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Reproductive Health Commodity Security -- Challenges

Statement by Thoraya Ahmed Obaid, Executive Director, UNFPA

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Honourable hosts from the German Federal Ministry of Economic Cooperation and Development, ladies and gentlemen, dear friends.

I am very pleased to be here today with all of you in Bonn at the Fall Meeting of the Reproductive Health Supplies Coalition. I would like to reiterate our support for the Supplies Coalition and emphasise our full support for Co-Chairs, Margret Verwijk of the Dutch Foreign Ministry, and Wolfgang Bichmann of Germany's KfW, and also for John Skibiak, the Director of the Coalition.

I also want to extend a warm welcome to the high-level national delegations from Cambodia and Ethiopia. Your participation will help keep us focused on practical interventions. It is also a great pleasure to see the high-level delegation from the West African Health Organization. I particularly applaud your efforts in commodity security, endorsed by the Ministers of the Economic Community of West African States.

We are happy to join with you in taking stock and determining future directions for the Coalition. As we are all aware, progress is being made to improve reproductive health supplies, but much more needs to be done.

Barely a month ago, I was privileged to participate in the Maputo meeting of African Union Ministers of Health on the theme, 'Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa'. I applaud the support of the European Commission in making the meeting possible.

The Maputo meeting was a real success, with African Ministers of Health reaffirming political support for sexual and reproductive health and commodity security. The resulting Maputo Plan of Action is a challenge to all of us to work with partners in the African Union to secure real progress in this area. Among other things, the Plan calls for the promotion of family planning and greater action addressing unsafe abortion, which is claiming far too many lives. Clearly, if women had access to contraceptives, they would not face unwanted pregnancies, resulting in life-threatening abortions.

We will be happy to discuss plans we are currently developing with a number of partners to make sure that necessary action is taken to follow-up on the Maputo meeting.

Another event underlining that the time for action is now was the recent Brussels seminar organized by a consortium of reproductive health and rights non-governmental organizations and the European Parliamentary Network on Population and Development. We are working together towards the implementation of the Programme of Action of the 1994 Cairo International Conference on Population and Development, itself a key foundation for achieving the Millennium Development Goals.

At the seminar, UNFPA launched the Global Programme for Reproductive Health Commodity Security. The Global Programme and all of our combined efforts in the area of reproductive health supplies are about helping people exercise their right to sexual and reproductive health.

We need to focus not on what individuals should or should not need, but on what they request and demand. For those who may not always enjoy the freedom to exercise their human rights in this area, access to the broad range of commodities can literally be the difference between life and death.

Reproductive health commodities are just as important to sexual and reproductive health as vaccines are to child survival. Yet, reproductive health services and supplies remain out of reach for too many people.

Today, **every single minute:**

- 190 women become pregnant with a pregnancy they do not want or did not plan – *and which contraceptives could have prevented.*

Today, **every single minute:**

- 650 people contract a sexually transmitted infection and nearly 10 infected with HIV – *all avoidable with condoms.*

Global efforts to improve this situation have been underway for many years. And some progress is being made. Between 1960 and 2000, the percentage of married women in developing regions using contraception rose from less than 10 per cent to about 60 per cent and the average number of births per woman fell from 6 to about 3.

However, family planning promotion has dropped steadily down the list of international development priorities since 1994. Between 1995 and 2003, donor support for family planning commodities and service delivery fell from \$560 million to \$460 million.

It is time to reinstate family planning and address an unfinished agenda.

While great progress has been made in Asia and Latin America, many of today's poorest countries, concentrated in sub-Saharan Africa, still have high fertility and high unmet need for family planning, with their populations projected to double in a few decades.

Promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger, and avert 25 to 35 per cent of all maternal deaths and nearly 10 per cent of childhood deaths. It would also contribute substantially to women's empowerment, achievement of universal primary schooling and long-term environmental sustainability.

Today, an estimated 201 million women want to postpone or delay childbearing, but do not have access to family planning. Closing the gap so that every woman at risk of unintended pregnancy has access to modern contraceptives would cost \$3.9 billion more per year. It would save the lives of an additional 1.5 million women and children annually, reduce abortions by 64 per cent and reduce illnesses related to pregnancy.

Surveys show that it is the poorest women and couples that have the least access to sexual and reproductive health information and services, including family planning. If we ensure access to these services and supplies, we will reduce social inequity and the poverty that runs from one generation to the next.

The family planning agenda and meeting unmet need for contraception must be revitalized and for this we need greater leadership from Europe.

Most governments in poor countries have appropriate population and family planning policies, but are receiving little encouragement and insufficient funds from international and bilateral donors to implement them with conviction.

By investing in universal access to reproductive health, greater progress will be made.

Ladies and Gentlemen,

Funding shortages continue to hamper our combined efforts to ensure the adequate provision of contraceptives, condoms and other reproductive health supplies. And the situation is getting worse. In 1995, donor governments contributed 30 per cent of the money for reproductive health commodities: 10 years later, the figure stands at around 20 per cent.

Again, we need to redouble our efforts if we are to ensure universal access to reproductive health by 2015. Without supplies, individuals cannot exercise their reproductive rights. We need to work together on stronger advocacy.

I thank you and look forward to our discussions.