Reducing Poverty and Achieving The Millennium Development Goals:

ARGUMENTS FOR INVESTING IN REPRODUCTIVE HEALTH & RIGHTS

UNFPA

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Reference Notes on
Population and Poverty Reduction

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Foreword

A bold and ambitious agenda was set forth in the Millennium Development Goals (MDGs) to raise the quality of life for all individuals and promote human development. The goals represent our collective aspirations for a better life, and a minimum roadmap on how to get there. However, the MDGs can only be achieved if governments, civil society, and international agencies work together to address population issues as a development priority, in particular to secure the reproductive health and rights of people, especially the poor and women. Yet worldwide, illnesses and deaths from poor reproductive health account for one-fifth of the global burden of disease, and nearly one-third for all women. Consider the powerful impact stronger investments in quality reproductive health services could make anywhere, as worldwide each year, more than half a million women die during childbirth or due to pregnancy complications, and AIDS takes three million lives.

This publication, which consists of two parts, is intended to advance the dialogue among decision makers in bridging the gap between hope and reality. The first part provides advocates and decision makers with a set of key arguments on the benefits to be reaped when governments make reproductive health a development priority. It takes as its starting point that health is a fundamental right valued in and of itself, and improved health, including reproductive health, strengthens individuals' capacities to live more productive lives and break out of poverty traps. It outlines key arguments for why the investments in reproductive health we make now pay off huge dividends in the future: healthier, more productive individuals and families contribute to stronger, wealthier nations.

In the second part of this publication is a practical and actionable list of ways to invest in reproductive health: the "Stockholm Call to Action". Endorsed by a number of Ministers, parliamentarians, senior leaders of multilateral agencies, civil society, and youth leaders, the "Stockholm Call to Action" represents the consensus reached at a high-level roundtable on key priority areas for investments. The document calls for investments to empower women to participate fully in development, to promote and build more equitable health systems, to link HIV/AIDS efforts with reproductive health, and to support the development and health of young people. It recognizes that development, security, and human rights go hand-in-hand.

It is our hope that you will find the publication a useful tool in putting forth the case for reproductive health and rights as a development priority. These arguments are only words unless bold and decisive action is taken to make them a reality. As research and evidence have shown, realizing reproductive health for all is not a matter of lacking knowledge, technology and resources. We know how to save women from dying in childbirth, to prevent HIV infections, and to empower women to plan their families. These interventions are at our disposal to improve the well-being and security of all individuals, if we could garner the political commitment to action.

Mari Simonen, Director
Technical Support Division
UNFPA

The Context

"The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning."

– United Nations Secretary General Kofi A. Annan
Message to the Fifth Asian and Pacific Population Conference
Regional conference on ICPD+10, Bangkok, December 2002

Population, Poverty and Development

Population trends and dynamics affect prospects for poverty reduction and sustainable development, as the Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD) affirmed. Poverty is influenced by and influences population dynamics, such as population growth, age structure, and rural-urban distribution. Poverty perpetuates poor health and rapid population growth, and vice versa, and high fertility can exacerbate poverty. These population dynamics have a critical impact on a country's development prospects and specifically on prospects for raising the living standard of the poor.

Investments in better health, including reproductive health, are central for individual security but also for reducing mortality and morbidity, which in turn improve a country's productivity and development prospects. The Programme of Action recognizes that reproductive health, including sexual health, is essential to human well-being. It also recognizes that universal access to reproductive health information and services, including family planning and maternal health services, can affect population dynamics through voluntary fertility reduction, as well as reduce infant, child and maternal mortality, and prevent HIV infections. Improved reproductive health also helps individuals, families and countries break out of the poverty trap. Empowering women and men with education, equal opportunities, and comprehensive reproductive health services promotes social and economic development.

The Concept of Reproductive Health and Rights

Reproductive health and rights are at the core of human life, whether rich or poor. Whether, when, and how many children to have are central choices in life, but this is particularly true for women given their biological and social roles within communities. Ensuring reproductive health and rights (see box for the definition) implies that couples and individuals are able to have children safely, to avoid unwanted pregnancies, to space births according to desires, and to prevent HIV/AIDS and other sexually-transmitted infections. In essence, this contributes to one's overall health and well-being.

The Programme of Action actively called upon all countries to "make accessible through the primary health care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015" *(ICPD paragraph 7.6)*.

Providing access to quality reproductive health care is the practical application for governments to ensure reproductive rights. Reproductive health care includes family planning services, maternal health programmes, and the prevention, diagnosis and treatment of STIs, including HIV/AIDS. These services and information make it possible for people to be healthy and make informed decisions about their reproductive health and overall situations.

In 1994 at ICPD, the 179 nations agreed on a plan for achieving universal access to basic reproductive health by 2015 -- and on the financial resources needed to make it a reality. They pledged to share the costs, esti-

mated at $18.5 billion annually for the year 2005, and donor nations committed to providing one-third of that total. While funding is increasing, resources continue to fall short of the amount required and agreed upon.

Reproductive Health and the Millennium Development Goals (MDGs)

In 2000, the 189 Member States of the United Nations agreed to a broad set of goals setting international development priorities for the coming years. The Millennium Development Goals (MDGs) build on a number of international conferences held in the 1990s, including the ICPD. However, the goal for universal access to reproductive health by 2015, as adopted by consensus in Cairo, was not included as an explicit goal or target among the MDGs.

Yet achieving good reproductive health underpins all the MDGs, especially MDG 1 (*Poverty*), MDG 3 (*Gender equality*), MDG 4 (*Child health*), MDG 5 (*Maternal health*), and MDG 6 (*Combating HIV/AIDS and other diseases*). Universal access to reproductive health, including family planning, is the starting point for maternal health and critical for addressing the needs of the largest cohort of young people entering their reproductive years. These points have been reinforced by experts involved in the Millennium Project and in the Report of the UN Secretary General on the follow-up to the Millennium Summit, "In Larger Freedom". In addition, increased investments in reproductive health produce many tangible benefits. They include improving the overall health of individuals and families, combating poverty and promoting economic growth, and promoting social justice by contributing to gender equality and social inclusion. Combined, these health, social, and economic benefits are crucial to countries' efforts to reduce poverty and achieve the MDGs. Moreover, investments in reproductive health will allow people to enjoy a basic human right.

In this context, reproductive health is not solely a health issue, but a matter of economic development, social justice, gender equality, and human rights. Governments have committed themselves to making reproductive health a national priority not only through the health system, but through supportive laws, policies, and actions in education, gender equality, and social and political participation. Reproductive health for all requires promoting social change, through different approaches including building on cultural diversity to mobilize people and communities to internalize and work to achieve the principles of human rights.

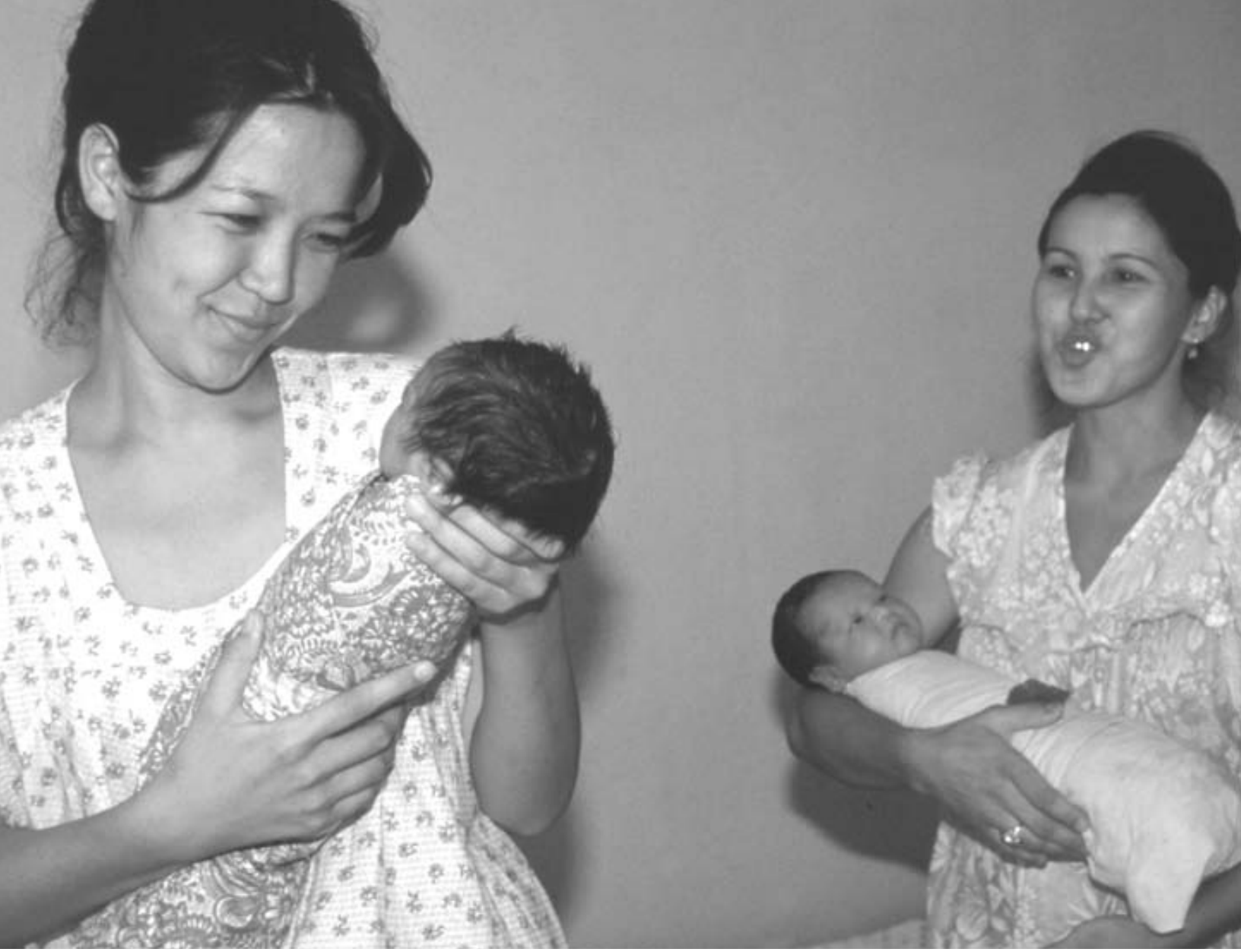
KEY DEFINITIONS FROM THE ICPD PROGRAMME OF ACTION

Reproductive Health

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. (ICPD PARAGRAPH 7.2)

Reproductive Rights

The basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. (ICPD PARAGRAPH 7.3)



The Arguments

Why Reproductive Health Investments Matter

1 The Global Picture

Reproductive ill-health constitutes a significant part of the world's total ill-health: one-third of all deaths and disabilities among women of reproductive age and one-fifth of the total global burden of ill-health[1].

The close connection between health, economic and social well-being is well-documented. Disease and ill-health weaken the poor by diminishing their personal capacity and their ability to contribute to their households, resulting in lost incomes and lower productivity. At the macro level, disease and illnesses burden national budgets, and lost incomes and lower productivity slow down economic development.

Complications during pregnancy and childbirth are among the leading causes of death and illness among women of reproductive age in developing countries. Studies have found that ill-health among women reduced productivity of the female labour force by as much as 20 percent in some cases[2]. Investments in sexual and reproductive health would significantly reduce the global burden of disease and contribute to economic growth.

1 Singh, S. et al. 2004. *Adding it up: the Benefits of Investing in Sexual and Reproductive Health Care.* New York: The Alan Guttmacher Institute/UNFPA.

2 Safe Motherhood Inter-Agency Group (IAG). Home page: http://www.safemotherhood.org/facts_and_figures/good_maternal_health.htm

2 Multiple Benefits

Voluntary fertility decline can boost economic growth.

Access to family planning can offer powerful macroeconomic benefits by opening the 'demographic window'[3]. As a country goes through the demographic transition toward lower levels of mortality and fertility, a large cohort of young workers enter their productive years. At the same time, these workers have relatively few children and older people to support. Consequently, a 'demographic window' opens when the number of producers in the population grows more rapidly than the number of dependents.

With a greater proportion of potential workers relative to dependents, a country has the opportunity to boost economic growth through higher short- and medium-term savings and investment. If the quality of governance during this period is such that the increased savings translate into efficient and productive investments, the economic gains can be large and long-lasting. The demographic bonus in East Asia is estimated to account for about one third of the region's unprecedented economic growth during 1965-90[4]. Furthermore, economic growth is a

step towards reducing poverty rates, especially, if the growth in per capita income is distributed to the poor. New analyses indicate that the demographic window could reduce poverty rates in developing countries by about 14 per cent between 2000 and 2015[5]. Social policies and programmes should also anticipate long-term challenges such as an aging population.

Family planning programmes produce tangible savings.

For every peso invested in family planning, the Mexican Social Security Administration saved 9 pesos in expenses from providing maternal and infant care[6]. Other studies have shown economic returns beyond the health sector, including public expenditures on education, housing infrastructure, food, and other social services. For example, in Thailand, every US dollar invested in family planning saved the country more than 16 US dollars; Egypt saved as much as 31 US dollars for every dollar invested in family planning[7].

Family planning enables couples and individuals to achieve desired family size and improve family well-being.

Poor families often want more children compared to wealthier families, but studies show they also have more children than they say they want[8]. While it is often believed that poor families have large families for present and future gain (such as economic inputs and old age support), they do not gain financially or materially from the birth of additional children, even in traditional settings[9].

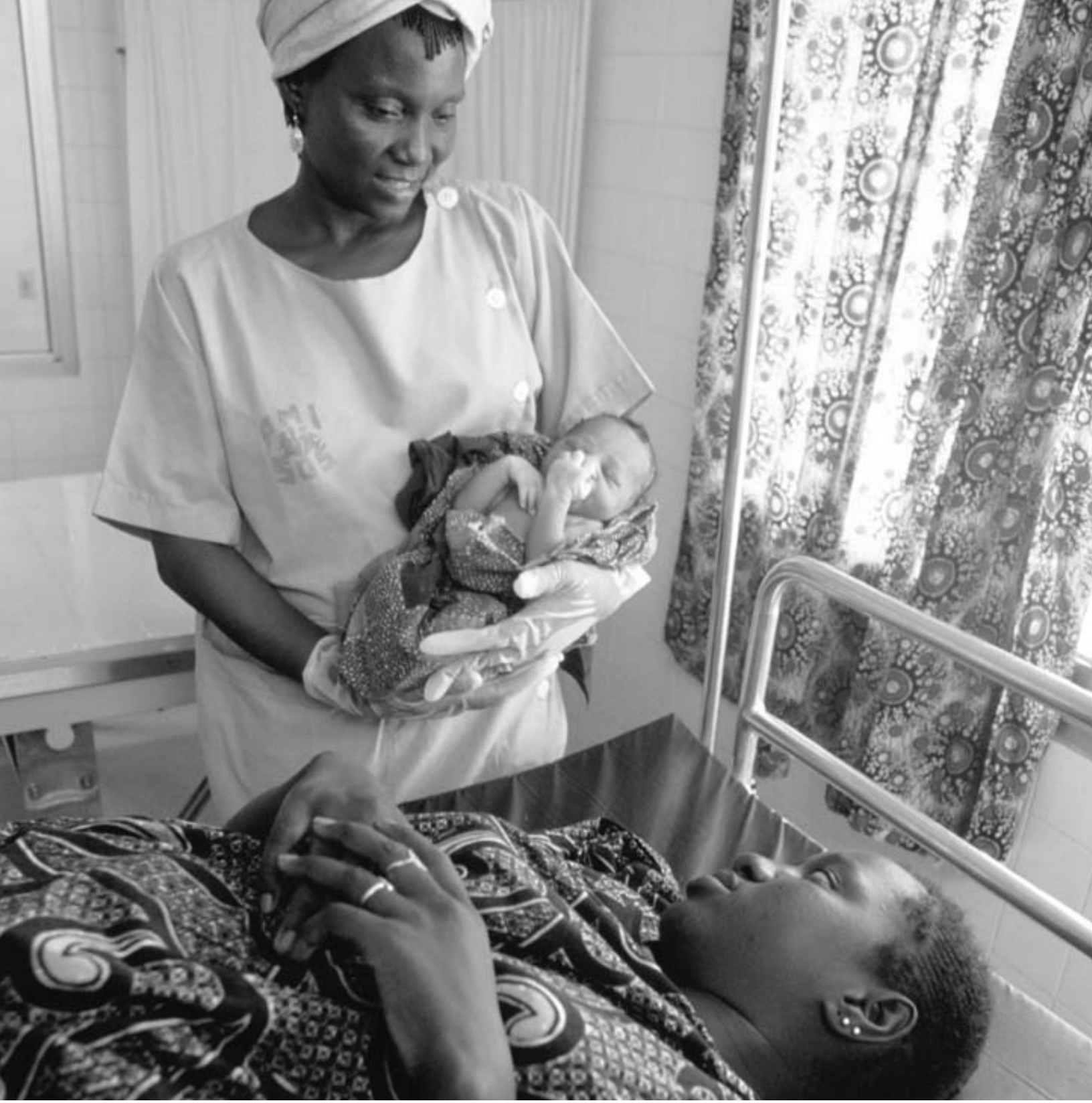
In contrast, the ability to decide the number, timing, and spacing of births reduces the competition for already scarce resources within households. Smaller families have more opportunities to increase household savings, to invest more time and resources in each child, and increase each family member's 'human capital'.

When women and men respectfully support each other on reproductive health choices, families and communities benefit.

Many women prefer to have fewer children, but are unable to control their own fertility. Many couples lack access to family planning services, and communication on reproductive health issues may be difficult between couples. If modern contraceptive services were available to all 201 million women with unmet need in the developing world, the number of unplanned births would be reduced by 72 per cent. In addition, 1.5 million lives of women and children would be saved each year[10].

With access to family planning services and more equitable relations with men (leading to mutually respectful discussions and agreement on family size), women are more likely to be able to decide on the number of children they want and when to have them. Being able to decide their own fertility affords women more educational and employment opportunities and the chance to use economic resources more productively[11]. It can empower them to take on more responsibilities and participate in community activities that contribute to economic and social development. Moreover, educated and healthier mothers tend to have healthier and more educated children. Research shows women are more likely than men to use family resources in ways that benefit children and improve development prospects.

3 Vlassoff, M., et al. 2004, December. "Assessing Costs and Benefits of Sexual and Reproductive Health Interventions". Occasional Report No. 11. New York: The Alan Guttmacher Institute.
4 Bloom, D. and Canning, D. 2004. "Population, Poverty Reduction, and the Cairo Agenda". Paper prepared for the *Seminar on the Relevance of Population Aspects for the Achievement of the Millennium Development Goals* (17-19 November 2004). New York: United Nations, Department of Economic and Social Affairs, Population Division.
5 Mason, A. and Lee, SH. 2004. "The Demographic Dividend and Poverty Reduction". Paper prepared for the *Seminar on the Relevance of Population Aspects for the Achievement of the Millennium Development Goals* (17-19 November 2004). New York: United Nations, Department of Economic and Social Affairs, Population Division.
6 Northam, D. et al. 1983. "A Cost-Benefit Analysis of the Mexican Social Security Administration's Family Planning Program." *Studies in Family Planning*. 17(1).
7 Singh, S. et al. 2004. *Adding it up: the Benefits of Investing in Sexual and Reproductive Health Care.* New York: The Alan Guttmacher Institute/UNFPA.
8 UNFPA. 2004. *State of World Population 2004. The Cairo Consensus at Ten:Population, Reproductive Health and the Global Effort to End Poverty.* New York: UNFPA
9 Mason, A. and Lee, SH. 2004. "The Demographic Dividend and Poverty Reduction". Paper prepared for the *Seminar on the Relevance of Population Aspects for the Achievement of the Millennium Development Goals* (17-19 November 2004). New York: United Nations, Department of Economic and Social Affairs, Population Division.
10 Singh, S. et al. 2004. *Adding it up: the Benefits of Investing in Sexual and Reproductive Health Care.* New York: The Alan Guttmacher Institute/UNFPA
11 UN Millennium Project. 2005. *Taking Action: Achieving Gender Equality and Empowering Women.* Task Force on Education and Gender Equality.



3 Saving Women's Lives

Reproductive health investments yield huge benefits, especially for poor people who are least able to access these services.

Among all human development indicators, those for reproductive health show the starkest inequities between the rich and poor (both within and between countries). In any country, a poor woman is more likely than a rich woman to die in childbirth, and the disparities between developing and developed countries are profound: the

risk of maternal death in the course of a woman's lifetime is 1 in 16 in sub-Saharan Africa, compared to 1 in 3,800 in developed countries.[12]

A woman in the richest 20 per cent of a country's population on average is almost 3 times as likely to have a skilled health professional assist her during delivery compared to a woman in the poorest 20 per cent[13]. The World Bank estimates that if 99 per cent of women had access to professionally delivered interventions, up to 74 per cent of current maternal deaths could be averted[14]. The poorest, who are the least able to access these services, will gain the most from investments in reproductive health care. Women dying in childbirth or suffering pregnancy-related illnesses is not only tragic, but it is also a violation of their human rights to life and to health. The right to health care increases the likelihood that they survive pregnancy and childbirth.

Family planning and maternal health services promote health and productivity.

High rates of maternal death and illness are clearly linked to poverty. Some 529,000 women die in pregnancy and childbirth each year – more than 99 per cent of maternal deaths occur in developing countries. Moreover, when a mother dies, the newborn faces a much higher risk of death – as much as 10 times higher than an infant with a mother's care[15]. Additionally, children, particularly older girls, are often taken out of school in order to help in the household or to go to work, perpetuating the cycle of poverty.

Reproductive health, in particular family planning and maternal health services, can help women and adolescent girls avoid unwanted or early births, unsafe abortions, as well as pregnancy-related disabilities. This means that women and adolescent girls stay healthier, are more productive, and have more opportunities for education, training, and employment. This, in turn, enhances a woman's individual financial security and earning power, and families benefit from more stable income. Women's increased participation in formal work will also produce macroeconomic gains due to a growing labour force[16].

12 United Nations, Department of Economic and Social Affairs, Statistics Division. 2004, 23 March. *Progress Towards the Millennium Development Goals, 1900 – 2003. Home page:* http://unstats.un.org/unsd/mi/mi_coverfinal.htm (accessed 22 October 2004).

13 UNFPA. 2002. *State of World Population 2002. People, Poverty, Possibilities.* New York: UNFPA.

14 Claeson, M and Wagstaff, A. 2004. The Millennium Development Goals for Health: Rising to the Challenge. Washington DC: World Bank.

15 Starrs, A. and Ten Hoope-Bender, P. 2004. "Dying for Life." *Countdown 2015: Sexual and Reproductive Health and Rights for All.*

16 Birdsall, N. and Sinding, S. 2001. "How and Why Population Matters: New Findings, New Issues", in N. Birdsall, AC Kelley, and SW Sinding (eds), *Population Matters: Demographic Change, Economic Growth, and Poverty in the Developing World.* New York: Oxford University Press.

4 Curbing the HIV/AIDS Epidemic

Investing in sexual and reproductive health helps curb the HIV/AIDS epidemic and its devastating impact. As over 75 per cent of HIV cases are sexually transmitted, sexual and reproductive health care is a strategic entry point for preventing the spread of the infection. Linking HIV/AIDS efforts with reproductive and sexual health programmes can optimize access to key services and result in more effective and relevant programmes. Preventing HIV infections and AIDS-related disabilities and premature deaths translates into a healthier, more productive labour force that can improve a country's economic prospects. AIDS decreases life expectancy, burdens overstretched health systems, weakens the labour force and discourages foreign investment.

In the 1990s, AIDS is estimated to have reduced Africa's per capita annual growth by 0.8 per cent. In the next twenty years, projections suggest the economies in the worst affected countries will be about 20 – 40 per cent smaller than they would have been without HIV/AIDS[17]. At the household level, families are impoverished from the lost incomes and the cost of treatment and funerals. For example, in two sub-Saharan African countries, studies of mostly poor households found that their monthly incomes dropped by 66 – 80 per cent due to coping with AIDS-related sickness[18].

17 Loewenson, R. and Whiteside, A. 2001. *HIV/AIDS: Implications for Poverty Reduction.* Background Paper prepared for the United Nations Development Programme for the UN General Assembly, Special Session on HIV/AIDS, 25 – 27 June 2001.

18 UNAIDS. 2004. 2004 *Report on the Global AIDS Epidemic.* Geneva: UNAIDS.

5 Better Options for Young People

Breaking the cycle of poverty requires addressing young people's vulnerabilities and empowering them to be agents of change for development.

Nearly half of the world's 6 billion people are under the age of 25, and many developing countries have large youth populations. The transition to adulthood is marked by challenges that have tremendous social, economic and developmental consequences. The lack of information to young people makes them, particularly girls, vulnerable to sexual coercion, unprotected sex, HIV/AIDS, unintended pregnancies and unsafe abortion. One-third of women in developing countries give birth by the age of 20; their babies are 1.5 times more likely to die within the first year of life compared to babies born to older mothers. Losses to society due to consequences of risky youth behaviors—both in terms of direct expenditures and productivity—can reach into billions of dollars in some regions[19].

Conversely, investing in young people's sexual and reproductive health ensures the well-being of a whole generation and contributes to a healthy and skilled workforce for economic development. Moreover, these investments consolidate gains made from child survival and primary education initiatives and reduce future demands on government budgets. Many of the MDG targets[i] directly relate to young people's health and development. Their ability to avoid HIV/AIDS and unwanted pregnancy, to stay in school, to find employment and to acquire necessary life skills will be crucial in their countries' achievement of the MDGs[20]. Even more fundamentally, all young people regardless of background have the right to education and health, without discrimination, including the right to confidential, gender-sensitive, youth-friendly sexual and reproductive health services.

i These include MDG 2 on education, MDG 3 on gender, MDG 5 on maternal health, MDG 6 on HIV/AIDS, and MDG 8 on global partnerships (strategies for decent and productive youth employment)

19 World Bank. 2004, December. "Why Invest in Children and Youth?", in *Children and Youth: Conceptual Framework*. Home page: http://www.worldbank.org/html/extdr/thematic.htm (click on the topic Children and Youth)

20 Curtain, R. 2005. "The Case for Investing in Young People as Part of a National Poverty Reduction Strategy". *Reference Notes on Population and Poverty Reduction.* New York: UNFPA.

Reproductive Health Underpins all the MDGs

MILLENNIUM DEVELOPMENT GOALS

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Smaller families and wider birth intervals as the result of contraceptive use allows families to invest more in each child's nutrition and health, and can reduce poverty and hunger for all members of a household. At the national level, fertility reduction may enable accelerated social and economic development.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Families with fewer children, and children spaced further apart, can afford to invest more in each child's education. This has a special benefit for girls, whose education may have lower priority than that of boys in the family.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Being able to decide freely whether and when to have children is a critical aspect of women's empowerment. Women who plan the timing and number of their births also have greater opportunities for work, education, and social participation outside the home.

GOAL 4: REDUCE CHILD MORTALITY

Prenatal care and the ability to avoid high-risk births help prevent infant and child deaths. Children in large families are likely to have reduced health care, and unwanted children are more likely to die than wanted ones.

GOAL 5: IMPROVE MATERNAL HEALTH

Preventing unplanned and high-risk pregnancies and providing care in pregnancy, childbirth, and the postpartum period saves women's lives. This guarantees well-being through the woman's life cycle and the quality of her life and that of her family.

GOAL 6: COMBAT HIV/AIDS, MALARIA, AND OTHER DISEASES

Sexual and reproductive health care includes preventing and treating sexually transmitted infections, including HIV/AIDS. In addition, reproductive health care can bring patients into the health care system, encouraging diagnosis and treatment of other diseases and conditions.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Providing sexual and reproductive health services, and avoiding unwanted births, can help stabilize rural areas, slow urban migration and balance natural resource use with the needs of the population.

GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Affordable prices for drugs to treat HIV/AIDS and a secure supply of commodities would greatly advance reproductive health programmes, and are especially needed in developing countries.

SOURCE: Singh, A. et al. 2004. *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care.* New York: The Alan Guttmacher Institute/UNFPA.

Acknowledgements

We wish to thank the Governments of Sweden and the United Kingdom for their support of the initiative discussed in this publication.

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Design:
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Stockholm Call to Action:

Investing in Reproductive Health and Rights as a Development Priority

Promoting development and eradicating extreme poverty is an urgent global priority that demands bold action. This ambitious agenda, embodied in the Millennium Declaration and the Millennium Development Goals (MDGs), requires governments, civil society, and international agencies to address population issues, in particular to secure people's right to sexual and reproductive health, as agreed by 179 countries at the 1994 International Conference on Population and Development (ICPD) in Cairo, and its 5-year review. However, reproductive health and rights remain elusive for the vast majority of the world's people. Complications during pregnancy and childbirth are among the leading causes of death and illness for women in developing countries, and the HIV/AIDS pandemic takes approximately 3 million lives each year. This undermines development by diminishing the quality of people's lives, exacerbating poverty, and placing heavy burdens on individuals, families, communities, and nations.

UNFPA and the Government of Sweden convened the high-level roundtable, "Reducing Poverty and Achieving the Millennium Development Goals (MDGs): Investing in Reproductive Health and Rights" on 11 and 12 April 2005 in Stockholm to draw global attention to the need for increased investments in reproductive health and rights and build on progress made in reproductive health policies and programmes in many countries. Participants, including Ministers, Parliamentarians, heads of the United Nations and other multilateral agencies, donor representatives, and leaders of non-governmental and youth organizations, recognize the following:

1. The development goals contained in the United Nations Millennium Declaration adopted by the General Assembly in September 2000 and the goals set by the other international conferences of the 1990s, especially the ICPD and its 5-year Review, provide a broad and coherent framework of commitments to guide member states, international agencies, civil society and other stakeholders to address extreme poverty in its many dimensions;

2. Achieving women's empowerment and gender equality, as agreed in CEDAW and as reiterated in Vienna, Cairo, Beijing, and at UNGASS on HIV/AIDS, are highly important ends in themselves and crucial to the achievement of the MDGs by 2015, and investments in reproductive health and rights are needed to promote women's ability to take advantage of economic and political opportunities;

3. Strong links exist between poverty, unequal gender relations, fertility, ill-timed and unwanted pregnancies, and unsafe abortion; and evidence shows that investments in and access to reproductive health, including family planning and sexual health, are essential to breaking the cycle of poverty and freeing national and household resources for investments in health, nutrition, and education, promoting economic growth with tangible returns;

4. Access to reproductive and sexual health information and services is integral to efforts to curb the HIV/AIDS epidemic and prevent individuals and households from falling deeper into poverty, given that the overwhelming majority of HIV infections are due to sexual transmission or associated with pregnancy, childbirth, and breastfeeding, and since women and girls are highly vulnerable to HIV infections for social and biological reasons;

5. Addressing the persistence of high levels of maternal mortality and morbidity in low-income countries, despite the existence of effective interventions, requires stronger health systems including universal access to reproductive health and greater attention to the nutritional needs of women and children;

6. Investments in young people's health and education are needed to address their particular vulnerability to reproductive and sexual health risks and to realize their potential as healthy and productive members of society;

7. Reproductive health programmes should be rights-based and put individuals, particularly girls and women, at the center of service provision, recognizing that access to reproductive health requires participatory approaches building on cultural diversity, focusing on the special needs of marginalized groups and including communities and leaders.

We affirm our commitment to the attainment of the MDGs and call others to join us in the following actions:

1. Mobilize political commitment to advance reproductive health and rights, and their contributions to reducing poverty and achieving the MDGs, in national and global meetings, including the 2005 review of the UN Millennium Declaration, and in the implementation, at all levels, of the commitments from the major international conferences;

2. Welcome the report by the Secretary-General of the United Nations on the follow-up to the outcome of the Millennium Summit and its reference to population issues, including reproductive health; and support the recommendations on reproductive health and rights in the Millennium Project reports, including using universal access to reproductive health by 2015, as a target for MDG 5 on Maternal Health with appropriate indicators;

3. Invest in efforts to increase women's decision-making power in all aspects of their lives, including reproductive health, and strengthen institutional mechanisms and socio-cultural practices that protect and promote the human rights of women and girls, combat gender-based violence, and advance gender equality, the achievement of which requires the involvement of men;

4. Building on effective programme experiences, strengthen health systems to support reproductive and sexual health, promote child and maternal health, and combat HIV/AIDS, malaria and other diseases, by ensuring sufficient investments, motivated, well-trained and adequately paid health workers, scaled-up infrastructure, improved supply chain for commodities and supplies, and strong management and information systems;

5. Ensure priority investment in reproductive health, guided by the Reproductive Health Strategy adopted by the World Health Assembly in 2004, in national and sectoral development plans and budgets (including through poverty reduction strategies, sector-wide approaches, medium term expenditure frameworks, public-private partnerships and other mechanisms) to ensure access to quality reproductive health services, including youth-friendly services;

6. Link HIV/AIDS and STI prevention, counseling, treatment and care efforts with sexual and reproductive health, including integrating HIV/AIDS and STI programmes within existing reproductive health settings, and vice versa, with special attention to female-controlled methods and the reproductive health needs of people living with HIV/AIDS;

7. Invest in young people's health and development to ensure they have access to gender-sensitive reproductive and sexual health and HIV/AIDS information, education and services, with privacy and confidentiality, without discrimination, within a comprehensive approach to develop their life skills and opportunities and support their human rights;

8. Continue to work toward improved aid effectiveness, harmonization, and alignment, as per the Paris Declaration, in support of national action such as through sector-wide approaches, and improve monitoring and evaluation systems to increase accountability and manage for results;

9. Secure the financial commitments at national and international levels, made at the 1994 ICPD Programme of Action, and advocate for an increase in official development assistance and a higher proportion to support human rights, gender equality, and reproductive health, and close existing funding gaps on reproductive health commodities and logistics, in the context of the March 2002 International Conference on Financing for Development (Monterrey), the completion of the Doha Round, and the implementation of MDG 8 on global partnerships;

10. Work with all partners (including governments, parliamentarians, UN system organizations, bilateral and other multilateral agencies, regional development banks, civil society organizations, the media, the private sector, youth, and women's groups) to reach out to leaders around the world, emphasizing the multiple benefits from increased investments in reproductive health and rights, and the centrality of these efforts under strong national leadership toward the achievement of the MDGs.