

HELSINKI PARLIAMENTARY STATEMENT OF COMMITMENT

BUILDING NORTH-SOUTH PARTNERSHIP IN DEVELOPMENT Strengthening Cooperation among Members of Parliaments, Civil Servants and NGOs to Promote Global Sexual and Reproductive Health and Rights

13-14 April 2010 in Helsinki, Finland

We, Parliamentarians from Estonia, Finland, Malawi, Sweden, and Zambia gathered in Helsinki, Finland on 13-14 April 2010, to participate in the Conference *Building North-South Partnership in Development*, are concerned by the global lack of priority dedicated to the eradication of preventable maternal mortality and the unmet need of sexual and reproductive health and rights of people in our societies and globally. Still today approximately half a million women¹ die of pregnancy and delivery related causes annually and another 54 million women are disabled or suffer from temporary or chronic complication from child birth. 99% of these occur in the developing countries and most of them are for avoidable reasons.

Furthermore, over 3 billion young people² the largest generation in history ever – have started or are approaching their reproductive health age. This is both a challenge and a window of opportunity. Young people lack age appropriate, gender sensitive and non discriminatory comprehensive sexuality education and youth friendly sexual and reproductive health counselling and services Their possibilities for good sexual and reproductive health and the right to make informed decisions on their sexuality such as the number of spacing of their children, marriage and safe sex will have a crucial impact on the social and economic development of the society.

Harmful traditional practices such as early marriage, sexual cleansing, marriage inheritance and female genital mutilation are still widely practiced and constitute a global challenge and a threat to the human rights of young girls. There are currently some 60 million young girls in the developing world who are married; and in several countries, more than half of the girls are married before they reach their 18th birthday. Girls who marry young are more likely to live in poverty, more likely to die during childbirth, more likely to experience violence at home and less likely to continue attending school. WHO estimates that between 100 and 140 million girls and women worldwide have been subjected to female genital mutilation. Every year, another 3 million girls in Africa are at risk of undergoing female genital mutilation.

About 20 million women have unsafe abortions each year of which more than 70 000 lead to death. Three million of the estimated 8.5 million women who need care for subsequent health complications do not receive it³.

Today, there are an estimated 33.4 million people living with HIV and AIDS⁴ and each year around two million people die from AIDS related illnesses. Women and young people are most vulnerable for getting infected, especially in Sub Saharan Africa. The pandemic is dramatically affecting the social and economic development of those societies where the prevalence is high and access to treatment and care is low.

An estimated 215 million women who want to avoid a pregnancy are not using an effective method of contraception⁵. Reproductive health services cannot meet people's needs if reproductive health supplies

¹ UNFPA, State of the World Population 2009

² UNFPA, State of World Population 2009

³ 'Adding it up 2009' by Guttmacher Institute and UNFPA

⁴ UNAIDS 2008

⁵ Adding it up by Guttmacher Institute and UNFPA

(RHS) are not available and affordable. Meeting the needs for contraceptives would decrease unintended pregnancies, avert maternal deaths and decrease the number of unsafe abortions.

We Parliamentarians recognize:

- I. That there is only 5 years left to reach the target to achieve the Millennium Development Goals and expressing our concern that the achievement of the MDG 5 is most off track. We fully understand that the Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and sexual and reproductive health are not squarely addressed. This means stronger political commitments and efforts to promote women's rights and greater investment in education and health including reproductive health and family planning.
- II. That it is our duty to promote the implementation of the UN International Conference on Population and Development (ICPD) Programme of Action as a roadmap to achieve the MDGs. This includes:
 - the right to universal access to reproductive health by 2015;
 - the right for everyone to decide freely and responsibly the number and spacing of their children;
 - the advancement of gender equality and women's and young people's empowerment;
 - universal access to sexuality education and strong measures to prevent and treat HIV/AIDS;
 - education and services for prenatal care, safe delivery and postnatal care, especially breast feeding and infants' and women's health care;
 - prevention and appropriate treatment of infertility;
 - prevention of unsafe abortion and the management of complications;
 - treatment of reproductive tract infections, sexually transmitted infections and other reproductive health conditions;
 - addressing the shortages of skilled and motivated health workers and lack of health facilities that are accessible and well-equipped.
- III. That ending the needless death and suffering of women from complications of pregnancy and childbirth and achieving MDG5 to improve maternal health will only happen if concerted action both in donor and recipient countries is taken in the remaining five years to 2015 to protect and fulfil everyone's right to sexual and reproductive health.
- IV. That investing in the health and rights of women and girls is smart economics for families, communities and nations especially during the financial, food and fuel crisis.
- V. That young people are our most important and irreplaceable resource and that meeting their sexual and reproductive health needs and ensuring their sexual and reproductive rights is not only crucial for their own welfare and future but also to the positive development of their community and the society at large.
- VI. The importance of partnership between Members of Parliament, government officials and the civil society organizations on national and international levels in order to ensure the political commitment and sufficient funding to sexual and reproductive health programmes, both from the donor and recipient countries.

CALL TO ACTION

We, Parliamentarians commit ourselves to the following actions:

- 1) Use our position as elected leaders to foster political leadership, dialogue and to mobilize and include our constituents and civil society to promote gender equality, and the right to sexual and reproductive health.

- 2) Strengthen parliamentary capacity for oversight, budget transparency and analysis, particularly in gender budgeting, to increase accountability and achieve the MDGs and especially MDG 5 a (improving maternal health) and b (universal access to reproductive health).
- 3) Promote and strengthen partnerships with other parliamentarians, government officials, NGOs within our own countries and in South-North, South-South and North-North context to ensure political commitment and sufficient financial allocations to reach MDG 5 a and b.
- 4) Hold parliamentary hearings with experts and civil society to increase awareness of benefits and barriers to effective access and utilization of sexual and reproductive health services and support the inclusion of civil society in policy dialogues and implementation.
- 5) To demand from national governments improved and specific accountability for budgetary allocations in both recipient and donor countries, including progress reports and addressing shortcomings.
- 6) To increase budget allocations to at least 10 % of national health budgets and development assistance budgets for sexual and reproductive health and rights and to ensure the target of 0.7% of GNP for official development assistance is met.
- 7) Use our influence to increase political and financial commitment to reproductive health supplies and increase transparency in budget lines, specifically related to reproductive health supplies and to influence our governments to ensure that RHS are included on the national essential supplies -list, according to the country-specific situation. They should ensure contraceptive security meaning that the end user receives: the right product, in the right quantities, at right conditions and at the right time and right cost.
- 8) Both in donor and recipient countries advocate for increased budget allocations for sexual and reproductive health services and RHS, including voluntary family planning as well as reduction of unsafe abortions and ensure that resources are equitably distributed to reach marginalized population as vital to achieving development and poverty reduction goals.
- 9) Guarantee the rights of adolescents including their right to comprehensive sexuality education, personality development and youth-friendly services as well as their full participation in decision-making, design and implementation of policies and programmes affecting their lives and recognize that these must be ensured for each successive generation.
- 10) Promote young people's participation and active involvement in shaping reproductive health and rights policies and laws that address their own needs, and remove restrictive laws.
- 11) Use our political influence to actively discourage harmful traditional practices, e.g. early marriages, sexual cleansing, marriage inheritance and female genital mutilation.
- 12) Promote safe motherhood, including education and services for prenatal care, safe delivery and postnatal care, especially breastfeeding and infants' and women's health care.
- 13) Ensure that all possible measures are taken to prevent the spreading of the HIV infection and that all people living with HIV/AIDS, without discrimination, will receive proper treatment and care. Furthermore, ensure that HIV/AIDS prevention is integrated into the comprehensive sexual and reproductive health and rights programmes and that active measures are taken to overcome discrimination on any basis, , which contributes to the further spread of the disease.
- 14) Promote men's understanding of their roles and responsibilities and facilitate their involvement in supporting their partners' as well as their own access to sexual and reproductive health care helping

to prevent unwanted pregnancy and reducing the transmission of sexually transmitted infections including HIV/AIDS.

- 15) Take initiative to create an All-Party Parliamentary Group on Population and Development within the Parliament of those countries where one does not yet exist and encourage their involvement in regional parliamentary networks.

We, Parliamentarians pledge to carry out these actions and to actively monitor the progress we make in doing so. We further pledge to report regularly on this progress through parliamentary groups and networks and to meet again to assess the results we have made. We also pledge to continue the cooperation on global development issues among the Parliamentarians attending this Conference.

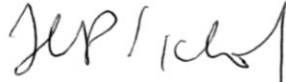
We Parliamentarians pledge to communicate the Helsinki Statement of Commitment to:

- the relevant Ministries and Parliamentary Committees in each country in charge of Foreign Affairs, European affairs, International Development Co-operation, Education, Social Affairs, Finances, Equality and Health

LIST OF SIGNATORIES:

ESTONIA

Hon. Heljo Pikhof, MP



Hon. Mai Treial, MP

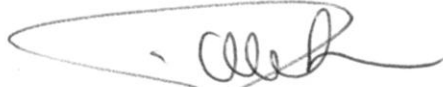


Hon. Liisa-Ly Pakosta, MP

FINLAND:



Hon. Tarja Filatov, MP, Deputy Speaker of the Parliament



Hon. Minna Sirnö, MP



Hon. Janina Anderson, MP



Hon. Heli Järvinen, MP

MALAWI:



Hon. Paul Chibingu, MP

SWEDEN:



Hon. Hans Linde, MP

ZAMBIA:



Hon. Vincent Mwale, MP



Hon. Munji Habenzu, MP