

**Address by Ms Thoraya Ahmed Obaid,
Executive Director, United Nations Population Fund,
at the Sixtieth World Health Assembly**

Geneva, Tuesday, 15 May 2007

Madam President, Honourable Prime Minister of Norway, Director-General, Honourable Ministers of Health, Excellencies, Colleagues and friends from WHO,

It gives me great pleasure and deep honour to address this historic Sixtieth World Health Assembly with the focus on international health security.

I would like to congratulate Dr Margaret Chan on assuming the strategic responsibility as the Director-General of the World Health Organization and I would like to thank her for giving me the opportunity to address this honourable gathering. It is a pleasure to say that Margaret and I have quickly gone beyond being just colleagues to becoming friends, with the commitment to mutually support each other in the complementary development agendas of our organizations and to work together to deliver as one in support of national development.

I would also like to pay tribute to His Excellency, the Prime Minister of Norway, Mr Jens Stoltenberg, for his leadership and vision and special emphasis on Millennium Development Goals 4 and 5.

Though UNFPA works in the areas of demographic analysis, censuses, data collection and gender issues, we rely on the normative and technical guidance of WHO on issues related to reproductive health and rights, which we support operationally. We work together through joint programmes, an effort that both Dr Chan and I are committed to expand further.

It is only through partnership, that we can improve international health security.

In our globalized world, international health security depends on the health security of nations. It depends on the health of communities and families. And it depends on the health and well-being of individuals, including women and young people, who remain particularly vulnerable.

As the Constitution of the World Health Organization rightly states, health is a fundamental right of every human being.

And yet today, good health is unevenly distributed. And new challenges and opportunities are presented by urbanization, international migration, ageing populations and the largest youth generation in human history.

Here in Europe and other parts of the developed world, population growth is stagnant or declining. But population continues to grow rapidly in the poorest countries that are least able to meet growing needs.

Now, more than ever, dealing with inequality – by achieving the Millennium Development Goals – is central to economic stability and health security.

Honourable Ministers,

UNFPA applauds the stated priorities of the World Health Organization, under the leadership of Dr Chan, to focus on the health of women, the health of the people of Africa, and the strengthening of health systems. These are essential to the achievement of the Millennium Development Goals.

We look forward to strengthened collaboration to guarantee universal access to reproductive health by 2015, as set out at the 1994 International Conference on Population and Development and reaffirmed by world leaders at the 2005 World Summit, and as a new target under MDG 5 on maternal health.

We will not achieve the Millennium Development Goals, particularly those related to health and gender equality, unless greater attention is paid to sexual and reproductive health and reproductive rights.

No nation can be developed when women are denied the right to health. And no nation can progress when large numbers of women die while giving life.

Today, poor sexual and reproductive health is a leading cause of death and disability in the developing world.

As a result, every minute, 10 people are newly infected with HIV and every year 3 million people die of AIDS.

Every year, more than half a million women die during childbirth, with more than 95 per cent of these deaths occurring in Africa and Asia.

And yet we do not see a headline in any newspaper or a news story on CNN's ticker announcing such tragedy, that impacts on their families and communities, and it does not indicate it is worthy of our urgent attention. Their death passes quietly as a silent tsunami, as the honourable Minister of Health of Afghanistan told me recently when meeting in Kabul.

Over the past two decades, more than 10 million women have died from complications of pregnancy and childbirth and some 300 million women have suffered complication or long-term disabilities, such as obstetric fistula.

By any measure, this situation is deplorable when we consider the fact that most of these deaths and disabilities could be prevented if every woman had access to reproductive health care. We all know that to reduce maternal mortality, every woman needs skilled attendance at birth, emergency obstetric care and family planning. This preventable mortality and morbidity of poor women is a true violation of their right to life, to health, to well-being and to human dignity.

The nations that have scaled up these services are reaping the benefits, saving the lives of mothers and their children and ensuring the countries' well-being.

Family planning alone could save the lives of 150 000 women each year. Spacing births by at least two years could save each year more than one million children under five.

Family planning also prevents recourse to abortion. Today too many women are dying from unsafe abortion, an estimated 186 women every single day. And we will not meet goals to reduce maternal mortality unless unsafe abortion is addressed.

Let us work within the spirit and words of paragraph 8.25 of the ICPD Programme of Action. In the agreement, you, Member States, asserted that abortion should never be a form of family planning. You agreed that family planning services should be expanded to reduce unwanted pregnancy and thus abortion. You also agreed that the decision on abortion is a national matter and where it is not against the law, it should be safe. And you agreed that women who suffer complications from abortion should have ready access to life-saving treatment and care.

We must also do more to stop HIV and AIDS.

Investing in sexual and reproductive health is strategic for curbing the HIV/AIDS pandemic.

With over 75 per cent of HIV cases due to sexual transmission, delivery and breastfeeding, it makes sense to link HIV/AIDS efforts with reproductive health. This benefits women and young people who bear a growing and disproportionate burden of the pandemic.

Health systems that deliver integrated services through primary health care at the community level for reproductive health, child health and the prevention and treatment of tuberculosis, malaria and HIV/AIDS are cost-effective and have a greater impact. We need to look again at how we can integrate such services so that communities, especially women and young people, can have a "one stop" shop for all their basic health needs.

Strengthened health systems should also deliver a steady and reliable supply of reproductive health commodities, including drugs for maternal health, contraceptives, HIV test kits and condoms.

With no cure in sight for AIDS, our first line of defense remains prevention.

Together we must intensify HIV prevention along with treatment, care and support.

Honourable Ministers,

The benefits of investing in reproductive health and rights are well-documented and substantial and you as the experts are most knowledgeable about them.

The benefits also extend beyond the health sector. The WHO Commission on Macroeconomics and Health provided compelling evidence that better health for the world's poor is not only an important goal in its own right, but can act as a major catalyst for economic development. Its report talked clearly about the burden of disease associated with reproductive health and its costs on women and the health system but also on the family, as well as nationally and globally.

The empowerment of women is vital to international health security. UNFPA welcomes the draft strategy on integrating gender analysis and actions into the work of the World Health Organization. And we look forward to our enhanced partnership in taking this important agenda forward.

Health security also requires special attention to emergency situations and countries affected by conflict. In countries affected by crisis, child and maternal mortality rates are shamefully high and sexual violence is widespread; both taking away the sense of security and dignity that women try to preserve at times of crises.

Honourable Ministers,

Health security depends on strengthened health systems staffed with skilled health workers. And no one knows this better than you.

In my travels I am impressed by the dedicated and hard-working health workers I meet. Too many toil in difficult conditions, faced with a crumbling health system and shortages of basic supplies.

Others cross borders in search of better opportunities and improved quality of life.

Nations need to work together to address the health personnel crisis, as His Excellency the Prime Minister has pointed out. Long-term solutions are required. But just as important are short-term solutions to save people's lives. We must explore and support innovative ideas, such as the use of alternate and community health workers to provide people with the health services they need.

UNFPA is proud of its work with WHO to scale up the availability of midwives in communities to save the lives of women and newborns.

To scale up health services, massive investment is required in the training of health personnel at all levels. Improvements are equally needed in their status, pay and working conditions. Health workers need incentives to stay in their countries and provide the health services that people so desperately need.

Honourable Ministers,

It is urgent that increased investment is achieved in reproductive health, as part of overall efforts to strengthen health systems and ensure international health security.

We know what needs to be done. We know what works.

What we need is the political will and the sense of urgency to make greater investment in the health sector so that reproductive health and rights become a reality.

Today the MDGs most closely related to reproductive health – to improve maternal health and prevent HIV infection – show the least progress. The need for increased resources and accelerated action is urgent.

Although daunting challenges remain, I am encouraged by strong and growing commitment.

I see this commitment when I visit national capitals and villages and UN country teams.

I see this commitment among world leaders at the World Summit committing themselves to ensuring universal access to reproductive health by 2015 and asking that it be linked to the various relevant MDGs, including poverty reduction.

I see this commitment in the Political Declaration on HIV/AIDS adopted by the General Assembly.

I see this commitment in the groundbreaking Maputo Plan of Action on Sexual and Reproductive Health adopted by African Health Ministers last year to expand such health services across the African continent.

I see this commitment in the maternal and newborn health roadmaps that are paving the way for scaled up efforts and thus further progress.

Yes, I am optimistic, but I am also realistic because I am aware of the highly politicized nature of the reproductive health and rights agenda. It is the agenda where human rights and culture seem to conflict. Yet if we facilitate dialogue and understanding among communities and development actors, culture and its positive values can be facilitators for human rights, especially the right to health.

Therefore, it is important to stress that if we are to make greater progress, we have to strengthen our alliances and support national efforts to move ahead. Building alliances means every institution that provides services to communities – national institutions, nongovernmental, civil society, religious and faith-based organizations.

Honourable Ministers,

Together we must now ensure that reproductive health is fully integrated into development plans, sector policies and budgets, these very critical national processes.

Our challenge is to deliver an essential package of reproductive health information, services and supplies.

At UNFPA, we are encouraged by the recent call to action by the Prime Minister of Tanzania for leaders to increase health spending to 15% of national budgets, as he spoke at the first Partner's Forum of The Partnership for Maternal, Newborn & Child Health.

UNFPA is a committed and active member of the Partnership. And we welcome the Global Business Plan put forward by His Excellency the Norwegian Prime Minister to accelerate action towards the achievement of MDGs 4 and 5.

For UNFPA, maternal health is a top priority. As champions of reproductive health and rights, we are committed to saving women's lives.

To be more effective, we are working with UN partners at the country level to deliver as one.

To this end, Dr Chan and I are discussing how WHO and UNFPA can intensify our work, together with other partners in the UN system, to strengthen our coordination in countries and provide one UN voice.

The goal is to provide better UN support to countries to develop national capacity and scale up maternal, newborn and child health services at the community and country levels. The partnership will build on the comparative advantages of WHO and UNFPA and other UN partners in achieving MDGs 4 and 5.

Honourable Ministers,

I always communicate to my colleagues that “The best way to bring out the best in people is by being the best ourselves”. UNFPA is committed to a more effective and cohesive United Nations system. There is no doubt that as a United Nations country team, we need to support national priorities and build national capacity to achieve stronger results and we need to depend on national human resources.

And we need to engage civil society and religious institutions that deliver much of the health and education services at the community level, to join us in being part of the solution because working together brings greater results.

There are no stronger champions of women’s health than women themselves. Young people, too, know what they need. And people living with HIV and AIDS help build an effective response to the AIDS pandemic. We need to engage them in the efforts to serve them and to empower them to claim their rights to quality health care for themselves and their families.

But there is also another strong champion for women and their health – that is the men in their lives, whether they are fathers, brothers, husbands, partners, teachers, doctors, leaders of churches, mosques and temples and most of all, you, Ministers of Health, and many of you are men. Men need to feel morally compelled to be engaged and supportive because they are also part of the solution.

Honourable Ministers,

You are well placed to advocate for greater investments in health and well-being. If we join forces, results will be concrete and clearly measured: in the lives of the mothers, newborns and children you save; the young people who are able to prevent HIV infection; the girls who escape child marriage and female genital mutilation, the couples who can plan their families, and the women who receive treatment and justice for violence inflicted against them.

Together and as individuals, we share the power, responsibilities, and possibilities to make the world a better home for people living with dignity, so that they can claim their rights, especially their rights to life, health, education, and safety.

I thank you.

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