The Missing Link!

Parliamentary Hearings Linking Sexual & Reproductive Health and HIV/AIDS

Hearing Report
Executive Summary and Recommendations
October 2004
Mozambique Bishop’s statement on Condoms:

“God clearly tells us that we must protect life at all costs. To not do so is committing a serious sin against God.”

“A is for abstinences – many of you cannot live by this advice. Let us be realistic, few if any of you can abstain.

Which brings us to B, be faithful – some of you are faithful… many of you are not.

So that leaves us with C… condoms. Now many of you believe that condoms are a crime against God… that wasted semen is a sin and I am here today to tell you otherwise.”

“You see, if you are HIV positive and you have unprotected sex and you infect someone, you have, in the eyes of God, committed murder. Or if you are HIV negative and you have unprotected sex with someone who is infected, and they infect you, you have, in the eyes of God, committed suicide.”

“So my Children, wearing a condom is not a sin; not wearing one IS!”

Can’t argue with that logic! Sunday church services will never be the same as now every Sunday, part of the Celebration is the blessing of the condoms.

That’s right, the BLESSING OF THE CONDOMS!

Source: PLANetWIRE Clips [PLANetWIREClips@ccmc.org]
INTRODUCTION

Sexual and Reproductive ill Health accounts for one-third of the global burden of disease, amongst women of reproductive age, and one-fifth of the burden of disease among the population overall.

HIV/AIDS indirectly accounts for many maternal deaths and is the direct cause of death of many individuals and their family members.

HIV/AIDS is overwhelmingly transmitted by unprotected sex – particularly in the poorest countries.

Regrettably, Sexual and Reproductive Health specialists have not taken a leading role in the fight against HIV/AIDS and many donor countries have prioritised HIV/AIDS at the expense of Sexual and Reproductive Health.

The All-Party Parliamentary Group on Population, Development and Reproductive Health decided to investigate what happened to the link between Sexual and Reproductive Health and HIV/AIDS and what has been missed as a result?

On the tenth anniversary of Cairo, the International Conference on Population and Development in 1994, the group conducted research, held Parliamentary Hearings and heard evidence from experts from both specialties.

There are many reasons why the separation occurred.

- HIV/AIDS first achieved prominence when intravenous drug users and men having sex with men were the main high-risk groups;
- The focus of the developed world was on the search for drugs to keep HIV positive people alive;
- Many in the Sexual and Reproductive Health world were slow or unwilling to embrace the complicated problem of HIV/AIDS;
- The development of separate donor funding streams for HIV/AIDS and Sexual and Reproductive Health; and
- The antipathy of the Bush Administration in the United States toward Sexual and Reproductive Health choices.

The fight against HIV/AIDS continues in the developing world, and there is an imminent danger to the people of China, the Indian sub-continent and Eastern Europe.

If sustainable development is to mean anything, people must be healthy enough, to benefit from it and not have their lives cut off, prematurely, through a lack of choice and services.

We must strengthen the links between Sexual and Reproductive Health and HIV/AIDS funding, policies and services.

Christine McCafferty MP
Chair All Party Parliamentary Group on Population, Development and Reproductive Health
1 The importance of strong links between Sexual and Reproductive Health and HIV/AIDS services.
In all national strategies for combating HIV/AIDS and improving Sexual and Reproductive Health (SRH), health ministries and donors should recognise the necessity for strong linkages between Sexual and Reproductive Health services and services to overcome HIV/AIDS. While, some specialist and distinct services are still needed, it is clear that the fight against HIV/AIDS and the efforts to reduce maternal and infant mortality have been severely weakened by the failure to recognise or develop beneficial linkages. In future, no funding should be made available nor organisational structure established in a way that inhibits the ability of the two fields of Sexual and Reproductive Health and Rights and HIV/AIDS from working together.

At the review of the Millennium Development Goals in 2005, the United Nations should explicitly recognise the important role that comprehensive Sexual and Reproductive Health services can play in reaching the Millennium Development Goals.

2 All policy should be based on the Cairo ICPD Programme of Action – comprehensive Sexual and Reproductive Health services are a right.
The principles spelt out in the Programme of Action arising from the global consensus of 179 nations at the International Conference on Population and Development (ICPD) in Cairo in 1994 should drive the agenda. Adequate Sexual and Reproductive Health knowledge, information, choice and access to services are universal human rights.

3 The review of the Millennium Development Goals (MDGs) must acknowledge the key role of Sexual and Reproductive Health services.
It is impossible to reach the MDGs of eliminating poverty, reducing maternal and infant mortality, equality in education, gender empowerment nor combating the incidence of HIV/AIDS unless Sexual and Reproductive Health services are funded as envisaged at Cairo.

4 HIV/AIDS prevention is still paramount.
The discovery of anti-retroviral drugs has brought hope of effective treatment but the global priority has to remain the prevention of HIV/AIDS. HIV prevalence is still low in many parts of the world but growing quietly and steadily as policy-makers continue to pretend that HIV will not be a problem in their country. Preventive services must be provided in a unified way as there is no case for disintegrating HIV/AIDS and the rest of Sexual and Reproductive Health. This is especially important given the grave shortage of well trained staff. On a positive note, it has been found that the provision of anti-retrovirals boosts prevention programmes as people are more eager to be tested when they know there is an available treatment.
5 Need for joint working as advocated by the UN.
We support the joint working stressed in the New York Call to Commitment by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Population Fund (UNFPA). (Please see appendix 1 for the full text.) We welcome the UK Department for International Development’s (DFID) support for the declarations and also its commitment to building linkages expressed in its recent policy papers on Reproductive Health and HIV/AIDS. **We call on other nations and donors to support this commitment in their strategies.** We also ask the Global Fund, which was not represented in New York, to make it clear that it recognises the value of such joint working.

6 A challenge to the President of the United States of America (USA).
We welcome the scale of commitment by the United States Government through the “President’s Emergency Plan for AIDS Relief (PEPFAR)” but we would ask the President of the United States to amend his proposals to take into account the following points:

- The desirability of consulting with host countries and other donors on the impact of his proposals on their national health systems so as to ensure a harmonisation of approaches.
- The need to avoid vertical funding of services.
- The need to consider the long-term sustainability of services.
- The desirability of following the recommendation of Congress to restore the funding of UNFPA and other international NGOs working in Sexual and Reproductive Health and Rights.
- **Stop denying access to condoms.** All sexual education and counselling should emphasise that abstinence is often the appropriate choice but frequently the person who is eventually infected with HIV/AIDS, because of the lack of condoms, is a young woman who had no choice.

7 Donors must co-ordinate their work.
Strengthening existing health infrastructures is crucial.
**All donors should work together with the host country to co-ordinate their contributions and services in a way that facilitates linkages between their contributions.**

8 There can be no success without empowering women.
Women’s lack of socio-economic power is a great catalyst for the spread of HIV/AIDS. The biggest challenge in the fight against HIV/AIDS is empowering women and we support the joint report by UNAIDS, UNFPA and United Nations Development Fund for Women (UNIFEM), “Women and HIV – Confronting the Crisis”. The broad recommendations are summarised here:

- **Prevention:** ensure that adolescent girls and women have the knowledge and means to prevent HIV infection.
- **Treatment:** ensure equal and universal access to treatment.
- **Care giving:** recognise and support home
based caregivers of people with AIDS and orphans.

- **Education**: promote girl’s primary and secondary education and women’s literacy.
- **Violence**: promote zero tolerance of all forms of violence against women and girls.
- **Women’s rights**: promote and protect the human rights of women and girls.

9 **HIV positive people have to be able to influence policies.**
In many societies, for a woman to become HIV positive, is to become a pariah. We have been very impressed with how organisations like the International Community of Women who are HIV positive are successfully engaging in the debate on behalf of the powerless. **We recommend that people who are living with HIV/AIDS should be strongly involved in every policy-making or consultation framework.**

10 **Services for young people are totally inadequate.**
We found universal dissatisfaction with the range and quality of services being offered to young people. Half of the five million new people living with HIV each year are aged 15-24. The traditional providers of information about sex and family planning have tended to work with married women in the context of a family. **Every country must have a multi-dimensional strategy for reaching young people involving the education system, health system, work places, churches, and the media.** Ideally, young people themselves must play an active role in the design and implementation of the plan. Great attention should be paid to the lessons that can be learnt from innovative approaches elsewhere and there can be no case for separate programmes on HIV/AIDS awareness and Sexual and Reproductive Health and Rights.

11 **Men are the final frontier.**
Men have been called the “final frontier” for education on sex and family planning. Traditionally, women meet female staff in a sexually segregated setting, leaving men without the information and services they need. We found no example of where countries felt that the services for men were adequate to the task. **It is imperative that countries, localities and donors plan new strategies for reaching men, especially as men control virtually the only means (the condom) by which couples can have safe sex.**
12 Mother to Child Transmission – major opportunities here for joint working.
Of the 14,000 new HIV infections that occur daily, more than 1600 occur through mother to child transmission. When a woman is pregnant and HIV positive, the focus is on the appropriate anti-retroviral treatment for her and her child (if anti-retroviral drugs are available) and advice on the best feeding method. However, even when successfully done; it only stops a tiny minority of mother to child transmissions. There are three other ways in which mother to child transmission can be prevented: 1) by preventing HIV infection in women in the first place; 2) by preventing unintended pregnancy in women with HIV infection; and 3) by treatment care and support for HIV infected women and their entire families. These other three approaches can only be implemented successfully if there is close collaboration between SRH services and HIV/AIDS services. We fully support the recommendations to link SRH and HIV/AIDS arising from the World Health Organization (WHO)-convened high level meeting at Glion in Switzerland with attendance from both WHO HIV/AIDS and Reproductive Health Sections, UNFPA, United Nations Children's Fund (UNICEF), major private foundations, research institutions and national development agencies such as DfID. (Please see appendix 2 for full text).

13 Leadership is crucial – Members of Parliament must get involved with civil society.

We stress the importance of the leader of a country taking overall control, leading by example, speaking out on the issue, and making other ministers move into this highly sensitive area. We do not believe that the crippling impact of stigmatisation on people with HIV/AIDS can be dealt with effectively if the treatment of HIV/AIDS is kept within a sealed compartment. Speaking as parliamentarians, it has been disappointing that many parliamentarians in developing countries have had little involvement in the fight against HIV/AIDS and Sexual and Reproductive Health matters. Parliamentarians must play a central role in “civil society” and confront such controversial matters. We ask the United Nations to implement the Cardoso Report that, “more systematic engagement of parliamentarians, national parliaments and local authorities in the United Nations should strengthen global governance, confront democratic deficits in intergovernmental affairs, buttress representative democracy and connect the United Nations better with global opinion.” We also urge that donors consider in what ways parliamentarians and parliaments in developed countries can work with their counterparts in developing countries to build up the effectiveness of governance in those countries.
14  **Human resources are our biggest challenge – Where are the staff?**
As more money rightly goes into work to combat HIV/AIDS, it is difficult to see where any extra staff can be found within the already understaffed health services. Health staff are both moving to new in-country HIV/AIDS services as well as emigrating to developed countries just when they will be needed in increasing numbers for increasingly specialised anti-retroviral drug regime administration. In addition, the largest cohort of young people in history is emerging. In the words of Gcebile Ndlovu of Swaziland, “Human resources are our biggest challenge… we have had funding from the Global Fund but there is no human resource to utilise that funding to get the services that the people need the most to them.”

We have seen no sign that the appropriate urgency is being shown to investigate the crises in staffing numbers, skills, attitudes or managerial capacity. **We recommend that the WHO, in partnership with other relevant organisations, conduct an urgent investigation into the staffing shortages and needs in the fields of Sexual and Reproductive Health and HIV/AIDS services. In addition, donors must do more to assist developing countries in building up the management capacity of health departments.**

15  **Where are the condoms and other contraceptive supplies?**
According to the UNFPA, donor support only meets 20% of the need for condoms per year and the gap between supply and need widens each year as the number of couples requiring contraceptives continues to grow. It is completely unacceptable that such a product which is cheap and easy to manufacture should be so unavailable in the fight against the world’s worst ever health crisis (although we do commend the role of the British government in providing condoms). **We call upon UNFPA, UNAIDS, WHO, the World Bank and other donors to fund and support a comprehensive system for the supply of contraceptives on a scale that meets the ICPD goal of the right to universal access to Reproductive Health care and to do so in a way that bridges the divide between Sexual and Reproductive Health care services and HIV/AIDS services.**

16  **The need for more research and promotion of the female condom.**
Why is the female condom – providing the only dual protection method mainly under woman’s control -- so limited in availability and acceptability? **We recommend to WHO and the donors that the female condom be better promoted and made more widely available and affordable.**

![A peer educator is talking to a group of young people about family planning and HIV/AIDS prevention, explaining the use of the female condom](image)

17  **Crucial link between Sexually Transmitted Infections (STIs) and HIV.**
High rates of reproductive tract infections or sexually transmitted infections make it easier for an individual to become infected by the HIV/AIDS virus. Better STI diagnosis and treatment would make a considerable impact on lowering the rates of HIV infections. For example, from Shenzhen province in China, we were told that over 50% of sex workers who visited family planning clinics had a reproductive tract infection. Important preventive SRH work is unlikely to occur in free standing, vertically organised HIV/AIDS programmes.
We recommend that new strategies are developed to ensure that sexually-transmitted infections are caught quickly to avoid serious health implications. It is particularly important that more research is done to provide quicker, simpler, and cheaper field-based diagnosis.

Another factor that may be very significant, but falls between HIV/AIDS work and the rest of Sexual and Reproductive Health, concerns male circumcision and the impact this has on HIV/AIDS transmission. Separate funding for HIV/AIDS and Sexual and Reproductive Health services makes it difficult for this research to be carried out. We ask that the WHO, UNFPA and UNAIDS increase their efforts to make appropriate recommendations on sexually transmitted infection, reproductive tract infection and male circumcision which have an impact on rates of HIV infections.

18 More funding for vaccines and microbicides.
The search for economic returns drove the pharmaceutical companies to invest their research resources into the area where returns were likely to be highest – the long-term treatment of people living with HIV/AIDS who could afford to pay. Less money was allocated to the search for a vaccine whose ultimate success would wipe out the need for anti-retroviral drugs, or into microbicides, an intervention that would protect women. We commend DfID for allocating public money into this research. More funding is urgently needed into HIV vaccines and microbicides.

19 The need for an holistic approach.
We hear repeatedly that “HIV/AIDS is much more than health”. This is equally true of Sexual and Reproductive Health. If we fail to have well developed linkages between such obviously contiguous areas, then it will prove impossible to take an holistic approach to all the other areas where HIV/AIDS is having a crippling impact on development.
The AIDS epidemic is a global catastrophe, responsible for over 20 million deaths worldwide, tens of millions of children left orphaned, and 40 million people living with HIV. Similarly, five hundred million people a year suffer from Reproductive Health morbidity or lack of access to modern contraceptives, and there are over half a million pregnancy related deaths each year. In the face of these unprecedented crises, UNFPA and UNAIDS, in collaboration with Family Care International, convened a high-level global consultation at the Rockefeller Foundation in New York on 7 June 2004. Participants, including ministers, parliamentarians, ambassadors, leaders of United Nations and other multilateral agencies, donor organization officials, community and nongovernmental organization leaders, young people, and people living with HIV made the following call to commitment:

1 Reaffirming the development goals as contained in the Millennium Declaration adopted by the United Nations General Assembly at its fifty-fifth session in September 2000, and in the road map towards the implementation of the Millennium Development Goals and the goals set by the other United Nations international conferences of the 1990’s
2 Recognizing that these development goals will not be achieved without ensuring universal access to Sexual and Reproductive Health services and programmes and without an effective global response to HIV/AIDS;
3 Emphasizing that the overwhelming majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding; that both Sexual and Reproductive Health initiatives and HIV/AIDS initiatives must be mutually reinforcing; that both HIV/AIDS and Sexual and Reproductive ill-Health are driven by many common root causes, including gender inequality, poverty and social marginalization of the most vulnerable populations; and that stronger linkages between Sexual and Reproductive Health and HIV/AIDS will result in more relevant and cost-effective programmes with greater impact;
4 Expressing profound concern that far too many policies, programmes and initiatives addressing either Sexual and Reproductive Health or HIV/AIDS have failed to take account of these linkages; and that as a result, the global community has thus been less effective than it could have been in responding to these shared challenges and opportunities;
5 Agreeing that the strengthening of the policy and programme linkages between HIV/AIDS and Sexual and Reproductive Health is essential for either effort to be successful, and for both efforts to contribute, as they must, to the achievement of the Millennium Development Goals.

We have agreed upon the following actions and call on others to do likewise:

6 Reaffirm the linkages between HIV/AIDS and Sexual and Reproductive Health, and their inter-relationships with broader issues of public health, development and human rights, as agreed by the international community in a series of commitments including:
   • The ‘Programme of Action’ adopted in 1994 at the Cairo International Conference on Population and Development (ICPD), and the Key Actions for the Further Implementation of the Programme of Action of the ICPD adopted in 1999;
   • The Beijing Declaration and Platform for Action of September 1995, and the Political Declaration and Further Action and Initiatives to Implement the Beijing Declaration and Platform for Action of June 2000;
   • The United Nations Millennium Declaration of September 2000 and the Millennium Development Goals; and
   • The ‘Declaration of Commitment on HIV/AIDS’ agreed by acclamation at the United Nations General Assembly Special Session on HIV/AIDS in June 2001
7 Promote the greater and more effective involvement of potential beneficiaries, especially people living with HIV and young people, in the design, governance and delivery of Sexual and Reproductive Health and HIV/AIDS initiatives;
8 Transform existing Sexual and Reproductive Health and HIV/AIDS policies, programmes and services to ensure:
   • That Sexual and Reproductive Health, HIV/AIDS and integrated initiatives are all built on a fundamental commitment to respect, protect and promote human rights
That the creativity and capacity of communities and of nongovernmental organizations are fully engaged towards the achievement of these goals

Recognition of, and response to, the Sexual and Reproductive Health needs and human rights of people living with HIV

Special efforts to reach priority populations most under-served by current efforts, including poor women, young people and marginalized populations

That family planning and voluntary counselling and testing are included in prevention of mother-to-child transmission programmes, as endorsed in the “Glion Call to Action”

Provision of an essential package of Sexual and Reproductive Health information and services to all people reached by HIV/AIDS programmes

Provision of an essential package of HIV/AIDS information and services to all people reached by Sexual and Reproductive Health programmes; and

Adequate, accessible, affordable and acceptable supplies of essential HIV/AIDS and Sexual and Reproductive Health related commodities, including male and female condoms and STI diagnostics and drugs

9 Reinvigorate our efforts to ensure that young people around the world have access to age-specific, gender sensitive and culturally appropriate Sexual and Reproductive Health and HIV/AIDS education and services

10 Mobilize the necessary resources to support dramatically increasing linkages between HIV/AIDS and Sexual and Reproductive Health programmes and services

11 Ensure that the linkages between HIV/AIDS and Sexual and Reproductive Health are addressed within existing national development plans and budgets including health sector reforms, poverty reduction strategy papers (PRSPs), sector wide approaches and UN system instruments such as the Common Country Assessment and Development Assistance Framework

12 Promote a coordinated and coherent response to HIV/AIDS that builds upon the principles of one national HIV/AIDS framework, one broad-based multi-sectoral HIV/AIDS coordinating body, and one agreed country-level monitoring and evaluation system; promote attention to Sexual and Reproductive Health priorities within this effort; and promote strategies which ensure that HIV/AIDS and Sexual and Reproductive Health programmes contribute to the overall strengthening and sustainability of health systems

13 Above all, encourage all interested and concerned parties to reach out to their colleagues, to advocates, and to leaders around the world, emphasizing the global emergency created by HIV/AIDS and Sexual and Reproductive ill-Health; the urgent need for much stronger links between Sexual and Reproductive Health and HIV/AIDS policies, programmes and services; and the centrality of these intersecting efforts towards the achievement of the Millennium Development Goals.
APPENDIX 2

The Glion Call to Action on Family Planning and HIV/AIDS in Women and Children, 3-5 May 2004

Preamble

In order to achieve internationally agreed development goals, it is vital that the linkages between Reproductive Health (RH) and HIV/AIDS prevention and care be addressed. To date the benefits of the linkages have not been fully realized. UN agencies have initiated consultations with a wide range of stakeholders to identify opportunities for strengthening potential synergies between Reproductive Health and HIV/AIDS efforts. This document reflects the consensus of one such consultation, which focused on the linkage between family planning (a key component of RH) and prevention of mother-to-child HIV transmission (PMTCT) (a key component of HIV/AIDS programmes).

The focus of the Glion Call to Action on preventing HIV among women and children is fully consistent with the parallel need for increased commitment to the health and well-being of women themselves. Therefore, the Glion Call to Action rests on the consensus achieved at the International Conference on Population and Development (ICPD) in Cairo and acknowledges the rights of women to decide freely on matters related to their sexuality, including Sexual and Reproductive Health, free of coercion, discrimination and violence, and improving access to services so that couples and individuals can decide freely the number, spacing and timing of their children. In order to ensure that these rights are respected, policies, programmes and interventions must promote gender equality, and give priority to the poor and underserved populations.

Although the prevention of MTCT is often restricted to the provision of anti-retrovirals (ARV) to pregnant women who are infected with HIV, as well as safe delivery practices and infant feeding counselling and support, a broader approach has been defined by the UN and includes the following four elements:

1. Preventing primary HIV infection in women
2. Preventing unintended pregnancies in women with HIV infection
3. Preventing transmission from HIV-infected pregnant women to their infants
4. Providing care, treatment and support for HIV-infected women identified through pMTCT or VCT programs and their families.

- All four elements are essential if the UN goal for reducing the proportion of infants infected with HIV by 20% by 2005 and 50% by 2010 is to be attained.
- Current estimates show that, because of limitations in coverage, use of services and drug efficacy, using the third element alone will only reduce HIV in infants by between 2% and 12% in many countries.
- The most effective way to reduce the proportion of infants infected by HIV is by preventing primary HIV infection in women (element 1), and by preventing unintended pregnancy among women infected by HIV (element 2). These two measures have intrinsic benefits to women and can decrease the proportion of infants infected by HIV by 35% to 45% in some countries with a significant contribution coming from the provision of family planning information, services and counselling.

1 Sweat et al, estimations based on data in eight heavily affected countries

Recommendations for Action

We, the undersigned, call upon governments, parliamentarians, UN agencies, donors, civil society, including NGOs and community-based organisations, to:

1. Policy and Advocacy
   a. Increase awareness, understanding and commitment to the four elements of PMTCT
   b. Commit to developing and implementing policies that strengthen the linkage between family planning and PMTCT
   c. Formulate legislation and policies that support the rights of all women, including HIV-infected women, to make informed choices about their reproductive lives.

2. Programme Development
   a. Strengthen commitment to achieving universal access to Reproductive Health Services, including family planning, and recognize and support the contribution of these services to HIV/AIDS prevention efforts
   b. Ensure access for all women to family planning information and services, within both PMTCT and voluntary counselling and testing (VCT) services
   c. Ensure that psycho-social counselling and support services are available to women seeking to be tested for HIV and for women infected with HIV
d Operationalise the linkage between family planning and PMTCT (through training, ensuring the supply of ARVs, contraceptives, HIV testing kits, pregnancy testing kits, male and female condoms, and establishing referral systems and tracking mechanisms)

e Promote the concept of dual protection against transmission of HIV and other STIs as well as unintended pregnancy by the use of condoms alone or in combination with other methods of contraception

f Ensure that condoms are available and distributed at family planning, PMTCT and VCT settings, together with the information and counselling necessary for their correct and consistent use

g Promote and facilitate the participation of men, both as individuals and as a partner in a relationship, in PMTCT programmes

h Ensure the participation of young people in the design of programmes addressing their special needs in the prevention of MTCT

3 Resource Mobilisation
a Allocate the necessary funds for the implementation of all four elements of PMTCT, including family planning
b Improve cooperation and coordination among donors to support and strengthen the linkage
c Rectify the severe funding shortfall for the provision of RH supplies, including contraceptives and condoms, and invest in the logistics systems in countries to improve their ability to procure, forecast and deliver those supplies

4 Monitoring and Evaluation and Research
a Build on existing data to develop and improve monitoring and evaluation mechanisms for programmes linking family planning to PMTCT services, including measurement of the reduction of numbers of women and infants infected with HIV

Continue innovative operations research to identify the most effective and efficient strategies and technologies to support linkages between PMTCT and family planning programmes.

For signatories, please visit www.unfpa.org or www.who.int
A boy blows up an old condom in the village of Koprah. As members of the lowest caste, the children of this village are often excluded from the educational system.

Funeral of casualties of the AIDS epidemic. Due to the high number of deaths many graves are left as simple earth mounds.
Executive Summary and Recommendations

The Missing Link!

Report published by the All-Party Parliamentary Group on Population, Development and Reproductive Health

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