Every minute, every day, a woman in the developing world dies from pregnancy-related complications. Most of these—some 529,000 deaths a year—can be prevented. The solution boils down to a single word: Access. Access to information. Access to contraception. Access to quality care before, during and after childbirth.

At the 1994 International Conference on Population and Development in Cairo, 179 countries resolved to achieve universal access to reproductive health by 2015. The road has been rough. While family planning is the first line of defence against maternal death, global donor funding for it has declined by almost 40% during the past decade.

In Bangkok in 2006, parliamentarians and ministers from around the world reaffirmed the Cairo commitment. But commitment requires action. Without legislation and investment in reproductive health, every minute will bring a death sentence for another woman. Will we allow millions more to die needlessly?

The clock is ticking. What if you only had one minute to live?
We Parliamentarians from all over the world gather in Bangkok, Thailand, on 21-22 November 2006 to honour our commitment to the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) as the foundation of our actions. 

The indispensable role of the ICPD Programme of Action in achieving the Millennium Development Goals (MDGs) and other international agreements.

The need to identify, and overcome, obstacles to mobilizing the resources and creating the enabling environment we need to implement the ICPD Programme of Action.

We have made considerable progress. We have enacted important legislation in the area of gender equality and violence against women. And we have made substantial investments in social development, including education and health.

Some of our biggest challenges include:

- Quality reproductive health care saves lives, and reduces poverty
- The failure of previous national development plans can be attributed, among others, to the failure to invest in sexual and reproductive health and to promote the rights of women and girls.
- The MDGs, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population, reproductive health and development are not squarely addressed through greater investment in education and health, and the prevention of preventable deaths among women.

We must convey information to the public, our parliamentary colleagues, government officials, and the media in clear, concise and simple language, including the following messages:

- Quality reproductive health care saves lives, and reduces poverty.
- The failure of previous national development plans can be attributed, among others, to the failure to invest in sexual and reproductive health and to promote the rights of women and girls.
- The MDGs, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population, reproductive health and development are not squarely addressed through greater investment in education and health, and the prevention of preventable deaths among women.

We must engage with our colleagues outside of our clubs, listen to their concerns, discuss perceptions and realities with them and debate sexual and reproductive health issues publicly and in a civil manner.

We must secure the understanding and support of different sectors of society that quality reproductive health information and services, that are accessible to all, are affordable, including in rural areas, enables women to choose the child-bearing years and the number of children that safeguard their health and lives, fulfill their potential, and contribute productively to society. Recognizing that unsafe abortion is one of the world’s leading causes of maternal death, we convey this information to our parliamentary colleagues and to government officials who are responsible for implementing the ICPD Programme of Action.

We have:

- Altun at least 10 per cent of national development budgets and development assistance budgets for population and reproductive health, especially maternal health and family planning services, including commodities.

- Ensured that the new target on universal access to reproductive health is immediately and fully integrated into national development strategies and is given highest priority in the plans, implementation and monitoring of relevant government ministries.

- Secured the admission of the second and third objective of a Member State’s obligation to achieve by the year 2015 a target of universal access to reproductive health by 2015 and to use those indicators as soon as they are adopted, supplemented by additional population and development goals.

We have:

- Work closely with our national authorities to ensure that the reform processes being undertaken in the United Nations protection, promote and enhance sensitive mandates such as population, gender equality and sexual and reproductive health and that these measures are recognized as central to the support of the United Nations for national development.

- Ensured that when laws are passed and or policies adopted they are implemented. We must further ensure that laws and policies are implemented in the best interests of the public and not in the interests of the imperial powers.

- Built networks, coalitions and partnerships with our parliamentary colleagues, government officials, local NGOs and individuals to mobilize the mass support needed to overcome opposition and to clarify intergovernmental and national issues.

- Advanced awareness of, and legislation to address, the linkages between people, reproductive health and the environment, including reproductive health and communities that are vulnerable to or are affected by natural disasters or other marginalised and vulnerable groups.

We have:

- Formalized participation in the process that leads to the generati...