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Statement by

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Mr. President,

Distinguished Members of the Board,

I am pleased to introduce for your consideration, the draft country programmes for Congo and Liberia (2020-2024) and Sierra Leone, (2020-2023).

Let me begin with a brief overview of the region. In recent years, the West and Central Africa region has seen some encouraging trends, including in sexual and reproductive health and rights. However, the population growth continues to challenge efforts on development, peace and security.

The region has an estimated population of 424 million people, most of which is predominantly young (60%). With an overall high population growth rate of 2.7% combined with a high fertility rate (averaging five children per women), and a high dependency ratio (82%).

Implications for public expenditures and households’ consumption patterns of these heavy trends has far-reaching effects and signal the need for more considerable attention to the population dynamics of the region.

The region continues to face multifaceted humanitarian and crises situations. In the Sahel region, around the Lake Chad basin and ongoing civil and political unrest in several countries and for several years; thus calling for an enhanced response to the crisis. Consideration should be given more to long-term durable solutions to peace, stability and security that addresses the root causes of the many crises.

Despite recent improvements, the region faces significant gaps in access to sexual and reproductive health and rights (SRHR). For example, Maternal mortality ratio experienced a 34% decline between the 1990s and 2016 (from 1,015 to 679 deaths per 100,000 live births) - which is still unacceptably high with visible disparities. Sierra Leone’s maternal mortality ratio has the highest at 1,165 per 100,000 live births vastly different from the lowest, which is 18.8 in Cabo Verde.
Contraceptive prevalence rate across the region remains a challenge at 18%, unmet needs for family planning is still high (25%). Only 12% of pregnant women who require Emergency Obstetric and Newborn Care (EmONC) services are receiving them, while only 48% of births occur with skilled birth attendants. There demand strategies that are more effective to accelerate access and demand creation to family planning in line with the recommendations from the recently concluded FP2020 Summit.

Young people who form the bulk of the population continue to face a variety of challenges, including limited access to sexual and reproductive health services.

Gender equality has shown some improvement, though a significant proportion of women and girls in the region still face gender-based violence, female genital mutilation and child marriage.

Mr. President,

Distinguished Members of the Executive Board,

The country programmes presented today have considered these factors, their specific country contexts and are aligned with priorities set in the United Nations Sustainable Development Cooperation Frameworks themselves guided by each of the country’s national development plans.

The Programmes are fully aligned with Agenda 2030 and the SDGs as well as the ICPD Programme of Action (PoA). They were developed under the leadership of the respective governments, using consultative processes that involved a wide range of stakeholders, including UN agencies, donors, civil society, and the private sector.
All three programmes build on the principles of equity, right-based and culturally sensitive approaches. They are leveraging innovative practices to overcome challenges affecting the most vulnerable groups, adolescents and young people.

Overall, they address key drivers of the population dynamics and support efforts to respond to related critical needs.

Mr. President

Distinguished members of the Board

Sexual and Reproductive Health

Recognizing the existing gaps in sexual and reproductive health and rights (SRHR), the proposed country programmes are focused on interventions that will enhance access. Strategies proposed include development and policies implementation that prioritize access to sexual and reproductive health and rights; strengthening capacity for the delivery of quality integrated family planning and maternal health services; and strengthening human resources for health; strengthening procurement and improvements in the national supply chain management system to assure delivery to the last mile and reduce stockouts.

In Liberia, about 30% of adolescent pregnancies end in backstreet abortions due to the restrictive legal and policy environment and health worker values and attitudes. Very few youths are ready for sexual lives because of deep-rooted and complex gender and traditional norms. Lack of adequate preparation, therefore, limits their access to accurate and appropriate sexual and reproductive health (SRH) information and services.

The Liberia programme will, therefore, strengthen the capacity of the Ministry of Health to deliver an integrated package of SRHR services.
The programme will target adolescents and youth using a multi-sectorial platform, the three-access point model and innovation that improve access for young people.

Liberia’s programme will also build up the capacity of teachers, parents and faith-based organizations using a combination of advocacy, social mobilization and behaviour change communication interventions to fulfil SRHR of adolescent girls and young people.

In Sierra Leone, gender-based violence (GBV) is prevalent, with 57 per cent of women age 15-49 who experienced physical or sexual violence (DHS 2013). Female genital mutilation (FGM) is also widespread, with 90 per cent of women aged 15-49 affected, which is among the highest rates in the sub-region. Sierra Leone’s maternal mortality ratio is also the highest in the region at 1,165 per 100,000 live births.

The Sierra Leone programme will strengthen human resources for health capacity. It will provide training, mentoring and preceptorship to midwives, nurse anesthetists, surgical assistants and community health officers. This new programme will focus on reducing harmful traditional practices including child marriage and female genital mutilation; supporting interventions for improving women’s empowerment and resilience; support to civil society organizations for prevention and holistic management of GBV including in humanitarian settings.

It will also build capacity for implementation of comprehensive sexuality education and life skills for in- and out-of-school adolescents and young people.

Mr. President

Members of the Executive Board,

Adolescents and Young People
As mentioned earlier, young people comprise the bulk of the population in the region (60% being under the age of 24). Girls are particularly disadvantaged. Prevalence of child marriage in the region, for example, is amongst the highest in the world, affecting their health and hampering their potential to complete school.

All four programmes emphasize investments in health, empowerment of young people, and advocacy for investment in education as levers for harnessing the demographic dividend.

**Gender Equality and Women’s Empowerment**

Gender Equality and Women’s Empowerment are still areas of concern in the region with girls’ education still lagging behind that of boys. Lack of knowledge impedes the ability of girls to make informed decisions concerning reproductive health. Gender-based violence continues to prevail. Women and girls continue to face multifaceted harmful practices. These include early marriage, female genital mutilation (FGM), and sexual exploitation and abuse.

Despite ratification of regional and international treaties and conventions by Congo, law enforcement is weak, and national prevention and response to GBV is not adequate.

The Congo Country programme will promote social, cultural norms and behavior change communication at the community level to eliminate gender-based discriminatory practices and increase utilization of reproductive health services.

Public-private partnership will be strengthened through the Ministry of Health, Philips and UNFPA. With the aim to accelerate the achievement of “zero maternal death” transformative result by co-creating with the private sector and implementing digital solutions.

All three country programmes also include strategies to ensure delivery of services in humanitarian settings.
Ladies and Gentlemen,

We need disaggregated data on the population for effective planning and for making informed decisions. We need disaggregated data to ensure that we reach those furthest behind; we invest in them and enable/empower them to become actively engaged in economic development.

All three country programmes identify population dynamics as an important, and we will focus on the strengthening of disaggregated data on adolescents and young people and the population at large.

The Congo programme includes supporting the operationalization and follow-up of the implementation of the national roadmap for harnessing the demographic dividend in line with the action plan of the African Union. The Liberia programme will support the country to carry out its census in 2020.

Mr. President

Members of the Executive Board,

In closing, let me take you for your support to advance the sexual and reproductive health and rights agenda for all, especially in the West and Central Africa region where you will find the most left behind communities.

I thank you.