

Ensuring Access to Reproductive Health and RHCS

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Magnitude of the Problem

- Globally, about **600,000** women die each year from the complications of pregnancy and childbirth.
- Each year, approximately **4.3 million** newborn infants die during the first month of life.
- An additional **4 million** are stillborn.
- Many of these deaths are due to complications their mothers experienced during pregnancy or childbirth.

...every minute in the world

380

women become pregnant

190 of these women

did not plan or did not wish for
the pregnancy

...every minute in the world

110 women

experience a pregnancy-related
complication

40 women

have an unsafe abortion

1 woman

dies from a pregnancy related cause

...every minute in the
world

650 people
are infected
with a curable STI

...every minute in the
world

10 people
are infected with HIV,

5

of them between 15-24yrs

Magnitude of the Problem

- About 90 percent of maternal deaths occur in Sub-Saharan Africa and Asia. 70% in SSA
- And yet the African region constitutes only 12% of the world population and only 17% of the births.

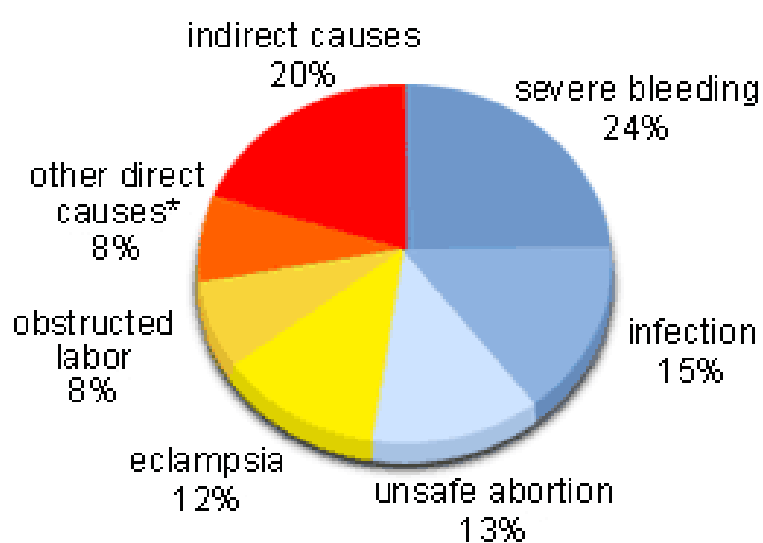
Regional Data: Women's Lifetime Risk of Maternal Death, 1995

<u>Region</u>	<u>Lifetime Risk of Maternal Death</u>
• Africa	1 in 16
• Asia*	1 in 110
• Latin America & Caribbean	1 in 160
• Europe	1 in 2,000
• North America	1 in 3,500

We know what to do to reduce Maternal Mortality and Morbidity.

- More than a decade of research has shown that small and affordable measures can significantly reduce the health risks that women face when they become pregnant.

Causes of Maternal Death



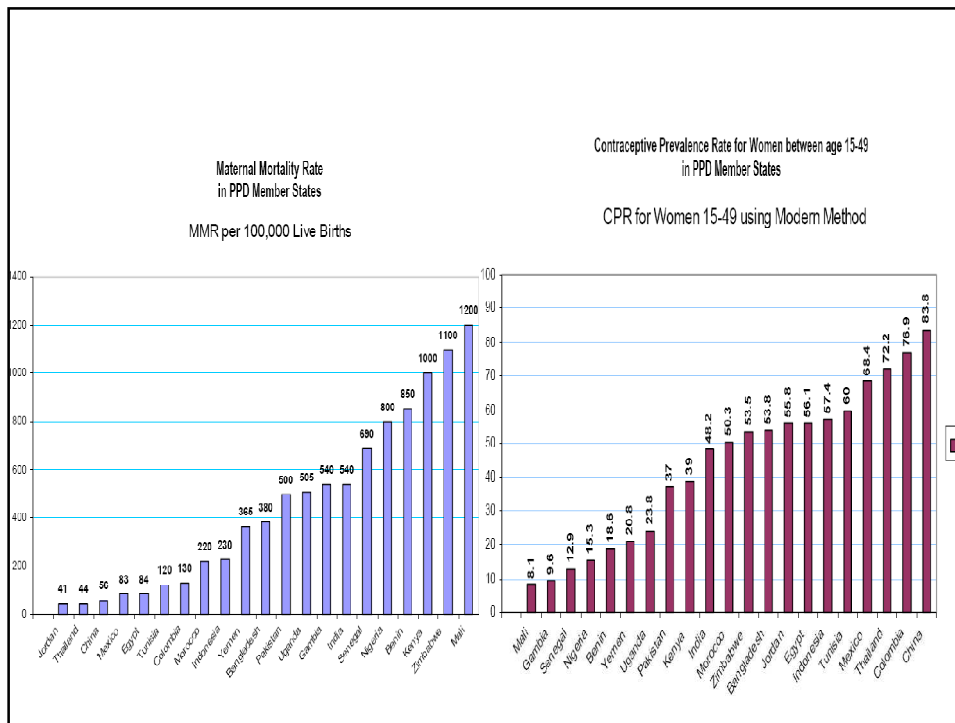
We know the problem...

Once a pregnancy or delivery complication has set in, three delays of major concern:

- 1st delay - in deciding to seek care
- 2nd delay - in reaching a treatment facility
- 3rd delay- in receiving adequate treatment once at the facility

We know what to do ... simultaneous action on 3 fronts!!!

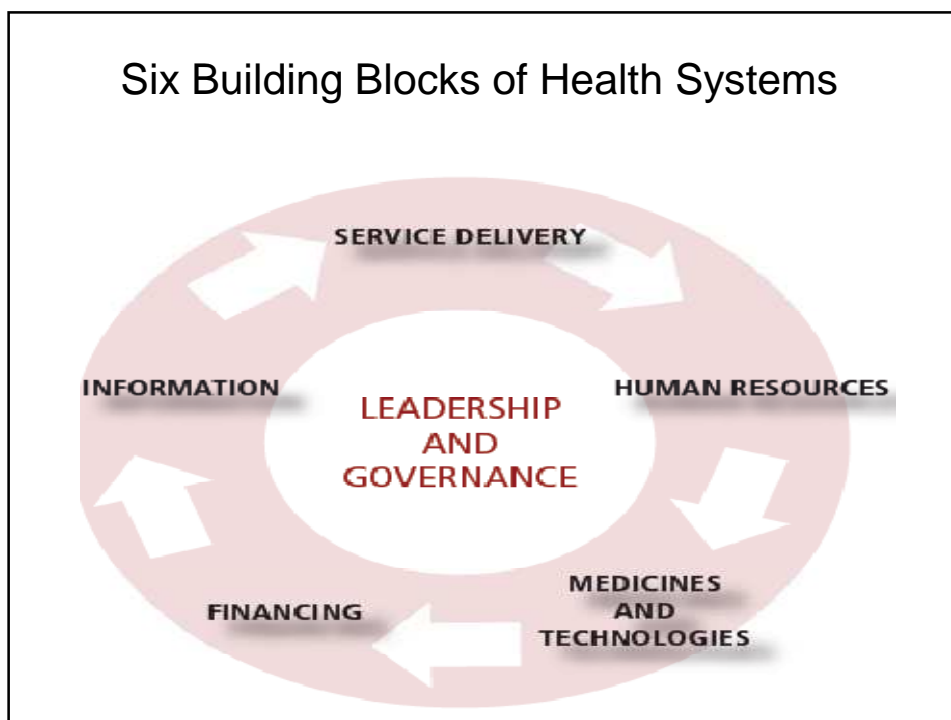
Reduce no of high-risk and unwanted pregnancies	through	Family Planning
Reduce no and severity of obstetric complications	through	1.Pre-pregnancy and antenatal care to prevent problems and detect complications early 2.Clean and safe delivery 3. Postpartum care
Reduce case fatality rates in women with complications	through	access to Essential obstetric care



Let us collectively do it through.....

1. Women's empowerment and education.
2. Community mobilization and empowerment.
3. Functional Effective Health Systems.

Six Building Blocks of Health Systems



THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM

Good **health services** are those which deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources.

A well-performing **health workforce** is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (i.e. there are sufficient staff, fairly distributed; they are competent, responsive and productive).

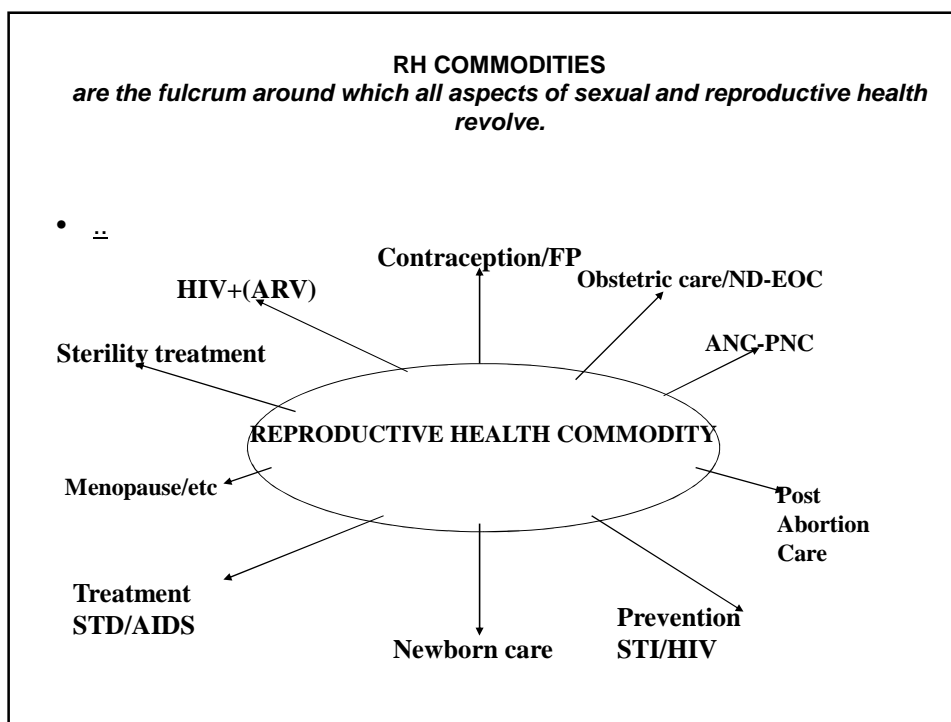
A well-functioning **health information** system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.

- A well-functioning health system ensures equitable access to essential **medical products, vaccines and technologies** of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.
- A good **health financing** system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. It provides incentives for providers and users to be efficient.
- **Leadership and governance** involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and accountability.

What is RHCS

Reproductive Health Commodities Security (RHCS):

- RHCS is achieved when all individuals can *obtain and use* affordable, quality reproductive health commodities *of their choice* whenever they need them.
- RHCS is about supply of commodities and also has elements related to quality of care, access and demand.
- RHCS involves making sure everyone—especially women, newborn and young people—face no obstacles accessing and using *life-saving and health promoting supplies*.



REPRODUCTIVE HEALTH COMMODITIES

- Condoms for HIV prevention
- Contraceptives
- STI treatment drugs and diagnostic reagents
- Maternal health care drugs (includes EOC)
- Medico-surgical equipment and supplies
- Antiretroviral drugs for prevention of Mother to Child Transmission of HIV
- Etc.....**GLOVES!!**

Need for RH/RHCS:

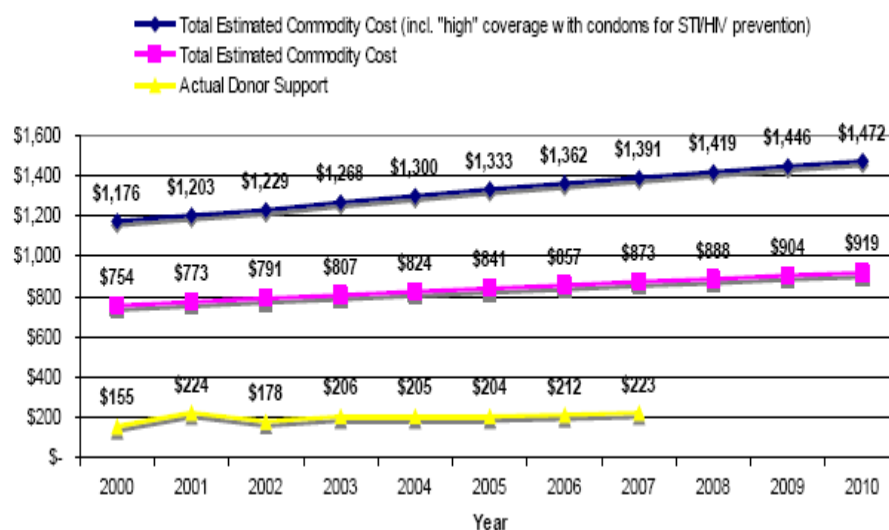
- Expected to increase
 - UNFPA projects population of reproductive age in developing countries to increase by 23% between 2000 and 2015
 - Overall demand for contraceptives and other RH commodities expected to increase by 28%
 - Increased international and national efforts required to ensure millions are able to exercise their reproductive health choices
 - Global financial and environmental problems pose additional and urgent challenges.

Declining Resources for FP and other RH Commodities

- Donor Expenditures for RH commodities in general have been on the decline. UNFPA and partner estimates indicate that for:
- Family Planning:
 - 1997: \$653 million
 - 2006: \$393 million
- Sexually transmitted diseases and HIV/AIDS activities:
 - 1997: \$294 million
 - 2006: \$5 billion



Figure 29. Comparison of Estimated Costs of Contraceptive Commodities
Actual Donor Support



Sources: UNFPA 2006. *Donor Support Report 2006*; UNFPA 2008. *Global Donor Support Database*

Unprecedented Opportunity...

- Global and Regional Coalition in support of MDGs particularly Health MDGs.
- In support of Health System Strengthening:
 - The International Health Partnership (IHP+)
 - Harmonisation for Health (HHA) in Africa
 - Joint provision of support (financial and technical)
 - Harmonisation and alignment with national systems.
 - National capacity building
- Collective responsibility to ensure that these initiatives are effective and have impact at country level

What Should We Do??

- Secure/advocate for adequate funding
 - Abuja Declaration/15% budget allocation
 - Effective use of donor funding
 - Funding for and from private sector - mobilise
 - Equity in funding- marginalised and less privileged, geographical.

What Should We Do??

- Maximise current unprecedented joint support for health/health systems.
- Insist on collective support for health system at country level – how?
 - One national procurement and commodity distribution system for all commodities.
 - One national health workforce strategic plan that ensure all government and all partners jointly build required capacity.
 - All jointly support a single health strategic policy framework and provide effective oversight; etc

What Should We Do??

- Advocate and dialogue with Communities to:
 - Understand early signs and symptoms of pregnancy complications and the risks of delay in seeking help.
 - Community and government support for transportation to health facilities
 - Demand their right for quality services.

What Should We Do??

- Monitor to ensure effective implementation of programmes by identifying and using relevant indicators to track:
 - System performance
 - Improvement in health workforce
 - Availability of RH Commodities
 - Availability of facilities etc.

Thank you