delivering SOLUTIONS
for girls and women

Women Deliver 2010: Ministers' Forum Statement

We, ministers representing governments participating in the Ministers Forum at Women Deliver 2010, acknowledge our collective responsibility to improve the health of girls and women especially in developing countries and confirm girls and women's health as a human right. We express dissatisfaction at the progress that has been made so far to improve maternal and newborn health.

However, we are seized by the urgency of the need to overcome once and for all the shortcomings in development policy and programs, particularly the challenges for scaling up the investments in the health, dignity and rights of girls and women in order to achieve sustainable development.

Compelling evidence indicates (Appendix 1) that:

- Women deliver enormous social and economic benefits to their families, communities, and nations and that investing in them will unleash incalculable benefits to all countries.
- Maternal deaths are preventable and cost-effective solutions are available.
- With significant additional funding, the world can deliver for girls and women.

The continuing weaknesses in the global economy in the wake of the financial crisis; the devastating impact on household economies; and the expected confirmation by the High Level MDGs Review Meeting in September that many developing countries will not achieve their poverty reduction goals by 2015, in spite of considerable progress made so far; provide a rare opportunity to match our words with action.

This requires robust efforts to meet the commitments our governments made at the 1994 International Conference on Population and Development, the 1995 Beijing International Conference on Women, the Monterey Consensus, the 2004 Paris Declaration on AID Effectiveness and the Accra Agenda for Action, and the Millennium Development Goals (especially Goals 4 and 5).

To this end, we jointly raise an urgent call to leaders around the world to take immediate steps to ensure the health, dignity and rights of all girls and women. The most immediate opportunities to demonstrate our seriousness are the preparations for the G8/G20 Leaders Summit in late June and the United Nations High Level Meeting to Review the MDGs in September; we call on leaders everywhere to publicly announce the steps, within their respective mandates, that they will take to save the lives of girls and women, starting now.

National action plans should:

(i) Ensure that, by the end of 2010 as practicable, national health plans prioritize sexual and reproductive health including: maternal and newborn health, nutrition, family planning, and STI prevention; and make plans, budgets and results to promote accountability and transparency. Ensure that access to reproductive health and HIV prevention, treatment, care and

support are integrated at all health care levels.

(ii) Integrate MDG5 Target 5b (universal access to reproductive health) into national development plans and budgets.

(iii) Provide comprehensive and age appropriate sexual and reproductive health education, information, services and commodities, such as condoms and emergency contraception, with the full involvement of young people.

(iv) Invest in the health, education, literacy and livelihoods of girls and women to empower themselves and build the human capital needed for full economic and social development.

(v) Enact and enforce laws and policies on the minimum age of marriage at 18, respecting girls' human rights and preventing risks associated with child marriage and adolescent pregnancies.

(vi) Ensure an effective and coordinated community response to all forms of violence against girls and women including domestic violence, sexual assault, dowry related violence, female genital mutilation, sexual harassment, harmful traditional practices, forced marriages, sex trafficking, and crimes committed in the name of `honor.'

(vii) Ensure equity and neutrality in providing sexual and reproductive health services in conflict and disaster situations.

In addition to the national action plans, we call on world leaders to:

- Identify and agree on the funding gap needed to achieve MDG5 by 2015 through existing and new innovative financing mechanisms.

- Place MDG5 at the center of global health initiatives and funding mechanisms, including the Global Fund for AIDS, Tuberculosis and Malaria, the GAVI Alliance, the International Health Partnership+, the Task Force on Innovative Financing for Health Systems Strengthening, and UNITAID.

- Address health system strengthening, particularly the training and retention of human resources, and the need to consider innovative mechanisms that address the loss of skilled health care workers.

- Harmonize, align and coordinate resources behind robust national health plans for a more effective use of domestic and external resources, maximizing management for results and mutual, integrated accountability.

- Call on the world's public sector financial institutions to review debt relief measures to enable countries' to apply that funding to targeted interventions to achieve MDG5. *[Mexico dissents.]*

Annex 1: Evidence for Investing in Girls and Women

1. Women deliver enormous social and economic benefits to their families, communities, and nations.

1.1 *The well-being of women determines the well-being of a country.*
Decades of research confirm that a health system that can deliver reproductive health care to girls and women throughout their life cycle is a strong system that delivers for everyone. A woman's poor health often pushes her family further into poverty. Her productivity falls; family income, nutrition and care-giving decline; and the resulting pressures forces families to take children, especially girls, out of school to work or maintain the household. Pregnancy-related death of women and newborns costs the world at least $15 billion in lost productivity every year.[i]

1.2 *Women drive economic development.*
Women operate most small businesses and farms; they are the sole income earners for a quarter to a third of all households.[ii] A woman's income is more likely than a man's to go toward food, medicine, education, and other family needs. Women's unpaid work — farming, managing their homes, caring for children and others — equals about one-third of the world's GNP.[iii]

1.3 *When women survive, families thrive.*
Saving mothers saves children's lives. A mother's death or disability greatly raises the chances her newborn and her other children will die before age five. The World Health Organization says family planning and skilled prenatal and delivery care are among the six most cost-effective health interventions possible in low- resource countries.[iv]

2. Maternal deaths are preventable. We have cost-effective solutions.

2.1 *No woman should die giving life.*
We have made great progress, and maternal deaths are declining in many places. But the rate is going up in others, and far too many women still die needlessly from pregnancy- related complications: at least one every 90 seconds, or 350,000 to 500,000 per year. [v]

Overall health funding from all sources worldwide is up sharply since 2002, however 53 percent goes to fight HIV/AIDS, malaria, tuberculosis and other diseases. In the developing world, only US$2.25 per capita goes for all other health services, including family planning and maternal and child health.[vi]

2.2 *There is global consensus on these health solutions*:

> 2.2.1 Family planning programs: Ensuring access to modern contraception to every woman who needs it could prevent up to 70 percent of maternal deaths. The unmet need for family planning is alarming: more than 215 million women who want to avoid or delay pregnancy are not using effective contraception. Each dollar spent to provide modern contraceptives saves $1.40 in medical care costs because fewer women have unintended pregnancies. [vii]

2.2.2 Skilled care before, during and after pregnancy and childbirth, including emergency obstetric care, for mothers and newborns, can save millions of lives. In every country, rich and poor alike, 42 percent of all pregnancies experience complications, and in 15 percent of pregnancies the complications threaten life.[viii]

2.2.3 Safe abortion, when and where legal. Complications from the world's 19.7 million yearly unsafe abortions are a major public health problem in developing countries.[ix] Three million of the estimated 8.5 million who need care for subsequent health complications do not get it.[x] Based on current maternal mortality estimates 30,000 to 45,000 women die needlessly every year from unsafe abortions. [xi]

2.3 *Delivering these solutions requires policy action:*

2.3.1 Prioritize young people. Half of humanity is under the age of 25, the largest youth generation in history.

- They are ready for action and mobilizing for their rights, but they can't do it alone:
- More than half of all young people live in poverty, on less than US $2 per day. [xii]
- Family planning gives young women options for their lives beyond childbearing.
- Complications from pregnancy and childbirth are the leading cause of death among young women in the developing world.[xiii]
- Reducing unintended pregnancies among young women and girls would allow them to stay in school and work, raising their status and productivity.
- Comprehensive sexuality education will help improve sexual and reproductive health for young women and men so as to ensure their present and future.

2.3.2 Strengthen national health systems that deliver for women. The care and services that women need will benefit every citizen, family, and community.

- Sexually transmitted infections including HIV/AIDS continue to raise the global need for comprehensive reproductive health care education and services.
- The global shortage of health care personnel is growing: the developing world needs 2.5 million more of them and 1 million more community health workers.
- Half of Earth's 6.8 billion people now live in urban areas, many in slums without adequate shelter or basic services such as clean water and sanitation.[xiv]
- Improving health systems to provide life-saving care for women and newborns also strengthens their capacity for responding to accidents, natural disasters, and the health needs of the general population.

2.3.3 Advance, implement and protect the human rights of women and girls. If women's rights are not human rights, then the phrase human rights has no meaning.

- Ensuring gender equality in education, law and custom; protection from gender-based violence; and an end to harmful traditional practices are essential if women and girls are to realize their full potential and contribute to their communities and nations.
- Access to family planning is critical to the fundamental right of families and individuals to choose the number and timing of their children.

3. With an additional $12 billion per year, the world can deliver for girls and women.

3.1 *Political courage is required.*

Fighting discrimination against women challenges tradition and existing power structures, but it is a long-term investment in more prosperity for all. Programs and laws to address cultural and political barriers to maternal and newborn health care and gender equality, can only succeed if they are publicly supported at the highest levels of Government and enforced.

3.2 *Invest in women—it pays*. It is not only the right thing to do, it is sound economics. When women are healthy, they can work. They deliver for their families, communities and nations. Providing access to both family planning and maternal and newborn care to all women in developing countries who need them would cost $24 billion per year by 2015, or double today's investment. [xv]It would save 70 percent of the women's lives and 44 percent of the newborn lives currently lost. [xvi]

> 3.2.1 The cost of not investing in women grows every year: in 2004 UNFPA estimated that every US$1 million shortfall in funding for reproductive health care – including contraceptives, condoms and medical equipment – led to some 360,000 unintended pregnancies, 150,000 induced abortions, 800 maternal deaths, 11,000 infant deaths and 14,000 additional deaths of children under five.
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> 3.2.2 Providing each pregnant woman in the developing world with quality, lifesaving care would cost an average of only $123 ($43 for antenatal care; $75 for delivery, newborn, and postpartum care; and $5 for post-abortion care.)[xvii]
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> 3.2.3 Letting women decide whether, when, and how many children to have tends to reduce average family size. This will save on public-sector spending for health, water, sanitation, and social services, and reduce pressure on natural resources.
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> 3.2.4 Expanding comprehensive sex education and use of contraceptives, especially condoms, would reduce transmission rates for HIV and other sexually transmitted infections, lowering health costs and curbing the HIV/AIDS pandemic.
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> 3.2.5 Girls who have access to education tend to marry later and have fewer children, protecting their health and enabling them to fulfill their potential.

Endnotes:

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[xvi] ibid

[xvii] ibid