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Keynote speech:

General Membership Meeting of the Reproductive Health Supplies Coalition: Norwegian perspectives on reproductive health and rights

Good morning,

It is a pleasure to address this 16th General Membership Meeting of the Reproductive Health Supplies Coalition (RHSC). I am also happy to welcome you to our capital city, covered in these beautiful autumn colours. It is an honour for us that you chose Oslo for this annual meeting. I hope the surroundings can add inspiration to the important and highly relevant work you will be carrying out over the next two days.

This meeting of the Coalition addresses a pressing global issue: How can we make access to reproductive health supplies and services universal?

We all have a responsibility and a role to play to make it happen.

The Coalition has grown rapidly over the past 15 years – both in membership and in the scope of work it covers. This reflects the important results it has achieved – and its growing relevance and influence.

It also reflects the importance of the reproductive health agenda. I would like to commend all of you for investing so much energy in this work. Your commitment and

determination is extraordinary. My compliments also to the Executive Board and the Secretariat for their inspired leadership. The Coalition's strategic plan is both visionary and pragmatic.

We have returned from the high-level week of the 70th UN General Assembly in New York. We adopted the 2030 Agenda for Sustainable Development. The 2030 Agenda is broad in scope and ambitious. It has one overriding health goal: To ensure healthy lives and promote well-being for all at all ages. The specific targets under this overriding health goal are equally ambitious.

The updated Global Strategy for Women's, Children's and Adolescents' Health was also launched in New York – setting the course for the years leading up to 2030. It makes sure that the goals of improved maternal and child health are carried over from the 2010 Strategy and the health-related MDGs, and linked to the new sustainable development goals.

At the launch of the Global Strategy, the UN Secretary-General called on all of us to bring an end to all preventable maternal and child deaths. I believe this is possible, but it will require a concerted effort, involving the entire health community and our partner countries. We all need to pull together.

The inclusion of the issue of adolescents' health in the Global Strategy gives us an opportunity to tailor health

services, not least reproductive health services, to young people. This can be done both inside and outside the context of ‘family planning’.

Young people must be given improved access to reproductive health commodities, as well as better information and counselling. We must make sure that they can protect themselves from unwanted pregnancies and sexually transmitted diseases.

There is growing evidence that improvements in education lead to better health outcomes. A report prepared for the Oslo Summit on Education for Development this July, found that a one-year increase in girls’ schooling was associated with a decline in under-five mortality rates of up to 10%. Furthermore, comprehensive sexuality education that provides information about contraception, is key to girls’ empowerment and to their ability to seize and create opportunities for themselves.

Healthier young women with a better education will clearly also be a valuable resource in building a more resilient health workforce in the countries concerned.

However, also boys and men must be included in the health education plans, not least when it comes to reproductive health and use of contraceptives. Changing the mind-set of boys and men is important. Old-fashioned perceptions of masculinity must be broken down. The

shared responsibility for partners' sexual and reproductive health must be stressed.

Innovations in terms of methods, technology, financing and the shaping of markets have brought huge advances in global health. More research, better data and better collection of statistics can help us to save more women and children. mHealth solutions offer exciting opportunities. We want to stimulate these activities through our investments in global health. We have supported and will follow with interest the Coalition's Innovation Fund.

In addition to global health, access to education, particularly for young girls, is another priority in Norwegian development assistance. We will double our investments in education in the period 2014–2017.

Our efforts in the field of global health have focused on ensuring better access and improved health services to women and children along the entire continuum of care¹. We need to keep asking ourselves what the best investments are for those who most need help.

We have aimed at using our resources in an innovative way, and as a catalyst to increase domestic investments and resource allocation. We believe this is the best way to

¹ Continuum of care = tilgang til reproduktiv helse, inkludert prevensjon, kvinner helse rundt graviditet og fødsel, nyfødte barn, barn under to år, barn under fem år og nå også ungdom. Konsolidering av arbeid og arbeidsfordeling langs dette kontinuumet har vært svært viktig.

get the most out of limited resources, while also achieving lasting health outcomes.

One example of our approach is our engagement – together with other international donor partners – to secure volume guarantees for purchasing contraceptive implants. This has resulted in the sale of contraceptive implants at half the market price. The volume guarantees have so far proved hugely successful and have increased access to implants in developing countries substantially.

Another example is the support and access to a range of modern contraceptive methods and maternal health commodities provided through the Reproductive Maternal Newborn and Child Health (RMNCH) Trust Fund. The Fund was set up to support the implementation of the recommendations of the UN Commission on Life-Saving Commodities for Women and Children. The aim was to provide better, faster and cheaper access to life-saving commodities and medicines.

As we near the end date for achievement of the Millennium Development Goals, the RMNCH Trust Fund has provided gap-funding to meet priorities in 19 target countries. We look forward to hearing the lessons learned from this work.

I would also like to mention our engagement since 2007 in the World Bank’s multi-donor *Health Results Innovation Trust Fund* in support of maternal and child health. The

Trust Fund has been supporting results-based financing in more than 30 countries. It has aimed to improve the quality of services at local health facilities, and make sure patients can access services, for example through the use of Conditional Cash Transfers (CCT).

For years, Norway has pursued policies to promote sexual and reproductive health and rights in relevant global forums. We did not manage to achieve consensus on including sexual rights in the post-2015 development agenda. Reproductive rights are nevertheless explicitly mentioned in Goal 5, target 6 of the 2030 Agenda.

Goal 3, target 7 on universal access to sexual and reproductive health care services – coupled with Goal 5, target 6 on universal access to sexual and reproductive health and reproductive rights – provide us with a mandate to intensify efforts in this area.

Access to sexual and reproductive health is a matter of human dignity. It will give women the possibility to take charge of their own lives, and to plan when and if to have children and a family. It will increase their opportunity to get an education, a job and an income.

In Norway, as in many other countries, we take for granted the ability of parents to plan their families and for women to control whether they want to have children and if so when and how many. We must work with partner countries to make this a reality for everyone in developing countries too. The 2030 Agenda is a good starting point for increasing access to reproductive health supplies, enhancing the quality of these supplies and widening the choices available.

As much as we want to support the prevention of unwanted pregnancies and increase access to good, quality contraceptives, we cannot close our eyes to the fact that prevention is unlikely to eliminate the need for access to abortion. It is up to national authorities to legislate on this issue.

However, at the *international* level we need to be willing to debate access to legal abortion, since abortion continues to be a major cause of maternal and adolescent morbidity and mortality.

Our concern is that as long as access to abortion is not allowed, unsafe abortions will continue to cause injuries and take lives, no matter how successful we are in making contraceptives available.

Where abortion is not allowed, women and adolescents who suffer complications following unsafe abortions should in all cases have access to health care in accordance with the commitment UN Member States have made. Where abortion is allowed, abortions must be safe.

For inspiration, we should look to Africa, where the AU Maputo Protocol, a legally binding instrument, gives women the right to medical abortion, including in cases of rape or incest. All but three African countries have ratified or signed this agreement.

Our investments in global health are at an all-time high. Norway has decided to use global mechanisms, funds and organisations as our channels of support to global health with a specific emphasis on maternal, neonatal, child and adolescent health.

Our investments focus on three major partnerships;

1) To support vaccination through GAVI,

2) To fight communicable diseases through The Global Fund (The Global Fund to Fight Aids, Tuberculosis and Malaria), and

3) To support the Global Financing Facility (GFF) in support of the revised global strategy for Every Woman Every Child.

At the launch of the Global Strategy for Women's, Children's and Adolescents' Health on 26 September, Prime Minister Solberg announced that Norway plans to spend a total of NOK 3.5 billion in 2016 to specifically help women, children and adolescents.

The Global Financing Facility, hosted by the World Bank, offers an innovative financing model to support increased investments for Every Woman Every Child.

We need to be bold in our pursuit of new innovative financing models for the new development agenda. We can

achieve more on a larger scale if the various financing streams come together. I believe the Global Financing Facility for every Woman Every Child has the potential to bring about increased investment and development in the health sector. This in turn will enable the delivery of more and better services, including reproductive health services and supplies. The GFF could also serve as a path-finder to development in other sectors.

One part of the GFF is a broad facility that seeks to align different funding streams on the basis of national priorities. This is similar to what we have been trying to achieve for the health MDGs. The other part of the facility is the GFF Trust Fund, which is a specific financing tool designed to encourage stronger commitment to financing health services at the national level.

This Trust Fund has been modelled on the World Bank's Health Results Innovation Trust Fund. Norway is a founding contributor to the GFF Trust Fund. We have pledged NOK 600 million every year until 2020 specifically to the GFF Trust Fund.

The four GFF front-runner countries, Kenya, Tanzania, Ethiopia and DR Congo, will test the GFF model on the basis of their national investment cases. We want this mechanism to succeed on the ground where the needs are the greatest.

The outcome document from the Financing for Development Conference states that development financing will increasingly come from domestic sources and the private sector. Hence, ODA (official development assistance) will gradually become less important for developing countries and those making the transition to become lower-middle-income countries.

In our view, we should use ODA in a more strategic way and as a catalyst to trigger other investments. The GFF Trust Fund has been set up to work in conjunction with IDA credits or IBRD loans and vice versa.

A country is eligible for GFF grants if it can – and is willing to – use IDA or IBRD credits to increase investments in health for women, children and adolescents over national budgets. The GFF can also be used to support results-based financing projects.

Another exciting area to explore is how we can attract global private investment in the health sector in developing countries and link these investments to support from the GFF.

Clearly, we need your help to make the GFF work. We need a dynamic dialogue on the ground to make sure that reproductive health supplies and services are made a priority investment area at the national level.

We need the experience of the GFF front-runner countries to ensure the GFF will function well. We are confident that with GFF support, countries will be able to deliver more and better health services along the entire ‘continuum of care’.

I wish you every success in your work, with this annual meeting and with the afternoon sessions.