International Forum on Universal Access to Reproductive Health (RH) for the Attainment of International Conference on Population and Development (ICPD) Goals and Millennium Development Goals (MDGs)

Rabat, Morocco, November, 20 – 22 2007

RABAT DECLARATION

Introduction

Partners in Population and Development (PPD) organized a two-day International Forum on **Universal Access to Reproductive Health for the Attainment of ICPD and MDGs** during 20-22 November 2007 in Rabat, Morocco. The Forum was convened to exchange experiences in achieving the goals of the International Conference on Population and Development (ICPD), within the context of the Millennium Development Goals (MDGs), discuss on lessons learnt and make recommendations.

Participants at the Forum included a large number of countries, representatives from UNFPA and other international organizations, several NGOs including International Planned Parenthood Federation (IPPF), Reproductive Health Supply Coalition and World Population Foundation of Germany, Academic Scholars, Population and Reproductive Health Experts, and other Programme Specialists. Nineteen (19) member countries of the PPD Alliance, as well as Brazil, Ghana, the Philippines, Cote d'Ivoire and South Africa attended the Forum. At the end of the Forum, the participants unanimously adopted the Rabat Declaration.

The Declaration opens with a preamble, which reaffirms the participants' commitments to many of the important international agreements and outcomes of Summits and Conferences; reaffirms commitments to integrating the goals of universal access to reproductive health into strategies to attain MDGs; recognizes the challenges being brought forth by current and future demographic changes; recognizes the constraints and challenges in countries to rapidly achieve the ICPD goals and MDGs; and notes with concern the situation of family planning not sustaining its centrality in population and reproductive health polices and programmes, as well as not receiving adequate share within international funding for population and reproductive health.

The Declaration comprises five substantive sections related to repositioning family planning in the development agenda; integrating HIV/AIDS and Reproductive Health; reproductive health commodity security and supply; women's empowerment and reproductive health; adolescent sexual and reproductive health; and financial resources for sexual and reproductive health. The Declaration includes in each section a list of priority issues, as well as a call for action asking governments, the PPD, international organizations, donors, the private sector and others to commit and take appropriate priority action. The Declaration ends with a conviction that effective implementation of the Rabat Declaration will help accelerate the attainment of ICPD goals and MDGs, especially in the poorer developing and the Least Developed Countries (LDCs).

On behalf of the PPD, I would like to express my grateful thanks to all the participants and the resource persons for their valuable contributions to the Forum. We extend our special gratitude to the Government and people of the Kingdom of Morocco for their wonderful arrangements for the Forum and for the hospitality shown to us all.

Harry Jooseery
Executive Director
Partners in Population and Development

RABAT DECLARATION

We, the members of an alliance of developing countries, Partners in Population and Development[1], accounting for more than half of the population of the world, and many other developing countries attended the 2007 International Forum on Universal Access to Reproductive Health for the Attainment of ICPD and MDGs. The meeting took place in Rabat, the enchanting capital of Morocco. The Forum was convened in order to exchange the experiences on achieving the goals of the International Conference on Population and Development (ICPD) within the context of the Millennium Development Goals (MDGs). At the end of two days of deliberation, we adopted this Declaration. We commit ourselves to honor, promote, respect and implement this Declaration for the cause of peace, cooperation, poverty reduction and sustainable and harmonious development everywhere. We therefore:

Preamble

1. Reaffirm our strong commitment to the principles, objectives and actions contained in the ICPD Programme of Action, as well as to Wuhan and Agra Declarations previously adopted by PPD, as strategic to attaining the MDGs;
2. Welcome the commitment of Heads of State and Government at their largest ever gathering in adopting the 2005 World Summit Outcome Document to: ***"Achieving universal access to RH by 2015, as set out at the ICPD;"***
3. Reaffirm the commitments made in international and regional policy frameworks, including: Fourth World Conference on Women, Maputo Plan of Action, G-8 Berlin Appeal, Tokyo Declaration, Paris Declaration, International Health Partnership, and Women Deliver Conference;
4. Reaffirm the importance of integrating the goal of universal access to RH including family planning (FP) into strategies to attain the internationally agreed MDGs, including those aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty;
5. Reaffirm our commitment to further promote and strengthen cooperation among ourselves and other developing countries;
6. Realize that demographic changes, especially population momentum, changing age structure and migration are having significant consequences for environmental concerns, employment, provision of social security for the elderly and overall development;
7. Recognize that population-poverty dynamics are subtle and complex. In poor families and under-served communities, the dynamics combine to create conditions that are likely to perpetuate poverty, ignorance, ill health, poor RH, high fertility, high infant and maternal mortality and a host of other negative population and gender imbalances, and further recognize that empowering women, supporting reproductive choices and providing appropriate RH services to poor individuals and households will break the population-poverty vicious cycle;

[1] *The Members of the Alliance as of 22nd November 2007 are Bangladesh, Benin, China, Colombia, Egypt, The Gambia, India, Indonesia, Jordan, Kenya, Mali, Mexico, Morocco, Nigeria, Pakistan, Senegal, South Africa, Thailand, Tunisia, Uganda, Yemen and Zimbabwe.*

8. Recognize further that key to achieving the ICPD goals and MDGs is empowering people and community, as well as addressing effectively the issues and needs of people, in particular of women and girl child, of youth and adolescents and of poor and underserved populations;
9. Take note of capacity constraints in the developing countries in policy formulation and coordination, programme and strategy development, operational aspects and resource mobilization;
10. Note with concern that, due to various reasons, FP is loosing its centrality in population and RH policies and programs, with adverse implications for poverty alleviation and other MDGs, and thus it needs to be repositioned within RH as an immediate priority;
11. Note with further concern that international donor assistance to population and RH programs is lagging behind what is required by developing countries, as well as what was internationally agreed to at the ICPD in Cairo.

I. Repositioning Family Planning in Development

Recognize that FP is a central component of RH as defined by the ICPD and that since 1994, many countries have adopted the comprehensive definition of RH as spelled out at the ICPD Programme of Action and have taken serious efforts to align the FP programmes with other RH services.

Note with concern that:

1. Progress towards integrating FP with other RH services has run into many obstacles arising from the problems of integrating managerially and administratively separate services and from insistence of many international donors that these services, particularly HIV/AIDS services and FP services, be kept separate;
2. Support for FP has declined significantly during recent years, contrary to the agreements reached at Cairo that a major part of the donor assistance should be provided for the FP component of RH services;
3. Population growth continues to remain high due to population momentum and to the high unmet need for FP in many countries, necessitating a refocused attention on improving access to and quality of care in FP;
4. Other factors such as some religious and cultural norms, low status of women, and decentralization also constrain improvements in access to FP;
5. Failure to address these will have adverse effects in reducing maternal, infant and child mortality and in reducing poverty.

Call on Governments to:

1. Reinforce the importance of FP in the context of RH and emphasize its relevance to poverty alleviation, gender equality and other MDGs;
2. Increase support for FP in the national budgets and in donor supported programmes, without reducing the support to HIV/AIDS;
3. Support empowerment of women and the education of girls which have demonstrated benefits for reducing maternal, infant and child mortality and improving FP acceptance and combating harmful practices like Female Genital Mutilation / Cutting (FGM/C);

4. Share and exchange experiences in dealing with addressing the impacts of religious and cultural norms and practices on the acceptance of FP;
5. Strengthen the role of NGOs and the Civil Society Organizations (CSOs);
6. Ensure priority for local capacity and funding for FP in the context of decentralization;
7. Increase advocacy efforts at national, regional and global levels to reposition FP as a central component of RH. Greater utilization of media to promote image and common goals should be encouraged.

Call on PPD to:

1. Facilitate exchange of information and experience among member countries in their efforts to reposition FP;
2. Help assist in developing leadership capacities in member countries for effective advocacy with the Ministry of Finance, Ministry of Health, Commissions on Population and other relevant institutions to ensure priority to FP as an important component of RH and development.

II. Integrating HIV/AIDS and Reproductive Health

1. **Welcome** the good news reported by UNAIDS that the latest estimate of the number of people currently living with HIV is 33 million rather than 40 million as previously estimated;
2. **Recognize** that the AIDS epidemic is integrally linked to Sexual and RH (SRH). The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Both HIV/AIDS and poor SRH are driven by common root causes, including poverty, gender inequality and social marginalization of the most vulnerable populations. Responses to both these health issues should be closely linked and mutually reinforcing;
3. **Recognize** that HIV/AIDS prevalence continues to undermine government efforts in addressing poverty due to:
    a. Unsatisfactory accessibility and affordability of services including antiretroviral treatment ART;
    b. Health systems being weak and vulnerable; need strengthening as well as require attention being given to human resources for health.
4. **Recognize further** that FP is a cost effective way to reducing the HIV and that there are natural linkages to foster integration of HIV/AIDS and reproductive health, including FP services. In that regard, the required operational elements are spelled out clearly, among others, in New York Call to Commitment: Linking HIV/AIDS and SRH; The Glion Call to Action on FP and HIV/AIDS in Women and Children; Abuja Call to Action towards an HIV-free and AIDS-free Generation; Maputo Plan of Action; and in UNAIDS Policy Position Paper on "Intensifying HIV Prevention". It was noted that individual circumstances in a given country would determine when and where such integration would be warranted.

Call on Governments to:

1. Recommit themselves and accelerate the integration and linkages between RH and HIV/AIDS, while keeping HIV/AIDS high on development agenda;

2. Make provision for and increase domestic budgetary allocation to RH and HIV/AIDS;
3. Facilitate multi-skilling and multi-tasking of personnel to address integration and linkage of HIV/AIDS and RH.

Call on PPD to:

1. Assist countries to form networks and partnerships with CSOs, NGOs and UN Agencies;
2. Facilitate multi-skilling and multi-tasking of personnel to address integration and linkage of HIV/AIDS and RH;
3. Facilitate sharing of experiences and information.

Call on Donors to:

Encourage and strengthen mechanisms to foster integration of RH and HIV/AIDS.

Call on Private Sector to:

Promote corporate social responsibility to address various aspects of HIV/AIDS and RH.

III. Reproductive Health Commodity Security and Supply

Recall and endorse the following points in the Agra declaration of 2005:

"*Call on* Governments and international donors, as a matter of urgency, to secure firm political commitment for ensuring the availability and accessibility of affordable and quality RH commodities, especially for the poor, the disadvantaged and underserved groups.

Encourage the use of quality generic drugs, to help address the commodity supply and security needs of lower and middle income countries, provided that the Active Pharmaceutical Ingredients (APIs) and production facilities conform to internationally accepted Good Manufacturing Practices (GMP); that data are available to comply with regulatory requirements, and their cost remains significantly lower than those of branded products.

Urge South-South collaboration to maximize economic advantages, while ensuring that Government tenders include quality criteria. In this context, we urge the rapid development of prequalification criteria and their implementation for RH commodities and particularly hormonal contraceptives.

Welcome the donation of RH commodities by some countries within the PPD Alliance, as a South-South contribution.

Note that the indicators for the MDGs can only be met if there is universal access to affordable RH medicines and commodities of assured quality and in that regard:

1. **Take note of** the WHO/UNFPA Interagency List of Essential Medicines for RH;

2. **Consider** that access to reproductive supplies can be greatly enhanced by lower affordable prices, which characterize many generic products;
3. **Further note** that the actions taken by PPD since Agra including a meeting of generic manufacturers in Beijing in November 2006, the development of information for manufacturers, procurement and regulatory agencies;
4. **Recognize** the role of international organizations such as WHO and UNFPA and groups such as RH Supply Coalition (RHSC) in the field of RH Commodity Security (RHCS);
5. **Acknowledge** the roles of both private and public sectors to make available affordable products of assured quality and the necessity to build upon and strengthen partnerships between the public and private sectors.

Call on Governments to:

1. Ensure availability of funds for essential RH medicines and that they are included in their national essential medicines lists;
2. Support, as appropriate, increased use of public/private partnerships, advanced marketing commitments and other innovative finance mechanisms to improve programme reach and impact.

Call on PPD to:

1. Stimulate dialogue and exchange of information; transfer of knowledge and technology through training and the provision of technical assistance through South-South modalities; undertake advocacy and resource mobilization; recognizing the differences that exist within its member states and to tailor these activities to address their specific needs;
2. Review initiatives on public-private collaboration being undertaken to achieve commodity security within its member states and document best practices for potential replication;
3. Promote the availability of affordable RH medicines and commodities that meet internationally accepted standards of quality;
4. Work in partnership with WHO and UNFPA and RHSC to access and share information and tools required by the Member States in achieving that goal.

IV. Women's Empowerment and Reproductive Health

Recognise that:

1. Investments in women's empowerment and gender equality offer multiple rewards for accelerated social and economic progress and the attainment of the ICPD and MDGs;
2. Men have a critical role in women's empowerment and gender equality.

Note with concern:

1. The persistence of gender inequality and inequity characterised by the lack of access of women to education especially at the secondary and tertiary levels and the exposure of women to gender-based violence, trafficking and early and forced marriages;

2. The lack of adequate attention to the inter-linkages between women's social, political and economic rights and positive RH outcomes;
3. The distorted attention to the role of some cultural norms, values and practices to women's empowerment, gender equality, universal access to RH and the reversal of the spread of the HIV/AIDS epidemic;
4. The continued high levels of maternal mortality and morbidity, which constrains women's empowerment and gender equality and constitutes a violation of their human rights.

Call on Governments to:

1. Adopt effective programmes to urgently bridge the gender gap in education at basic and higher levels;
2. Adopt a comprehensive/holistic and rights-based approach in addressing women's empowerment, gender equality and RH and rights including FP and HIV/AIDS, making conscious efforts to address cultural constraints;
3. Intensify urgently measures to reduce the high maternal mortality ratios through the three pillars of:

    a. Universal access to comprehensive RH information and services including FP;
    b. Emergency obstetric care for complications when they occur;
    c. Skilled attendants at birth.

Call on PPD to:

1. Promote understanding of the linkages between International human rights standards and principles and women's empowerment, gender equality, RH including FP and HIV/AIDS;
2. Pay special attention to programmes aimed at reducing maternal mortality and promoting maternal health;
3. Promote and advocate for promoting gender equality, reproductive rights, universal access to RH including FP focussing on maternal mortality reduction, girls education beyond the primary level and reduction of the spread of the HIV virus especially among women;
4. Strengthen collaboration with other global and regional institutions to promote women's empowerment, reproductive health and family planning, as well as SRH rights.

V. Adolescent Sexual and Reproductive Health (ASRH)

Recognize that the number of adolescents globally number around 1.2 billion, the vast majority of whom (87 percent) live in the developing countries, in highly diverse economic and social situations, family structures, cultures and localities. The safeguarding of young people's rights, promoting gender equality and equity and broadly supporting their successful transition to adulthood is crucial. For this vision to become a reality, change is required at multiple levels, from the individual to the community to the national level. Investing in young people is fundamental to achieving the MDGs.

Further recognize that adolescents have special RH concerns, face risks related to early sexual experience, early marriage and fertility, are exposed to some negative cultural practices like FGM/C and need to be provided with an opportunity to establish healthy attitudes and behaviors for life. As called for in the ICPD Programme of Action, there is an urgent need for strengthening of programmes to meet more effectively the reproductive health needs of adolescents.

Note with concern that

1. Adolescent RH decisions and outcomes are highly devastating;
2. Adolescents face several barriers such as social norms and cultural taboos about their sexuality;
3. Lack of access to SRH is a major public health concern in developing countries.

Acknowledge that priority issues requiring committed action in adolescent reproductive health (ARH) include:

1. How to delay early sexual debut among the adolescents?
2. How to encourage sexually active adolescents to adopt safe sex practices to reduce STIs and HIV infections?
3. How to encourage adolescents to use modern methods of contraception and how to prevent unwanted pregnancies?
4. How to delay marriage at early ages?
5. How to eliminate FGM/C among communities who are practicing it?

Call on Governments to:

1. Provide sexual and RH information and services to adolescents;
2. Put in place appropriate legislation, if necessary, to eliminate FGM/C and barriers that impede upon the promotion of responsible SRH behaviour;
3. Support multi-sectoral programmes to empower adolescents;
4. Support the involvement and participation of adolescents themselves in design and implementation of programmatic activities;
5. Provide health education to adolescents, including responsible sexual behavior, HIV/AIDS, sexuality and FP;
6. Encourage parents to actively involve themselves in ARH issues;
7. Establish adolescent-friendly services;
8. Increase opportunities for young women’s education and employment;
9. Encourage alternative rites of passage.

Call on PPD to:

1. Facilitate exchange of information, experience and best practices;
2. Promote advocacy on ARH issues, including the elimination of FGM/C, with policy makers.

VI. Financial Resources for Sexual and Reproductive Health

Recognize that at the ICPD in 1994, the international community agreed that US$ 17 billion would be needed in 2000 and $18.5 billion in 2005 to finance programmes in the area of population and RH, including FP, maternal health, HIV/AIDS and population data and analysis. Two-thirds of the required amount would be mobilized by developing countries themselves and one-third ($6.1 billion) in 2005 was to come from the international community.

Recognize further that, while the international estimates implied for the various years, say either for 2000, or for 2004 was not realized, figures for 2005 show that estimate for that year would perhaps be surpassed. Given that most of the increase is due to substantially increased funding for HIV/AIDS, there is a real concern whether these amounts will also be sufficient to meet FP and RH needs.

Note with concern:

1. That the trend towards decreased funding for FP and RH would adversely affect progress in the achievement of the MDGs;
2. The situation in many developing countries, especially in Sub-Saharan Africa that does not permit generation of sufficient funds, while stagnating maternal mortality rates and low contraceptive prevalence rates would demand a much higher level of funding;
3. Resource gaps are especially large in poor countries, and for poorer segments of the populations in many countries, with adverse consequences for unintended pregnancies, abortions, maternal mortality and morbidity, infant and child mortality, as well as AIDS-related mortality and morbidity;
4. That effective utilization of existing resources is constrained in many countries by a lack of capacities in several areas and in infrastructures.

Call on governments to:

1. View resources not only as only financial, but also as human, institutional, technical and material. In this context, South-South cooperation through exchange of information, experience, knowledge and insights amongst developing countries themselves would help increase the availability and effective utilization of resources, as well as result in cost reductions;
2. Mobilize additional financial resources through a more focused and evidence-based advocacy with donors, foundations, NGOs, private sector and others;
3. Mobilize additional domestic resources wherever possible and enhance opportunities for a better utilization of existing resources.

Call on PPD to:

1. Play a greater role in mobilizing resources from within and outside of PPD alliance for population and RH activities, including policy dialogue, advocacy, strategic partnerships and networking;
2. Facilitate capacity building in developing countries in the area of resource mobilization, including integration and utilization of resources;
3. Explore the possibility of compiling and making available information on technical and material resources channeled through South-South Cooperation in support of population, reproductive health and development.

Call on UNFPA to:

Consider revising the estimates of resources required to fully implement the ICPD Programme of Action, taking into account the changing dimensions of financial requirements including costing, service modalities, technical cooperation, etc.

Call on donors to:

1. Increase the total ODA and devote a larger portion of it to RH/FP, especially for developing and poor countries;
2. Support UNFPA and other UN organizations involved in population and development to extend greater assistance to developing countries for further implementation of ICPD PoA and MDGs.

Support for the Rabat Declaration

We, the participants in the International Forum on ***"Universal Access to RH for the Attainment of ICPD Goals and MDGs"***, would like to state full support for the Rabat Declaration. We strongly believe the implementation of the Rabat Declaration will help in accelerating the attainment of the ICPD Goals and MDGs especially in developing and in the least developed countries.

The participants of the Forum record their deep appreciation to the Ministry of Health of the Kingdom of Morocco for hosting and making excellent arrangements for the Forum, as well as to the people of Morocco for their impeccable hospitality.