

DR. MARLEEN TEMMERMAN, CHAIR OF THE REPRODUCTIVE HEALTH SUPPLIES COALITION

It is indeed an honour to join the Coalition family today. It is an even greater honour to be invited to help steer this family into the future, particularly in such exciting times. The Coalition occupies a key position on the reproductive health landscape. It serves as a beacon, a guiding light, in these busy times. The Coalition is also a supporter, a champion, and a resource for all its members, and beyond. Coming in from the outside, I can vouch for the respect and authority the Coalition commands in the reproductive health community.

I knew, when I agreed to chair the governing body of this huge partnership, what an important responsibility I was about to assume. I do not take this responsibility lightly. My predecessor Julia jokes that when they were recruiting her, they told her she would only need two days in a year for her duties as Chair. I know that Julia has worked tirelessly for the Coalition for much, much more than two days a year! So I have been warned, and I am ready for the challenge.

Julia leaves me big shoes to fill. It made me reflect on what particular strengths I would bring to the table. In my experience as a Senator in Belgian parliament, I have had to stand firm for what I believe in, fight for what I wanted changed, and always push for the improvement of lives.

As a mother, I bring with me the gratitude for the ability to raise my son well beyond his fifth birthday, to adulthood, and the awareness that millions of mothers cannot do this today.

As a doctor and a professor of gynecology who worked six years in a maternity hospital in Kenya facing severe shortages in all kinds of supplies, I carry with me a deep burden; a burden of the vast unmet need in developing countries for high-quality, accessible, affordable life-saving medicines, including contraceptives. I remember when I was working in Pumwani Maternity Hospital, the women who died during childbirth did so mostly died because of hypertension, bleeding, and infections in labour and in pregnancy. Many others died from septic complications acquired in backstreet abortions in Nairobi. They would have their abortions on Friday nights, and on Sunday nights, the wards were full of young women with severe septic bleeding. There were times we didn't even have instruments to carry out a tubal ligation.

I cannot – **we** cannot – afford to forget.

In my role as Chair, I hope to support the governing body in guiding the Coalition as it carries on its business of not just knocking on doors but forging partnerships, spearheading global movements and getting those reproductive health supplies into the hands of those who need them most. We have a big responsibility to our donors and benefactors who have such faith in us, we have a responsibility to our members, and we have an ultimate responsibility to the empty-handed, turned away from a stocked-out clinic.

It is this sense of shared responsibility that brings us all here this morning. I have no doubt the Coalition is going to make even bigger history than it already has. Thank you for inviting me to share this chapter of your history with you.