DHAKA DECLARATION

Adopted at the
International Inter-Ministerial Conference on
Evidence for Action:
South–South Collaboration for ICPD beyond 2014

10-11 November 2012
Dhaka, Bangladesh

www.partners-popdev.org
Background

Partners in Population and Development (PPD) is an Inter-Governmental Organization of 25 developing countries\(^1\) from Asia and the Pacific, Sub-Saharan Africa, North Africa and the Middle East, and Latin America and the Caribbean. PPD, in partnership with the Government of the People’s Republic of Bangladesh held an International Inter-Ministerial Conference from 10 - 11 November 2012 with the theme “Evidence for Action: South–South Collaboration for ICPD beyond 2014” in Dhaka- Bangladesh.

The conference was attended by over 130 participants comprised of high level policy makers consisted of one Vice-President, ten Ministers, five members of Parliament, one Ambassador, senior government officials, development partners, Non-Governmental Organizations, Civil Society Organizations, academia, research institutions, networks of youth and people living with HIV/AIDS, and the private sector.

The International Inter-Ministerial Conference focused on sharing south-south evidence and challenges in the implementation of International Conference on Population and Development (ICPD) Plan of Action (PoA) and in the context of the MDGs. The conference outcome was key commitments and recommendations for a re-invigorated implementation of the ICPD PoA beyond 2014 and post 2015 Sustainable Development Goals, enshrined in the Dhaka Declaration that was adopted by the conference participants. PPD is further urged to support, facilitate and coordinate annual monitoring and evaluation of the implementation and achievements of the commitments contained in this Declaration. The Declaration was endorsed by the PPD board members and the Executive committee.

\(^1\)Bangladesh, Benin, China, Colombia, Egypt, Ethiopia, The Gambia, Ghana, India, Indonesia, Jordan, Kenya, Mali, Mexico, Morocco, Nigeria, Pakistan, Senegal, South Africa, Thailand, Tunisia, Uganda, Vietnam, Yemen, Zimbabwe
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1. INTRODUCTION


1.2 As the ICPD PoA’s 20-year-anniversary approaches, the global leadership has united again to reiterate their commitments with the launch of ‘ICPD Beyond 2014’. In this context, PPD, in collaboration with the Government of People’s Republic of Bangladesh organized the event with the goal to create a platform for southern consensus and secure political commitment for the international development frameworks beyond 2015 (ICPD beyond 2014 and MDGs beyond 2015) and to promote South-South Cooperation in our 25 member countries and other developing countries. It is noteworthy that PPD member states represent more than half of the world population.

2. PREAMBLE

The conference notes

2.1 Acknowledges considerable achievements since ICPD in 1994 with worldwide reduction in fertility rate, increased contraceptive use and slowing of population growth rate. Total Fertility Rate (TFR) decreased from 2.9 in 1994 to 2.5 in 2010 and population growth rate from 1.5 % to 1.2 % during the same period (World Bank, 2012).

2.2 Recognizes that universal access to Sexual and Reproductive Health (SRH) remains a major challenge and a continued target in both ICPD Program of Action as well as MDGs. It is noteworthy that among the 1000 women who die daily as a result of preventable pregnancy related causes, 570 are from Africa, 300 are from South Asia and 5 are from high income countries (the remaining 125 are from other countries). In PPD member countries, maternal mortality rates range from 37 per 100,000 to 630 per 100,000 live births (World Bank and WHO, 2012).

2.3 Further recognizes that the ICPD Program of Action (PoA) acknowledges South-South Cooperation (SSC) as a key strategy for achieving its goals and an important instrument of development and technical cooperation among developing
countries. The growing body of evidence and experience generated in the South since 1994 should continue to play an important role in the development and implementation of the ICPD strategies and MDGs.

3. **RECOMMENDED PRIORITY ACTIONS:**

3.1 **Universal Access to Sexual Reproductive Health and Family Planning**

The conference notes with concern the high unmet need for family planning in developing countries. The conference further notes that resources (human, material and financial) for health as well as quality of care remain major challenges hindering attainment of the 2015 MDG targets. These challenges can be addressed by removing barriers to access, increasing funding for FP so that commodities and supplies are available as well as implementing innovative practices like task shifting.

3.2 **South-South Cooperation to Move Forward the London Family Planning Summit Commitments**

3.2.1 The conference acknowledges with satisfaction the political commitments and financial pledges made at the London FP Summit present a new and unique opportunity to make voluntary Family Planning services available to an additional 120 million women and girls in the world’s poorest countries by 2020 (July 2012, London Summit on FP).

3.2.2 The challenges remain both at the country and global levels to ensure that the commitments made by the head of states and policy makers, and the financial pledges are realized. With sustained momentum, countries can avoid stock-outs and also ensure that the commodities reach millions of women and adolescents. Actions at the global level should ensure that the donors meet the pledges. At the country level, partners and stakeholders need to work together including civil society, non-governmental organizations and legislators to hold both countries and donors accountable on these commitments.

3.3 **Rights Based Programming for Adolescents and Other Vulnerable Groups**

3.3.1 PPD member countries are urged to use rights-based and inclusive approaches to scale-up best practices and innovative service models for young people and other vulnerable groups such as adolescent girls, women, people with disabilities and older persons. Member countries are further urged to strengthen partnerships with civil society, non-governmental organizations, the private sector and parliamentarians.
3.4 Reproductive, Maternal, Neonatal and Child Health (RMNCH)

3.4.1 In the context of South-South Collaboration, there exists best practices, lessons learned and innovations in the improvement of maternal, neonatal and child health. These include promotion of the concept of the continuum of care, including better access to family planning, adolescent health, antenatal care, skilled attendance at birth, access to emergency obstetric care and post-natal care.

3.4.2 The conference notes with concern the growing challenges that come with urbanization. Member countries are urged to develop policies, programs and research that target the poor people living in urban, peri-urban, rural areas and also internally displaced and people living in informal settlements, who are disadvantaged in accessing Sexual and Reproductive Health Services (SRHS) and the protection of their rights.

3.5 South-South Partnerships for HIV and AIDS Response

3.5.1 The conference notes that HIV and AIDS is disproportionately impacting women, children and young people in developing countries. The member countries are urged to intensify South-South collaboration to address HIV response as well as engaging in negotiations that ensure access to latest technological advances in testing and treatment. HIV and AIDS treatment, care and support programs should ensure human rights, inclusive participation, gender equality and integrated multisectoral approach.

3.6 Advocacy for Framework Convention on Global Health (FCGH)

3.6.1. The conference notes with concern the health inequity that exists in our member countries, and between the North and the South. The conference participants urge the member countries to endorse the Framework Convention on Global Health (FCGH) in order to close global and domestic health inequities.

3.7 Gender Equity, Equality and Women Empowerment for Sustainable Development

3.7.1 The conference underlines the value of a rich body of South-South evidence for promoting gender equality, male participation and empowerment of women and adolescent girls. It also urges for full recognition and incorporation of those experiences in designing strategies and initiatives for the period beyond ICPD 2014 and post 2015 Sustainable Development Goals (SDGs). Specific areas for consideration are gender responsive budgeting, women and young people participation in the political and decision making processes; access to productive resources, employment, education and empowerment; and fulfillment of their rights.
rights and ability to make informed decision about sexuality and reproduction, free from any form of discrimination, coercion and violence.

3.7.2 The conference calls upon the member countries and the international community to develop gender sensitive and poverty eradication policies for ageing population in the face of population transition, drawing from the successful experiences from the South, including utilizing ageing labor force, specialized reproductive health and general health care services, social protection, security and emotional support services as well as access to productive resources.

4. CALL TO ACTION:

4.1 We, the participants at this “International Inter-ministerial Conference on Evidence for Action: South-South Collaboration for ICPD beyond 2014”, declare to commit ourselves to actively follow up and implement the recommendations contained in this declaration.

4.2 Furthermore, we call upon PPD member country governments, development partners, parliamentarians, academic and research institutions, non-governmental organizations, civil society organizations and the private sector to work together towards achieving these commitments.

4.3 PPD is urged to intensify its key role of promoting South-South collaboration in ICPD beyond 2014 and MDGs beyond 2015. PPD is further urged to support, facilitate and coordinate annual monitoring and evaluation of the implementation and achievements of the commitments contained in this Declaration.

11 November 2012