



ECOSOC

'Towards a United Nations Comprehensive Response to Global Health Challenges'

***UNFPA Contribution and Collaboration
to Achieve Universal Access to Reproductive Health***

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Distinguished Delegates, Colleagues, Ladies and Gentlemen,

It is a great pleasure to be here and to participate in this panel. We know that it's only by working together as colleagues and partners, maximizing our complementarities, that sustainable progress can be made in the countdown to 2015.

Today a sense of urgency has translated into renewed momentum among governments and development partners to demonstrate leadership and decisive action in relation to global health and to achieve the health-related Millennium Development Goals.

This momentum is reflected in the recent Women Deliver conference, the *G8 Initiative on Maternal, Newborn and Under-five Child Health*, the Secretary General's efforts for a *Joint Action Plan on Women's and Children's Health*, and the upcoming African Union Summit on *Maternal, Infant, and Child Health and Development in Africa*.

As we move forward, it is important to remind ourselves that MDG 5 to improve maternal health has two targets, (a) reducing maternal mortality by three-quarters from 1990 levels and (b) ensuring universal access to reproductive health by 2015. In our collective commitment to achieve universal access to reproductive health, we are making progress. Today more births are attended by skilled health personnel and the use of family planning has increased worldwide. Such improved outcomes are the result of growing country leadership and growing capacity to develop, finance and sustain adequate programmes within and beyond the health sector.

Yet while early signs of a decline in maternal deaths are promising, the progress is not of the scope and magnitude needed to achieve MDG 5 and its two targets. Today poor sexual and reproductive health remains the leading cause of death in the developing world. This limits life expectancy, hinders educational attainment, diminishes personal capability and productivity, and hampers economic growth.

To make greater progress, UNFPA has adopted national capacity development as an overarching principle of support to governments. To strengthen health systems, emphasis is placed on ensuring that sexual and reproductive health through a life cycle, including family planning, and care during pregnancy, delivery and post-delivery, are included as a priority in the national and sub-national health planning processes. We are building on the linkages between HIV and sexual and reproductive health, as well as with newborn and child health, to strengthen health systems and achieve better health outcomes.

UNFPA is proud of our partnership with the H4+1, with UNICEF, WHO, the World Bank and now UNAIDS to accelerate progress for the health of women, newborns and children in 25 high priority countries.

The Maternal Health Thematic Fund, established by UNFPA in 2008, supports priority countries in scaling up proven interventions. Needs assessments on emergency obstetric care have been undertaken in nearly a dozen countries, and are being followed up with national initiatives to adapt health plans and equip health facilities. The Maternal Health Thematic Fund is now active in 30 countries and harmonized with the support of our H4+1 partners.

In 2009, WHO, UNFPA, UNICEF and the World Bank worked together to support national efforts and develop joint work plans in Ethiopia, Nigeria, and the Democratic Republic of the Congo, three of the six countries that account for half of all maternal deaths. In Haiti, the agencies are working together to support the reconstruction of the health system to provide a comprehensive package of quality services.

Last year, UNFPA and the African Union jointly launched the Campaign for Accelerated Reduction of Maternal Mortality in Africa, known as CARMMA. The campaign builds on the African Union Maputo Plan of Action for Sexual and Reproductive Health. National campaigns emphasize engaging communities and key stakeholders, reducing maternal, newborn and child deaths, generating and providing key data, and building on best practices.

As part of a comprehensive approach to human resources for health system strengthening, UNFPA is working with countries to strengthen national capacity to increase skilled attendance at all births by scaling-up the capacity of midwives. In Madagascar, for example, the Midwives Programme was fully integrated into the family planning programme, contributing to a 2% increase in the use of contraceptives and in Cambodia, a new 3-year direct entry midwifery training program was established.

The UNFPA-led Campaign to End Fistula, a disability resulting from childbirth, has grown dramatically since its inception in 2003. Not only has the number of countries increased from 12 to 47, but also the scale of programming within countries has significantly expanded, with a focus on equity and South-South cooperation.

I am also pleased to report that the UNFPA global programme for reproductive health commodities continues to expand. A total of 73 countries received support in 2009, up from 54 in 2008. Countries report significant results in mainstreaming reproductive health supplies within national health plans; improving donor coordination; and strengthening national capacity for supply management and procurement.

UNFPA, as one of the 10 co-sponsors, is strongly committed to the UNAIDS Outcome Framework. Universal access to prevention, treatment, care and support applies to interventions for HIV and AIDS and to sexual and reproductive health. And I am pleased to report that UNFPA together with key partners is working to better link sexual and reproductive health and HIV in five regions and 17 countries.

UNFPA has joined partners, such as UNICEF, WHO and UNAIDS, to scale up the prevention of mother-to-child transmission of HIV plus, with a focus on the health of mothers and women in their own right, in 22 high priority countries. We are working together to prevent HIV infection in women and their partners, to prevent unintended pregnancies in women living with HIV, to expand treatment, and to ensure care during pregnancy, delivery and post-delivery, as well as the health and survival of the baby.

UNFPA is also working to empower young people to protect themselves from HIV infection—by providing age-appropriate comprehensive sexual and reproductive information, skills, services and commodities tailored to the specific country and epidemic.

In all we do, UNFPA applies a unique approach by integrating human rights, gender mainstreaming and cultural sensitivity throughout our programmes. This allows for more comprehensive and better-customised strategies that take into account the socio-cultural realities of the populations being served and ensures ownership by the communities themselves.

To summarise, I would like to reinforce the following three points:

- 1) We are witnessing progress, however, we are still far from achieving universal access to quality health services, particularly in relation to reproductive health;
- 2) Global health in general, and maternal, newborn and child health in particular, figure increasingly high on the global development agenda, which is translating into increased political, technical and we hope financial support;
- 3) UNFPA is actively pursuing a harmonized approach to support country-led efforts to strengthen health systems focusing on sexual and reproductive health. We believe that health system strengthening is not an end in itself but a means to achieve better health, reinforced by the critical contribution of other sectors, and communities themselves.

In conclusion, allow me to highlight the following four points as we look to the future:

- 1) There is a need to maintain the momentum and ensure that global public health remains high on the international agenda, particularly in support of the health-related MDGs, which require a substantial scale-up of efforts and increased resources.
- 2) Strengthening health systems calls for a “continuum of care” and life cycle” approach, providing a full range of services that meets individual needs (including adolescents and the elderly), integrated into an essential primary health care package.
- 3) We need to engage with civil society, communities and the private sector to strengthen health systems.
- 4) There is an urgent need to address gender equality and human rights to ensure equitable access to health services for the poor and marginalized. This includes putting in place social protection measures and strengthening and scaling up efforts to provide basic social services for all.

Thank you.