



Check against Delivery

**International Conference on Family Planning:
Research and Best Practices**

Statement by

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Director of Africa Region

UNFPA

Closing Ceremony

(Delivered by Janet Elizabeth Jackson, UNFPA Representative, Uganda)

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Kampala, Uganda

Your Excellency,

Honorable Ministers,

Honorable Members of Parliament

Esteemed colleagues and delegates,

I begin by conveying to you the sincere regrets of Bunmi Makinwa, the Director of UNFPA's Africa Region, for being unable to be with you in person at this closing ceremony. I have been asked to convey on his behalf the following message:

It is with pride and honour that we have come to the close of this very special event; an event in which UNFPA has been closely associated over the last nine months - both as a member of the International Technical Committee, and as a member of the National Steering Committee.

I invite you all to join me in expressing resounding congratulations to the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and Uganda's Makerere University School of Public Health for organizing this landmark conference. Well done! Thank you for your leadership, foresight and determination.

My thanks go also to the Government of Uganda for seizing the moment in accepting to host this important meeting. This really is a country of opportunities. It is after all the pearl of Africa, and this conference has been a defining moment in the quest to find the pearl and give it proper prominence.

The presentations and deliberations over the last three days have been inspiring. We have had the privilege of hearing the most-up-to-date information. Ideas, experiences and research have been shared. The exchange and debate have been profound and the opinions have been diverse. Selecting which session to attend was not easy. The choice was vast. We shall depart all the more richer and rejuvenated. We have been so fortunate. So where shall we go from here?

We have been inspired to act, resolved to make the change happen so that women do not die unnecessarily in childbirth, so that women and couples can plan pregnancies and get the care and advice they need, so that this can be a reality rather than a wish.

Young people who are sexually active need not get pregnant. The battle against maternal mortality and morbidity and infant mortality cannot be won without Family Planning. We each play a part in making that happen. That is why we've been here.

There can be no development at the national level without the freedom and the means to act on decisions on reproductive health and family planning at the individual level. Quality of life cannot be assured if women cannot make an informed choice and if they do not have options to choose from, especially when it comes to modern methods of contraception. This is their right.

Improving maternal health requires a combination of integrated interventions. To reduce maternal mortality, every woman needs to be able to access readily three key services: skilled attendance at birth, emergency obstetric care in case there are complications, and family planning. The nations that have scaled up these services

are those that are reaping the benefits, saving the lives of mothers and their children and ensuring their countries' well-being and economic growth. And nowhere is the need greater than here in Africa. Now is the time for scaling up well proven interventions, mobilizing and involving communities, especially the men.

We need to act now – the toll is already too high for unplanned and unintended pregnancy. In Uganda alone 6,000 women die needlessly every year from causes related to pregnancy and childbirth. Another estimated 140,000 women are waiting for fistula repair.

In the last 15 years Maternal Mortality reduction has been too slow and too unequal. It has reduced by 20% in Asia. In Sub-Saharan Africa, it was only 2%. Still, 60 countries in the world have maternal mortality in excess of 300 per 100,000 live births. Those most poor are worse affected.

The cost of inaction is too high. The suffering is too severe. Women need not pay the price with their lives, especially when we know what needs to be done.

So let us not disappoint those for whom we have come together over the last three days. Africa especially needs accelerated action now on family planning. For 22 years we have talked about the importance of FP for safe motherhood but too little has changed.

It will only change when the decision is to make it work. If we get it right in Africa, it can be right the world over.

If Uganda gets it right, it can lead the African continent in setting women free from the fears of unplanned pregnancy and the threats associated with childbirth. In

Africa, the Maputo Plan of Action of September 2006 is the continental framework for delivering on the Programme of Action for the International Conference on Population and Development. This is the defining agreement for 39 of 46 countries in Africa that are implementing Road Maps for the reduction of maternal and neonatal mortality and morbidity. The global call to action has been thoroughly domesticated. It now needs to be funded and implemented.

In Uganda, in April of this year, His Excellency, President Yoweri Museveni, signed Uganda's Road Map, which was launched in October 2008 by the First Lady. Commitment, leadership and determination are now needed for this country and others in Africa. Only with this, will the Road Maps as a tool for accelerated action on the ground, make headway in reducing maternal and neonatal mortality and morbidity and improving the quality of life at the national level. Working together, we can end the tragedy of maternal mortality. No woman should die giving life.

This conference has been a landmark event. And it takes place in the year that marks the 15th anniversary of the 1994 International Conference on Population and Development that was held in Cairo. Let us go forward from this meeting in Kampala with renewed energy and determination to make sure universal access to family planning happens.

UNFPA has shown that the presence of voluntary family planning programs and support for reproductive rights has tangible benefits. This is why UNFPA strongly supports family planning and works closely through partnerships and alliances that

are on the front line around the world in promoting the right to sexual and reproductive health. These are partnerships that involve civil society, as well as religious, traditional and community leaders. And for those who care so deeply about reducing the abortion rate, it has been proven unambiguously that the best way to make sure we reduce abortion is to provide access to voluntary family planning. Young people especially need this.

The family planning agenda and the meeting of unmet needs for contraception must be revitalized and for this we need greater leadership and partnership. The attention for family planning as mentioned by the First Lady in her presentation at the beginning of this conference is a good example of such leadership.

We've heard how family planning, in countries with high birth rates, could reduce maternal mortality by at least 30 per cent and child mortality by 20 per cent. Family planning contributes substantially to women's empowerment, the achievement of universal primary schooling and long-term environmental sustainability.

Meeting unmet need for family planning also reduces poverty and hunger. Surveys show that it is the poorest women and couples that have the least access to sexual and reproductive health information and services. If we ensure access to these services and supplies, we will reduce social inequity and the poverty that runs from one generation to the next. In so doing we will reduce the threat of rapid population growth on the development of the poorest countries. Despite all these well-established facts, family planning has dropped down the list of international development priorities. And the price is being paid by poor women.

African governments must show strong leadership in promoting women's and men's right to sexual and reproductive health. Governments must be accountable for ending gender discrimination associated with sexual and reproductive services. Donors should do all they can to enable universal access to sexual and reproductive health services. The global recession has made our task tougher and, where budgets are being cut, we need to do much more to make sure that the required resources go to family planning. Today less than half of the funding need for sexual and reproductive health is being made available.

We need to call for increases in aid flows, aid effectiveness and debt relief. African governments need to meet the commitment to allocate 15 per cent of annual budgets to strengthen health systems so all can attain basic healthcare. Donors and Governments share accountability in this. The ability to track expenditures and analyse disbursements and not only budgets, is critical.

African governments especially, must prioritise sexual and reproductive health within their vision of health systems and integrate within that HIV and AIDS prevention, care and treatment. UNFPA congratulates the advances being made in reproductive health by countries such as Rwanda, Malawi, Madagascar and Kenya. Let us support countries in sustaining and improving on this progress. The precedent has been set. Increased access to family planning can help remove the dark shadow that maternal mortality casts upon an otherwise rich and resourceful continent. Family planning is a worthwhile investment. It's for us to make that happen.

Let us be resolved and determined therefore to do just that.

I thank you all and again congratulate the success of this wonderful event.

