



Reproductive Health Supplies & Services Key to Poverty Reduction

Maternal ill health, unsafe abortion and HIV/AIDS are major barriers to sustainable development. These can only be broken when men and women, adults and youngster, are able:

- to control the size of their family,
 - to access health care and treatment for complications or disease, and
 - to acquire the knowledge and tools to practise safer sex.
- Regarding their sexuality and reproduction people must have ample possibility to make individual and informed choices, free from coercion. Therefore, the access to reproductive health supplies is of utmost importance.

Unmet need

The last 40 years have seen tremendous improvements in the reproductive health (RH) of men and women in low- and middle-income (LMI) countries. In that time, contraceptive prevalence rates have risen from an average of around 10% to over 60%. The number of LMI countries with official population policies has grown from 2 to 115, while total fertility rates have dropped from 6 to 2.6.

Unfortunately, these achievements are under threat today. In the next 10 years, the number of contraceptive users is projected to increase by more than 21%. Globally, more people than ever will soon be entering their reproductive years. At the same time there is a worldwide shortfall in the funding and availability of affordable sexual and reproductive health commodities and quality service provision. Without these, the promises made at the International Conference on Population and Development (ICPD) in 1994, the Millennium Summit, and reiterated at the September 2005 World Summit, cannot and will not be kept.

Investing in reproductive health supplies

Reproductive health supplies include not only (male and female) condoms, but also oral birth control pills, medication and materials to ensure healthy pregnancy and delivery, emergency contraception, and medication for prevention and treatment of sexually transmitted infections (STI's) and HIV/AIDS¹⁾.

Forgotten reproductive health supplies such as female condoms need greater investments. New means of protection against STI's, HIV/AIDS and unintended pregnancies need to be tested, especially those supplies that allow women to be in control, such as microbicides.



foto: Johannes Odé

Women suffer most

The crisis in the availability of reproductive health supplies hits women the hardest. Complications resulting from pregnancy and childbirth are the leading causes of death and disability for women in developing countries, leading to more than 500,000 deaths every year. That is 1 death per minute, more than 10 million women per generation. And almost all – 99 per cent – are in developing countries. About 70,000 women die each year from unsafe abortions²⁾. Meeting the global need of contraceptive services in developing countries would save the lives of more than 1,5 million women and prevent 505,000 children from losing their mothers.³⁾

Discriminated groups

A lot of people are under risk of being discriminated against and excluded from parts of society, because of their sex, marital status, age, HIV status, sexual orientation, ethnic background, place of origin or disability. They generally have less access to health care services, such as reproductive health supplies, which in itself is disempowering, making the struggle against discrimination even harder. Ensuring access to reproductive health supplies for such groups could have an empowering effect, not only in terms of people's sexual and reproductive health, but also for the development of their societies.

Barriers

Ensuring adequate donor resources is critical to meeting the supply challenge. Accessing those resources once they arrive is equally critical – and often equally precarious. The trend towards greater country ownership of the

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development process has shifted the responsibility for addressing and financing supplies to countries themselves. A tremendous responsibility, that requires the presence of functional, effective systems for forecasting, procuring, warehousing, distributing, and managing information on reproductive health supplies.

Unfortunately, the national players needed to complete this transition are not always on board. Many countries lack national budget lines for supplies. Designated funds are not seldom allocated elsewhere or unspent. Also the imposition of heavy tax barriers, the application of complex regulatory requirements, and the occasional widespread release of free commodities, are undermining the supply security.

The level of RH commodity security among countries vary greatly, due to the different pace of development countries show, and also due to the affection by conflict, natural disasters, and other crises. Responses must be tailored accordingly and by donors and agencies charged with responding to emergencies. All too often, however, the solutions require global action. Calls to harmonize tools, apply universal quality standards, or adopt best practices are futile if the global community cannot take common action when common action is required.

Furthermore, the diminishing priority of reproductive health is alarming, compared to other health concerns and other disease-specific partnerships. The huge increases in funding for HIV/AIDS in particular have set up a competitive environment. RH managers have not been especially successful or active in budgeting, securing and advocating for, the human and financial resources needed for their programmes. At the same time, recognition of the value and importance of working together with other health partnerships on issues of supplies, both globally and at country level, is growing.

Finally, the political sensitivities surrounding reproductive health form a huge barrier for supply security. Conservative opposition to family planning and to the principles of the International Conference on Population and Development (ICPD) is not limited to any one country or region. Giving high priority to reproductive health in these circumstances, therefore, requires significant political will and continuous advocacy on a global scale.

- Each year, 529,000 women die from pregnancy related causes. Of these deaths, 68,000 are caused by unsafe abortions. Further, for each maternal death, 20-30 women suffer injuries related to pregnancy or childbirth.
- Globally, 32% of the disease burden of women aged 15-44 is related to sexual and reproductive health ⁵⁾.
- Today, more than 33 million people are living with HIV/AIDS. In 2006, over 2 million people died from an AIDS-related disease ⁶⁾.
- About 2.5 million children under the age of 15, are living with HIV/AIDS today, of which 420,000 were infected in 2006. 90% of these children are infected through so called mother to child transmission, meaning that they contract the virus before or during their birth, or from breastfeeding ⁷⁾.

What needs to be done

- Information on sexuality and reproduction, combined with access to reproductive health supplies and health systems designed to answer to the need of multiple groups in society.
- Integration of sexual and reproductive health analyses into national poverty reduction strategies, national health systems, and research.
- Donor countries allocate specific funding for reproductive health supplies, and budget lines in development assistance budgets, in order to establish tools for monitoring the level of funding.

- 1) WHO/PSM/PAR/2006.1 – The Interagency List of Essential Medicines for Reproductive Health
- 2) Population Action International (PAI) 2003. How Family Planning Protects the Health of Women and Children, Washington, DC: PAI
- 3) UNFPA (2004) The Alan Guttmacher Institute, Adding it up. The benefits of investing in sexual and reproductive health care
- 4) UNFPA (2007), The Need For Steady Funding, <http://www.unfpa.org/supplies/funding.htm>
- 5) Bernstein, S & Juul Hansen, C. (2006), Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals, UNDP
- 6) UNAIDS (2007), 2007 AIDS Epidemic Update
- 7) UNICEF (2007), Progress for Children: A World Fit for Children Statistical Review



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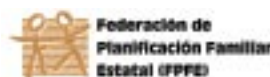
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