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**ECOSOC Dialogue with the Executive Heads of
United Nations funds and programmes
(UNDP, UNFPA, UNICEF, WFP)**

“Implementation of the MDGs”

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Your Excellencies,
Distinguished Delegates,
Colleagues and friends,

Good morning. I am pleased to participate once again in this dialogue between Executive Heads and Member States and discuss the status of implementation of the Millennium Development Goals.

Both Kemal Dervis and Ann Veneman said that the MDGs are linked. This is also the case for MDG 5 which is closely connected to other development goals. Investing in improving maternal health not only has a positive effect on other health outcomes, but on all the MDGs.

Similarly, improving maternal health depends greatly on progress in other goals, such as girls' education and health, and women's empowerment. Maternal health does not just become an issue when a woman becomes pregnant. Rather this is influenced by her wellbeing throughout her life, before and after her reproductive age.

There are five important elements that I would like to highlight:

1) Maternal Health as Component of Reproductive Health

According to WHO, reproductive health problems remain the leading cause of ill health and death for women of childbearing age worldwide. Impoverished women, especially the displaced and refugee women, suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted infections including HIV, gender-based violence and other problems related to their reproductive system and their sexual behaviour as well as that of their partner.

Reproductive health, the basis of maternal health, is a lifetime concern for women from infancy to old age, with each age having its own particular challenges. In many cultures, the discrimination against girls and women that begins in infancy can determine the trajectory of their lives. The important issues of education and appropriate health care

arise in childhood and adolescence. These continue to be issues in the reproductive years, along with early pregnancy, sexually transmitted diseases and reproductive tract infections, adequate nutrition and care in pregnancy, as well as concerns about cervical and breast cancer and the social status of women.

I wish I could report as much progress as Ann Veneman did on MDG4. But we are not on track to achieve MDG 5.

We need accelerated action if we are to meet its two targets: to reduce maternal mortality by three-fourths and to achieve universal access to reproductive health by 2015.

While an annual decline of 5.5 per cent in maternal mortality ratios between 1990 and 2015 was required to achieve MDG 5, figures released in September 2007 by WHO, UNICEF, UNFPA and The World Bank show an annual decline of less than 1 per cent. Of the half million women who died in 2005, ninety-nine per cent of these deaths occurred in developing countries.

Slightly more than one half of the maternal deaths (270,000) occurred in the sub-Saharan Africa region, followed by South Asia (188,000). Together, these two regions accounted for 86 per cent of the world's maternal deaths in 2005.

Eleven countries accounted for almost 65 per cent of global maternal deaths in 2005

Maternal mortality indicators show the greatest gap among all other health measures between rich and poor countries and rich and poor in the same country. The maternal mortality ratio in 2005 was highest in developing regions, with 450 maternal deaths per 100,000 live births, in stark contrast to 9 in developed regions and 51 in the Countries of the Commonwealth of Independent States (CIS). Countries with the highest initial levels of mortality have made virtually no progress over the past 15 years.

The probability that a 15-year-old girl will die from a complication related to pregnancy and childbirth during her lifetime is highest in Africa: 1 in 26. In the developed regions it is 1 in 7,300.

Maternal health is not only an issue of public health. It is a complex situation impacted critically by social, economic and cultural factors. It is about the basic rights of women to food, shelter, health, education, income, and participation. It is about access to health services, including reproductive health, that are available, affordable, sustainable and are of quality. It is about the right to be free from violence. It is about all principles of human rights and it is about the right of women to development.

That is why all of us say that it is time to make the health of women a political and financing priority.

2) Domestic and International Financial Investments in Health

We have seen an increase in health spending.

Governments, international donors and philanthropies such as the Bill and Melinda Gates Foundation are spending more and more on health, including reproductive health.

This is good news, but it is not enough.

The Global Monitoring Report of the World Bank and the IMF tells us that external aid averages 7 per cent of health sector spending in developing countries. And an increasing amount goes to specific diseases, such as HIV.

More alarmingly, domestic financing for health has stagnated or fallen in some countries.

However, there is some light beginning to appear at the end of the tunnel. In September 2006, the Special Session of the African Union Conference of Ministers of Health, held in Maputo, Mozambique, recognized the urgency of dealing with the high maternal death and disability faced by African women.

The African Ministers of Health adopted the Maputo Plan of Action for Sexual and Reproductive Health and Rights. They reminded themselves of an earlier commitment made in Abuja to increase their commitment to increase allocation of resources to the health sector to at least 15% of the national budget. This is a lofty commitment and some of the African countries are working towards achieving it.

3) Strengthening Health Systems

Ann Veneman has mentioned the importance of health system strengthening. And it is true that today we see a welcome and absolutely vital focus on strengthening health systems.

A functioning health system is a system that can deliver to women, when women are ready to deliver. If the health system can respond to the medical requirements for safe delivery in terms of skilled health personnel and the necessary medical intervention for emergency obstetric care, then it can respond to all other emergencies. Margaret Chan, Director General of WHO always reminds us that maternal health services are a proxy for a well functioning health system.

4) Health Personnel and Midwifery

To achieve MDG 5 and other health related MDGs, we need strong supply chains for reproductive health commodities as well as relevant essential drugs, well-equipped facilities, staffed with skilled health workers.

Maternal death and disability cannot be reduced without midwives and others with midwifery skills. Yet the numbers of these skilled providers have not significantly

increased and have even started to decline in some countries, because of migration, deaths from AIDS-related illnesses, and dissatisfaction with pay and working conditions.

Midwives are overwhelmingly women and typically they endure low status, poor pay and a lack of support in spite of the enormous responsibility they bear. Those who work within communities at the primary care level, where they are needed most, often find the least respect and support from the health system. Gender biases contribute to the problem.

When they are properly trained, empowered and supported, midwives in the community offer the most cost-effective, low-technology, high-quality path to universal access to maternal health care. Yet midwives are in short supply in many developing countries – WHO estimates some 700,000 are urgently needed.

There are good practices worth replicating in Mozambique, Tanzania and Malawi, where non-physicians, health personnel, are being trained to provide obstetric care and other life-saving procedures.

5) Partnerships in Support of National Efforts

As my colleagues have said, the UN system is well positioned to support national partners in strengthening health systems. Because it entails a multisectoral response, the diversity of mandates and the complementarity of UN agencies are particularly valuable. Ann Veneman spoke about the H8 group and how we are trying to discuss at the level of executive heads how best to complement each other.

In many countries, the UN system supports health sector reform through sector wide approaches that are led by the government and that increase coordination among donors and effectiveness of interventions. And this is within the spirit of TCPR.

In Tanzania, a joint programme involving UNFPA, UNICEF, WHO, UNESCO, ILO and WFP is supporting the Government's efforts to provide quality healthcare with a focus on maternal health. This programme works with stakeholders within and beyond the health sector to provide the appropriate mix of knowledge, skills and expertise to support better policies and practices. It also addresses social issues such as gender-based violence and promotes male and community involvement.

Many countries in Africa have national roadmaps for maternal health. UN agencies and donors are coming together to support these roadmaps and provide support to governments.

A few days ago, we welcomed the announcement of the Group of Eight on their commitment to maternal and reproductive health.

We also saw the strong commitment of donor countries such as Norway on mobilizing international will to support countries to move forward on MDG 5. Actually, we can not

move further on MDG5 without achieving MDG3 and here Denmark has shown its commitment. And the United Kingdom is working through the International Health Partnership to support programme countries.

And the Secretary-General, Mr. BAN Ki-Moon has made global health one of his thematic priorities.

Mr. Moderator,

I do not want to leave you on a sad note and with the impression that we cannot progress.

Several countries, such as Bangladesh, Egypt, Honduras, India, Malaysia, Malawi and Sri Lanka have reduced maternal mortality. By applying the right policies and making the right investments, some have cut death rates in half in less than a decade.

We know it can be done and we know what needs to be done. To make motherhood safe, all women need three critical interventions: family planning; skilled attendance at birth; and emergency obstetric care.

We will work closely with governments and partners to ensure that the Millennium Development Goal lagging the furthest behind today is the one where we will see the most progress until 2015 and so that women around the world can enjoy the most basic aspect of life, which is giving birth.

Thank you.