

Bangkok Statement of Commitment 2006

1. We Parliamentarians from all over the world gather in Bangkok, Thailand, on 21-22 November 2006 to honour our pledge to take stock of the progress we have made in carrying out the actions we committed ourselves to in the Ottawa Statement of Commitment of November 2002 and the Strasbourg Statement of Commitment of October 2004.
2. The two Statements provide the point of reference for our work.
3. They commit us to take action individually and collectively through mobilizing resources and creating enabling environments for sexual and reproductive health issues.
4. Our action will prioritize the: promotion and protection of sexual and reproductive health and rights of all individuals; defense and advancement of women's empowerment, gender equality and equity; the elimination of all forms of discrimination, coercion and violence against women and girls; the reduction of maternal morbidity and mortality, unsafe abortion, and the strengthening of safe motherhood and family planning services; achievement of universal access to HIV and AIDS prevention, care, treatment and support; integration of HIV and AIDS activities with sexual and reproductive health programmes; and the universal provision of information and services to youth, both in and out of school.
5. They commit us to give highest priority in national budgets, sector-wide approaches and poverty-reduction strategies to expanding access to comprehensive reproductive health information, services and commodities.
6. Most importantly, they hold us accountable to translate these commitments into concrete results and to report regularly and systematically on how well we have done so.

Taking stock

7. Our stocktaking has reaffirmed three points in particular:

Our unwavering commitment to and support for the Programme of Action of the International Conference on Population and Development (ICPD) as the foundation of our actions,

The indispensable role of the ICPD Programme of Action in achieving the Millennium Development Goals (MDGs) and other internationally agreed development goals, and

The need to identify, and overcome, obstacles to mobilizing the resources and creating the enabling environment we need to implement the ICPD Programme of Action.

8. We have made considerable progress. We have enacted important legislation in the area of gender equality and violence against women. And we have had modest success in influencing allocations of domestic funds to implement the ICPD Programme of Action. Our record on advocacy, locally and globally, to change perceptions and attitudes and mainstream sexual and reproductive health in all development processes remains mixed. Commitments secured at the highest level meetings of world leaders, including the 2005 World Summit, in support of universal access to reproductive health and its critical linkage to the international development agenda, still remain to be translated into legislation, national policies and programmes, supported with the requisite funding.

9. Funding for the treatment of AIDS has grown exponentially, while funds for its prevention remain scarce. Funding for family planning, the first line of defense against maternal mortality, has dropped from 55 per cent of total population funding in 1995 to 9 percent today. And funds for reproductive health commodities remain in short supply.

10. As a result, statistics on maternal mortality and morbidity remain virtually unchanged in some regions of the world, while statistics on HIV and AIDS reflect only slow change.

The Road Ahead

11. We need to package the clear evidence that addressing population issues and sexual and reproductive health are central to the achievement of development goals, in order to facilitate national policy dialogue and legislation and to review more effectively budget proposals.

12. We must convey information to the public, our parliamentary colleagues, government officials, and the media in clear, concise and simple language, including the following messages:

Every minute a woman dies of pregnancy-related complications, including unsafe abortions, almost all of them in developing countries.

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

One third of all pregnant women receive no health care during pregnancy; 60 per cent of deliveries take place outside of health facilities; only half of all deliveries are assisted by skilled birth attendants.

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

Almost 1 million new infections each day from STIs, including HIV, account for 17 per cent of economic losses caused by ill-health in developing countries, and contribute to an enormous burden of ill-health and death across the globe.

Fewer than 20 per cent of people at high risk of HIV infection have access to proven prevention interventions.

13. We must convey clear messages on the cost-benefit of addressing the unmet needs of 200 million women, including the costs of providing emergency obstetric care, ensuring that all deliveries are assisted by skilled birth attendants and providing services for prevention, care, treatment and support for people living with HIV and AIDS.

14. Most importantly, we must convey in clear and concise terms the human, social and economic costs if we fail to address these population and sexual and reproductive health issues.

15. We must convince our parliamentary colleagues and government officials that:

Quality reproductive health care saves lives, and reduces poverty.

The failure of previous national development plans can be attributed, among others, to the failure to invest in sexual and reproductive health and to promote the rights of women and girls.

The MDGs, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population, reproductive health and sustainable development are not squarely addressed through greater investment in education and health, and the prevention of preventable deaths among women.

16. We must engage constructively with all sectors of society, listen to their concerns, discuss perceptions and realities with them and debate sexual and reproductive health issues publicly and in a civil manner.

17. We must secure the understanding and support of different sectors of society that quality reproductive health information and services, that are available, accessible and affordable, including in rural areas, enables women to make choices that safeguard their health and lives, fulfill their potential, and contribute productively to society. Recognizing that unsafe abortion is one of the leading causes of women's death, we must also convey this information to our parliamentary colleagues and to government officials who are responsible for implementing the ICPD Programme of Action.

18. We commit to:

Attain at least 10 per cent of national development budgets and development assistance budgets for population and reproductive health programmes including HIV and AIDS prevention and especially, family planning and reproductive health commodities.

Ensure that the new target on universal access to reproductive health is immediately and fully integrated into national development strategies and is given highest priority in the plans, implementation and monitoring of relevant government ministries.

Mobilize our governments to support the adoption of indicators by Member States of the United Nations to monitor the target of universal access to reproductive health by 2015 and to use those indicators as soon as they are adopted, supplemented by additional programme indicators responsive to national needs.

Work closely with our national authorities to ensure that the reform processes being undertaken in the United Nations protect, promote and enhance sensitive mandates such as population, gender equality and sexual and reproductive health and that these areas are recognized as central to the

support of the United Nations for national development.

Ensure that when laws are passed and or policies adopted they are implemented. We must further ensure that laws and policies include a provision for reporting to the parliament on the progress of implementation.

Build networks, coalitions and partnerships with our parliamentary colleagues, government officials, local NGOs and individuals in order to create the political will and build the mass support needed to overcome opposition and to clarify misperceptions about population and reproductive health issues.

Advance awareness of, and legislation and policy to address, the linkages between people, reproductive health and the environment, including the need for sustainable production and consumption patterns, sustainable and equitable natural resources use, and measures to prevent environmental degradation and to take action on climate change.

Learn how to work effectively with the media to ensure that our messages reach the widest audience possible.

Create partnerships with regional parliamentary groups and UNFPA to develop effective mechanisms to network with other parliamentarians to exchange experiences and accurate information, including model legislation and policies, share our successes, learn from our failures and monitor our work.

Lead national efforts to ratify and implement key provisions of all relevant international conventions on the protection and promotion of the rights of people, including indigenous people, migrants, refugees, people with disabilities and other marginalized and vulnerable groups.

Ensure that national legislation takes into account the aspirations of young people and their sexual and reproductive health and rights, recognizing that they have a crucial role to play in decision-making and development processes.

Urge governments and the private sector to give priority to and increase resources for continued research and development of new disease prevention technologies, such as vaccines and microbicides, as well as promoting access to the newly developed HPV vaccine that potentially protects against cancer of the cervix.

Action to manage and prevent STIs in order to increase wellbeing, and prevent infertility, cervical cancer, maternal and newborn complications and deaths, and vulnerability to HIV/AIDS.

19. Commitment to collective action locally, nationally, regionally and internationally is crucial if we are to achieve these objectives.

Pledge

20. To this end, we Parliamentarians have agreed to a set of regional action plans. These plans constitute a basis for achieving the short, medium and long-term objectives to which we commit ourselves in Bangkok. We pledge to carry out these actions and to systematically and actively monitor the progress we have made in doing so, based on measurable benchmarks. We further pledge to make periodic stocktaking an integral part of our work and to report regularly on it through parliamentary groups and to meet again in three years to assess the progress we have made.