Oral Statement presented to the 44th session of the Commission on Population and Development on the theme: "Fertility, Reproductive Health and Development" by the International Planned Parenthood Federation Africa Region (IPPFAR).

In recent years, there has been a significant reduction in infant and child mortality as opposed to maternal mortality which remains very high. The annual child mortality has declined from 20 Million in the 1960s to below 10 Million in 2006. This decline has been attributed to increased vaccination, prevention and treatment of malaria and increasing breastfeeding practices. However, progress in addressing maternal mortality has not been as encouraging. In some Sub- Saharan countries, namely Nigeria, Chad, Gabon and the Central African Republic, maternal mortality rates have increased mainly as a result of HIV/AIDS. This is despite international advocacy efforts that recognize the critical role of maternal survival for global development and prosperity.

Three of the 8 MDGs are directly dependent on availability of sexual and reproductive health services: reduction of child mortality, decreasing maternal mortality and universal access to reproductive health, and reduction of the spread of HIV/AIDS. In addition to the IPCD and MDGs, Member States developed the Continental Policy Framework on SRHR in 2006 and endorsed the Maputo Plan of Action (MPoA) for implementation of this policy framework. The MPoA includes repositioning of family planning, integration of HIV/AIDs and SRHR services, SRH needs of adolescents, unsafe abortion and Safe motherhood. In addition to the MPoA, in May 2009, the AU Member states and partners launched the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) in Addis Ababa. This campaign calls for urgent action to address maternal health such as prioritizing family planning as one of the most cost-effective development investments. This is because modern contraception can prevent up to 40% of maternal deaths. Access to family planning services would reduce the number of deaths caused by unsafe abortions which can be as high as 30% in countries like Ethiopia and Kenya. Similarly, family planning would reduce the incidences of deaths related to eclampsia and the disabilities associated with obstetric fistula. CARMMA also calls for an investment in adolescent health, education and livelihoods. This is important in a context where child marriages remain very high and there is early sexual initiation. Underage mothers are also at a higher risk of morbidity and mortality.

African governments further demonstrated their commitment to the MPoA by extending its deadline through 2010 during the AU Heads of State Summit in July last year with the theme, 'Infant, Child and Maternal Health'. Following this summit, The AU, IPPFAR and other partners are currently working together to develop indicators on the MPoA to ensure African government's accountability. To foster African initiatives on maternal health, IPPFAR and the AWDF have collaborated to constitute the African Women Leaders Network for Reproductive Health and Family Planning (AWLN). This Network of 35 women leaders from 15 countries across Africa is working together to reprioritize family planning and call for African governments to commit their resources and create a budget line for reproductive health.

As a legitimate leader in SRHR issues in Africa, IPPFAR is committed to work with other partners to provide choices for women to space births protect their health and avoid unintended pregnancies. Meeting the unmet need in Sub – Saharan Africa will indeed avert unintended births and unsafe abortion. Thus, Governments, donor agencies and Civil Society partners need to re-commit to making family planning a core aspect of the health sector, including ensuring reproductive commodities that are accessible to all women and men who need them.