

## **Clark: NGO Forum on Sexual and Reproductive Health and Development**

### **Statement of Helen Clark, UNDP Administrator**

#### **On the occasion of the "Global Partners in Action: NGO Forum on Sexual and Reproductive Health and Development"**

**Wednesday, 2 September 2009**

**Berlin**

I am very pleased to be participating in this important NGO Forum on Sexual and Reproductive Health and Development.

I commend the government of Germany and the UN Population Fund for its support for this conference – which brings together such a diverse range of NGOs who work to support sexual and reproductive rights.

And it's good that so many young people are able to be involved in the Forum, to focus our attention on the sexual and reproductive health services their generation and future generations will need.

The questions we gather here to discuss are of great significance to all stakeholders in development.

Unless we make progress on sexual and reproductive health rights, we will find it very hard to gain traction on wider development goals

That is why I have come in my new role as Administrator of the United Nations Development Programme. While UNDP is not a specialist agency working on sexual and reproductive health, we recognize the linkages between these issues and all other aspects of development. Through the co-ordinating and convening role we have in the UN development system, we must give full support to the work of all those involved in the promotion of sexual and reproductive rights.

There can be no doubt that the International Conference on Population and Development in Cairo in 1994 was a landmark conference. It helped lay the foundations for the Millennium Development Goals, which focus the international community on critical development indicators.

The groundbreaking Programme of Action launched at Cairo set out to tackle an integrated set of population, development, and human rights issues over the following twenty years. Universal access to reproductive health was at the center of the Cairo vision.

2014 seemed a long way away then. Now it's only five years away. Much remains to be done to meet the vision of those who gathered in 1994.

Similar challenges apply to the MDGs, signed up to by world leaders in 2000. The target date of 2015 seemed to give sufficient time for the goals to be met.

The UN recently issued its annual report on progress towards the MDGs.

MDG 5, which seeks to improve maternal health, calls for a reduction by three quarters in the maternal mortality ratio from that of 1990, and for the achievement of universal access to reproductive health.

Alas, this is the MDG towards which there has been the least progress so far. That in itself speaks volumes about the low status of women in far too many societies, and about the low priority given to the empowerment of women and meeting women's needs.

Some countries have succeeded in significantly reducing maternal death rates in the past decade.

But, with only six years left to the 2015 target date for achieving the MDGs, global progress is far too slow overall on this MDG.

Somewhere in the world a woman dies every minute from complications related to pregnancy and childbirth.

That amounts to more than half a million deaths every year, 99 per cent of which occur in developing countries.

As this audience knows so well, many of the health issues faced by pregnant women are preventable or treatable.

But so many women live in societies where maternity clinics are either non-existent, or ill-equipped, and where they lack access to family planning, skilled attendance at birth, and emergency obstetric care, let alone adequate nutrition, housing, and income.

Despite the enormity of the challenge before us in achieving universal access to reproductive health, most developing countries have experienced significant reductions in donor funding for family planning on a per woman basis in recent years.

That impacts adversely on all our efforts to promote sexual and reproductive health.

It also impacts negatively on our efforts to reduce poverty, advance infant and child health, and improve the status of women and girls overall.

As long as 200 million women in the world have an unmet need for family planning, their chances of finishing their education, being in paid work, and breaking out of poverty are reduced.

The Programme of Action from Cairo and the MDGs are mutually reinforcing commitments.

I believe women have the right to make their own decisions about whether or when to have children, how many to have, and with whom - and then to receive support and care to give birth safely.

Providing comprehensive sexual and reproductive health care services is central to improving the health of women and promoting gender equality.

Women's sexual and reproductive health will also benefit from better education, reduced poverty and hunger, and from the progress we make in reducing the spread and prevalence of HIV and other diseases.

These are the kinds of virtuous cycles we can support through our development interventions.

Progress towards one MDG can help us accelerate progress on others.

I have asked UNDP, both as a stand-alone agency and because of its co-ordination role in the UN development system, to identify, country by country, where the gaps are in MDG achievement, and what we can do to help tackle them more effectively.

It is interesting to note that in the eight countries where the UN has piloted a "delivering as one" approach to its development activities, areas highlighted in the Cairo Programme of Action do get more attention. The lesson to be drawn from this is that a better co-ordinated UN development system will also give better support to sexual and reproductive health.

Much of what UNDP does bears directly or indirectly on the themes of this Forum, and on those discussed in 1994 in Cairo.

We are mandated by our strategic plan to promote the empowerment of women, and the incorporation of gender perspectives and the participation of women in our programming.

We cannot hope to reach the MDGs if fifty per cent of the world's people are not afforded equal rights and opportunities. Addressing the needs of women needs to be at the heart of the development agenda everywhere.

This matters enormously to me as a woman long supported by other women and men to break through glass ceilings, and to pave a way for other women to follow.

UNDP's mandate to promote gender perspectives in development sees us work in the following ways :

- Our response to HIV/AIDS pays special attention to addressing the particular vulnerability of women and girls, and to tackling the effects the epidemic has on their lives.
- In the areas of crisis prevention and early recovery, we work to address justice and security for women and violence against women. We work alongside others to implement Security Council Resolution 1325, promoting women's contributions to conflict resolution and building sustainable peace.
- And, pursuant to the Security Council's strongly worded resolution 1820, UNDP also plays a role in finding solutions to the scourge of sexual and gender-based violence in conflict and post conflict areas. Our partnership with civil society is very important for this work, and one we want to strengthen further.

Our work on the environment also relates to what was agreed to in the Cairo Programme of Action. It addressed the interrelationships between population, economic growth, and sustainable development. It called on states to reduce and eliminate unsustainable patterns of production and consumption, to ensure that the needs of current generations can be met without compromising the ability of future generations to meet their needs.

Over the past fifty years the world population has more than doubled. The way we live and develop in future needs to be consistent with keeping our ecosystems in balance.

It is critical that the new climate change deal so many are working hard to achieve is also a deal for development. The brunt of climate change will be borne by developing countries, and within those countries the heaviest burden will fall on women and other vulnerable sectors of society.

The theme of my remarks today is that improving the sexual and reproductive health of women is an essential part of meeting broader human development goals.

That is why all actors in development, regardless of their specific mandates, need to work closely together - across governments, NGOs, the private sector, foundations, and multilateral agencies to support universal access to reproductive health.

While strategic partnerships are essential, so at this time are additional resources.

The economic crisis threatens to undo hard-fought development gains in poor and vulnerable countries.

The experiences of past economic downturns suggest that health status in the developing world is likely to deteriorate, and that school enrolment and completion rates may drop, especially in the poorest countries. Women and girls will be hit the hardest.

Providing development assistance at this time is surely a moral imperative. It should be of concern to all of us that those least responsible for the economic crisis stand to bear the brunt of its effects, including through impacts on their health, and access to services.

Development assistance pledges made, including those of the G8 summit in Gleneagles four years ago, now need to be fulfilled. The G20 meeting in Pittsburgh also offers an opportunity to focus on the needs of the poorest and most vulnerable countries.

More support for these countries at this time would help them maintain their budgets for basic services, like health and education, and maintain momentum on the MDGs.

The first paragraph of the Programme of Action from Cairo declares : "Never before has the world community had so many resources, so much knowledge, and such powerful technologies at its disposal, which, if suitably redirected, could foster sustained economic growth and sustainable development."

That statement was true fifteen years ago. It is even more true today as the world has accumulated more resources, knowledge, and powerful technologies.

We have six years left to the 2015 target date for the MDGs, and five years left to that for the Cairo Programme of Action.

We must spare no effort to fulfill the vision of these interlinked sets of goals.

That means intervening to prevent women needlessly dying in childbirth; to support women to choose how many children to have; to prevent more children from dying before their fifth birthday; to provide education access to both girls and boys; and to halt and reverse the spread of HIV.

Let this significant conference be a milestone in inspiring the action which helps us achieve these critically important goals which seek to transform the lives of women and their families and communities. And may this conference also reaffirm the critical role of NGOs in achieving universal access to reproductive health.

Thank you.