Profile

Tewodros Melesse: an architect of sexual and reproductive health

Tewodros Melesse has come a long way from his humble beginnings in an Ethiopian village as a boy who used to walk to school barefoot. Today, he is the Director General of the International Planned Parenthood Federation (IPPF), the world’s largest non-governmental organisation (NGO) that focuses on sexual and reproductive health and rights in 173 countries worldwide.

Born in the 1950s, Melesse was the son of a teacher and won a scholarship in 1973 to study economics at the Catholic University in Louvain, Belgium. He began his career at Family Planning International Assistance in 1984, and reflects that “It was fate. But I connected events such as my grandmother having only one child, a girl, and how that was like a crime at the time, my mother losing a child a few weeks after birth from complications of having a large family, and girls at my school suddenly disappearing. Having got pregnant and delivering a child only to give them up to ensure no shame falls on their family. All these events shaped my thinking around issues on women and families.”

Melesse’s commitment to these issues grew and, in 1989, he joined Pathfinder International and set up the Ethiopian country office that supported USAID and other partners in sexual and reproductive health programmes. Dan Pellegrom, President of Pathfinder International, explains “It became one of Pathfinder’s largest and most successful offices because of the groundwork laid by Tewodros. He took that experience to the IPPF regional office in Nairobi and helped to shape family planning organisations in one African country after another. His instinct and insight regarding matters of politics in Africa is legendary. He knows how to make public officials pay attention to family planning and reproductive health and once he gets their attention he keeps it.”

In 2002, Melesse was appointed Regional Director of IPPF Africa. At a time when right-wing conservatives in the USA were hindering progress in reproductive health, he spearheaded the development and adoption of the Maputo Plan of Action, which addressed the reproductive health and rights challenges facing Africa. The plan was endorsed by the African Union in 2007 and for Melesse this was an important victory politically: Africa had stood up to pressure from the American right. Angella Githere-Langat, a colleague at IPPF Africa, explains how “His approach acknowledges that ‘Access’ is the gateway to holistic sexual and reproductive health services that include family planning, comprehensive abortion care, HIV and AIDS prevention, treatment, care and support, and youth friendly services”. The role of young people is key, argues Melesse; he believes they “are not the future, but the leaders of today”.

Melesse has mentored many young people and continues to support them as leaders in various spheres of life.

Melesse now wants to develop IPPF’s national member associations as centres of excellence and enable civil society to thrive in areas where governments cannot go, delivering services to the marginalised. Another important issue for him is to encourage communities to speak out to politicians and create the demand for services. “Our marketing needs to be different and connected to the ground. Most NGOs are increasingly turning into contractors. I want us to be creative and become architects of the delivery system and advocacy. This will be a major challenge”, he says.

Last month the world population reached 7 billion and Melesse believes the discussion should go beyond just numbers. “We have to show that at an individual level it really matters. It is about the quality of life, reducing poverty, and ensuring development for the least served”, he argues. Politically, family planning has not got the traction it deserves. “The dialogue around sexuality and family planning tends to moralise and dichotomise life and choice. I want to reclaim the language from the self-proclaimed pro-life movement. For those of us working in family planning and sexual reproductive health and rights, we are the ones who are pro-life because we care about life—the lives of women, children, and families”, he told The Lancet.

One of Melesse’s frustrations is around the slow adoption of sexual and reproductive health by the Millennium Development Goal (MDG) agenda, and inertia about the programme of action of the Cairo International Conference of Population and Development (ICPD). He wants to see a much broader consensus for the next framework and greater involvement by G20 countries. Melesse envisages the ICPD agenda will be merged with climate change, and possibly the MDGs, and hopes to see a focused and integrated document that can then act as an advocacy and financing framework.

The forthcoming 2011 International Conference on Family Planning in Dakar, Senegal, on Nov 29, will be an opportunity to discuss these issues: “I hope for a recommitment on funding, that the presence of Melinda Gates will give the issues visibility and leadership, that African countries will reposition themselves in the debate, and that the meeting is a platform to generate new ideas”, he says.

Melesse’s vision for IPPF is “to move from doing to being enablers”, Pellegrom says, “he is a complex thinker and appreciates nuance and subtlety. He is intelligent and strategic and retains perspective largely due to the philosopher in him combined with his great sense of humour.” The path Melesse has walked from a small town in Ethiopia to London has sharpened his instincts and inspired him with a clear vision for the path ahead.

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