



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

Kampala Declaration
Kampala, Uganda

26 November 2008

KAMPALA DECLARATION

We, the members of Partners in Population and Development, an intergovernmental alliance of developing countries¹, accounting for more than half of the world's population, along with a number of other developing countries attended the 2008 International Forum on “ICPD@15:Progress and Prospects” convened in Kampala, the capital of Uganda. The Forum was convened to assess progress in the achievement of the goals of the International Conference on Population and Development (ICPD), within the context of the Millennium Development Goals (MDGs), and to examine the prospects of achieving them by 2015. After two days of intense deliberations and exchange of experiences, we adopt this Declaration and commit ourselves collectively, through strengthened cooperation, to promote and implement this Declaration for the cause of peace, poverty reduction, and sustainable development everywhere. We, therefore:

PREAMBLE

- **Reiterate** the importance of integrating the goal of universal access to reproductive health including family planning into strategies to attain the MDGs;
- **Recognize** the close linkages between ICPD goals and the MDGs, and that MDGs cannot be attained unless the goals contained in the ICPD Programme of action is achieved. Achievement of three of the MDGs (4, 5, and 6) relating to health, including reproductive health, is pivotal to achieving poverty reduction;
- **Recommit** to “Achieving universal access to reproductive health by 2015 as set out at the International Conference on population and Development” as agreed to by the Heads of State and Government at the Millennium +5 summit in 2005;
- **Reaffirm** the commitments made in international and regional policy frameworks, including Fourth World Conference on Women (1995), Abuja Declaration (2001), Paris Declaration (2005) and the Maputo Plan of Action (2006);
- **Reaffirm** our strong commitment to the principles, objectives and actions contained in the ICPD Programme of Action, as well as to the Wuhan, Agra and Rabat Declarations adopted during previous meetings of the PPD;
- **Note with concern** that family planning is losing its centrality in terms of budgetary allocations as well as its place in poverty reduction strategies and in population and

¹ The members of the Alliance as of 26th November 2008 are Bangladesh, Benin, China, Colombia, Egypt, Ethiopia, Gambia, Ghana, India, Indonesia, Jordan, Kenya, Mali, Mexico, Morocco, Nigeria, Pakistan, Senegal, South Africa, Thailand, Tunisia, Uganda, Yemen and Zimbabwe.

reproductive health policies and programmes, and that it needs to be repositioned as a priority in development;

- **Recognize** that demographic changes, especially population momentum, changing age structure, and migration are having significant adverse consequences for the environment, employment, provision of social security and for sustainable development in most countries, while in the poorer countries continued high fertility and population growth is adversely affecting the achievement of MDGs, including eradicating poverty;
- **Further Recognize** that the current global economic slowdown is having severe impacts on our economies, societies and the families, especially the poor, with potential consequences for our efforts to achieve ICPD Goals and MDGs;
- **Recognize** that this provides us a unique opportunity for us to strengthen our cooperation in mitigating the adverse impacts on the quality and welfare of our peoples;
- **Note with continuing concern** that international donor assistance to population and reproductive health programmes, particularly for family planning, is below what is required by developing countries;
- **Reaffirm** our commitment to use effectively and in cost-efficient manner external resources made available to achieve ICPD Goals and MDGs;
- **Reaffirm** our commitment, despite the current economic crisis, to promote and strengthen cooperation among ourselves and other developing countries.

1 – Family Planning Reproductive Health and Population

The ICPD Programme of Action, rooted in the human rights framework, called upon countries to achieve universal access to reproductive health services by 2015 and emphasized welfare of individual women, achievement of their sexual and reproductive health and rights, and gender equity and equality. The MDGs, adopted at the Millennium summit, include “reducing maternal mortality by three quarter between 1990 and 2015” as one of its goal (Goal 5), and the ICPD goal of universal access to reproductive health services is adopted as a target at the MDG+5 summit in 2005. ICPD, in a significant way, contributed to the formulation of MDGs.

Since ICPD, countries around the world have invested significant amount of resources to improve access to and quality of reproductive health services, and reproductive health now forms part of the development agenda of poverty reduction in many countries.

Progress, however, on several of the MDGs and ICPD Goals is mixed. While progress has been made towards the achievement of goals related to universal primary education and reduction in gender disparities in education, and in stemming the spread of HIV/AIDS, progress has been slow in others, most notably in the reduction of maternal mortality and improving maternal health. Moreover, in the least developed regions the number of people living on dollar a day or less is increasing.

Family planning, which is an important component of reproductive health, has lost its centrality in terms of budget allocations and integration in poverty reduction strategies, resulting in high unmet need for family planning and in keeping maternal mortality and poverty high in many countries, especially the least developed.

While the environment for providing reproductive health information and services to adolescents and young people has improved in many countries, much more needs to be done for improving access to information and services, as the cohort of young people reach their highest ever levels in many countries.

Recognize that:

--universal access to quality reproductive health services, including family planning services, is central to achieving MDGs.

--that non-evidence based barriers to the availability of family planning remain, in particular denying adolescents and young people access to information and services they need.

--continued high fertility and population growth exacerbates poverty and contributes to the deterioration of environment, and that high level of unmet need for family planning, particularly in poorer countries, inhibits progress towards reduction in poverty, improving maternal health and reducing maternal mortality and achieving environmental sustainability.

--inequities between the rich and poor have increased which manifest itself in high infant, early child hood and maternal mortality and limited access to affordable reproductive health, including family planning services.

--adolescents and young people who constitute the highest proportion of the population in most countries do not have access to reproductive health as well as life skills-related information and services.

Note with concern that:

--funding for family planning has declined significantly during recent years while that for safe-mother hood programmes have remained stagnant over the years, contrary to the agreements reached at Cairo.

--the current economic downturn will put severe strain on our resources and budgets as well as individual abilities to cope with the declining incomes.

--under these conditions it is the poor who are affected most and that the consequences will be severe.

--gender inequalities and unequal gender relations have adverse consequences for reproductive health of girls and women. Social and cultural norms continue to discriminate women and girls and stifle efforts to empower them to seek reproductive health information and services and protect themselves against unwanted pregnancy and unsafe abortion, leading to many unfavourable outcomes related to reproductive health.

We declare our commitment to the centrality of family planning in development and to improving access to sexual and reproductive health information and services for adolescents and young people.

Reaffirm our commitment to:

--to make pregnancy and child birth safe, and reduce maternal mortality and morbidity through better emergency obstetric care as well as availing skilled manpower.

--redouble efforts to reduce gender inequality and to empower women and girls through education, employment and improved access to information, education and services on reproductive health.

Call on Governments to:

--emphasize the importance of family planning to the attainment of the MDGs and increase support for family planning in the national budgets and donor supported programmes.

-- improve access to family planning through a better health service system and social marketing and by strengthening the links with other programmes.

--examine affordability, accessibility and accessibility constraints and barriers for increasing the use of family planning and reducing the unmet need for family planning services, and for bridging the inequities in access between the rich and the poor.

- promote the involvement of men in reproductive health and family planning
- address issues of access to sexual and reproductive health services for adolescents and young people through actions agreed upon in 2007 at Rabat.
- invest in research needed to develop cost –effective evidence-based policies.

Call on PPD to:

- promote advocacy at national, regional and global levels to emphasize the importance of repositioning family planning in development and as a central component of reproductive health, and for improving access to reproductive health information and services for adolescents and young people.
- facilitate exchange of information, experience and best practices among member countries.
- strengthen cooperation with other partners including national and regional parliamentary groups on population, international and national NGOs to synergize advocacy efforts at all levels.

Call on donors to:

- provide technical and financial support to make family planning as a central component of the development agenda, including health sector reforms, sector wide approaches and poverty reduction strategies.
- support the development of new technologies to improve contraceptive choice.
- support policy and operations research to strengthen evidence-based policies and programmes.

2 – HIV/AIDS

a) Integration of Reproductive Health and HIV/AIDS

In countries with high HIV prevalence and high contraceptive use significant linkages between HIV/AIDS and sexual and reproductive health, including family planning, exist which could facilitate the provision of integrated RH/FP and HIV/AIDS services.

However, there are also barriers to integration which arise from constraints at the country level or from the donors. Country level constraints include, among other factors, vertical nature of programme components, unpreparedness of facilities and service providers. Donor constraints relate to planning and financing and mis-match of priorities. Therefore, situation in different countries would determine the extent to which integration of RH/FP and HIV/AIDS services is feasible or practical. There are gaps in identifying the effective way of packaging and delivering various types of care at different levels of the health system.

Recognize, therefore, that RH/FP and HIV/AIDS integration poses major challenges.

Call on Governments, in particular the Ministries of Health and National AIDS Organizations, to:

--identify country obstacles and opportunities for integration and identify service delivery strategies through operations research.

--invest to address health system constraints including human resources capacity and supply chain management.

Call on PPD to:

--document successful approaches of integration of RH/FP and HIV/AIDS and facilitate exchange of information on best practices.

Call on donors to:

--support policy and operations research and country priorities, provide medium and long term and predictable financing, and establish harmonized procedures.

b) Gender and HIV/AIDS

In many countries social and cultural norms continue to discriminate women and gender inequality and subordinate role puts women at higher risk of contracting HIV/AIDS. Evidence also shows that, contrary to expectations, even women within marriage are highly susceptible to contracting HIV/AIDS from their husbands.

Recognize that traditional values often result in women being penalized for unwanted pregnancies and being infected with HIV/AIDS.

Recognize that the function of culture and tradition is to provide a framework for human wellbeing, and not as a means to oppress women.

Recognize that the spread of HIV/AIDS is largely the result of male behavior, condoned by culture and traditions and that the same cultures and traditions do not empower or protect women even when married.

Recognize that men play an important role in decision making at the household level and that they can play a positive role to bring about gender equality and empower women.

Call on Governments to:

--redouble efforts to improve HIV/AIDS programmes aimed at prevention, and to ensure that such programmes include respect for women on the basis of equality.

--to enact laws that protect vulnerable groups, particularly women and children, from discrimination and persecution and that ensure their access to counseling, care and support.

--strengthen community level sexual and reproductive health programmes to enable women to avail of the services they need to protect themselves, and to educate men to be responsive to gender issues.

--invest in research to develop methods that would empower women and girls to protect themselves from contracting HIV/AIDS.

Call on PPD to:

--highlight the impact of gender inequality in the spread of HIV/AIDS and advocate for programmes designed to educate and inform men, women and young people about HIV/AIDS and for strengthening community level programmes on RH/FP for women and girls to have easy access to information, counseling and services.

Call on Donors to:

--technical and financial support to conduct socio-cultural research to understand how gender inequality and unequal gender relations impacts on the ability of women and girls to seek and obtain reproductive health and family planning services and to incorporate the findings into behavioral change communication programmes.

3 – Reproductive Health Commodity Security

In spite of the fact that access to reproductive health commodities is essential, millions of women and young people still lack the necessary access to commodities. This is particularly demonstrated in the prevailing and clear inequalities which continue to exist between the rich and poor and the urban and rural populations.

RHCS is an important building block of the health system and continues to remain the back bone of all RH programmes and is thus essential for provision of quality RH services and the achievement of universal access to RH.

Recognize that:

--The need for reproductive health services and commodities continues to increase, and though donor funding has increased in the recent past, there is still need for more commitment from both donors and government to avoid shortfalls.

--Recent initiatives such as the Minimum Volume Guaranty recently established by RH Supplies Coalition and UNFPA, provides a unique procurement opportunity in support of countries that decide to procure their commodities directly from manufacturers and can empower countries to become sustainable in this area.

--A wide method choice on contraceptive commodities is very important and it is also important to intensify efforts to develop new contraceptive technologies which would improve access to contraceptive commodities, particularly for women in the rural communities.

-- The need for increasing predictability of financing for reproductive health, including family planning supplies.

Welcome the progress that has been made in the supply of contraceptives and other RH commodities and equipment from the manufacturing countries of the South.

Call on Governments to:

--Make maximum the use of the resources available through the global and regional coalitions in support of the health MDGs and ensure that these initiatives support national priorities and jointly support national systems strengthening in a harmonized and equitable manner.

--Ensure that joint efforts should focus on building the capacity of governments for effective procurement of the commodities they require and for putting in place one national commodity distribution system for all required RH commodities.

-- make use of the opportunity provided by the creation of the Minimum Volume Guaranty to procure their commodities at the lowest rates possible, which has been made possible by this facility.

--provide sufficient funding for RH/FP commodities through mechanisms such as the establishment of budget lines for RH Commodities; increasing national allocations for health to the committed 15%; greater involvement of the private sector and mobilisation of their available resources; and more efficient use of available resources in a manner that ensures equitable access.

--Advocate and dialogue with communities to increase demand for RH/FP and enlist their support and involvement in ensuring that women and young people have access to required services.

--adopt legislative measures at the national and local levels to support and ensure reproductive health commodity security.

Call on PPD to:

--continue advocacy at various levels for ensuring reproductive health commodity security.

--facilitate provision of RH commodities from the manufacturing countries of the south to other countries.

Call on donors to:

--support research aimed identifying new technologies which endeavour to produce improved and better contraceptive products, particularly those which would address the needs of the rural poor and young people.

4 – Environmental Sustainability

Recognize that environment and climate change pose one of the great challenges facing us today and our understanding of the complex linkages between population, environment and climate change is limited. While the unsustainable pattern of consumption is an important factor in

environmental deterioration, population growth, age structure, distribution, migration and urbanization are also critical factors.

Recognize further that world's people and ecosystems, especially the most vulnerable, are feeling the effects of deteriorating environment and climate change. World's poor, particularly women and children, will be the most affected by these changes and do not have the ability or resources to cope with them. These changes also have adverse impacts on our ability to ensure food security.

Call on Governments to:

--be prepared to take swift action during emergency situations, incidence of which is on the rise due to the changes in the climate and the environment.

--give priority to reposition family planning into development strategies and protect the health of women and children most affected by these changes.

Call on PPD to:

--advocate at various fora at national, regional and global levels the need to address the root causes of climate change and environmental degradation.

-- improve net working and facilitate sharing of information, knowledge, and experience gained in understanding the inter-linkages between population, health, environment and climate change.

Call of donors to:

--provide technical and financial support to countries to develop monitoring capacities and in dealing with the consequences of climate and environmental change.

--provide technical and financial support to conduct situation analyses of the complex inter-linkages between, population, health, environment and climate change.

5 – Strengthen South-South Cooperation

The ICPD Programme of Action highlights the desirability of countries “learning from one another’s experience, through a number of different modalities(e.g long-and short term training programmes, observation and study tours and consultancy services) and proposes that one of the

objectives of resource mobilization should be “to increase international financial assistance to direct South-South cooperation”(para 14.10(b)).

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 titled 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).

Recognize that PPD has achieved some measure of success during the past fourteen years in promoting the implementation of the ICPD Programme of Action through engaging in policy dialogue, advocating and forging common policy positions at regional and international fora, sharing of experiences, promoting reproductive health commodity security and strengthening national institutions for training through south-south cooperation modality.

Notes with appreciation the fact that countries of the Alliance, particularly the relatively more advanced ones, 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.

Further recognize that, more can be achieved with proper planning of south-south cooperation activities and programmes and that the Strategic Plan 2005-2014, the Strategic Business Plan 2008-2011, and the Capacity Development Plan provide the framework for strengthening cooperation among the developing countries:

Call on Governments to:

- Establish and strengthen national level support structure to plan and implement south-south cooperation programmes, with necessary funding, and taking advantage of triangular modalities.
- Advocate for strengthening South-South cooperation, as a cost-effective strategy, for accelerating the achievement of ICPD Goals, at the regional and global levels, as envisioned in the ICPD Programme of Action.

Calls on PPD secretariat to:

- Provide technical and material support for the establishment and functioning of the national level support structure.
- Establish and periodically update a directory of training and research institutions as well as technical and commodity support available among member countries.

Call on external donors to:

- Provide technical and financial support to actions that promote south-south cooperation through their programmes at the national level.

Commitment and follow-up

We, the participants in the International Forum on “ICPD@15:Progress and Prospects” commit ourselves to implement actions 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 in addressing the many challenges that remain to be addressed to achieve the MDGs and ICPD Goals.

Furthermore, we commit ourselves to advocating for the implementation of the actions in this Declaration, monitor and report on progress at the next meeting of PPD and through other channels.

The participants wish to record their appreciation to the Government of the Republic of Uganda for hosting the Forum and for making excellent arrangements, and to the friendly people of Uganda for their hospitality.