# *Progress and Challenges:*

# *Sexual and Reproductive Health and Rights*

5 October 2010 Berlin

Thank you very much for the kind introduction and thanks for inviting me here. I've participated in this dialogue on population and development several times and it is always an interesting meeting that creates new momentum.

I'd like to thank DSW and particularly Executive Director Renate Bähr for all the good work that you do to promote population issues, including sexual and reproductive health and rights. You are doing a great job in moving this agenda forward.

I am particularly pleased that the focus this year is on making sexual and reproductive rights a reality. Today I will focus my remarks on progress and challenges.

UNFPA has just released three new reports that we've brought here, that inform my remarks today. Also, during the past 10 years as UNFPA Executive Director, I have had the privilege of seeing first-hand some of the progress that is being made.

I remember visiting a health clinic in Bangladesh, watching pregnant women waiting to get their check-ups and seeing new mothers learn how to care for the babies they had.

I saw couples learning about family planning and adolescent girls and boys learning about equality. At one point, I asked the young people what they would do if they saw a man beating his wife. They said they would report him to the police right away and they told me that the clinic offers counseling to stop violence against women. I will never forget those young people and their contagious spirit of righteousness and optimism.

I also visited a hospital that had been set up to repair the devastating childbirth injury of fistula. It was the first such center in the country and I met a young woman, who couldn't have been more than 15. She was recovering from the surgery and seemed so happy to be able to get attention and treatment. I can tell you that in all my years, there are few things as rewarding as seeing women who were suffering from fistula, often ostracized by their families, being able to get surgery and have a second lease on life.

Today more and more Bangladeshi girls are going to school and there is expanding information and services for family planning and skilled birth attendance. In less than a decade, Bangladesh cut its maternal mortality by half.

In St. Petersburg, I visited a health clinic and listened as young men and women spoke about their work as peer educators, reaching out to sex workers and drug users to prevent unwanted pregnancies and HIV infection. They were doing their part to support individuals who are often left behind, and they were so proud of the work they were doing.

In Gabon, I remember marching with women on the streets under the hot sun. We walked arm in arm to government offices to demand more action to prevent and stop violence against girls and women.

In Honduras, I saw hundreds of police cadets being trained to recognize and respond to violence against women. Across Latin America, police and armed forces have been trained on HIV prevention within the context of sexual and reproductive health and rights.

In many countries in Central Asia and Eastern Europe, with historically high abortion rates, women now have greater access to reproductive health care, and the use of family planning has increased to support their choices. The result of making family planning accessible and available is that abortion rates have declined dramatically.

In Haiti, after the recent earthquake, I talked to women activists and officials who were grieving the loss of some of the country's most respected women leaders. They were determined to keep going and to do more to advance the rights of Haitian women, including the right to sexual and reproductive health.

Off all countries in the western hemisphere, Haiti has the highest rates of maternal mortality. I was pleased to see safe birth kits there. I am sure you have seen them.

Inside is a bar of soap, string, a plastic sheet and a razor blade. The purpose of this simple kit is to reduce maternal and newborn death, by promoting clean hands, clean surfaces and a clean umbilical cord.

As I keep repeating, No woman should die giving life.

Today—from the earthquake in Haiti to the floods in Pakistan, reproductive health supplies are increasingly distributed alongside food, water and tents by humanitarian aid workers.

There are many more examples I could choose from to demonstrate clearly that we have made progress since the International Conference on Population and Development 16 years ago in Cairo.

It was there that representatives from 179 countries came to a consensus for the first time: that women's health and empowerment are critical to a nation's sustainability and economic growth.

The world agreed for the first time that everyone has the right to sexual and reproductive health and that respect for women's rights must be part of our efforts to improve the quality of life for all people and for the well-being of our planet.

Leaders agreed that by the year 2015 all governments will make access to reproductive health, including family planning, a basic right; that all governments will dramatically reduce infant, child and maternal mortality; and that all governments will open the doors of education to all, especially girls and women.

Sexual and reproductive health is fundamental to human dignity, human rights and gender equality.

It is about real things in daily life—preserving the life of a woman in childbirth, be it in times of war or peace or natural disaster.

It is a pursuit of gender equality, based on mutual respect and responsibility.

It is a release from the shame of a socially stigmatized health crisis, such as fistula, and the chance to enjoy a new life.

It is the end of child marriage, the end of vertical transmission of HIV from parent to child, and the eradication of violence against women.

It is about choice and control over one's own body and being able to decide, freely and responsibly, if and when to bring a child into this world.

These issues extend beyond individuals and families; they are influenced by social and cultural norms, laws and government policies.

During the past two decades, we have seen progress in access to sexual and reproductive health services and in exercising rights related to sex and reproduction.

Today there is a solid policy and legal foundation for sexual and reproductive health. The majority of countries have amended or created laws to protect reproductive rights. The UN Human Rights Council last year adopted a landmark resolution on maternal mortality.

And there is increased understanding that reproductive health and reproductive rights increase choices and productivity for individuals, which reduces poverty and expands freedom, peace and prosperity.

Universal access to reproductive health is included in the framework of the Millennium Development Goals, under MDG5 to improve maternal health. And we now have

reliable data tracking trends since 1990 reflected in the 2010 progress report on the MDGs and also in the reports that we have brought to this meeting.

The good news is that we are making progress. It is not enough. It may seem too slow, especially to young people and idealists like me, but it is solid progress nonetheless. During the last two decades in developing regions, the percentage of deliveries attended by skilled birth personnel has jumped from 53 to 63 percent, and the use of contraceptives has risen from 52 to 62 percent. This is real progress to ensure that every birth is wanted and every pregnancy is safe.

These gains were achieved despite significant challenges, such as changes in donor financing, economic instability and hardship, opposition from extremist groups, and poor governance.

And just a few weeks ago, UNFPA together with UNICEF, the World Health Organization and the World Bank released new estimates showing that maternal deaths worldwide have dropped by 34 percent since 1990.

All of us in this room can take pride in this one-third drop in maternal mortality.

This reduction is the result of advocacy, leadership, investment and strategic efforts to:

- train midwives and birth attendants,
- equip hospitals and health clinics,
- bring services closer to where women live, and
- expand access to family planning for those who want it.

Other services that are saving lives are treatment for post-abortion complications, and safe abortion where it is legal.

Today nearly one in ten maternal deaths worldwide is due to unsafe abortion. So this is clearly an issue that needs to be addressed because we all know that women with money or connections can get the services they need and those who are poor are denied such opportunities, which puts their lives at risk.

I am so pleased that representatives from the nations of Nepal, Tanzania, Burkina Faso, and Colombia have joined us today. The best way to make progress is to look at what is working in countries and build on that success.

Good things are happening in all parts of the world. More and more people living with AIDS have access to treatment. Since 2001, HIV infections are down by 17 percent, young people are practicing safer behavior, and comprehensive sexuality education is expanding. But we still have a long long way to go, we have to go much further.

With 1,000 women still dying every day from pregnancy related causes, with 215 million women with an unmet need for family planning, with 2 million women still suffering from

the devastating childbirth injury of fistula—a condition that was eliminated in wealthy countries such as Germany a century ago, and with 2.7 million people becoming newly infected with HIV every year, this is no time to cut back on our commitments to sexual and reproductive health, including family planning, and reproductive rights.

Today, as we explore the question: What does it take to make sexual and reproductive rights a reality, I will highlight three current gaps that need to be addressed.

The first issue that needs urgent attention is tackling widening inequities among and within countries. Even as the wealthy have seen gains in reproductive health access, those excluded by poverty, gender, ethnicity, disability, or situations of conflict have often been left behind.

In sub-Saharan Africa, for example, women from the wealthiest households are more than three times as likely as those from the poorest households to give birth with assistance from a skilled provider. In southern Asia, the rich are five times more likely to have an assisted delivery.

In sub-Saharan Africa, the use of contraception is significantly lower and the adolescent birth rate significantly higher among women who are poor, uneducated or living in rural areas. In fact, contraceptive use among women in urban areas is double that of women living in the countryside. And disparities are even higher when comparisons are made by levels of education. For women with no education in sub-Saharan Africa, contraceptive use is only 10 per cent compared to 42 per cent for those with a secondary or higher level of education.

Disparities are also seen in teenage pregnancies. Surveys in sub-Saharan Africa during the past decade show that the birth rates for girls with secondary education declined, and actually increased among girls with no education.

So clearly to make reproductive rights a reality we need to tackle inequities.

We need to make sure that health and education policies are underpinned by the principles of human rights, equality, inclusion, with the involvement and participation of service users and communities.

As all of us know, reproductive health and rights are fraught with politics, sensitivities and taboos. To make greater progress, there is a need to bridge universal principles with national and local priorities and values and laws.

UNFPA has played a critical role in highlighting the power of culture to change social norms and gender dynamics for equality between men and women. This approach has been successful in supporting communities to make pubic declarations to abandon female genital mutilation/cutting. Today communities in Egypt, Ethiopia, Gambia,

Guinea and Senegal are abandoning the harmful practice of female genital mutilation and cutting. Social norms and laws are changing towards protecting the rights of women and girls.

In Asia, families and communities are mobilizing against the practice of sex selection, so that girls will be born and millions more will not disappear.

Taking a human rights-based, culturally sensitive and gender responsive approach is increasingly perceived as necessary to development and public health, especially sexual and reproductive health.

A recent editorial in the medical journal, the Lancet, said that a medicalized and technological approach to achieve the health MDGs to improve maternal and child health and tackle HIV and AIDS is not sufficient. It called for understanding and supporting more culturally sensitive and rights based approaches so that discriminatory social structures and systems that keep gender equity from being realised can be eliminated to improve health and foster lasting change for generations.

In Ecuador, I remember visiting a health clinic where indigenous knowledge was combined with western health services. I saw indigenous women receiving maternal health care and instead of lying down to give birth, they could choose the positions that they preferred. The country had also passed a law to provide free quality care for pregnant women.

Today women enjoy improved health and the maternal death rate in Ecuador has dropped by half since the early 1990s. This shows how integrated efforts—addressing human rights, gender and culture-- can yield great results.

Countries need strong laws and justice systems to protect the right to sexual and reproductive health. And communities need open dialogue to negotiate within their own cultural contexts, build on positive traditions, change harmful discriminatory beliefs and practices, and internalize human rights.

UNFPA welcomes the establishment of the new United Nations agency UN Women and the appointment of Michele Bachelet as Executive Director. She has a strong record as President of Chile in promoting reproductive rights and all of us in UNFPA look forward to working with her and her team.

We must build on the move by countries to remove user fees and make reproductive health services more equitable and accessible. It is good news that a growing number of countries, including Ecuador, Ghana, Nepal and Sierra Leone are offering free maternal healthcare.

And the last point that I want to stress is that we need more political leadership and funding.

While resources for global health rose considerably during the last decade, funding for sexual and reproductive health remained virtually stagnant and actually declined for family planning.

We need to keep pushing to make the right to sexual and reproductive health a priority. We need to move from speech lines to budget lines.

We have to build on the recent pledge by the G8 in Canada to commit an additional $5 billion over the next five years for maternal, newborn and child health and to integrate sexual and reproductive health and rights with HIV prevention. I would like to thank Germany for its support for maternal, newborn and child health within the G8.

We also need to build on the Global Strategy for Women's and Children's Health that was launched by UN Secretary-General Ban Ki-moon at the recent MDG Summit. Various stakeholders pledged over $40 billion in resources for women's and children' health and I am pleased to report that sexual and reproductive health and rights are integral to this global effort. I thank Germany for its initiative on family planning as part of the Global Strategy for Women's and Children's Health.

And here I would like to give you a powerful example of the benefits of family planning by looking at a country such as Ethiopia. Today Ethiopia and Germany have roughly the same number of people—around 82 million. But at the current pace, Ethiopia is projected to *more than double* its population to 174 million by mid-century, while over the same period Germany's population is likely to *decline* to 72 million.

According to the Guttmacher Institute, more than two thirds of sexually active women in Ethiopia have an unmet need for contraception—they want to reduce the number of children they have but do not have access to basic family planning. Meeting this unmet need would cost about $180 million a year and lead to less pregnancies and less unsafe abortions which would reduce health spending and more than cover the costs.

And the benefits would be remarkable. If every woman who wanted to use family planning had access to modern contraception, each year in Ethiopia there would be 1 million fewer unwanted pregnancies, 340,000 fewer abortions, 130,000 fewer infant deaths and 6,500 fewer women dying in childbirth. And the benefits do not stop there. There would be higher productivity and economic growth, slower population growth, and reduced pressure on natural resources and the environment.

I am proud to announce that UNFPA is a proud member of the Reproductive Health Supplies Coalition and the Hand to Hand Campaign to expand family planning to 100 million women by 2015. I am pleased that momentum is growing for family planning and sexual and reproductive health.

Our focus now must be on implementing laws, scaling up programmes, and partnering with the world's largest generation of young people.

Young people are the leaders of today and the makers of tomorrow.

Thank you.