

HRH Princess Haya Bint Al-Hussein

Ministers of Health and their representatives from East Mediterranean Region and the Arab States and Asia Pacific Regions of UNFPA

Regional Directors of WHO and UNICEF

Distinguished ladies and gentlemen

It is an honor to be here today with you to celebrate this important moment that brings us together to unite in the way forward to advance the health and lives of women, newborn and children.

I want to take this opportunity to commend your sustained commitment to supporting the health and well-being of mothers and children in the Region. Through your leadership, many countries have done outstanding work to mobilise communities, resources and improved systems to improve availability, affordability, accessibility and quality of services for women and children.

Having all of you political drivers and thinkers in this room together today presents a wonderful opportunity to take stock and celebrate the tremendous achievements and progress made in reducing maternal mortality in the Region in recent years. It is also an opportunity for us to plan together the way forward towards the achievement of MDGs 4 and 5.

I have just come from a similar High Level Event, in Addis Ababa that took place on Sunday 27th

of January 2013, as part of the African Union 20th

session. The event was on CARMMA (the campaign to accelerate reduction of maternal mortality in Africa). The global attention given now to the achievement of the health Millennium Development Goals particularly MDGs 4 and 5 and the deliberations on the Post-2015 and the

ICPD 2014 and beyond are all proofs that we all want to seriously move forward towards the achievement of those goals. It is not possible that in 2013, only one year from the end of the ICPD Programme of Action and two years from 2015, we are still in this region unable to fully achieve the health goals even though we know the solutions and we have among us many success stories to share.

Achievements and progress made in the Region

Data released in 2012 by the three partner agencies in this high level meeting and the World Bank, shows that many of the countries represented today have been able to reduce maternal deaths to varying degrees. However, there are still some countries that did not achieve any progress. Those who have achieved progress have advanced national averages but there are still inequities in achievements within the country.

The need to accelerate progress means that we need to learn from each other and study the success stories in the region. Countries that reduced maternal mortality showed the following:

- High political commitment to the cause translated to financial allocations to maternal health programs
- Strong family planning programs to prevent unwanted pregnancy, space births and reduce unmet needs
- Focused on capacity building of human resources for health to ensure the availability of skilled birth attendants particularly midwives
- Strengthened their health systems and used a health system approach to improving maternal health including improving health infrastructure, availing life-saving commodities and improving the supply chain.
- Ensured the availability of data through national household surveys such as PAPFAM, DHS, MICS and institutionalized strong maternal death surveillance mechanisms

Countries like Egypt, Morocco, Oman, Syria and Jordan succeeded to reduce MMR, and are reported to be on track of achieving the goals. Others are moving forward and need to increase the efforts. The success those countries achieved was only possible because of the leadership you provide. You have been crucial to make this progress and to address reproductive health issues, raise awareness, mobilize communities, improve antenatal care, distribute safe delivery kits or ensure free-services for pregnant women, nursing mothers and children under five years of age. Your efforts and success stories are not only very encouraging but also inspiring and highly contributing to improving the health of women and children in the Region. These policies

and many others underline and highlight what needs to be done to reduce maternal deaths.

However, when we talk about success in reducing maternal mortality, we know that it does not translate to success in achieving MDG 5. Achieving MDG 5 also means ensuring universal access to reproductive health care; target 5 B. Unfortunately, this target received less attention and in order to improve women's health we must ensure universal access to RH at the primary care level.

Much more needs to be done for Maternal Health

However these successes, unfortunately, only tell one side of the story. Still far too many women in our precious region are dying from pregnancy-related causes. In some countries the average exceeds 15 women per day from pregnancy related causes, all from preventable (avoidable) causes.

In the Arab States region, the life-time risk of maternal death for women ranges from 1 in 16 to 1 in 490. These figures are just unacceptable for the region in the 21st century.

No country in the world can afford to lose its women, mothers, daughters and sisters, who represent half of the population and give birth to the other half.

Women die during pregnancy, delivery and after delivery because of bleeding, obstructed labor, high blood pressure, and infection –sepsis. Those are what we call the direct causes, we should not forget that the road to those causes lies in fundamental social issues such as poverty - the inability of pregnant women to pay for costs of health services - illiteracy, gender inequality, human rights violations and lack of access to family planning, leading to these high numbers of maternal deaths in all of our countries. Maternal health will not improve if we focus our attention only to the direct causes and neglect the determinants of the poor health status. The gender dimension in improving maternal health is particularly important. Morocco succeeded as it mainstreamed gender in its national health strategy. To improve access to maternal health services Morocco “humanized” its interventions but looking at the causes that hindered the demand for and the utilization of services. The MOH removed the financial barriers that created an obstacle. The Ministry also changed the way services were delivered to make sure that they are responsive to the needs of the clients and provided community appropriate means for

transfer of women. Djibouti also succeeded in its community interventions to reduce maternal mortality because it gave women the opportunity to make the choices that are most suitable for them.

Universal access to Family Planning

Universal access to family planning - which can reduce maternal deaths by as much as 30% - is not available to every woman, couple or young person, who wants to protect themselves and plan the number of children they want, and the timing. In the developing world as a whole, the number of women and girls with an unmet need for family planning declined slightly between 2008 and 2012, from 226 million to 222 million. As the populations are growing the number of women in reproductive age who need access to family planning will increase and we have to find ways to meet it.

In the different countries of the region, there are large variations in married women's level of unmet need for and use of modern contraception. Modern contraceptive prevalence can be as low as 1% in Somalia and may reach 67% in Morocco. The countries of the region with the lowest contraceptive prevalence are those with the highest MMR. Ensuring that family planning is available and acceptable to every woman, man and to young people who need it, will improve the health of mothers and children, and save health care systems much unnecessary expenditure.

UNFPA is helping countries to meet the need. In 2012, during the family planning summit in London, we committed to support countries to meet their needs for family planning. Additionally, we are the biggest international supplier of contraceptives to developing countries. We are engaged in international efforts to ensure a consistent, adequate supply of modern contraceptives when and where they are needed.

We have strong evidence that health is one of the main drivers of economic growth and social cohesion. Healthy people, including mothers, women, and young girls, can contribute to the productivity of the whole economy and drive a country forward for prosperous and sustainable development. However, if the young girls and women are not able to make decisions related to their lives they will not be able to contribute to their societies.

Women, men and young people have different needs and those also change during lifetime. It is vitally important, both for respecting human rights and contraceptive effectiveness, to ensure that everyone gets the right information and services.

I also want to speak to the specific needs of young people. At this moment, we have the largest youth generation the world has ever seen. In the Arab countries young people asserted their role when they led revolutions in the region. Having such a large youth population brings opportunities but we can only harness this great potential if we address the needs of our young people, include and empower them to become agents of change.

Another contributing factor to the high levels of maternal mortality in this region is that many young women are married and become pregnant at a very young age. Pregnancy is a threat to a young girl's life and health - married or not. A girl who gives birth before she is 18 is twice more likely to suffer death or disability than her sister who postpones her pregnancy. In the countries with the highest maternal mortality ratios in the region, almost 30-36% of mortality occurs among young women below the age of 18. Early pregnancy is a major cause of fistula, a dreadful birth injury. Young girls need to know how to protect themselves against pregnancy which could kill them or disable them for life, including by empowering them through education. Mainstreaming gender in health policies and strategies is key to improving maternal health.

I am here today to ask all of us to come together to combine and strengthen efforts to save the lives of women and girls. Let us improve and save the lives of our sisters, mothers and daughters – we know what to do and how to do it. It is now in our hands to follow through.

What can our countries do?

We all know and agree that without health, no country can flourish and develop, and without the health of mothers and children, none of us would be here today. I call on you to:

1. Increase your personal commitment, including mobilising the highest political support in your countries and promoting everyone's involvement to improve the health of mothers and children, making maternal health a top priority;

1. Increase and ensure better use of domestic resources for maternal health. This includes

thinking about creative and innovative financing and public private partnerships;

1. Empower ministries of health to intensify, share and replicate good maternal health interventions.

1. Improve social policies to ensure better health as they can address some of the determinants of health and will hence collectively contribute to better health indicators and reduce inequities in access to care

UNFPA's commitment

UNFPA, while reaffirming the strong and mutually reinforcing partnership between initiatives to reduce MMR such as CARMMA and this initiative and the United Nations Global Strategy on Women's and Children's Health, is ready to scale up and we are committed to:

1. Continue supporting countries to monitor the progress in maternal mortality and other maternal health interventions as recommended in many summits,-- a;
2. Facilitating effective partnerships with the respective Governments, sister agencies and development partners;
3. Help ensuring that commitments made, both by governments and development partners are focused, effective and honoured in order to increase accountability through measurable outcomes;
4. Advocating for additional accelerated and sustainable investments in the area of sexual and reproductive health to improve maternal and child health, understanding that additional resources are needed to move to the next level;
5. Increasing technical support at country and regional level to make reliable, segregated data consistently available and indicators aligned with the UN Secretary General's Global Strategy on Woman's and Children's Health in order to understand progress made in the continent.

In closing, your Excellencies, I know that if we all commit ourselves and your respective Governments to these ambitious but very doable plans, with the support of development partners and everyone's engagement, we will soon see a new world where

No Woman will Die Giving Life.

Thank you.

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