



EUROPEAN UNION

DELEGATION TO THE REPUBLIC OF BOTSWANA AND SADC

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**Hand-Over Ceremony of the SRHR and HIV Linkages Project**

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## Introduction

It is with great pleasure that I visit the beautiful town of Mochudi to take part in this event and I am happy that so many came to share this moment with us.

Formally, today's event is about handing over equipment to the Ministry of Health and the District Health Management Team. You can see the colourful porta-cabins [right behind me/ to your right], fully equipped for getting activities started. That is important in itself, but this event is much more than that. I would even dare to say that today we are witnessing the first steps in a very important change of mind-sets and in a process of change. I hope you agree with me by the end of my intervention.

In 1994, the nations of the world came together in Cairo for the first ever International Conference on Population and Development. This conference was ground-breaking as it totally changed the way we look at population issues. In Cairo, the world agreed that population is not just about counting people, but about making sure that every person counts. After all, individuals are the ones that live lives and make choices about reproductive issues. The world also agreed that a woman's ability to access reproductive health and rights is a cornerstone in her empowerment.

A total of 179 governments signed up to a Programme of Action set out to provide, among other things, universal access to family planning and reproductive health services and reproductive rights. This commitment was reaffirmed in the High Level Dialogue on Health in the Post-2015 Development Agenda that took place in Gaborone in March this year,

hosted by the Government of Botswana. This important event will feed into shaping the new Millennium Development Goals post-2015.

In 1994, the hiv/aids pandemic had only started its devastating world-wide trajectory, but since then we have had to wake up to the fact that hiv and sexual and reproductive health and rights are intimately linked if we are to successfully deal with either of them.

So, perhaps by now you are wondering how all of that relates to handing over of equipment a sunny Wednesday morning in Mochudi?

First of all, reproductive health and rights affect all of us in one way or another. Unfortunately, most of us have loved-ones, friends, colleagues or family members infected with hiv. We all depend on accessing qualitative services from the health system.

To date, many health systems have been structured around specific diseases or conditions. But human beings are not assembled by disease-specific building blocks. Our health is not organised by departments. A woman can be breast-feeding, hiv-positive, be receiving anti-retroviral treatment, have cervical cancer and be in need of contraceptives all at the same time. Furthermore, there is still a great emphasis on curative services, despite the acknowledgement that prevention is better, and much cheaper, than cure.

The linkages project tries to find a methodology that can deal with these challenges. It is a regional project with programmes in seven countries in Sub-Saharan Africa. It is funded by the European Union and implemented by the respective Ministries of Health, supported jointly by our UN partners

UNFPA and UNAIDS. A cornerstone of the project is to inspire learning and sharing among the participating countries as they implement.

The project might seem complicated, but it is actually quite simple. It all boils down to creating a "one-stop-shop" for reproductive health. That means that the woman I spoke about earlier would be meeting and engaging with one single nurse for all her needs, instead of seeing one person for contraceptives, one for doing a test for cervical cancer, then queueing for ART and finally seeing a mid-wife to get advice on breast-feeding.

I think all of us can imagine some of the benefits that brings, but allow me also to share some of the results that are emerging in other countries participating in the project. We see, among other things, an increase in the use of contraception, an increase in hiv-testing and a decrease in stigma and discrimination as everybody will be entering through the same door, independently of their status. All of this is also clearly connected to progress on the Millennium Development Goals and the reduction of first and foremost maternal mortality, but also of child mortality and hiv/aids.

At first, this rather different way of working is challenging for staff which will have to learn how to take on more and more complex tasks. After some time though, most testify that it is much more rewarding and interesting to work in an integrated way. Their working conditions are improved as queues get shorter. Finally, integration of services makes economic sense, as there is only need for one room and one person to deal with all the different needs of the care-seeker.

A key success factor has proven to be the support of the Ministries of Health. Changing working methodologies and behaviour takes determination and perseverance, but I hope that this project and its emerging conclusions will reinforce your stead-fast commitment to linkages

and integration of services. We look forward to continued close co-operation with you.

So, to conclude honourable guests, I'm taking you back to where I started. I would like to claim that today is not about handing over equipment. It's about creating the conditions for reduced stigma and discrimination, better health outcomes, improved service delivery, greater client satisfaction, improved staff motivation and better working conditions. The European Union is proud to be associated with this, and for me, this is a true a win-win opportunity and really a "no-brainer".

Thank you! / Kea Leboga!