

### **Strasbourg Statement of Commitment**

We Parliamentarians from all over the world gather in Strasbourg, France, on 18-19 October 2004 to reaffirm and deepen the commitment we made in Ottawa, Canada, in November 2002, to mobilize the resources and create the enabling policy environment needed to meet the goals of the Programme of Action of the International Conference on Population and Development (ICPD).

We further reaffirm our commitment to sustainable development and its three pillars of economic growth, social progress and environmental protection.

We affirm that the implementation of the ICPD Programme of Action and the key actions of its five-year review are essential in achieving the Millennium Development Goals (MDGs).

We therefore fully agree with UN Secretary-General Kofi Annan that “The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women’s rights, and greater investment in education and health, including reproductive health and family planning”.

We accept our duty and responsibility to promote and defend the sexual and reproductive health and rights of all individuals, including their right to decide freely and responsibly the number and spacing of their children; to defend and advance gender equality, gender equity and women’s empowerment; and to eliminate all forms of discrimination, coercion and violence against women.

We recognize that the decision to defend these principles is the difference between a life with hope and opportunity and a life of despair and desperation and, worse, the difference between life and death itself.

We therefore accept our duty and responsibility to protect and advance these principles to full implementation by 2015.

## Key challenges

We acknowledge that this Commitment is made at the mid-point of the 20-year ICPD Programme of Action. With this in mind, we recognize that many important gains have been made in the 10 years since the ICPD Programme of Action was adopted in Cairo in 1994, as reflected, most notably, in the Global Survey conducted by UNFPA and in the parliamentary and UN regional reviews of national progress in implementing the Programme of Action. But we also recognize that key challenges remain to implementing the ICPD Programme of Action and achieving the MDGs, including the following:

Every minute, a woman dies of pregnancy-related complications, all but a very small number of them in developing countries and almost all of them preventable.

Obstetric complications are the leading cause of death for women of reproductive age in developing countries.

This life and death issue has not been given priority in most countries; thus the global number of maternal deaths per year has not changed significantly since 1994.

One third of all pregnant women receive no health care during pregnancy; 60 per cent of deliveries take place outside of health facilities; and only half of all deliveries are assisted by skilled birth attendants, although rates vary from place to place and are often lower among the poorest of the poor.

Refugees, internally displaced people, war-affected women and girls and disabled people are especially vulnerable to reproductive health risks, including deplorable levels of sexual violence. Although there is greater awareness of the importance of addressing such needs, including HIV prevention and treatment for sexual violence, in emergency and complex conflicts, humanitarian budgets seldom include resources for life-saving reproductive health responses.

Poverty dramatically increases a woman's chances of dying. The lifetime risk of a woman dying in pregnancy or childbirth in West Africa is 1 in 12; the comparable risk in developed regions is 1 in 2,800. Poverty will never be eased or the MDGs attained without the full implementation of the ICPD Programme of Action.

Some 200 million poor women in developing countries have an unmet need for effective contraception. Meeting their needs is feasible and would cost about \$3.9 billion a year and would prevent 23 million unplanned births, 22 million induced abortions, 142,000 pregnancy-related deaths, including 53,000 from unsafe abortions, and 1.4 million infant deaths.

In two decades, the AIDS pandemic has claimed over 20 million lives, 3 million of them in 2003, with little hope for improvement in 2004, as the pandemic continues to accelerate in many regions in the world. Today, over 38 million people are living with HIV/AIDS.

Fewer than 20 per cent of people at high risk of HIV infection have access to proven prevention interventions, which, if dramatically scaled up, could avert an estimated 29 million to 45 million new infections by 2010.

In 2003, there were 5 million new HIV infections. Women accounted for nearly half of all infected adults and nearly three-fifths of those in sub-Saharan Africa.

Half of all new HIV infections are among young people – four infections every minute – with young women particularly at risk, especially in Africa, where the infection rates for young women are two to three times those of young men.

Some 2.8 billion people – two in five – still struggle to survive on less than \$2 a day; 1.2 billion of these people live on less than \$1 per day. More than half are women.

**Political instability and armed conflict impede poverty eradication and sustainable development.**

**Half a billion people live in water-stressed or water-scarce countries, and underground water extraction is depleting supplies with serious implications for future food security; by 2025, the number of people living in such countries is expected to multiply five- to seven-fold.**

Polluted water affects the health of 1.2 billion people every year and contributes to the death of 15 million children under five every year.

Some 800 million people are chronically malnourished, and 2 billion people lack food security.

In the next four and a half decades, the proportion of people aged 60 and over will double, from approximately one in ten to one in five, many of whom will live in poverty and will require public assistance for social and health services.

#### Call to Action

We Parliamentarians commit ourselves to the following actions and call on Parliamentarians everywhere to also commit themselves to these actions:

1. Strive to commit the United Nations to establish in 2005, on the occasion of the five-year review of the Millennium Declaration, a ninth Millennium Development Goal, based on the ICPD Programme of Action, to make sexual and reproductive health accessible to all by 2015.
2. Strive to fulfill the agreed target of 0.7 per cent of GNP for official development assistance (ODA) and make every effort to mobilize the agreed financial resources needed to implement the ICPD Programme of Action.
3. Strive to attain at least 10 per cent of national development budgets and development assistance budgets for population and reproductive health programmes.
4. Give highest priority in national budgets, sector-wide approaches, and poverty-reduction strategies to expanding access to comprehensive reproductive health services and commodities and ensure that population and reproductive

health are prominently reflected in both the preparatory discussions leading up to the five-year review of the Millennium Declaration as well as in the targets and indicators of the MDGs.

5. Give high priority to efforts to reduce maternal mortality and morbidity and unsafe abortion in line with WHO guidelines contained in *Safe Abortion: Technical and Policy Guidance for Health Systems* (2003), both as a public health issue and as a sexual and reproductive rights concern.
6. Strengthen safe motherhood services including the provision of maternal nutrition and antenatal care, the presence of skilled attendants during childbirth and the availability of emergency obstetric care.
7. Take immediate action to remedy the acute lack of qualified staff in many countries due to insufficient training, deaths from HIV/AIDS and loss of staff to developed countries.
8. Give the highest priority to encouraging partnership between the private sector, NGOs and government in producing and providing affordable reproductive health commodities and supplies, especially for family planning and the prevention of sexually transmitted infections, including HIV/AIDS.
9. Give high priority to encouraging partnership with religious groups in the fight against HIV/AIDS at the prevention stage by holding a dialogue with them.
10. Mobilize the necessary additional resources to fund the unmet needs in commodities in UNFPA and IPPF-supported programmes to at least \$150 million a year and develop a road map to ensure sustainable financing, recognizing the human and economic costs of failing to do so.
11. Strengthen family planning services to enable women to postpone, space and limit pregnancies as they choose.
12. Promote men's understanding of their roles and responsibilities with regard to reproductive health and the reproductive rights of men and women, supporting their partners' as well as their own access to reproductive health care, including

family planning services, helping to prevent unwanted pregnancy and reducing the transmission of sexually transmitted infections, including HIV/AIDS.

13. Ensure that users of sexual and reproductive health programmes, including young people and people living with HIV/AIDS, are fully involved in programme development, implementation, monitoring and evaluation.
14. Mobilize support for women prior to, during and after pregnancy and childbirth through public health education campaigns and strengthened policy, legislative and regulatory frameworks to promote and protect maternal health.
15. Scale up and expand HIV/AIDS prevention activities and ensure that they are integrated into comprehensive sexual and reproductive health programmes.
16. Promote coordinated and coherent responses to HIV/AIDS that build on the principles of one national AIDS framework, one broad-based multisectoral HIV/AIDS coordinating body, and one agreed country-level monitoring and evaluation system, and promote the maximum possible integration with other relevant sexual and reproductive health services.
17. Urge governments to give priority to and increase resources for research on vaccines and microbicides.
18. Enact and enforce legislation to ensure respect for the human rights, especially sexual and reproductive rights, and dignity of AIDS orphans and people living with HIV/AIDS as well as other vulnerable groups.
19. Enact and enforce laws and policies that promote and protect the human rights of the girl child and young women and ensure women's equal access to education and health, particularly sexual and reproductive health, and their full participation in economic opportunities and decision making at all levels.
20. Implement fully international humanitarian and human rights law protecting the rights of women and girls, migrants and refugees during and after conflicts and hold accountable to the fullest extent of the law those who engage in sexual violence, exploitation, trafficking and other crimes.

21. Ensure that reproductive health services are provided as an integral part of humanitarian response and post-conflict transition.
22. Enact and enforce laws making domestic and sexual violence against women and girls, including harmful traditional practices such as female genital mutilation, a punishable offense and give high priority to involving all sectors of society, including political, religious and cultural leaders, in campaigns to end to such practices.
23. Intensify efforts to provide wider access to youth-friendly reproductive health information and services, including to married adolescents and those not in school, and provide training and life skills education to adolescents, in particular boys and young men, to promote the rights of women and girls.
24. Promote and protect the rights of adolescents, including their right to reproductive health information and services; strictly enforce laws on age at marriage; and seek to eliminate disparities in how boys and girls are treated and valued within families and by society.
25. Recognize that access to clean water is a fundamental human right, and give high priority in national development and poverty-reduction strategies to raising water productivity and conservation, including the shift to water-efficient crops and technologies; and to initiating water-pollution control programmes.
26. Improve access to agricultural and productive resources, including land, water and credit, particularly for women, and promote equitable and efficient distribution systems and sustainable development.
27. Protect the reproductive health status of women, men and children from the effects of the spraying of agricultural crops.
28. Promote and protect the economic, social and political rights of older people and empower them to fully and effectively engage in the economic, political and social lives of their societies.

## Pledge

We Parliamentarians pledge to carry out these actions and to systematically and actively monitor the progress we make in doing so. We further pledge to report regularly on this progress through parliamentary groups and to meet again in two years to assess the results we have made.

We further pledge to promote and protect the full enjoyment of fundamental human rights and freedoms of all individuals, in particular, sexual and reproductive rights.