



**Partners in Population and Development (PPD)
A South-South Initiative**

YOGYAKARTA DECLARATION

**Formulated and Adopted
at the
International Conference on
“Promoting Family Planning and Maternal Health
for Poverty Alleviation”
Yogyakarta, Indonesia; 26-27 October 2010**

*Approved with commitment for implementation
by the*
**Board Members (Ministers of Health / Population / Planning and
Social Development) of 25 Member States**
at the
XI Annual Board Meeting
of Partners in Population and Development (PPD)
Yogyakarta, Indonesia; 28 October 2010

YOGYAKARTA DECLARATION

I. INTRODUCTION

We, the members of Partners in Population and Development (PPD), an intergovernmental alliance of developing countries*, accounting for more than half of the world's population, along with a number of other developing countries attended the International Conference on "Promoting Family Planning and Maternal Health for Poverty Alleviation" convened in beautiful Yogyakarta, the Republic of Indonesia on the 26 and 27 October, 2010.

As recognized in the Programme of Action of the International Conference on Population and Development as well as in the outcome documents of other international meetings and summits, family planning and maternal health are central elements of reproductive health and are integral components of poverty reduction and development strategies.

In this context, the two day Conference examined the critical challenges facing family planning and maternal health, with particular focus on issues and concerns relevant to developing countries, exchanged experiences on specific intervention programmes that have been proven effective, and discussed experiences in integrating family planning and maternal health into poverty reduction strategies. The Conference examined human, financial and other constraints that limit progress towards achieving goals set at the International Conference on Population and Development (ICPD) and Millennium Development Goals and targets. The Conference also explored the opportunities afforded by leveraging South-South cooperation for addressing the constraints and challenges collectively through enhanced cooperation and partnerships.

We commit ourselves collectively and in our individual capacities to actively promote and implement the actions contained in this Declaration for improving access to maternal health and family planning services and reducing poverty and promoting sustainable development.

* *The Members of the Alliance as of 27th October 2010 are: Bangladesh, Benin, China, Colombia, Egypt, Ethiopia, The Gambia, Ghana, India, Indonesia, Jordan, Kenya, Mali, Mexico, Morocco, Nigeria, Pakistan, Senegal, South Africa, Thailand, Tunisia, Uganda, Viet Nam, Yemen and Zimbabwe*

II. PREAMBLE

We, the participants at the Conference:

- **Recall** the objectives contained in the ICPD Programme of Action adopted in 1994 and those included in the Key Actions adopted during the five year review of ICPD implementation in 1999; the commitments and goals (MDGs) agreed upon by Heads of States and Governments during the Millennium Summit in 2000; and those agreed upon by the General Assembly during 2005 and 2010 and contained in the outcome documents of the 5 and 10 year reviews of the MDGs.
- **Note** that in countries and regions with rapid population growth it is challenging to meet the Millennium Development Goals to alleviate poverty, to reduce infant and maternal mortality, and to make primary education universally available.
- **Recognize** that family planning, maternal health, poverty and women's empowerment are mutually interrelated, and that the Millennium Development Goal of reducing poverty (MDG 1), of achieving universal primary education (MDG2), of promoting gender equality and empowerment of women (MDG 3) and improving maternal health (MDG 5) cannot be achieved unless the ICPD goal of universal access to reproductive health including family planning (MDG Target 5b) is attained.
- **Note with concern** that family planning has lost its centrality in terms of funding and its place in poverty reduction strategies, as well as in population and reproductive health policies and programmes, and that significant efforts are needed to make it a priority in the national and global development agendas.
- **Note** that many barriers of cost, unjustified medical guidelines and practices, misinformation, provider bias, severe shortage of human resources for health, and other social and religious barriers prevent women and men from exercising their basic human right to decide whether and when to have children.
- **Note further** that recent research demonstrates that preventing unintended pregnancies can accelerate economic development.
- **Note with concern** that the ongoing impact of financial and economic crises and the slow economic recovery is having adverse impacts on our economies with potential consequences for our efforts to achieve ICPD Goals and MDGs; this situation is further exacerbated by frequent natural disasters and climate change.
- **Note at the same time** the renewal of interest in an integrated approach to reproductive health including family planning and maternal health, as underscored by the recent pronouncements of major economies.

- **Reiterate** the importance of integrating reproductive health, including maternal and child health and family planning and HIV/AIDS prevention and care into national development plans and poverty reduction strategies,
- **Reiterate** the urgency to significantly increase the allocation of resources to family planning and maternal health, from both domestic and external sources, and
- **Reaffirm** our own commitments made during the previous International Forums held at Rabat (Morocco) in 2007, and Kampala (Uganda) in 2008 and the commitment of PPD and member countries to report regularly on its own achievements and contributions towards internationally agreed goals for 2015.

PRIORITY ISSUES AND RECOMMENDATIONS

I. Family Planning, Maternal Health and Poverty Eradication

High fertility, poor maternal health and poverty are inextricably linked. High fertility and poor maternal health are symptoms of poverty and hold back families and communities from escaping poverty.

Family planning is an important strategy that can improve maternal health, reduce maternal mortality, slow population growth, and contribute to economic development. Family planning lowers fertility, reduces youth dependency and opens up a window of opportunity for greater investments in the social sector, in particular education, health, water and sanitation. Family planning helps women delay child bearing and limit the number of pregnancies and provides them with greater opportunities for education and employment. This in turn increases household income and a family's investment in the education and health of its members, particularly children.

Working towards universal access to reproductive health including family planning, which is included as Target 5b of MDG 5, will help reduce maternal mortality ratios and will contribute to MDG1, the eradication of poverty and hunger.

Investing in family planning must be a central component of national policies, plans, strategies and programmes and must be seen as an investment that can yield dividends which can be utilized for the development of other sectors and it should not viewed just as a cost.

Recommendations

- Constitute a multi-sectoral working group comprised of officials from Ministries of Health, Education, Water and Sanitation, Finance and Planning, National Planning Organizations and other relevant organizations to develop robust action plans and allocate the necessary funds for implementing maternal health and family planning programmes as part of national development and poverty reduction strategies.

- Promote decentralization of service delivery for maternal health and family planning with a view to encouraging community outreach and participation.
- Invest in children's education, particularly the education of girls and women to increase their participation in economic activity and for their empowerment in decision-making process.
- Involve a wide range of stakeholders including the community, local governments, religious and cultural institutions, and faith-based organizations that will promote and integrate family planning in their development initiatives.

II. Family Planning and Maternal Health

The outcome document of the high-level plenary meeting of the sixty-fifth session of the General Assembly on the Millennium Development Goals (United Nations, *Keeping the Promise: united to achieve the Millennium Development Goals*, A/RES/65/1) expressed "grave concern over the slow progress being made on reducing maternal mortality and improving maternal and reproductive health" (para.20).

In this regard, the conference welcomed the recent renewed support to maternal health as evidenced, among others, by the United Nations Secretary-General's Initiative on Global Strategy on Women's and Children's Health, discussions at the G8 meeting in Canada, and at the 2009 Kampala Conference on Family Planning.

Recent estimates by WHO suggest declines in maternal mortality ratios (MMR) and in the number of maternal deaths in many countries. It is noted that in 2010 alone nearly 200,000 more women will survive pregnancy and child birth. Improved access to skilled birth attendants (SBAs), emergency obstetric care and family planning have contributed to this trend. Yet, an estimated 46 million women deliver their children without a skilled birth attendant. Most of these women are also poor and marginalized, living in remote areas, are young and have limited or no access to basic health services including family planning services. The resulting unmet need for contraceptives contributes to unwanted and unplanned pregnancies and unsafe abortions, which often result in ill health or death.

It is also noted that many developing countries are entering a period when the number as well as the proportion of women entering their reproductive age is on the rise. This generates population momentum, which will result in a continuous population increase for many more decades. This population increase could hamper efforts to reduce poverty and make developmental gains less likely. To counter this, further reductions in fertility and population growth can be achieved even in illiterate, low income communities with improved access to an unbroken, adequate, free or low cost supply of contraceptives together with accurate information about family planning methods.

Family planning is central to improving maternal health, one of the eight Millennium Development Goals (MDG 5) and to the attainment of other MDGs. Studies show that family planning has immediate benefits to the lives and health

of mothers and their children. Studies show that access to family planning services can reduce maternal deaths by a third, yet, family planning services remain out of reach for many, especially the poor, the young and those who are marginalized in their societies. It is estimated that over 200 million women want to use safe and effective family planning methods but lack access to services. An adequate, unbroken supply of contraceptives is the foundation of all family planning programmes and services and is critical for meeting the unmet needs for family planning. A relatively high cost, unjustified medical guidelines and practices, misinformation and provider bias, prevent women and men from exercising their basic human rights to decide whether and when to have children.

Recommendations

- Reposition family planning in the national and international development agenda as a priority.
- Redouble efforts and build on the progress made to make pregnancy and childbirth safe. Reduce maternal mortality and morbidity further by strengthening specific health interventions including the presence of skilled birth attendants at delivery and the provision of emergency obstetric care.
- Expand the provision of comprehensive obstetric care and strengthen the role of skilled health care providers, including midwives and nurses, through pre-service and in-service training, task shifting, and incentives, to fully utilize their potential as trusted providers of maternal health-care services. Expand family planning within the local communities. Expand and upgrade formal and informal training in sexual and reproductive health care and family planning for all health-care providers, health educators and managers, including training in interpersonal communication and counseling.
- Examine and take steps to remove barriers to accessibility and affordability to improve access to family planning services and to bridge the inequalities in access between the rich and the poor.
- Take steps to ensure that men, women and young people have information and access to a wide selection of safe, effective, affordable and acceptable methods of family planning.
- Ensure an adequate and unbroken supply of contraceptives by strengthening reproductive health commodity security and logistics management information systems.
- Address inequities in access to health services, including reproductive health and family planning services, by management reviews and such policies as establishing social insurance/protection mechanisms.
- Address the sexual and reproductive health needs, including the need for information, counseling and services for family planning, of the large and increasing cohorts of adolescent and youth population.

III. Financial and Human Resources for Improving Family Planning and Maternal Health

Family planning and maternal health are central components of reproductive health. Guaranteeing universal and sustainable access to family planning services integrated within the broader framework of reproductive health requires robust health systems that are fair, accountable and adequately resourced. Better positioning reproductive health in the health system as part of national strategies for development and poverty reduction will help increase human resources and funds allocated to family planning and maternal health.

Currently, investment in health, and in particular reproductive health, are in many countries neither sufficient nor equitable. Investments in health need to be scaled up while at the same time, a more effective use of resources is required to maximize the impact of all investment in health.

The ICPD Programme of Action (POA) called upon all countries to take steps to meet the family planning needs of their populations as soon as possible, and to provide universal access to a full range of safe and reliable family-planning methods by 2015. Despite this call, resources allocated to family planning have declined significantly and are lower today than they were in 1995 with adverse implications for countries' abilities to address unmet needs for family planning and could undermine efforts to prevent unwanted pregnancies, reduce maternal and infant mortality, provide adequate supplies of family planning commodities and help improve the quality of services.

Recommendations

- Sexual and reproductive health services, including family planning, should be universally available within a rights framework, as part of health services.
- Address gender equality, equity and equitable access to health services including reproductive health and family planning services for the poor and marginalized (women, young people, ethnic minorities).
- Remove unnecessary policy barriers to contraceptive service delivery; provide safe and accessible abortion services, where it is not against the law; address cultural and religious barriers to family planning.
- Encourage local production of contraceptives where appropriate and conduct research for more effective contraceptives.
- Strengthen the engagement of public private partnerships (including universities, investors, professionals, development partners, private sector, community), especially for innovation, technology and expansion of the resource base.

- Develop, strengthen and scale up social protection mechanisms, put safety nets in place and provide a minimum level of access to essential services, and income security for all.
- Engage with communities and their leaders (including religious and popular leaders) on their specific health and sexual and reproductive health (SRH) needs, and work to deliver services as a partnership.
- Adopt national family planning communication strategies; develop information-education-communication (IEC) on contraception; and support advocacy to and by members of parliament.
- Empower women, including young women, with knowledge and choice of sexual and reproductive health services and commodities.
- Scale up the use of “health extension workers” and social mobilizers at the community level.
- Countries must commit more of their resources to fund, staff and implement family planning and maternal health programmes.
- South-South cooperation does not replace international development assistance; efforts must be increased to help mobilize resources for South-South and triangular cooperation.
- International donors should do their best to increase international development assistance and meet the internationally agreed target of 0.7 percent of GNI.
- International assistance, as additional resources, will be needed to help poorer countries that have difficulty achieving their MDGs. Also, greater efforts should be made to mobilize resources for these countries through South-South modality.
- Strengthen management for results and mutual accountability at all levels; scale up human, financial and material resources for sexual and reproductive health and use resources more effectively and efficiently.

IV. Leveraging South-South Cooperation

The possibility to enhance and strengthen South-South cooperation is much stronger today than ever before. This is reflected by the fact that a number of countries of the Alliance are increasing their support to South-South cooperation, and have begun to allocate resources for the provision of fellowships, and the provision of reproductive health commodities and equipment. Over many decades, these countries have also accumulated high levels of knowledge, experience and expertise in planning and implementing interventions to improve maternal health and family planning; and have built world class institutions for training, making it possible to advance South-South cooperation further and make it more effective. The institutional capacity for training that exists in a

number of countries should be fully utilized through South-South and triangular cooperation.

The ICPD Programme of Action highlighted the desirability of countries “learning from one another’s experience, through a number of different modalities. The importance of South-South co-operation in implementing the Programme of Action was further recognized by the special session of the UN General Assembly during the five-year review. In the report entitled “Key Actions for Further Implementation of the Programme of Action of the International Conference on Population and Development” it is noted that “ External funding and support from donor countries as well as the private sector should be provided to sustain the full potential of the South-South cooperation, including the South-South initiative: Partners in Population and Development, in order to bolster the sharing of relevant experiences, and the mobilization of technical expertise and other resources among developing countries”(paragraph 88).

During the past fifteen years, PPD has promoted the implementation of the ICPD Programme of Action through policy dialogue, sharing of experiences, promoting reproductive health commodity security, building national capacity, and strengthening national institutions for training through South-South cooperation. To improve monitoring, PPD has established a mechanism to periodically collect information on the products and services exchanged among member and non-member countries. PPD is documenting best practices to be shared among the member countries and also with other countries. PPD has also developed generic modules on specific issues for incorporation into the on-going training programmes of PPD Partner Institutions (PIs).

Recommendations

- Elevate the role of South-South collaboration to strengthen sexual and reproductive health including family planning programmes in member and non-member countries.
- Strengthen institutions in PPD member countries to facilitate exchange of experience and best practices and training among member and non-member countries.
- Utilize South-South modality to supply contraceptives and transfer technology among the countries of the Alliance and with non-member countries.

III. COMMITMENT AND WAY FORWARD

Statement of Commitment

We, the participants in the International Conference on “Promoting Family Planning and Maternal Health for Poverty Alleviation” commit ourselves to actively follow-up and implement the recommendations contained in this Declaration and strengthen cooperation among ourselves through South-South cooperation, and with all the development partners, including parliamentary groups, NGOS, civil society organizations, the private sector and the donor community.

Call on Governments:

- To accelerate progress to achieving gender equality and empowerment of women, to which they committed at the MDG+10 review.
- To invest in training skilled birth attendants, neo-natal care and improving access to emergency obstetric care.
- To empower communities without access to skilled birth attendants to achieve universal access to voluntary family planning and maternal health, especially in low resource settings.
- To identify and reduce unnecessary barriers to family planning; and to give priority to family planning and maternal health and ensure that they are central components of national plans, policies, programmes and strategies for poverty eradication and development.
- To allocate sufficient funding for family planning and maternal health through mechanisms such as the establishment of budget lines for reproductive health commodities; increasing national allocations for health to 15 percent, and improving the efficient use of available resources in a manner that ensures equitable access.
- To engage the private sector, NGOs and other civil society organizations (CSOs) to enhance access to family planning and maternal health.
- Advocate for strengthening and supporting South-South cooperation, as a cost-effective strategy, for accelerating the achievement of MDGs and ICPD Goals.

Call on PPD:

- Facilitate the exchange of information and experience among member countries and other countries on the efforts and progress in repositioning family planning as part of national development agendas.

- Increase advocacy efforts at national, regional and global levels to gain support for increased investments in health, in particular for family planning and maternal health information and services;
- Facilitate the provision of reproductive health commodities from the manufacturing to non-manufacturing countries of the South. Also, encourage transfer of technology for local production of contraceptives where appropriate;
- Regularly monitor and report on the progress in the follow-up and implementation of the recommendations and actions contained in this Declaration.
 - Undertake a mid-term review during 2012 and a final review during 2015 on the status of implementation and progress made in carrying out the actions contained in this Declaration towards achieving MDGs and ICPD Goals.

Call on development partners:

- Provide technical and financial support for advancing South-South cooperation through their programmes.

The participants wish to express their appreciation to the Government of the Republic of Indonesia for hosting the Conference, for making excellent arrangements, and for their wonderful hospitality.