



Check against Delivery

**ECOSOC Regional Ministerial Meeting
“Financing Strategies for Healthcare”**

Session IV: Progress in MDGs

**Panel 4:
Progress and Challenges in Achieving the Millennium Development Goals**

**Remarks by
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Excellencies,
Distinguished panelists,
Colleagues and Friends,

It is a pleasure to join you on this panel on *Progress and Challenges in Achieving the Millennium Development Goals*. I would like to thank the organizers for inviting me to speak today on behalf of UNFPA, the United Nations Population Fund.

I would like to stress from the outset that all MDGs are linked to each other and the achievement of all is important. But evidence shows that the goal to improve maternal health is the only one where we have seen the least progress. We are unlikely to achieve MDG 5 and its two targets: to reduce maternal mortality by three-fourths and to achieve universal access to reproductive health by 2015 in many countries, if we continue at this rate.

While maternal mortality has declined in several countries, the rate of decline in maternal mortality ratios is still too low. An annual rate of decline of 5.5 percent between 1990 and 2015 was required to achieve MDG 5. Figures released in September 2007 show an annual decline of less than 1 per cent. And countries with the highest initial levels of mortality have made virtually no progress over the past 15 years.

MATERNAL HEALTH

Many people would agree that giving birth is the most natural experience in life. But the success of this most natural experience depends on broad development factors as well as a set of very carefully planned interventions, including access to voluntary family planning, to specific services and to skilled attendance in order for birth to be safe for both the mother and the child.

Maternal mortality is not only an issue of public health. It is impacted 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 human rights and equity. And it is about the right of women to development.

In the developed world, many of these factors are often taken for granted.

In developed countries, one expects well-trained doctors, skilled midwives and nurses, and quick referral to emergency obstetric care. One also expects access to a health facility; prenatal and postnatal information, support and care; and, overall, access to reproductive health services, including family planning.

But in the developing world, for many women and families, these expectations are a distant dream. Today, 99% of maternal deaths occur in the developing world. Sub-Saharan Africa and South Asia are the most affected regions. In some African countries, such as Sierra Leone, the risk of a woman dying as a result of pregnancy or childbirth during her lifetime is 1 in 8. In Japan, it is 1 in 11,600.

FISTULA

In addition to maternal deaths, more than 10 million women a year suffer severe or long-lasting illnesses or disabilities caused by complications of pregnancy or childbirth. Obstetric fistula is by far one of the worst injuries of childbearing. At least 2 million women in sub-Saharan Africa, South Asia and the Arab region live with fistula, and some 50,000 to 100,000 new cases develop each year.

Fistula was eliminated in wealthy nations over 100 years ago, and clearly it is a condition associated with poverty, poor health, early childbearing and limited access to healthcare, including reproductive health.

In 2003, together with several partners, including WHO, Family Care International, the Population Council and the International Confederation of Midwives, UNFPA launched a global campaign with the goal of ending fistula by 2015, to prevent it and restore the health and dignity of women living with its consequences. Today, the campaign covers 46 countries in Africa, Asia and the Arab States. It has since supported treatment for over 7,800 women and raised more than 25 million US dollars in contributions, while educating tens of thousands of individuals, community leaders and policymakers about fistula. Recently, the General Assembly of the United Nations adopted a resolution on supporting efforts to end obstetric fistula.

PROGRESS

The results of the Campaign to End Fistula show that small interventions can bring big changes in people's lives. And just like fistula, maternal mortality is almost entirely preventable.

Distinguished panelists,

By applying the right policies and making the right investments, some countries have cut maternal mortality rates in half. ***Three key interventions must be a priority: access to family planning, emergency obstetric care and skilled attendance at birth.***

By investing in midwives, Sri Lanka reduced its maternal mortality rate from more than 1,500 per 100,000 live births to about 30 today. Tunisia reduced its maternal mortality rate by 80 percent with a comprehensive strategy emphasizing skilled attendants at delivery. Several other countries, such as Bangladesh, Egypt, Honduras, India, Malaysia, and Malawi have drastically reduced maternal mortality.

There is no doubt that maternal mortality rates are a key indicator of the performance of a health system. A functioning health system is a system that can deliver to women, when they are ready to deliver. If the health system can respond to the medical requirements for safe delivery, then it can respond to all other emergencies.

To accelerate progress, governments and development partners must focus on ***strengthening health systems***. We need functioning health systems with strong supply chains, well-equipped facilities, and staffed with skilled health workers. One of the major challenges is the shortage of health workers. Today, more than 4 million health workers are needed in Africa and Asia.

We need to train and retain health workers and support innovative practices such as task-shifting. Together, we can get midwives in the communities where they are needed and give them incentives to continue to work, often under difficult conditions, to save women's lives.

WHAT UNFPA DOES

Together with many partners, UNFPA supports safe motherhood initiatives in about 90 countries and promotes an essential package of care, which includes family planning, emergency obstetric care, antenatal and postnatal care, adolescent sexual and reproductive health and HIV prevention.

UNFPA works at many levels – from advocating health reform policies and upgrading health facilities, to mobilizing communities to value and invest in safe motherhood.

There is an urgent need to link more closely policies and services for HIV and sexual and reproductive health, including maternal health. We support a comprehensive approach to preventing mother-to-child HIV transmission which includes preventing HIV infection in women and girls and preventing unintended pregnancies among women living with HIV.

Through its global reproductive health commodities programme, UNFPA is helping to close the gap between the number of individuals who use contraceptives and those who would like to delay or space pregnancies. We also work to make motherhood safe in humanitarian situations and emergencies, including in Sri Lanka.

In 2007, UNFPA established a Thematic Fund for Maternal Health that will help developing countries increase access and use of quality maternal health care. The thematic fund will focus on supporting 75 countries who need it the most. The goal is to raise 465 million US dollars by 2011, and encourage development partners and private sponsors to contribute more to saving women's lives.

Because of the social causes and consequences related to maternal health, UNFPA does not limit its programmes to health-related interventions. We advocate against violence against women and, together with partners, we work to prevent it. We work with community leaders, community groups, including faith-based organizations, and other community partners to ensure a continuum of care for maternal health from the community to the health facility. And, in about half of the countries in which UNFPA works, we provide women with economic opportunities.

PARTNERSHIPS AND COORDINATION

Increased advocacy and partnerships also provide opportunities to accelerate progress achieving the MDGs, including MDG5. UNFPA partners with UN organizations, civil society, the private sector, donors, and other development actors in support of country-led processes to accelerate action for MDG5.

It is now important to secure adequate funding, quality of care, and good coordination.

This is happening in the framework of the Partnership for Maternal, Newborn and Child Health, launched in 2005, and the International Health Partnership. Together, we promote universal coverage of essential interventions for reproductive health. Together, we advocate for harmonized approaches and better predictability of resources.

Several global health partners are now also working together through the so-called H8, which includes the Bill & Melinda Gates Foundation, the GAVI Alliance, the Global Fund, UNFPA, UNAIDS, UNICEF, WHO, and the World Bank. This is an informal group to strengthen coordination and collaboration for the achievement of the health MDGs.

We must work together to support nationally driven plans, strategies and health systems. At the country level, our approach is to follow the leadership of governments.

CONCLUSION

Ladies and Gentlemen,

I believe that our collective efforts to achieve the MDGs are near a tipping point. But we need to make women's health a political and financial priority to reach our goals.

It is estimated that \$6 billion in additional funding is needed each year to reduce maternal and newborn mortality. This is equivalent to one and a half days of global military spending. Isn't it incredible that just a day and a half of military spending directed at maternal health could save the lives of half a million women and 8 million newborns each year?

I have heard people say that a society can be judged by how it treats its women and children. I say let us be judged by what we do to improve women's and children's health and achieve MDG 5.

Thank you.