

Transcript: Universal rights and quality of life: an interview with Tewodros Melesse
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- CB: Hello, my name is Camilla Burkot and I am a Research Officer at the Development Policy Centre, and it's my great pleasure to be sitting down today with Tewodros Melesse, who is the Director of the [International Planned Parenthood Federation](#). Welcome, Mr Melesse.
- TM: Thank you, it is a great pleasure to be here.
- CB: I thought perhaps to start you could give us a little overview of IPPF, the work and the mission, for those who may not know.
- TM: The International Planned Parenthood Federation is a federation of what we call nationally owned but globally connected member associations. We have 152 members, because we accept only one member association per country, but we are working in 170 countries with partners and associate members all over the world. So we were founded in 1952 by what we call 'eight brave and angry women' from the United States, Denmark, United Kingdom, the Netherlands, Hong Kong, Japan, Singapore and India, and they founded it in Mumbai. The issue when IPPF was founded was mainly on women's rights to choose when and if they want to have children, and that was really about contraception. So that was really the founding angle of the IPPF's foundation. You know in many countries, maternal mortality and infant mortality, women and gender equality were not respected because women were just considered to be producing babies without taking into account what their aspiration for life is.
- CB: Thank you, that's very helpful to get an overview, and a sense of the history especially. I am interested to know a bit about the Pacific. How many countries in the Pacific is IPPF working in?
- TM: We work in all the Pacific Islands, from PNG, Solomon Islands, Cook Islands, Tonga, Vanuatu, and Fiji – all the Pacific countries which are surrounding Australia, I am sure you know, Australia has got a particular interest. And there we provide family planning services, but also the issue of adolescence is very important. Early marriage and gender violence is a very serious issue, and with that comes STI and HIV/AIDS, so really we provide comprehensive reproductive health services in these countries. We have diverse programs, addressing everything about gender-based violence and reproductive health. And we work in partnership with government agencies, with the private sector, and also with the non-government organisations; for example, in the Solomon Islands we work with the Catholic church; in Fiji we work with the police, the maritime agency to ensure that women's rights are respected, gender-based violence is criminalised and taken to court, and that the counselling services are provided for girls and women who are affected by that.
- CB: That's fantastic, yeah, because we know there are so many issues in the Pacific, particularly around gender-based violence. And it's great to hear you are taking a very comprehensive approach to the issue. So I wanted to talk specifically a bit about the concept of sexual and reproductive health and rights, because I think often the issue of rights kind of gets left, it falls off the end of the conversation. People often tend to think this is a health issue. Why is it so important to think about rights?
- TM: Well, you know rights are important in a sense when we are talking about respect for individual choices, informed choices. When we say, 'we believe in gender equality,' if a girl is

given away for marriage, for sex, without her consent, even at times knowing that she is being taken for that, not knowing the consequences of what that engagement, what that sexual life is, it is not respect for the individual. It's not an abstract literature when we are talking about rights. It is getting an informed choice of what you do. Giving the appropriate information, and also being protected from being violated and abused in both the state, the community, the family, the school – all these have got the duty of protecting that individual, especially when it is a child and given away and abused sexually, that cannot be tolerated. Many governments, all their life they have fought for the rights, for the right of employment and for equality in payment. And sexuality in the human nature, which existed from all ends of humanity – but we are in denial of that sexuality. And all we are saying is that has to be based on individual choices and the consent of the individual. Reproduction as an act of sexuality – not all, but most people get pregnant. Do they know that they are getting pregnant? Do they want a child? Do they want it from that person? That is related to that, reproduction. And health – when it is too early we know that when a child is getting pregnant, she loses her life and the baby's life, and all the consequences of the health defects which are coming. That is what really, basically, what we are saying. Sexually transmitted diseases: we know these are transmitted sexually, but does the person know the consequences of the act? Does a person know that the other person is HIV positive, or has any other STI? Does a person know that the consequences of that sexual act, there is going to be trauma or pleasure. This is what really we are talking about when we are talking about rights. Rights are not a question of doing whatever you want, wherever you want. Rights are knowing what the issues are, and to appreciate and understand. That is really what we are talking about: giving the right information, at the right time, so that people can decide on their acts.

- CB: So really understanding, you know, we have all these health consequences, but coming before that – we can prevent that by people knowing their rights and being empowered to make decisions for themselves. Am I understanding correctly?
- TM: Yes, so that they know, but also it's not just a question of the consequences, but the longer-term implication. When you are having a baby, you have to take care of that baby, you have to give food to the baby, you have to get food for yourself, and you have to get an income. Your employment, how is it going to be affected? The community – it's not just individual, it is also not just the health. Sometime when a girl gets pregnant, there is also associated shame. It is the men who are doing it, but the shame is transmitted to the woman, to the girl. All that has to be taken into consideration in the name of religion, in the name of culture, why should a girl be persecuted? And men also should know their responsibility in this engagement. So that is what we mean by informing, giving the right information, the appropriate education and the methods to control, either from disease or from unwanted pregnancy.
- CB: Right. I would like to talk a little bit about the issue of sexual and reproductive health and rights in the SDGs – in the Sustainable Development Goals – I know that you have been involved recently in the negotiations and in Addis. What is your view of the SDGs process? And how do you think sexual and reproductive health and rights figure into the post-2015 sustainable development agenda?
- TM: You know, it's always easy to speak once you get the results. It was agreed only on August 3rd after a long negotiation, which has taken energy and time with different political, social, cultural and religious values around the globe, and governments, which are coming in the name of the people. The issue is here, we are talking about economic development, social

equity and justice and also the climate. These are the cornerstones of this whole sustainable development agenda. Within that, if we don't tackle sexual and reproductive health and rights there can't be – if there is not a balance of development between the economic growth, social justice and population growth and dynamism – there can't be balanced economic development. Our environment is going to be overpopulated in some places; even individuals, it is not just at the macro level, at the individual level families will not have enough food to feed themselves. To go to school, to be healthy, to spend on health. You know, even in America they calculated that for every dollar that the government is spending on family planning, there is a saving of \$6 from the public health.

So, how can we connect all that? The other important component is, we always say 50% of the world is composed of women – but if we don't respect and empower women, how are we going to have economic development, social justice, equity? All those have to be included, and we have fought for a stand-alone goal for women empowerment and gender equality. That has been achieved: universal sexual and reproductive health and rights has been included in two sections, one under the gender goal, and the second one under the universal health coverage. So there is a gain.

But now this is a universal agreement; how is it going to be translated into national budget allocation? National legislation? A nationally conducive environment for this to be applied? That is what we are going to be working on. Our strategy for the next seven years is holding 100 governments accountable – here are 190 countries but at least 100 of them – electing to ensure that they allocate resources, both for international development, for national budget, are going to be allocated. Conducive environments are going to be created for engaging adolescents, for young people and also for women empowerment and for reproductive rights and sexual rights. We are going to be working with our associations, as I mentioned earlier. Over 170 countries with national institutions, with parliamentarians, with the media, with young people and the champions to ensure that these governments are going to be respecting this engagement and translate it into action.

We know there are going to be challenges. Both in terms of resource allocation and legislature, there are conservative forces who are in denial of these realities, but we have to broaden our alliances with community leaders, religious leaders, as we have done in many countries. Like we have gained the consensus and an agreement on a minimum package of programs around this area, we are going to be working for their implementation at the national and regional level.

CB: Yes, as you say it's quite exciting now that we have this agreement decided, and it's in there, but now it's the next phase of implementing. And that's another question I wanted to ask. Are there still critical research gaps that we need to fill in order to achieve universal sexual and reproductive health and rights, or is it really just an implementation problem? Do we have knowledge gaps still?

TM: You know, the issue is – for example, when we are talking about, usually, there is statistics on family planning: how many pregnancies was averted, unwanted pregnancies were averted, how many maternal deaths were averted, and so on. But what it should give us is: because of the family planning, because of the postponement of one year of pregnancy, what were the health implications for the woman? What opportunities did it open to complete education? What opportunities in social inclusion? In empowerment of women – be it in workforce, be it in income, be it in political leadership, what did it open? I think that has to be supported by research concretely saying, 'Listen guys, this is a qualitative change

in a woman's life, that's what the opportunity will give to our girls. That is the opportunity we will give to our young people. But also, by denying that, that is what the nation, the community, the family has lost because you have not invested.' That kind of research has to come. Because just the abstract right, just saying the numbers are reduced – people want to see it in their every day of their lives, the quality changing, and how it improved their economic and social status as a result of that. That we have to do a little bit more, that's critical.

CB: To really quantify where the advantage is when these rights are in place.

TM: But also the psychological; sometimes we forget the psychological trauma that the girl undergoes, a young person undergoes by – even STI, sexually transmitted infection – that means you come to the public. When you meet a nurse or a doctor, 'oh at your age, you are sexually active?' It becomes a shame, to be pregnant, to have an abortion, for some of them they think that it's a joy. No, there are traumas to that. How did it affect? How did it derail their economic opportunity and professional goals? I think that aspect also has to come, because what we want is not the age only but also the quality of life. What about the environment? It's not just an automatic connection. How can we take care of the environment and we can keep it? You know the climate is changing and so on. OK, the industries have got the biggest contribution but individual life – we are looking at GDP, economic growth – what about the individual? I think ultimately we have to take that. So that kind of qualitative research is also important.

CB: One thing that you touched on a little bit earlier was this issue of regional and cultural and religious differences around interpretations of women's rights and families and reproduction. I think a great example of that is the issue of abortion, and unsafe abortion is a contributor to maternal death and disability. But there are cultural tensions that contribute to why people would be forced to resort to unsafe abortion. So I am interested to know how IPPF works in countries where there are these tensions between respecting cultural norms but also advocating for universal rights and for better health for women.

TM: You know, to start with I would say that, despite the way it is presented, I think our issues, our values and care goes beyond religion and culture. Why? Look at IPPF, working in 170 countries that are in colour, in religion, in culture as diverse as anything, representing the world of diversity. And these people all over the world have one thing which unites them: that sexual and reproductive health and rights are a fundamental need and right of individuals. Who in society – at least in theory – would say a woman should die? None. Which is the society which says women should live in slavery? None. Which is the society that wants to leave his or her daughter or his mother to die in giving life? None. But the interpretation and the understanding of the issues sometimes, because of the language, sometimes the way of the contextual presentation, can be different and it's a long struggle. And our approach is engaging the community leaders.

I will give you an example of what happened in Pakistan. You know that, as a prize for somebody's crime committed, they were giving their daughter as a prize for, you know, killing or something. When you get the community leaders, when you get religious leaders, they accepted it was wrong and they went tried to change the community. When we fight to change the rules of engagement, we have also to engage to make them understand. Who doesn't care about his mother, his daughter, his child? And men have to be also responsible. I always say something, if abortion were to be carried on by men, believe me abortion would be legal in so many of the countries. Because they are not the ones who are going through

the pain. And yet they are the ones who are causing it, who are the causes! The violence, the sexual violence, wanted or unwanted sex; women don't just make the babies by themselves. And if it were men who are going to be assuming that consequence, believe me abortion would be legal.

That is where we also need to engage men. One Member of Parliament from Tonga told me, 'you know, my husband never knew how I was suffering when I delivered a baby. The first one, he came to the hospital when I was delivering, he saw what it means to deliver a baby. And he said when we went out, "no, we stop now"'. So I think it's important to engage – sometimes boys are growing up with people saying 'you are the force, you are dominant' and so on, but I think a different kind of education and engagement is necessarily to tackle this. I know it is a challenge and it looks very idealistic, but we have to be angry about the state of things, we have to engage community leaders, we have to engage champions, and young people and women also should be encouraged to fight, because you cannot be given as a charity what your right is. This is a long journey, we have come sixty-two years – take Australia, it was one of the first countries to proclaim gender equality, way back in 1890 and as a federal state in 1905. But how far have we moved despite the legislation? There is a long way. It was a great move, but there is a long way to move. But all of us have to work to make sure that this reality is going to be translated into action. There is hope, we have to be angry, but with hope.

CB: Yes, I like that expression, angry hope, angrily hopeful. Another issue that is quite prominent at the moment pertains to human migration and people moving around the world, and in June UNHCR [reported](#) that worldwide displacement is at its highest level ever recorded. One of every 122 humans is now a refugee, internally displaced or seeking asylum. What are the implications of this for sexual and reproductive health and rights, and can you give me any examples or information about how IPPF is responding?

TM: One of the things about IPPF is we are not opportunists, we don't go when there is many or when, just there because when we say 'nationally owned' – all our associations, we don't go from London to help them, but they do work within their community. What does that mean? Whether during the natural disaster or an emergency, we don't close our offices and go. The people who are our members, our staff, they are there to endure the sufferance and the joy of the people wherever they are. What does it mean? In situations of natural disaster, be it natural or human-made, our associations try to respond.

That's what we did in Syria during now, the displacement of the population both internally and externally. We work, our association works in certain provinces which are in conflict within Syria because most of the displaced are women and children, because the men can afford to run away, either to fight and kill or whatever. The women have to take care of the kids and most of them are there. So there are sexual and reproductive health needs. Many of the great organisations worldwide, the first care is security which is important, the food, the shelter which are critical but when those situations are there or without them, either as a result of rape or violence or any other situation, women suffer the consequence and children live that. We have to provide the education, the support in that. We do that during natural disaster.

Now in Pakistan with the support of, for example, [the SPRINT program](#) – and Australia has been a leading agent in supporting the sexual and reproductive health within the humanitarian sector – and the SPRINT program now helps in working in almost every area, and what it has done is training both government and non-governmental organisations in a

minimum package of reproductive health services. And that – just to give you an example, we worked in the Philippines during the typhoon and for the displaced population; recently in Vanuatu and Nepal – during the earthquake we did a swift, within 24 hours, response; in Pakistan during the natural disaster when even the Pakistani army, which is really the one that is transporting and so on, requested our member association to be provided with training. We have managed to work in 28 countries in Africa, in the Pacific, Asian countries, in South Asia, in the Arab world, even in Japan during the nuclear disaster. All that is by providing training for almost 8,000 people across the globe in over 95 countries to ensure that this essential package becomes a government policy and also within the ministries of health, the Red Cross and Red Crescent societies and other non-governmental organisations. And almost 600,000 people benefitted from this essential package of services. And we want to strengthen and in our new strategy framework we are setting up, as one of our program areas, service delivery in a humanitarian setting. But also to ensure that the voices of these people – what you call ‘the voiceless’ – are heard both nationally, regionally and internationally. We partnered with the Australian government really to do that work.

CB: That’s great. It sounds like it’s a project that is filling a niche that really needs to be filled, and it is great to hear that Australia is part of that.

TM: Yes, it’s really very important work, because not many people recognise that. You know you can hear from the UN reports, in many places there are many gender-based violence taking place in situations. During the Ebola crisis in West Africa, our associations responded with force to address that emergency situation using our infrastructure – both the community health work and the health infrastructure that we have, including the mobile services, to ensure that in such situations women and young people are really served. Though it compounds a broader area and ensuring our advocacy – to UNHCR, Red Cross and Red Crescent societies – that they take into consideration these elements. And we partner with UNDP to build those elements.

CB: This is a big question, getting towards the end: I wanted to ask you what you think the greatest challenge IPPF faces as a global sexual and reproductive health and rights movement is?

TM: You know, the greatest challenge that we are facing is what I call the denial of sexuality. Interpreting sexuality like a sin. Interpreting sexuality as if it is inhuman. I always say, that if there were no sex, none of us would be here. From humanity, from God and also so many people have died because of sex. Either unwanted pregnancy, or too early or too late, or sexually transmitted diseases – and all related and unrelated areas. All because of lack of health services. We have to tackle it.

Abortion is one issue which is really becoming very contentious. Why I don’t – for me those who are opposed, against abortion, they say they are pro-life. I say no, they are against life. It is us who are pro-life, because we care about the life of the woman, the girl, we care about the family, we care about the child that is going to come to this world. You know about the smuggling of children for sex, for labour or those who are thrown to the street. Do they care about this life? Do they know that a woman, when she gets an unwanted pregnancy, she loses all hope of completing her education? Loses all hope of getting employment? Loses all hope of personal dignity and personal peace? That is what we are talking about. And if they know, in countries where abortion is legal, like the Netherlands, in fact since abortion was legal both in the Netherlands and Switzerland, the abortion rate has

come down tremendously. When it is unsafe, when it is illegal, or when it is done in the background, so many lives are lost.

That is what I say we, in the International Planned Parenthood Federation – we care about the quality of life. We care about the life; that is why we say abortion is safe, it is important. The first thing of contraception, the first thing of sexual and reproductive health, is to prevent unwanted sex. That is what we are talking about when we talk about education. You are not talking about educating or inciting people for sex because they have it naturally. We are talking about how to know about sexuality, how to prevent unwanted pregnancy, and how to make a choice based on information and education. That is to prevent unwanted pregnancy, which means to prevent abortion. And then for whatever reason it can happen. Is it because that you can deny somebody's life? I think that is what people should realise. Poverty is related. All this immigration, it is not because people are naturally violent, it is because they lose hope in their life because there is not balanced education, economic development, social justice. That is what reproductive health and respecting the individual rights of young people, recognising their leadership equalities and their engagement, that's where it changes the quality. Because the individual peace gives the community peace, and the community peace gives a national peace, and a world peace. That's what it is.

CB: Well yes, it's some challenges and some huge issues to think about, but you have done a very good job of putting that in context for us, and I really appreciate everything that you are doing in your leadership of IPPF. And thank you for taking the time to speak to me about it.

TM: Thank you, because this is an issue of fundamental importance. You know, we care about individual lives, not about the numbers only. We care about that important component of the confidence that people should have in themselves and their community, in their nation. That's what is important. It is critical. Unless we have that and we work towards that, whatever we say is not going to take us far. We have to work in partnership; the private sector needs confident, educated and productive manpower which can produce, but which also can consume. Dead people don't consume. So the private sector is very important, it has to partner. And there is no economic growth without healthy and empowered women and young people. And thank you for the time.

CB: Thank you very much. And best wishes for the rest of your stay in Australia. I hope we will have a chance to speak again.

TM: Thank you.