

**INTERNATIONAL WORKSHOP
ON
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS**

**SRH & COMMODITY
SECURITY
IN
DEVELOPING COUNTRIES**

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OUTLINE OF PRESENTATION

- Reproductive Health- what is it, what are the related problems?
- Scale of RH Problems globally
- The Population Growth Factor
- Financing and cost of FP services
- Commodity Security, how to improve?
- What needs to be done globally and regionally?
- Then Way Forward
- Conclusion



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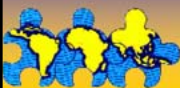
ICPD Definition of RH

- “Reproductive health is a state of complete physical, mental, social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes...implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and freedom to decide if, when, and how often to do so.” (ICPD, PoA; 7.2)



IMPLICATIONS

- Broaden the scope of activity
- From Disease/ illness Management to a more wide approach to Health
- Addressing health from the womb to the tomb
- From quantity to quality
- Numbers to human development
- From FP to RH
- Adoption of a Human Rights Approach



SEXUAL AND REPRODUCTIVE HEALTH (SRH) CARE INCLUDES

1. Newborn care; Improving antenatal, perinatal, postpartum and
2. Providing high quality services for family planning, including fertility services;
3. Eliminating unsafe abortion; combating STIs including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities; and
4. Promoting healthy sexuality
5. Care for the elderly - geriatric care



PROBLEMS OF SRH WORLDWIDE

- Unsafe Sex
- Unmet need for modern contraception-
- Female Genital Mutilation
- Violence Against Women
- Access to SRH services



PROBLEMS OF SRH WORLDWIDE (ctd)

- Quality of Care
- Donor Fatigue
- Problems with resource mobilization
- Lack of Political commitment
- Death and disability related to pregnancy and child birth
- STIs and HIV/AIDS
- Reproductive Tract Malignancies



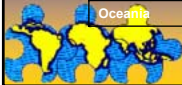
SCALE OF THE PROBLEM

- SRH accounts for 20% of the burden of Global ill health for women in Reproductive Age (15-44); 14% for men
- Each year 210 million women become pregnant:
 - 8 million have life threatening complications, excluding disability and ill health, psychological problems
 - 529,000 die during pregnancy and child birth



MATERNAL MORTALITY RATIOS AND LIFETIME RISKS: 1983-2000

Region	1983		1990		1995		2000	
	Maternal Mortality Ratio	Lifetime Risk of Maternal Death, 1 in:	Maternal Mortality Ratio ²	Lifetime Risk of Maternal Death, 1 in: ³	Maternal Mortality Ratio ⁴	Lifetime Risk of Maternal Death, 1 in: ²	Maternal Mortality Ratio	Lifetime Risk of Maternal Death, 1 in:
World	390	58	430	60	400	75	400	74
Europe	NA*	NA	36	1,400	28	2,000	28	2,400
Africa	640	21	870	16	1,000	16	830	20
Northern Africa	NA	NA	NA	NA	200	NA	130	210
Sub-Saharan Africa	NA	NA	NA	NA	1,100	NA	920	16
Asia	420	54	390	65	280	110	330	94
Eastern Asia	65	722	95	410	55	840	55	840
South Central Asia	650	26	560	35	410	55	520	46
South Eastern Asia	420	44	440	55	300	95	210	140
Western Asia	340	34	320	55	230	95	190	120
Latin America & The Caribbean	270	NA	190	130	190	160	190	160
Oceania	NA	NA	680	26	260	260	240	83

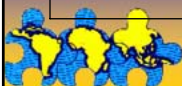


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NUMBER OF MATERNAL DEATHS: 1983-2000

Region	Maternal deaths			
	1983	1990	1995	2000
World	500,000	585,000	515,000	529,000
Europe	NA	3,200	2,200	1,700
Africa	150,000	235,000	273,000	251,000
Northern Africa	NA	NA	7,200	4,600
Sub-Saharan Africa	NA	NA	265,000	247,000
Asia	308,000	323,000	217,000	253,000
Eastern Asia	12,000	24,000	13,000	11,000
South-Central Asia	230,000	227,000	158,000	207,000
South-Eastern Asia	52,000	56,000	35,000	25,000
Western Asia	14,000	16,000	11,000	9,800
Latin America & the Caribbean	34,000	23,000	22,000	22,000
Oceania	2,000	1,400	600	530



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CONTRACEPTIVE RISKS

- 120 million couples not using contraception despite need
- 45 million women seek abortion
 - 19 million in unsafe conditions
 - Unsafe abortions kill 68,000 yearly, accounting to 13% of pregnancy related deaths
- 3 million deaths yearly of babies in 1st week of life
- 2.7 million still birth yearly



GLOBAL SCENARIO

Each Minute *in the World*

- **380** women become pregnant
190 of these women did not plan or do not wish the pregnancy
- **110 women** experience a pregnancy-related complication
- **40 women** have an unsafe Abortion
- **1 women** dies from pregnancy related cause
- **650 people** are infected with curable STI
- **10 people** are infected with HIV/AIDS



STI/ HIV/AIDS

- 340 million new cases of STIs occur yearly
 - 100 million of them among young people
- 38 million living with HIV
 - 25 million are in Sub Saharan Africa
 - 17 million are women
 - 2 million are children
- 15 million children are orphans in Africa due to HIV/AIDS, will reach 18 million in 2010

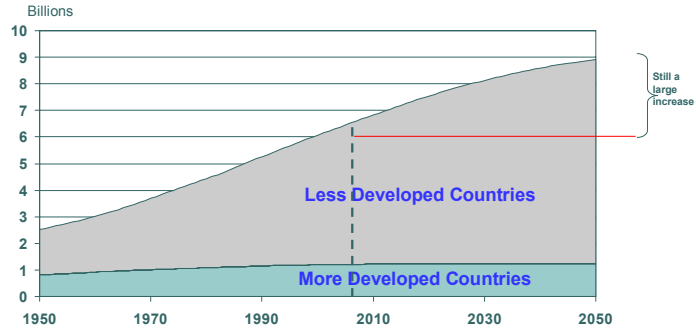


DEMAND FOR RH COMMODITIES

- Continuously increasing as population grows, greatest cohort of youth in history
- Number of couples wanting Contraceptives: 525 million in 2000;
 - Will rise to 742 million in 2015
- Need for condoms only for STI/ HIV/AIDS prevention rose from 8 billion in 2000 to 12.8 billion in 2005 and will rise to 18.6 billion in 2015



POPULATION GROWTH IN MORE, LESS DEVELOPED COUNTRIES

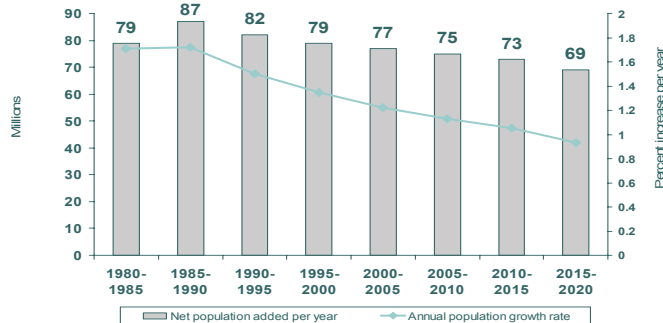


Source: United Nations, *World Population Prospects: The 2002 Revision (medium scenario)*, 2003.



THE POPULATION GROWTH DILEMMA

Trends in population growth worldwide



Source: United Nations, *World Population Prospects: The 2002 Revision (medium scenario)*, 2003.



FROM ICPD TO MDG

- ICPD Programme of Action established that the promotion of SRH and rights and universal access to services and information on SRH rights are key strategies to achieve the well-being of societies, eradicate poverty, and attain development goals.



THE MISSING GOAL IN MDGS

1. Poverty Alleviation
2. Education especially for girls
3. Gender
4. Child Mortality
5. Maternal Mortality
6. HIV/AIDS
7. Environment
8. Partnership

**Attainment of Universal Access
to
Reproductive Health !!!
Missing goal!**



2005 WORLD SUMMIT

- SRH was not explicitly prioritized in the MDGs although many SRH and rights themes appear in the MDGs
- In 2005 at the World Summit made corrections and included the recommendation to achieve universal access to reproductive health by 2015

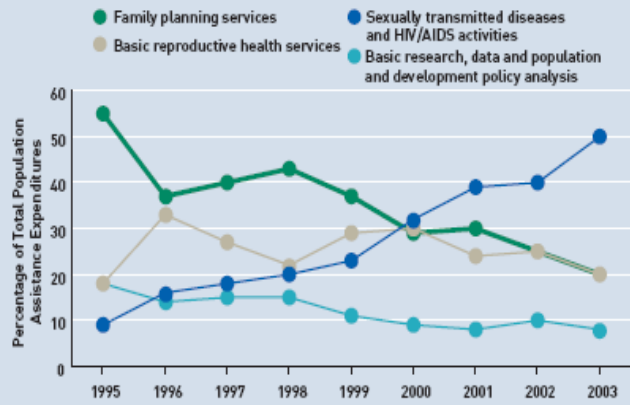


DECREASE SUPPORT FOR SRH

- Between 1995 and 2003, donor support for family planning commodities and service delivery fell from US\$560 million to US\$460 million
- Funding for contraceptive development has declined, in contrast to HIV/AIDS microbicide research.



TRENDS IN POPULATION ASSISTANCE BY CATEGORY, 1996-2003

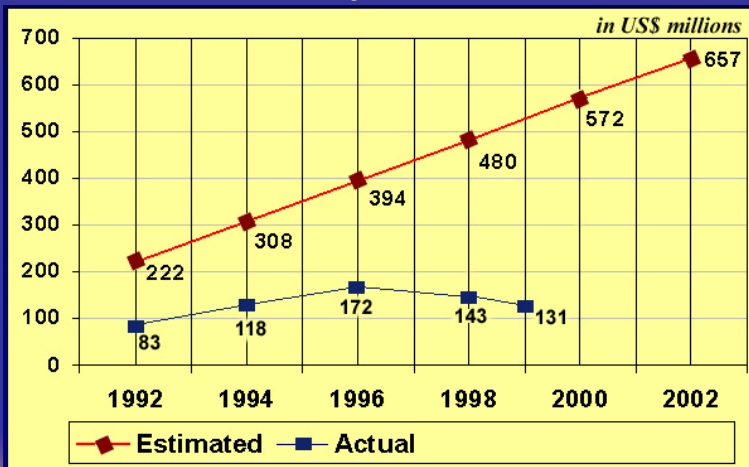


Source: UNFPA. 2003. Financial Resource Flows for Population Activities in 2001. New York: UNFPA; and UNFPA/NIDI Resource Flows project database; as cited in United Nations. 2004. Report of the Secretary-General to the 37th Session of the Commission on Population and Development (E/CN.9/2004/4). New York; United Nations.

Note: Data for 2002 are provisional; data for 2003 are estimates.



ESTIMATED GLOBAL COSTS For Contraceptive Commodities



Source: UNFPA 2000



CONSEQUENCES OF SHORTFALLS

For every \$1 million shortfall in
contraceptive commodity assistance:

- Increase in the number of unintended pregnancies: **360,000**
- Additional induced abortions: **150,000**
- Additional maternal deaths: **800**
- Additional infant deaths: **11,000**
- Additional deaths of children under 5:
14,000



WHAT WENT WRONG?

- The feeling that the battle for population control is over because of falling Pop growth rate globally
- Reduction in budget on FP, as donors withdrew from funding FP activities
- ODA from developed countries fell and they did not fulfill their promise of providing 0.7% of their GNP for ODA
- HIV/AIDS overwhelmed the Family Planning budget



WHAT WENT WRONG? ctd

- Socio cultural barriers and stigma continue to inhibit provision of services and support to women, the most vulnerable groups like adolescents, PLWA, people with diverse sexual orientations, refugees, and displaced population
- Lack of support structure for procurement and warehousing etc
- 2001 Global Gag Rule or Mexico City Policy-political barriers



WHAT NEEDS TO BE DONE?

**Improve RH
Commodity
Security!!!!**



REPRODUCTIVE HEALTH COMMODITY SECURITY

Reproductive Health Commodity Security (RHCS) exists when every person is able to choose, obtain and use quality contraceptives and other essential Reproductive Health products, whenever one needs them



THE “SIX RIGHTS” OF RHCS

Commodities should be:

1. Of the right quantities
2. Of the right products
3. In the right condition
4. In the right place
5. At the right time
6. For the right price



PROVIDING COMPREHENSIVE SRH SERVICES : CORNERSTONE TO MAKE INFORMED, SAFE AND HEALTHY CHOICES

The 5 As

- Available
- Appropriate
- Acceptable
- Accessible
- Affordable



WHAT NEEDS TO BE DONE AT COUNTRY LEVEL AND AT THE GLOBAL/ REGIONAL LEVEL?



AT COUNTRY LEVEL

A. National Capacity

Building

To enable national programmes to:

- Forecast
- Financing
- Procure
- Deliver



AT COUNTRY LEVEL

B. Advocacy

- Raise awareness and political support
- Reduce policy and process barriers including taxes, price controls, advertising
- Promote consumer-centered strategies
- Improve funding environment among public, NGO and private sectors for long-term efforts



AT COUNTRY LEVEL

C. Sustainability

- Free services? Or Cost recovery
- Social marketing, at a subsidized rate
- Private sector fix own price
- Improve management systems
- Market segmentation studies



WHAT NEEDS TO BE DONE AT GLOBAL/ REGIONAL LEVEL?

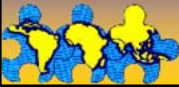
- Advocacy
- Fundraising
- Technical Resources Development
- Technical Backstopping
- Knowledge Development
- Coordination and Cooperation



AT GLOBAL/ REGIONAL LEVEL

Advocacy

- Raise awareness and political, socio cultural support concerning demand and supply
- Generate support for coordination mechanisms
- Strengthen ability of partners to access financial resources for commodities and programme inputs



AT GLOBAL / REGIONAL LEVEL

Knowledge Development

- Good practices and lessons learned
- Intensified RHCS programming exercises in selected countries
- Integrate into UNFPA “Progress” database and share experience



AT GLOBAL / REGIONAL LEVEL

Coordination and Cooperation

- Undertake coordination activities
- Expand databases
- Hold consultative meetings among countries with comparative advantage
- Promote South South / North South Cooperation



PROMOTE NEW CONTRACEPTIVE TECHNOLOGIES

- Promote investment in development of new Contraceptive Technologies.
- Promote use of Generic drugs
- Countries like China, India, Thailand, Indonesia, Brazil and South Africa have made impressive stride in production of cheap generic drugs
- South South Cooperation to coordinate and facilitate sharing of technologies and products



THE WAY FORWARD

- No Single Solution but needs multi-faceted interventions to be successful.
- Scaled up interventions through the expansion or replication of services
- Integration of additional services into already existing ones
- A special effort to get the population and RH issue on the policy agenda
- Revitalizing political commitment and Mobilizing Resources, and involve civil society for support



CONCLUSION

- Population and S/RH issues are universally linked to the health, well-being, and development of populations
- Investment in S/RH contributes to poverty reduction and societal development
- S/RH are integral to achieving the MDGs and equity around the world
- Increased political commitment and leadership is needed to make Population and RH fully part of the development agenda
- Sub-Saharan Africa requires a special engagement



CONCLUSION (ctd)

- ICPD-94 and MDGs are powerful documents which delineates the involvement and concurrence of national governments.
- But there remains a gap between the concurrence and articulation of national policies and programmes. We need concrete actions to realize their objectives, and these are not totally visible.

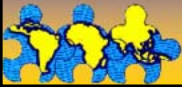


CONCLUSION (ctd)

- What is mostly needed: reinforced commitment from leaders from the South
- A thorough understanding of the need to address RH, Population and Development issues as a priority for sustainable development
- Improved Governance at all levels



Thank You



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