

**Statement by  
Mr. Gareth Thomas MP, UK Parliamentary  
Under-Secretary of State for International  
Development**

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Good morning ladies and gentlemen.

I address you just three months after the UK's Secretary of State for International Development - my boss, Hilary Benn - addressed the 'Cairo Plus Ten' conference in London.

Over 1000 people were there.

Hilary, as always, spoke passionately.

Everyone on the podium spoke passionately.

I can assure you, it had the feel of a revivalist meeting, particularly when the Declaration was read out at the end.

I've never heard such applause – and I've been to some good rock concerts in my time....

So will be applauding again in 10 years?

In my 7 or 8 minutes talking to you now, I'll try and answer three questions.

- Where has the world of reproductive health got to, ten years after Cairo, and where is it going?
- What, specifically, is the UK doing about it – and where can we and other countries best work together?
- Since today we are all Parliamentarians, elected by the power of the ballot box and responsible for and to our electorates. What, specifically, is the UK Parliament doing about it – and, again, where can we and other countries best work together?

So, **first**, 'Cairo plus ten.'

Cairo, we know, was truly a landmark event.

It rejected the notion of population control.

It put people first.

It put people's rights concerning their own reproductive health at the centre of the Development agenda: to be able to choose if and when to have children.

It reaffirmed the importance of women's empowerment and gender equality in the fight against poverty.

It is as relevant today as it was in 1994.

There has been progress since then – much of it subtle, unquantifiable, 'attitudinal'.

But some donor countries are still not honouring the commitments made in 1994.

The US continues to support a conservative agenda on sexual and reproductive rights.

Some have even worked hard to break the ICPD consensus.

And, as always, it's the lack of progress that makes the headlines.

Like the fact that more than half a million women die every year as a result of complications in pregnancy or childbirth.

And the fact that a poor woman in Malawi, Ethiopia or Nepal is over 200 times more likely to die in childbirth as a woman in my own country.

We're all agreed: we need to move forward.

We have all signed up to meeting the 8 Millennium Development Goals by 2015.

Not one of us can relax and say we're on track – because we're not, and especially in Africa.

We have already discussed the fact that reproductive health impinges on each of the eight MDGs.

No reproductive health, means no MDGs.

We see three overarching challenges:

- Allowing 200 million women worldwide to exercise their reproductive rights

- In doing so, being better able to fight the worldwide scourge that is HIV/AIDS
- And underpinning all this: finding the money to pay for the health systems that work.

Because we simply don't have the resources.

How can Ethiopia make progress when its annual health budget is just \$2 per person?

Why would a woman seek family planning advice if she knows that the local clinic is unmanned and has run out of contraceptives?

How can we provide rights if we don't even provide contraceptives?

So, **second**, what is the UK doing about it?

We spend a lot of money: up from £56 million in 1997 to £370 million last year.

A total of £1.5 billion is on the table for HIV/AIDS over the next three years.

Much of our money goes straight to others – to the UN's Population Fund, the Global Fund, and the International Planned Parenthood Foundation.

Only last week we committed another £10 million to the UNFPA, following the excellent Dutch initiative to make good this year's contraceptive shortfall.

Meanwhile we ourselves - as DFID - do practical things.

At the last count, we have distributed 490 million condoms.

We have funded £16 million-worth of trials on a microbicide gel which women can apply to protect themselves from sexually transmitted diseases.

We run education and training programmes....

.... like the 'Safe Passages to Adulthood' programme, linking UK universities with those in Africa, and running programmes to help young people improve their sexual and reproductive health

... or the 'Soul City' TV 'soap opera' programme, now in its 6<sup>th</sup> series across eight countries in Southern Africa, which

looks at a variety of health and social issues, through both education and entertainment.

... or the £39 million over 7 years which we have committed to Nigeria's 'Partnership for Transforming Health Systems' (PATHS).

Just a few months ago, I had the privilege of seeing a highly successful DFID-funded health clinic in Hillbrow, downtown Johannesburg.

The place was stacked with condoms; it ran a daily surgery and counselling for women and young people.

So there are models of good practice – but we have to ask ourselves – how representative are they?

Looking ahead: what will the UK continue to do about it?

I have said it before: our money is where our mouth is.

Development spending has gone up markedly: it will continue to do so, reaching 0.47% of Gross National Income by 2007, and the UN's target of 0.7% by 2013.

If the UK's plans for the International Financing Facility are realised, we could double the levels of aid available to the poorest countries.

The UK influences agendas – and never more so than next year when we will hold the Presidencies of both the G8 and the EU.

Reproductive health must be on our agenda for both.

*(Can we say 'will be'?)*

Much of our health work is focussed on Africa – the big theme for 2005, not least with the UK-launched 'Commission for Africa' publishing its findings on how to improve international assistance to that continent.

**Thirdly** and finally (go on, admit it, the poor man's going as fast as he can....!): what can we Parliamentarians do?

I'm proud of the role the UK Parliament plays in the global reproductive health debate.

Our 80-strong All Party group, headed by Chris McAfferty, is not only the longest-standing such group, having been set up in 1979.

It's a model of industry and advocacy.

DFID listened hard to its voice when it published three new strategies over the last 12 months – on sexual and reproductive health and rights, on reducing maternal deaths, on HIV and AIDS.

It's closely linked with its equivalent in the European Parliament.

I'm happy to say that the UK was the first G8 country to sign up to the ICPD World Leaders Statement – Tony Blair did so in July of this year.

Only last week was the Statement handed over to Kofi Annan.

We international Parliamentarians have an incredibly important role to play, in maintaining the ICPD consensus and gaining high-level political commitment.

Be advocates amongst your communities and your constituents.

And keep holding us Ministers to account.

Remember: our bottom line is fighting poverty – and poverty has the face of a woman.

Let's keep reproductive health at the very top of our agenda.

Thank you.

**ENDS**, 1176 words