



**Panel Discussion at the UN Commission on Population and Development
Side Event "Advancing the ICPD Agenda by 2014 and the MDGs by 2015:
Advancing Family Planning and Reproductive Health"**

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Thank you to the organisers. It is a particular pleasure for me to be here as not only am I a Senator in Belgium, but before the start of my political career I was and still am a gynaecologist and researcher in sexual and reproductive health and rights. And I still remain active in this field, as the Director of the International Centre for Reproductive Health, which is operational in 4 continents.

I mention this to say that reproductive health really is my field of interest, and has been for decades. And it is for this reason that I'm so pleased to be at this year's Commission on Population and Development, which is addressing the way forward in Sexual and Reproductive health and rights, Family Planning and contraception, and Youth, and to be at this side event.

As you know, I am a 1) politician and 2) from Europe and it is wearing these two hats that I would like to speak to all of you.

Part I: A European Approach to SRHR and meeting the ICPD and MDG targets

First of all as Belgians and as a Europeans we have much to be proud of in terms of our track record of support for sexual and reproductive rights.

- French commitment of € 100 Million in new funding to Maternal and Child Health, including family planning. France is currently in discussions to see about a portion of these funds being allocated to UNFPA
- German Government voluntary family planning initiative totalling € 80 million
- The new UK coalition government making population and maternal health – and by this family planning – a priority of their new development policy
- Belgian contribution to core funding of UNFPA is increasing
- Scandinavian countries spending lots of their ODA towards MDG 3-4 5

Some less well known, yet nonetheless noteworthy, achievements are:



- in May last year, the Portuguese Parliament unanimously passed a Resolution on MDG 5 which specifically called on increased investments in reproductive health and family planning
- despite deep financial difficulties, the Spanish Government signed a new multi-annual framework agreement with UNFPA where the Spanish voluntary contribution is stabilised (amid severe cuts in other development areas and to other partners)

These various examples from different European countries are all encouraging, but I would like to ask that you take a look at the bigger picture to see what shapes into a “European approach” to sexual and reproductive health and rights. This European approach is essentially based on two pillars:

- First, that of supporting long-term efforts in developing countries. Achieving sexual and reproductive health and rights is a long term process and will result in the transformation of societies – and we need to have this long-term vision in mind.
- Second, that it should be led by our multi-lateral partners, especially UNFPA and civil society organisations, who have the legitimacy, mandate and on-the-ground presence to achieve the goals we have set for ourselves in partnership with the authorities of recipient countries. In addition we highly value the work of local NGOs in this field.

This approach has meant that for nearly a decade, seven of the top ten donors to UNFPA have been European donors. European donors stepped in a number of years ago when UNFPA experienced a politically motivated funding gap and we are doing our best to stay with UNFPA even when we are experiencing our own economic difficulties. As of 2011, nearly all the 27 Member States of the European Union are providing a voluntary contribution to the agency.

Another good example of Europeans pooling their resources together to support a multi-lateral effort to deliver tangible results on the ground is the UNFPA Global Programme to Enhance Reproductive Health Commodity Security, the biggest trust-fund of the agency. Through this programme, countries can move towards more predictable, planned and sustainable country-driven approaches to securing essential supplies and ensuring their use. This is thanks to the support of the governments of the UK, the Netherlands, Spain, Luxembourg and even Catalonia.

The EU and country-level donors are making great contributions to reproductive health, to family planning and to slowing rapid population growth. We need to follow the evidence base and put money where it has greatest leverage. We need to meet the unmet need for family planning - probably the most leverage investment possible in foreign aid.

Part II: Finding a solution to neutralise the politisation around SRHR should also be an objective of ICPD and the MDGs



Now, I would like to speak to you as a politician, as opposed to many of the other speakers who are government officials and therefore have an obligation to be more neutral and objective in what they say. As a politician, I have no such limitation and indeed, my job is to have an opinion, hold on to it strongly and to advance it in various settings. I will do so now. The opinion I would like to share with you and ask you to consider is that of **'The exceptionality of Family Planning and SRHR'**.

We have become accustomed to hearing about the exceptionality of HIV/ AIDS since the late 90s and the response has been spectacular – although much more needs to be done we are finally within range of being able to control the pandemic. Significant is that HIV/AIDS funding has increased by 1400% over the last decade as compared to 34% for FP. Now, we need to consider the exceptionality of family planning and sexual and reproductive health and rights. Deaths resulting from poor SRHR are tragic. However, they are no more or less tragic than other preventable deaths resulting from any other health inequity, for example from malaria, AIDS, TB, diarrhoea, etc.

However, FP/SRHR are unique among all other global health development issues for the fact that they are highly and singularly politicised in donor countries resulting from religious ideology. For example, we all know that:

- When one party gains positions of influence in the US Congress or takes control of the White House, their first action is not to stop funding to vaccinations in developing countries, nor to cut funding to the Global Fund or UNICEF. They do however try to re-instate the Global Gag Rule, de-fund UNFPA and cut funding to voluntary family planning and comprehensive SRHR.
- Back in the Brussels, no other global health issue mobilises entire delegations & political parties in the European Parliament as SRHR. SRHR has become the single most difficult issue for EU coordination in UN setting, where the EU regularly fails to agree a common position on SRHR. However, the voice of Europe consists of an overwhelming majority of 25 countries who are pro life and pro-choice and who should not be stopped in their efforts by 2-3 against choice countries.

This politisation of SRHR / FP in the two donor regions – EU & USA - which account for 85 % of all external funding to the issue is what is exceptional. This politisation is driven by religion in donor countries. This has meant that among all global health interventions, SRHR and FP are singularly targeted for non-evidenced based and unscientific interventions and where ignorance based on religious ideals are deemed acceptable development approaches. I think it is important to stop cloaking family planning in the obfuscating concept of sexual and reproductive health, as since-much more than in the past- FP had been connected to rights rather than to public health. Both are equally important but from a pragmatic public health perspective, FP has to be moved to the forefront again within and outside the rights dialogue.

As a politician who has been entrusted to look after taxpayers' money and also as a scientist, I consider this to be one of the biggest challenges in advancing on SRHR. SRHR are fundamental to the human rights of half of human population (women),



the human rights of the world's largest generation of young people ever as they enter their reproductive age and concern some of the most egregious and pervasive human rights abuses the world has ever known and which are practiced today systematically, almost without impunity (child marriage, FGM, sexual trafficking, GBV). We must find a solution so that the cultural and religious hypocrisy which touch both sides of the Atlantic no longer can hold the lives to women in developing countries as hostage. Tradition and culture have their values but all these so-called traditional practices are harmful for girls and women, I have never found one disadvantaging men...

Advancing SRHR can be among the most important interventions to support human rights, democratic values and provides multiple long-term contributions to environmental concerns and sustainable development – few other global health interventions have such powerful knock-on effects. Finding a solution to neutralising the politisation around SRHR should also be priority in our work to advance the ICPD Programme of Action and the MDGs. We can start to do this by recognising how exceptional SRHR really are and hope to achieve the same successes as other issues which were made exceptional. We from EPF will do whatever we can for the EU to come back as a strong leader, a big force in FP and SRHR.