

Your Royal Highness, Excellencies, Ladies and Gentlemen,

Let me first thank all of you for being here today. It is a great honour to organize this special event under the patronage of His Highness Sheikh Mohammed Bin Rashid Al Maktoum, Vice-President and Prime Minister of the UAE and Ruler of Dubai. On behalf of WHO, I wish to express our great appreciation to His Highness for his support to the noble cause of this serious public health issue. □

It is also a great privilege for us to be in the presence of UN Messenger of Peace and Chairperson of Dubai Healthcare City Authority Her Royal Highness Princess Haya Bint Al Hussein, wife of His Highness Sheikh Mohamed Bin Rashid Al Maktoum, whose commitment and dedication to the improvement of health of women and children is well-known. □

Your Royal Highness, your longstanding role in support of public health is highly appreciated.

It is an honour to be joined by so many Ministers of Health and high-level officials from Member States. To the best of my knowledge, this is the first high-level meeting to focus specifically on maternal and child health to take place in in this region. It is my sincere aim that it will be the first of many, and that at each subsequent gathering, we can chart greater progress in improving the lives of our mothers and children.

In 2000, world leaders committed to meet global targets to improve maternal and child health – Millennium Development Goals 4 and 5. Since then, other important global initiatives have been introduced – notably the UN Secretary General’s Global Strategy on Women’s and Children’s health.

All countries in the WHO Region for the Eastern Mediterranean have taken steps to do meet these goals and some impressive progress has been made. The progress made so far has enabled some countries of the Region to meet the goals even before 2015, while some are on track to meet them in two years time. Among the rest, some have dramatically reduced maternal mortality.

But much more needs to be done – and it needs to be done urgently.

As we heard yesterday, overall, maternal and child mortality is decreasing more slowly here than in any other region in the world. More than 900,000 children under five years of age die in our region every year. So do almost 40,000 women of childbearing age.

The figures are stark. But the human impact is even more compelling. Each of these children is a son or daughter, a brother or a sister. The vast majority of those women are wives and mothers. Each death inflicts personal tragedy for a family and a community.

Ladies and gentlemen, most of these deaths can be prevented. I regard this as a reason for optimism: we know what needs to be done, and we know that this does not need to cost a fortune.

That is why, when I took office as Director for the World Health Organization for our Region, I identified improving maternal and child health as one of my top priorities. I will do my best for WHO to step up action to support countries in their own efforts to keep more women and children alive and healthy. And I am determined to work closely with Member States during my term of office to make a difference.

All 23 countries of this region have endorsed this priority when it was presented to them in May of last year and again, during the last session of the Regional Committee in October 2012.

We have agreed on three fundamental principles that underpin this aim:

The first is that we should focus on scaling up support to the ten countries where the burden of maternal and child mortality is heaviest – for the next three years – through to the end of 2015.

The second is that WHO and Member States cannot possibly do this alone. As the Secretary General said when he launched the Global Strategy in 2010: “The answers lie in building our collective resolve”. So we are delighted to be co-hosting this meeting with our UN sister agencies, UNFPA and UNICEF, and to see high-level representatives from governments, development agencies, and civil society here in this room. I trust that this is only the start, however, and that each of us will commit today to reach out to ensure the full engagement of all those with a stake in better maternal and child health. Not least the mothers themselves.

The third principle that will characterize our work over the next three years, is to concentrate on implementing cost effective interventions in primary health care. As a first step, we have identified a set of “best buys” for maternal and child health – the interventions that will make the biggest difference in the ten most affected countries without breaking the bank. [You all know what these are: yesterday we reviewed them in some depth. Family planning, pregnancy care and skilled attendance at birth are all key; as are vaccines, treatment for the main childhood diseases (notably pneumonia and diarrhoea); and improving nutrition and access to clean water and sanitation.

Clearly, health needs vary enormously within and between countries. So too do levels of investment in health, and the capacity of the health system. Each country will want to adopt a different mix of the priority interventions, and each of those mixes will have a different price tag.

It is critical, moreover, to be realistic. For this reason, we have come up with two scenarios, one aiming for universal – or 95% - service coverage; the other less ambitious. But we estimate that with commitment, close coordination and hard work, even a US\$5 increase in health spending – per person, per year - could save the lives of more than 300,000 children and 7,000 mothers across the ten countries. Can we achieve this or anything near this? Can we move in this direction and make such a difference? This is our challenge for the next three years. □ □

And it is worth highlighting an important additional bonus. Because almost half of the investment needs go into strengthening health systems - it will not only benefit mothers and children but the population at large – over the next three years and beyond.

Let me be clear, this is not an exercise we have taken in isolation sitting in offices in Cairo or Amman and Geneva. In preparing for this meeting, we have worked, as we will continue to work, hand in hand with Member States. Over the past three months, WHO, UNICEF and UNFPA colleagues have been sitting alongside country colleagues, discussing existing plans, looking at where and how scale-up needs to happen, and how to make it happen. □

Later this morning, our effort moves to the next, critical, stage – from technical evaluation and planning, to political commitment and concrete and serious action. By attending this meeting at such a high level, you are all demonstrating your concern for this issue, and indicating a determination to act. On behalf of the World Health Organization, and of the mothers and children who will benefit from this commitment, I thank you for all you have done so far – I look forward to hearing your plans and to working closely with you in delivering our commitments.

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