

**WOMEN
DELIVER**



MINISTERIAL FORUM ON MOVING FORWARD FOR FAMILY PLANNING



UNFPA at Women Deliver 2013

Kuala Lumpur, 27-30 May 2013

Contents

| | |
|---|-----------|
| Executive Summary | 3 |
| 1. Opening Remarks | 4 |
| 1.1 Mr. Jagdish Upadhyay, Chief, Commodity Security Branch, UNFPA | 4 |
| 1.2 Dr. Jill Sheffield, President, Women Deliver | 4 |
| 1.3 Ms. Kate Gilmore, Deputy Executive Director, UNFPA | 5 |
| 1.4 President Tarja Halonen, Finland | 6 |
| 2. Setting the Stage | 8 |
| 2.1 Dr. Kechi Ogbuagu, Coordinator, GPRHCS, UNFPA | 8 |
| 2.2 Ms. Valerie DeFillipo, Director, FP2020 Task Team | 9 |
| 2.3 Professor Hans Rosling, Gapminder | 10 |
| 3. PANEL: Ensuring Sustained Political and Financial Commitment | 11 |
| 3.1 Hon. Kasaija, Minister of State for Planning, Ministry of Finance, Uganda | 11 |
| 3.2 Mr. Lars Gronseth, Senior Advisor, Maternal and Child Health, Norway | 12 |
| 3.3 Ms. Saba Ismail, Youth Representative, Pakistan | 12 |
| 3.4 Hon. Maria Da Luz Guebuza, First Lady of Mozambique | 13 |
| 4. PANEL: Strengthening Systems | 14 |
| 4.1 Hon. Awa Coll-Seck, Minister of Health, Senegal | 14 |
| 4.2 Mr. Laouali Amadou Dan Azoumi, Deputy Secretary General, Ministry of Finance, Niger | 14 |
| 4.3 Mr. Philippe Meunier, Head of Directorate of Development and World Public Goods, France | 15 |
| 4.4 Mr. Benedict David, Principal Health Specialist, Health and HIV Thematic Group, USAID | 16 |
| 4.5 Ms. Michelle Kimathi, Youth Representative, Kenya | 16 |
| 5. PANEL: Expanding Access: Reaching the Hard to Reach | 18 |
| 5.1 Hon. Minister Kesetebirhan Admasu, Minister of Health, Ethiopia | 18 |
| 5.2 Mr. Hassane Namaka, Deputy Secretary General, Ministry of Health, Niger | 19 |
| 5.3 Dr. Anders Molin, Senior Policy Specialist, Sida, Sweden | 19 |
| 5.4 Ms. Mallah Tabot, Youth Representative, Cameroon | 20 |

| | |
|--|-----------|
| 6. PANEL: Ensuring Access For Young People | 21 |
| 6.1 Hon. Sarah Aceng Opendi, Minister of State for Primary Health Care, Ministry of Health, Uganda | 21 |
| 6.2 Ms. Marijke Wijnroks, Ambassador for HIV/SRHR/Maternal Health, USAID | 21 |
| 6.3 Mr. Robert Clay, Deputy Assistant Administrator for Global Health, USAID | 22 |
| 6.4 Mr. Yemurai Nyoni, Youth Representative, Zimbabwe | 23 |
| 6.5 Hon. Professor Dorothée Kinde-Gazard Minister of Health, Benin | 23 |
| 7. Investing in Women and Girls | 24 |
| 8. Closing Ceremony | 26 |
| 8.1 Moving Forward the 2015 MDG Agenda | 26 |
| 8.2 Call to Action | 27 |
| 8.3 Closing remarks: Dr. Jill Sheffiled | 27 |
| 8.4 Closing remarks: Dr. Babatunde Osotimehin | 27 |
| CALL TO ACTION | 30 |
| MINISTERIAL FORUM PARTICIPANT LIST | 34 |



Executive Summary

UNFPA, the United Nations Population Fund, organized in collaboration with Women Deliver, a Ministerial Forum in Kuala Lumpur, Malaysia, from May 27-30 as part of the Women Deliver 2013 conference. The objectives of the Forum were to review the progress on family planning; reach an agreement on key priorities in improving access to family planning, especially for most disadvantaged populations, through investing in women and girls; and adopt a Call to Action in the context of the post-2015 process.

The Forum was attended by Ministers, donors and members of civil society organizations, all of whom participated in a number of panel discussions. The Ministerial Forum was part of the momentum from a significant year in the field of family planning, propelled by the Every Woman Every Child initiative, London Summit on Family Planning, and the UN Commission on Life-saving Commodities for Women and Children.

The opening ceremony was addressed by Jill Sheffield, Women Deliver founder and President; Kate Gilmore, Deputy Executive Director, UNFPA; Tarja Halonen, former President of Finland; and Jagdish Upadhyay, Chief of the Commodity Security Branch, UNFPA.

Successive panels met to focus on five topics:

- ensuring sustained political and financial commitment;
- strengthening systems;
- expanding access – reaching the hard to reach;
- ensuring access for young people; and
- investing in women and girls.

Participants suggested ways of maintaining the family planning agenda momentum, particularly in the areas of youth education, engaging men, fulfilling commitments, and using what works.

Diane Stewart, Director of the Information and External Relations Division, UNFPA, spoke on 'Moving Forward the 2015 MDG Agenda'. The closing ceremony was facilitated on the final day by Dr. Babatunde Osotimehin, Executive Director, UNFPA.

The Forum adopted a strong Call to Action in which participants committed to making sexual and reproductive health central to the post-2015 development agenda. They pledged to hold themselves accountable for achieving universal access to family planning, and committed to working to eliminate barriers to deliver services and commodities, especially for youth and vulnerable populations.

1.1 Mr. Jagdish Upadhyay, Chief, Commodity Security Branch, UNFPA

Welcoming participants to the Ministerial Forum, Mr. Upadhyay commended the tireless efforts of Women Deliver founder Jill Sheffield. He noted the unprecedented progress in family planning in many countries in recent times, and gave several examples of dramatic increases in the use of modern methods of family planning:

- In Burundi the contraceptive prevalence rate (CPR) was only 2.7 per cent in 2000, but was estimated in 2012 to have reached 25.3 per cent with no stock-outs reported in the past few years. Contraceptive pills, IUDs and injectables are now available in more than 70 per cent of its facilities; and
- In Haiti CPR was 25 per cent in 2006 but has increased to 31 per cent as of 2012, and 84 per cent of the country's service delivery points now offer at least three modern methods of contraception, improving both access and choice.

The implication, Mr. Upadhyay concluded, is that if there is dedication and desire, great results can be achieved. The stars now seem to be aligned in support of family planning, he said, expressing optimism that such support will continue. Towards that end, he called for sustainable, long-term strategies, and expressed the hope that during the conference, the participants would strive to find them.

1.2 Dr. Jill Sheffield, President, Women Deliver

Dr. Sheffield characterized the conference as four days of focusing on how to pull together for girls and women. She welcomed this opportunity to work with UNFPA and noted that the week was starting with the good news that maternal deaths had declined by nearly 50 percent in the world and that there were fewer women in poverty. Despite those successes, however, there were still 222 million women who would like to plan their families but did not know how.



Jagdish Upadhyay



Dr. Jill Sheffield

She said the tide of change had begun, reporting that this Women Deliver conference was being attended by people from 150 countries who were on the side of girls and women.

There was serious work on several sensitive issues, she said, and while it was not the beginning of the end, it might, in the words of Winston Churchill be “the end of the beginning”.

She regretted that progress was still uneven among and across populations, and called on everyone to double down and be serious. In that regard, she recalled that at the London Summit on Family Planning in 2012, many governments made commitments, one of them being an ambitious but achievable target to reach a further 120 million girls and women.

Of the central issues, she cited real investments in girls and women, and end to violence against women, declaring that the focus must be on solutions. Towards that end, she challenged participants to raise their voices collectively and individually in order to affect the post-2015 agenda for girls and women.

What would make Women Deliver 2013 a success? It was what participants would be inspired to do when it was over, she said, emphasizing that if governments, the private sector and civil society all worked together, they could achieve great success.

1.3 Kate Gilmore, Deputy Executive Director, UNFPA

Family planning — a woman’s right to plan when, how many children to have and at what intervals to have them — is a core pillar of sexual and reproductive health and rights, and the cornerstone of the International Conference on Population and Development (ICPD) Programme of Action. Integrated with sexual and reproductive health, information and services, family planning is the right and the smart thing to do, she said.

Family planning, as an integral component of sexual and reproductive health and rights, sits at the heart of UNFPA’s mandate, the agency that has been the principal inter-governmental agency for family planning since its establishment in 1969. Even in times when family planning did not enjoy the popularity it does today, UNFPA stood by the rights of women and young people to manage and sustain their sexual and reproductive health.

“Choices, not chance, is the driver of UNFPA’s strategy for family planning through which we are working hard to keep our promise to deliver better, farther, faster,” Ms. Gilmore said.

She called for the continued cooperation and collaboration of governments, stating that UNFPA could never succeed on its own.

Turning to the post-2015 and sustainable development framework, she emphasized that placing sexual and reproductive health at the heart of the next generation development agenda is key to saving lives, equipping individuals and families for greater resilience, advancing economic development, encoding



Kate Gilmore

environmental sustainability, and securing equity and social justice.

Not until the World Summit in 2005 was universal access to reproductive health was included in the Millennium Development Goal (MDG) framework, and then, only added as MDG target 5b in 2007. This is unfinished business, she said: "More effort, more time, today and tomorrow, is needed to achieve universal access to reproductive health. We have less than 1,000 days to run and we need each one."

UNFPA knows that voluntary, human rights-based family planning, when framed within the context of overall sexual and reproductive health, is the key that unlocks the door to sustainable development. "We are your willing and able partners," she told the Forum, "and together, it is possible to achieve family planning based on choices, not chance."

1.4 President Tarja Halonen, Finland

The former President of Finland reminded participants that the Millennium Development Goals are coming to an end, and the ICPD is reaching its 20th anniversary. This therefore necessitates the formulation of a new development agenda, and opens "a real window of opportunity" for the international community.

The ICPD placed human rights and the empowerment of women, including their reproductive rights and health, at the centre of population and sustainable development. Although implementation of the ICPD Programme of Action has improved many lives, she noted that too many women, young people and marginalized communities are being left behind despite the Cairo promise. She expressed the hope that the development agenda now being formulated will incorporate their interests.



President Tarja Halonen

In addition to thousands of women who are victims of gender violence, 800 more will die from pregnancy and childbirth complications today; 2,400 more young people will become infected with HIV; and 3,900 girls will be married off as child brides.

Development will only be achieved when all individuals have the information and the means to decide on their sexual and reproductive lives free from violence, coercion and discrimination, President Halonen said, citing the ICPD. Its High Level Task Force, on which she served, issued important policy recommendations:

- protecting the sexual and reproductive rights of all individuals as fundamental human rights;
- universal access to quality sexual and reproductive health information, education and services, with special attention to adolescents, the most impoverished and the marginalized;

- ensuring universal access to comprehensive sexuality education for all young people; and
- eliminating violence against women and girls.

Ministers are important not only in the individual governments in which they serve, but also in their societies, she said, noting that the ICPD High Level Task Force counts on them in their work wherever they go. "Women deliver for all," she said, calling for cooperation: "It is time to deliver for them."



2.1 Dr. Kechi Ogbuagu, Coordinator, Global Programme to Enhance Reproductive Health Commodity Security, UNFPA

Themes of cooperation and focusing on solutions introduced by speakers in the opening remarks set the stage for the Forum. Dr. Kechi Ogbuagu reviewed the agenda, saying that these themes would be reflected throughout the Forum, and that the panel structure of the Ministerial Forum was indeed aimed at seeking solutions.



Dr. Kechi Ogbuagu

Discussion segments on the first day would tackle individual subject areas but on subsequent days, participants would be able to attend the plenary before returning to the Forum for moderated discussions, she explained. On the final day, following another scheduled discussion, participants would adopt a Call to Action.

Giving the background of Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS), Dr. Ogbuagu said the programme began in 2007 with the objective of making available a reliable supply of contraceptives and other reproductive health commodities, and ensuring their use.

Since then, GPRHCS has pooled funds from multiple donors, enabling UNFPA to provide a flexible and multi-year source of funding to participating countries. The programme has provided support to three 'streams' of countries - comprehensive, targeted and emergency. Funding has grown over the years, reaching \$565 million from 2007 through 2012.

Turning to the progress that has been made so far, Dr. Ogbuagu provided a number of highlights:

- increasing percentage of service delivery points reporting no stock-outs in the last six months;
- more service delivery points offering at least three methods of contraception; and
- availability of seven life-saving maternal and reproductive health medicines in Stream 1 countries.

Participating countries have set up national mechanisms according to their priorities, and are allocating national resources for the procurement of contraceptives. Some studies indeed show that

contraceptives are becoming even more available in the rural health facilities than the urban.

Turning to the challenges and lessons learned in five years of implementation of the GPRHCS, she noted that commodity provision and capacity development are contributing to reaching underserved communities, the programme is addressing social and cultural dimensions, and that many productive partnership with stakeholders have been established. Also, where conflict and fragility reverse gains, RHCS must be approached differently.

Building on what works, the GPRHCS has moved into its next phase from 2013 to 2020 and is expanding support to 46 countries on the basis of lessons learned and various initiatives. Recognizing the need for robust monitoring and reporting, the programme is expanding its Performance Monitoring Framework. Also, a Steering Committee is being put in place, comprised of donors, partners and programme countries.

2.2 Valerie DeFillipo, Director, FP2020 Task Team

Valerie DeFillipo, Director of the FP2020 Task Team, said the FP2020 vision is that women and girls must have the same access to life-saving contraceptives wherever they live. FP2020 will build on the partnerships launched at the London Summit on Family Planning and maintain the momentum so as to ensure that all partners are working together to achieve the goals and commitments announced at the Summit.

She recalled that more than 150 leaders from developing and donor countries - along with leaders from the private sector, international agencies, foundations and civil society - committed at the Summit to providing an additional 120 million women and girls in the world's poorest countries access to voluntary family planning services, information and supplies.



Valerie DeFillipo

More than 20 developing countries made commitments to address the policy, financing and delivery barriers to women accessing contraceptive information, services and supplies, and donors made new financial commitments to support these plans amounting to \$2.6 billion. The Summit underscored the importance of access to contraceptives as a transformational health and development priority.

As a result of the commitments made at the Summit, Ms. Fillipo announced that by 2020 there will be 200,000 fewer women dying in pregnancy and childbirth, more than 110 million fewer unintended pregnancies, over 50 million fewer abortions and nearly 3 million fewer babies dying in their first year of life.

2.3 Professor Hans Rosling, Gapminder

Hans Rosling, a professor of global health at Sweden's Karolinska Institute, used his Gapminder software to demonstrate population dynamics according to specific periods of history, available resources, and prevailing circumstances within regions and countries.

Speaking on 'The Family Planning Context Within Countries', he asserted that the main determinant of maternal mortality and child health is money: all developed countries have fewer maternal mortality and child health issues than their developing counterparts.

When maternal mortality is low, Professor Rosling observed that there are usually two children per

woman, and that reducing the number to this level takes half or one third of maternal mortality away.

He objected to population being mixed up with climate change, or climate change being used as a justification for seeking to limit population. The real challenge, he explained, is for balance between population and health.

Looking at the growth in human population, he said the current world population of seven billion will rise to 10 billion in 2050, with five billion of that number in Asia and three billion in Africa. The challenge is for that population to be healthy and wealthy: a balanced population in which all the coming African children can be put through school, and the old are able to provide for the young.



Professor Hans Rosling

PANEL: Ensuring Sustained Political and Financial Commitment

Panelists:

- **Hon. Matia Kasaija, Minister of State for Planning, Ministry of Finance, Uganda**
- **Mr. Lars Gronseth, Senior Advisor, Maternal and Child Health, Norway**
- **Ms. Saba Ismail, Youth Representative, Pakistan**
- **Hon. Maria Da Luz Guebuza, First Lady of Mozambique**

3.1 Hon. Matia Kasaija, Minister of State for Planning, Ministry of Finance, Uganda

The Government of Uganda recognizes the role of family planning in accelerating economic growth, Minister Kasaija affirmed, and under the just-launched Vision 2040 will transform the country from a peasant economy to a just, peaceful and prosperous middle-income country over the next 30 years.

Important elements in in Vision 2040 include education, ensuring health facilities everywhere, and improving the homestead income of families; he warned that if this approach is not adopted, nothing will change.

At the London Summit on Family Planning, President Yoweri Museveni underlined his government's total commitment to family planning, and pledged that his government would spend \$25 million on it over the next five years.

Uganda's plans in this regard are outlined in the National Road Map, which is aimed at helping Uganda to achieve its targets of reducing maternal



Hon. Matia Kasaija

mortality and achieving middle income status. He noted that Uganda adopted the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), initiated by the African Union Commission in 2009, and has already mainstreamed family planning.

Other elements of Uganda's efforts, according to the Minister, include budget-tracking to ensure that 100 per cent of the budget allocation for family planning is implemented; acceptance of a recommendation to train and deploy village health workers; acceptance of the role of the private sector; addressing the acute shortage of health professionals in the country; and working to improve the availability of quality data in order to effectively track the progress of the family planning Road Map.



Mr. Lars Gronseth

3.2 Mr. Lars Gronseth, Senior Advisor, Maternal and Child Health, Norway

The health of women and children is a principal focus of the Government of Norway, which is deeply involved in the 'Every Woman Every Child' initiative of the UN Secretary-General.

Norway is highly committed to creating momentum for the health Millennium Development Goals. In that regard, Mr. Gronseth drew attention to the roles of Prime Minister Jens Stoltenberg and Nigeria President Goodluck Jonathan as co-chairs of the United Nations Commission on Life-Saving Commodities for Women and Children. Norway, he said, is very proud of the report of that Commission and its 10 recommendations which, if implemented, are capable of saving six million lives over the next five years.

He further recalled that at FP2020, Norway announced it would double its annual support for family planning between now and 2020, a period of seven years.

3.3 Ms. Saba Ismail, Youth Representative, Pakistan

Pakistan has committed to achieving universal access to reproductive health and raising the contraceptive prevalence rate to 55 per cent by 2020, Ms. Ismail said, recalling her country's pledge at the London Summit on Family Planning.

Problems with the devolution of political power in the country make it difficult to work on family planning, however, which is not a national priority. Following the recent election, she said, there has been uncertainty about whether the Government will take family planning seriously, in terms of the FP2020 commitments. She noted the recent killing of female health workers, and the Taliban's restrictions on the mobility of women.

In Pakistan, family planning is not considered a human rights or women's rights issue. Doctors are biased and unprofessional, often preferring to abuse women rather than engage them, she said. Young people under-the age of 18 lack access to family planning information or services, and discussion of sexuality in schools is considered a taboo. In society, experienced women talk about sex only in whispers. Furthermore, all decisions about children are taken by men.

She noted that 1 in 7 pregnancies in the country leads to abortion, and that unwanted pregnancies have risen from 20 to 27 per cent in the past six years, with many women continuing to die from complication of pregnancy and childbirth and unsafe abortion. The irony, she said, is that there is an available pill that is cheap, and can be used by women up to nine weeks after becoming pregnant. It costs about one dollar to save a woman's life. The problem is that it is extremely difficult to get the information out.

She announced that her group now operates a hotline to offer family planning information to women, the launch of which was met with a lot of threats. The group has continued to operate the hotline and has so far reached 3,000 women.

As a way forward, she said that it is very important for the government to engage the women, who are “drivers of change” in Pakistan. She also called on the Ministerial Forum to engage more women in the future.

3.4 Hon. Maria Da Luz Guebuza, First Lady of Mozambique

The First Lady affirmed the commitment of the Government of Mozambique to ensuring the advancement of family planning services in the country, declaring family planning to be very important for the well-being of Mozambican families.

The major constraint, however, is the cost of contraceptives, and this problem often leaves the women to depend on the men in order to access commodities. She emphasized the importance of working to bring down the cost of contraceptives.

Mozambique is working on using the media to sensitize women on the importance of sexual and reproductive health, the First Lady said. She also stressed the crucial role of men in family planning, describing them as partners. There is no reason for these maternal mortality deaths, she declared.



Hon. Maria Da Luz Guebuza



Ms. Anuradha Gupta, left

Summary:

The moderator, Ms. Anuradha Gupta, an Additional Secretary in the Ministry of Health and Welfare, India, said the panel discussions on ensuring sustained political and financial commitment present further proof that the challenge of commodities is really very significant. Although costs have come down, more work is required for them to come down even more. It is also clear that all must also work harder to mobilize greater funds for family planning.

The discussions provide proof women should be engaged in the consideration of family planning, and that women in Pakistan are denied their rights. The attack on women health workers in the country is a huge set back, she said, but it is important to recognize that these women remain courageous and continue to do their work. Leadership is overwhelmingly important, and good leaders do not create followers; they create other good leaders.

4

PANEL: Strengthening Systems

Panelists:

- **Hon. Dr. Awa Coll-Seck, Minister of Health, Senegal**
- **Mr. Laouali Amadou Dan Azoumi, Deputy Secretary General, Ministry of Finance, Niger**
- **Mr. Philippe Meunier, Head of Directorate of Development and World Public Goods, France**
- **Mr. Benedict David, Principal Health Specialist, Health and HIV Thematic Group, AusAID**
- **Ms. Michelle Kimathi, Youth Representative, Kenya**

4.1 Hon. Dr. Awa Marie Coll-Seck, Minister of Health, Senegal

Responding to the question of how to strengthen health systems to deliver family planning commodities, Hon. Dr. Coll-Seck said that one key obstacle her country has faced is procurement. She then described the difficulties of women trying to access family planning products in rural areas.

Senegal is experimenting with the Push model, where products are procured based on forecasting that anticipates demand. The supply chain management would be improved and all the required materials would be available in health offices all the way down to the village level.

There are many trained people in Senegal, she said, but the issue is recruiting them, as they sometimes do not want to work in the rural communities.



Hon. Dr. Awa Marie Coll-Seck

4.2 Mr. Laouali Amadou Dan Azoumi, Deputy Secretary General, Ministry of Finance, Niger

Asked how Niger is working to ensure sustainability, the Deputy Secretary General said from the point of view of the Ministry of Finance, his country has identified an insufficient supply of products, insufficient human resources, lack of service provision, and insufficient governance.

In response to these challenges, Niger has adopted a number of measures including, for example, the



Mr. Laouali Amadou Dan Azoumi

creation of an Intranet for the Ministry of Health, and capacity building and strengthened supervision at various levels. The country has strengthened its national pharmaceutical network, with plans to step up product quality. Efforts to strengthen human resources include provision of necessary training to health professionals.

Turning to financing, he said that in addition to the annual budget, Niger would consolidate accounting practices as well as set up a solidarity fund for healthcare. There would also be a public fund to pay for health care services. In addition, health services would be stepped up; governance improved; decentralization improved; capacity within the Ministry developed; and better contacts established between the Ministry of Health and the health districts.

It is not possible to strengthen health systems without strengthening human resources, he said, which is why the government is now recruiting doctors and midwives.

4.3 Mr. Philippe Meunier, Head of Directorate of Development and World Public Goods, France

Mr. Meunier noted the similarity in the experiences and issues being related by participants, proving that their concerns are universal.

He said France remained extremely committed to meeting the challenge of family planning, and is the second biggest donor in the field following the United States. France has pledged an extra €500 million for family planning within the context of reproductive health 2011-2015 (Muskoka initiative).

France believes in the principle of partnerships; working in countries in crisis, such as Afghanistan; and making contributions to United Nations agencies. France is also involved in the training of personnel as well as in provision of commodities, describing the coalition for healthcare as an excellent one.

He emphasized the importance of strengthening systems, saying that France is also working within the Global Fund to fight AIDS, Tuberculosis and Malaria in this respect.



Mr. Philippe Meunier

4.4 Mr. Benedict David, Principal Health Specialist, Health and HIV Thematic Group, AusAID

Mr. David of the Australian Agency for International Development observed that the current situation was full of both opportunities and challenges, and used Australia's relationship with Papua New Guinea as an important example.

Health is one of the key priority areas for Australia in its relationship with Papua New Guinea. He asked: How do you help Papua New Guinea build stronger health systems when per capita income is very low?

Australia engages in action within the context of partnership to improve health services and offer better access to essential health care, including increasing the number of babies delivered in Papua New Guinea by skilled health staff. He identified system strengthening within the context of public and private cooperation.

For example, Australia's efforts in Papua New Guinea have included pilot programmes for vaccines and the training of professionals, funding for a health campaign, and partnership with the private sector.

With reference to financing, Mr. David drew attention to a number of issues, including current cost funding. Working with the Ministry of Health or Ministry of Finance requires more flexible financing, and partners must be held accountable.

4.5 Ms. Michelle Kimathi, Youth Representative, Kenya

While youth are often told they are the future, it is critical to think of them also as the present. Ms. Kimathi said that in order to fix the gaps in youth access to information and services, she said it was crucial to address infrastructural barriers that would enable the youth to access health services, citing the

youth centres that have been set up in Ethiopia.

Young people want to sit down with providers who make them comfortable, as opposed to those who want to put them down or embarrass them, she said, emphasizing the importance of sensitivity training for providers.

She called for a focus on youth-specific needs, and for reforming laws that restrict youth access, especially in the area of family planning.

When young people show up for services and it is discovered they also have other needs, instead of their simply being turned away, providers should offer linkages to other available services.

Ms. Kimathi recommended the use of social media to reach youth, pointing out that since they are heavy consumers of that technology, it is a handy tool for engaging them. She also suggested the use of a dedicated hotline through which youth can be encouraged to seek guidance. Engage youth not simply in the receipt of programmes meant for them, but in the stages of design, implementation, monitoring and evaluation.

With reference to adults who frown on the issue of sexual information being made available to youth, she said it should be provided, but made age appropriate.

Summary:

The moderator, Dr. Muhammad Ali Pate, Minister of State for Health, Nigeria, summarized the panel discussion, which had addressed questions about how to strengthen health systems, and how to ensure financial sustainability. The Push model in Senegal is an important model to consider in the effort to achieve sustainable financing; so, too, is ongoing work in Niger to address bottlenecks in the system, including the creative use of incentives, he said.

Country ownership of work in family planning is crucial, as is the concept of flexible financing. The concept of innovative financing that makes use of taxation was presented for consideration and met with concern regarding reproductive health commodities.

Participants applauded ideas to improve infrastructure, improve monitoring and evaluation, and reform existing policies that create barriers to access, especially for youth. They welcomed youth-friendly services, and efforts to link youth services with other services they might need. Participants agreed there is a need to educate young people about sexuality and reproductive health.



Dr. Muhammad Ali Pate, centre

PANEL: Expanding Access: Reaching the Hard to Reach

Panelists:

- **Hon. Minister Kesetebirhan Admasu, Minister of Health, Ethiopia**
- **Mr. Hassane Namaka, Deputy Secretary General, Ministry of Health, Niger**
- **Mr. Anders Molin, Senior Policy Specialist, Sida, Sweden**
- **Ms. Mallah Tabot, Cameroonian Youth Representative**

5.1 Hon. Dr. Kesetebirhan Admasu, Minister of Health, Ethiopia

Dr. Admasu recalled that in 2000, contraceptive prevalence in Ethiopia was only 6 per cent. In 2003, there were 600 health centres, but they were concentrated in the urban areas in a country that was 85 per cent rural.

That model was obviously faulty, he said, and the government decided to embark on the Health Extension programme, under which it has since provided training to 78,000 people - all of them female. After one year of training, graduates of the programme are deployed all over the country to cover a wide range of health issues, including family planning.

He announced that as a result of the Health Extension scheme, by 2011, Ethiopia's contraceptive prevalence rate had risen 20 per cent, and is expected to rise to 40 per cent by the next review.

Access is the main issue, the Minister said, describing the lessons learned. The programme has played a



Hon. Dr. Kesetebirhan Admasu. Photo credit: UNICEF Ethiopia

major role in providing access to contraceptives, a success attributed to selection of health extension workers who are indigenous to the local communities in which they serve: they know how to communicate with the people, he explained. A second lesson learned under the programme is the importance of free contraceptives. Throughout the country, contraceptives are made available without conditions. Through private-public partnerships with the Government of Ethiopia, even when people obtain contraceptives outside the system, the products are still free to the people, and the government receives the bill.

A third valuable lesson, Dr. Admasu said, is the importance of task shifting. Health Extension Workers are trained to undertake tasks that were previously the exclusive purview of doctors and nurses, such as injectable contraceptives. This is one reason why the Health Extension scheme has made a significant impact. Since 2009, injection of implants has also been shifted to the Health Extension Workers, with two million implants provided.

5.2 Mr. Hassane Namaka, Deputy Secretary General, Ministry of Health, Niger

The Secretary General said that in order to address the low contraceptive prevalence rate in Niger, which stood at 12 per cent, an Action Plan for 2012-2015 was established. At this time, 50 per cent of women in Niger lacked access to health care services or information, and 50 per cent had access to a health centre within five kilometres. Service providers were either incompetent or unmotivated, and the country



Mr. Hassane Namaka

faced a huge financial gap between health needs and resources.

On strategies established to expand family planning, Mr. Namaka said that since 2012, first-level health facilities have been allowed to provide contraceptive services, including injectables, which they could not do in the past.

Niger is providing all contraceptive products free of charge, and is using the mass media, especially radio, to educate the people about family planning. Services are also being taken to those who live far from health centres, and mobile clinics comprising an integrated health team of nurses and midwives travel to specific areas, especially areas patronized by the nomads.

In certain areas, women receive contraceptives as part of recent initiatives in community-based distribution. In addition to this, a new system has been introduced that involves an NGO providing injectable contraception by a relay system. A youth-friendly system is also being enabling young people to obtain services.

The acclaimed Husbands' School is to be expanded to all the regions, he concluded.

5.3 Mr. Anders Molin, Senior Policy Specialist, Sida, Sweden

Mr. Molin of the Swedish International Development Cooperation Agency (Sida) emphasized the crucial importance of political will in order for change to be effected, along with knowledge and the resources. He underlined the difficult nature in many countries of family planning as a subject of conversation, with many societies unwilling to engage in it.

Regarding the financing of family planning, he noted that a recent high level task force on innovative financing came out with a report which said that for change to happen, investment in the field needed to be doubled.

5.4 Ms. Mallah Tabot, Youth Representative, Cameroon

Ms. Tabot, a journalist, blogger and young women's advocate, attributed many hurdles to family planning to culture, pointing out that in patriarchal African society, men remain the ones to disseminate knowledge. In rural Cameroon, she said, women do not access family planning information.

To respond to the problem, it is very important to educate the men about family planning issues. If men are given the appropriate knowledge, she said, they feel they are part of the solution.



Summary:

Moderator Mohamed Safiullah Munsoor, Strategy and Program Management, Islamic Development Bank, applauded the progress of the Health Extension scheme in Ethiopia.

He also underlined the importance of education in the context of advancing family planning, using the Husbands' School as an example.

- **Hon. Sarah Aceng Opendi, Minister of State for Primary Health Care, Ministry of Health, Uganda**
- **Ms. Marijke Wijnroks, Ambassador for HIV/SRHR/Maternal Health, USAID**
- **Mr. Robert Clay, Deputy Assistant for Global Health, USAID**
- **Mr. Yemurai Nyoni, Youth Representative, Zimbabwe**
- **Hon. Professor Dorothee Kinde-Gazard, Minister of Health, Benin**

6.1 Hon. Sarah Aceng Opendi, Minister of State for Primary Health Care, Ministry of Health, Uganda

Family planning promotes the good health not only of the mother, but of the entire family. However, Minister Opendi noted a variety of hurdles confronting progress in the field, including religion, and husbands who go as far as deploying violence on women to prevent them from practicing family planning. If women seek access to family planning at all, it is done secretly.

It is of critical importance to involve the men with a view to confronting the ignorance that is the force behind their objection to family planning, she said.

Human resources are another hurdle for family planning to overcome, as the commodities are sometimes available, but not trained staff.

It was also important, she said, to look at sufficiently integrating family planning within other health and development issues, was and to address the high cost of family planning in the medium and long term.



Hon. Sarah Aceng Opendi

6.2 Ms. Marijke Wijnroks, Ambassador for HIV/SRHR/Maternal Health, USAID

It is important to work towards the acceptance that sexuality is a normal part of life and of adolescence, and to avoid judgmental attitudes, Ms. Wijnroks said.

Failure to acknowledge sexuality often leads to the breakdown of communication between parents and

their children, she said. As a consequence, young people suffer lack of access to services because parental consent is required. She objected to the idea that young people ought not to bother about sexuality because it is not part of the school curriculum.

Popular terminology such as “planning a family” may also reflect a judgmental attitude, as the focus of young people is not to plan a family and the concept of family planning makes no sense to them.

Young people remain one of the key priority areas of USAID, which undertakes a lot of advocacy towards winning recognition of their rights.

Drawing attention to the Netherlands, where adolescent sexuality is accepted, she noted that young people are well informed and there is easy access to contraceptives. The mean age of first sex is 17.1 years. The Netherlands has one of the lowest teen pregnancy rates and one of the lowest abortion rates in the world.

6.3 Mr. Robert Clay, Deputy Assistant Administrator for Global Health, USAID

Mr. Clay (at left in photo) observed it is very important to engage youth so they understand that decisions they make when young will impact them later as adults. He noted that 2.6 million youth die each year due to HIV/AIDS, and that nearly half of all new HIV infections are in people under 25. And, among other concerns, children of teen mothers are more likely to be unimmunized.

He noted that USAID has been working in the field for about 50 years, and has a new youth development policy. It will continue with such programmes as the Bali Youth Forum to try to better target programmes to provide health information and services to young people.



Mr. Robert Clay, at left



6.4 Mr. Yemurai Nyoni, Youth Representative, Zimbabwe

Zimbabwe has many good stories to tell in the field of family planning, including good stock-out records of reproductive commodities. However, the country has only 26 youth-friendly centres to serve its large youth population, Mr. Nyoni said.

He cited a 2008 national survey concerning HIV/AIDS showing that only 4 per cent of students had a comprehensive knowledge of HIV/AIDS, in contrast to over 93 per cent for their teachers.

The availability of commodities should not be mistaken for accessibility; he said, explaining that a commodity may be available in abundance in principle, but not to certain demographics – in particular, to adolescents and young people.

He challenged the Forum participants to work with youth networks, and to be wary of the cost of inaction, noting that it is important to give the youth the

information they need or risk their “getting something else from somewhere else”.

6.5 Hon. Professor Dorothee Kinde-Gazard Minister of Health, Benin

Professor Kinde-Gazard said that family planning in the Republic of Benin is low, with a contraceptive prevalence rate between 8-9 per cent. Emphasis is now being placed on the predominantly youthful population. The government is also speaking with religious bodies about family planning, she said, suggesting the need for a curriculum for youth.

She noted, however, that the problem is not that of the Ministry of Health alone, and called on all who can help the country in the area of family planning to do so. There is a need for cooperation, including with the youth parliament. Family planning advocacy should emphasize the health of the mother, she recommended, as that approach would help the men to accept the message.

7

Investing in Women and Girls

On the second day of the Forum, participants decided on a novel approach to the day's discussion. The objective was to focus on specific solutions and actual recommendations on the subject of investing in women and girls.

"We need to talk about what can be done on the demand side, the health-seeking behaviours," said the session moderator, Ms. Argentina Matavel, UNFPA Representative in Mongolia. In other words, what can participants do to help the Ministers to their job better.

Participants were divided into two groups, each charged with producing a set of recommendations.

Following its deliberations, Group One, which focused on key areas of investment for women and girls, broke down its recommendations into immediate and future suggestions.

Short-term investments for women and girls:

- Making essential drugs available;
- Working on health system strengthening;
- Looking at the living environment of women and the factors that influence day to day life;
- Examining human resources for health to ensure all the necessary commodities are available.

Long-term investments for women and girls:

- Investing in education, rather than simply the health sector and health infrastructure;
- Creating comprehensive linkages with other Ministries, such as agriculture, social welfare, communication, and transportation;
- Ensuring a good registration system;



Ms. Argentina Matavel

- Mobilizing political commitment, as a vital ingredient for ensuring sustainability;
- Establishing a central high-level monitoring unit.

Group Two critically examined the demand side and social issues, questioning what must be done about factors such as culture, religion and tradition that hinder utilization of health services.

Recommended actions for removing barriers:

- Making family planning information available, in particular, targeting individual couples and bringing them as a unit into the discussion;
- Making an inventory of specific barriers, and devising solutions and appropriate solutions;
- Identifying forces and individuals with shared views in common, for example in such an area as religion, and working with them or going through processes with them to address the issues;
- Using women's groups as a mechanism for facilitating discussion family planning issues, and organizing women as a way of responding to societal objections to family planning.



8.1 Moving Forward the 2015 MDG Agenda

Diane Stewart, Director, Information & External Relations Division, UNFPA, delivered a presentation titled 'Moving Forward the 2015 MDG Agenda'. She referred to ongoing discussions about whether specific goals and targets should be incorporated in the forthcoming agenda, which follows the conclusion of the timeframes of the ICPD Programme of Action and the Millennium Development Goals.

She suggested the idea of specific goals and targets at this time was premature; instead what is important

is some holistic discussion on how the various ideas should come together. In view of the fact that Target 5b to achieve universal reproductive health was incorporated late in the MDG process, it is critical to start work right now on reproductive health so that it does not suffer the same fate again.

Discussion priorities for the new agenda include:

- Advocating for women and young people concerning access to sexual and reproductive health and rights;
- Financing sexual and reproductive health and rights nationally;



Diane Stewart, at right

- Removing economic, social, legal and logistical barriers;
- Holding government to account on their global commitments;
- Ensuring centrality of sexual and reproductive health and rights.

In order to advance this agenda, she urged the Ministers to participate actively in discussions at the national level, as well as through these channels:

- Open Working Group on Sustainable Development Goals (SDGs);
- ICPD Beyond 2014 regional population and thematic conferences;
- UN General Assembly special event to follow up efforts made towards achieving the Millennium Development Goals Commission on Population and Development in 2014;
- Sixth International Parliamentarians Conference (IPCI), Stockholm; and
- UN General Assembly Special Session on ICPD Beyond 2014.

8.2 Call to Action

The Ministerial Forum unanimously adopted a Call to Action in which the Ministers committed to making sexual and reproductive health central to the post-2015 development agenda. They pledged to hold themselves accountable for achieving universal access to family planning, and to work to eliminate barriers to service delivery and commodities, especially for youth and vulnerable populations.

The presentation of the Ministerial Call to Action was done by Dr. Kesete, the Minister of Health of Ethiopia. He also chaired the drafting panel that developed the Call to Action based on suggestions and amendments by participants.

8.3 Closing remarks: Dr. Jill Sheffield

Addressing the closing ceremony, Dr. Jill Sheffield, President, Women Deliver, commended the participants, telling them they were part of a major event representing 2,200 different organizations and more than 4,500 participants from 149 countries.

The numbers are more than double those of the Women Deliver conference in 2010. But the challenge is more than just numbers, she said, , expressing her appreciation to participants for finding time to attend, and hoping they are also inspired and determined to do some things differently when they returned home. She urged them to stay in front in pushing the agenda forward for women and girls.

8.4 Closing remarks: Dr. Babatunde Osotimehin

Before declaring the Ministerial Forum closed, UNFPA Executive Director Babatunde Osotimehin remarked that one single factor rang around all the corridors of the conference: this is the time for family planning and that women and girls, as well as boys and men, need to be put in a position to make the right decisions.

Government ownership of the process is key to development, he said, and government should lead the way and bring people together, as well as set strategic direction, policy and legal frameworks.

“Let us go forth, ensuring that each country owns the process and that we can scale up the programmes from what we have learned here,” Dr, Osotimehin urged, “And that for each country, we can work with legislators to put appropriate laws in place.”

Resources are critical, Dr. Osotimehin declared, as nothing could be achieved without adequate resources. He emphasized the importance of domestic



Dr. Babatunde Osotimehin

resources, saying that they matter the most because they provide sustainability.

The Millennium Development Goals remain very important, especially MDG-5b because it is allied to infant mortality, malaria, and HIV/AIDS. With 945 days to the end of the MDG timeline, he expressed confidence that time to accelerate achievements of the targets still existed “because we know what to do”.

Looking forward, he said of the post-2015 agenda, “We cannot construct a development agenda without people, and the most important are women and girls. Let us protect them and their rights, providing services for them.”



CALL TO ACTION

MINISTERS FORUM: MEETING OUR COMMITMENTS FOR FAMILY PLANNING

Kuala Lumpur, 30 May 2013

WE, the Ministers at the Ministers Forum “Meeting Our Commitments for Family Planning” from 27 to 30 May 2013 in Kuala Lumpur, Malaysia

ACKNOWLEDGE the urgency to achieve universal access to comprehensive sexual and reproductive health, including voluntary family planning, for women and girls to prevent unintended pregnancies resulting in maternal deaths and save the lives of millions of women and children;

RECOGNIZE that voluntary human rights-based family planning is at the heart of sexual and reproductive health and is at the core of the Programme of Action of the International Conference on Population and Development adopted in Cairo in 1994. We also recognize that family planning is central to reproductive rights, and is one of the pillars for ensuring sustainable development in the post-2015 agenda;

WELCOME PROGRESS made during recent decades in a) ensuring that more individuals worldwide are exercising their right to comprehensive sexual and reproductive health, including the right to decide on the timing, number and spacing of children; b) increasing the use of modern methods of contraception; c) reducing maternal mortality and morbidity; and d) increasing HIV prevention, treatment, care and support;

ACKNOWLEDGE that many of the underlying determinants of health and risk factors of

non-communicable and communicable diseases as well as the causes of maternal and infant mortality are associated with social and economic conditions, the improvement of which is a social and economic policy issue;

RECOGNIZE that despite progress in family planning in several countries, disparities between and within countries persist in access to family planning information, services and supplies, especially among the poor and other vulnerable groups, particularly adolescents and youth;

ACKNOWLEDGE that investing in women and girls and ensuring voluntary access to high-quality education, reproductive health services and contraception is smart economics for families, communities and nations;

AFFIRM that while domestic resources and Official Development Assistance (ODA) significantly contribute to implementation of internationally agreed development goals in developing countries, innovative financing mechanisms can advance mobilization of complementary resources for development on a more stable and predictable basis especially in the area of sexual and reproductive health;

AFFIRM that the essential package of sexual and reproductive health services mandated by the International Conference on Population and Development (ICPD) Programme of Action, especially rights-based family planning for women and girls, ensured by a secure supply of reproductive health commodities, is a national priority for saving women's lives, improving maternal and child health and preventing HIV and sexually transmitted infections;

REAFFIRM that the sexual and reproductive health of adolescents and young people remains a critical issue for the national development agenda;

RECOGNIZE that reproductive health commodity security (RHCS), including contraceptives, provides a powerful platform for governments to accelerate national efforts to reduce unmet needs for family planning and enable women, men and young people throughout the world to exercise their reproductive rights;

RECOGNIZE that improvements are needed in the provision of voluntary family planning as part of integrated sexual and reproductive health services and that special attention is required to meet the needs of women, girls and young people and to ensure access for those who live in poverty or isolated conditions,

or who are marginalized for other reasons including ethnic minorities, migrants, refugees and internally displaced people and people living with HIV;

REAFFIRM our commitment to take concerted action to protect and fulfil women's and girls' rights by ensuring universal access to comprehensive sexual and reproductive health services and commend the high-level political commitment by our Heads of State and Governments to family planning made at the London Summit on Family Planning to scale up efforts to meet demand for rights-based family planning and reproductive health commodities, including recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children as part of the Every Woman Every Child movement to support the UN Secretary-General's Global Strategy for Women's and Children's Health;



Kenya. Photo credit: Women Deliver

WE COMMIT TO UNDERTAKE THE FOLLOWING KEY ACTIONS BY 2015

We hold ourselves accountable for achieving universal access to family planning.

Ensure that sexual and reproductive health including family planning is placed at the centre of the post-2015 development agenda;

Ensure country ownership of the health development agenda and urge development partners to harmonize and align their activities with national plans and priorities to avoid duplication of effort and resources and increase their effectiveness and efficiency in delivering results;

Establish mechanisms to scale up effective programmes and to enable innovations, and strengthen South-South development cooperation, learning and partnership;

Recognize and protect fundamental human rights, specifically reproductive rights, by reviewing legal policies to ensure alignment with national and regional commitments; eliminate regulatory barriers and punitive provisions to deliver services and commodities without discrimination, coercion or violence on any grounds;

In the framework of universal health coverage, ensure that health financing systems evolve to reduce financial barriers to accessing services and commodities among the most disadvantaged and poorest populations;

Increase allocation of domestic and donor resources at all levels to deliver on global and national commitments for achieving universal access to voluntary family planning by introducing innovative financing mechanisms;

Introduce policies that allow the adoption of, and strengthen the implementation of, task-shifting and task-sharing strategies to address shortages of skilled health providers at different levels;

Ensure that health systems support a continuum of care and integration of rights-based family planning in primary health care, HIV and in other sexual and reproductive health services, and that health reforms are designed to expand delivery of quality voluntary family planning services to poor and vulnerable populations;

Strengthen supply chain management systems for reproductive health commodities including contraceptives by establishing integrated supply management systems for health and increasing human resource capacity to deliver reproductive health commodity security;

Empower communities to own the services and hold service providers accountable for quality and results;

Provide comprehensive and age appropriate sexual and reproductive health education as part of basic 'life literacy' for young people including education to promote values of human rights, tolerance, gender equality and non-violence; provide youth-friendly services to enable adolescents and youth to understand and make informed decisions about their reproductive health and plan their lives so that they can protect themselves from sexually transmitted infections including HIV and, for girls, complete their education and avoid unwanted pregnancy and unsafe abortion and related mortality;

Strengthen partnership with civil society and faith-based organizations, media and cultural institutions to

educate communities, men and vulnerable populations about family planning to increase demand, and promote health-seeking behaviour particularly among youth, migrants, minorities and the poor.

Ensure gender equality and women's empowerment in family planning programming and service delivery so that the needs and rights of women and girls are promoted and protected in areas including gender-based violence, child marriage and teenage pregnancy.

Strengthen health information system and monitoring and evaluation systems for national family planning programmes including research and data collection on family planning and reproductive behaviour based on thorough analysis of population dynamics and the needs of women and girls and vulnerable populations;

Ensure multi-sectoral linkages and strengthen partnerships with parliamentarians, donors and non-governmental organizations — including public-private partnership — to leverage human and financial resources to achieve universal access to family planning.

Hon. Prof. Dorothée A. Kinde-Gazard, Minister of Health, Republic of Benin

Hon. Dr. Kesetebirhan Admasu, Minister of Health, Federal Democratic Republic of Ethiopia

Hon. Dr. Muhammad Ali Pate, Minister of State for Health, Federal Republic of Nigeria

Hon. Dr. Awa Marie Coll-Seck, Minister of Health, Republic of Senegal

Hon. Dr. Yatta Lori Lugor, Deputy Minister of Health, Republic of South Sudan

Hon. Matia Kasaija, Minister of State for Planning, Ministry of Finance, Planning and Economic Development, Republic of Uganda

Hon. Sarah Aceng Opendi, Minister of State for Primary Health Care, Ministry of Health, Republic of Uganda

MINISTERIAL FORUM PARTICIPANT LIST

In alphabetical order



Ministerial Forum participants

Developing Countries

| Delegate Name | Title | Country |
|-------------------------------------|---|--------------------|
| Hon. Dr. Kesetebirhan Admasu | Minister of Health | Ethiopia |
| Mr. Laouali Amadou Dan Azoumi | Deputy Secretary General, Ministry of Finance | Niger |
| Hon. Dr. Awa Marie Coll-Seck | Minister of Health | Senegal |
| Hon. Maria Da Luz Guebuza | First Lady of Mozambique | Mozambique |
| Ms. Anuradha Gupta | Add. Secretary NRHM | India |
| Ms. Saba Ismail | Youth Representative | Pakistan |
| Hon. Matia Kasaija | Minister of State for Planning | Uganda |
| Mr. Mitchell Kimathi | Youth Representative | Kenya |
| Hon. Prof. Dorothée A. Kinde-Gazard | Minister of Health | Benin |
| Hon. Dr. Yatta Lori Lugor | Deputy Minister of Health | South Sudan |
| Mr. Hassane Namaka | Deputy Secretary General, Ministry of Health | Niger |
| Mr. Yemurai Nyoni | Youth Representative | Zimbabwe |
| Hon. Sarah Aceng Opendi | Minister of State for Primary Health Care | Uganda |
| Hon. Dr. Muhammad Ali Pate | Minister of State for Health | Nigeria |
| Ms. Gayatri Rathore | Health Secretary | India |
| Ms. Mallah Tabot | Youth Representative | Cameroon |

Development Cooperation

| Delegate Name | Title | Country |
|-----------------------|--|-----------|
| Mr. Robert Clay | Deputy Assistant Administrator for Global Health | USA |
| Mr. Benedict David | Principal Health Specialist, Health and HIV Thematic Group Australia | Australia |
| Ms. Valerie DeFillipo | Director, FP2020 Task Team | USA |
| Mr. Lars Gronseth | Senior Advisor Maternal and Child Health | Norway |
| Ms. Tarja Halonen | President (Former President of Finland) | Finland |
| Mr. Philippe Meunier | Head of Directorate of Development and World Public Goods | France |
| Dr. Anders Molin | Senior Policy Specialist, Sida | Sweden |
| Ms. Marijke Wijnroks | Ambassador for HIV/SRHR/Maternal Health USAID | USA |
| Mr. Benjamen Yung | CIDA | Canada |

Other Participants

| Delegate Name | Title | Country |
|-------------------------------|---|----------|
| Dr. Gifty Addico | UNFPA Technical Adviser | USA |
| Ms. Monique Clesca | UNFPA Country Representative | Niger |
| Dr. Rita Columbia | UNFPA Technical Adviser | USA |
| Ms. Kate Gilmore | UNFPA Deputy Executive Director | USA |
| Ms. Janet Jackson | UNFPA Country Representative | Myanmar |
| Ms. Argentina Matavel | UNFPA Country Representative | Mongolia |
| Dr. Mohamed Safiullah Munsoor | Manager, Strategy and Programme Management, Islamic Development Bank | |
| Dr. Kechi Ogbuagu | UNFPA GPRHCS Coordinator | USA |
| Mr. Sonala Olumhense | UNFPA Rapporteur | USA |
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| Ms. Elena Pirondini | UNFPA Project Management Adviser | USA |
| Hans Rosling | Professor of International Health, Karolinska Institute; Director, Gapminder Foundation | Sweden |
| Ms. Mika Saijo | UNFPA Administrative Assistant | USA |
| Dr. Albashier Eltayeb Sallam | Health Specialist, Human Development Department, Islamic Development Bank | |
| Mr. Jagdish Upadhyay | Chief, UNFPA Commodity Security Branch | USA |



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