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

What does the future hold for women’s right to life and health

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Introduction

"When men speak of the future, the Gods laugh."
Chinese proverb

Talking about the future is a challenge. An ancient Chinese proverb says "When men speak of the future, the Gods laugh." I have no problem about giving the Chinese Gods a good laugh. But I hope that at least some of the distinguished participants will take what I say seriously.

Speaking of GOD, I have many reasons to be thankful to my GOD. I lived and practiced through a great time. I have witnessed scientific advances in our profession that would not have been imagined. I have observed with joy the progressive emancipation of women, our clients. But one special reason I feel grateful for, is that I was given the opportunity to be a part of a very privileged generation of humankind. Our generation will go into human history as the first generation that dared to declare that all humans are born free and equal [1].
All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 1. Universal declaration of human rights. 1948

And not only to declare, but to take action, through binding international human treaties and conventions, to ensure the universality of human rights, for which States should be held accountable [2].

**Human Rights Treaties**

International Covenant on Civil and Political Rights (The Political Covenant)-1966

International Covenant on Economic, Social and Cultural Rights (The Economic Covenant)-1966

Regional treaties and charters on human rights
The treaties include the Political Covenant, the Economic Covenant, as well a number of regional human rights treaties.

The Conventions include, in particular, the Convention on the Elimination of All Forms of Discrimination against Women.

International human rights law has been guilty of “gender blindness”.
For too long it focused on the “public” arena largely populated by men and neglected the so-called “private” sphere of home, family and community in which women are traditionally enclosed.

Pierre Sane
Secretary General,
Amnesty International
It is true that for a long time, the human rights movement has been gender blind, focusing on the public sphere, mostly populated by men, and ignoring the private sphere in which a majority of women reside. But this has now changed. Women’s reproductive rights are not new rights.

Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents.

International Conference on Population and Development, Cairo, September 1994
Programme of Action, Paragraph 7.3.

As emphasized by the Cairo International Conference on Population and Development in 1994, they are rights already recognized in human rights documents. [3] They only have to be applied to the areas of sexuality and reproduction.

Our book on “Reproductive Health and Human Rights” outlined 13 universally accepted rights in human rights treaties, that are applicable to sexual and reproductive health.[2] The right to life and the right to health are two rights that deserve special discussion.

Women have a human right to life
The human right to life was upheld in article 6 of the Political Covenant. It is not only a right to be respected. It is also a right to be protected and implemented. Maternity is a social function and not a disease. It is the means by which the human species is propagated. If a union of women of the world votes to go on strike and withdraw their labour, obstetric labour, our human species will be extinct. When women risk death to give life, they have a right, a basic human right, to have their human right to life protected. [4,5,6] I am not making a rhetorical statement. This is how this right is interpreted by the responsible treaty bodies.
"When reporting on the right to life protected by article 6, States Parties should provide data on...pregnancy and childbirth-related deaths of women....States are required to address deaths related to pregnancy and childbirth deaths as a matter of women's right to life”.

UN Human Rights Committee, General Comment 28, 2000

The UN Human Rights Committee has now required that "When reporting on the right to life protected by article 6 of the Political Covenant, States Parties should provide data on...pregnancy and childbirth-related deaths of women....". [7] The Committee explains that states are required to address deaths related to pregnancy and childbirth deaths as a matter of women's right to life.

Women have a human right to health
The Human Right to Health

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

The Economic Covenant, Article 12

The Economic Covenant, in article 12, recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

The human right to health

The right to health is not to be understood as a right to be healthy. The right to health contains both freedoms and entitlements. The freedoms include the right to control one’s health and body. The entitlements include the right to a system of health protection, which provides equality of opportunity for people to enjoy the highest attainable level of health.

The Committee on Economic, Social and Cultural Rights, General Comment 14, 2000

The Committee on Economic, Social and Cultural Rights has developed a general comment on this right to health.[8] The right to health is not to be understood as a right to
be healthy. The right to health contains both *freedoms* and *entitlements*. The freedoms include the right to control one's health and body. The entitlements include the right to a system of health protection, which provides equality of opportunity for people to enjoy the highest attainable level of health. Women’s health is often compromised because of infringements both on their freedoms and on their entitlements.[9]

**What does the future hold for women’s right to life and health?**

**Challenges**

**Signals of hope**

I look at my oriental crystal ball. On one side, I see challenges. I turn my crystal ball around. On the other side, I see signals of hope.

**The status of women’s right to life and health**
I have six slides to share with you the magnitude of the challenges, facing women’s right to life and health. I have taken them out of the WHO Reproductive Health Strategy, adopted by the World Health Assembly in 2004. [10]

Each year, some eight million of the estimated 210 million women who become pregnant, suffer life-threatening complications related to pregnancy, many experiencing long-term morbidities and disabilities.
In 2000, an estimated 529 000 women died during pregnancy and childbirth from largely preventable causes. Globally, the maternal mortality ratio has not changed substantially over the past decade.

WHO, 2004

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The status of women’s right to life and health

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WHO, 2004

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About 80 million women every year have unintended or unwanted pregnancies. Some 45 million unintended pregnancies are terminated each year, an estimated 19 million of which are unsafe. Unsafe abortions kill an estimated 68 000 women every year, representing 13% of all pregnancy-related deaths. In addition, they are associated with considerable morbidity.

WHO, 2004

An estimated 340 million new cases of sexually transmitted bacterial infections, most of which are treatable, occur annually. In addition, millions of cases of mostly-incurable viral infections occur annually, including five million new HIV infections, 600 000 of which are in infants owing to mother-to-child transmission.

WHO, 2004
An estimated 340 million new cases of sexually transmitted bacterial infections, most of which are treatable, occur annually. In addition, millions of cases of mostly-incurable viral infections occur annually, including five million new HIV infections, 600 000 of which are in infants caused by mother-to-child transmission.

Sexually-transmitted Human papillomavirus infection is closely associated with cervical cancer, which is diagnosed in more than 490 000 women and causes 240 000 deaths every year. Three quarter of all cervical cancer cases occur in developing countries where programmes for screening and treatment are seriously deficient or lacking.

**WHO, 2004**

Sexually-transmitted Human papillomavirus infection is closely associated with cervical cancer, which is diagnosed in more than 490 000 women and causes 240 000 deaths every year. Three quarter of all cervical cancer cases occur in developing countries where programmes for screening and treatment are seriously deficient or lacking.
"The thrust of the message of the report is that future improvements in women's health will need more than the science and the healthcare profession. It needs societal action that has for long being overdue, to correct injustices to women."

FIGO First World Report on Women’s Health in 1994

The underlying challenge for all these challenges is that future improvements in women's health will need more than the science and the healthcare profession. They need societal action that has for long being overdue, to correct injustices to women. This statement comes from the First FIGO World Report on Women’s Health in 1994. The challenge still stands.

I do not under-estimate the challenges facing women’s right to life and health, particularly that they require actions by government leaders. A lifelong experience has taught me never to underestimate capacities of members of our species who are in leadership government positions for irrational action and for costly inaction.
What does the future hold?

Challenges

Signals of hope

But beside the challenges, I also see signals of hope.

When I look into the future, it is so bright it burns my eyes.

Oprah Winfrey

The American television star and entrepreneur Oprah Winfrey once said: When I look into the future, it is so bright it burns my eyes. I do not share Oprah’s wealth or beauty. But I share her optimism. I happen to be one of those incurable optimists. I guess that
when the powers that be were assembling the genes in my DNA, the human pessimism gene was temporarily out of stock. Rather than delaying my conception, I was allowed to get away without it.

But I also have objective grounds for optimism. I see signals of hope coming from at least three different directions.

**Signals of hope**

- **International commitment**

The first signal is that the international community is taking notice and is making a commitment.
At the Millennium Summit in 2000, heads of governments or their representatives from 189 countries committed themselves to work towards a world in which sustaining development and eliminating poverty would have the highest priority. [12] This commitment was summed up in eight Millennium Development Goals (MDGs) which have been universally accepted as a framework for measuring development progress. Goal 3 is to improve gender equality and empower women. Goal 5 is to improve maternal health, with a time-bound quantitative target to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.
Signals of hope

- International commitment
- Women’s movement

My second reason for optimism is the rise of the women’s movement.

“Too many women in too many countries speak the same language of silence.”

Poem by Anasuya Sengupta, New Delhi

An Indian poet once said “Too many women in too many countries speak the same language of silence.” This has changed. Women have abandoned the language of silence.
They are now speaking up, and are giving the same message in too many languages: Enough is enough; we must have back our God-given right to life and health.

After a long career in women’s health care, if I am asked to write only one prescription for women’s health, my prescription will be a single word “Power”. Give women “power” on their life and they will pursue their health. Powerlessness of women is their serious health hazard. There is no dispensary to fill this prescription for women. Women have to get it themselves. And they will. They still have some steep mountains to climb. But women are not for turning.
My third reason for optimism is that our profession has been evolving. Over the past two decades, our profession has been broadening its vision from obstetrics and gynaecology to women’s health.[13] Women, our clients, are not to be seen as bags of potentially diseased pelvic organs, nor are they baby factories. The great advances in biology are not blinding us not to see the social realities of women’s lives. Obstetricians and gynecologists are rising to their social responsibility, and are standing behind women’s rights. [14]
The FIGO Committee on women’s sexual and reproductive rights has now been active for many years and I hope will continue to be active. A good omen is that a former founding chair of the Committee is our next FIGO President.

The FIGO General Assembly:

Declares that advocacy and inclusion of the human rights of women are an integral and priority area in FIGO activities.

Santiago, Chile, 2003
The last FIGO Assembly convened in the region of our current President declared that advocacy and inclusion of the human rights of women are an integral and priority area in FIGO activities. This is a great signal of hope for women’s right to life and health.

My final message is to the younger generation of obstetricians and gynecologists. My generation is on the way out, trusting an unfinished agenda to your hands. Do not ask the old man to predict the future for you.

The best way to predict the future is to create it.

Peter F. Drucker

Follow the advice of the late management guru, Peter Drucker: “The best way to predict the future is to create it.” And yes, you can.

References


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