Mobilising Parliamentarians for Development

Sexual and Reproductive Health & Rights and HIV/AIDS

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Health & the MDGs:

1. Eradicate extreme poverty & hunger
2. Achieve universal primary education
3. Promote gender equality & empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria & other diseases
7. Ensure environmental sustainability
8. Develop global partnership for development

MDGs 4-6 directly health-related
MDGs 2 & 3 necessary for improving health
MDGs 1 & 7 necessary to maintain health
Global Health Burden & Sexual and Reproductive Health and Rights

FACTS: (source: WHO, UNFPA)

- almost 20% of global health burden attributable to sexual and reproductive ill health (for women - 30%)

- 70% of new HIV cases attributable to sexual transmission

- In some African countries 30-75% of hospital beds → HIV+ patients

- pregnancy related problems: MAIN cause of death for 15-19 yr old girls

CONCLUSION: MDGs cannot be met without addressing SRHR
Challenges

1. Underfunding: only 50% of UN estimated $17 bio/ year needed met by donors

2. Growing need: increasing population and successful SRHR, family planning & HIV/AIDS programmes → greater demand
   (largest ever youth population → soon enter reproductive age)

3. Intensified Opposition: ultra-conservative backlash, misinformation about condoms and abstinence

4. Separation of HIV/AIDS funding from SRHR funding
Consequences

- fewer than 1 in 4 people at risk of HIV infection can obtain information / only 1 in 9 who want to know their HIV status have access to voluntary counselling & testing.

- every minute of every day a woman dies in pregnancy or childbirth.

- Families with HIV → debt for medical bills & reduced productivity → poverty → prostitution → risk of HIV/AIDS.

- 3 condoms/year/man.

- lack of contraceptives → unwanted pregnancy → abortion (illegal/unsafe).
Proven Solutions

- Improving the status of women
- Meeting global contraceptive need of $3.9 Bio/year
- Invest in skilled birth attendants & access of emergency obstetric care (80% drop in maternal mortality over 23 yrs in Tunisia)
- Provide ARV drug (nevirapine) to reduce mother-to-child HIV transmission (cost appx $5/ client)
Actions for Parliamentarians

- **As legislators**: improve legal condition of women and guarantee rights of young people, people living with AIDS

- **As public leaders**: take leadership on difficult issues (stigma against HIV)

- **As budget holders**: allocate funds to health, women’s health & sexual and reproductive health
Final Recommendations

- Allocate 10% of national development budgets to sexual and reproductive health

- Elaborate policies which integrate sexual and reproductive health with HIV/AIDS

- Recognise that young people are sexually active: in programmes, policies & laws

- Include SRHR in PRSPs, CSPs (EU), in ODA policies & in MDGs

- Be courageous in front of hostility to SRHR
Examples

• Swedish Parliamentary Group on P&D: called for allocation of 10% ODA to SRHR and making it a priority of Swedish Development Policy

• Lithuanian Parliamentary Group on RH proposed draft laws on SRH & assisted reproduction / Georgian Parliamentary Group working on draft SRH law


• Parliamentary groups in Belgium, Ireland, Spain, Portugal, European Parliament → all successfully increased funding to main organisations in SRHR (UNFPA & IPPF)