

- [Rights and Realities in promoting sexual and reproductive health and rights](#)

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Ladies and gentlemen,

I have been looking forward to this meeting with you. I am grateful that you came here, from so many countries, to discuss the important topic of sexual and reproductive health and rights, SRHR. I know that in most countries this is a difficult issue to discuss. I hope that today and tomorrow you will be able to share and learn from each other's experiences.

The importance of SRHR

When I became Minister for Development Cooperation almost 2 years ago, I was shocked about the serious arrears in the area of MDG 3 and 5. Every year, over half a million women die as a consequence of pregnancy and childbirth. This is a staggering figure. To put it into perspective: in 2008 Rotterdam had a population of 583,000. So every year, we lose a town about the size of Rotterdam due to inadequate care during pregnancy and childbirth. Worst of all, we've made scarcely any progress over the last 20 years. Or even since 2000, when the MDGs were formulated. Of course progress has been made in some countries, but this has done little to alter the global picture because of negative developments in fragile states. To give you an example, maternal mortality has doubled during the conflict in the Democratic Republic of Congo. And I'm very scared about the effect of what's happening eastern Congo right now, with the fighting going on.

In the first few months after taking office as development minister in February 2007, I made a number of trips which decisively shaped my outlook on sexual and reproductive health and rights. In eastern Congo, I visited a reception centre for female victims of rape and mutilation. What I saw can hardly be put into words, and made a deep impression on me. In fact, it was not an instrument of warfare, but an epidemic, as doctors told me.

In northern Uganda, I saw how rape victims in reception camps – women and young girls – were endeavouring to prepare for a return to society. It is often impossible for them to return to their old homes, because they are disowned by their families. And women who bear a child as a result of rape experience even greater difficulty, as their babies are often labelled 'children of the devil'. We have marvellous projects there, designed at teaching those girls handicrafts, that are forgotten in most parts of Uganda. In this way, they will not only be able to support themselves, but their new abilities will increase their chances to be accepted in society.

Violence against women is used as a means of waging war. It is not an African phenomenon, it happened in Europe as well. We saw it in the 1990s in the Balkans, and now we see it in Sudan and eastern Congo. The aim is to humiliate the enemy through the rape of his women and children, through their physical and psychological mutilation.

The indescribable pain and misery which I witnessed on these and other trips prompted me to put SRHR, and combating violence against women in particular, high on my agenda. And to lobby hard for others to put it high on their agendas as well.

Even when ceasefires have been declared and peace talks have been concluded, women often still fall victim to violence. I saw this in Guatemala, where the legacy of violence from the conflict a decade ago was still apparent in people's dealings with each other. The murder rate in Guatemala is over 6000 a year, an incredible number looking at the population of Guatemala. In these situations, you don't even come to SRHR. Violence against women in Guatemala has many faces and causes, from a violent culture in which domestic violence is common, to the murders committed by the 'Mara' gangs, as a gang member's prestige is determined by the number of murders he has carried out.

Role of NL in general

Sexual and reproductive health and rights, violence against women and maternal mortality are too important to be just priorities on paper. I agree with what professor Bas de Gaay Fortman has just said. In the area of MDG 5, I try at international level to continually remind donors and recipient countries of their commitments.

And no less importantly, the Netherlands is making extra money available, for example in the form of a higher contribution to UNFPA and the establishment of the MDG 3 fund. More on that later.

The Netherlands is often viewed as leading the way when it comes to sexual and reproductive health and rights. I think this is exaggerated. In every country, there is something to work on. In many countries there is also a view that the Netherlands fails to appreciate the wider social context in which these rights must be implemented, especially where cultural and religious issues are concerned. I think this view must be rectified. Besides the interests of the individual, it is precisely the wider interests of society that are served by respect and attention for sexual and reproductive health and rights.

Wider interests of society served by sexual and reproductive health and rights

We cannot hope to achieve the Millennium Development Goals, especially the eradication of extreme poverty and hunger, without devoting attention to population growth and reproductive health and rights.

The world's population is growing at a staggering rate. According to forecasts, by 2042 it will have grown by 2.3 billion. Together with Western patterns of consumption, this is a major reason why it will become increasingly difficult to achieve sustainable development for all. In order to maintain our current levels of consumption, by 2050 we will need not one globe but two - an oft-cited image, but no less alarming for that, and one which vividly illustrates how we are treating the world.

This is why attention must continually be drawn to the link between social development and poverty reduction on the one hand, and the issue we're discussing here today on the other. What is more, the Netherlands is one of the few countries to express its support for safe abortion services.

Recently, we came into conflict with the new government in Nicaragua, because even women who are in danger, are not allowed to have abortion.

Let me emphasise here that the Netherlands is not a 'rights extremist'. Although promoting individual rights is – in my opinion - a legitimate and very important aim in itself, we also see a broad social agenda behind respect for the rights of the individual. It is crucial that states and societies come to realise, from a perspective of enlightened self-interest, that they stand to gain from respect for individuals' sexual and reproductive health and rights. After all, if overpopulation increases, all countries will suffer.

[How do you achieve sexual and reproductive health and rights for all?]

Consensus is the first condition for achieving sexual and reproductive health and rights for all. It is important that we agree – and that means today too – on the importance of this issue and its wider social significance.

What is needed in concrete terms to achieve sexual and reproductive health and rights for all?

First: access to resources and services to enable people to exercise their rights

Around the world, an estimated 23% of women who would want to use contraceptives have no access to them. In Uganda, the figure is as high as 41%. And in developing countries, 39% of women overall must undergo childbirth without the assistance of a trained health worker or midwife. In Ethiopia this is as high as 94%. As a result, 1 in 27 Ethiopian women die as a result of pregnancy. In Afghanistan – I have just returned from there - half of all deaths among women between 15 and 45 are related to pregnancy and childbirth.

What can we do about this?

The Netherlands can play an important role by supporting initiatives to make available the necessary resources and services – very practical. In Ethiopia, where the level of assistance in childbirth is so low, we are supporting a government programme to train 30,000 health workers.

As far as access to resources is concerned, we endeavour to make a contribution through organisations like UNFPA and others. I recently decided to increase the Dutch contribution to UNFPA for the distribution of reproductive health commodities from 5 million to 30 million euros per year. In addition to this, the Netherlands is also investing, for example, 5 million euros to bring an affordable female condom onto the market.

Cooperation with partners, especially private parties, other innovative thinkers, is essential in tackling this problem. I am encouraging the growing role of the private sector, because we can only modernise development cooperation if we work with new partners. The private sector possesses a great deal of knowledge on tackling specific problems in developing countries. This includes sexual and

reproductive health and rights. For example, private actors have an important role in the social marketing of contraceptives.

Yemen experience

During my recent visit to Yemen, I signed an agreement with the Yemeni authorities on reducing maternal and child mortality in that country. We are allocating 21 million euros for this purpose. Yemen faces a very high rate of population growth of between 3 and 4 per cent each year. The current population of 21 million is projected to reach 71 million by 2050. Yemen is a country with a strong tribal culture and structure, and a relatively underdeveloped economy. Oil resources are rapidly decreasing, there is a huge problem with water resources.

The current unemployment rate is 34%, and is as high as some 50% for the younger generation. Moreover, there is a huge risk connected to radical fighters who return to Yemen, having fought in Afghanistan.

The potential destabilising effect of this situation, certainly if the population continues to grow at its current rate, is not hard to imagine. The risks of these developments could give rise to security threats both inside and outside Yemen. I cite this as an example of a concrete situation in which the issues surrounding sexual and reproductive health and rights could have far-reaching and worldwide consequences.

The Yemeni government is aware of this, however. We are working with them to tackle this broad social problem, on the basis of course, when it comes SRHR, of the centrality of individual rights.

Returning to the question 'what is needed in concrete terms to achieve sexual and reproductive health and rights for all?': a second, no less important, condition for achieving this goal is fostering an awareness among all people of their individual rights and creating a social environment in which these rights are accepted.

Making resources and services available is only part of the story, although a very important one. Men and women, boys and girls, must be made aware of their individual sexual and reproductive health and rights. Here I can see a role for organisations from the South that are represented here today. You have a very important and probably the most crucial role part to play!

Because of the socially and culturally sensitive nature of the subject, it is vital that the task of imparting knowledge of individual sexual rights and health is carried out within the societies and communities concerned. I have seen that some countries are working to raise public awareness by means of campaigns, to bring about a shift in the mindset of adolescents and young people in general. Adolescents are the key group here. This obviously helps the fight against HIV/AIDS.

'We' on the outside are certainly keen to support local organisations who help to impart knowledge on sexual and reproductive health and rights, but we have no direct role. But providing access to resources and raising individual awareness of rights are not enough. As I mentioned earlier, social acceptance of, and respect for, rights is crucial if we are to realise full sexual health and rights for all individuals around the world. This is a task for us all.

NL's position

I will continue to work to promote sexual and reproductive health and rights in the widest sense. Both in contacts with representatives of partner countries and multilateral organisations, and in contacts with other donors. And in less usual settings too, such as when I spoke to the generals during my visit to eastern Congo last year, when I tackled them on the very violent behaviour of their soldiers. We will continue to emphasise that, besides its importance to the individual, respect for sexual and reproductive health and rights also has a global social dimension.

I hope to have the opportunity in the near future to discuss these matters with members of the incoming American administration. We will argue for the restoration of US support to UNFPA, which has ceased entirely in recent years. I am very happy with the statement of president elect Obama to double the support for development cooperation and to put the MDGs central.

And in a European context, I see a form of enlightened self-interest as regards the broad relationship between SRHR and the problems we face concerning migration. Regrettably, even in Europe there is still no consensus on the wider importance of sexual and reproductive health and rights. Even today some EU member states still reject the implementation of a broad reproductive rights agenda on moral and religious grounds.

Within the UN, the Netherlands tries to be at the forefront of efforts to counter violence against women. With its contribution of 4 million euros for 2008, the Netherlands is one of the biggest donors to the UN Trust Fund to Eliminate Violence against Women.

The Netherlands has allocated 21 million euros to counter violence against women. We are currently working in eight countries (Bangladesh, Congo, Ghana, Ethiopia, Mozambique, Guatemala, Nicaragua and Macedonia). In Congo, a three-year project has just begun to counter sexual violence. For instance, we support the hospital for female rape victims in Goma, which I mentioned at the beginning. I hope that the hospital is still functioning, despite the fights going on around Goma.

I have also set up an MDG3 fund, Investing in Equality. Originally 50 million euros had been budgeted, but because of the overwhelming number of applications – over 400 – we increased the fund to 70 million euros. A few weeks ago 45 projects were selected, mainly focusing on countering violence against women, increasing women's economic independence, and getting more women into national parliaments and administrative bodies.

Role of civil society and women

Civil society has a crucial role to play in generating support for and acceptance of sexual and reproductive health and rights.

To return to my recent visit to Yemen, what struck me more than anything was the strength and frankness of the women who are working to improve sexual and reproductive rights. On several occasions they criticised the current situation in Yemen in powerful and candid terms, reminding the attendant Yemeni government officials, and myself for that matter, of our responsibilities in this area.

Conclusion

Let us work together to generate a global and broad-based process of change in sexual and reproductive health and rights, and put it on governments' agendas around the world. Not only motivated by Enlightenment ideals, but also for pragmatic reasons: because of the importance of change to society and our shared interests as citizens of the world. This essential process of change will only get off the ground if we continue to work together to realise it.

I try to contribute as effectively as possible, in part by supporting organisations like yours. I am very happy that WPF and Youth Incentives play an important and irreplaceable role in promoting sexual and reproductive health and rights. We must continue to learn from experience. I look forward to the results of your discussions here. I wish you every success, not only in the next two days, but above all in your work in general on this important subject, be it here or far away. Your combined efforts are crucial!

Thank you very much.