

**All-Party Parliamentary Group on Population, Development
and Reproductive Health
Review of Activities - July 2000 - February 2001**

Annual General Meeting - July 2000

In July the APPG held its Annual General Meeting. Christine McCafferty was re-elected Chair of the Group and the Officers of the Group were also re-elected. Dr Jenny Tonge MP and Alice Mahon MP were elected on to the Group Committee. (Annex 1)

Parliamentary Advocacy

Parliamentary Hearings on Female Genital Mutilation and Survey Analysis

In May 2000 the Group held Parliamentary Hearings on Female Genital Mutilation at the Palace of Westminster. The Parliamentary Panel consisted of Christine McCafferty MP, Lord Ahmed, Dr Peter Brand MP, Lady Gould, Alice Mahon MP, Lady Rendell, Lord Rea and Dr Jenny Tonge MP. The panel heard evidence from witnesses that included NGO's in the UK and abroad, health specialists, the UNFPA and the Wallace Global Fund.

In preparation for the Parliamentary Hearings, 350 questionnaires were distributed globally and a third were returned. A Report of the Parliamentary Hearings with recommendations to the Government and a Survey Analysis of the Questionnaires were written.

In November 2000, the Group held a reception in the Jubilee Room at the Palace of Westminster to launch the Hearings Report and Survey Analysis. The key note speakers at the launch were Kate Adie OBE, the BBC Chief News Correspondent and Baroness Amos, the International Development Spokesperson in the House of Lords. The Art Exhibition by Nigerian Artists titled: "Female Circumcision in Nigeria. The Suffering, The Sorrow. The Setback." was displayed at the launch.

The Report launch was covered in a number of broadcasting and print media including, BBC News, Channel Four News, BBC Radio 4 Women's Hour, BBC Radio 5, BBC World Service, ITN news. The Guardian and Observer Newspapers and various medical journals covered the Hearings Report. (Annex 2)

Beijing +5 Review - July 2000

In June 2000 in New York there was the five year review of the 1995 Beijing United Nations Conference on Women. The All-Party Parliamentary Group took the opportunity of raising the issue of sexual and reproductive health and rights at oral questions in the House of Commons. (Annex 3)

World Population Day - July 2000

The APPG co-hosted a reception with Population Concern at Church House, to mark World Population Day. Baroness Kennedy of the Shaws was key note speaker and spoke about the importance of global sexual and reproductive health rights for women and adolescents. Members of the All-Party Group rose the issue of Reproductive Healthcare in the House of Lords. (Annex 4)

Launch of All-Party Parliamentary Group's Web site - November 2000

The All-Party Parliamentary Group commissioned the development of a Group web site, which was launched in November. The web site contains information about the Groups activities and links to other sites. The recent reports of the Group are also available on the web site. The address is: www.appg-popdevrh.org.uk

Contraceptive Security (commodity supply shortages) - November 2000

Following the increased concern about the shortage of contraceptives in the developing world, the Group has been working on this issue and tabled a number of Parliamentary Questions. The Group welcomed the UK Government's commitment, along with the Government of the Netherlands, to contribute an additional £51 million to the United Nations Population Fund (UNFPA) to help fund immediate and short-term needs in developing countries for reproductive health commodities. (Annex 5)

Meeting with DFID - December 2000

The All-Party Parliamentary Group met with Dr Julian Lob-Levyt, the Chief Health and Population Advisor, and other Government officials. Dr Lob-Levyt spoke about the Government White Paper on Globalisation that was published in December, which concentrated on human development issues and health was an important component to this. Group members questioned DFID on reproductive health funding to multilateral agencies and UK reproductive health NGO's. DFID also briefed the parliamentarians on the restructuring of the Health and Population Department in DFID. The parliamentarians also questioned DFID about the international development targets set by the department, and if they were being met. Dr Lob-Levyt said that the maternal mortality reduction target was one of the most difficult to achieve. Group members have tabled parliamentary questions about maternal mortality figures. (Annex 6)

Reproductive Health NGO's Chief Executives Meeting - December 2000

The Group has continued to hold regular meetings with the Chief Executives of the major Reproductive Health NGO's. The Group has continued to follow the progress of the effects of DFID funding under the new Civil Society Challenge Fund. The Group has continued to table a number of parliamentary questions on the issue, and met with DFID officials. The Group also facilitated a meeting between the Chief Executives and Gary Streeter, the Conservative Shadow International Development Spokesperson.

UK Sexual Health Strategy

At the beginning of 2000, the UK Government merged the UK Sexual Health and HIV Strategies into an integrated Strategy. The Sexual Health Strategy is due to be published in 2001 and will set out a programme of action on sexual health and HIV for the UK. (Annex 7)

Emergency Contraception

The Group has continued its campaign for wider availability of the emergency contraception as a way of reducing the level of unwanted pregnancies. In 2000 an application was received by the UK Medicines Committee to reclassify the emergency contraceptive pill Levonelle--2 from prescription only to pharmacy availability. In December the Government laid an Order in the House of Commons for the reclassification to go ahead. From 1 January 2001 pharmacy prescription of Levonelle--2 was made available. Some members of the House of Lords attempted to overturn this decision, but were defeated. A number of Group members in the House of Lords contributed to the debate. (Annex 8)

Meeting with Charles Clarke MP, Minister of State at the Home Office - December 2000

Christine McCafferty MP was invited to a meeting with the Home Office Minister Charles Clarke to discuss the FGM Hearings and the implementation of the Law in the UK. Christine McCafferty MP was accompanied by Dr Faith Mwaangi-Powell from FORWARD.

Joint meeting with All-Party Parliamentary Group on AIDS - Microbicides - January 2001

Alan Stone, Chair of the International Working Group on Microbicides, Susan Crane, Director International Family Health and John Worley, Reproductive Health Specialist, Department for International Development, spoke at a joint meeting of the All-Party Parliamentary Groups on the subject of microbicides. The speakers spoke of the importance of the development of microbicides as a way of combating the spread of sexually transmitted infections, including HIV. The speakers mentioned the lack of investment in the development of microbicides by the pharmaceutical industry and the need for the development of an international advocacy programme. John Worley spoke of DFID's involvement in microbicide research and the role it plays as a donor agency in supporting advocacy for wider donor interest in the issue.

Select Committee Inquiries

The Select Committee on International Development have conducted investigations into HIV/AIDS, the European Union Development Budget and the Department for International Development's (DIFD) Annual Report 2000, which had implications for Reproductive Health NGO's. The DFID Annual Report 2000 inquiry covered issues associated with the new DFID Civil Society Challenge Fund and funding for Reproductive Health NGO's. (Annex 9)

USA Funding for Reproductive Health Organisations - January 2001

In January 2001, the new US Administration under President Bush, imposed funding restrictions on international family planning organisations. The Group members condemned this move and the Chair, Christine McCafferty MP, tabled parliamentary questions and an Early Day Motion on the issue. (Annex 10)

International Visits

Commonwealth Parliamentary Association (CPA) Conference - September 2000

The Group submitted a data paper titled: "How Parliamentarians modify attitudes, customs and barriers to the political, social and economic development of women?" to a panel discussion at the Commonwealth Parliamentary Association (CPA) meeting. The paper was circulated to all participants and Vanessa Haines was invited to attend the discussion as an observer.

Chair's visit to Australia and New Zealand - September 2000

Christine McCafferty MP, Chair of the All-Party Parliamentary Group on Population, Development and Reproductive Health visited Australia and New Zealand To give both Parliamentary Groups advice and support on developing their Groups' parliamentary activities.

The Chair held discussions on how to hold Parliamentary Hearings and publish reports, gain media attention through articles and press releases and to lobby Governments by using parliamentary questions and adjournment debates. Discussions also took place on the development of a Commonwealth Forum on Population, Development and Reproductive Health and activity surrounding the forthcoming Commonwealth Heads of Government Meeting (CHOGM) and Commonwealth Health Ministers Meeting which will be held in Australia and New Zealand in 2001.

Christine McCafferty met with a number of ministers including the Australian Foreign Minister and opposition Shadow Minister (International Development is in the Foreign Affairs brief) and several junior Ministers, Ministers for Health and the Chief Medical Officer. The Chair also made a key note speech at a dinner at the Australian Parliament, topics covered included reproductive health funding (including AusAid guidance on Emergency Contraception, Female Genital Mutilation and the Commonwealth)

Donor Conference for European NGO's (EuroNGO's) - Portugal - October 2000

Vanessa Haines attended the meeting on behalf of the Group. American donors spoke about the difficulty of funding and the concern they had over the US election result. A great deal of emphasis was put on the importance of advocacy in the field of reproductive health. Concern was also expressed among the NGO's and donors about the contraceptive shortage in the developing world.

Launch of the Inter - European Forum on Population and Development - Paris, December 2000

Christine McCafferty represented the Group at the launch of the Inter-European Parliamentary Forum on Population and Development (IEFPD). Christine McCafferty had been a member of the Executive Committee and the UK Group is one of the founding members.

Visit of All-Party Parliamentary Group Members to Russia - January 2001

Dr Howard Stoaite MP and Martyn Jones MP visited Russia with IPPF in January.

Future Events

UN Commission on the Status of Women (CSW) - New York, March 2001

Christine McCafferty MP will represent the Group at the UN CSW meeting in March. The Chair was invited by the Women's National Commission (WNC) to speak at a meeting on FGM at the conference. The WNC is the UK Government's official, independent advisory group on women. It is funded by the Government to bring the views of women's organisations into policy debate, and is based in the Cabinet Office. The WNC is using the Group's Hearings Report and Survey Analysis on FGM as the basis for a meeting in New York.

Meeting with Thoraya Obaid - March 2001

Group members will meet with the new Executive Director of the UNFPA Thoraya Obaid, when she visits London in March 2001.

Vanessa Haines
Parliamentary Advisor
February 2001

Annex 1

Officers, Members and Staff of the Committee – as of 5th July 2000

Chair: Christine McCafferty MP

Officers:

Vice Chair: Viscount Craigavon

Joint Hon Secretaries: Geoffrey Clifton-Brown MP
Martyn Jones MP

Joint Hon Treasurers: Lady Flather
Tony Worthington MP

Members:

Labour

Alice Mahon MP
Brian Sedgemore MP
Barbara Follett MP
Lady Gould
Lord Rea
Lady Lockwood
Lady Massey

Liberal Democrat

Dr Peter Brand MP
Dr Jenny Tonge MP

Conservative

Eleanor Laing MP

Annex 2

FEMALE GENITAL MUTILATION

Hansard Written Questions

Sexual Mutilation (Female Genital Mutilation)

Mr. Cox: To ask the Secretary of State for International Development what discussions her Department has had on the practice of sexual mutilation of young women.

Mr. Foulkes: Women's rights and health are crucial factors in achieving the Government's objective of poverty elimination. We are strongly committed to supporting work towards eliminating female genital mutilation (FGM), a basic rights violation which must be stopped. We are working bilaterally and with multilateral organisations, including UNIFEM, to persuade Governments to tackle FGM as a serious public health concern. Our support for WHO's work on FGM includes, research on the prevalence and health consequences of abuse; pilot projects to prevent and manage the consequences of FGM; developing guidance for health workers. We seek to reduce the incidence of FGM by supporting advocacy to increase awareness of the dangers to women of the practice. The All-Party Parliamentary Group on Population, Development and Reproductive Health's FGM Hearings Report which is to be launched today is to be commended.

23 Nov 2000

Female Genital Mutilation

Ms McCafferty: To ask the Secretary of State for Health if female genital mutilation will be included in the forthcoming sexual health strategy; and if he will make a statement.

Yvette Cooper: The sexual health and HIV strategy will look at the range of issues within sexual health. In developing the work on the strategy, cultural issues including female genital mutilation have been considered. The strategy will set out actions for the future to improve awareness of these issues, develop programmes of education and provide information on support services. We hope to publish the strategy for consultation shortly.

29 Jan 2001

EDM 1169

FEMALE GENITAL MUTILATION

22.11.00

77 signatories

McCafferty/Chris

Atherton/Candy
Barnes/Harry
Breed/Colin
Campbell/Menzies
Clarke/Eric
Cryer/Ann
Davidson/Ian
George/Andrew
Godman/Norman A
Griffiths/Win
Hinchliffe/David
Illsley/Eric
Jones/Jenny
Jones/Nigel
Khabra/Piara S
Lawrence/Jackie
McNamara/Kevin
Morgan/Julie
Rendel/David
Ross/Ernie
Russell/Bob
Smith/Angela
Todd/Mark
Vis/Rudi
Wigley/Dafydd

Atkins/Charlotte
Borrow/David
Brown/Russell
Caton/Martin
Clwyd/Ann
Davey/Edward
Davis/Terry
Gibson/Ian
Gordon/Eileen
Hancock/Mike
Hopkins/Kelvin
Jackson/Glenda
Jones/Jon Owen
Keen/Ann
King/Oona
Mahon/Alice
Michie/Bill
O'Hara/Edward
Robathan/Andrew
Ross/William
Russell/Christine
Stoate/Howard
Tonge/Jenny
Wareing/Robert N
Williams/Betty

Baker/Norman
Bottomley/Peter
Cable/Vincent
Chidgey/David
Corbyn/Jeremy
Davey/Valerie
Dobson/Frank
Gidley/Sandra
Griffiths/Jane
Harris/Evan
Hoyle/Lindsay
Jones/Helen
Jones/Lynne
Keetch/Paul
Kumar/Ashok
Marsden/Paul
Moffatt/Laura
O'Neill/Martin
Roe/Marion
Ruane/Chris
Sedgemore/Brian
Thomas/Gareth
Tyler/Paul
Wells/Bowen
Winterton/Nicholas

That this House condemns the practice of female genital mutilation which violates the human rights of girls and women to bodily integrity and has adverse health and social implications; notes that an estimated 130 million women and girls in the world have undergone FGM and that two million girls are at risk to undergoing some form of the procedure every year; further notes that in the UK women who have undergone FGM are increasingly presenting themselves to healthcare professional, and specialist clinics are treating hundreds of women with FGM-related complications; regrets that there have been no prosecutions under the UK Prohibition of Female Circumcision Act 1985; welcomes the All-Party Parliamentary Group on Population, Development and reproductive Health's Hearing's Report and Survey Analysis on FGM; and urges Her Majesty's Government to act on the recommendations in the Report and amend the existing law on FGM in the UK

Annex 3

BEIJING +5

HOUSE OF COMMONS - 5 JULY 2000

Oral Answers to Questions
INTERNATIONAL DEVELOPMENT –

The Secretary of State was asked--

Ms Chris McCafferty (Calder Valley): If she will make a statement on the final report of the Beijing plus 5 review.

The Parliamentary Under-Secretary of State for International Development (Mr. George Foulkes): The principles laid down at Beijing were reaffirmed despite the efforts of some hard-line states to reverse previous gains. The report by the United Nations Development Fund for Women-- UNIFEM--on progress worldwide since Beijing will be placed in the Library.

Ms McCafferty: Does my hon. Friend agree that 70 per cent. of the world's poorest people are women? Is he aware that, next week, the United Nations Fund for Population Activities will launch a special report to mark world population day that will highlight the fact that reproductive health and rights are human rights? Will he do everything possible to ensure that the sexual health and reproductive rights of adolescents and women are regarded as human rights and are part of the Government's international development policy?

Mr. Foulkes: Yes, I agree with my hon. Friend. I can reassure her that the gains made in Cairo were successfully defended in Beijing, despite the persistent efforts of hard-line states to undermine them. We would like much more explicit commitments to women's sexual rights, particularly the right to control their own sex lives, but a number of conservative countries are still blocking that.

Mr. Paul Keetch (Hereford): Does the Minister agree that many of the world's conflicts occur in some of the world's poorest countries and that often many of the non-combatants affected are women and children? Does he also agree that those women often suffer sexual violence as well as the violence of the wider war? What measures is his Department taking to ensure that those women's rights and children's rights will be central to its emergency aid for such conflicts?

Mr. Foulkes: The hon. Gentleman has pinpointed something that we have said on several occasions during Question Time: poverty is exacerbated by conflict. It is difficult for us to implement programmes to help the poorest people, particularly women and children, during conflict. The question of violence against women was discussed at Beijing plus 5 and real gains were made. So-called honour killings, acid attacks, marital rape and forced marriage were condemned and recognised for the first time as a cause of concern. I am sure that the hon. Gentleman agrees that that is some progress.

Annex 4

REPRODUCTIVE HEALTHCARE

HOUSE OF LORDS— 10TH JULY 2000

Viscount Craigavon asked Her Majesty's Government:

How their aim of universal access to reproductive healthcare is affected by the recent reduction in the proportion of funding which they give to NGO projects in this field.

Baroness Amos: My Lords, the reproductive health target embraces all reproductive health services: safe motherhood, the prevention and treatment of sexually transmitted diseases and access to good quality family planning services, information and commodities. Although funding for all non-governmental organisations under the Civil Society Challenge Fund is on a cost-sharing basis, this constitutes a small proportion of funding that is available to reproductive healthcare NGOs. DFID will continue to play a key role in achieving the aim of universal access to reproductive healthcare but improvements will be possible only where the countries concerned have the political will to ensure this.

Viscount Craigavon: My Lords, I am grateful to the noble Baroness for her response, in particular the apparent commitment of the Government to this very important area. While at present NGOs in this field may have reconciled themselves to the level of funding which the Government are to give them over the next few years, will HMG keep under review the effects that these fairly substantial cuts may have on NGOs, in particular the smaller ones that find it very difficult to raise large percentages of their project funds and in general NGOs that over the years have developed considerable skill and expertise in this very important field?

Baroness Amos: My Lords, I congratulate the noble Viscount on asking his Question today, bearing in mind that tomorrow is World Population Day. I am sure that the whole House will congratulate him, given that he always manages to table a Question on this subject every year. The noble Viscount asked me specifically whether the Civil Society Challenge Fund would review its funding arrangements for NGOs. I assure him that we intend to review this matter on a continuous basis. My right honourable friend the Secretary of State for International Development has agreed that in the first three years of the Civil Society Challenge Fund, funding for NGOs working in the area of reproductive health will be 85 per cent, 70 per cent and 50 per cent.

Lord Redesdale: My Lords, as the funding is to be reduced over three years, which is an improvement on a reduction in the first year of 50 per cent, can the noble Baroness tell the House where the matching funding is to be found? I believe that in the Minister's response to the noble Viscount she implied that matching funding should be found in the developing countries, which are, as she is well aware, under stress at the moment.

Baroness Amos: My Lords, the overall funding in this area will not be reduced. All our figures show a continuing rise in the area of reproductive health. It is only in the area of the Civil Society Challenge Fund that there has always been matched funding under what is called the JFS. However, there was a slightly different arrangement for reproductive health NGOs which had 100 per cent funding. Our funding overall has increased, not decreased. As to matching funding, we expect it to come from, for example, other international institutions such as the UN or foundations.

Baroness Rendell of Babergh: My Lords, does the Minister agree that continuous funding is necessary in one area of reproductive health; namely, putting an end to female genital mutilation? Fifteen thousand girls are still in danger of mutilation. In parts of the Horn of Africa the mutilation of girls amounts to almost 100 per cent.

Baroness Amos: My Lords, as I said in answer to the noble Lord, Lord Redesdale, our overall funding is increasing not decreasing. Female genital mutilation is a basic violation of women's rights. Our multilateral partners--for example, the World Health Organisation, UNFPA and UNICEF--are working to persuade governments to tackle FGM as both a human rights abuse and a public health concern. FGM has been reduced in 28 African countries where it is practised. It has been banned in law by one third. So some improvements are being made.

Annex 5

COMMODITY SUPPLIES

Contraceptive Security

Ms McCafferty: To ask the Secretary of State for International Development if she will make a statement on her Department's contributions to the provision of contraceptives in the developing world.

Mr. Foulkes: We are committed to the International Development target to attain universal access to reproductive health services before 2015. We have substantial involvement in efforts to ensure women and men in developing countries can access contraceptives and other reproductive health commodities. Our recent pledge to contribute an additional £25 million to the United Nations Population Fund, on top of our annual core contribution of £15 million, will help meet immediate and short-term needs, and assure continued access to essential reproductive health commodities, including condoms for family planning and HIV/AIDS prevention, in a number of countries which are facing shortages.

20 Nov 2000

Ms McCafferty: To ask the Secretary of State for International Development what representations she has made to other donor Governments about the supply of contraceptives in the developing world.

Mr. Foulkes: The recent pledges by this Department and the Government of the Netherlands, to contribute an additional £51 million to the United Nations Population Fund to help fund immediate and short-term needs in developing countries for reproductive health commodities, is a further demonstration of the commitment of both Governments to the health of poor people. We will continue to encourage other donors and developing countries to make every effort to meet the rising demand for contraception in the developing world.

20 Nov 2000

Annex 6

MATERNAL MORTALITY

Maternal Mortality

Mr. Worthington: To ask the Secretary of State for International Development if she will make a statement on the progress being made towards attaining international targets for the reduction of maternal mortality.

Clare Short: The UK Government are working to help to achieve the International Development Target of a reduction by three quarters in maternal mortality by 2015. Significant progress is being made in much of Asia, but progress is slow in sub-Saharan Africa, where HIV is a significant factor in increasing maternal mortality rates. Progress has also been slow because safe motherhood requires investment beyond primary health care, tackling health, education, transport and gender. DFID is taking a leadership role in supporting comprehensive, multi-sectoral Government-led safe motherhood programmes in Malawi and Nepal. More work is planned in Tanzania and Kenya. We are encouraging other bilateral and multilateral donors to include maternal health as a key component of health sector strengthening packages, using World Health Organisation standards for better pregnancy care. DFID is also supporting the World Health Organisation in its work to raise the international profile of maternal health.

10 January 2001

Mr. Flynn: To ask the Secretary of State for International Development what plans she has to visit Azerbaijan to investigate the safe motherhood programme.

Mr. Foulkes: Since the collapse of the Soviet Union, maternal mortality in Azerbaijan has deteriorated from around 10 to over 40 deaths per 100,000 live births. My Department is supporting Safe Motherhood in there by providing funding of £240,000 to the United Nations Population Fund's Reproductive Health Programme for Azerbaijan, which aims to train community midwives in modern contraceptive methods and maternity care. 10 January 2001

Annex 7

UK SEXUAL HEALTH STRATEGY

Teenage Pregnancy

Ms McCafferty: To ask the Secretary of State for Education and Employment how many 16 and 17-year-old parents (*a*) have taken and (*b*) are taking part in the education maintenance allowance pilots following the publication of the Social Exclusion Unit report, "Teenage Pregnancy", in June 1999.

Mr. Wicks: This information is not available at the present time. There is no special treatment of teenage parents in the main EMA pilots, but the evaluation should provide an indication of the numbers involved and will provide an assessment of any factors which are particularly relevant to teenage parents. The first results from this evaluation should be available towards the end of this year. Also, from September two of the 15 original EMA pilot areas (Stoke-on-Trent and Cornwall) will test out additional flexibilities intended to help teenage parents participate in education, while still maintaining the 'something for something' principle.

Ms McCafferty: To ask the Secretary of State for Health if he will make a statement on progress made on his Department's national publicity campaign to tell young people they can talk to health professionals about sex and contraception in confidence; and what funding has been allocated to the campaign.

Yvette Cooper: Our media campaign on teenage pregnancy will begin in Autumn 2000, following a period of research into promising approaches by similar campaigns elsewhere. Levels of funding for this current year are to be decided, and for future years will depend on the outcome of the Spending Review.

10 July 2000

Ms McCafferty: To ask the Secretary of State for Health how many local co-ordinators for teenage pregnancy have been established since the publication of the Social Exclusion Unit report "Teenage Pregnancy", in June 1999.

Yvette Cooper: Every area in England now has a local teenage pregnancy co-ordinator, jointly nominated by the local authority and health authority. In total there are 141 co-ordinators, with some working to social services boundaries and some to health authority boundaries, depending on local circumstances. 10 July 2000

Sex Education

Ms McCafferty: To ask the Secretary of State for Education and Employment when he expects his Department's sex and relationships education guidance to be published.

Jacqui Smith: My right hon. Friend the Secretary of State for Education and Employment published the sex and relationship education guidance on Friday and sent a copy to each Member of Parliament. It will be a significant step forward in supporting schools, teachers and governors to deliver effective sex and relationship education. It is underpinned by the Personal, Social and Health Education framework and the National Healthy School Standard. This fulfils a commitment in the Government's Teenage Pregnancy Report to issue new guidance on sex education as part of our drive to tackle teenage pregnancy. Copies are available in the Library.

10 Jul 2000

Ms McCafferty: To ask the Secretary of State for the Home Department what percentage of young offenders' institutions in the United Kingdom offer parenting and sexual health classes; and if he will make a statement.

Mr. Boateng: All Prison Service establishments in England and Wales must offer a social and life skills programme as part of the Prison Service core curriculum. The social and life skills programme includes units on healthy living, parentcraft, family relationships, sexual health and relationships education. Governors of prisons and young offender institutions order a range of units from education contractors. It is not possible to say what percentage of young offender institutions offer parentcraft

and sexual health and relationships education as no information is held centrally on the particular units ordered by individual establishments.

Young offender institutions in Scotland and Northern Ireland are a matter for the Secretaries of State for Scotland and Northern Ireland respectively.

10 July 2000

Sexual Health and HIV Strategy

Sandra Gidley: To ask the Secretary of State for Health if he will make a statement on progress on his sexual health and HIV strategy.

Yvette Cooper: Following the merger of the Sexual Health and HIV Strategies earlier this year, considerable progress has been made with producing an integrated strategy. The strategy will set a programme of action on sexual health and HIV for England.

in their allocation for 2000-01, and will again benefit from a further

21 Nov 2000

Annex 7

EMERGENCY CONTRACEPTION

Emergency Contraception

Ms Oona King: To ask the Secretary of State for Health if he will examine the feasibility of making the morning-after pill available on a non-prescription basis; and what recent representations he has received on making the morning-after pill available through specific certified outlets without prescription.

Yvette Cooper: The Medicines Control Agency is presently consulting on an application to reclassify levonorgestrel 0.75 milligramme for emergency contraception from prescription only to pharmacy availability for women aged 16 years and over. The consultation period ended on 29 June 2000. The responses will then be considered by the Medicines Commission and their recommendations presented to Ministers for a decision. If we decide to go ahead, an Order would be laid before the House later in the year.

Whatever is decided, emergency hormonal contraception, the morning after pill, will continue to be available, free of charge under existing National Health Service arrangements, from general practitioners, family planning clinics and some hospital accident and emergency departments.

19 Jul 2000

Shona McIsaac: To ask the Secretary of State for Health

(1) if he will make a statement on the availability of emergency contraception;

(2) what plans he has to make emergency contraception available over the counter at pharmacists.

Yvette Cooper: Emergency hormonal contraception is currently available on prescription through general practitioners, family planning clinics, youth services, walk in centres, and some accident and emergency departments. The Sexual Health/HIV Strategy is looking at improving access to National Health Service contraception services including emergency contraception products.

The Medicines Control Agency is presently consulting on an application to reclassify levonorgestrel 0.75 milligramme for emergency contraception from prescription only to pharmacy availability for women aged 16 years and over. The consultation period ended on 29 June 2000. The responses are to be considered by the Medicines Commission and their recommendations presented to Ministers for a decision. If it were decided to proceed, an Order would be laid before the House later in the year.

19 Jul 2000

Shona McIsaac: To ask the Secretary of State for Health (1) what assessment he has made of the recent trials of over-the-counter prescribing of emergency contraception;

(2) what assessment he has made on the impact on levels of abortion in the trial areas for emergency contraception; and if he will make a statement.

Yvette Cooper: There are currently two pilot schemes run by health action zones (HAZs) in Manchester, Salford and Trafford and Lambeth, Southwark and Lewisham where emergency contraception is supplied by pharmacists, under a patient group direction. Both pilots form part of the HAZs' overall strategy to reduce the rate of unwanted pregnancies locally. Both pilots are to be fully evaluated and the results will be published.

Abortion data by health authority are published annually and provisional data for 2000 will not be available until May 2001. It is therefore too early to make any assessment on the impact on levels of abortion in the pilot areas. Fluctuations in the abortion rate may be subject to a number of different factors and it is therefore difficult to attribute any changes to one intervention or event. There have been no studies which have been able to predict the effect the availability of emergency contraception through pharmacies may have on unwanted pregnancy rates.

19 Jul 2000

Emergency Contraception

Dr. Tonge: To ask the Secretary of State for Health what plans he has to make emergency contraception available from (a) community pharmacists and (b) school nurses.

Yvette Cooper An application has been received to reclassify levonorgestrel 0.75mg (marketed as Levonelle--2) for emergency contraception from prescription only to pharmacy availability for women aged 16 and over. Public consultation was completed on 30 June. The application has now been considered by the Medicines Commission. If we decide to proceed, an Order will be laid shortly. In addition there are pilot schemes running whereby emergency contraception is issued by pharmacists under National Health Service arrangement using patient group direction.

Sex and Relationship Education Guidance issued by the Department for Education and Employment in July this year states that health professionals can provide pupils with specific and up-to-date information about sexual health and contraception. Health professionals can also play an important part in ensuring young people know about their local advice services. The specific role of school nurses in providing services to young people is at the discretion of school governing bodies, in consultation with parents and the school community.

20 Nov 2000

Annex 9

INTERNATIONAL DEVELOPMENT SELECT COMMITTEE EXTRACTS

Extracts from Select Committee Reports

INTERNATIONAL DEVELOPMENT COMMITTEE REPORT - DFID 2000 ANNUAL REPORT - EXTRACTS FROM GOVERNMENT RESPONSE, PUBLISHED 30 OCTOBER 2000

(Government response in italics)

The International Development Committee reported to the House on Department for International Development: 2000 Departmental Report in its Eighth Report, Session 1999-2000 (HC 475), published on Tuesday 8 August 2000. The Government Response to that Report was received on Monday 2 October 2000. It is reproduced as an Appendix to this Special Report:

22. We invite DFID, in the light of the allocation of funds in the 2000 Spending Review, to comment on future levels of funding for the Civil Society Challenge Fund, taking into account the increased competition for funds resulting from the amalgamation of three channels of funding into one and of DFID's attempts to attract new partners. We further recommend that DFID, as suggested by BOND, maintain records of sound projects which are not awarded funds as a result of lack of available resources, in order that a possible case for increasing the volume of resources available through the Civil Society Challenge Fund may be properly assessed (paragraph 58).

Funding for the CSCF is reviewed annually, as part of DFID's spending round. DFID recognises that the level may need to increase if participation in the Fund is as strong as intended. Funding is not at present a limiting factor for good projects.

23. We consider the assertion that "the world has changed" and it is no longer difficult for specialist NGOs to raise funds for sexual and reproductive health projects to be a naive and incorrect one. It is our view that there continues to be a strong case for the provision of 100 per cent funding for

innovative or catalytic projects in this field. It may well be the case that the new Civil Society Challenge Fund is not an appropriate instrument for such funding, and we are reassured by the fact that there are other channels through which it may be obtained. We request that in its response to this Report, DFID provide details of the level of funding available through these additional channels, what is the process for applying for funds, and by what criteria they are allocated. Overall, we would not wish at this stage to see a net reduction in the levels of resources available for non-governmental sexual and reproductive health projects (paragraph 61).

The promotion of better reproductive health care continues to be a key objective for DFID. In financial terms our commitment has more than doubled since the 1994 Cairo Conference on Population and Development - from £32m in 1993, to over £80m in 1999.

In the last two years, DFID has provided funding of over £46 million from its bilateral country programmes to NGO sexual and reproductive health projects - both UK-based and indigenous NGOs. Most of these projects are fully funded as part of the country programme's wider health strategy, with the remainder co-funded, usually with other donors. The NGOs were either selected in competition with others, or because DFID was responding to specific proposals put forward by NGOs themselves. DFID - Tanzania is developing a £2.4 million funding scheme for civil society groups, which will be open to organisations interested in advocacy work on sexual and reproductive health issues. Zimbabwe, China and Russia will soon benefit from new sexual and reproductive health initiatives, collectively worth £35.5 million, which will involve NGO participation.

24. We recommend that DFID conduct and publish an early analysis of the difficulties in raising funds for sexual and reproductive health projects compared to projects relating to other policy areas, and that, on the basis of that analysis, DFID review its funding mechanisms for NGOs running such projects. More generally, it would be wrong for the funding mechanism to have as a result that support is skewed to causes which find it easier to raise funds from the public. We look forward to learning from DFID how it intends to prevent such distortions and ensure that its development objectives are met (paragraph 62).

DFID has just completed the first CSCF decision round, so it is too early, and the sample too small, to draw clear conclusions. Sexual and reproductive health organisations will continue to get preferential access to the fund until 2002/03, when 50% funding will take effect.

Overall, DFID expenditure on sexual and reproductive health is continuing to grow in recognition of its position as a key international development target. Developing countries are benefiting through DFID's strategic approach which builds on national programmes and initiatives where all partners - including NGOs and the private sector - can play important roles.

25. We recommend that DFID provide details of other funding channels which may be used by NGOs which have received funding under the CSCF for a project, and wish to apply for further funds to continue the project (paragraph 63).

DFID (Civil Society Department) regularly informs groups about non-DFID funding channels, such as the National Lottery Charities Board, Comic Relief and the European Union (Co-financing Scheme). We will share information about successful CSCF projects with other parts of DFID and will encourage these organisations to approach in-country donors, including DFID, as CSCF projects come to an end. If CSCF projects are successful in terms of scaling up, they should be promoting the lessons learnt with governments and donors in-country as early as possible.

Annex 10

REPRODUCTIVE HEALTH POLICY - USA

Reproductive Health Policy

Ms McCafferty: To ask the Secretary of State for International Development what representations she has made to her American counterpart concerning the USA's international reproductive health policy.

Clare Short: I have as yet had no contact with the new US Administration. The implications of the decision announced by President Bush on 22 January will become clearer as new guidance is issued. This decision by the US Administration will make no difference to the commitment of our Government to helping poor people access good quality family planning and sexual and reproductive health services.

31 Jan 2001

EDM 248

UNITED STATES FUNDING FOR INTERNATIONAL FAMILY PLANNING AGENCIES

24.01.01

McCafferty/Chris

46 signatures

Abbott/Diane	Allan/Richard	Atherton/Candy
Ballard/Jackie	Barnes/Harry	Brand/Peter
Cable/Vincent	Campbell/Ronnie	Clwyd/Ann
Corbyn/Jeremy	Cryer/Ann	Davey/Valerie
Fyfe/Maria	Gilroy/Linda	Godman/Norman A
Griffiths/Win	Hancock/Mike	Harris/Evan
Harvey/Nick	Hopkins/Kelvin	Illsley/Eric
Jackson/Glenda	Jones/Lynne	Kumar/Ashok
Lepper/David	Livingstone/Ken	Mahon/Alice
Marshall-Andrews/Robert	McDonnell/John	McWilliam/John
Michie/Bill	Moffatt/Laura	Morgan/Julie
Mountford/Kali	Naysmith/Doug	O'Hara/Edward
Salter/Martin	Simpson/Alan	Skinner/Dennis
Thomas/Gareth	Thomas/Simon	Tonge/Jenny
Tyler/Paul	Williams/Betty	Wyatt/Derek

That this House condemns the decision by the United States Administration to withdraw funds from international family planning groups that support abortion in any way, even if the funds would be used for a purpose entirely unrelated to abortion; notes that according to United Nations figures 78,000 women die and millions suffer injuries and illnesses as a result of unsafe abortions every year; further notes that the 1994 International Conference on Population and Development (ISPD) states that 'all women should have access to quality services for the management of complications arising from abortions'; and calls on the Government to fully support international family planning agencies and their work to save women's lives.