for many women.

Workshop participants acknowledged the need for better access to primary and urgent care resources for expectant mothers. They also called for global access to reproductive health for all women. Despite progress toward reducing maternal mortality rates globally, pregnancy continues to be a major health risk for women in several regions, including in member states of the OIC. In 2008, countries in Southern Asia and Sub-Saharan Africa accounted for approximately 87% of maternal deaths. While many countries have made strides in reaching MDG 5 target, there still remains much to do.

Lack of access to education and to healthcare perpetuate longstanding social injustices for women and impede women's opportunities for advancement. As parliamentarians, workshop participants committed to work towards improving reproductive and maternal health and women's empowerment. To do so, they must take a comprehensive approach that includes increasing political will, allocating resources to national budgets, taking concrete steps on the national and regional levels to incorporate maternal health and women's empowerment in legislation, and advocating for the full implementation of CEDAW.

2. WORKSHOP OUTCOMES

Goal

To share strategies with parliamentarians from other countries in order to develop the tools to effectively promote national legislation on gender equality and maternal and reproductive health and rights.

Outcomes:

- Adoption of the Tunis Plan of Action, which outlines the consensus-based commitments made by parliamentarians, and requires a report back to PGA within 6 months on actions taken.
- Acknowledgement of the need for effective policies and legislation, and strategies for implementation, to promote women's empowerment and advocacy at the national level as well as improve access to maternal and reproductive health resources for women.
- Strengthened partnerships between parliamentarians and UN and civil society organizations to more effectively and strategically address issues pertaining to maternal and reproductive health.
- Increased awareness among parliamentarians of the importance of issues related to maternal and reproductive health as well as their impacts on society.
- Commitment to international and regional partnerships to address common concerns related to women's rights in Muslim countries.
- Promotion of strengthened parliamentary capacity to address the socio-economic empowerment of women effectively.
- Productive networking sessions served to consolidate new relationships among parliamentarians that should facilitate international communication and coordination going forward.
- Recognition that advancing gender equality and equity, the empowerment of women, the elimination of violence against women, and ensuring women's ability to control their own reproductive health, are cornerstones of population and development-related programs, and that advancing and realizing women's rights and opportunities has a positive impact on the overall development of a country.
- Reaffirmation of the importance of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), as well as its Optional Protocol; the Beijing Platform of Action; the United Nations International Conference on Population and Development (ICPD); Security Council Resolutions 1325 (2000), 1820 (2008), 1888 (2009); and Millennium Development Goals (MDG) 3 on women's empowerment and 5 on maternal health, including strengthening the cooperation within the OIC on MDGs 3 and 5.

Commitments of the Tunis Plan of Action

Parliamentarians participating in PGA's Parliamentary Workshop on Advancing Maternal and Reproductive Health and Gender Equality in Member Countries of the Organization of the Islamic Cooperation (OIC) agreed to work within their respective Parliaments, Parliamentary Committees, and other regional and international fora in which they participate, to:

1. Advocate for the ratification and implementation of CEDAW, and its Optional Protocol.
2. Promote gender equality, equity and the empowerment of women and girls through the development and implementation of laws and policies that are consistent with CEDAW and

its Optional Protocol, and formulate national road maps to accelerate the realization of women's economic, social; political and civil rights.

3. Analyze and revise current national reproductive health legislation and practices in our respective countries with a view to bringing them into greater conformity with the International Conference on Population and Development (ICPD) Programme of Action.
4. Strongly encourage fellow parliamentarians to actively promote women's political participation, through the establishment of affirmative action, and all legal measures to achieve women's socio-economic and political empowerment.
5. Ensure government budgets and plans at all levels take into account the needs of women and are gender sensitive in all areas. Make appropriate budget allocations for reproductive health services and supplies and ensure that resources are distributed to underserved communities and rural areas.
6. Build effective partnerships and networks with civil society, the private sector and local communities to promote women's empowerment and reproductive health and rights.
7. Ensure access to comprehensive reproductive health services, especially in local communities, in order to reduce maternal and child mortality and morbidity.
8. Raise awareness of this Plan of Action among Parliamentary colleagues and constituencies.
9. Report to the PGA Secretariat, within 6 months, on steps and actions taken pursuant to this Plan of Action.

3. PANEL DISCUSSIONS

Inauguration Ceremony

Hon. Haythem Belgacem
President, Parliamentary Section of the Congress for the Republic Party
National Constituent Assembly
Republic of Tunisia

Hon. Ms. Sihem Badi
Minister of Women and Family Affairs
Republic of Tunisia

Dr. Donya Aziz, MP
National Assembly of Pakistan
Convener of the Sustainable Development, Health and Population
Programme
Member of the Executive Committee
Parliamentarians for Global Action

H. E. Tiina Jortikka-Laitinen
Ambassador
Embassy of Finland in Tunis

Ms. Habiba Ezzahi Ben Romdhane
CEO
National Family and Population Board
Tunisia

Keynote Speaker:
Mr. Hafehd Chekir
Regional Director for Arab States Region
United Nations Population Fund

Summary

The Parliamentary Workshop on Advancing Maternal and Reproductive Health and Gender Equality in member countries of the Organization of Islamic Cooperation (OIC) was called to order by **Ms. Shazia Z. Rafi, Secretary-General, PGA**. Ms. Rafi congratulated Tunisia on ratifying the Rome Statute of the International Criminal Court (ICC) and emphasized the importance of March 8th as International Women's Day. Ms. Rafi recalled that when she was a student, Tunisia was always cited as a best practice example on women's rights and human rights implementation.

Hon. Haythem Belgacem, President of the Parliamentary Section of the Congress for the Republic Party, welcomed participants to Tunisia, the land of women's rights activists. He emphasized that participants had come together in Tunis to fight for women's rights and further develop them. In Tunisia, women are represented in all positions and also in the constituent assembly. As an outcome of the revolution, Tunisian women gained many assets and are not planning on going back. He promised to introduce laws and decrees in the constitution on violence against women.

Hon. Ms. Sihem Badi, Minister of Women and Family Affairs of the Republic of Tunisia, welcomed participants to "the land of the revolution." She appreciated the great opportunity and responsibility to host this event. Many countries dream of achieving what Tunisia has achieved. She stated that on every occasion, on the international day of women, people have always celebrated women but today those who must be remembered are women in conflicts, prisons, women who suffer marginalization and poverty and are tortured. Women suffer from discrimination in terms of salaries and promotions. Women all across the world still suffer political and male repression. Women are still marginalized economically. Despite their contributions, rural women are not able to have education, pensions, vacations, etc. Minister Badi felt honored that over 20 countries have chosen Tunisia for this event, which is also focused in empowering women economically and legally. The hopes are the same no matter where we are, no matter which social categories. Even in developed countries, women are still marginalized in decision-making. Today we are claiming the progress made by women and we must remember all the women who are not able to celebrate this day. Minister Badi believes it is a positive sign that parliamentarians from different backgrounds gather together in Tunis to think on how to get out of this situation. She concluded by noting that what was impossible yesterday has become possible today.

Ms. Rafi thanked Minister Badi for her leadership and stated that together they had already made plans on how to work on strengthening empowerment of women in Muslim countries. Ms. Rafi then introduced Dr. Donya Aziz as representative of a strong group of parliamentarians from Pakistan who are doing excellent work with landmark bills on women's rights.

Dr. Donya Aziz, MP, National Assembly of Pakistan, Convener of the Sustainable Development, Health and Population Programme, Member of the Executive Committee,

Parliamentarians for Global Action explained that Tunisia, out of all OIC member states, has the most progressive laws on women's rights. This year's theme of the Commission on the Status of Women (CSW) focused on the empowerment of rural women and on connecting with girls and inspiring their future. There is a challenge for countries on how to provide enough staff and resources in rural areas for reproductive health facilities. It is imperative to have a plan on what to do with young girls and how to give them opportunities. In Pakistan, 50% of the population is under the age of 18. Dr. Aziz highlighted that the idea behind this workshop was that a common policy on reproductive health is missing in OIC Member States. She stated that this is a pitiful situation since Islam was the first organized entity to give women their rights. It is important to reclaim that banner and to help other countries understand that Islam is an entity in which women's rights can indeed flourish. At the end of the day, what really matters is not how we dress, but how we think and how we act. Dr. Aziz appreciated the presence of so many men because women could not achieve anything in their professional and personal rights without the support of men.

Ms. Rafi thanked Dr. Aziz for supporting this area of work in PGA's Council and Board. Ms. Rafi requested Ms Badi to send warm greetings to the Turkish delegation that was in Tunisia on the same dates of the event and to thank Turkey for hosting PGA's 32nd Annual Forum on "Empowering Women: Building Human Security" in Istanbul. Ms. Rafi said that the Annual Forum had been discussed with Mr. Moncef Marzouki, President of the Republic of Tunisia, during his meeting with PGA members earlier that day mentioning that there are two layers of dialogue. Parliamentarians have to enter into dialogue with civil society and also with the wider international community. One part of this *chapeau* are the UN Millennium Development Goals.

H. E. Tiina Jortikka-Laitinen, Ambassador of Finland in Tunis delivered a message from Ms. Tarja Halonen, President of the Republic of Finland, who stated that democracy cannot exist without the full involvement of women. President Halonen noted that the initiative taken by PGA was therefore highly appreciated. Finland was the first country to ratify CEDAW. During the last century, many steps have been taken on reproductive health and women's empowerment in Finland. Society has taken a supportive role. Every young girl in Finland knows that a girl can become president. Initiatives in Finland are comprehensive: food system, parental leave, improvement of maternal health, etc. A hundred years ago, infant mortality was a big issue in Finland, but clinics have improved since the 1920s. The government offers women the possibility for paid maternity leave, which allows mothers to stay at home for 105 days. All fathers have 18 days of paternity leave. This encourages men to actively participate in the upbringing of the child and support more equal parenthood. Another social innovation is the free, hot meals in schools. This is very simple but this mechanism significantly reduces the workload of women. Social innovations of Finnish society have greatly supported the situation of women. *(Please see annex for President Tarja Halonen's complete remarks)*

Ms. Habiba Ezzahi Ben Romdhane, CEO, Tunisian National Board of the Family and Population (ONFP), explained that health is a marker on how policies meet social needs. OIC countries have ratified international agreements such as CEDAW and provided reports on eradication and implementation of violence against women. They have also committed themselves at the Beijing conference. However, the commitment of a country should not be measured on the basis of these declarations but on judicial mechanisms that it has established. OIC countries are far from reaching goals on maternal health and gender violence. One issue is geographical accessibility to maternal health services. Also, women continue to be subjected to all kinds of violence, including in their private lives. The health of women is linked to the well-being of a society. In Tunisia, everything has been undertaken to empower women and guarantee them the possibility of enjoying an income. In Tunisia, among the key measures that have been implemented are abolition of polygamy, launching of family planning programs, legalization of abortion, creation of a national office on family and population. ONFP has integrated the prenatal family planning, prevention, menopause and reproductive health under one office. The impact of Tunisian policy is considered one of the

most advanced in the region. Abortion is part of public service. The Tunisian revolution has unveiled many social inequalities. Many women caught in the vicious circle of lack of information and social injustice. Maternal mortality is much higher in certain social classes. It is important to establish a global strategy including youth and women so that they take collective actions in this region.

Keynote Speaker:

Mr. Hafehd Chekir, Regional Director for Arab States Region, United Nations Population Fund welcomed the participants on behalf of Dr. Babatunde Osotimehin, Executive Director of UNFPA. He stated that this workshop should strengthen partnerships and cooperation and identify gaps that still need to be addressed. Political reform is taking place by pressure of young people. People of different countries share similar demands. A number of countries such as Egypt, Tunisia and Morocco made extreme progress on this. Societies in a number of other countries went through different approaches. The International Conference on Population and Development (ICPD) in Cairo in 1994 shifted population issues from numbers to lives' of people. It's a life framework for comprehensive development and improving people's lives. He stated that this workshop organized by PGA sets the groundwork for discussions and consultations in Islamic countries on critical issues. UNFPA will work with sister organizations and governments, civil society and NGOs to review and update the ICPD. The role of parliamentarians is vital to ensure alignment with issues addressed by ICPD. Parliamentarians play a major role in prioritizing development issues. As representatives of people, parliamentarians can bridge communication gaps and can also achieve MDG goals and enable important action. One example of good practice is the role of religious leaders in Yemen in addressing the need to give guidance to husband and wife. This provides opportunity for parliamentarians to have a place in this active community. Islam highly values family life, with marriage being the signal to start marriage formation. Age of marriage of girls and boys should be given specific attention. Parliamentarians should ally with young people to bring in their comparative advantage. There is an urgent need for change and a need for prevention of unsafe abortions. Many Muslims countries still have high infant and maternal mortality due to lack of access to education and health service. Variations amongst Muslim countries are wide. Providing rural women with reproductive health would also prevent migration. Women now constitute one half of people who are HIV positive. In many Muslim countries, women are becoming infected by their husbands. Some issues that need to be addressed are the lack of harmonized actions towards achieving the ICPD Programme of Action and the MDGs on the national level; health inequity in obtaining access to primary health care; lack of access to data; weak access to supervision; and lack of institutional capacities.

Ms. Rafi thanked **Mr. Hafehd Chekir** for calling for the attention to review the ICPD. She remembered the inspiring moment in Cairo when the Programme of Action was adopted.

Session I: The Role of Parliamentarians in Advancing Maternal and Reproductive Health and Gender Equality

The first session assessed the role of parliamentarians in Advancing Maternal and Reproductive Health and Gender Equality and the relevance of CEDAW and the International Conference on Population and Development (ICPD) Programme of Action. Discussion centered on how to most effectively implement these international instruments to improve maternal and reproductive health and promote gender equality in the classroom and the workforce. Moreover, the session analyzed the limitations and challenges that parliamentarians face in implementing CEDAW and the ICPD Programme of Action.

Chairperson: Ms. Shazia Z. Rafi, Secretary-General, PGA

- Ms. Ledia Hanifa, MP, Indonesia
 - Dr. Salah Abdulrahman, MP, Bahrain
 - Ambassador Naela Gabr, Egypt, CEDAW Committee Member
 - Ms. Rim Mahjoub, MP, Tunisia
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Summary of Speakers' Presentations

Ms. Ledia Hanifa, MP, Indonesia

- Shared her experience as citizen of one of the largest Muslim countries in the world.
- In Indonesia, 85% of the population is Muslim and 60% of the population lives in Java.
- Underlined that maternal mortality is not only a women's issue, but an issue for the family.
- Gave an overview of the current situation on maternal health between 1990 and 2015.
- Described programs in several ministries in Indonesia and implementation of national health programs in her government.
- Allocation from the national budget for reproductive health will increase from 2010-2012. There will be free delivery of babies all over Indonesia. For oversight there is an initiative for birth insurance.

Dr. Salah Abdulrahman, MP, Bahrain

- Stated there are several amendments in the 2002 Constitution of Bahrain. "All citizens, men and women" is written in the constitution, underlining gender equality.
- Article 5 proclaims equality of men and women in political, cultural, and economic spheres.
- In Bahrain there are many women who are married to non-Bahrainis. The children usually have the nationality of the father, but, in Bahrain, they have the right to get nationality of the mother too if she is from Bahrain.
- All citizens have the right to health care. There are strong health services in Bahrain with well-distributed health centers and access for all. Health services are free for citizens and non-Bahraini residents, who have to pay only about \$5 and this will cover everything for them. Ante-natal coverage is 97% regarding women's health.
- The percentage of young women is two times greater than men in enrollment in higher education. With regard to the housing system, the government has programs providing Bahraini couples with houses. In the old laws, if a woman was married to a non-Bahraini, they did not have the right to own a house. New laws, in contrast, state that all Bahraini women have a right to a house. 98% of the population in Bahrain is Muslim.
- Bahrain has had a problem with the Shia group who is against the family law. The Sunni part of the law has passed, but not the Shia part. So now Shia women asked for the Shia part also to be passed.
- Life expectancy for Bahraini women is greater than for men.

Ambassador Naela Gabr, CEDAW Committee Member, Egypt

- CEDAW stands as an important component of human rights framework because it deals with rights of half of the world population. 180 countries have signed and all OIC countries are members of this Convention with exception of Somalia, Iran and Sudan.
- CEDAW is one of the first human rights conventions that state the principle of universality of human rights. CEDAW has been used to promote women's issues. When countries present their reports there is dialogue with the expert on how to solve these problems.

- CEDAW Committee has specific features to address issues. The Committee does not use the naming and shaming principle. Among the major factors that prevent full implementation of CEDAW are negative and social stereotypes and discriminatory practices that are the responsibility of men and women in society. It is not to reject traditional roles of women, but there are more roles that women can be entrusted with.
- Political will is also lacking and there is little collaboration between parliament and civil society, which is also important. A good example of international collaboration is what we have here at this Parliamentary workshop.
- Reservations are sovereign rights of countries, but what matters is the outcome of the situation of women's rights on Sharia and gender equality. Sharia has never been an impediment to support women's rights, but it has been misused. Eight OIC member states have clear reservations on article 2 of CEDAW, which is its main provision. The promotion of women's rights should be in all fields, not only in the political sphere.
- Today we witnessed two case studies of Indonesia and Bahrain. Joining the new Organization for Development of Women within the OIC and ratifying the statute is very important regarding development of women's rights in the entire OIC.
- She sees this meeting as a real starting point in enhancing the role of parliamentarians on women's rights. Relations among parliamentarians are extremely important; they should exchange know-how and best practices.

Ms. Rim Mahjoub, MP, Tunisia

- Many changes have been undertaken in Tunisia since independence. Still much needs to be done on women's reproductive health and on equity between men and women.
- Reproductive health has social and psychological aspects, in addition to the medical. Major objectives of reproductive health in Tunis are part of a national strategy. Implementation of such measures takes place via training sessions.
- Reproductive health is a priority for the government and activities are faced with some constraints.
- Health should be a fundamental right included in the constitution. The right to health has already been clarified by the UN, which stipulates that it is an essential right. It is a fundamental factor such as nutrition and education. Beyond legal considerations on what is important today is also to rethink the right to social ethics.
- Tunisia was one of first Arab-African countries to emphasize issues of reproductive health and gender rights. Poverty and sickness make women much more vulnerable than other sectors of society. Female parliamentarians demonstrate the situation of women and status of women and enjoy an echo and an impact so it is an ideal space to describe the daily situation of women.
- Parliamentary women are welcomed in rural areas and their call brings the voice of all these women and may impact actions of governments.
- Parliament should set up a series of priorities. These priorities should also be part of national and international cooperation. Parliament must intervene, reinforce and draft laws on preventive health of mothers and infants. The government must also train personnel on basic standards in some priority and underprivileged regions. There should be a balance between the regions. Adequate training is needed for projects to contribute in the current context of sexual and reproductive health.

During the **interactive dialogue**, participants discussed the equality of men and women regarding salaries in Bahrain. A representative from the African Development Bank asked Ambassador Gabr

what it means that CEDAW is binding. The Ambassador replied that it depends on the legal system of the country; if CEDAW has to be implemented or not in the country, but in any case, CEDAW has to be abided by countries. The Committee is always examining what the status of the convention is in the country and how lawyers can apply it.

Participants discussed how members of parliament can support approval of all laws that prevent discrimination and how legislators can use diplomacy to promote the role of women. They discussed if Sharia is an obstacle for CEDAW. For example, in Burkina Faso, Sharia is implemented more severely and actually is a problem for ratification of CEDAW. A country ratifying CEDAW and making a reservation to Article 2 is against the object and purpose of CEDAW.

Participants discussed strategies on how to strengthen reproductive rights in general. A comprehensive approach by all partners is needed. Parliamentarians have a key role and are convinced of the importance of this issue. Diplomats are also aware of the importance of human rights issues.

Thirty-one countries have no reservations to CEDAW including Indonesia, which is the largest Muslim country. The eight countries with reservations made general reservations stating they were ratifying only to the extent that it did not interfere with Sharia law. Reservations to Article 2 stand as an impediment to the implementation, but those seven countries which set reservations noted that they introduced the reservation as result of problems with their parliament. The key issues are family rights and inheritance.

Now that Tunisia is drafting a new constitution there are discussions on whether Sharia should be taken into consideration or not. The issue lies in the interpretation of Sharia. The first article of Tunisia's constitution states that it is a Muslim country, which is not a problem as such but might raise issues on implementation of CEDAW.

Contraception in Indonesia was discussed as there are about one million abortions per year. Women's groups protested when contraception was set as obligatory. The result, however, is that population rate is increasing because most women do not take or use any contraception.

Session II: Highlighting Societal Benefits of Bridging the Gender Gap

The second session assessed how to promote gender equality in the classroom and in the workforce by building awareness around benefits to national economies. It also addressed strategies on how to build effective partnerships on women's empowerment and the important role of men in promoting gender equality.

Chairperson: Ms. Fatiha Bakkali, MP, Morocco

- Mr. Aliou Aya, MP, Mali
- Ms. Kerstin Engle, MP, Sweden
- Ms. Mariam Traore, MP, Cote D'Ivoire

Summary of Speakers' Presentations

Mr. Aliou Aya, MP, Mali

- In Mali, women are 54% of the population (of 14 million) and it is the fifth poorest country in the world. Its economy is pastoral and only 13% of the budget is allocated to the health sector.
- The major constraint for development, besides the world financial crisis, is demography. According to statistics, from 1998 until 2009 the growth rate of population was more than 3%. This means that the population has doubled in less than 30 years. In Mali, fertility index is 6.7 children per woman and only 6.9 % of couples of reproductive age use contraception.
- Mali has a high rate of maternal mortality: about 464 for 100,000 births. That means that a woman dies every three hours in Mali giving birth to a child. Infant mortality is 96 in 1,000.
- Mali has adopted a gender policy. This policy allows equal access by men and women to services. Parliamentarians play a key role in the promotion of reducing gender discrimination. In Mali, it is the National Assembly which adopts proposals of laws.
- Mali's constitution provides that men and women are equal, but also that legislative measures have to be in favor of women.
- Parliamentary networks working together on gender violence are necessary. Since members of parliament are directly elected, their constituents listen when they take leadership on such issues as reducing gender-based violence.
- It is important to educate men and boys about respecting the physical and mental integrity of women and girls. Men and women represent the wings of one bird and we need to stretch out both wings to fly toward peace and equality.

Ms. Kerstin Engle, MP, Sweden

- There are significant economic benefits to greater equality.
- Sweden was very poor a hundred years ago and only after the Second World War was the Nordic model built.
- Swedish Parliamentarians and NGOs have worked together on gender equality.
- Everyone agrees that we cannot afford losing women from work or education. According to a study by Goldman Sachs, economic growth in Europe stems from the fact that female employment has increased.
- More women than men are studying in universities but are still working in low wage jobs and left out from some job sectors in some countries.
- Well-developed benefits are a prerequisite for women to work.
- Good pre-school and elder care programs are important to free women from obligations at home.
- Education is free and compulsory in Sweden. This has resulted in more women having a higher level of education than men. Work is necessary for women's emancipation and to be financially independent. Giving women opportunity to work full-time is important.
- Gender equality should not be only a women's issue, but all aspects should be emphasized.

Ms. Mariam Traore, MP, Cote D'Ivoire

- Gender equality is first of all a human right.
- Discrimination against women, including gender violence and inequalities on access to healthcare as well as harmful traditional practices, are still widespread.
- Cote D'Ivoire has experienced the problems of women in armed conflicts.
- Education is greater among men than women and illiteracy rate is estimated at 40%.
- Progress has been made thanks to democracy but still situation is a concern for women.
- Women produce 90% of food products in the Ivory Coast. In most homes women practice agriculture to fulfill their needs.

- Another problem is prostitution, which also includes women employed on mining sites.
- There is a very low rate of women in school often due to forced marriage.
- After giving birth, women have difficulties accessing services. Maternal mortality is 500 deaths for 100,000 births.
- Women face inequalities based on culture and norms. In some parts of the country, women and girls are banned from inheriting property.
- Surveys on gender-based violence show that out of 12,000 people, 20% have been subjected to violence. According to Islamic teachings, women are pearls. It is time to tear down the wall of silence and talk about the situation of women in Africa and in the member countries of the OIC.

During the **interactive dialogue**, delegates discussed Mali's family code. There were several Muslim religious leaders against this family code, but it is now at the Assembly in second reading. Others mentioned that in its initial stages, there were serious violations of Sharia in the family code, which have now been corrected.

Sweden's positive example on women's rights was addressed and examined as to how it could be applied to OIC countries. Participants discussed with the Swedish parliamentarian why Sweden has not been able to reduce the pay gap between men and women and what measures can be used to overcome salary gaps.

Ms. Alboukhari Souleymane, MP from Chad, thanked the organizers for inviting the Chadian delegation. She mentioned the issue of women in employment and the fact that even though there are more women with university diplomas, women's salaries are still lower. There is no law that stops women from architecture and people wondered if it's in the nature of women to choose lower paid job sectors.

Ms. Engle was questioned on how much of the general budget is given to the health sector in Sweden. In Sweden it's a free labor market so it depends on the unions. Absence from work will always decrease salaries so that's why parental leave is split between men and women. Staying at home when children are sick should also be divided equally between men and women. Sweden has struggled a lot to get women to choose technical jobs in universities but it is hard. Sweden also supports men going into the education sector because it would affect women's salaries. For example, in Sweden there are a lot of female prosecutors and this caused the salaries for prosecutors to decrease. Sweden has about 365 days of paid maternity leave at 80% of the respective salary. Health care in Sweden is a regional responsibility and care of children and elderly is a local responsibility. All political parties in Sweden have special women organizations that support gender equality.

Participants discussed amendments in Malian family law and the influence of religious leaders. The minimum age for marriage was initially set at 18 years old but it was so divisive that the minimum age was dropped to 16 years. It was a compromise since previously the age was 15 years. It is important to have female parliamentarians. In Mali only 15 out of 107 parliamentarians are women and even if they work diligently, they cannot do much. This is why civil society organizations are very important. With regards to gender advocacy, parliamentarians noted that awareness has been raised. However, people need to be educated about cultural issues. Culture is like the image of a tree. We do not need to eliminate the roots, but rather the dead branches that symbolize dead cultural practices. Islam has nothing to do with gender discrimination.

Chairperson: Ms. Alboukhari Hapsita Souleymane, MP, Chad

- Mr. Jacob Ouedraogo, MP, Burkina Faso
- Ms. Sylvia Sinabulya, MP, Uganda
- Dr. Samira Marii Friâa, MP, Tunisia

The third session of the parliamentary workshop focused on the obstacles to building a comprehensive health system and, more specifically, the circumstances pertaining to reproductive and maternal health. Challenges ranged from lack of infrastructure (i.e. roads, water and electricity) to harmful traditional practices. Speakers presented possible strategies to implement an effective system as well as solutions to some of the challenges to improving reproductive and maternal health.

Summary of Speakers' Presentations

Mr. Jacob Ouedraogo, MP, Burkina Faso

- Burkina Faso is a landlocked country, with limited resources 1,000 km away from the sea in West Africa. It has 16 million inhabitants for 274,000 square kilometers.
- The Burkina Faso health system was implemented in 1960, the same year as independence. Since its establishment, the health system of Burkina Faso has developed with different patterns. In 2000, parliamentarians developed the National Health Policy. During 2010-2012, the National Health Policy has been implemented through the National Health Development Plan. Nevertheless, in the domain of maternal health, the Burkinabe health system continues to face challenges as follows:
 - The first challenge is known as the three delays:
 - Delay in the decision to get a checkup when there is a health problem.
 - Delay of transportation. There's a lack of ambulances in the country and of other means of reliable transport
 - Delay in the management of healthcare.
 - The second challenge is population growth:
 - The population has grown almost threefold from 5.6 million in 1975 to 14 million in 2006. Today, the population is 16 million.
 - Approximately half of the population is under 16 years old. At this moment, this means we need to provide them with good healthcare and at the same time it means that in the future they will also have children and the population will continue to grow.
 - The third challenge is the high fertility rate:
 - The rate has not changed since 1975. Women typically have over 6 children.
 - The National Board of Health is striving to reduce in half the rate by 2030.
 - The fourth challenge is the poor status of women in the country:
 - Gender parity is very important for women to have an equal voice in their decision to seek medical advice.
 - Their poor status leaves them unable to negotiate the use of protection against sexually transmitted diseases and viruses.
 - Women's vulnerability is also impacted by harmful traditional practices like arranged forced marriages and female genital mutilation.
 - To address these challenges several different solutions have been implemented. Some of these are:
 - Free prenatal screening nationally since 2003;

- Changed the ways prenatal screenings are conducted: screenings are centered on the women and include prevention of polio, distribution of mosquito nets treated with insecticide, prevention of anemia and HIV testing;
- Financial assistance to assist parents with the medical costs of childbearing;
- Education of villagers about neonatal care and institution of specially trained village network in case of emergencies;
- Nationwide implementation of prevention of mother to child transmission of AIDS;
- Family planning consultations offered on a national basis. Wider distribution of contraceptives;
- Increased engagement to combat fistula, which is a major factor in post birth complications. Since the early 2000s, there are more programs in place to allow women to obtain earlier treatment for fistula and prevent issues during childbearing/birth;
- Burkinabe parliamentarians have allocated approximately 500 million CFA (approximately 1 million US dollars) to fund the contraceptives initiative.
- Burkina Faso has started many initiatives to address issues related to public health. In order to have the most effective plan of action, a coordination of efforts on the regional, national and international level has to be in place. Civil society has also been active and has produced many associations and initiatives to address these various issues. As parliamentarians, we have put into place many laws to address maternal health and MDG 5. Burkina Faso has ratified CEDAW.

Ms. Sylvia Sinabulya, MP, Uganda

- There are two types of challenges affecting the improvement of maternal and reproductive health: those within the health care system and those outside the healthcare system.
- Health care systems in developing countries must confront several infrastructural challenges including: understaffing and poorly paid staff, insufficient drug and health supplies, poorly located health facilities, and lack of efficient referral systems without the ability to transport patients.
- In Uganda, health workers are few and overworked. An inadequate supply of drugs at health facilities has made maternal healthcare very expensive. Healthcare providers have asked women to come to the facilities with their own provisions.
- A number of issues arise on the demand side. Widespread poverty minimizes the ability to pay for healthcare. In Uganda, healthcare is supposed to be free, however because of lack supplies, people are asked to pay. There are also challenges to transport women to the hospital in the case of obstetric emergencies.
- There are also social and cultural factors, as well as the status of women.
 - Women experience early marriage and a high value is placed on childbearing
 - Fertility rate in Uganda is 6.9 children per woman.
 - Very often male authority is required to make decisions and access medical treatment since women do not have the economic power.
- There are other infrastructural issues like transportation, food and water access. The root causes of the high maternal mortality rate extend beyond just health issues. They also depend on women's access to transportation to the hospital as well as access to the necessary finances to be able to pay for the care she receives.

- A few countries with low gross national product have been able to reduce maternal mortality rate like Malaysia, Iran, Kerala State in India and Sri Lanka.
 - What these initiatives have in common are investments in the development of their health system in general and in maternal health services specifically.
- Health sector reform involves many strategies that are carried out simultaneously, such as decentralization of the health service system, dedicating government finances on essential packages of services, developing alternate financing systems and increasing the involvement of the private sector.
- Uganda has created a roadmap on the issue that includes the following initiatives:
 - Addressing bottlenecks in the delivery of emergency obstetric care. There has been an improvement on the referral system from health centers to first-level hospitals. Expectant women are ushered to maternity waiting homes to receive treatment;
 - Encouraging effective deliveries and recruiting necessary staff;
 - Investing in family planning to reduce unwanted pregnancies, unsafe abortions and consequently deaths;
 - Increasing access to prenatal care where a pregnant woman is encouraged to attend at least for four visits.
- Some of the critical issues are to make investments in the health system, such as securing and retaining trained staff, improving geographical accessibility, reducing out-of-pocket costs, investing in poverty reduction programs, investing in girl's education, and improving governance.
- Building political will is very important and this is where the role of parliament is crucial. Parliaments using their mandates of legislation, budget appropriation, and oversight must ensure that maternal and reproductive challenges are addressed and that the health of women is given priority in country development plans.

Madame Chair thanked Ms. Sinabulya for her concrete presentation and highlighted the social and cultural barriers presented to parliamentarians in their work as representatives of the people in this field. She also emphasized the need to transform political statements into actual legislation. Furthermore, she called for a definition of public health as Anglophone participants were calling upon the private sector and Francophone participants were calling upon civil society for partnerships.

Dr. Samira Marii Friâa, MP, Tunisia

- Introduced herself as a doctor specializing in respiratory diseases and representing the Medina district in Tunis; one of 56 women in the Constituent Assembly.
- Tunisia was presented as a model country, but the revolution revealed that 24% of the population lives under the threshold of poverty.
- Infant and maternal mortality are solid indicators of success in Tunisia. Nevertheless, there is still much to be done in Tunisia and in the greater Arab world.
- Five hundred thousand women around the world die each year as a result of complications during childbirth and other diseases:
 - This means one woman every minute.
 - Mainly affects African women.
 - According to the World Health Organization (WHO), main causes for death are hemorrhage and clandestine abortions.
- In terms of neonatal mortality there are 5.7 million deaths annually, 98% of them happen in developing countries; one-third are linked to complications in birth.
- Tunisia is a small country of 154,000 sq. km. and about 65% of its population lives in urban areas. There are 232 health centers, 220 regional hospitals and 34 major institutions.

- Shared some figures such as the growth rate, which is about 1.2%. The fertility index is about 2.05, while the mortality rate is about 5.7 out of 1,000 inhabitants. Life expectancy is 76 years for women and 72 years for men.
- The expenses on healthcare amount to 6% of the budget.
- In Tunisia, there is enough legislation. What is needed now is implementation.
 - Women's empowerment dates back to the 1930s;
 - The Center for Maternal and Infant Protection was opened in 1959;
 - Family planning services began in 1966;
 - Prenatal services began to be offered in 1970;
 - According to a survey in 1996, maternal mortality rate was 68.49 per 100,000 women and in 2008 it had reduced to 44.4 per 100,000 women;
 - Neonatal mortality rate is 12 per 1,000 births.
- Regional inequalities are a major issue to address in the coming years.
- Among the objectives for the future are to reduce prenatal and maternal morbidity and mortality and also decrease the number of handicaps that result from childbirth.
- She presented some possible solutions:
 - Standardization of care across all regions;
 - Education about sexual health for everyone who is about to be married. These future parents will be aware of the issues they must confront once they are ready to have children;
 - Education of female population about prenatal issues they will face;
 - Increase doctors' consultations;
 - Developing texts that educate different groups about the various health threats.

The **interactive dialogue** was characterized by active participation from participants and presenters alike. Ambassador Naela Gabr posed a question about the relations between national institutions, like the Ministry of Family and Women Affairs, and national parliaments. She also asked about funding for these initiatives in national parliaments. Mr. Aliou Aya, MP from Mali, asked about the relation of geography and access to services. An Indonesian parliamentarian discussed the important role of traditional birth attendants in Indonesian health centers, while a Chadian legislator inquired about how speakers treated women with fistula in their countries. Ms. Oulham Ouali, MP from Morocco, a doctor in the public service and specializing in public health discussed the endeavor to decrease the number of deaths of mothers and to focus on prevention and awareness.

Dr. Marii Friâa, MP from Tunisia, emphasized the need to decentralize the health system. She noted that it is important to have the necessary, adequate personnel in all regions. Tunisia already has the legislation. Dr. Marii Friâa introduced the Tunisian before-marriage certificate where partners are educated on a variety of subjects affecting married life. Partners do not share medical statements or certificates with each other and they come to the health offices asking for these certificates.

Mr. Ouedraogo, MP from Burkina Faso, explained that midwives serve in hospitals and are given formal training. They also offer financial compensation to alleviate the costs for the mothers when they need surgeries.

Ms. Sinabulya, MP from Uganda, stated that the use of traditional birth attendants is discouraged. Fifteen percent of all births present obstetrical complications and the government is very concerned about this percentage. The government does not believe birth attendants have the necessary capacity to deal with the various complications at childbirth.

Session IV – Opportunities and Initiatives for Improving Maternal Health and Reducing Maternal Mortality

Chairperson: Mr. Ali Ashal, MP, Yemen

- Dr. Hetifah Syaifudian, MP, Indonesia
- Ms. Elizabeth Alpha-Lavalie, MP, Sierra Leone
- Ms. Fatima Shagari, Expert on Maternal Health and MDGs, Nigeria
- Dr. Rushna Rajvi, Senior Technical Advisor for Health, USAID Asia and Middle East regions

The fourth session focused on concrete strategies to address the various problems faced in maternal health having presenters discussed the challenges faced in their respective countries and measures taken to address each of the issues.

Summary of Speakers' Presentations

Dr. Hetifah Syaifudian, MP, Indonesia

- Presented some of the challenges in Indonesia:
 - Indonesia is seeking to lower the maternal mortality rate from 229 to 102 deaths per 100,000;
 - The number of births attended by skilled attendants increased from 40% in 1992 to 65% in 2002. However, there is a wide range in different regions;
 - Contraceptive prevalence rate is very low;
 - The unmet need in family planning is about 14%;
 - Abortion is criminalized leading to an increasing amount of clandestine abortions.
 - Delivery of babies at home is common and risky if it occurs in a remote location without access to a functioning referral center. As an example, she referred to a story in a leading newspaper about a 32 year old mother who delivered her 6th child in her backyard.
- There is a tradition dictating that a new mother must move away from her house for a week.
- Key political commitment achievements on gender equality:
 - Some laws have integrated a more gender-sensitive approach and have advanced the protection of women's rights. One example is the Population Growth and Family Development Law No. 52/2009;
 - The Mid-Term Development Plan contains gender-responsive programs and includes the health sector;
 - Decentralization has allowed regional and local governments and civil society to become more engaged in resolving issues of gender equity;
 - Awards are used to encourage gender mainstreaming efforts at the local level;
 - The mandatory participation of women at village and district levels allows women's issues to be discussed;
- Added opportunities in the health sector:
 - Since 2009, the Ministry of Health is a pilot institution in implementing gender-responsive budgeting;
 - The Ministry of Health has created working groups to implement gender-mainstreaming training at the local level;
 - Usage of sex data to implement policies;

- In early 2011, the Ministry of Health launched the Labor Insurance program (*Jampersal*) to help mothers give birth in health facilities free of charge, with a unit cost of 430,000 Rupees. In 2012, the unit cost per package will rise to 600,000 Rupees.
- BOK Initiative allows women to go to necessary health facilities during pregnancy and take necessary vaccines and medication.
- Establishment of a Midwife Program, which currently has more than 700 academies for midwives and nurses.
- Noted two parliamentary initiatives:
 - The Indonesian Forum of Parliamentarians on Population and Development (IFPPD), created on October 17, 2001, has introduced legislation on gender equity and maternal health;
 - The Indonesian Women's Parliamentarian Caucus increases female parliamentarians' involvement in Indonesian politics and serves as a gathering place for women belonging to the people's representative body as well as a medium to promote partnerships between them and women in civil society organizations.

Ms. Elizabeth Alpha-Lavalie, MP, Sierra Leone

- The Sierra Leone parliament recognizes that reproductive health is a human rights issue.
- Healthcare in Sierra Leone is free for pregnant and lactating women and children under 5.
- The national maternal mortality rate was 857 per 100,000 live births and infant mortality rate was 140 per 1000 live births. The implementation of free health care has decreased this rate.
- There has been an increase in the number of people accessing free healthcare causing a strain on the system. As a result, the government has increased the training of traditional birth attendants and maternal health aides.
- A coalition of members of women parliamentarians and ministers along with parliamentary committees and members of civil society formed the Health Strategic Pathway in Reproductive Health Commodity Security diagnostic tool adapted to Sierra Leone.
- The advocacy and lobbying by parliament has increased access to quality and affordable care, reducing the rate of maternal and infant mortality. Advocacy has also established family planning as a fundamental component of the primary health system
- The Gender Equality Bill will soon be presented to parliament.
- Recommendations that may lead to legislation:
 - Establishment of the Civil Society Organization Forum- MPs are now collaborating with members of civil society to address issues raised by citizens. Together, they find solutions;
 - The Parliamentary Action Group on Population and Development, with support of UNFPA, created a resource and documentation center in parliament. This action group focuses on communication, dissemination of information, policy lobbying and advocacy enhancement.
 - Parliament formed strategic partnerships with UNFPA as well as with other bodies of government, and international and national non-governmental organizations.

The Chair commended the panelists for their definition of different elements that affect maternal mortality. He shared that the Yemeni parliament is currently discussing the appropriate age for marriage.

Ms. Fatima Shagari, Expert on Maternal Health and MDGs, Parliamentary Advocates for Population and Sustainable Development, Nigeria

- Shared a profile of Nigeria:
 - Population estimates 167 million people;

- Poverty rate is 67%;
- Maternal mortality is the single most important public health issue with a rate of 487 per 100,000 births;
- Contraceptive prevalence rate is 10%;
- Fertility rate is 5.7%;
- One in four women is married by age 15;
- HIV/AIDS prevalence is 4.3%;
- About 6 million couples lack access to family planning.
- Early marriage and teenage pregnancy are issues linked to tradition and culture.
- One hundred per 1,000 children under the age of 5 die from different childhood diseases.
- The legislature tried to implement CEDAW but the Christian Health Association of Nigeria and the Catholic Church of Nigeria challenged it. The Catholic Church of Nigeria also challenged the Institute for Reproductive Health.
- Nigeria established a standing committee on the MDGs in the House of Representatives.
- The MDG standing committee, attached to the president, does a lot of work with the parliamentary group. They also monitor and evaluate successes. However, the budget dedicated to the MDGs must be better allocated.
- The President has declared maternal mortality as a national emergency. The government has declared maternal health free. At the moment, it remains only a political statement because many mothers must still pay for treatment.
- The government has instituted midwifery and ambulance schemes to help expectant mothers. Thanks to funds from the MacArthur Foundation, the use of anti-shock garments has increased.
- Girls' education has been linked to the reduction of maternal mortality rate. Family planning products are free as a statement by the government, however in reality they have not been free. Access to these resources is nearly non-existent.
 - The government allocated 500 million Nigerian Naira for education of girls, but these resources have not reached the places where education is most needed;
 - Introduction of an information and communications technology (ICT) scheme: schools for girls have been provided with computers.
- To increase service delivery, the government has built 110 primary healthcare facilities and made family planning services free. Nevertheless, as mentioned above, it continues to be difficult to access these free services. Civil society has helped to fill the gap.
- In 2011, civil society groups helped women candidates to make gender equity and maternal health a campaign issue.
- "Dreams for Nigeria" is a documentary describing the achievements and community engagement of female legislators and showing how to share best practices.
- The MDG Standing Committee supported women representatives from different political parties and civil society groups from the 36 states. They developed a Manifesto called:
 - "Nigeria 2011 Elections: Advocacy Strategies and Launching of Women's Manifesto." It identified four priority areas and issues --Maternal and Child Health, Youth Employment, Women Empowerment and Women Political Participation.
- The Manifesto enlisted demands to the government such as funding for skills-building workshops for female politicians, a quota for women in parliament, and allocation of budget to ensure the achievement of MDG 3.

Dr. Rushna Rajvi, Senior Technical Advisor for Health, Asia and Middle East Regions, USAID

- 184 million pregnancies occur in developing countries. From these:
 - 40% are unintended either unwanted or mistimed;

- Half of the unintended pregnancies end in abortion;
 - Consequently, nearly one fifth of pregnancies end in abortion.
- There are 358,000 maternal deaths annually in developing countries.
 - Major causes for these deaths include preeclampsia, hemorrhage, abortion and sepsis;
 - According to the World Bank, access to voluntary family planning could reduce maternal deaths by 25-40% and child deaths by as much as 20%.
- Family planning is a key intervention for health and development. It has health benefits like saving the lives of mother and children and mitigating the chances of the spread of disease. It also has social and economic benefits such as allowing couples to plan and space births between their children, thus decreasing overall population.
- Globally, low modern contraceptive prevalence correlates with high total fertility rate.
- Africa has made the least progress in meeting the demand for family planning; but the largest unmet need is in South and Western Asia.
 - South and Western Asia have a population of 81 million with unmet needs representing a 41% of unmet needs;
 - 64% of demand in Africa is not met.
- Unmet needs of 215 million people in developing countries translates to: 53 million unintended pregnancies annually, 25 million abortions, 590,000 newborn deaths, and 90,000 pregnancy related deaths.
- Longer birth to pregnancy intervals translates into better maternal child health outcomes.
 - Increased use of family planning leads to lower abortion rates. For example, in Russia from 1988 to 2001 use of modern contraceptives increased 74% while the total abortion rate declined by 61%.
- A broader development perspective- mortality declines are outpacing fertility declines in Africa leading to high rates of population. Current population growth rate is 2.5%.
 - By 2050, depending on pace of fertility decline, population growth rate will range from 0.8% to 1.7%. Population estimated to be 1.5 to 2 billion compared to world population of 7.8 to 10.5 billion.
- High fertility means youthful age structure rapidly expanding demands across health and development sectors.
- In these regions, there is also the issue of girls giving birth at an early age and having multiple children.
- Some possible solutions:
 - Delay first pregnancy at least until 18 years of age and have no pregnancies after 32;
 - After live birth, space for 24 months until the next pregnancy attempt;
 - Offer family planning focused on healthy timing and spacing of births.
 - This is already done in Pakistan, India and Nigeria.
- Concluded that improving access to family planning and reproductive health contributes to gender equity, education, social and economic empowerment. This can only be achieved through leadership in countries embracing policies and practices that ensure family planning and reproductive health as cornerstones of all health agendas.

Session V – Examining Advocacy Tools and Creating Effective National Action Plans

Chairperson: Mr. Sayed Ishaq Gailani, MP, Afghanistan

- Ms. Khadija Yamllahi, MP, Morocco

- Ms. Halima Guenni, MP, Tunisia
- Ms. Nask T. Abdul Karim, MP, Iraq

This session examined how parliamentarians can advocate for national legislation that supports gender equality in the workforce and the classroom. Strategies for increasing the participation of women in the political process such as the implementation of gender quotas and women's caucuses, and regulating party practices were assessed as well as how to develop budgets with a gender lens and to allocate funds to support women's empowerment on relevant parliamentary committees. Parliamentarians explained the challenges and existing limitations in current legislation in their countries when advocating for gender equality in the workforce.

The Chair, Mr. Sayed Ishaq Gailani, MP from Afghanistan, welcomed the three strong women speakers and encouraged them to share the experiences of their particular countries.

Ms. Khadija Yamllahi, MP, Morocco

- Addressed the following three specific aspects:
 - 1) Gender equity:
 - Morocco has seen some changes and social movements known as 20 February Action.
 - The country has witnessed a distinct political process in which women have had an important presence in creating a new constitution on the basis of a participatory approach. Women's activities had an important role in this process and gave way to a new parliament.
 - Moroccan women did not appear out of thin air. There were serious actions in 1998 and this year became important for women's activities. These actions also gained support from democratic forces and civil society.
 - All the laws of nationality and employment dealing with human rights concerned the family and the rights of the family.
 - In 2006, a national strategy was set up. This strategy aims at limiting the discrepancies between men and women in order to empower women politically and socially. In addition, an institution focused on tackling gender-based violence was created. In 2008, CEDAW was ratified. Lastly, there was an increase of female employees in government institutions and in the diplomatic corps.
 - 2) The role of parliament in instituting justice:
 - Currently there is only one woman in the Cabinet compared to the previous cabinet that had five women.
 - The country has a National Council for Human Rights as well as institutions working on the promotion of the rights of women and family, which are fundamental.
 - There has been positive change through the adoption of initiatives like positive discrimination by political parties. For example, the socialist party decided in 2001 that the percentage of women should increase from 20% to 25%. This figure has now reached 30%.
 - Until the 2002 elections, only two women occupied seats in the parliament, and as a result, the strategy has been to increase the number of women parliamentarians, rising from 0.5 to 10%. In 2007, the figures remained the same.
 - The strategy also includes the youth. One third of seats were dedicated to women or youth and the rest to men.
 - Currently, the number of women in parliament is about 60 and in the 2009 elections, women's representation increased by 12 %.

3) Gender equality in times of change:

- The Moroccan parliament is now called upon to propose laws dealing with economics and that have a direct impact on reproductive health, on reducing infant mortality, and achieving MDG 3 and 5 to guarantee the family.
- Parliamentarians are obliged to implement mechanisms of gender equality and put into effect international conventions.
- Parliamentarians must create a forum of parliamentary women working hand in hand with civil society. A legislator's responsibility is to speed up the issuing of two laws in order to institute parity and laws on the rights of the family and infants, and as a society, there will be better capacity to implement major impacts.
- In Morocco, each political party provides a list with a number of agreed upon candidates.
- Morocco will adopt the parity system and not the quota system.
- The challenges and obstacles raised in this Workshop are still current issues in Morocco. The absence of policy and resources continues to be very prevalent.

Ms. Halima Guenni, MP, Tunisia

- The World Health Organization (WHO) definition of reproductive health is to achieve full psychological and bodily safety, and not only to be free from sickness.
- The mother is most affected because of pregnancy and delivery.
- Achieving the goal of reproductive health not only requires providing medical tools, but also an overall economic plan where women have their place and can enjoy freedom.
- In Tunisia, women enjoy many rights and the situation is in reality very progressive.
- Women in previous years have participated in government.
- In the new government, legislators are trying to make more progressive laws and include even more women and have them actively involved.
- Women also take part in the field in sit-ins and strikes.
- There needs to be more women in the Cabinet. As of now, there are only two ministers and one secretary-general.

Ms. Nask T. Abdul Karim, MP, Iraq

- Described the current situation in Kurdistan and offered some recommendations on how to reinforce the role of parliamentarians and of organizations like UNFPA. She stated the following:
- The first element of reproductive health is that it requires living paradigms for women to have rights and higher social standings.
- Need to broaden the level of maternal and women's health, there are many factors relating to reproductive health.
- Need to regulate fertility. The use of contraceptives increased by threefold during three decades. The rate for the use of contraceptives in rural areas is 58.1% and 76% in urban areas.
- The second element of reproductive health is safe childbirth. There needs to be a more fair and even distribution of healthcare. There needs to be a joint venture between the public and private sectors to provide transportation to the hospital, to ensure that there is sufficient access to healthcare.
- The third element of reproductive health is to successfully diagnose and treat sexually-transmitted diseases. There are diagnosable and treatable diseases that compound to greater problems when they go untreated. Diseases like gonorrhea and chlamydia are fairly

treatable, but because of late diagnoses they compound as much greater risks for women. Also important to diagnose early breast and cervical cancers related to the human papillomavirus (HPV).

- In Iraq, the infrastructure suffered strains because of the war and the exodus from rural to more urban areas. People under 14 years of age comprise much of the general population in Iraq. There is also the group of 15-17, which also needs special attention. Many of these people live in urban areas. In these areas, many women are widows because of the war and acts of terror. With these widows as heads of households, maternal health takes on a critical role to ensure their lives.
- Need to follow up to ensure that women's issues are properly financed by the government. Women lobbied to increase the number of women in the Kurdistan parliament from 25% to 37%. There is also law number 6/2011 that criminalizes any illegal marriages.
- In 1969 beating a woman to "educate" her was acceptable, now it has been criminalized. In 2008 there were many amendments to the code of personal status and the introduction of laws against domestic violence.
- The laws on child custody and prostitution have also been amended. In the case of prostitution, only women used to be punished; now both women and men are punished.
- Need to rebuild hospital infrastructure to benefit people in rural areas. There are also women who were prevented from going to school. Now, programs were developed to educate women about their right to education.

During the **interactive dialogue** Fatiha Bakkali, Member of Parliament from Morocco, stated that there have been significant efforts in maternal health and that her country is committed to achieve all MDG goals by 2015. Morocco also has an interesting perspective on women's participation in economic and social spheres and political parties. Many parliamentarians were interested in learning more about the quota system of women in parliament and what strategies their countries took to increase the number of women in parliament. Parliamentarians agreed on the extreme importance of encouraging the participation of women in parliaments and, specifically, of rural women. Moreover, it was agreed that women parity is not only necessary in parliaments but in all sectors of society.

Ms. Rafi, PGA Secretary General, briefed participants about a past PGA meeting where it was discussed that people always go into politics because of power and influence, but the interesting part is what happens when they get in power. How to make sure that they actually deliver for women? India passed laws establishing that a third of their council seats are reserved for women from rural and local areas. This has changed the dynamics in the country and leads to a more responsive society.

A legislator from Yemen mentioned that unfortunately in his country there are 300 men and a single woman in parliament. Parliamentarians concluded and agreed that the quota system sets a floor for women so they can develop their potential.

Session VI – International Cooperation and National Commitments: Implementation of CEDAW and the ICPD Programme of Action

Chairperson: Mr. Babah Ould Ahmed Babou, MP, Mauritania

- Dr. Mohamed Boudra, MP, Morocco
- Dr. Leila Joudane, Assistant Representative, UNFPA Tunisia

This session assessed the key components of effective national legislation and how to ensure the enforcement of legislation. Parliamentarians assessed how to most effectively engage in international and regional initiatives and how to create partnerships with civil society.

The Chair, Mr. Ahmed Babou, MP from Mauritania explained the positive experience of Mauritania partnering with PGA on implementing legislation in the past. He invited the participants to share the experience of their respective countries.

Dr. Leila Joudane, Assistant Representative, UNFPA Tunisia

- Contributions of UNFPA came through a family planning program and are provided for free in hospitals and basic health care centers. Even abortion is provided for women.
- UNFPA has integrated sexual education in the classrooms and granted support for collection of statistical data. The center for statistics, the national office for population and family, and the faculties of medicine are working together to have available current demographic data and have a record on the gender dimension. They are doing the necessary work to conduct gender-based surveys.
- UNFPA is also supporting NGOs advocating for women's rights and is supporting marginalized members of the society.
- UNFPA also supports peer-to-peer education.

Dr. Mohamed Boudra, MP Morocco:

- Mentioned that the following day, delegates would be joining their respective countries and would ask what novelty we bring to our parliament.
- As parliamentarians, we have big action power with the possibility to inform ministers who belong to the majority of the political party. We can also be in opposition and can contact the government to come up with proposals. The government can come up with draft bills as well.
- We are also important actors in our countries and can develop partnerships with NGOs and political parties to improve the conditions of women.
- The implementation of existing laws often fails to follow up on the conventions. We have labor codes and gender approaches and there are laws in the constitution that speak about gender equality so we as parliamentarians have to pursue the enforcement of existing laws.
- We can propose laws and this can be done by involving NGOs that are close to us and by proposing laws that are close to our country.
- In Morocco, the constitution was voted upon unanimously and now the role of parliamentarians is to work on its implementation.
- We have to focus our efforts so any Moroccan citizen can hold the authorities to account.
- The parliament has to elaborate organic laws for civil society and NGOs to take part in the legislation process.
- He questioned how to make girls schooling compulsory until age 16 if it cannot be enforced because some girls live far away from school and have no transportation.
- In this workshop, we listened to our Swedish parliamentarian colleague describing the lack of women's wage parity. It's an issue of gender inequality and it is not something to change over night, but we are here to change it.
- Partnerships with civil society and with religious groups are needed to ensure we have applicable legislation.
- In Mali, what happened is the country implemented legislation that is unreachable by its society.
- In Morocco, we drafted and managed to pass a very smart constitution, but now we have to make sure it is adopted.
- Concluded that it is at the level of implementation where we have to be equally smart.

During the **interactive dialogue** the importance of parliamentary partnerships was emphasized and participants thanked Parliamentarians for Global Action for organizing this meeting since it was the first time this kind of interactive seminar had taken place within the OIC. In 2005, the exceptional ministerial meeting in Mecca underlined the importance of women's rights as an important factor at the OIC. Since then, there had not been much follow up action. There was a proposal to have something on women's rights within the OIC in Dushanbe and there was a statute of laws. However, with the revolutions, people are not quite interested in women's rights and refer to them as a heritage from last regimes. We have had progress on women's rights so far and we do not have to start from scratch. Parliamentarians agreed that interaction within OIC member states is important because there is common religious and cultural basis that allows partners to work jointly and to uphold women's rights. Ms. Aline Koala, MP from Burkina Faso, shared the good practice from her country where there is a high level of application of the ICPD and much work has been accomplished. In early March the majority political party decided that 30% of women would be included in the list for the elections to the municipal council. At the closing of elections, they ended up with 35% of women and as a follow up demanded full parity of 50%.

The Chair stated that certainly parliaments have a role in promoting women's rights on reproductive health and said this is only possible if there are a good number of female parliamentarians.

The MP from Iraq stated that firstly there needs to be women in political parties placed in decision-making positions. We should amend the laws on parties so that they consist of at least 30% of women. Reform should begin at the preparatory phase of political parties. An MP from Morocco said that if women were defeated they would also defeat generations. Men need to be integrated in this process because this is an issue that deals with women at large. In Morocco, the winds of change came, and, in the end, the Islamist party is currently in power. If female parliamentarians want to be effective they have to head committees and task forces. It is these commissions that allow for all the laws to be passed. It is these committees that decide on the functioning of the council.

Adoption of the Tunis Plan of Action

Dr. Salah Abdulrahman, MP from Bahrain chaired the drafting session of the Tunis Plan of Action with the assistance during the negotiations of fellow parliamentarian and PGA member, Dr. Donya Aziz, and PGA secretariat staff Ms. Jennifer McCarthy and Ms. Leyla Nikjou as well as Adnen El Ghali, Program Analyst at UNFPA Tunisia.

PGA members were overall very supportive of the Draft Declaration prepared by the Drafting Committee. The most significant addition requested, and agreed upon by PGA members, was to include more specific language addressing the various rights of women. Ultimately, it was a matter of semantics – not ideological differences – and was resolved through a revision process. The requested revisions were made and the participants at the workshop approved the Tunis Plan of Action unanimously.

Closing Remarks

Ms. Shazia Z. Rafi, Secretary-General, Parliamentarians for Global Action, stated at the closing remarks: “This journey started in Beijing with PGA. We were given the task of trying to help women overcome the barriers of getting into political office. We were tasked with the responsibility of trying to get affirmative action in place to help these women get into positions of power. In Beijing, it was a small delegation of women and for many of them they had issues with their family life, which was linked to the time they spent on the job. After that conference there were many instances where women got into the upper echelons of power and then decided that it took too much of a toll on

their family life. In PGA, we decided to have a 60-40 gender make up of either gender on our Executive Committee. This has had a very successful effect that has allowed women to manage international portfolios. PGA is the only international organization that has a female secretary-general. I come to the end of the next year and at that point I am passing my baton to you all so that you may continue the efforts thus far. It is a constant challenge to address these issues. I commend our council and executive boards for engaging with an organization like the OIC. This has brought us to this conference here in Tunisia, an example for legislation for many countries in this region. I would like to thank the government of Finland and UNFPA who co-funded this project.”

Hon. Ms. Sihem Badi, Minister of Women and Family Affairs of the Republic of Tunisia asked **Ms. Mabrouk, a recent elected member to the Tunisian** Constituent Assembly to come up and speak as a mother and parliamentarian. **Ms. Mabrouk**, with her baby daughter in her arms, stated: “I represent Tunisians living in America and Europe. I gave up my life to move here and help with the new constitution. I am very proud to be here.”

Minister Badi concluded: “When we are ministers, we are one amongst the many women worldwide who try to balance our personal and work life for the greater cause. There have been many fruitful discussions where you have represented your constituencies. Thank you for being here with us. Thanks to all the men and women who have come to work together so that we can opt for more democracy and more justice across the world.

This final summary was compiled and written by Ms Leyla Nikjou, PGA Programme Associate and Ms. Rodline Louijeune, Consultant, with final edits by Ms. Jennifer McCarthy, PGA Assistant-Secretary General.

ANNEX

Message by President Tarja Halonen

Women in Northern Africa and the Middle East have actively participated in the political protests for social justice and equality. It is important that they continue to participate side by side in building a democratic society. Democracy cannot be achieved without full participation of women.

Involvement of women in the political sphere has strengthened the concepts of equality and social justice into the Finnish and more generally the Nordic welfare state. The success of the Nordic model also points out that gender equality, the welfare society and business success are closely connected. I firmly believe that the full participation of women in society is not only right in terms of equality but it also improves competitiveness.

Since the beginning of the new millennium, the Millennium Development Goals of United Nations have provided us a framework to follow in the field of international development. Empowerment of women is central to those goals.

Advancing maternal and reproductive health is a central element in the promotion of gender equality. Women everywhere in the world must have an access to reproductive health service and they must be able to plan their life, receive education and take part in social and working life. Women are half of the world's population. It is essential to promote women's rights and fully engage women to the society.

The initiative taken by Parliamentarians for Global Action to organize the Parliamentary Workshop on Advancing Maternal and Reproductive Health and Gender Equality in member countries of the Organization of Islamic Cooperation (OIC) provides an important opportunity to exchange views and advance gender equality.

Tunisia is an excellent choice as a host this workshop due to its exceptional history of women leadership. From the early years of the republic till today, women have played an important role in the Tunisian society. Furthermore, Tunisia has been the first Islamic country to fully ratify the CEDAW agreement aiming to eliminate the discrimination against women, showing the path for others to follow.

I wish you all the participants a fruitful workshop. Let us continue working together in building a better future for all of us.


President Tarja Halonen