

On Women's Health and Rights
Lectures, Speeches and Statements
Mahmoud F. Fathalla

Safe motherhood at 20
Opening remarks
IMMPACT Symposium:
Delivering safer Motherhood: Sharing the Evidence.
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Good morning, Ladies and Gentlemen

I am sure you are all as keen as I am to get started with the proceedings of this exciting and important symposium.

According to the strict instructions from Wendy Graham, the chairperson has to start by introducing herself or himself. Well, my name is Mahmoud Fathalla. I am an old timer in the safe motherhood initiative. I come from Egypt. My background is Obstetrics and Gynaecology. I am supposed to be retired. For the past several years, I have been trying real hard to do nothing, but so far I cannot claim much success. But I am not giving up. I keep on trying.

That is all about myself. How about you? I want to make a remark about this distinguished participation. The organizers have done an excellent job, not only in compiling the programme, but in bringing together such a splendid group of participants: a group with diverse backgrounds, from governments, international organizations, non-governmental organizations and academia, from a diversity of Northern and Southern countries, old timers and young activists. For me, it is a real pleasure to be at a meeting on safe motherhood in which I know only a minority of the participants. It speaks well for the future of the movement. This diverse participation has two things in common: a rich expertise that I am sure will enrich our discussions in these three days, as well as a genuine concern about a problem that was dubbed by WHO as the health scandal of our time. The tragedy of maternal deaths in the twenty-first century is a tragedy that does not need to happen and should not be allowed to happen. As we will hear from IMMPACT and from other presentations during this symposium, there are cost effective interventions that can be implemented and can be rigorously evaluated, to save the life and health of mothers.

My next remark is about the venue: the Royal College of Obstetricians and Gynaecologists. As an old timer, I want to acknowledge the inspiring role of the College in the early days of the safe motherhood initiative. In those early days of the global awareness about the magnitude of this neglected tragedy, we did not have the rich information which we have today. But we were inspired by the work of the Royal

College in setting up the system of "Confidential inquiry" and in reducing maternal deaths. In fact, for us then, it was the only game in town. I remember back in 1981, years before the formal launching of the Safe Motherhood Initiative, the late Dr John Tomkinson and myself were recruited as consultants by WHO to go to some countries to explore the feasibility of setting up such a system. I was asked to go to Sudan and to Syria. Dr Tomkinson was asked to go to my own country Egypt. If you wonder about the logic of this division of assignments, I guess the answer for the WHO choice may be in the Bible, when Jesus preached in his own town Nazareth. A prophet is not without honour but in his own country and among his own kin. This is history now. We have come a long way.

A grandfather's perspective

Your ageing chairperson has a mixed feeling about this symposium. I am happy that it did happen. I would also have been happy if it did not have to happen. It did not have to happen if a world, forever richer in money and science, would have succeeded after 20 long years in making the tragedy of maternal death a very exceptional event for women everywhere. But I am happy that the noble cause is still on, is gathering momentum, and is attracting such a distinguished gathering.

At my age, I always try to resist the temptation to look back too much. I keep on reminding myself with the story in the Old Testament about what happened to the wife of Lot when she looked back. She was turned into a pillar of salt. We need only to look back for as much as it would help us to see more forward.

When the Safe Motherhood Initiative was launched in 1987, we had to face three challenges. The first challenge was to move the issue of safe motherhood higher on the national and international health agendas. The second challenge was the know-how to make motherhood safer in low resource settings. The third challenge was to mobilize the necessary resources to make it happen.

Looking back, I can say that we have made good progress in the first challenge. Making motherhood safer made its way to national and international health and development agendas. Reducing maternal mortality is now one of only eight Millennium Development Goals adopted by the world government community.

On the second challenge, how to make motherhood safer in low-resource settings, the record is mixed. But the outlook is now better. I think there are three reasons for what may be called "tensions" in the movement. The first is that the initiative is blessed to have many adoptive parents among the international and AID agencies. We were very happy with that. But these agencies had different approaches, different dogmas and also political sensitivities. Should we put our bets on family planning, on primary and community health care, on emergency obstetric care, on socio-economic development, or on advancing the status of women? The questions were often put as problems of either or. I tried to make a positive contribution at the time, with the video "Why did Mrs X die",

and the metaphor of a “Maternal Death Road”, a slippery road but with a number of exits that should all be opened to get women out of danger.

A second reason for what we may call tensions about the “how” is that the professionals, the obstetricians and midwives, were conspicuous by their relative absence rather than by their visible presence. In Nairobi, at the launch of the safe motherhood initiative, they were a very small minority. There was an unexpressed uneasy feeling that the self-centered health specialists may be a part of the problem rather than a part of the solution. The professional associations only joined the Inter-agency Group for safe motherhood about ten years after the initiative. This has now changed. The profession is taking up its social and moral responsibility.

A third reason for the tension was that the arguments were often ideological rather than scientific and evidence-based. I think the entry of IMMPACT has now moved the debate about effectiveness and cost-effectiveness from the ideological ground to the solid evidence-based ground.

Let me move to the third challenge: mobilizing the resources. This challenge still stands. Now with the rigorous evaluations undertaken by IMMPACT, we can say that we know the way. It has been rightly said that when there is a will there is a way. The converse does not always hold true. And the way and the will must be backed by the wallet. I keep on saying that mobilizing the resources for safe motherhood boils down to the question of how much the life of women is considered worth.

Now let us get on with the business of the day and hear what our eminent speakers have to say.