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**RHR** Department of  
Reproductive Health and Research

## International Conference on Family Planning: Research and Best Practices

Kampala, Uganda, 15-18 November 2009

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### WHO message at opening plenary Dr Michael T. Mbizvo, Director *a.i.* RHR

Your Excellency, the first Lady of Uganda, Mrs Janet Museveni, Minister of Health, Hon. Dr Stephen Mallinga, Her Excellency, AU Commissioner Gawanas, Master of Ceremony, Honourable Minister present here and Members of Parliament, Honourable Minister of Finance, Planning and Economic Development, Professor Ephraim Kamuntu, Dr Bazeyo, representatives of fellow development partners, distinguished delegates, ladies and gentlemen...

On behalf of WHO, it is an honour and privilege to join you all in this illustrious gathering to deliberate on an important issue ... that of improving health through enhanced access to family planning, by considering and discussing potential windows of opportunity, evidence at hand and innovations for strengthening our response to the unmet need for family planning. We are called to explore strategic linkages with other components of sexual and reproductive health to seize and maximize on opportunities, such as those for HIV prevention and care, antenatal, postpartum and post-abortion care. Such strategic and systematic linkages will enhance uptake of and access to family planning. But why has family planning become such an important issue? Research evidence has shown its link to socio-economic development, to prevention of one third of maternal deaths, to prevention of mother-to-child HIV transmission and its importance to reducing environmental degradation, among others. Family planning permeates and is relevant to poverty reduction. It is one of the components of sexual and reproductive health that underpins the achievement of the MDGs.

Allow me to quote from Dr Josephine Kibaru, Director of Reproductive Health, Kenya in a 2009 issue of *Health-Kenya*: "If a woman comes and misses contraceptives of her choice, I repeat, "of her choice", at our hospitals, even if they are brought in later (contraceptives), it does not make a difference. The next time she comes it will be when a traditional birth attendant sends her to us dying from complications of an unplanned pregnancy". This statement summarizes the plight of many women in low- and middle-income countries who continue to die from complications associated with pregnancy and childbirth. It further underscores the role of family planning, a key component in the continuum of care to achieve good sexual and reproductive health. In this statement, there are many messages - choice, access, commodity security and management, delay, systems performance, rights for women and, sadly, deaths. It most aptly defines the basis for having an indicator on

unmet need for family planning within the MDG framework. It further highlights the need for access to a wide range of contraceptives to increase both uptake and continuation.

Mr Chairman, this statement reinforces and justifies our commitment and that of WHO Member States, to the achievement of universal access to reproductive health. It further provides testimony of the reality on the ground, encountered by many who are witness to, if not victims of, the silent epidemic of deaths by women in their reproductive and productive years. It further represents why we derive comfort in collaborating with partners, to address international development goals and targets, including ICPD and MDGs as they relate to improving sexual and reproductive health.

Thus, the public health community can help build cost-effective and sustainable national health-care programmes by avoiding missed opportunities that result from inadequate linkages or integration of sexual and reproductive health systems. For example, even in countries where health systems are weak, as many as 70% of pregnant women attend at least one ANC visit but only 11% gain access to HIV testing and up to 85% of PMTCT clients have a second pregnancy which is unintended. Mr Chairman, this means something is wrong somewhere. We are denying them access to a means of protection against the unintended HIV infection or a pregnancy they would rather avoid. We are not being strategic and we are failing the women if we don't address these critical gaps.

Lastly, let me thank the organizers for putting together such a rich and innovative programme. As currently Director a.i. for WHO's Department of Reproductive Health and Research, I am very pleased to hear .., to listen, to share, to learn and, collectively, to establish how we can translate the various global commitments and research innovations into tangible outcomes and reality for the majority of the people we are collectively committed to serve. In this context, men cannot be bystanders. Rather let men stand up and identify with and relate to sexual and reproductive health needs of not just themselves, but, more importantly, their partners. Family planning can be most successful with constructive engagement and involvement of the male partner.

Let me end by recounting how, collectively, we are accountable to improving the health of the many women who suffer from complications of an unintended pregnancy because they did not have access to family planning.

I thank the organizers and sponsors and the Government of Uganda, for this visionary initiative; Johns Hopkins School of Public Health; Bill and Melinda Gates Institute for Population & Reproductive Health; Makerere University School of Public Health.

I thank you for listening.