

**WELCOME OPENING TO THE REPRODUCTIVE HEALTH SUPPLIES
COALITION MEMBERSHIP MEETING**

22 May, 9 a.m at Borchette

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- On behalf of the European Commission, I welcome all participants to this annual membership meeting of the Reproductive Health Supplies Coalition to Brussels
- I am Dominique Dellicourt and I am Acting Director for the Directorate on Quality of Operations at DG AIDCO. Briefly explain role of AIDCO in relation to DEV, ECHO and RELEX (but it will come back later and also especially in the introduction of Vicky Claeys following the opening)
- Honour to be here and to receive all these members of the Coalition, an ever-increasing number presently amounting to 66.
- Today, in Brussels, the European Commission is for the first time hosting the membership meeting, which brings to a close a cycle started in 2004 where each member of the Executive Committee has hosted this event.
- The Commission attaches great importance to the role of the Reproductive Health Supplies Coalition in providing a forum for exchange of information, experience and knowledge, and for increasing effectiveness of Reproductive Health supplies. In fact the Commission has been an early member since 2004 and has been on the Executive Committee since 2005, where it has tried to play a catalytic role.
- Concerning Sexual and Reproductive Health and Rights the European Commission has a strong commitment to the objectives of the ICPD Conference in Cairo in 1994. At many different occasions the European Council

(which is our highest body) has underlined and reiterated these commitments.

- Also the EU has committed itself to attaining the Millennium Development Goals in 2015. MDG 5 on maternal mortality and SRH is of particular interest to us, as the European consensus on Development (2006) states in paragraph 94: *the MDGs cannot be attained without progress in achieving the goal of universal sexual and reproductive health and rights as set out in the ICPD Cairo agenda*. It is quite worrying to us that particularly progress on MDG 5 is very slow.
- Commodity security has always been high on the European Commission health priority list. Basically systems for securing supplies, together with the necessary human resources, are at the heart of everything that Reproductive Health Programmes have to offer.
- Underlining our commitment to (Reproductive Health) Commodity security, the Commission mandated a study on Reproductive Health Commodity Security at the end of 2005, to complement studies carried out by 2 other members of the Coalition, DfID and the Netherlands. One of the aims of these studies was to get a good idea how Commodity security could be attained. These experiences are important to achieve one of the aims of the Coalition, to have a more coordinated approach between donor institutions. The results of the EC study will be presented by colleague Antoinette Gosses later this morning.
- The European Union contributes 60% to all development assistance globally. What is exactly our role, both of European Commission and the 27 member states, in the area of development cooperation?
- Since the acceptance of a common development policy called the **European Consensus on Development (June 2006)** it is a bit easier to explain our role. Although all Member States and the Commission still have their own separate financing mechanisms, there is

consensus on a number of common principles, of which the Paris Agreement on Aid Effectiveness is key. The Paris agenda aims at better harmonisation between different donors, more alignment with partner countries policies and procedures and most importantly ownership of our partner countries. With this and with our preference for general budget support rather than project or programme support, we have shifted from input indicators to results based management to be measured by performance indicators. This means that we do not always have a clear overview of the money spent on this or that sector, or on Reproductive Health and Reproductive Health Commodity Security. Maybe it seems complicated at this stage but don't worry, Vicky Claeys in her next presentation this morning will do a brave attempt to explain how the European institutions work.

- Europe has indeed over the last 10-15 years played a big role in strengthening health systems in developing countries. Not only have we financed the setting up of many medical supplies systems, the financing mechanisms to make them sustainable and the distribution of medical supplies in the respective partner countries. But the Commission has also supported the creation of national procurement agencies. And when these were lacking or too weak to be acceptable according to our internal regulations, we have asked agencies like UNFPA, who are specialised in the procurement of contraceptive supplies, to take care of it on our behalf.
- Today one of the major challenges to all of us is that even if sufficient finance would be available to attain Reproductive health commodities security in all countries, the health systems in many countries would be too weak to absorb all these funds. This is already happening with the large vertical funds such as the Global Fund on TBC, AIDS and Malaria, PEPFAR and others which are putting an enormous strain on the often already weak health systems. So without strengthening the health systems we cannot expect to reach the result that we had hoped for and expected.

- Anyway, I don't want to take more of your time, I know that you have a full agenda today. Just be sure that Europe has contributed and will continue to contribute to the supply of reproductive health commodities in developing countries! Our role is not be underestimated!
- I wish you a fruitful and interesting meeting!