The worst financial crisis in generations threatens the progress in health that we have witnessed over the last decade.

Investments in health brought life-saving drugs to people living with AIDS, expanded HIV prevention, delivered bed nets to prevent malaria, and improved child health through immunization. Upholding these hard-won gains now depends on increasing levels of funding for health and other social services.

People everywhere are looking to leaders to put people first. It is crucial to focus on social protection, human dignity and opportunity for the most vulnerable as we strive to reach the Millennium Development Goals and confront the global financial crisis.

Women represent the majority of the world’s poor and will be hit the hardest by the global economic downturn. Directing funds to women and girls will help mitigate potential collapses in human development, especially in health.

There is no smarter investment, with such high returns, than investing in the health of women and girls. Attaining internationally-agreed goals and commitments in global public health, including the Millennium Development Goals, requires greater attention to reproductive health.

The differences in reproductive health between the rich and the poor - both between and within countries - are larger than in any other health area. Poor reproductive health is a leading cause of women's ill health and death worldwide. Today one woman dies every minute from complications of pregnancy and childbirth. More than 200 million women have an unmet need for family
planning. More than 2 million people die of AIDS every year, and HIV continues to spread, threatening people’s lives and the development and stability of entire nations.

Reproductive health, in particular family planning and maternal health services, can help women and girls avoid unwanted or early pregnancy, unsafe abortions, as well as pregnancy-related disabilities. This means that women stay healthier, are more productive, and have more opportunities for education, training, and employment, which in turn, benefits entire families, communities and nations.

Reproductive health also offers women and girls greater control over their own destinies and affords them opportunities to overcome poverty. By guaranteeing universal access to reproductive health, we can reduce the global burden of disease, improve gender equality, and reduce poverty.

To ensure progress, the funding gap for reproductive health, including family planning, needs to be urgently addressed. Donor assistance for family planning has decreased from 55 per cent of all population assistance in 1995, totaling US$ 723 million, to a mere 5 per cent in 2007, totaling only US$ 338 million.

If not reversed, the low funding for international family planning threatens to derail our collective efforts to achieve the Millennium Development Goals and especially the internationally agreed goals and commitments for public health.

Additional funding is necessary and so is enhanced development effectiveness. Governments and development partners must capitalize on synergies. Efficiency increases when services for maternal and newborn health, family planning, HIV/AIDS, tuberculosis and malaria are integrated with interventions for women’s empowerment, microfinance and poverty reduction. Gains are also realized by linking sexual and reproductive health with HIV/AIDS programmes.

We must remember that health is wealth. I call on all leaders to make the health and rights of women a political and development priority. By investing in women’s reproductive health and well-being, we will register greater progress in achieving international health goals and commitments.