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**STATEMENT**

**BY**

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**NATIONAL TOOLS FOR MATERNITY PROTECTION  
SIDE EVENT BY FINLAND, NAMIBIA AND PLAN INTERNATIONAL  
FINLAND**

**NEW YORK  
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**Ladies and Gentlemen,**

1. Let me take this opportunity to thank Finland for organizing this side event, where we get to explore the importance of social safety nets to support the prosperity of every mother and child.

**Ladies and Gentlemen,**

2. Within the African context, the Maputo Plan of Action on SRHR has been instrumental in highlighting the issue of maternal mortality in Africa, and particularly its focus on family planning and reproductive health. One actiuon policy which has flowed from the Maputo Plan is the African Union’s Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), which has been instrumental in reducing maternal mortality in many countries across the continent, including Namibia. The CARMMA promoted targeted funding commitments for health ministries. It was most encouraging to see maternal mortality rates dropping with the launch and implementation of the CARMMA across Africa. You may remember that the slogan for the CARMMA was “*Africa cares: no woman should die while giving life.*” In Namibia, the CARMMA was launched in April 2011, and resulted in a significant drop in maternal mortality rates that same year
3. In Namibia, Government has adopted the slogan, “*one mother who dies while giving birth is one mother too many.*” We have also sought to improve on the implementation of the Maputo Plan of Action and the CARMMA by launching an implementer strategy, within the framework of the Harambee Prosperity Plan (HPP) launched in 2016.
4. The Harambee Prosperity Plan, seeks to ensure that Namibians all “pull together” and that no-one is left behind. Apart from working to implement Agenda 2030, the HPP targets bottlenecks, removes implementation challenges and accelerates development in clearly defined priority areas and within a short-term implementation period (2016-2020.) One targeted area is the social progression pillar which seeks to eliminate hunger, fast-track urban land service delivery and housing, improve sanitary conditions countrywide, reduce infant and maternal mortality and accelerate technical skills.
5. Social Progression pillar also relates to the effectiveness of social protection systems as a tool of reducing poverty as there is a clear link between poverty and health status of women and children. Namibia has social protection for

the elderly, children, people with disabilities as well as social security for the employed and most importantly, maternity protection for women.

6. Goal nine of this ambitious plan targets reduced infant and maternal mortality rates by 2020. Actions we have taken include a roll-over of actions taken under the CARMMA, such as deploying community health workers and midwives, the construction of maternal shelters for expectant mothers from remote rural areas so that they will be able to access healthcare and further prevent maternal and infant mortality. These may seem like basic healthcare provisions, but in a country as vast as Namibia, where the majority of people continue to be rural, accommodations for expectant mothers and community workers have proven to be an essential link in the provisions for maternal health. This is in addition to the universal health care services that government provides, including family planning services and free contraceptives.

### **Ladies and Gentlemen,**

7. Advocate Bience Gawanas (Special Advisor on Poverty Eradication and Social Welfare and former AU Commissioner for Social Affairs) was recently appointed as the first National Champion on Sexual Reproductive Health and Rights (SRHR). This appointment was necessitated by the fact that despite all the policies I have mentioned and many more targeted interventions, there is still much work to be done. There is the alarming rates of teenage pregnancies, baby dumping, illegal abortions as well as the refusal by some to use the freely available contraceptives. Women and girls who are driven to these actions are often those who are from poor households and who lack education to negotiate safe sex.
8. It is ironic that in a country like Namibia, with universal health care under which contraceptives are free; where the government has implemented policies and strategies to make sure that every pregnancy is wanted and planned; and where government is working diligently to alleviate poverty and inequality, we continue to see high levels of teenage pregnancies and women continue to risk their lives in unsafe sex. The appointment of a national SRHR champion in the person of Advocate Gawanas is an important step towards focused life-skills education, which we believe will yield results. Her message is that we need to place a greater focus on adolescents, and deal with the reality that they are sexually active at much younger ages, and that we have girls becoming mothers and wives long before they are ready to do so.

9. Advocate Gawanas' role adds to that of Madame Monica Geingos, First Lady of Namibia, who is the UNAIDS Goodwill Ambassador for young adults and adolescent girls. In this capacity, Madame Geingos has used her platform to reach out to young people globally by creating the #BeFree Movement. #BeFree was inspired by the UNAIDS drive towards an AIDS-free generation by 2020 through the START FREE, STAY FREE, AIDS FREE initiative. While HIV remains a focal point, the intention of #BeFree is to create a non-judgemental, inclusive platform which encourages honest and robust dialogue, and information-sharing for youth.

**Ladies and Gentlemen,**

10. To conclude, I would like to quote Advocate Gawanas who said: "It is unacceptable that we ... criminalise rather than assist when women and girls cry out for help". Let us ensure that we provide a legal environment and effective social protection systems.

**I thank you,**