

Address by Sarah Brown Patron, White Ribbon Alliance for Safe Motherhood

Geneva, Tuesday, 19 May 2009

Thank you Mr President for your kind introduction.

I must also thank you, Dr Chan, for your personal invitation that brings me here to the World Health Assembly today. It is a great privilege to be here and to have the opportunity to share the message of the maternal mortality campaign with this distinguished gathering of the world's health ministers and professional observers from the medical world and the many NGOs represented at this meeting.

Dr Chan – your individual commitment to the unresolved issue of maternal mortality as the Millennium Development Goal that has fallen so dramatically behind and your determination to change this is impressive. I know that there are many competing global health demands on politicians and clinicians alike, and so it is a clear demonstration of your leadership that today you present maternal mortality as the keystone to unlocking the potential of all the Millennium Development Goals – a priority for all health ministers and governments all over the world.

I would also like to thank the World Health Organization for its role in harnessing global efforts to improve health worldwide. I grew up in a family where my parents were educators and in public health. The notion of professional service and the chance to contribute to the work of the WHO was a huge honour – as it is for me today. Under Dr Chan's leadership this great institution is set to meet the giant global health challenges of this century and it must be this century that reaches a turning point in how we look after all our global citizens.

It is an honour to follow on from Secretary-General Ban Ki-moon whose personal commitment to the Millennium Development Goals is without bounds and we will do all we can to support his fight to reach these targets no matter that we have fallen behind.

So I speak today on maternal mortality to health ministers but I am not a health minister.

I speak today to doctors, nurses and midwives – but I have none of the qualifications you have as qualified skilled health professionals.

I speak today on maternal mortality to researchers and scientists – but I certainly don't have the brilliant qualifications all of you have as researchers and scientists.

I speak today on maternal mortality only as a mother: on behalf of the half a million mothers who die every year from just about the most avoidable, the most preventable deaths of all, and for every death 30 more suffer debilitating and painful injury from pregnancy and childbirth.

I speak today for young girls – where in the developing world the leading cause of death for 15 to 19 year old girls is maternal death.

I speak for mothers, young and old, injured and dying needlessly in pregnancy and childbirth from the most basic of failings.

Most of these were cured 100 years ago in the advanced countries.

Some 50 years ago in the reconstruction after the war in Europe.

And also available even in some countries in Latin America and in South-East Asia where I have seen at first hand how countries have been making remarkable progress over just the last decade or so bringing maternal mortality rates down to meet the MDG targets.

And yet mothers in sub-Saharan Africa and elsewhere in South-East Asia today are dying from diseases where we have the medicine, the science, and the technology to prevent these deaths.

When I see a mother dying as she tries to save her newborn child; when I hear of mothers dying for simple lack of sanitation; when I know that many mothers die because there is no one there with them to take them through these difficult and painful moments – you know that it is our duty – all of us here – to move the world to action against such avoidable tragedies.

And my plea today is – if we have the science, the technology, the medicine, the knowledge, the cultural understanding, the means to educate and inform and if we are moved to act then let us show we have not only the compassion but the moral commitment and the political will too.

When one mother survives a lot survives with her.

A mother's survival is the key to her baby's welfare and often her baby's life.

A mother's survival can help prevent her family being hit by malaria. Her treatment if HIV positive can prevent transmission to her baby, and ensure she can care for her family rather than the other way around.

A mother's survival surely means malaria deaths and HIV transmission fall.

A mother's survival can ensure that all her children, including her girls, go to school with such a significant bearing on future life chances and health outcomes.

A mother's survival means the best of care for children born with physical and intellectual disabilities who are the most vulnerable of all.

A mother's survival can ensure that her children receive the right nutrition, ensure they receive their immunizations that will ensure their health during their first tender years.

And clean water – how many times do we need to remind ourselves who it is in the village that goes to get clean water? – girls and women. Here, in the World Health Organization, I know I don't need to tell you the value of clean water.

So saving the life of the mothers, reducing maternal mortality is the most central of the Millennium Development Goals.

Not peripheral.

Not an afterthought.

Not on the margins.

But right in the mainstream.

The goal upon which so much of the rest of our health objectives depend.

It is what you might call the goal of goals.

A mega goal.

A defining objective.

But, if a mother's survival is the acid test of whether we are going to meet our Millennium Development Goals, how is it that this is the Millennium Development Goal that has made least progress?

How is it that the Goal I think matters most and is most easily attainable appears today to be the least achievable?

By 2015 on present estimates we would not have achieved the 75% reduction that the Goal entails.

We would not meet that Goal on present rate of progress in 2020, 2050 or any future dates set as the overall rate of reduction remains unchanged and has done for over 20 years.

I say another century is too long for mothers who are suffering to wait.

Why is this happening?

How can we rectify it?

All of the great health issues demonstrate the right priorities, but are overwhelming.

The rapid response to emergency health needs makes strengthening our health systems overall all the more important.

There has been over the past year or so a growing momentum. There is an understanding that we must all work together – matching up horizontal and vertical solutions to integrate our efforts.

Indeed with the current global economic climate that we now face, never has there been such an important time to collaborate in our efforts, and integrate and better use the resources we have, to maximize their reach.

You know that if a health system is strong enough to cope with mothers in pregnancy and childbirth, then it will be able to cope with so much else.

A health system that works for mothers, works also for early infant care, for vaccinations, for infection control and bed net distribution, for blood transfusions, for emergency surgery, for every member of the community. There is better understanding now than ever before that if we build for mothers then we build for everyone.

Over a year ago now, the maternal mortality campaign was convened. A campaign that brought together governments, the grass-roots membership of the white ribbon alliance and many of the larger NGO's and campaigning charities, other international organizations and academic institutions, the private sector, and individuals.

I am delighted that the international medical professional organizations who should be involved are: FIGO – representing the world's obstetricians and gynaecologists are founder members: the International Confederation of Midwives are members and this week I have spoken to the International Confederation of Nurses – so the doctors, midwives and nurses are all on board.

So too is the World Health Organization and the rest of the powerful H4 – WHO, World Bank, UNICEF and UNFPA – have drawn up a compact to work together.

But don't forget that national governments are welcome to join – the UK (both our department of health and our international development teams are signed up) and Norway so far with founding support from India, Australia and Tanzania – there is an open invitation for more.

I call on all of you Ministers to consider carefully whether you would add your Governments' health department to the growing list of organizations supporting the maternal mortality campaign.

What does this mean?

What do you have to do?

How much do you have to spend? Commit to? Take action on?

Let me go back a step:

The medical and academic world lost a great figure at the end of last year.

Dr Allan Rosenfield, former Dean of the Mailman School of Public Health at Columbia University, a man who had worked in maternal and child health in Thailand, South Korea and Nigeria, and took on board what he experienced first hand.

It was Dr Rosenfield who first wrote for the Lancet Article in 1985 the groundbreaking article 'where is the m in much?' [Maternal and Child Health] – some of you here will remember it.

Soon after, the 1987 Safe Motherhood Conference gathered in Nairobi to address this great and shocking issue of the deaths of half a million mothers every year in pregnancy and childbirth.

A great commitment was made to right this wrong – and yet 20 years later the follow up Conference (the Women Deliver Conference in 2007 in London) discovered that there was no real change in the overall figures. Still those same numbers of deaths and injuries. Women dying for the same reason as ever – lack of access to affordable quality health care – no skilled birth attendant available before during or after birth, lack of equipment or supplies or transport, cultural and economic barriers or simply lack of public will for accessing health-care facilities.

Let us be very clear. I should be the last person speaking to experts with clinical and medical understanding. But women who die in pregnancy and childbirth mostly die from low cost affordable interventions – if a skilled health worker is available (and called on) with suitable supplies then a life can be saved thanks to 40 cents worth of oxytocin or misoprostol to prevent postpartum haemorrhage, or 3 cents of magnesium sulphate to stop pre-eclampsia. Life saved. Job done. Family continues.

There is also growing understanding of the essential obstetric interventions that provide the bottom line in numbers of lives saved. There was a stunning article in the New York Times just this week that has received much comment on this very subject. I know that the UK's own Royal College of Obstetricians and Gynaecologists has been rapidly developing a programme to update and increase the training of skilled health workers – doctors and midwives – in many countries where maternal death rates are high. I remember talking to a young doctor in a hospital in Uganda where the course had recently been completed and asking him how he thought it had worked for him. He replied “I was saving lives immediately and have been every day since”. You can't ask for more than that.

I meet and hear from many other professional organizations, ground-breaking foundations and NGOs – government programmes too – that have developed effective interventions that are working.

There is much expertise and goodwill to draw on – and all the data you need from a group like “Making Pregnancy Safer” right here at the World Health Organization.

There is no longer an excuse not to try.

The many NGOs and civil society organizations are better mobilized than they have ever been in many countries. The White Ribbon Alliance for Safe Motherhood now has members in 118 countries.

Alongside the H4, there is also the considerable expertise and commitment of the maternal health taskforce funded by the Bill & Melinda Gates Foundation and, of course, the membership of the partnership for maternal newborn and child health is there to take this issue forward.

My husband Gordon Brown and the Government in the UK has maintained its commitment to international development and emphasis on maternal and infant mortality. The leadership of Prime Minister Jens Stoltenberg of Norway has had the greatest impact in setting in motion this new momentum for the Maternal Mortality Campaign. His Global Leader's Group are working hard, and he has generously given me and Bience Gawanas of the African Union the Co-Chair of the Leadership Group for Maternal Mortality so that we focus our efforts too.

Support comes too from the UN Special Envoy for Malaria and the team at malaria no more readily understand so well that to reach their goal to eradicate malaria they must save the lives of mothers.

And of course, the United Nations itself and Secretary General Ban Ki-Moon's unwavering commitment to work harder to meet the Millennium Development Goals with maternal mortality at the heart of it all.

Those of you attending from Africa may well have been at the African Union Conference of Health Ministers last week in Addis Ababa and witnessed the launch of the Au Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA). Anyone who doesn't think that Africa does not want to prioritize this issue should think again. Every health minister should be thinking about this and what their plan is. The good news is that others are thinking about this too.

Sustained political leadership to provide quality health-care for the poorest and most vulnerable is what pays dividends for each of you, for your people, for your country.

It is not just about developing countries – though it is mostly. Ninety-nine percent of maternal and neonatal deaths are in the world's poorest countries in sub-Saharan African and South-East Asia. But every country can look at its own record – there are great disparities in even the wealthiest countries.

The success of the maternal mortality campaign is in part because it is built around a few key objectives. Objectives that all organizations can sign up to, and build in to the work they do.

The messages are simple and clear:

- to put girls and women at the centre of funding for health system strengthening
- to work with all countries that want to initiate, develop or just plain implement health plans in which maternal and infant mortality reduction figures large
- to urge and thank the UN Secretary General for making the reduction of maternal mortality a top priority.

The maternal mortality campaign also seeks:

- to appoint national champions to mobilize action at country level;
- and to continue to work together more effectively to work out exactly what makes a health plan succeed;
- and – finally, but very significantly – we must find a way to get maternal mortality recognized as a key indicator of a functioning health system – the defining measurement of success in all programmes.

This international campaign is growing all the time, every day, and there will be key influential points this year: at Secretary General Ban Ki-moon's Global Health meeting in June; at the G8 meeting in Italy in July, as the United Nations General Assembly comes together in New York in

September, and I know the White Ribbon Alliance is organizing a gathering this November in Tanzania for all its alliance heads.

Every step of the way it is important that leaders in every country that must address this issue – including yourselves – are steering this.

While we need our campaign to keep up the pressure on the global stage, what is vital to the long overdue success for reducing maternal mortality will be the work that is done at the national level.

Where the grass roots at the bottom and the global activity at the top meet to turn policy into a living reality for families and communities. As ministers, that is the point where you come in.

What I ask of you today is that – whatever the breadth of your brief, whatever the range of health challenges you are working on, whatever your personal focus may be – that you also take on maternal health and remove the political barriers whatever they may be to addressing this issue – for your country and with your influence across borders – your collective political will be the strongest agent of change.

If you can harness the efforts of civil society and clinicians to support you, you will be unstoppable. I can also tell you that there are many first ladies and wives of Prime Ministers too who would gladly join your efforts and add their voice.

If we succeed in combining all our efforts – the results are potentially phenomenal. Building for women will mean building a lasting future for our world.

Please let us work together to make sure maternal mortality is a problem of the past and not our children's future. Please make sure under your watch that safe motherhood is a right you can deliver in your country for the women and the communities they serve.

Thank you.