



Declaration by delegates of the Asia Regional Conference for the
SAARC COUNTRIES parliamentarians on advocating for universal access to
reproductive health services and commodity security

28–30 July 2009, Kathmandu, Nepal

**Ensuring every pregnancy wanted, every birth safe,
every newborn healthy: “no woman should die giving life”**

Background

1. With less than seven years to go in the countdown to 2015, the target date set by the United Nations Millennium Declaration, for achieving various development goals and targets, countries in the South Asian Region are concerned with the slow progress on reducing maternal mortality. The Millennium Development Goal (MDG) 5, for improving maternal health, with targets for reducing maternal mortality (target 5A) and achieving universal access to reproductive health (target 5B) provides an opportunity to review key policy and operational constraints and advocate for actions to accelerate progress. Key considerations are to ensure that good quality reproductive health services and commodities are accessible to all.

Current status and achievements on MDG 5 in the region

2. Although some progress has been made, in many countries in our region, coverage for family planning and access to comprehensive reproductive health services and commodities is still inadequate. A number of countries experience a high unmet need for family planning, low facility-based deliveries and deaths or disabilities associated with pregnancy or childbirth. Overall, women continue to experience an unacceptably high rate of sexual and reproductive health problems from preventable causes and issues associated with gender and social status. Significant inequities and disparities remain in achieving universal access to services within countries.

Declaration

3. RECALLING the 2005 World Summit outcomes and commitments made by Heads of State and Government to fully implement the MDGs;

RECALLING the integration in 2007, by the UN Secretary General, of a new target within the MDG framework, to “achieve, by 2015, universal access to reproductive health”;

CONCERNED by the relatively slow progress being made in the region, in particular, in reducing maternal mortality and ensuring equitable access to services;

RECOGNIZING that the attainment of the MDGs and other international goals and targets require, as a priority, a strong investment and political commitment to, and advocacy for, improving sexual and reproductive health;

ACCEPTING that as legislators, parliamentarians, policy makers, representatives of national organizations, religious leaders, civil society and media professionals, we have a responsibility, together with our governments, to ensure the health of our women, men and young people in our countries by providing high quality, accessible, affordable and sustainable reproductive health care at all levels;

NOTING, with concern, that the impact of the HIV pandemic in our countries puts at risk some of our health gains, particularly those that pertain to women, young people, and children and threatens to overwhelm the resources needed to improve reproductive health services;

RECALLING and recognizing the Programme of Action of the International Conference on Population and Development (ICPD Cairo, 1994) and key actions for the further implementation of the Programme of Action of the ICPD, adopted by the twenty-first special session of the United Nations General Assembly;

ACKNOWLEDGING the importance of achieving universal access to reproductive health services and commodity security in meeting international goals for reducing maternal mortality and morbidity;

FURTHER RECALLING the *Global reproductive health strategy to accelerate progress towards the attainment of international development goals and targets* adopted in 2004 by Health Ministers at the World Health Assembly;

RECOGNIZING the links between improved sexual and reproductive health, provision of universal education, especially of girls, women empowerment and socio-economic development, poverty reduction, environmental protection and overall health and development;

4. URGE various stakeholders, including ministers, parliamentarians, health programme managers, service providers, donors, the media and others in all countries in our region, as a matter of urgency to:
 - 4.1 devote sufficient priority, commitment and resources to interventions, policies and strategies for reducing maternal mortality, including among others ensuring a continuum of care; access to quality family planning counseling, information, services and commodities that promote informed choice; emergency contraception; prevention of unsafe abortion and provision of post-abortion care; access to antenatal and post-natal care; provision of emergency obstetric and newborn care; ensuring availability of transport, access to skilled birth attendants, and safe blood and blood products;
 - 4.2 provide a separate annual incremental budget line for reproductive health within the health budget that adequately supports services, and strengthen national capacity in management and security of commodities, support forecasting, procurement and distribution of essential commodities including contraceptives on the basis of sound logistics, service and demographic data;
 - 4.3 ensure that sexual and reproductive health and rights, and research, which includes family planning, maternal health, prevention and control of sexually transmitted infections and HIV, and prevention of mother to child transmission, are integrated within national health strategies and action plans, to the fullest extent possible;
 - 4.4 establish policies and programmes that care for vulnerable groups, such as adolescents, underprivileged groups, the urban poor, ethnic minorities, marginalized communities, populations in conflict, post conflict and disaster situations, and address their reproductive health needs;
 - 4.5 engage parliamentarians, sensitize the media, involve men and mobilize the extended family, community groups, religious and civil society leaders, the private sector, social marketing and relevant organizations to participate in the introduction and scaling up of interventions for improving sexual and reproductive health, and the elimination of gender based violence;
 - 4.6 introduce programmes and policies that support HIV prevention and care, including comprehensive condom programming; and support HIV and reproductive health education in upper primary and secondary schools;
 - 4.7 train and retain health care providers for the delivery of an integrated and comprehensive range of reproductive health, including family planning services; and increase coverage for services, including through community based initiatives;
 - 4.8 develop and implement national strategies for rapid production, deployment and retention of skilled health care providers and midwives and incorporate Emergency Obstetric and Newborn Care in pre-service training at all levels of health care delivery system;
 - 4.9 ensure that national essential medicines lists include reproductive health commodities; and support quality assurance in the production and supply chain;
 - 4.10 institutionalize monitoring and evaluation (M&E) and allocate adequate human and financial resources, including the identification through M&E, and sharing, of best practices.

In conclusion, we want to reiterate and commit to improving the health of women, men and young people in our countries. As parliamentarians, policy makers and media professionals, we wish to advocate for greater awareness and a stronger commitment to achieving the MDGs, in particular MDG 5, which shows the least progress.

Signed by Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka
on 30th day of July in the year 2009, Kathmandu, Federal Democratic Republic of Nepal

