ALL PARTY PARLIAMENTARY GROUP ON POPULATION, DEVELOPMENT AND REPRODUCTIVE HEALTH

ANNUAL REVIEW OF ACTIVITIES
2007/2008
All Party Parliamentary Group on Population, Development and Reproductive Health

Annual Review 2007/2008

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As the Chair of the UK All-Party Parliamentary Group on Population, Development and Reproductive Health (APPG on PD&RH), I am pleased to inform you, that we have had yet another active and successful year, with increased UK political and financial support to Sexual and Reproductive Health and Rights (SRHR).

At the Women Deliver conference in London, October 2007, supported by the UK, the UK Department for International Development (DfID) pledged additional support to the United Nations Population Fund (UNFPA) of £100 million over 5 years, with a particular emphasis on commodity security supplies and at the Global Safe Abortion conference in London, October 2007, DfID approved an additional £1 million to the Safe Abortion Action Fund (on top of the original £3 million pledged in February 2006), plus a £6.5 million contribution to Ipas.

Furthermore DfID’s core funding to the International Planned Parenthood Federation (IPPF) continues to support all five of IPPF’s strategic areas of work: adolescents, HIV/AIDS, (safe) abortion, access to SRHR services and advocacy.

Maternal health and Millennium Development Goals (MDGs) 4 and 5 have risen up the political agenda, significantly, in the last year. The UK Prime Minister, Gordon Brown is a member of the global leaders’ network for MDGs 4 and 5 and Sarah Brown is the patron of the White Ribbon Alliance (WRA), a grassroots movement for safe motherhood.

The APPG on PD&RH has been in close collaboration with individuals and organisations working on maternal health, including Sarah Brown, advocating for increased political and financial support to maternal health and especially family planning.

In 2007 DfID launched the International Health Partnership (IHP), which was welcome and the group is pleased that the coverage of maternal and child health services including skilled birth attendance are among the output indicators, proposed to monitor and evaluate the IHP.

In 2007 Japan also pledged to make health – and maternal health especially – a key priority for the Presidency and the G8 meeting in September 2008. The group has been involved in parliamentary advocacy activities leading up to G8 preparatory meetings.

The group has also been actively promoting the January 2007 Hearing Report: ‘Population Growth and its impact upon the MDGs’ via parliamentary questions and debates, submissions to DfID consultations and at international workshops and conferences.
There has been a growing political awareness of the interaction between population/SRHR, climate change, migration and poverty eradication. Articles have appeared in national newspapers and DfID’s Health Strategy, June 2007 and Annual Report, June 2007 both reiterated the importance of ensuring universal SRHR services to deliver the MDGs.

In June 2007, the group submitted evidence to DfID’s consultation on its HIV/AIDS Strategy: ‘Taking Action’ review, emphasising the importance of linking SRHR and HIV/AIDS in line with the 2004 Hearing Report on linking SRHR and HIV/AIDS. I am delighted that the recently published revised HIV/AIDS strategy is explicit on the importance of linking SRHR and HIV/AIDS in combating HIV/AIDS.

At the national level, group members have been actively defeating parliamentary bills to reduce the upper time limit on abortion.

At the 2nd reading of the Human Fertilisation and Embryology Bill (HFEB) in the House of Commons (HoC), members spoke strongly against attempts to cut the current 24-week upper limit for abortions to either 12, 16, 20 or 22 weeks. I am pleased to say that all amendments were defeated with large majorities.

Both the Prime Minister and the Secretary of State (SS) for Health voted against these proposed amendments; emphasising the fact that there is currently no scientific evidence on improved foetal viability, which warrants a reduction in the upper time limit.

Two new members have been recruited this year: Katy Clark MP and Linda Riordan MP both of whom have been active pro-choice members.

Lyn Brown MP remains the UK APPG on PD&RH representative on the European Parliamentary Forum on Population and Development’s (EPF) executive committee.

Members continue to be updated on SRHR via regular meetings, written briefings, receptions, seminars, workshops, conferences and study tours.

Lord Lea participated in the EPF study tour to Niger to explore national population policies and SRHR services.

New hearings on maternal morbidity will take place in autumn 2008 and the report will be launched in the UK Parliament in the summer of 2009 and internationally, at the International Parliamentary Conference on the Implementation of the International Conference on the Population and Development Programme of Action (IPCI ICPD PoA) in Cairo, Egypt in autumn 2009.

The group will continue to advocate for universal access to reproductive health services, by 2015, via the MDG mid-term review and promote all its previous hearing reports.

Christine McCafferty MP
Chair APPG on PD&RH
COMMITTEE MEMBERS AND STAFF

The APPG on PD&RH committee is active in planning and running the group’s business.

**Chair**
Christine McCafferty MP (L)

**Vice Chairmen**
Viscount Craigavon (XB)  Robert Key MP (C)

**Secretary**
Baroness Flather (XB)

**Treasurer**
Baroness Tonge (LD)
Officers

Lyn Brown MP (L)  Baroness Gould (L)

Baroness Lockwood (L)  Lord Rea (L)

Baroness Massey (L)

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NEW GROUP MEMBERS APRIL 2007 - MARCH 2008

This year Katy Clark MP and Linda Riordan MP joined the APPG on PD&RH. Both have become active group members.

New group members

Katy Clark MP (L)  
A solicitor and trade unionist, Katy Clark entered Parliament in 2005 as the MP for North Ayrshire and Arran in Scotland. She lists equality as one of her chief political interests and as head of membership legal services for UNISON, she helped to win Britain's biggest ever equal pay case, a landmark for low-paid health workers. In Parliament, she has concentrated on poverty, employment and deprivation, at home and abroad.

She was appointed to the Scottish Affairs and Procedure Committees in 2005 and joined the European Scrutiny Committee a year later. She served on the Crossrail Bill Committee and the Joint Committee on the draft Human Tissue and Embryos Bill.

Linda Riordan MP (L)  
A local councillor and constituency assistant to outgoing MP Alice Mahon, Linda Riordan was elected to Parliament for Halifax in 2005. Born and brought up in Halifax, Linda Riordan gave up her job in a bank in her thirties because of chronic rheumatoid arthritis, and turned to politics instead. She was elected to Calderdale Council in 1995, became deputy leader of the Labour group and remained a member until 2006. She was involved with a number of local organisations including sitting as a non-executive director of the Calderdale and Huddersfield NHS Trust, chair of the Ovenden Initiative, and a board member of Pennine Housing.

In Parliament she takes a keen interest in disability, transport, sport and leisure issues. She serves on the Environmental Audit and Procedure Committees, and joined the Select Committee on Justice in 2008. She also served on the Crossrail Bill Committee.
APPG PD&RH AIM AND OBJECTIVES

Aim
Ensure the full implementation of the International Conference on Population and Development Programme of Action with specific reference to stabilising the world’s population through choice and ensuring sustainable development

Objectives
Raise the profile of population, and sexual and reproductive health and rights including family planning in Parliament and internationally;

Provide parliamentary backing to the Secretary of State for International Development (SS for ID) in his negotiations with the Treasury with a view to increasing the United Kingdom Overseas Development Assistance (ODA) to 0.7% of GNP – 10% to the ICPD PoA;

Keep under review population trends and sexual and reproductive health and rights programmes/policies/legislation nationally and internationally;

In consultation with Government departments, international agencies and Non Governmental Organisations (NGOs), assess how this country might respond to requests from outside for support and to press for action by Parliament and the Government;

Study the results of research into the causes and consequences of population changes and the effect that access to comprehensive sexual and reproductive health services has on population and draw these to the attention of both Houses of Parliament;

Increase awareness of the interdependence between countries, with reference to poverty reduction, women’s equality, access to sexual and reproductive health and rights services, environment, consumption and pollution and the impact of legislation, policies and practices of one country upon others.
PARLIAMENTARY ACTIVITIES

APPG on PD&RH Committee Meetings
The group held 7 committee meetings between April 2007 - March 2008

- April 24th 2007
- June 12th 2007
- July 17th 2007 (AGM)
- November 13th 2007
- December 11th 2007
- January 29th 2008
- March 3rd 2008

Please find enclosed agendas and committee meeting minutes as appendix 1.

A group strategy meeting was also held on 4th July 2007 to discuss the group’s future direction and activities.

APPG on PD&RH Parliamentary Briefing Meetings
14 Parliamentary briefing meetings/receptions were organised by the group this year where members were updated on national and international SRHR/population and international development.

Population Action International (PAI) film screening, April 23rd 2007
Members who were unable to attend the International Women’s Day (IWD) event co-organised with IPPF and PAI on 8th March 2007, were invited to watch PAI’s film screening “Abstaining from Reality – US Restrictions on HIV Prevention”.

The film lasted 10 minutes and was followed by a short talk from Valeri DeFillipo, Director of External Affairs, IPPF and discussions amongst members.

UK SRHR Network briefing meeting, April 24th 2007
APPG on PD&RH members were briefed by the UK SRHR Network. A wide range of topical SRHR topics were discussed, including indicators for the new MDG Reproductive Health target under MDG5, DfID’s Maternal Health Strategy, financing for health, European government’s attitudes to and funding to SRHR, the World Bank’s Health, Nutrition and Population Strategy, and staffing of the AIDS and Reproductive Health Policy Team, which was newly formed.

UK SRHR Chief Executive meeting, May 8th 2007
APPG on PD&RH members met with Ros Davies, Chair UK SRHR Network; Michael Holscher, Director, External Relations/New Business, Marie Stopes International (MSI); Jennifer Woodside, Manager, Advocacy & Communications Team, IPPF; Caroline Haworth, Interact Worldwide and Sarah Crane, Director of Operations, Women’s Health Concern.

Members were briefed on the MDG mid-point review, how to take forward the new MDG5 Target and the re-organisation of DfID’s Reproductive Health Team.

Dana Hovig, MSI’s new Chief Executive, welcome dinner, May 22nd 2007
The APPG on PD&RH hosted a welcome dinner for Dana Hovig, MSI’s new Chief Executive and Michael Holscher, MSI’s new Director of External Relations and New Business.

Discussions were wide-ranging including the APPG Population Hearing Report, DfID funding to SRHR, and MSI and the APPG’s past and future work programmes.

Please find enclosed biogs of Dana Hovig and Michael Holscher sent to members prior to the welcome dinner as appendix 2.
The APPG on PD&RH co-hosted with the APPG on AIDS and Action for Global Health (AGH) the AGH Report launch on European ODA. The new report discussed progress towards meeting the health MDGs.

Key note speakers at the event were Dr Stewart Tyson, Head of Health, DfID; Ms Marielle Hart, Head of EU Policy, Stop AIDS Alliance and Ms Felicity Daly, Policy and Advocacy Manager, Interact Worldwide.

World Population Day reception, July 12th 2007
The APPG on PD&RH co-hosted with IPPF the 2007 World Population Day reception entitled: “Countdown 2015: eight more years to deliver”.

Baroness Shriti Vadera, the newly appointed Parliamentary Under Secretary State for International Development (PUSS for ID), spoke strongly in support of SRHR.

The event was very well attended and networking followed the speeches.

Fabian meeting, July 16th 2007
Christine McCafferty MP chaired the Young Fabian, July 2007 meeting, on the mid-point of the MDGs.
UNFPA luncheon, October 10th 2007
The APPG on PD&RH hosted a lunch for Thoraya Obaid, Executive Director, UNFPA; Safiye Cagar, Director, Information, Executive Board and Resource Mobilization Division, UNFPA; and Hedia Belhadj-EI Ghouayel, Deputy Director for Technical Support Division, UNFPA.

Discussions included SRHR Funding, DfID and future APPG on PD&RH activities.

The APPG on PD&RH co-hosted MSI’s report launch: ‘Cries and Whispers’.

Key note speakers included Dana Hovig, Chief Executive, MSI; Marie O’Riordan, editor of Marie Clare and Faustina Fynn-Nyame, Programme Director, MSI Ghana.

The report included powerful female abortion testimonies. All committee members subsequently received a copy of the report.

Please find enclosed invitation, correspondence, Christine McCafferty MP’s speech, front and contents pages of publication as appendix 6.

Dr Stewart Tyson, Head of Profession, DfID, International Health Partnership briefing, December 11th 2007
Stewart Tyson, Head of Profession, DfID, briefed members on the IHP, the high-level agreement to build and strengthen long-term health systems. The IHP applies the Paris Declaration principles to the health sector and includes commitments by all parties to: national-led health plans, inclusion of all parties in the plan, better coordinated efforts, assistance that helps build sustainable health systems, mutual accountability for results delivery and more effective aid delivery.

Following the presentation, Stewart Tyson, took questions from members on a wide variety of issues including how the IHP could avoid becoming top-heavy, costly and bureaucratic; the attitude of NGOs to the IHP; the new HIV/AIDS strategy and whether it would include spending targets; the possibility of a SRHR spending target; aid expenditure on Anti Retro Viral therapies; the health worker shortage; and collaboration with large companies in developing countries.

The PowerPoint presentation was subsequently circulated to all members.

Please find attached Power-Point presentation as appendix 7.

UK SRHR network briefing meeting, January 29th 2008
The APPG on PD&R met with the UK SRHR network members: Kate Hawkins, Deputy Chair UK SRHR Network & Action for Global Health/Interact Worldwide; Ros Davies, Women and Children First; Felicity Daly, Interact Worldwide; Stuart Halford, IPPF and Sunita Grote, HIV/AIDS Alliance.

Members were briefed on the network’s new working groups, on financing levels and delivery to SRHR and HIV/AIDS, the World Health Organization’s (WHO) Commission on Macroeconomics and Health, the IHP and NGOs, DfID’s AIDS Strategy and current SRHR position paper, SRHR and HIV/AIDS integration, the Global Network of People Living with HIV’s consultation in December 2007 and the Tokyo International Conference on African Development (TICAD) IV and the G8 and the United Nations (UN) Commission on the Status of Women to take place in February 2008.

Please find enclosed briefing material circulated as appendix 8.

Advocates for Action briefing meeting, January 29th 2008
The APPG on PD&R and APPG on AIDS co-hosted a meeting with Advocates for Action, on young people and their specific SRHR needs.
Gillian Merron MP, newly appointed PUSS for ID, accepted the invitation to be the key note speaker. She spoke about DfID’s support to youth and their SRHR needs. Young people from abroad spoke about their SRHR needs.

Please find enclosed invitation, Advocates for Action briefing and tool kit, speeches, thank you letter to APPG on PD&RH for co-hosting event as appendix 9.

Bruno Oudmayer, Director, InterAct Worldwide briefing, March 3rd 2008
The APPG on PD&RH met with Bruno Oudmayer, Director, InterAct Worldwide and Felicity Daly, Advocacy Manager, InterAct Worldwide.

Members were briefed on InterAct Worldwide’s current priority activities.

Discussion followed on DfID, the role of NGOs vis a vis national governments, the future plans for InterAct Worldwide including funding and the organisation’s partners in developing countries.

Melissa Shannon, Senior Advisor, US Speaker Nancy Pelosi, March 26th 2008
Christine McCafferty MP and advisor met with Melissa Shannon, senior advisor to the US Speaker, Nancy Pelosi, to discuss APPG on PD&RH activities.

Please find enclosed correspondence as appendix 10.

Non APPG on PD&RH Briefing Meetings
APPG on PD&RH members, advisor and assistant attended 16 non APPG on PD&RH SRHR briefings this year.

Centre Forum Seminar ‘From Boom to Bust? Fertility, ageing and demographic change’, April 18th 2007
APPG on PD&RH members attended the Centre Forum Seminar ‘From Boom to Bust? Fertility, ageing and demographic change.’

Speakers included Lord Adair Turner and David Willett MP. The seminar touched on themes such as inter-generational conflict, pensions, immigration, the greying of society and whether we can encourage society to have more children.

Please find enclosed invitation as appendix 11.

IPPF Reproductive Health Supplies Coalition reception, April 26th 2007
Viscount Craigavon and assistant attended the IPPF Reproductive Health Supplies Coalition reception at the Marriott Hotel, County Hall.

Please find enclosed invitation as appendix 12.

Action for Global Health briefing, April 30th 2007
Chair and assistant were briefed by AGH on the formation of Action for Global Health, a Gates funded European network of health NGOs aiming to focus European Union (EU) funding on global health and specifically the three health-related MDGs. AGH was formulating a comprehensive report on financing the MDGs across the EU with country specific examples to ensure donors were meeting funding commitments. Chair agreed, in principle, for the report to be launched later in the year, in the UK Parliament.

FPA Summer Party, June 6th 2007
APPG on PD&RH members attended FPA’s summer party.

Please find enclosed invitation, together with front cover and contents pages of FPA’s Annual Report as appendix 13.
MSI Summer Party, June 15th 2007
Viscount Craigavon attended the MSI annual summer party on behalf of the APPG on PD&RH.

MSI highlighted their work and promised to expand their SRHR activities further.

*Please find enclosed invitation as appendix 14.*


Committee members were subsequently sent a copy of the report together with the launch press release.

*Please find enclosed report front cover and contents pages together with press release as appendix 15.*

Chinese Embassy meeting, June 29th 2007
Christine McCafferty MP, Richard Ottaway MP and Baroness Flather were invited by Dr Baige Zhao, Vice Minister, National Population and Family Planning Commission of China to dinner with Madam Fu Ying, Chinese Ambassadors to the UK at her official residence.

*Please find enclosed correspondence as appendix 16.*

Faculty of Sexual & Reproductive Healthcare reception, October 17th 2007
APPG on PD&RH members attended the Faculty of Sexual & Reproductive Healthcare reception, hosted by Laura Moffatt MP, organised to raise the profile of community SRH services.

*Please find enclosed invitation and thank you letter for attending the reception as appendix 17.*

Alan Guttmacher Institute briefing meeting, October 18th 2007
Christine McCafferty MP and advisor met with Sharon Camp, President of the Alan Guttmacher Institute, for a briefing on a new study on preventing HIV/AIDS and unwanted pregnancy among adolescents in Africa.

White Ribbon Alliance and RCOG - No 10 Downing Street reception – Stories of Mothers Lost, October 18th 2007
Christine McCafferty MP, was invited to and attended the White Ribbon Alliance and Royal College of Obstetricians and Gynaecologist (RCOG) evening reception at 10 Downing Street.

Sarah Brown, Patron of the WRA, spoke very passionately about maternal health and Douglas Alexander MP, SS for ID announced an additional £100 million funding to UNFPA.

IHP briefing at DfID, October 30th 2007
Advisor attended an NGO, IHP briefing meeting. Stewart Tyson, Head of Profession, DfID, agreed to brief members on the partnership on 11th December 2007.

NGOs expressed discontent for the lack of NGO involvement in the IHP. DfID promised to take comments on board.

*Please find enclosed agenda and correspondence on the meeting as appendix 18.*
ChildHope event, November 27th 2007
Christine McCafferty MP, Patron of ChildHope, attended the NGO’s high profile event in the River Room, House of Lords (HoL). The charity is expanding and offering more support to partners overseas, so that they can reach more children living and working on the streets.

Please find enclosed invitation, ChildHope’s July 2007 newsletter together with front and contents pages of the annual report as appendix 19.

Julie Bentley, new Chief Executive, FPA meeting, February 19th 2008
Christine McCafferty MP, met with Julie Bentley, FPA’s new Chief Executive. Julie Bentley introduced herself and spoke about abortion and the forthcoming HFE Bill.

Please find enclosed correspondence as appendix 20.

National Infertility Campaign, February 21st 2008
Christine McCafferty MP, was briefed by Clare Brown, Chair of the National Infertility Awareness Campaign, with particular reference to the provision of NHS funded infertility treatment.

Please find enclosed correspondence as appendix 21.

SafeHands ‘Art for Life’ Auction, March 6th 2008
The APPG on PD&RH were invited to the SafeHands ‘Art for Life’ Auction. Retired MP, and previous APPG on PD&RH treasurer, Tony Worthington, is a patron of the organisation.

Please find enclosed invitation as appendix 22.

White Ribbon Alliance Safe Motherhood Luncheon, March 27th 2008
Christine McCafferty MP, attended a high-level lunch at Lancaster House, hosted by the Prime Minister’s wife, Sarah Brown, accompanied by Madame Carla Sarkozy.

The charity lunch was organised to raise awareness of the grave issue of maternal mortality and was held by the White Ribbon Alliance and attended by 120 women from politics, business, civil society, media and the arts.

Sarah Brown said in her speech, that the deaths of over 500,000 mothers each year during pregnancy and childbirth is unacceptable and “I do not believe we can begin to resolve any of the problems facing the developing world if we cannot first save the lives of these women.”

Please find enclosed invitation as appendix 23.

European Meetings
European Parliamentary Forum on Population and Development
The close collaboration between the UK APPG on PD&RH and the EPF and its member organisations continues.

Lyn Brown MP, remains the UK representative on the EPF Executive Board.

At the Amsterdam Executive Board meeting 29th Feb – 1st March, Catholics for Choice (CFC) held an interactive media training workshop for members entitled: “Making the Media Work for you: Communicating Support for Sexual and Reproductive Health and Rights.” Lyn Brown MP, attended part of the workshop and spoke highly of it. She reported back to APPG on PD&RH committee members on the workshop as well as the EPF Executive Board meeting on 3rd March. Topics included the anti-choice moment in Europe, forthcoming EPF events and study tours. In addition Lyn Brown MP, explained that the EPF had produced a discussion paper on the role of parliamentarians in Europe on SRHR, which was very useful in terms of action points.
Assistant briefed Lyn Brown MP on all UK activities prior to the EPF Executive Board meeting.

*Please find enclosed briefing material as appendix 24.*

**EPF meeting on the MDGs: Mid-term Review, Brussels, Belgium, May 15th 2007**
Christine McCafferty MP and Richard Ottaway MP spoke at the EPF Working group on Reproductive Health, HIV/AIDS and Development meeting *‘MDGs: Midterm Review’* in Brussels.

Richard Ottaway MP presented the APPG on PD&RH Hearing report: Population Growth and its impact upon the MDGs'.

*Please find enclosed invitation, programme and presentation as appendix 24a*

**EPF conference for European APPG on PD&RH secretariats. Istanbul, Turkey, June 14th – 15th 2007**
Assistant attended the EPF conference for APPG secretariats in Istanbul, Turkey. The conference was attended by secretariats from APPG’s across Europe, as well as Canada and representatives from MSI, UNFPA, IPPF and the Asian and African Parliamentary Networks. All participants gave an overview of SRHR funding and policies in their respective countries and introduced participants to their annual activities. Representatives from ‘to be’ EU secretariats attended the meeting in support of their parliamentary work.

*Please find enclosed programme, correspondence and assistant’s speaking points as appendix 25.*

**European Non Governmental Organisations**
Collaboration between the APPG on PD&RH and European SRHR NGOs remains strong and important. Parliamentary events continue to be co-organised with SRHR NGOs.

European Non Governmental Organisations’ (NGOs) e-mail lists and websites, keep the advisor updated on new and relevant SRHR campaigns and advocacy activities in support of UK Parliamentary activities.

Information of particular interest to members, has been circulated either via hard copies or e-mail.

The APPG on PD&RH has been involved in selective European campaigns.

For example, in May 2007, the APPG on PD&RH co-signed a letter with EuroNGO members to EU Ministers, raising concern over the EU funding decrease for SRHR and HIV/AIDS prevention, treatment and care. A favourable response was received from Bert Koenders, Minister for Development Cooperation from the Kingdom of the Netherlands.

*Please find enclosed correspondence as appendix 26.*

In November 2007, parliamentary questions were tabled on Ireland’s reservation to approve the text of the EU-Africa Joint Strategy, on the grounds, that the Strategy supports universal access to reproductive health by 2015 as set out by the ICPD and the Maputo Plan of Action.

In February 2008, the APPG on PD&RH, signed the urgent call to support the international sexual and reproductive health and rights of young people.

*Please find enclosed correspondence as appendix 27.*
Advisor and assistant attended the EuroNGO AGM in Lisbon, Portugal. The EuroNGO AGMs remain an excellent platform for sharing experiences, networking and obtaining information on new SRHR campaigns and advocacy activities.

Advisor met with UNFPA representatives and presented past, present and future UK APPG on PD&RH activities.

Please find enclosed AGM programme as appendix 28.

**Council of Europe (CoE)**

Christine McCafferty MP is now the Chair of the CoE, Social, Health and Family Affairs Committee (SHFC) and advisor has been in regular contact with the CoE secretariat in support of CoE SRHR activities.

**CoE Report on Access to safe and legal abortion in Europe, April 2008**

Mrs Gisela Wurm, prepared the CoE Report on Access to safe and legal abortion in Europe this year.

Christine McCafferty MP, was elected Rapporteur to the Report, as the Chair of the SHFC. Numerous amendments were proposed in the opinion prepared,

Please find enclosed the opinion and amendments proposed as appendix 29.

Immediately prior to the report plenary session, the EPF circulated a short update and pro-choice briefing on the report, in response to anti-choice letters circulated to CoE MPs. The briefing was sent to all pro-choice CoE delegates.

Please find enclosed briefing circulated and general correspondence as appendix 30.

After a long debate and votes on 72 amendments, the report was adopted in the Parliamentary Assembly of the CoE on 16th April 2008 with a majority of 33.

The CoE report calls for member states to:

- decriminalise abortion, within reasonable gestational limits, if they have not already done so;
- guarantee women’s effective exercise of their right to abortion;
- allow women freedom of choice and offer the conditions of a free and enlightened choice;
- ensure that women and men have access to contraception at a reasonable cost, of a suitable nature for them, and chosen by them.

Whilst most European member states permit abortion, where the life of the mother is at risk; there are several, including Andorra, Ireland, Malta, Monaco and Poland, where abortion is illegal or severely restricted.

The report stresses that abortion should "in no circumstances be regarded as a family planning method," but warned that "a total ban leads to traumatic clandestine abortions and abortion tourism".

CoE Parliamentarians said: “*Women seeking an abortion, should receive suitable financial cover, as well as medical and psychological care, and conditions which restrict access to safe abortion, should be lifted*."

The report denounces what it calls "de facto inaccessibility" due to the high cost of abortions, or un-hygienic or overcrowded facilities.
The report also calls for school pupils to receive "compulsory, age-appropriate, gender-sensitive education on sex and relationships," to reduce unwanted pregnancies and abortions.

The report is a great achievement for women in Europe.

Please see enclosed Mrs Gisela Wurm’s report, CoE Resolution 1607 (2008) on Access to safe and legal abortion in Europe, an analysis of the results of the vote on the resolution and press releases as appendix 31.

**CoE HIV/AIDS Strategy – follow up, January 2007**
Throughout the year, Christine McCafferty MP, has received various correspondence relating to her CoE HIV/AIDS Strategy, 2007, which were acknowledged and responded to accordingly.

Please find enclosed sample correspondence as appendix 32.

**Study Tours**

**Niger Study Tour, February 5th – 11th 2008**
Lord Lea, attended the EPF and Equilibres & Populations (E&P) organised study tour to Niger.

The study tour, hosted by UNFPA Country Office and the Nigerian Parliamentary Network on Population and Development, offered participants a deeper insight into how Niger, the poorest country in the world, is developing policies on SRHR and it enabled the Parliamentary delegation to investigate the impact of population and SRHR policies on the country’s development.

The study tour included visits to various local NGOs and projects dealing with sexual and reproductive health issues (such as obstetric fistula and malaria) and maternal mortality and provided an opportunity to meet with state officials, Nigerian Parliamentarian members of the Parliamentary Network on Population and Development, population specialists as well as local embassies and UN agencies. The delegation also had an in-depth exchange of views with well-known World Bank demographer, John May, on the demographic situation of Niger which provided evidence for the urgent need to address reproductive health, specifically access to commodities and supplies.

Please find enclosed a summary of the study tour including group photo as appendix 33.

Prior to Lord Lea’s departure advisor and the EPF secretariat met to discuss the forthcoming study tour to Niger. Upon Lord Lea’s return, advisor met to discuss possible follow up activities. Lord Lea wrote a letter to David Miliband MP, Foreign Secretary, UK, reiterating the importance of UK support to Family Planning (FP) in low income countries. A favourable reply was received from Gillian Merron MP, PUSS for ID.

Please find enclosed correspondence as appendix 34.

**General Written Briefings**

APPG on PD&RH members have received UNFPA’s Global Population Policy and ‘Opposition’ updates, and 3 APPG on PD&RH newsletters on SRHR funding, legislation/policies, human rights and services, have also been circulated.

Please find enclosed copies of group newsletters as appendix 35.

A further 33 written briefings have been sent out, as requested by members, and to ensure that members are updated on new developments and publications on SRHR.

**April 2007:** Committee members were sent an article on how abstinence only promotion is not working in the US.
Please find enclosed correspondence as appendix 36.

**May 2007:** Committee members were sent three briefing documents:

- Gender Equality at the Heart of Development: Why the role of women is crucial to ending world poverty, DfID;
- MSI’s Issue Paper on Safe Abortion.

Please find enclosed covering letter and front and contents pages of briefings as appendix 37.

**May 2007:** Committee members were sent information about Ann Winterton MP’s 10 Minute Rule Bill, introduced 5th June 2007, proposing restrictions to abortion services in the UK.

Please find enclosed briefing as appendix 38.

**June 2007:** Committee members received a copy of DfID’s Health Strategy: ‘Working together for better health’.

Please find enclosed cover letter and publication front and contents pages as appendix 39.

**June 2007:** Committee members were sent two briefing documents:

- Report Summary of the APPG Hearings – Return of the Population Growth Factor and its impact upon the MDGs, 2007;

Please find enclosed cover letter together with front and contents pages of DfID’s document as appendix 40.

**August 2007:** Committee members were sent three briefing documents:

- EPF update;
- AGH Report.

Please find enclosed cover letter, EPF update and AGH front and contents pages as appendix 41.

**September 2007:** All members were sent a summary briefing on DfID’s Health Strategy: *Working together for better health*.

Please find enclosed summary briefing as appendix 42.

**September 2007:** Members received three briefings on maternal health in support of the heightened international focus on maternal health and safe motherhood promoted by UNFPA:

- Fact Sheet on maternal health;
- An overview of upcoming global maternal health initiatives;
- An overview of key maternal health spokespeople.

Please find enclosed cover letter and briefings as appendix 43.

**September 2007:** Christine McCafferty MP was sent an article and information on Nicaragua and the re-criminalisation of abortion.

Please find enclosed briefing as appendix 44.
September 2007: Committee members were sent a briefing, prepared by Evan Harris MP, to counteract the anti-choice lobby letters from their constituents on the then draft Human Tissue and Embryos Bill.

*Please find enclosed briefing as appendix 45.*

September 2007: Christine McCafferty MP was sent an article on new surgery for victims of Female Genital Mutilation (FGM).

*Please find enclosed article as appendix 46.*

September 2007: Christine McCafferty MP was sent an article on the anti-choice campaign in Slovakia.

*Please find enclosed article as appendix 47.*

September 2007: Richard Ottaway MP was sent an article: ‘closing the ‘baby gap’.

*Please find enclosed article as appendix 48.*

October 2007: All members were sent DfID’s press release announcing the £100 million additional funding to UNFPA over 5 years.

*Please find enclosed press release as appendix 49.*

November 2007: Committee members were sent a summary of the outcome of the latest Global Fund to fight AIDS, TB and Malaria (FGATM) board meeting, which encouraged proposals that address gender issues, particularly regarding the vulnerability of women and girls and sexual minorities.

*Please find enclosed briefing sent as appendix 50.*

December 2007: All members were sent DfID’s response to a Parliamentary Questions (PQ) on the African Maputo Plan of Action.

*Please find enclosed briefing as appendix 51.*

December 2007: Christine McCafferty MP was sent a briefing on EU Fundamental Rights Charter and UK’s reluctance to ratify the Charter, together with Poland.

*Please find enclosed media release as appendix 52.*

December 2007: Committee members were sent a summary outline on the focus of DfID’s additional funding to UNFPA as requested at committee meeting.

*Please find enclosed information sent as appendix 53.*

January 2008: Baroness Tonge was sent briefings on the Jepson court case, as requested, in support of her speech at the HFE Bill debate in the HoL on foetal abnormalities and abortion.

*Please find enclosed briefing as appendix 54.*

January 2008: Committee members were sent the EPF News Update January 2008 with background information on the EPF, parliamentary successes in mobilising resources for ICPD and advance calendar information.

*Please find enclosed information sent as appendix 55.*
January 2008: Christine McCafferty MP was sent HoC debate of potential future UK policies on abortion.

Please find enclosed information sent as appendix 56.

January 2008: All members were sent a copy of the APPG on PD&RH Annual Activity Report 2006/2007.

Please find enclosed cover letter as appendix 57.

February 2008: All members were sent a briefing on the Hearing on SRHR in the European Parliament’s Women’s Rights Committee.

Please find enclosed briefing as appendix 58.

February 2008: Lord Lea was sent information on general budget support, following discussions on the subject during the Niger study tour debriefing.

Please find enclosed information sent as appendix 59.

March 2008: Baroness Thomas was sent a briefing on Gender Equality & Empowerment of Women and SRHR, as requested in support of the IWD debate in the HoL.

Please find enclosed briefing as appendix 60.

March 2008: Committee members were sent articles on David Cameron MP’s decision to support the lowering of the UK abortion time limit.

Please find enclosed articles as appendix 61.

March 2008: Baroness Northover was sent information in support of her resolution on population growth to the international conference of Liberal International.

Please find enclosed correspondence as appendix 62.

March 2008: Lyn Brown MP was sent a briefing on Debt2Health initiative and Unitaid as requested following discussions on the two initiatives at the EPF council meeting.

Please find enclosed briefings as appendix 63.

March 2008: Lyn Brown MP was sent a briefing on the IHP as requested.

Please find enclosed briefing as appendix 64.

March 2008: Christine McCaffertty MP was sent preliminary information on the EpiCure 2 study.

Please find enclosed information sent as appendix 65.

March 2008: Committee members were sent MSI’s press release on its continued expansion.

Please find enclosed press release as appendix 66.

March 2008: All members were sent the Global Health Forum call for immediate action to solve the Human Resource crises.

Please find enclosed briefing as appendix 67.
**General Correspondence**

APPG on PD&RH committee members and advisor have held formal and informal meetings and correspond regularly throughout the year, with a variety of both national and international SRHR stakeholders including:

DfID and Department of Health (DoH) Ministers, officials and civil servants, UN representatives, national, regional and international APPGs on PD&RH and secretariats, Trusts, Foundations, academics and SRHR and general NGO representatives and national press.

Of particular importance this year, has been the Group’s contact with Sarah Brown and the White Ribbon Alliance to increase awareness around maternal mortality and morbidity.

General enquiries about the Group and its parliamentary activities have been dealt with via the phone, e-mails and by referring enquiries to the Group’s website which is updated regularly.

A press briefing on UK Sexually Transmitted Infections (STI’s) was prepared, a briefing on DfID and the IHP was sent to the conservative spokesperson for International Development (ID) office upon request and a variety of questionnaires have been completed, upon request, including MSI’s questionnaire to guide its work over the next 3-5 years.

*Please find enclosed press briefing, DFID and IHP briefing and MSI sample survey as appendix 68.*

In May 2007 the APPG on PD&RH wrote and congratulated the Chair of the Portugese APPG on PD&RH on the Portugese abortion referendum result.

In October 2007, Christine McCafferty MP and advisor met with Mr Tomonari Takao, Mainichi Newspaper, Tokyo to discuss group activities and UK G8 work with a view to Mr Tomonair Takao publishing an article in the Japanese national newspaper. The meeting was organised by IPPF.

*Please find enclosed correspondence on the meeting as appendix 69.*

**Parliamentary Statements, Bills, Debates, Early Day Motions (EDM) and Questions**

The UK Government remains support of international SRHR.

There have been several important statements, bills, debates, EDMs and PQs relating to SRHR/population throughout the year, which are listed below and can be found on the group’s website.

There has been an increase in parliamentary activities this year on national SRHR issues in response to the HFE Bill and abortion amendments and debates and discussions around compulsory sex and relationship education in UK schools.

Briefings and draft PQs and EDMs have been prepared by advisor upon request and as necessary.

**House of Commons (HoC)**

**Written Ministerial Statements**

*International Development – Africa (Plan), October 25th 2007*


*Please find enclosed full text as appendix 70.*
Health – Abortion Act 1967 (Government Response to Science and Technology Committee Report, November 29th 2007)
The Minister of State at the Department of Health, Dawn Primarolo MP, laid before Parliament the Government response to the Science and Technology Committee’s report on the scientific developments relating to the Abortion Act 1967.

The Department participated in the inquiry and responded to all 32 conclusions, accepting several of the key recommendations.

Please find enclosed full text as appendix 71.

International Development – International Development Association (IDA 15), December 17th 2007
The SS for ID, Douglas Alexander MP, informed the HoC that the UK intends to make a contribution of £2,134 million to the 15th replenishment of the International Development Association (IDA 15), which is the part of the World Bank group that provides assistance to low-income countries. This is the largest single contribution the UK has made to the World Bank. It represents a 49% increase over the UK’s commitment of £1,430 million to IDA 14. IDA 15 will cover the period from July 2008 to June 2011.

Collectively donors agreed to a target level for IDA 15 of $42 billion (£21 billion) of which about 75% is expected to come from donors and the remainder from internal bank finances. Other donors have yet to finalise their contribution to IDA 15. Final decisions on contributions are expected in Berlin 2008.

Please find enclosed full statement as appendix 72.

Bills
Termination of Pregnancy (Counselling and Miscellaneous Provisions), June 5th 2007
Ann Winterton MP, begged to move, that leave be given to bring in a Bill to require counselling of a pregnant woman, as a condition of her consent to termination of her pregnancy; to require the pregnant woman to see a registered medical practitioner prior to receiving counselling; to introduce a minimum period of 7 days following counselling before registered medical practitioners may certify an opinion referred to in section 1(1) of the Abortion Act 1967; to require the forms used for certifying and giving notice of the reason for termination of a pregnancy to state risk to the physical and mental health of the pregnant woman as separate grounds for abortion; and for connected purposes.

Laura Moffatt MP, a group member, formally spoke against the Bill and a division was then called.

The House divided: Ayes 107, Noes 182. The Bill was therefore defeated.

Please find enclosed full debate and voting record as appendix 73.

Forced Marriage (Civil Protection) Bill [Lords], July 10th 2007
The Second Reading of the Forced Marriage (Civil Protection) Bill took place in the HoC on 10th July 2007. The Bill’s aim is to offer protection to those faced with forced marriage, whether they are children, teenagers or adults, regardless of background, race or religion. It also offers protection to people who have already been forced into a marriage.

Christine McCafferty MP and other members spoke in support of the Bill.

Please find enclosed full debate as appendix 74.
Debates

HIV/AIDS (International Development), May 15th 2007
Dr Gavin Strang MP, introduced a debate on HIV/AIDS and International Development, in response to the Government’s consultation on a new Strategy for HIV/AIDS.

Please find enclosed full debate as appendix 75.

Draft Legislative Programme (Abortion debated), July 25th 2007
John Bercow MP, a group member, called upon the Government to allow an abortion debate, whilst debating the new Human Tissue and Embryos Bill (later changed to HFE Bill).

Lyn Brown MP, a group member, spoke supportively about reproductive health and rights during the debate.

Please find enclosed full debate appendix 76.

Debate on the Address (Abortion debated), November 13th 2007
Nadine Dorris MP, an anti-choice MP, raised the issue of abortion and the HFE Bill soon to come before the House. She spoke in favour of lowering the abortion time limit in the UK.

Please find enclosed relevant debate section as appendix 77.

Douglas Alexander MP, SS for ID, introduced a debate on international development and DfID’s Annual Report.

Christine McCafferty MP, spoke strongly in support of SRHR and its relation to poverty eradication. Reference was made to the new MDG target on universal access to reproductive health and related indicators under MDG 5 and the importance of increasing funding to UNFPA and SRHR NGOs.

Please find enclosed letter to Mr Speaker, draft briefing and full debate as appendix 78.

HIV/AIDS, November 28th 2007
Gavin Stringer MP, introduced a debate about HIV/AIDS in the UK, in the lead up to World AIDS Day.

Dawn Primarolo MP, Minister of State, DoH reassured members that HIV/AIDS prevention continues to be a priority for the Department.

Please see full debate as appendix 79.

Convicting Rapists/Protecting Victims, November 29th 2007
Vera Baird, the Solicitor General, introduced a debate on the Government’s consultation on convicting rapists and protecting victims, which was published on 28th November 2007.

Christine McCafferty MP, welcomed the Government’s measures to help jurors and others working in the criminal justice system, to understand the reality of rape and to try to dispel the myths and stereotypes, which contribute to the extremely low conviction rate for rape.

Please find enclosed full debate with briefings and correspondence with the NGO - Rights of Women as appendix 80.
Assisted Reproduction Services, December 12th 2007
Ian Gibson MP, spoke about assisted reproduction in respect of the forthcoming HFE Bill. As well as presenting UK population figures, abortion was discussed. Concerns were raised with regards to the abortion debate taking attention away from the HFE Bill debate.

Please find enclosed full debate as appendix 81.

Preventive Health Services, January 10th 2008
Dawn Primarolo MP, Minister of State, Department of Health introduced a debate on preventive health services including STIs, Human Papilloma Virus (HPV) vaccine and Sex and Relationship Education (SRE).

The APPG on PD&RH has been advocating for the HPV vaccine to be offered to teenagers in the UK. The UK Government announced in December 2007, that it would make the vaccine available to teenagers to prevent a major cause of cervical cancer. Abortion was also discussed during the debate.

Please find enclosed full debate as appendix 82.

Infant Formula, January 16th 2008
David Kidney MP, spoke about the poor UK breastfeeding figures (2% of mothers exclusively breastfeeding at 6 months) in part due to the promotion of formula milk and in particular, follow-on milk. He recommended that the Government step up its work to increase UK breastfeeding figures.

Please find enclosed full debate as appendix 83.

Teenage Pregnancy, January 29th 2008
Chris Bryant MP, spoke about the high UK teenage pregnancy rate and how the UK should imitate Holland and introduce SRE at a younger age. At present SRE is not compulsory in the UK, Many MPs wish to change this, to bring down UK teenage pregnancy and abortion rates.

Please find enclosed full debate as appendix 84.

Maternity Services, January 30th 2008
Harry Cohen MP, a group member, spoke about UK maternity services, following the recently published Healthcare Commission review, which showed a very patchy and inadequate service in too many areas. 4 in 10 UK maternity units gave poor or below average care; 9 out of 10 are not meeting the National Institute of Clinical Excellence (NICE) guidelines for Maternity Services; one in five of 148 trusts failed to carry out scans, discharged too quickly or did not follow up with post-natal visits; one third of trusts did not have a consultant on the ward for at least 40 hours a week; in one quarter of trusts, three times as many babies were readmitted for jaundice or dehydration, than in the best trusts; and 31 NHS trusts fell below the approved standard.

Reference was made to the excellent DoH publication Maternity Matters, April, 2007. Other group members participated in the debate including Sandra Gidley MP.

Please find enclosed full debate as appendix 85.

International Health Partnership, March 6th 2008
Gillian Merron MP, PUSS for ID, spoke about the IHP which was launched 6 months earlier. Gillian Merron MP, PUSS for ID also made reference to the Women and Children First (UK) workshop she spoke at earlier that day which the APPG on PD&RH was involved in.

Please find enclosed full debate as appendix 86.
International Women’s Day, March 6th 2008
Harriet Harman MP, Minster for Women and Equality, introduced a debate on IWD. Various group members participated in the debate including Judy Mallaber MP, Eleanor Laing MP, John Bercow MP, Ann Clwyd MP, Katy Clark MP, Jo Swinson MP and Sandra Gidley MP.

Please find enclosed full debate as appendix 87.

HIV/AIDS (Developing Countries), March 18th 2008
Dr Gavin Strang MP, introduced the HIV/AIDS debate and made reference to the UK HIV/AIDS aid budget, which have increased by more than three times in real terms between 1997 and 2010. Shahid Malik MP, PUSS for ID, rounded up the debate with reference to gender violence.

Please find enclosed full debate as appendix 88.

Safe Water (Developing Countries), March 19th 2008
Alistair Burt MP, introduced the debate on safe water in developing countries. Tim Farron MP, spoke about population and safe water. Gareth Thomas MP, PUSS for ID, rounded up the debate with reference to population growth and the lack of access to water.

Please find enclosed full debate as appendix 89.

Early Day Motions
EDM 1313 – Cervical Cancer and Joint Committee on Vaccination and Immunisation
Paul Burstow MP
57 signatures

‘That this House notes the outstanding support the cervical cancer charity Jo’s Trust provides for women and their friends and family suffering from pre-cancer and cancer of the cervix; further notes the alarming drop in the number of women attending for cervical screening and joins with the charity in calling for a renewed programme to encourage women to attend for screening and a roll out of liquid based cytology across England; further notes that over 1,000 women die from cervical cancer each year and that a new human papilloma virus (HPV) vaccine is now available that can prevent the majority of cases of cervical cancer and pre-cancerous changes to the cervix; and urges the Joint Committee on Vaccination and Immunisation to bring forward their next meeting to ensure that the Government can make a prompt decision to introduce a national HPV immunisation programme during the academic year 2007-08.’

Please find enclosed list of MPs signing EDM as appendix 90.

EDM 1437 – National Condom Week
Neil Gerrard MP
55 signatures

‘That this House supports National Condom Week, intended to raise the issue of safer sex and the importance of using a condom; notes with concern the findings that only 14 per cent. of GP practices in England run dedicated sexual health or contraception clinics and that 93 per cent. of practice nurses think that better sexual health training should be made available to them; and urges the Government to provide more resources for practice nurses to deliver sexual health advice.’

Please find enclosed list of MPs signing EDM as appendix 91.

EDM 1504 – Breastfeeding Manifesto and Legislation on Protection for Breastfeeding Women
Lynne Jones MP
63 signatures
‘That this House supports National Breastfeeding Awareness Week and encourages hon. Members to sign the Breastfeeding Manifesto at www.breastfeedingmanifesto.org.uk; notes that Scottish law outlaws discrimination against women breastfeeding in places to which members of the public have access; and calls on the Government to extend this protection to all women in the UK, making it an offence to prevent or stop a person in charge of a child who is otherwise permitted to be in a public place or licensed premises from feeding milk to that child in that place or on those premises and to make provision in relation to the promotion of breastfeeding.’

Please find enclosed list of MPs signing EDM as appendix 92.

**EDM 1556 – Access to Treatment for HIV**

Neil Gerrard MP
31 signatures

‘That this House notes that there is a clear contradiction between the UK’s policy aim of universal access to treatment for all those who need it by 2010 and the deportation of people living with HIV who are on treatment to countries where treatment is not readily available or affordable; further notes that the withdrawal of treatment increases the body’s vulnerability to opportunistic infection and will result in drastically shortened life expectancy; and welcomes the launch of the African HIV Policy Network’s campaign calling on the Government to allow HIV positive people on HIV treatment to stay in the United Kingdom until they are able to return home when access to antiretroviral treatments becomes more widely available.’

Please find enclosed list of MPs signing EDM as appendix 93.

**EDM 1586 – HIV Prevention Services in London**

Diane Abbott MP
31 signatures

‘That this House recognises that, as reported by the Health Protection Agency, the current provision for HIV prevention in London has been having a positive impact; notes that this has been achieved in the context of a steep rise in infection rates outside London; further notes with concern that the current provisions for HIV prevention are to be reorganised and replaced by a new system which has been criticised by many organisations working within the HIV sector; and thus calls upon the Government to take on board the criticisms made during the consultation process to ensure that any reorganisation of services builds on the positive work already done in this area, as well as the support of the community.’

Please find enclosed list of MPs signing EDM as appendix 94.

**EDM 1620 – Mental Health and Abortion (anti-choice)**

Angela Watkinson MP
31 signatures

‘That this House acknowledges growing evidence from research centres in many parts of the world showing an increased risk of mental health problems in women who have abortions; notes, for example, that Finland’s National Research and Development Centre for Welfare and Health carried out a three-year study of the entire population of women in Finland which found that the suicide rate among women who had abortions was six times higher than that of women who had given birth in the prior year and double that of women who had miscarriages; further notes that following the Finnish study, South Wales psychiatrists reported in a letter to the British Medical Journal that in the Cardiff population of 400,000, between 1991 and 1995 there were more psychiatric admissions and suicides in women who had abortions compared with childbirth; further notes that the most recent major project in Christchurch, New Zealand, was led by Professor David Fergusson, a pro-choice scientist, and showed that women who had abortions had significantly higher rates of mental health problems including depression, anxiety, suicidal behaviour and substance misuse; and calls on the Government to show greater respect and care for women by ensuring that abortion forms state clearly whether the abortion is carried out on mental or physical grounds and by ensuring that women are adequately informed of the possible dangers of abortion as well as being provided with full details of the grants and help available if they continue with their pregnancies.’

Please find enclosed list of MPs signing EDM as appendix 95.
EDM 1649 – Access to Abortion
Laura Moffatt MP
55 signatures

‘That this House supports a woman’s right to access safe abortion within the law, whilst acknowledging that this is a distressing time for her, her partner and any other friends or family involved; believes that non-directional and voluntary counselling should continue to be available at the earliest opportunity before and continue to be available after any procedure; further believes that clinicians providing abortion services should possess accurate and impartial information about possible complications and sequelae to provide women with all the information required in order to give valid and informed consent; notes that the earlier in the pregnancy an abortion is performed, the lower the risk of complications; recognises that delaying the procedure not only leads to higher risk with procedures but also increases psychological distress for all involved; agrees with the Faculty of Family Planning and Reproductive Healthcare that a mandatory cooling off period will put an end to individualised care and lead to later, therefore less safe procedures and also effectively reduce the upper time limit; acknowledges that abortion does not lead to an excess of psychological ill-health where there is no pre-existing mental health problem; and stresses that the best way to reduce the numbers of unintended pregnancies is to improve women’s knowledge of and access to contraception, as well as educating women, and men, about safe and healthy sex.’

Please find enclosed list of MPs signing EDM as appendix 96.

EDM 1755 – British Medical Association and Abortion (anti-choice)
Ann Widdecombe MP
21 signatures

‘That this House regrets that despite the British Medical Association (BMA) receiving seven motions on abortion for debate at its annual conference, four of which expressed concern about the present working of the Abortion Act and one of which called for a national review of the working of the law including an investigation into physical and emotional short and long term effects of abortion, officers chose only a motion calling for an abortion on demand; compares such conduct to that of the 2004 BMA annual conference when it was made to appear as if doctors were sympathetic to euthanasia, a tactic which failed in the long term; and calls on the Government to counter this disregard for women’s mental health by requiring all psychiatric hospitals and units to record the maternal history of all women patients, covering childbirth, prematurity, miscarriage and induced abortion.’

Please find enclosed list of MPs signing EDM as appendix 97.

EDM 1762 – Touching Tiny Lives Campaign and Pre-Term Birth
Stewart Jackson MP
76 signatures

‘That this House congratulates the charity Action Medical Research on having raised £2.5 million for its Touching Tiny Lives campaign to fund high-quality research to help sick and vulnerable babies; notes with alarm that pre-term birth is the single biggest cause of death in babies and a major cause of lifelong disease and disability; regrets that more than 25 babies die each week in the United Kingdom as a result of being born too early; believes that the Government must give a higher priority to finding ways of preventing pre-term birth with the aim of reducing the number of these deaths and the incidence of lifelong disability; acknowledges that reducing the incidence of pre-term birth would lessen the emotional toll on families and the burden on the NHS; recognises that in 2004-05 the Government, through the Medical Research Council (MRC) and NHS Research and Development, allocated £3.7 million to research into preventing prematurity birth, which represents less than 0.3 per cent. of the combined MRC/NHS biomedical research budget; and calls on the Government to review the funding it provides for medical research into preventing pregnancy complications and pre-term birth to ensure that more babies have the opportunity to live longer, healthier lives.’

Please find enclosed list of MPs signing EDM as appendix 98.

EDM 1866 – Ovarian Cancer Awareness
Sharon Hodgson MP
82 signatures
‘That this House notes that ovarian cancer is the fourth most common cancer in women, with low survival rates that have changed little in 20 years; welcomes the efforts of Ovarian Cancer Action to ensure that the voices of women with ovarian cancer are heard as the Cancer Reform Strategy is drafted; urges further efforts to be made to increase awareness of risk factors and persistent and frequent symptoms, particularly amongst high risk groups; and wishes Ovarian Cancer Action well for the Turning up the Volume parliamentary reception on 16th July.’

Please find enclosed list of MPs signing EDM as appendix 99.

**EDM 1894 – Promotion of Breast Milk Substitutes**

Annette Brooke MP
44 signatures

‘That this House notes with concern that the UK has one of the lowest rates of breastfeeding in Europe; is aware that public advertising of infant formula is prohibited under current legislation and therefore regrets that baby milk products are widely advertised in parenting magazines and on television; welcomes the fact that the new Commission Directive 2006/141/EC of 22nd December 2006 on Infant Formula and Follow-on Formula requires that EU member states give effect to the principles and aims the International Code of Marketing of Breastmilk Substitutes adopted by the World Health Assembly in 1981, but is concerned that the directive leaves open loopholes allowing baby milk advertising to continue; and calls upon the Government to use the forthcoming transposition process to protect both babies’ health and mothers’ right to impartial information by effectively prohibiting all baby milk advertising and fully implementing the International Code.’

Please find enclosed list of MPs signing EDM as appendix 100.

**EDM 1991 – Human Papillomavirus Vaccine**

Sandra Gidley MP
63 signatures

‘That this House welcomes the recommendation of the Joint Committee on Vaccination and Immunisation on the use of the Human Papillomavirus vaccine (HPV) for the prevention of cervical cancer; further welcomes the Government’s acceptance in principle of the recommendation; notes the concerns expressed by the cervical cancer charity Jo’s Trust over the continued slow progress towards full scale implementation of a national HPV immunisation programme and that this will expose young women leaving school in 2008 to infection by a virus that is now avoidable; and calls upon the Government to ensure that all girls in compulsory education are offered the HPV vaccine and that those leaving school in 2008, and older women up to 25 years old, can for a limited period self-refer to a GP for such a vaccination.’

Please find enclosed list of MPs signing EDM as appendix 101.

**EDM 2132 – Faculty of Sexual and Reproductive Healthcare**

Chris McCafferty MP
43 signatures

‘That this House acknowledges the Faculty of Sexual and Reproductive Healthcare’s name change from the Faculty of Family Planning and Reproductive Health Care; recognises that the change reflects the broad and holistic remit of the Faculty’s training programmes, which include sexual health promotion and education, contraception, preconceptual care, medical gynaecology, sexually transmitted infection screening, testing and treatment, abortion care and sexual dysfunction services; notes that the clinicians delivering these services work in a wide variety of disciplines across primary and secondary care including specialist community services, treating patients and contributing to the training and education of other professionals; acknowledges that the sexual and reproductive health services the Faculty supports exist to provide everyone with the information they need to enable them to enjoy a healthy sexual life of their choice and, as far as possible, to avoid unwanted consequences; and calls on the Department of Health to take action to prevent the closure of community clinics and send a clear signal to primary care trusts that limiting access to contraceptive choice, sexual healthcare provision and professional training will have long-lasting negative health and economic effects on individuals and the community.’

Please find enclosed list of MPs signing EDM as appendix 102.
**EDM 2158 – Breastfeeding**
Harry Cohen MP
41 signatures

‘That this House notes with concern that the UK has one of the lowest rate of breastfeeding in Europe; further notes that the Minister for Public Health is soon to make a decision on Commission Directive 2006/141/EC of 22nd December 2006 on Infant Formula and Follow-on Formula regarding the promotion of formula milks in the UK; and urges the Minister to take this opportunity to implement the International Code of Marketing of Breastmilk Substitutes adopted by the World Health Assembly in 1981 to protect both babies’ health and parents’ rights to impartial information by effectively prohibiting the advertising of infant formula, fully implement the International Code, and realise objective 7 of the Breastfeeding Manifesto.’

Please find enclosed list of MPs signing EDM as appendix 103.

**EDM 2191 – Maternity Services**
Evan Harris MP
6 signatures

‘That this House recognises the excellent work done by the Royal Colleges of Obstetricians and Gynaecologists, Midwives, Anaesthetists and Paediatrics and Child Health in publishing Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour, released on 9th October; accepts that in order for safe and high quality services to be provided, policy makers at the Department of Health and National Health Service commissioners and managers need to implement the report’s recommendations in key areas such as skills mix and adequate staff numbers and experience and develop appropriate in-house training opportunities for doctors and midwives, and that continued investment in resources and facilities is needed to ensure that labour wards are well run; notes that multidisciplinary team working is a vital component in delivering high standards of care, and is found in labour wards; and calls for maternity services to remain high on the health agenda and for future maternal and infant healthcare initiatives to be patient-focused whilst also remaining committed to improvements in the capability of maternity units so that safe and satisfying services for mother and baby are provided.’

Please find enclosed list of MPs signing EDM as appendix 104.

**EDM 161 – Chen Guang Cheng (anti-choice)**
David Taylor MP
155 signatures

‘That this House notes the four years and three months’ imprisonment of 34 year old Chen Guang Cheng, a blind Chinese human rights activist; further notes his crime consisted of acting on behalf of women undergoing forcible abortions and sterilisations; further notes that 130,000 women undergo forcible abortions per year as part of the coercive one-child policy; further notes that after Cheng's case failed in the Beijing courts he was subsequently imprisoned on trumped up charges of damaging public property and organising villagers to disrupt traffic; further notes that his attorneys were detained and prevented from appearing and that neither witnesses nor evidence were presented for the defence; further notes the detention in September by Chinese police of Yuan Weijing, the wife of Chen Guang Cheng, to prevent her from going to the Philippines to collect a human rights award on his behalf for his ‘irrepressible passion for justice in leading ordinary Chinese citizens to assert their legitimate rights under the law’; further notes with shame that the Chinese policy is supported with British taxpayers’ money through government grants made to the United Nations Population Fund, the International Planned Parenthood Federation and Marie Stopes International, all of which finance Chinese family planning yet have failed in 20 years to change the policy of coercive abortion and sterilisation; and calls on the Government to cancel all grants to groups providing money to countries with coercive family planning policies as well as demanding that Mr Cheng be released from prison without delay.’

Please find enclosed list of MPs signing EDM as appendix 105.

**EDM 183 – Universal Access to HIV Services**
Neil Gerrard MP
154 signatures
‘That this House welcomes the global commitment to achieve universal access to HIV prevention, treatment, care and support services by 2010; further welcomes the Prime Minister’s speech to the UN General Assembly calling on all nations to keep their promises on tackling poverty and disease; notes the current formulation of a new three-year Government strategy to tackle HIV and AIDS in the developing world; believes that the UK Government should use this strategy to outline how it will keep its part of the promise to achieve universal access by 2010; including effectively providing its fair share of funding needed to keep the universal access commitment, proportionate to the UK’s wealth, while also outlining concrete plans to promote affordable generic medicines and strengthen developing country health systems.’

Please find enclosed list of MPs signing EDM as appendix 106.

EDM 293 – Midwives and Maternity Services
Don Foster MP
130 signatures

‘That this House notes with concern the fall in the proportion of the NHS workforce made up of midwives and the fall in the number of places for student midwives; further notes that in response to NHS deficits, one in three hospitals have cut funds for maternity care yet the number of live births in England rose 12.5 per cent. between 2001 and 2006; and calls on the Government to provide sufficient funds so that women are supported by the same midwife throughout their pregnancy and have access to their choice of antenatal and postnatal care.’

Please find enclosed list of MPs signing EDM as appendix 107.

EDM 361 – Chlamydia Screening for Men
Howard Stoate MP
48 signatures

‘That this House congratulates the Men’s Health Forum for its campaign to raise levels of chlamydia screening amongst men; welcomes the National Chlamydia Screening Programme’s publication of the Men Too strategy to support equitable access to chlamydia screening for men within the programme; notes that in 2006-07 only 21 per cent. of those screened under the programme were men; believes that it is vital to screen more men if chlamydia is to be brought under control and both men and women’s reproductive health improved; further believes such screening will communicate that sexual health is a responsibility shared by men and women; and calls on the National Chlamydia Screening Programme to continue to work with the Men’s Health Forum and other stakeholders to implement its strategy and ensure that men’s sexual health is treated with the seriousness it deserves.’

Please find enclosed list of MPs signing EDM as appendix 108.

EDM 409 – World AIDS Day 2007 Campaign
Andrew Mitchell MP
76 signatures

‘That this House notes that on World AIDS Day, 1st December 2007, some 33 million people remain directly affected by HIV/AIDS; calls for the UK Government and the international community to continue efforts to achieve the goal of universal access to prevention, treatment, care and support by 2010; believes these efforts should be guided as far as possible by detailed annual targets at country level so as to hold governments in both rich and poor countries to account for delivering on their promises; reaffirms the central importance of prevention to halting the spread of the virus and calls for prevention to be central to international efforts to tackle HIV/AIDS; believes that efforts to tackle HIV/AIDS should as far as possible act to strengthen basic healthcare systems so as to aid the fight against other killer diseases such as malaria, and common co-infections such as tuberculosis; celebrates the role of many private businesses operating in poor countries in helping to prevent and treat HIV/AIDS; and calls for governments, businesses and voluntary organisations to work together in tackling the epidemic.’

Please find enclosed list of MPs signing EDM as appendix 109.
EDM 492 – Cervical Cancer Vaccine
Julie Morgan MP
66 signatures

‘That this House welcomes the recommendation by the Joint Committee on Vaccination and Immunisation (JCVI) that a vaccine to prevent infection by the high risk types of human papilloma virus (HPV) which are the principal cause of cervical cancer should be offered to all girls between 12 and 18 years of age; further welcomes the Government’s acceptance of these recommendations and the announcement that a national programme will begin in 2008, and that a comprehensive education and awareness campaign will accompany the vaccination programme; congratulates Jo’s Trust for its work on this issue and its continued support for women and their families affected by cervical cancer and pre-cancer and notes that all women should still attend for regular cervical screening when invited to do so; and further notes that women aged 18 to 26 years of age would also benefit from HPV vaccination and urges the JCVI and the Department of Health to consider how to make the protection offered by immunisation available to these women.’

Please find enclosed list of MPs signing EDM as appendix 110.

EDM 608 – Marketing of Breastmilk Substitutes
Lynne Jones MP
53 signatures

‘That this House notes the Government's responsibility to implement the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Resolutions of the World Health Assembly (WHA) through national measures to protect breastfeeding and to ensure the safe use of breastmilk substitutes if these are necessary; regrets its failure to act on the advice of its own Scientific Committee on Nutrition, LACORS, the health professional bodies, and health advocates making up the Baby Feeding Law Group, through the proposed Infant Formula and Follow-on Formula Regulations, by failing to prohibit promotion of follow-on formula, health and nutrition claims and companies targeting parents or to require improved warnings and instructions to reduce risk of formula use; and urges the Government to bring the regulations into line with the International Code and WHA resolutions which call for such prohibition.’

Please find enclosed list of MPs signing EDM as appendix 111.

EDM 711 – European Cervical Cancer Prevention Week
Julie Morgan MP
70 signatures

‘That this House calls on the Government to support the European Cervical Cancer Association and Jo’s Trust Pearl of Wisdom campaign to raise awareness of cervical cancer prevention and advocate the implementation of prevention programmes across Europe; commends the STOP cervical cancer petition at www.cervicalcancerpetition.eu; notes the importance of women attending cervical screening; urges women everywhere to encourage friends, family and colleagues to accept their invitation to be screened; further notes the recent report on the lack of screening in England for women between 20 and 25 years of age; and urges the Government to take action to offer these women access to cervical screening or human papilloma virus vaccination.’

Please find enclosed list of MPs signing EDM as appendix 112.

EDM 760 – Young People’s Sexual and Reproductive Health
Neil Gerrard MP
55 signatures

‘That this House notes that young people across the world are disproportionately affected by problems relating to sexual and reproductive health and that they are suffering and dying because of a lack of access to sexual and reproductive health information, services and supplies; recognises that this leads to cycles of poverty and hunger and reduced school enrolment and education; further recognises that sexual and reproductive health education and rights are essential to reducing child mortality, improving maternal health, combating HIV/AIDS and sexually transmitted diseases, and empowering women; believes that the achievement of the Millennium Development Goals is impossible without focusing
specifically on the needs of young people; and asks that the Government includes a specific focus on young people in its development plans by guaranteeing funding for research into young people’s sexual and reproductive health, services and programmes.’

Please find enclosed list of MPs signing EDM as appendix 113.

**EDM 912 – Women and Girls and HIV/AIDS**  
Hilary Armstrong MP  
230 signatures

‘That this House recognises that around the world women and girls are being disproportionately affected by HIV and AIDS; notes that gender inequality, violence and discrimination are driving the feminisation of the pandemic; recognises that many HIV and AIDS programmes do not adequately address the specific needs and rights of women and girls; and therefore calls on the Government to show international leadership by placing them at the centre of its revised HIV and AIDS strategy, ensuring men are actively involved as part of the solution.’

Please find enclosed list of MPs signing EDM as appendix 114.

**EDM 916 – Human Papilloma Virus Infection and Genital Warts**  
Chris McCafferty MP  
45 signatures

‘That this House welcomes the Prime Minister’s statement that preventing ill health is a priority for the Government and notes the opportunity that now exists to prevent future generations suffering from a range of conditions, in addition to cervical cancer, caused by the human papilloma virus (HPV); further notes that genital warts is caused by HPV types six and 11 and is a significant burden on sexual health services costing the NHS an estimated £22.5 million per year and causing misery for over 80,000 men and women per annum who receive a new diagnosis, and many others who require repeat treatment; and calls for support for the British Association for Sexual Health and HIV, the Terrence Higgins Trust, the Faculty of Sexual and Reproductive Healthcare and the Family Planning Association’s request that the Government does not miss the opportunity that now exists and acts to prevent both genital warts and cervical cancer by HPV immunisation.’

Please find enclosed list of MPs signing EDM as appendix 115.

**EDM 1053 – International Women’s Day**  
Chris McCafferty MP  
90 signatures

‘That this House recognises the importance of International Women’s Day on 8th March; notes that it has been observed for almost 100 years and that significant achievements have been made to advance women’s equality during that time; further notes with dismay the continuing challenges women face to achieve social, economic and political equality and the failure to make progress on the important targets set by Millennium Development Goal 5, to reduce by three quarters the maternal mortality ratio; further notes that there are still more than 500,000 women dying globally each year from preventable causes related to pregnancy and childbirth and that this is a denial of their basic human rights; and therefore demands greater efforts by the international development community to increase funding and technical expertise to solve this continuing public health emergency.’

Please find enclosed list of MPs signing EDM as appendix 116.

**EDM 1112 - NHS Maternity Services**  
Harry Cohen MP  
41 signatures

‘That this House is concerned by the £55 million fall in spending on NHS maternity services in the last financial year; notes with concern that the share of the NHS budget spent on maternity services fell from 3 per cent. to 2 per cent. between 1997-98 and 2006-07; is worried that this has happened despite the number of births in England rising by 13 per cent. over the last five years to stand at the highest level since 1993; welcomes the commitment by the Department of Health to
increase the NHS maternity services budget by £122 million by 2010-11; recognises however that the deadline for delivering on the ambitious and much-needed guarantees made in the Maternity Matters strategy is the end of 2009; and therefore urges the Government to announce in the forthcoming budget an additional, immediate and substantial step change in funding for NHS maternity services.’

Please find enclosed list of MPs signing EDM as appendix 117.

**EDM 1127 – Human Fertilisation and Embryology Bill**

David Burrowes MP

123 signatures

‘That this House believes that the Human Fertilisation and Embryology Bill raises important issues of conscience which merit the full consideration of the whole House; notes during the passage of the Human Fertilisation and Embryology Act 1990 the issue of embryo research, abortion and Schedule 2 was debated and voted on in a committee of the whole House; further notes that the Joint Committee on the Human Tissue and Embryo (Draft) Bill noted that ‘when what is now the 1990 Act was before Parliament the issue of embryo research was put to a free vote’ and considered that the creation and use of inter-species embryos for research purposes is a comparable issue and recommended that the issue be put to a free vote; and calls upon the Leader of the House and usual channels to ensure that a committee of the whole House is arranged to consider issues of conscience arising from the Bill.’

Please find enclosed list of MPs signing EDM as appendix 118.

**Oral Parliamentary Questions**

**Millennium Development Goals, May 10th 2007**

Shona McIsaac MP, asked the Government whether they have had discussions with international counterparts on the provision of funding for the MDGs.

The Minister reassured members that since 2004, there has been an increase of 25% in real terms in aid and the UK has contributed £1.3 billion over 20 years to the international finance facility for immunisation to vaccinate 500 million children.

Supplementary questions mainly related to children and the MDGs.

Please find enclosed Hansard as appendix 119.

**G8, June 13th 2007**

Greg Hands MP, asked the Government about the outcome of the recent G8 meeting.

Christine McCafferty MP was successful in asking a supplementary question on funding to reproductive health commodities and the G8. Hilary Benn MP, SS for ID, reassured the House that making reproductive health services available to people, including condoms is essential if the fight against HIV/AIDS is to be won.

Please find enclosed Hansard as appendix 120.

**UK SRHR, July 12th 2007**

During Business Questions, John Bercow MP, requested a debate on UK SRHR, making reference to the need to improve SRE and reduce the high UK rate of teenage pregnancies. Harriet Harman MP, Leader of the House, referred to the previous day’s opposition debate, at which this issue was discussed. She also stated that progress is being made in the UK on STIs and although UK still has the highest teenage pregnancy rate, the rate is falling.

Please find enclosed Hansard as appendix 121.
UK Sex and Relationship Education, July 26th/December 17th 2007
Christine McCafferty MP and other MPs raised their concerns on numerous occasions, that SRE isn’t compulsory in the UK. The Minister stated, that the quality of the teaching is more important than making it compulsory.

Please find enclosed Hansards as appendix 122.

UK Women’s Safety Unit, October 10th 2007
Jenny Willott MP, made enquiries into the future funding of Cardiff Women’s Safety Unit. Huw Irranca-Davies MP, PUSS for Wales, reassured Jenny Willott MP that funding will continue.

Please find enclosed Hansard as appendix 123.

International Development – Migration, October 17th 2007
Richard Ottaway MP, made reference to the correlation between migration and civil conflict and population growth as a follow up to the APPG on PD&RH Hearings on Population Growth and its impact upon the MDGs. A favourable response was received.

Christine McCafferty MP followed up by asking how DfID encourages African Governments to prioritise SRHR. Shahid Malik MP, PUSS for ID, replied that DfID has regular dialogue on SRHR with Governments in African countries where DfID has programmes.

Please find enclosed Hansard as appendix 124.

Health Services, October 17th 2007
Various MPs pushed the Government on the point that MDG5 is off track. A favourable reply was given.

Please find enclosed Hansard as appendix 125.

Christine McCafferty MP together with many both choice and anti-choice MPs made enquiries into the HFE Bill and abortion amendments tabled for debate. The Government gave favourable responses, in that if amendments were tabled on abortion to the forthcoming HFE Bill, members would be able to vote according to their conscience.

Please find enclosed Hansards as appendix 126.

People Trafficking, November 26th 2007
Philip Davies MP, raised the issue of system efficiency in the UK to deal with people trafficking.

Please find enclosed Hansard as appendix 127.

International Development – Burma/sexual violence, December 5th 2007
Ann McKechnin MP, raised the issue of sexual violence during civil unrest in Burma.

Please find enclosed Hansard as appendix 128.

Midwifery, January 23rd 2008
Sir Nicholas Winterton MP raised concerns about the lack of midwives in the country and the cut in NHS resources for maternity services at Prime Ministers Question Time. The Prime Minister reiterated the fact that there has been an increase of 2,084 midwives between 1997 and 2008 and a 20% increase in students entering training for midwifery. He also said that Britain remains one of the safest places in the world for children to be born. Reference was made to the Darzi report, soon to be launched.
HIV/AIDS, January 30th 2008
Sally Keeble MP, emphasised the importance of DfID’s new HIV/AIDS Strategy supporting children orphaned by HIV/AIDS. Gillian Merron MP, PUSS for ID gave a favourable reply.

Teenage Pregnancy, January 30th/February 4th 2008
Various MPs raised the issue of the high UK teenage pregnancy rate. The Prime Minister’s response emphasised the need for a better UK strategy on teenage pregnancy.

Forced Marriage, January 30th 2008
Martin Salter MP raised the issue of forced marriage in the UK during Prime Minster’s Question Time. A favourable reply was received.

Maternal Health, February 20th 2008
John Battle MP, raised the issue of lack of progress towards MDG5 at Prime Minster’s Question Time. An encouraging response was given.

Cervical Cancer Screening, February 27th 2008
Barbara Keeley MP raised the issue of the poor update of cervical cancer screening during Prime Minsters Question Time. The Prime Minister referenced the Governments latest investment into HPV vaccination against cervical cancer.

International Women’s Day – Maternal Health, March 5th 2008
Christine McCafferty MP, raised the issue of IWD and maternal health at Prime Minister's Question Time. A favourable response was given.

HIV/AIDS, March 12th 2008
Graham Allen MP made reference to the importance of the UK increasing support for young people’s education and condom dissemination.

Breast and Cervical Screenings, March 18th 2008
Andrew Rosindell MP raised the issue of poor uptake of breast and cervical cancer screening in the UK.

Written Parliamentary Questions
APPG on PD&RH members tabled a wide variety of SRHR/population written PQ’s throughout the year including PQs on:

- Contraceptives
- Sex and Health Education
HIV/AIDS
Maputo Plan of Action
EU-Africa Joint Strategy
Overseas Aid

Other MPs tabled written PQs on:

- Abortion
- HPV Vaccine
- Family Planning
- Genito-Urinary Medicine and STIs
- Global Fund to fight AIDS, TB and malaria
- UNFPA and MSI
- Sanitary protection
- Ovarian and cervical cancer
- Breastfeeding
- Maternity services
- Rape
- Obesity and pregnancy
- Perinatal and infant mortality
- Teenage pregnancy
- Millennium Development Goals
- Female Genital Mutilation
- Human Fertilisation and Embryology Bill

House of Lords (HoL)

Bills

Human Fertilisation and Embryology Bill

The new HFE Bill was welcomed by many Peers and MPs, as it had the potential to strengthen regulation in important areas of reproductive technologies. The Bill was a result of a lengthy process of review since the 1990 HFE Act, including White Papers, consultations and Committee Reports, prior to the scrutiny of the draft Bill by a Joint Committee of both Houses.

The Bill was debated in the HoL between November 2007 and February 2008 and re-entered the HoC for its 2nd Reading on 12th May 2008.

The Bill centred on human embryos outside the body, regulated by the HFEA, admixed embryos for research, sex-selection for non-medical reasons and the welfare of the child when providing fertility treatment.

Of particular importance to the group, was the fact, that the new HFE Bill had the potential to amend the 1967 Abortion Act, in that precedent had been set in 1990, when the 1990 HFE Act amended the 1967 Abortion Act, by lowering the upper time limit for abortion from 28 to 24 weeks and clarifying under what circumstances it could be obtained at a later stage.

In preparation for the forthcoming debates in the HoL and later in the HoC, a strategic MP/Peer committee was established with support from the UK Voice for Choice pro-choice NGOs. Meetings were held regularly to discuss strategies to combat anti-choice campaigns and amendments during the passage of the Bill.

Briefing meetings and letters were prepared and disseminated prior to all debates and draft Bill committee meetings. Individual MP and Peer briefing meetings were also undertaken and a detailed voting record of all MPs and Peers was prepared to inform campaign and advocacy activities.
The Bill had its HoL 2nd reading on November 19th and 21st 2007. Committee stage was December 3rd, 4th, 10th and 12th 2007, report stage was January 15th, 21st and 28th 2008 and on February 4th it had its 3rd reading.

On the 3rd day of report stage Baroness Masham of Ilton, as expected, moved an amendment to amend the 1967 Abortion Law on late abortions, on the grounds of discrimination. Baroness Masham of Ilton argued, that the 1967 abortion law, was discriminatory by allowing abortions after 24 weeks on the grounds of disability.

Baroness Gould, a group member, and chair of the APPG pro-choice and sexual health group, spoke strongly against the amendment, making reference to that fact that less than 1% of abortions took place in the UK after 24 weeks in 2006 and many life-threatening disabilities are not detected before 24 weeks.

A division was held and the vote was: content 22 and not content 89. The amendment was therefore defeated.

Throughout the HFE Bill’s HoL stages Baroness Tonge, Lord Patel, Lord Winston, Lord Rea, and Baroness Gould, all group members, spoke in favour of reproductive health, choice and rights.

Please find enclosed all HoL HFE Bill Hansards as appendix 138.

Throughout the HFE Bill debate, articles on abortion have appeared in newspapers.

Please find enclosed sample of articles as appendix 139.

Debates

Sexual Health: Contraceptive Services, April 20th 2007
Baroness Tonge, a group member, raised concern about the lack of funding and closure of UK family planning and reproductive health services and clinics.

Baroness Royall, made reference to the cost benefit of contraception, which are well established and estimated at £11 for every £1 spent. It is also estimated that the prevention of unplanned pregnancy by NHS contraceptive services already saves the NHS over £2.5 billion a year and the Government have made improving sexual health a key priority, including considerable new investment through Primary Care Trusts (PCT).

Please find enclosed HoL Hansard as appendix 140.

Stem Cell Research, May 3rd 2007
Lord Patel rose to call attention to the potential benefits of stem cell research and related issues.

Please find enclosed HoL Hansard as appendix 141.

Human Fertilisation and Embryology (Quality and Safety) Regulations 2007, May 14th 2007
Lord Hunt, Minister of State, DoH, moved the draft regulations on Human Fertilisation and Embryology (Quality and Safety), laid before the House on 25th April, which was agreed.

Please find enclosed HoL Hansard as appendix 142.

Queen’s Speech – Debate on the Address (Second Day), November 7th 2007
Lord Avebury, a group member, spoke about population growth, climate change and desertification and announced his support for the new target on access to comprehensive reproductive health services under MDG5.

Please find enclosed HoL Hansard as appendix 143.
Queens Speech – Debate on the Address (Third Day), November 8th 2007
Lord Darzi opened the debate on health, social affairs and education. Reference was made to the new one-off pregnancy grant to be given to expectant mothers and many peers made reference to the forthcoming HFE Bill.

Lord Fowler raised the issue of a failing of public health and in particular UK SRHR.

Lord McColl and Baroness Morris both raised the issue of trafficking for prostitution with particular emphasis on trafficking of children.

Please find enclosed HoL Hansard as appendix 144.

Crime: Sexual Offences, November 29th 2007
Baroness Gale initiated a debate on the management and prosecution of sexual offences.

Baroness Gale highlighted the fact that almost half of women in England and Wales experience domestic violence, sexual assault or stalking in their lifetime. Convictions for rape are falling – just 5.3% of rapes reported to the police result in a conviction.

Baroness Thomas and Baroness Gould, both group members, raised the issue of human trafficking for sexual purposes.

Of particular interest was Lord Campbell-Savours’ call for the Government to consider the New Zealand practice, where there are two different crimes: one of sexual violation, which would turn on the issue of consent, and the other of aggravated sexual violence, which would provide for event greater penalty and turn on whether the victim was unconscious, unlawfully detained, subject to a decision, unable to communicate a lack of consent, subject to a rape through impersonation, a minor or threatened with a weapon. This would avoid creating the lesser offence of date rape which many resist. The conviction rate in New Zealand is far higher than in England and Wales.

Please find enclosed HoL Hansard as appendix 145.

Lord Oakeshott asked the Minister what DfID is doing to ensure that Kenya brings about equality for women, who make up 75% of the agricultural workforce in the country, but still only own 1% of the land.

Baroness Vadera, PUSS for ID, in her response, made reference to DfID’s support on anti-corruption, including support to local civil societies to strengthen their voice in holding their own Government to account. Reference was also made to support of maternal health through the IHP.

Please find enclosed HoL Hansard as appendix 146.

China – Human Rights, January 10th 2008
Lord Alton asked Her Majesty’s Government, what their assessment was of China’s role in promoting and respecting human rights. DfID funding to UNFPA and IPPF activities in China were also raised.

Lord Malloch-Brown, Minister at the Foreign and Commonwealth Office, made reference to the fact that China comprises between one-fifth and one-sixth of the world’s population, which impacts directly on us all. He also said that monies given to UNFPA is not used for coercive family planning; there has been much insistence by UNFPA that its funding is used for policies that do not breach human rights.

Please find enclosed HoL Hansard as appendix 147.
Infant and Follow-on Formula (England) Regulations 2007, February 18th 2008

Baroness Finlay spoke strongly in favour of breastfeeding and stronger regulations on infant formula and follow-on formula specifically SI 2007/3521, which gives effect to the relevant European Union directive. The directive updated requirements on the composition, advertising and labelling of infant formula products.

Baroness Thornton reassured the Lords that the Government takes infant health extremely serious and is determined to act to promote and protect breastfeeding in the interest of giving all infants the best start in life and to ensure that mothers are in the best position possible to make informed decisions about feeding choices for their babies.

Please find enclosed HoL Hansard as appendix 148.

Government Policy, March 6th 2008: Women

Baroness Gould introduced a debate on the impact of Government policy on the lives of women and girls, and their priorities for the future in connection with International Women’s Day. 2008 is the 100th anniversary of International Women’s Day.

Reference was made to the fact that women are still over-represented in lower paid sectors, which have been identified by the Fawcett Society as the 4 Cs: cleaning, caring, catering and cashiering.

Please find enclosed HoL Hansard as appendix 149.

Oral Parliamentary Questions
STIs, April 16th 2007

Lord Fowler, a group member, asked how the Government assessed success of their policies to prevent HIV/AIDS and other STIs.

Please find enclosed HoL Hansard as appendix 150.

World Bank – Reproductive Health, April 18th 2007

Lord Avebury, a group member, asked the Government, whether they would seek the removal of the managing director of the World Bank following reported attempts to delete references to contraception from the bank’s Madagascar country programme.

Baroness Amos stated that DfID had been reassured that SRHR remains a key plank in the Bank’s strategy.

Please find enclosed HoL Hansard as appendix 151.

Africa – Family Planning, July 9th 2007

Lord Taverne, a group member, asked the Government what steps they are taking to promote family planning as part of the campaign to reduce poverty in Africa.

Baroness Royall, gave a favourable response, reiterating the Government’s commitment to SRHR including family planning.

Please find enclosed HoL Hansard as appendix 152.

Abortion, July 19th 2007

Baroness Tonge, a group member, asked the Government, what plans they had to reduce the number of abortions in the UK.

Baroness Royall, made reference to the UK teenage pregnancy strategy and sexual health strategy.

Please find enclosed HoL Hansard as appendix 153.
**FGM, October 25th 2007**
Baroness Rendell asked the Government, what progress has been made in combating FGM. Reference was made to prosecutions in the USA and Sweden.

Lord West, PUSS at the Home Office made reference to the FGM Act 2003, research commissions on FGM and training supported for health professions and police.

*Please find enclosed HoL Hansard as appendix 154.*

**HIV/AIDS, November 29th 2007**
Lord Fowler, a group member, asked the Government, what action they were taking to help in the world-wide fight against HIV/AIDS.

Baroness Vadera, PUSS for ID reported that DfID is the world’s second-largest donor in the fight against HIV/AIDS.

*Please find enclosed HoL Hansard as appendix 155.*

**Health – Contraception, December 12th 2007**
Baroness Finlay asked the Government, whether they were considering making the oral contraceptive pill directly available from community pharmacists.

Lord Darzi, PUSS for Health, replied that pharmacies could play an increased role in the provision of contraception and other sexual-health services.

*Please find enclosed HoL Hansard as appendix 156.*

**Children – Infant Mortality, March 3rd 2008**
Lord Avebury, a group member, asked the Government about their response to the United National Children’s Fund (UNICEF) latest report and progress on reaching MDG on child health, with particular reference to breastfeeding.

Lord Malloch-Brown emphasised the point, that progress has been made in some countries on child health and that breastfeeding is critical to ensure good child health.

*Please find enclosed HoL Hansard as appendix 157.*

**International Development: Gender Inequality, March 6th 2008**
Baroness Northover, a group member, asked the Government about gender inequality in connection with IWD.

Baroness Ashton, reiterated the importance of eliminating gender inequality, as a key component of the Government’s international development policy.

*Please find enclosed HoL Hansard as appendix 158.*

**Written Parliamentary Questions**
APPG on PD&RH members tabled a wide range of SRHR/population written PQ’s throughout the year including PQs on:

- Abortion
- Cervical Smears/Cancer
- Maternal Mortality
- HIV/AIDS
- Childbirth/Pregnant Women
- Sexually Transmitted Infections
APPG on PD&RH members have met and spoken both formally and informally with DfID and DoH Ministers and civil servants this year. Advisor has also been in regular contact with DfID and DoH civil servants.

**Meetings**

**APPG on PD&RH advisor’s meeting with DfID civil servants, November 8th 2007**

Advisor met with DfID advisors (Fran McConville, Health Advisor; Zoe Mathews, Statistics Advisor; Kenny Osbourne, Statistics Advisor; Manu Manthri, Economic Advisor and Scott Hardie, Policy Analyst, AIDS and RH team) to discuss SRHR and HIV/AIDS funding with particular reference to decreased direct bilateral funding to reproductive health over the past few years, according to DfID’s newly published figures.

Please find enclosed briefing documents that were discussed as appendix 159.

Advisor was reassured that DfID continue to support SRHR including controversial SRHR activities. DfID reiterated the importance of its health sector support, which indirectly supports SRHR services.

The team was unable to reassure advisor that if a HIV/AIDS spending target was agreed upon in the new HIV/AIDS strategy, a SRHR spending target would also be forthcoming.

Concern was raised that the old HIV/AIDS spending target in the previous HIV/AIDS strategy had put a lesser focus on direct bilateral reproductive health funding, which was apparent in bilateral spending figures published.

**Gillian Merron MP, PUSS for ID, February 4th 2008**

The APPG on PD&RH requested a meeting with Douglas Alexander MP, the new SS for ID in July 2007. Due to the Government reshuffles in 2007 a meeting was finally set up in February 2008 with the new PUSS for ID, Gillian Merron MP.

The agenda included:

- SRHR funding
- HIV/AIDS
- DfID country offices and national development plans
- Commodity security supplies
- IHP

Please find enclosed correspondence, members briefing pack and minutes of meeting as appendix 160.

DfID representatives at the meeting included: Gillian Merron MP, PUSS for ID; Malcolm McNeil, Team Leader, AIDS and RH Team; Anne Nolan, Health Advisor; Kenny Osbourne, Statistics Advisor; Scott Hardie, Policy Advisor; Helena Lindborg, Policy Advisor and Laure Beaufils, Gillian Merron MP’s office.

Christine McCafferty MP, Viscount Craigavon, Lord Rea and Ann Mette Kjaerby attended from the APPG on PD&RH.

Christine McCafferty MP introduced Gillian Merron MP to group members, explained the Group’s Aim and main activities and proceeded to discuss SRHR funding with a particular focus on the decline in DfID direct bilateral reproductive health funding over the past years.

Discussion thereafter revolved around DfID’s new HIV/AIDS strategy soon to be published.
Gillian Merron MP, SS for ID reassured members that linkages between SRHR and HIV/AIDS would be prominent in the new HIV/AIDS strategy, as linkages are paramount in combating HIV/AIDS and improving SRHR to achieve MDGs 5 and 6.

**Correspondence**

**World Bank’s Population Strategy, April 2007**


A favourable reply was received from DfID, informing the group that DfID has been instrumental in the World Bank revising its Strategy and including stronger support for SRHR.

*Please find enclosed communications and extracts of the new World Bank Strategy on SRHR as appendix 161.*

**DfID’s merged AIDS and Reproductive and Child Health Policy team, March - June 2007**

The APPG on PD&RH wrote to Hilary Benn MP, SS for ID, raising concerns about the workings of the newly merged Reproductive Health and HIV/AIDS Policy Team.

A favourable response was received.

*Please find enclosed communication as appendix 162.*

**UK National Vaccination Programme against Cervical Cancer, April 2007**

The APPG on PD&RH wrote to Patricia Hewitt MP, raising concern about the national vaccination programme against cervical cancer.

A favourable reply was received from Caroline Flint MP, Minister responsible for this policy area.

*Please find enclosed communication as appendix 163.*

**G8 Summit in Heiligendamm, June 2007**

The APPG on PD&RH sent a letter to the Prime Minister, Tony Blair MP copied to Gordon Brown MP, Chancellor of the Exchequer, and Hilary Benn MP, SS for ID urging the UK to make clear commitments to tackling HIV/AIDS in Africa, with a particular focus on comprehensive prevention and ensuring universal access to comprehensive SRHR services throughout the continent. A favourable response was received from Gareth Thomas MP, PUSS for ID.

*Please find enclosed correspondence as appendix 164.*

**MDGs and Hearing Report on Population and the MDGs, October 2007**

Richard Ottaway MP, Chairman of the APPG on PD&RH Hearings on Population Growth and its impact upon the MDGs, wrote to Douglas Alexander MP, SS for ID to raise the profile of population/SRHR and its link to the MDGs. A favourable reply was received.

*Please find enclosed correspondence as appendix 165.*

**Consultations/Publications**

**Maternal Health Strategy review, 2nd progress report, April 2007**

The APPG on PD&RH was encouraged by DfID’s Maternal Health Strategy review, 2nd progress report, in that it made clear where DfID needs to focus its attention and support.

The report read that maternal mortality remains unacceptably high in DFID-supported countries and access to skilled attendance is low. Report extracts:
• The main barrier to improving maternal health remains poor access to good quality, comprehensive health services. In Africa, the lack of trained staff is a particular barrier. In Asia, gaps in trained staff in rural areas, cost and exclusion related to caste, ethnicity and other social factors are important.
• Sustained long term (10-20 years) investment in health services and human resources is needed.
• A new MDG 5 target on Universal Access to Reproductive Health highlights its importance to development.
• The Partnership for Maternal Newborn and Child Health held the first partners forum in Tanzania.
• The Norwegian government is preparing a major new initiative in MDGs 4 and 5 with support from the UK and the Gates Foundation.
• Progress made in improving access to safe abortion services through the establishment of the Safe Abortion Action Fund.
• Progress on ensuring contraceptive commodity security remains slow.
• Most DFID-supported countries use a mix of investments to strengthen general health services complemented by specific investments to target maternal, newborn and child health.
• Major new commitments made in Zimbabwe (£25m), Pakistan (£90m) and India (part of £252m RCH programme). New projects under development in Nigeria and Sierra Leone.
• AIDS is now the single largest cause of maternal death in some parts of sub-Saharan Africa.
• New ways have been developed to better measure maternal mortality.
• The 20th anniversary of the Safe Motherhood initiative in 2007 offers an unprecedented opportunity for advocacy.
• The priority actions identified in the maternal health strategy remain valid and will require sustained investment in health services and human resources over at least a decade.

Please find enclosed front and contents pages as appendix 166.

DfID Departmental Report 2007, June 2007
The APPG on PD&RD was pleased to read DfID’s Annual Report 2007. DfID continue to support SRHR services around the world. Report extracts:

• Increasingly, DFID’s support to reduce maternal mortality is delivered through general budget support or health sector budget support. Nonetheless there are a range of examples of specific funding for maternal health to supplement other, broader health sector support.
• Improving the access of girls and women to education and health facilities – especially for reproductive health and child-birth – is a priority for DFID.
• In the Congo: DFID-supported health programmes gave access to reproductive health services for at least 500,000 women.
• In Ethiopia: DfID gave one million pounds through a joint initiative with Ireland and the Netherlands to improve access to contraceptives through support to DKT, a civil society organisation focused on family planning. This will help improve reproductive health and reduce new HIV infections.
• In Kenya: DFID is supporting the government of Kenya to provide essential supplies, equipment and infrastructure, as well as strengthening health systems, all of which are necessary for reducing maternal mortality. DFID supports the subsidised sale of condoms to help prevent new infections, selling over 27 million condoms during 2006.
• In Sierra Leone: DFID have already supported the Ministry of Health and Sanitation to finalise its reproductive health policy. DFID will invest £50 million over 10 years into the health sector to improve sexual, reproductive and child health. The programme will strengthen the health system as a whole and address human resources for health, supplies of commodities, policy planning and financing, as well as contribute towards reducing key social, cultural and economic barriers to accessing basic health services.
• In Bangladesh DFID action on maternal mortality includes a £100 million contribution to Bangladesh’s Health, Nutrition and Population Support Programme (HN PSP), in which maternal health is a priority. DFID is also developing maternal health programmes with UN agencies which will aim to reach an estimated 47.5 million people. An additional 45,000 women with obstetric complications will receive high quality care; maternal deaths will be reduced by 10%; and 24,000 neonatal deaths will be averted.
• In India: DFID has committed £252 million to the Reproductive and Child Health Programme, which aims to cut India’s maternal mortality rate from 407 to 100 per 100,000 live births by 2015, and to cut the infant mortality rate from 70 to 30 per 1,000 live births over the same period. This will mean that over one million lives will be saved each year.

• In Bangladesh: DFID provides support to two major national health sector programmes in Bangladesh, which aim to expand access to services essential for improving maternal and child health – including immunisation, antenatal and postnatal care, and reproductive health. Births attended by skilled health workers have risen from 14% in 2004 to 18% in 2006. Immunisation coverage is high – 76% of two-year old children are fully vaccinated. The Urban Primary Health Care Project provides basic health care services to 14 million people, 75% of them women and children.

• In 2006, DFID approved £252 million of support for a national Reproductive and Child Health Programme (RCH2), targeting India’s poorest states and focusing on tribal and other groups where infant and child mortality are highest.

• In Zimbabwe: DFID will invest £25 million over five years to improve maternal and newborn health. The project will reduce the number of maternal deaths and reduce the number of children becoming infected with HIV or dying from HIV infection.

DfID Health Strategy, June 2007
In July 2006 DfID requested views on its Health Strategy. The APPG on PD&RH submitted written evidence. The Health Strategy was launched 5th June 2007, Central Hall, London.

Assistant attended the launch and committee members subsequently received a copy of the new Health Strategy.

The new strategy on Health: ‘Working together for better health’, was welcome. It outlines priorities that will guide how the UK works with developing countries to improve the health of their citizens. SRHR was at the centre of the Strategy. Report extracts:

• Page 6: Advances in contraception, and the fact that more people are using it, have contributed to falls in global fertility rates - with women in 2006 having an average of 2.6 children compared to five in 1960;

• Page 7: How, for instance, do we sustain funding for the take-up of new technologies, and how do we make sure it isn’t simply diverting resources from other vital programmes such as sexual and reproductive health and family planning;

• The MDGs are a yardstick to measure progress, and in 2006 the UN GS incorporated additional targets and indicators for reproductive health, HIV and AIDS treatment, employment and the environment;

• Page 9: As the global population grows to between 7.8 billion and 10.8 by 2050, the ecosystem will come under unprecedented stress;

• Page 10: Continuing increases in population, putting services under still greater demand, will further undermine efforts;

• Page 13: Three-quarters of the four million neonatal deaths each year could be prevented if women received the right care in pregnancy and childbirth.

• One whole section on women die needlessly!

• More than 200 million women either want to limit their family size or increase intervals between pregnancies. But most of them are either using no contraception, or are relying on often ineffective traditional methods, etc... more on abortion;

• Page 15: At the ICPD the international community made a bold commitment to sexual and reproductive health and rights, etc...

• It is critical that women gain access to contraceptives and to reproductive choices, such as safer abortion care;

• Page 16: Gender inequality and discrimination against vulnerable groups means they don’t have control over the sexual and reproductive aspects of their lives, etc...;

• Page 17: It is a challenge in all societies to change deeply entrenched behaviours and cultural norms, particularly when these relate to sexuality, gender and power relations;

• Page 20: The health burdens of low and middle-income countries are particularly challenging because their populations are both growing and ageing;

• Page 21: The challenge of rapidly rising populations can also undermine health gains and put a brake on economic growth;
• Page 22: Increased urban living brings particular health challenges, especially for the one third of the global population etc...;
• Page 25: 137 million women how have expressed an interest to space or limit their family size are not using any form of contraception, etc...;
• Page 33: Our priorities include the improvement of sexual and reproductive health, working towards universal access to HIV and AIDS-related services and reducing health inequalities;
• Page 34: Improving access to sexual and reproductive health services, and making gender equality and women's rights a priority;
• Page 39: We must focus resources ...this includes addressing health needs that are often neglected, such as access to safe abortion, harm reduction strategies for HIV prevention..., and family planning services;
• Page 40: Priority actions: ensure healthier mothers and children...ensure access to family planning and train skilled birth attendants;
• Page 41: ...emphasis on combined approaches to HIV prevention and on integrating HIV and AIDS with sexual and reproductive health, maternal health and TB services;
• We need to re-prioritise sexual and reproductive health needs essential to addressing population growth and ensuring that women have a real choice...;
• Page 42: Population growth and rapid, unplanned, urban sprawl can perpetuate poverty ...;
• Page 43: Support country partners to give greater priority to sexual and reproductive health services with integrate HIV prevention and access to family planning and safe abortion.

Please find enclosed APPG on PD&RH cover letter and written submission, DfID Health Strategy front and contents pages, invitation to launch and summary briefing on the Strategy sent to members as appendix 167.

DfID HIV/AIDS Strategy update, June 2007
In June 2007 DfID launched its consultation to review the HIV/AIDS Strategy: ‘Taking Action’ – the UK strategy for tackling AIDS in the developing world.


Please find enclosed APPG on PD&RH submission together with front and contents pages of the new Strategy as appendix 168.

DfID Select Committee Inquiry into Maternal Health, September 2007
The APPG on PD&RH was pleased when DfID Select Committee announced the launch of an inquiry into Maternal Health in September 2007, the 20th anniversary of the Safe Motherhood Initiative. The group submitted written evidence to the inquiry.

The final report was released on Mothers’ Day in February 2008. It stated that a lack of political will to improve maternal health in developing countries has contributed to a stark contrast in the experiences of childbirth around the world; for every woman who dies in childbirth in the UK, up to 1,000 die in the poorest countries.

It highlighted the minimal progress made in reducing maternal deaths over the last 20 years and that there is considerable uncertainty about the real scale of maternal mortality, particularly in sub-Saharan Africa and Asia. This is due to a lack of data from countries with some of the worst death tolls, a tendency to under-report maternal deaths and the use of national averages.

The report credited DfID for its leadership on global efforts to improve maternal health. However, the situation remains grave and on current trends MDG 5, which seeks to reduce by three-quarters the level of maternal mortality, is seeing the slowest progress of all the MDGs and will not be met by the 2015 deadline.

The Committee recommended that addressing the huge shortage of midwives worldwide and increasing the availability of emergency obstetric care to all women must remain at the centre of DfID’s approach. Increasing access to basic drugs and equipment -
including family planning supplies - is also vital, as is tackling gender inequalities that prevent women gaining access to health care, a basic human right.

The report further applauded DfID for its work on sensitive issues such as unsafe abortion, the third biggest cause of maternal death. It argues for the removal of user fees and in favour of universal free care.

The Committee’s report stated that DfID needs to step back and prioritise carefully in order to take full advantage of a series of crucial opportunities offered in 2008, including Japan’s forthcoming Presidency of the G8 which aims to focus on global health. According to the report, DfID must play to its strengths and support other actors, especially the UN, in playing their part in improving maternal health. New global initiatives such as the IHP, launched by Gordon Brown in September 2007, potentially provide an excellent framework for ensuring this.

*Please find enclosed group submission and report front and contents pages as appendix 169.*

The Government’s response to the report is expected in May 2008.

**DfID Select Committee Inquiry into China, March 2008**

In March 2008 DfID Select Committee launched into an inquiry into China. The APPG on PD&RH submitted the UK MPs study tour report on UNFPA and China in support of UNFPA’s work in the country. Dr Baige Zhao, Vice Minister, National Population and Family Planning Commission of China, was alerted to the hearings and also encouraged to submit written evidence.

*Please find enclosed written submission as appendix 170.*

**INTERNATIONAL FUNDING TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, POPULATION AND HIV/AIDS**

DfID channels its financial support via general budget support, sector budget support, sector wide approaches for health, UN, NGOs, research institutions and other partners.

DfID remains supportive of international SRHR. In October 2007 DfID pledged additional support to UNFPA of £100 million over 5 years with a particular emphasis on commodity security supplies and approved an additional £1 million to the Safe Abortion Action Fund (on top of the original £3 million pledged in February 2006), plus a £6.5 million contribution to Ipas.

DfID’s core funding to UNFPA for 2008 – 2011 is currently under negotiation. Core funding over the past 4 years has been £20 million per year.

DfID continues to support IPPF’s 5 strategic areas of work: adolescents, HIV/AIDS, (safe) abortion, access to SRHR services and advocacy. Core funding for the next few years is currently being negotiated.

The continued reduction in direct bilateral reproductive health funding, however remains of concern to the group, and the group will continue to press DfID for increased direct bilateral funding to SRHR.

**DFID core contributions to International Organisations, 2003/04 – 2007/08, GBP thousand**

<table>
<thead>
<tr>
<th>Name</th>
<th>2007/08</th>
<th>2006/07</th>
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<th>2004/05</th>
<th>2003/04</th>
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### DFID bilateral expenditure directly targeting HIV and AIDS, 2000/01 – 2007/08, GBP millions

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<th>Year</th>
<th>General Poverty Reduction Budget Support</th>
<th>Sector Poverty Reduction Budget Support</th>
<th>Other Financial Aid</th>
<th>Technical Cooperation</th>
<th>Humanitarian Assistance</th>
<th>Other Bilateral aid</th>
<th>DFID Debt Relief</th>
<th>Total DFID Bilateral Programme</th>
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*Drop in 2001/02 caused by large £25m contribution in 2000/01 to a UNFPA run project. This project has previously been reported as a multilateral contribution but has been re-classified as bilateral due to the stricter multilateral definition discussed above.

### DFID bilateral expenditure directly targeting reproductive health, 2000/01 – 2007/08, GBP millions

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<th>General Poverty Reduction Budget Support</th>
<th>Sector Poverty Reduction Budget Support</th>
<th>Other Financial Aid</th>
<th>Technical Cooperation</th>
<th>Humanitarian Assistance</th>
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</table>

*Drop in 2001/02 caused by large £25m contribution in 2000/01 to a UNFPA run project. This project has previously been reported as a multilateral contribution but has been re-classified as bilateral due to the stricter multilateral definition discussed above.

**Figure 5 Net ODA/GNI ratios for the UK 1997-2007 and projections to 2010**

![Graph showing ODA/GNI ratios from 1997 to 2010 with projections to 2010.](image-url)

- **UK ODA/GNI**: -
- **DAC Average**: -

*0.7% UK Target"
**INTERNATIONAL CONFERENCES**

The APPG on PD&RH has been involved with and attended several national, European and international NGO, UN and Parliamentary seminars, workshops and conferences this year.

**European Parliamentary Forum Taskforce on Malaria meeting, London, UK, April 17th, 2007**

Viscount Craigavon and assistant attended the EPF Taskforce on Malaria meeting in the UK Parliament. The meeting launched the EPF Taskforce on Malaria and was hosted by Stephen O’Brien MP, Chair of the UK APPG on Malaria, who presented the Malaria APPG's recent report *Financing Mechanisms for Malaria*. Sunil Mehra of the Malaria Consortium gave a presentation on the burden of malaria and discussions were held on linkages between malaria, maternal health and SRHR.

*Please find enclosed briefings, programme and lunch invitation as appendix 171.*

Christine McCafferty MP attended the conference: ‘Towards Sustainable Global Health’, as Chair of the CoE’s Social, Health and Family Affairs Committee.

The conference was an interdisciplinary forum for stakeholders, decision-makers and practitioners from the fields of politics, science, private companies, NGOs and institutions for development.

Christine McCafferty MP, had hoped to meet with Jeffrey Sachs, to promote the APPG on PD&RH Hearing Report on ‘Population Growth and its impact upon the MDGs’, however he appeared via video link to the conference. Christine McCafferty MP did make an intervention and a letter was subsequently sent inviting him to meet with the APPG on PD&RH.

Please find enclosed conference briefing and programme as appendix 172.


Christine McCafferty MP and Richard Ottaway MP attended the EPF Working group on Reproductive Health, HIV/AIDS and Development meeting ‘MDGs: Midterm Review’ in Brussels.

Richard Ottaway MP presented the ‘Population Hearing Report’ which was very well received and Christine McCafferty MP highlighted other group activities.

Neil Datta, Secretary of the EPF made an excellent presentation on EU states’ funding to SRH.

Please find enclosed information on Euromapping 2008 as appendix 173.


Christine McCafferty MP attended the G8 Parliamentary Conference on the Economic Rewards of Investing in HIV Prevention and Health, which was organised by EPF, the German Foundation for World Population (DSW) and DSW’s Parliamentary Advisory Committee in preparation of the G8 Summit in Heiligendamm on June 6th - 8th, 2007.

Christine McCafferty MP presented her CoE HIV/AIDS Strategy. Assistant also attended the meeting.

Please find enclosed conference programme, photo shoot and the final Parliamentary appeal as appendix 174.


Advisor attended the AGH seminar on Financing and Action for Global Health. Andrew Rogerson, Head of Human Development, DfID spoke strongly in favour of increased financial and political support to maternal health to reach the health MDGs.

Please find enclosed seminar programme, participation list, seminar briefings and AGH publication on why Europe must act now to rescue the health MDGs front and contents pages as appendix 175.


Christine McCafferty MP, Lord Rea and Evan Harris MP registered to attend the Women Deliver Conference in London organised by UNFPA, UNICEF, the World Bank, WHO, DfID, Dutch Ministry of Foreign Affairs, Norwegian Agency for Development Cooperation, the Swedish International Development Corporation Agency, Family Care

The conference marked the 20th anniversary of the launch of WHO’s Global Safe Motherhood Initiative and focused on creating political will to save the lives and improve the health of mothers.

More than 1,800 global leaders from 109 countries from the broad health and development community were brought together and strong new pledges of commitment were made to invest in women’s health from donors, government officials, corporations, foundation and NGOs alike.

The three-day conference included the DfID grant announcement of £100 Million additional support over 5 years to UNFPA to advanced women’s reproductive health worldwide with a particular focus on commodity security supplies, a US$10 Million investment by the John D. and Catherine T. MacArthur Foundation in distributing new technology against post partum haemorrhage in Nigeria and India; and a commitment from Japan to put global health at the centre of the G8 summit meeting in Japan in 2008.

Pledges of further action also came from the David & Lucile Packard Foundation, the Bill and Melinda Gates Foundation, the International Labour Organisation, the UN Foundation, UNICEF, Exxon/Mobil, and GlaxoSmith Kline.

Please find enclosed correspondence, conference programme, press releases and EPF delegation as appendix 176.

More than 700 public health experts, government representatives and activists from over 60 countries attended the MSI, Ipas and Abortion Rights global conference on abortion in London.

The conference marked the 40th anniversary (27th October, 2007) of UK’s 1967 Abortion Act and renewed commitment and strengthened alliances for expanding access to safe abortion care worldwide.

Christine McCafferty MP, moderated the opening session and other group members registered to attend the conference included: Robert Key MP, Lyn Brown MP, Baroness Lockwood, Viscount Craigavon, Baroness Gould, Baroness Tonge, Baroness Thomas and advisor.

Conference delegates signed a Global Call to Action for Women’s Access to Safe Abortion.

Prior to the conference Christine McCafferty MP helped promote the conference via media work.

Please find enclosed press quotes, conference programme, chairs introductory remarks, thank you letter to Christine McCafferty MP for moderating the opening session, speakers’ biographies, attendance list and press releases as appendix 177.

UN Commission on the Status of Women, 52nd Session, New York, USA, February 26th – 29th 2008
Christine McCaffety MP attended the 52nd Session on the Commission on the Status of Women, supported by the EPF. Prior to departure Stuart Halford, Advocacy Officer, IPPF briefed Christine McCafferty MP on the forthcoming session.

At the conference, delegates had numerous briefing meetings with SRHR experts and organisations including UNFPA, UNDP, EC delegation to the session, International Women’s Health Coalition, UNIFEM, CFC, IPPF and Family Care International.
The final outcome document did not refer to the term ‘sexual and reproductive health and rights’ although Norway and New Zealand advocated for its inclusion, the governments of Malta, Poland, Ireland, the US, El Salvador, Iran, Syria, Pakistan, Kiribati and the Holy See successfully managed to keep the term out. ICPD was however mentioned in the final resolution in Paragraph 12.

Christine McCafferty MP briefed committee members on the UN Commission on the Status of Women upon her return. Of particular interest were discussions around creating a separate UN agency for women and CFC agreement to brief UK MPs on abortion and the church in connection with the forthcoming UK HFE Bill and abortion debate.

Please find enclosed delegate programme, correspondence including IPU correspondence, agreed conference conclusions, briefings, UK and other statements as appendix 178.

Women and Children First (UK) workshop – Harnessing UK expertise in Maternal, Newborn and Child Health to achieve MDGs 4 and 5, London, UK, March 6th 2008

Gillian Merron MP, PUSS for ID opened the Women and Children First (UK) workshop and Christine McCafferty MP moderated the 1st session on: What can UK advocates learn from previous successes? On the panel were: Ann Pettifor, Executive Director, Jubilee Campaign; Steve Cockburn, Coordinator Stop AIDS Campaign and Professor Wendy Graham, Principle Investigator, IMMPACT.

The event was well attended and successful campaign activities were shared. As a follow up to the workshop a tool kit was prepared with a list of all UK advocates working on maternal and child health.

Sarah Brown was the key note speaker at the evening reception and she said: “What always surprises me is how few people are aware of the scale of the maternity mortality around the world. Maternal mortality must not be the forgotten target in the MDGs. It needs to be addressed in the same way as other major health problems, such as malaria, and should have its own global plan of action.”

Please find enclosed workshop programme, invitation, participant list, PQ to Prime Minister on SRHR and reply that was circulated, Women and Children First (UK) Annual Review, DfID Select Committee Maternal Health inquiry report summary, press releases and thank you letter to Christine McCafferty MP for moderating the session as appendix 179.

SUPPORT TO OTHER APPGs on PD&RH

The group continue to exchange information and support the establishment of other APPGs on Population and Development. Assistant attended the EPF Conference for European APPG on PD&RH secretariats in June 2008 and exchanged information in support of national and international parliamentary activities.

APPG ON PD&RH HEARINGS

FGM Hearings, 2000

The APPG on PD&RH continue to follow up on FGM Hearing recommendations and respond to enquiries about FGM and the Hearings.

Members involved in FGM work have been sent information of interest on FGM and parliamentary questions have been tabled to keep FGM on the agenda.

There have been several FGM press enquiries this year.

Please find enclosed briefings and correspondence sent on FGM as appendix 180.
There have still not been any UK FGM prosecutions.

Please find enclosed an article on FGM as appendix 181.

**Linking Sexual and Reproductive Health and HIV/AIDS Hearings, 2004**

Since the ‘Missing Link’ Report was published, linking SRHR and HIV/AIDS, policies, services and programmes, have become commonly accepted amongst SRHR and HIV/AIDS actors.

The campaign to ensure SRHR involvement in Country Coordinating Mechanisms with the Global Fund to fight AIDS, Tuberculosis and Malaria has been particular noteworthy.

The GFATM has also agreed to increase its support for health systems (and for health workers) which is significant, as functioning health systems are core to improvements in SRHR. GFATM’s membership of the Health 8 group within the IHP further demonstrates progress and improvements in harmonisation amongst donors and integration of health activities.

**Return of the Population Growth Factor – Its impact upon the Millennium Development Goals Hearings, 2007**

The group has been actively promoting the January 2007 Hearing Report: ‘Population Growth and its impact upon the MDGs’ via parliamentary questions and debates, report submission to DfID consultations and report presentations at international workshops, seminars and conferences.

Population/SRHR, climate change, migration and poverty eradication have risen on the political agenda. Articles have appeared in national newspapers and DfID’s Health Strategy, June 2007 and Annual Report, June 2007 both reiterated the importance of ensuring universal SRHR services to reach the MDGs.

Please find attached articles of interest as appendix 182.

Baroness Tonge, hearing committee member prepared an article for the Green Liberal Democrat magazine on population growth and the MDGs.

Please find enclosed article as appendix 183.

An executive summary report was published in 2007 and the EPF translated it into German and French and disseminated copies.

Please find enclosed English, German and French Executive Summary reports as appendix 184.

Richard Ottaway MP has been promoting the report at seminars and conferences and of particular interest was the September 2007 World Bank lunch and evening seminars on population growth, Washington DC. Richard Ottaway MP, presented the hearing report and its recommendations and received excellent feedback. Other speakers at this event included: Steven Sinding, Senior Fellow, Guttmacher Institute; Malcolm Potts, Bixby Professor, University of California, Berkeley; John Cleland, Professor, London School of Hygiene and Tropical Medicine (LSHTM), University of London; Martha Campbell, President, Venture Strategies for Health and Development and Ndola Prata, Assistant Adjunct Professor, University of California, Berkeley.

The seminar was attended by top officials at the World Bank and USAID, US government, the UN, NGOs and think tanks. Full information on the seminar including a video of the event can be seen on: http://www.wilsoncenter.org/index.cfm?topic_id=1413&fuseaction=topics.event_summary&event_id=272841#

Please find enclosed seminar information as appendix 185.
APPG PD&RH PUBLICATIONS

Activity Reports
Annual Activity Reports have been published every year since 1993/1994 to present year and can be found on the group’s website.

Hearings/Surveys/Reports

The Well-Spent Pound - an assessment of AID Agency priorities for population activities NGO Review 1993

Women's Rights and Sexual Health, Report of Consultations held with agencies involved in women's issues, 1995


Taking Young People Seriously: Improving Sexual and Reproductive Health for the Next Generation, Report of the Parliamentary Hearings held on 6 and 13 May 1998

Female Genital Mutilation, Report of Parliamentary Hearing and Survey on FGM, May 2000


Return of the Population Growth Factor - Its impact upon the Millennium Development Goals, January 2007 (Main Report and Executive Summary Report (translated into German and French))

ACCOUNTS

Please find the APPG on PD&RH's audited accounts April 2007 – March 2008 enclosed as appendix 186.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AGH</td>
<td>Action for Global Health</td>
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<td>AIDS</td>
<td>Auto-Immune Deficiency Syndrome</td>
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<td>APFPD</td>
<td>Asian Parliamentary Forum on Population and Development</td>
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<td>APPG</td>
<td>All Party Parliamentary Group</td>
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<td>Council of Europe</td>
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<td>Global Fund to fight AIDS, TB and Malaria</td>
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<td>G8</td>
<td>Group of Eight - which consists of Canada, France, Germany, Italy, Japan, Russia, the UK, and the US</td>
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<td>Human Immune Virus</td>
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