Remarks of Thoraya Ahmed Obaid
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Protecting vulnerable populations

Question: Women of reproductive age are clearly one of the critical vulnerable groups that we need to focus on today. Given your role as Executive Director of UNFPA and your extensive knowledge of sexual and reproductive health, what more can we do to address maternal health?

Yes, you are right, a lot more needs to be done to improve the lives of women. Together we need to foster much greater progress for women's empowerment and gender equality.

And we need to pay much greater attention to women's health. Today maternal mortality remains the largest health inequity in the world. Ninety-nine percent of all maternal deaths occur in developing countries.

We know that MDG 5 to improve maternal health is the goal lagging the furthest behind. And we know that it is recognized to be at the heart of the MDGs. If we don't reduce the needless deaths of women and guarantee access to reproductive health, we will not achieve the other MDGs.

So we need to do three things.

First of all, we need to make the health and well-being of women in the developing world a political and financial priority. We need to keep our commitment to make universal access to reproductive health by 2015 a reality.

Before the financial crisis, women comprised the majority of the poor and vulnerable, and now they are falling deeper into poverty, and facing increased health risks, and this especially true for pregnant women. And we know that needs increase as budgets tighten during this crisis.

To save women's lives, we need strong leadership at all levels. We need increased international development assistance and increased spending for women's health in national budgets.

We know from previous crises, that countries that dropped investments in health took longer time and more resources to get back to the pre-crisis level of health standards. So we cannot allow this to happen this time.

Second, we need to focus where challenges are greatest. In countries with the highest rates of maternal mortality, we need to ensure that efforts are coordinated to achieve results.

We need to pay special attention to vulnerable groups such as indigenous populations, slum dwellers, young people and countries affected by conflict.

We need data, robust monitoring and evaluation. And we need better harmonization between partners to reduce transaction costs, increase efficiency gains and maximize the impact of our investments.

Third, we need to strengthen health systems so they can deliver to women. We need to provide a continuum of health care that extends across adolescence, pregnancy, childbirth and childhood.

Given the largest youth generation ever, we need to ensure that first time young mothers, who are particularly vulnerable, get the information, services and support they need. Collectively, as partners, we need to support the package of evidence-based interventions that we know works. This includes:

- Voluntary family planning, which is one of the most cost-effective interventions, and quality care at birth, which includes skilled birth attendance and emergency obstetric and newborn care.

With this, we can save millions of women and newborns every year. The good news is that partners agree on this package of basic reproductive health services and momentum is building. Our challenge now is to support countries in their national health plans to roll out these life-saving services. And to this, UNFPA is fully committed.

Follow-up question: What are the three priorities that we can all join forces to address critical barriers preventing women seeking and getting access to reproductive health services and care?

First, and this is the most critical barrier, is the shortage of skilled health workers. Today too many births take place on the floors of small huts and in slums without any skilled attendance.

To improve maternal and child health, we need about 1 million more health care professionals.

We need to put in place plans and policies to train, retain and deploy skilled health workers where they are needed. And we need to make sure that these health workers have the necessary infrastructure, medicine, and equipment they need to provide people with quality services. And the health workers need adequate compensation and support.

Second, we need to address social and cultural barriers. Today women and girls face widespread discrimination and violence, which further compound their vulnerability and put their health at risk. We therefore need to do everything we can to keep girls in school and prevent child marriage. And we need to do more to empower women and ensure respect for their human rights.

Third, we need to recognize that the costs of services are often prevent women from getting the life-saving healthcare they need. If poor women have to pay for antibiotics or a caesarean section, many will not get it, even if that was what could have saved their lives. We therefore need to support free quality services for disadvantaged women.

And, of course, all this requires increased funding. And here I would like to make a very important point. We all know that investing in girls' education brings enormous benefits. What is less known but equally powerful are the benefits that result from investing in the health of women and girls. Taken together, these investments strengthen families and societies and increase global prospects for peace and prosperity.

Cost benefits

Today the lack of investment leads to more than half a million maternal deaths and 4 million newborn deaths each year. As a result, the world loses an estimated $15 billion in productivity (USAID). Ironically, it would take less than half that amount to save lives and improve maternal and newborn health.

Providing voluntary family planning services is a cost-effective intervention that must be prioritized.

Studies show that each dollar invested in contraceptive services will avoid up to $4 in expenditures on maternal and newborn health and up to $31 in social spending (housing, sanitation, education, etc.) and other expenses.

For each additional $10 million received for family planning, we can avert 114,000 unintended pregnancies, 50,000 unplanned births, 48,000 induced abortions, 15,000 spontaneous abortions and more than 3,000 infant deaths.

Voluntary family planning is a smart investment: $100 million invested in voluntary family planning programmes results in 2.1 million fewer unintended pregnancies and 825,000 abortions prevented.

Conversely, a 10% shortfall in global funding for family planning will result in some 1.8 million additional unsafe abortions and 19,000 maternal deaths.

Investing in the health and well-being of women and girls is the right strategy to generate economic growth and improve people’s lives. It is good for public health and it is smart economics.

Building on Success

We know that MDG 5 improving maternal health is the goal lagging the furthest behind.

We also know that progress is being made in countries:

from Tanzania to Mozambique, from Ethiopia to Rwanda, from Malawi to Brazil, from Cambodia to Laos, from Russia to Liberia, and many other countries.

The problem is that the progress is not of the scale, scope and speed that is needed to meet our goals so we need to build on our successes and dramatically expand them.