

Commission on Population and Development 2009

31 March 2009

Thank you Chair,

Burkina Faso and The Netherlands are pleased to give a joint statement here at the CPD, 15 years after ICPD. Ethiopia very much subscribes to the essence of this statement.

We would like to make a plea to put secure access to sexual and reproductive health information and contraceptive supplies high on the international agenda and to step up financial investment, both at international and national levels. The high level of unintended pregnancies in the world should be our main concern in the coming years.

Access to reproductive health supplies and sexual and reproductive health information, as incorporated in the ICPD Programme of Action, is a basic human rights issue. In particular the need for sexual and reproductive health services for young people has never been greater. For one thing, this is the largest-ever youth generation. Moreover, in many countries, young people are marrying later, and spending longer intervals between puberty and marriage. In addition, the AIDS pandemic has heightened awareness on the need for information and services that can help young people protect themselves.

In many places, adequate services that cater to youth are not available. In other places, their utilization is extremely low. Young people are often discouraged from using such services because of cost, disapproval by providers and the community, logistical constraints, fears about violations of confidentiality, uncertainty, embarrassment, or simply because they are not aware of the services. Stigma keeps many young people living with HIV from receiving the treatment they need. The creation of youth friendly services is key to overcoming these issues.

We aim to achieve that current and future generations can live healthier and happier lives. What we want to prevent are teenage pregnancies, unsafe abortions, pregnancy related deaths of both women and girls and the deaths of infants. Family planning is also about maternal health, and about women and men being able to choose the number of children they want and to space the birth of their children accordingly.

In addition, the broader social-economic development agenda is intertwined with the individual rights regarding sexual and reproductive health. Recent Demographic Health Surveys (DHS) have demonstrated that in Sub Saharan Africa the demographic transition has stalled, and in some countries even reversed. Development efforts over the last 10 years in the areas of environment, agriculture health and education will be nullified if populations triple in the coming 40 years.

We call upon member states to step up efforts to reduce the number of unintended pregnancies and increase the access to reproductive health information and supplies and services:

1. Recognize the importance of access to reproductive health information and to contraceptives;
2. Recognize the needs of young people in this respect;
3. Translate this recognition into policies and national budget lines and more international donor funding. Burkina Faso for instance has created a national budget line. The budget line comprises 800,000 USD per year for contraceptives; through the basket funding,

donors contribute an additional 400,000 USD each year. Family planning, skilled attendance at deliveries, prevention of HIV-infection from mother to child are identified as "Interventions a Gains Rapides", fast track interventions. Burkina Faso is a first tier country in the UNFPA Global Commodity Security Programme. The Netherlands have increased its financial support for supplies this year, amongst others by supporting this UNFPA Global Commodity Security Programme and by supporting a number of NGOs active on information and services for young people. The Netherlands cooperate with Burkina Faso in the health sector.

4. The political commitment at the highest level, president or prime minister, allows to have access to reproductive health supplies at the top of the political agenda. This is the case in both Burkina Faso and The Netherlands.
5. In addition, partnerships are needed among government institutions and private structures, such as the for profit, confessional institutions and social marketing NGOs. The involvement of community leaders is necessary in order to mobilise communities. And involvement of community members, both men and women, is key. Customs and culture are to be taken into account. Here is a nice anecdote from Burkina Faso to illustrate that:

A man accompanies his wife for a consultation on family planning. The couple would like to use contraception. The service provider tells them all about family planning, and the couple decides on oral contraceptives. He elaborately tells the couple that for the method to be effective, every day one pill has to be taken, and always at the same time. The couple buys the pills and upon returning home, the husband, who is a real Mossi Man, decided that it should be him who should take the pills. In that way, he would also have the possibility to be in control. After several months, the woman becomes pregnant and they are very surprised. The man takes his wife to the clinic to ask for an explanation.

The world has made a commitment to reproductive health for all, but the increasing demand for reproductive health supplies and decreasing donor support are making it difficult to fulfil this pledge. Each \$1 million shortfall in commodity support means an estimated:

- o 360,000 more unintended pregnancies
- o 150,000 additional induced abortions
- o 800 maternal deaths
- o 11,000 infant deaths

Let us make the health and happiness of our children and future generations a priority. Let us make family planning a priority.

Thank you.