

UK Pledges £100 Million to UNFPA—Good News for Africa and South Asia

By Pamela Asigi

It is good news to Africa and South Asia that today, more than ever, world leaders are committed to cutting maternal deaths in sub-Saharan Africa and Asia. At the opening plenary of the Women Deliver global conference Thursday, the United Kingdom announced an additional £100 million (more than US\$200 million) will be given to the United Nations Population Fund (UNFPA) over the next five years to help prevent unwanted pregnancies and make childbirth safer in these two continents.

UK Secretary of State for International Development Douglas Alexander said the money will help UNFPA provide support for governments in Africa and South Asia in supplying more condoms, contraceptive pills, and advice on better sexual health to poor women, girls, and men.

Alexander made the announcement to loud applause at the start of the three-day event in London, billed as the biggest conference on women's health in 20 years.

"This is a big boost to our kitty considering the fact that in Africa some of these reproductive services are not available," said Thoraya Obaid, executive director of UNFPA.

Obaid said that in Africa alone there are three condoms per man per year – well below the expected target. She added that the UN body needs an additional US\$80 million for the next five years to close the gap.

"We know what to do and know why we need to do it," said Jill Sheffield, president of Family Care International, the conference organizer, minutes after the announcement was made.

DFID estimates that every £1 million (\$US2 million) invested in family planning could avert 720,000 unwanted pregnancies, prevent 300,000 abortions, and save the lives of 1,600 mothers and 22,000 infants.

According to the World Health Organization, more than half a million women die

from complications in pregnancy and childbirth every year – that's one death every minute, and in Africa this means a woman has a one in 16 chance of dying as a result of pregnancy or childbirth in her lifetime.

"The death of a mother deprives a child, a family, a community and, ultimately, a country of one of its most valuable sources of health, happiness and prosperity," said Secretary Alexander. "More than 10 million women, mostly in Africa and South Asia, have died in the last 20 years. This is a tragedy but so is the fact that these deaths could have been prevented."

"We need to ensure that health services not only function, but also reflect the needs of women. Women must have a voice to demand better services and to vote for a member of parliament who puts women's health at the top of the political agenda," he said.

Obaid called for a unified effort. "We cannot do it alone as women, men must be part of this struggle."

The Women Deliver conference marks the 20th anniversary of the Safe Motherhood Initiative launched in Kenya in 1987. More than 1,500 politicians, including ministers from Africa and Asia, human rights activists, NGOs, faith groups, health professionals and economists are attending the meeting.

The UN global target is to save the lives of at least 432,225 mothers by the year 2015, a 75 percent cut in the 1990 figure for maternal mortality.



"Women must have a voice to demand better services and to vote for a member of parliament who puts women's health at the top of the political agenda."

Hon. Douglas Alexander, Secretary of State for International Development, United Kingdom

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PM Brown: 'Political Will' Needed

By Taru Bahl

British Prime Minister Gordon Brown endorsed the Women Deliver conference's strategy for building political will to reduce maternal deaths, telling participants in a taped message at the opening session that investing in women is the most productive strategy a country can follow.

It is imperative, he said, for governments to realize that when a mother dies from a preventable cause, the vulnerability of her entire family increase considerably.

"We need to prove now that we have the will to make a difference. We need an international effort that harvests the power of everyone ... and women are central to the MDGs," the prime minister said.

Others who spoke at the opening session called for the pace of change to be accelerated. Jill Sheffield, president of Family Care International, the conference organizer,

said the world knows what needs to be done, but it has not done it fast enough.

Thoraya Obaid, executive director of UNFPA, echoed the theme of the conference, saying maternal health, gender status and development were inextricably linked and that no progress was likely to be seen until decisionmakers realize that women's rights are no different than human rights.

Peter Piot, executive director of UNAIDS, expressed satisfaction that international agencies and governments were beginning to join hands in ad-

dressing the different issues that affect maternal health. With 5,000 women worldwide becoming infected daily with

HIV, there is a case for a meaningful partnership between those working on women's reproductive health, HIV and violence against women.



Little Progress Reported on MDGs

By Sandra Mallo

At the current slow rate of progress, the Millennium Development Goals (MDGs), particularly the target for reducing maternal deaths, are not likely to be met by 2015, representatives of international organizations agreed Thursday at the opening session of the Women Deliver conference.

High rates of death due to pregnancy and childbirth persist in many areas of the world, most notably in sub-Saharan Africa and South Asia.

"At the current rate, we will not reach the MDG 5 target by 2015," said Asha-Rose Migiro, deputy secretary-general of the United Nations, referring to the MDG on maternal deaths.

Geeta Rao Gupta, president of the U.S.-based International Center for Research on Women, agreed with this bleak forecast, pointing out that 20 years after the launch of the Safe Motherhood Initiative, the numbers of women dying of pregnancy-related complications have not dropped by much, if at all, in some countries.

Gupta and the others who opened the conference said a large global investment and much more political will are needed to reduce significantly the num-

Credits

This newsletter has been made possible through Women's Edition, an activity of the Population Reference Bureau (PRB) launched in 1993 that brings together senior women editors and producers from influential media organizations around the world to examine and report on issues affecting women's reproductive health and status in society.

The mission of Women's Edition is to inform policy decisions through accurate and timely media coverage that reflects women's needs and perspectives. By providing information to millions of women in developing countries on issues that affect them, Women's Edition also attempts to shape public discussion of the problems and helps women make informed decisions on matters related to their livelihood.

The articles presented in this newsletter are the work of the Women's Edition journalists attending the conference.

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Dead Mothers Don't Talk, Surviving Ones Do

By Elizabeth Kameo

Fatima, 34, from Nigeria is not a dead mother, so she can speak. Her survival turned her into an advocate for the cause of obstetric fistula. That is why as the world gathered in London this week for the Women Deliver global conference on maternal mortality, Fatima was there to give her story.

"It is very bad and shameful for a woman to get fistula. You [are shunned] from a lot of things which are significant for social and economic development. There is a need for governments to provide better and well-equipped hospitals, skilled health personnel and information about fistula," she said.

"We have to figure out a way to grapple with the underlying inequities that drive fistula," added Maggie Bangser, executive director of the Women's Dignity Project in Tanzania.

According to WHO estimates, more than 2 million girls and women are living with fistula in the developing
(continued on p. 4, bottom)

Ghana Minister: Time to Ask Why We Have Failed

By Rosemary Ardayfio

High-level country delegations including ministers of health and planning and parliamentarians are participating in a forum to analyze efforts toward achieving the MDG on maternal mortality.

Leading Ghana's six-member delegation is Hajia Alima Mahama, minister for women and children's affairs, who spoke to Women's Edition about the forum.

Q: Was it necessary to attend this conference?

A: Yes. I am convinced that we have waited too long to meet on this scale to re-look at the issue of maternal health. The Safe Motherhood Initiative was launched 20 years ago and still problems exist, though there have been modest achievements. Unfortunately Africa has fared poorly and I think this conference is an awakening call.

Q: Why is it necessary for the conference to have a forum for ministers? Is it not taking them away from all the equally important sessions?

A: As you notice, this forum is mainly targeted at the countries where maternal mortality is a significant issue. It is time we begin to ask ourselves why we have failed our women when it comes to their reproductive health. After all, childbirth is the only means by which the earth's human resource can be replenished, so we must not hesitate to allocate adequate resources to make motherhood safe.

Q: What in your view are Africa and the other regions where maternal

mortality is still high not doing right?

A: Many African countries are yet to accept improved maternal health as a priority. Aside from not allocating enough resources and attention to maternal health, we still turn a blind eye to taboos and traditional values that negatively impact on maternal health. For instance in my country, we still celebrate the woman who has had ten children. We should be frowning on such practices now instead of hailing them.

Indeed, we must be made to look at the challenges and to recommit ourselves to implementing the appropriate interventions. This forum is an opportunity to highlight each sector's critical role and the need for all sectors of the economy to view improved maternal health as core to the national planning scheme. It is also a good time to get the necessary commitments, actions and resources.

Q: It is acknowledged that a critical factor that will drive this agenda is political will. Do you see this happening in Ghana?

A: In Ghana we already have some political will and the momentum is there to push for action. We are celebrating 50 years of independence, and this is the time to ask how far we have come. Already we have experimented with some initiatives on a pilot basis, which has worked. The next step is to mobilize resources to scale up. The



rigorous infrastructural development including improved roads, access to potable water, housing and improved sanitation provides the impetus to address maternal health. We just have to realign our planning.

In addition, government has now turned to the international capital markets to raise income for infrastructure development, lessening the demand on internally generated resources and donor funding. This implies that donor funds and internally generated resources for social services, particularly to respond to the three pillars of maternal health, which are emergency obstetric care, family planning and skilled care during delivery.

A Measure of Survival ... Pregnancy Still Risky in sub-Saharan Africa

By Pushpa Jamieson

The lifetime risk of maternal death is over 250 times higher in poor countries than in wealthy countries, according to a report released at the Women Deliver conference by Population Action International (PAI).

"Pregnancy and childbirth are deadly to more than half a million women worldwide every year," the report by the U.S.-based NGO said. "These women are typically poor, uneducated and living in rural area or urban slums."

Underdeveloped countries in Africa, and in particularly sub-Saharan Africa, have been ranked in the report as having the highest maternal mortality in the world.

This is due to several factors including the lack of adequate reproduc-

tive health care, traditional and cultural practices that are harmful to pregnant women, domestic violence, early marriage, and women's lack of financial independence and power to make decisions that affect them.

Recognizing the need to address the situation, in 1987 leaders, influential partners, and concerned interested parties came together at a conference in Nairobi, Kenya, to look at ways to address the issues that contribute to maternal mortality.

Twenty years later, the situation in many sub-Saharan African has not changed and in some cases has become worse.

Some of the steps PAI recommends to ensure the survival of millions of children and women include

reaching the youth, recommitting to voluntary family planning, making childbirth safer, involving communities, coordinating sexual and reproductive health with HIV/AIDS efforts, and improving research of sexual and reproductive health.

Maternal deaths continue to impede progress and development of countries in sub-Saharan Africa due to the loss of important human resources. Women who are the main caregivers in the family die leaving children, and in some cases babies, without the necessary care and support needed to remain healthy.

"The world is still waiting for the success story to come from Africa," in terms of maternal mortality, said Sarah Haddock, a PAI researcher.

Dead Mothers Don't Talk, Surviving Ones Do (cont. from page 3)

countries and an additional 50,000 to 100,000 new cases occur each year.

Obstetric fistula is a preventable and treatable injury caused by several days of obstructed labor, without timely medical intervention. But the consequences of this pervasive disability are life shattering – the baby usually dies, and the woman is left with chronic incontinence. "Child bearing should be a joy," said Dr. Elinor Catherine Hamlin, co-founder of the Hamlin Fistula Hospital in Ethiopia and a pioneer in the field. Hamlin was one of the presenters on this session titled "Obstetric Fistula: A Visible Reminder of Inequity in Maternal Health." The Hamlin hospital offers treatment to women in the country suffering from fistula and has treated 30,000 women in Ethiopia.

Where interventions have taken place, women's lives have been saved and success stories abound. In Tanza-

"We have to figure out a way to grapple with the underlying inequities that drive fistula."

Maggie Bangser
Women's Dignity Project

nia in 2005, for instance, 1,058 repairs were done, a 50 percent increase over the number of operations provided in 2000. According to Bangser, there is a need for access to health care services for women as well as skilled staff to handle fistula cases.

"We need to make available trained birth attendants," Dr. Hamlin added.

Another panelist, Kohinoor Begum, head of the Obstetric and Gynaecology Department at the Dhaka Medical College Hospital in Bangla-

desh, said fistula needs to be addressed because it is a neglected component of safe motherhood.

Begum said a successful advocacy programme that takes into consideration capacity building, involvement of women's groups and NGOs, cooperation and networking and team approach will help find ways to solve the inequities that drive fistula.

The last two panelists were from Pakistan and Nigeria. Gul Bano, a fistula advocate from Pakistan, presented personal testimony in "From Patient to Advocate." The final presenter was Sa'ad Idris of Nigeria speaking on the "Government-NGO-Community Collaboration for Fistula Intervention--The Zamfara Experience."

Cervical Cancer Action: A New Global Coalition for Activism and Partnerships to Stop the Disease

By Beathur Baker and Claudia Izaguirre

Combined action and global solidarity can effect lasting change when it comes to the fight against cervical cancer – and the support of governments and civil society working side-by-side with medical professionals and advocacy groups can help realize this vision.

This was the message that emerged during the first day of the Women Deliver conference where a great deal of excitement was generated when delegates from around the world met to launch the new global action campaign and call to fight cervical cancer.

The new Cervical Cancer Action group, global partnership and call was announced to unite the fight against the disease that affects over half a million women annually around the world and kills nearly a quarter of a million.

Endorsing the campaign were known activists and outspoken advocates for change and the advancement of women's wellness – including Mary Robinson, former president of Ireland, Dr. Jacqueline Sherris of PATH, Jayanthi Natarajan, head of the International AIDS Vaccine Initiative, and Dr. Dorothy Shaw, president of the International Federation of Obstetrics and Gynecologists.

The group says the world now has a “historic opportunity to ensure that life changing new technologies to prevent cervical cancer reach women and girls

around the world without delay.” The call for commitment went out to government, multilateral agencies, the international donor community and development partners as well as medical professionals, industry and civil society.

Already at the time of the launch, the group had signed up 79 countries to endorse the call to action and become partners in the program.

Currently, gross disparities in the level of access to treatment and care exists between wealthy and poor countries, with more than 80 percent of current deaths occurring in developing countries, making it the most common cancer-related form of death for women in these countries.

The group advocates “a comprehensive prevention strategy for fighting cervical cancer which pairs vaccination with screening and treatment programs in order to reverse the threat of the disease.”

It plans to raise awareness and demand new technologies for cervical cancer prevention, expand resources, encourage affordable pricing and expedite regulatory approval and issuance guidelines for use of new preventative treatments and tools such as the vaccine that prevents infection with the human papillomavirus, which causes the cancer.

Daisy Mafubelu, assistant director-general of the World Health Organisation, said at the launch that the developing world welcomed the vaccine and this new lobby to promote it as a vital intervention. She said she looked forward to working with it to ensure “that cancer is made a disease of the past.” She also said it was important to involve young people.

One challenge will be the continued funding of the drive to distribute the HPV vaccine at affordable cost in the developing world. Currently the HPV vaccine is estimated to cost around \$120 a shot, and a full course of the vaccine consists of three shots, which makes its cost prohibitive in the developing world.

“It’s a matter of human rights getting access to lifesaving technologies to prevent cervical cancer,” said Robinson, former U.N. high commissioner for human rights and currently president of Realizing Rights. “It must be affordable for the developing world.”

Maria Luisa Avila-Aguero, health minister of Costa Rica, told Women's Edition that she agrees the initiative is a matter of human rights. “In Costa Rica, we have the program Vaccines Without Borders (Vacunacion sin Fronteras), and this is the moment to try to get vaccines at low costs.”