I deeply appreciate the kind invitation. In recent years, I have been limiting my international travels and my speaking engagements. But I could not say no to an oration in the name of dear Allan Rosenfield. I know if I have gone first, Allan would have done it for me if asked.
Ours has been a long standing sincere friendship. It dates back to the early seventies, and continued throughout our different capacities.

Then I also love Thailand and I am a great admirer of Thai science.
I have great memories of my many previous scientific visits, and of my many friends.

I know that Allan loved Thailand, and always spoke of the great years he spent here with many Thai colleagues.
Allan in Thailand

“We had the great privilege to be sent to Thailand. This turned out to be a perfect match.”

Clare Rosenfield

Clare Rosenfield, who shared with Allan that great time, rightly said: “We had the great privilege to be sent to Thailand. This turned out to be a perfect match.”

A WORLD WHERE NO WOMAN IS DENIED ACCESS TO HER RIGHT TO HEALTH AND LIFE

A TRIBUTE TO ALLAN ROSENFIELD

I selected as the theme for my oration, and as a tribute to Allan: “A WORLD WHERE NO WOMAN IS DENIED ACCESS TO HER RIGHT TO HEALTH AND LIFE”. I was
inspired by Allan in selecting this title. This is the world for which Allan devoted his splendid career.

“Acess to Maternity Care: A Basic Human Right”

Message from Allan Rosenfield
Women Deliver Global Conference,
London, October 18-20, 2007

A last thing I did for Allan in his last illness was to read, on his behalf and at his request, a message to the Women Deliver Global Conference, London, October, 2007. The title of his message was “Access to Maternity Care: A Basic Human Right”. In fact, I will be quoting this message in several parts during this oration.
Women’s health is often compromised not by lack of medical knowledge, but by infringements on women’s human rights.

FIGO General Assembly, Washington D.C., September 2000

The title also fits with my conviction, and the resolution of the International Federation of Gynaecology and Obstetrics FIGO, in Washington D.C., September 2000: “Women’s health is often compromised not by lack of medical knowledge, but by infringements on women’s human rights.”

A WORLD WHERE NO WOMAN IS DENIED ACCESS TO HER RIGHT TO HEALTH AND LIFE

Ten propositions
In this oration, I plan to share with you, for your consideration, ten propositions for a world where no woman is denied access to her right to health and life.

1. Women’s rights are human rights

The world has been slow to recognize that Women’s rights are human rights.
For a long time, the human rights movement has been gender blind, focusing on the "public" arena largely populated by men and neglecting the so-called "private" sphere of home, family and community in which women have been traditionally enclosed.

Amnesty International

Women's 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
According to the International Human Rights Treaty, The Economic, Social and Cultural Rights Covenant, Article 12: “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 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 United Nations Committee, in a general comment in 2000, clarified the implication of this basic human right as follows: “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 in many areas are lacking the freedoms and the entitlements of their human right to health.

Women’s right to life
The right to life is a very basic human right. The UN Human Rights Committee, General Comment 6, Article 6 (Right to Life), 1982, clarified and expanded on the definition of this right:

“The expression “inherent right to life” cannot be properly understood in a restricted manner, and the protection of this right requires that States adopt positive measures”

UN Human Rights Committee, General Comment 6, Article 6 (Right to Life), 1982

“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
In another General Comment 28, 2000, the Committee requested that "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".

The United Nations Human Rights Council passed a Resolution on 16 June, 2009 that: “Requests the Office of the United Nations High Commissioner for Human Rights to prepare a thematic study on preventable maternal mortality and morbidity and human rights,.... and requests that the study include identification of the human rights dimensions of preventable maternal mortality and morbidity in the existing international legal framework; ... identification of how the Council can add value to existing initiatives through a human rights analysis, ...and recommended options for better addressing the human rights dimension of preventable maternal mortality and morbidity throughout the United Nations system.”

2. Let a woman’s body be all hers
A WORLD WHERE NO WOMAN IS DENIED ACCESS TO HER RIGHT TO HEALTH AND LIFE

Ten propositions

- Women’s rights are human rights
  ➢ A woman’s body is all hers

No society, primitive or advance, no religion and no legal code has been neutral about sexual and reproductive life.

A woman can claim as her own, her head, her hair, her hands, her arms, her upper body, her legs and her feet. She cannot claim the same right to the remaining area of her body, which appears to belong more to certain males of the species, moralists, lawyers, men of
religion, and others, all of whom claim the right to decide how this part of a woman’s body can best be utilized. The emphasis in society’s interference with reproductive life varied in different societies and in different times. In the past several decades, we have witnessed how governments stepped into people’s bedrooms.

"State parties...in particular shall ensure, on a basis of equality of men and women...(e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights."

The Women's Convention, Article 16(1)

According to The Women's Convention, Article 16(1): “State parties...in particular shall ensure, on a basis of equality of men and women...(e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights."
“All women should have access to family planning services—as a reproductive right and as a means to significantly reduce maternal mortality.”

Message from Allan Rosenfield

In Allan’s message to the London Conference, he affirmed that “All women should have access to family planning services—as a reproductive right and as a means to significantly reduce maternal mortality.”
This is the reproductive right. The reproductive wrong is when fertility control by women is changed into fertility control of women.

3. **No woman is coerced into motherhood**

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As far as the health of women is concerned, there is little to choose between coerced contraception, sterilization or abortion, because society does not want the child, and coerced motherhood, because society wants the child. Both interventions deny women the dignity of making a choice in their reproductive life. Coerced motherhood or compulsory childbearing, broadly defined, is a pervasive problem in the world today. Women are coerced into childbearing when they are denied the choice, when they are denied the means to avoid unwanted pregnancy, and when society makes children the only goods a woman can deliver, and is expected to deliver. In many societies in the world today, women are left with no choice in life except to pursue a reproductive career.
Surveys indicate that, in developing countries and countries in transition, more than 120 million couples have an unmet need for safe and effective contraception despite their expressed desire to avoid or to space future pregnancies.

WHO, 2004

According to the World Health Organization, surveys indicate that, in developing countries and countries in transition, more than 120 million couples have an unmet need for safe and effective contraception despite their expressed desire to avoid or to space future pregnancies.

Women’s unmet needs in contraceptive technology

- Vaginal microbicides
- Male methods
- Retro-active contraception
In spite of the great advances in contraceptive technology, women still have unmet needs in technologies. Women need and do not have “vaginal microbicides” which they can use and control to protect themselves, not only from unwanted pregnancy, but also from sexually infections, including HIV. Women still need modern acceptable Male methods that would allow men to share actively the responsibility for fertility regulation. Women still need Retro-active contraception, methods which they can use when exposed to unprotected sexual intercourse and when their periods are delayed.

4. No woman risks her health or life because of an unwanted pregnancy

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“Where legal, women must also have access to safe abortion services and where it is illegal, at least access to effective post-abortion care.”

Message from Allan Rosenfield

In Allan’s message to the London Conference, he made the point that “Where legal, women must also have access to safe abortion services and where it is illegal, at least access to effective post-abortion care.”

In 2003, close to 20 million unsafe abortions were performed—equivalent to one for every seven livebirths; 98% took place in developing countries with restrictive abortion laws. Unsafe abortions kill an estimated 66,500 women every year, representing 13% of all pregnancy-related deaths. In addition, they are associated with considerable morbidity.

Recent WHO estimates based on data available as of 31 May 2006
According to recent estimates by the World Health Organization, based on data available as of 31 May 2006, in 2003, close to 20 million unsafe abortions were performed—equivalent to one for every seven livebirths; 98% took place in developing countries with restrictive abortion laws. Unsafe abortions kill an estimated 66 500 women every year, representing 13% of all pregnancy-related deaths. In addition, they are associated with considerable morbidity.

**Women need abortion**

When the woman is afflicted with a large wound as a consequence of an abortion, or the womb is damaged by strong suppositories, as many women are always doing, doctoring themselves, or when the foetus is aborted and the woman is not purged of the afterbirth, and the womb inflames, closes and is not purged, if she is treated promptly she will be cured but will remain sterile.

**Hippocrates, 400 B.C.,**
cited in McLaren 1990

Women may not want abortion, but they need it. They have always needed it. It was described in the writings of Hippocrates, 400 B.C.:

“When the woman is afflicted with a large wound as a consequence of an abortion, or the womb is damaged by strong suppositories, as many women are always doing, doctoring themselves, or when the foetus is aborted and the woman is not purged of the afterbirth, and the womb inflames, closes and is not purged, if she is treated promptly she will be cured but will remain sterile.”
Contraceptive use decreases the need for abortion, but does not abolish it. In the present status of contraceptive technology, it has been estimated that accidental pregnancies resulting from contraceptive failure worldwide range from 5,886,000 in conditions of perfect use to 26,567,000 in conditions of typical use.

“……In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion.

…Consider reviewing laws containing punitive measures against women who have undergone illegal abortions. “

Fourth World Conference on Women,
Beijing 1995. Paragraph 106 (k)
The Fourth World Conference on Women, Beijing 1995. Platform for Action, Paragraph 106 (k) stated that: “….in circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. ....Consider reviewing laws containing punitive measures against women who have undergone illegal abortions. “

5. Beware: A dangerous human genetic mutation is spreading

A WORLD WHERE NO WOMAN IS DENIED ACCESS TO HER RIGHT TO HEALTH AND LIFE

Ten propositions

- Women’s rights are human rights
- A woman’s body is all hers
- No woman is coerced into motherhood
- No woman risks her health or life because of an unwanted pregnancy.

➢ Beware: A dangerous human genetic mutation is spreading
The dangerous genetic mutation is the Homo dogmaticus gene. We already know that this dangerous genetic mutation spreads beyond boundaries of continents, countries, race or religion. We know that the great majority affected are men, and that men in robes are highly susceptible. The clinical picture is that of a tunnel vision, obsession with a single issue focus, and an illusion of a given mission to force the vision on others. Women are often the target of those with this dangerous genetic mutation.
Only by promoting **tolerance** will we be able to cooperate on a global scale in making the world of the future a better place for our children and families.

International Conference on Ethics and Human Values in Family Planning, Bangkok, 1988

The antidote to this dangerous mutation is tolerance. I recall when I was in WHO, Bangkok was our choice for an International Conference on Ethics and Human Values in Family Planning. A statement from the conference was that “Only by promoting tolerance will we be able to cooperate on a global scale in making the world of the future a better place for our children and families.”

6. No woman gives up her life in the process of giving us life
A WORLD WHERE NO WOMAN IS DENIED ACCESS TO HER RIGHT TO HEALTH AND LIFE

Ten propositions

- Women’s rights are human rights
- A woman’s body is all hers
- No woman is coerced into motherhood
- No woman risks her health or life because of an unwanted pregnancy.
- Beware: A dangerous human genetic mutation is spreading
  ➢ No woman gives up her life in the process of giving us life

“From a human rights perspective, expanding access to maternity care is an obligation. The tradition of acquiescence and neglect must end. All women should be able to have a safe pregnancy and delivery.”

Message from Allan Rosenfield

As Allan said in his London message: “From a human rights perspective, expanding access to maternity care is an obligation. The tradition of acquiescence and neglect must end. All women should be able to have a safe pregnancy and delivery.”
Every minute, one woman dies from complications related to pregnancy and childbirth.

Each year, 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.

WHO, 2004

In addition, each year, 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 (WHO, 2004).
"I am going to the sea to fetch a new baby, but the journey is long and dangerous and I may not return."

Tanzanian mother, about to give birth, to her older children (local folklore)

Pregnancy and childbirth are a risky business. Poor or rich, women take that risk to give us life. In local folklore in Africa, a Tanzanian mother, about to give birth, to her older children "I am going to the sea to fetch a new baby, but the journey is long and dangerous and I may not return."

But if you are a queen, you still run the risk. Let me share with you this passage.
In the year 560 BC there was great excitement in the land of Sakayama because Queen Mahamaya was to bear a child. According to the custom of the time, a woman expecting a baby would return to her parents’ home for the birth, and in due course it was arranged for Queen Mahamaya to make the journey to the neighbouring kingdom of her father. The king sent soldiers ahead to prepare the way and the Queen set out, carried in a decorated Palanquin, and attended by a large company of guards and retainers.
In the year 560 BC there was great excitement in the land of Sakayama because Queen Mahamaya was to bear a child. According to the custom of the time, a woman expecting a baby would return to her parents’ home for the birth, and in due course it was arranged for Queen Mahamaya to make the journey to the neighbouring kingdom of her father. The king sent soldiers ahead to prepare the way and the Queen set out, carried in a decorated Palanquin and attended by a large company of guards and retainers. On the way to Koliya, the party passed by a garden called Lumbini Park, where attracted by the trees and flowers, the Queen ordered a halt. It was intended to be only a rest, but while the Queen was lying in the leafy and flagrant shade of a Sala tree in full blossom she went into labour and gave birth to a son.

On the seventh day after his birth, Siddhartha’s (Gautama Buddha) mother, Queen Mahamaya died.

H. Saddhatissa: The Life of the Buddha
On the seventh day after his birth, Siddhartha’s (the great holy Gautama Buddha) mother, Queen Mahamaya died.

“The interventions that make motherhood safe are known and the resources needed are obtainable. The necessary Services are neither sophisticated nor very expensive, and reducing maternal mortality is one of the most cost-effective strategies available in the area of public health.”

Message from WHO Director-General, World Health Day, 1998

But these maternal deaths do not need to happen. The interventions that make motherhood safe are known and the resources needed are obtainable. The necessary services are neither sophisticated nor very expensive, and reducing maternal mortality is one of the most cost-effective strategies available in the area of public health.

But then, why are an estimated 536 000 mothers dying each year?
It is a question of “How much are mothers worth”.

Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.
"Where is the M in MCH"

Allan Rosenfield and Deborah Maine
The Lancet 1985

When 25 years ago, Allan published his paper in the Lancet "Where is the M in MCH“, I don’t think he would have thought that 25 years later we would still be begging an answer to the question.

7. Open the safety exits on the maternal death road

A WORLD WHERE NO WOMAN IS DENIED ACCESS TO HER RIGHT TO HEALTH AND LIFE

Ten propositions

- Women’s rights are human rights
- A woman’s body is all hers
- No woman is coerced into motherhood
- No woman risks her health or life because of an unwanted pregnancy.
- Beware: A dangerous human genetic mutation is spreading
- No woman gives up her life in the process of giving us life

Open the safety exits on the maternal death road
There are millions of women now marching along the road to maternal death.

The road is unfortunately easily accessible at a number of points along its treacherous course: poor socio-economic development, excessive fertility, high risk pregnancy, and finally the well-known life-threatening complications. Its exits or safety turnings start with better status for women (including nutrition, education and gainful employment), then family planning information and services, community-based maternity services and essential obstetric functions at first level referral services.

I do not want to leave this point on a pessimistic note. There are grounds for optimism. Let me share with you two statements made recently by the United Nations Secretary General in a forum on global health:
“Every woman has the right to be assured of the assistance and care she needs. First, in making the decision to have a child and then, during the process of giving birth. We owe this to women. We owe it to our families. We owe it to ourselves.”

UN Secretary General: Forum on global Health, 2009

“We must use maternal health as a lens through which we decide and act on global health policies. We must hold ourselves accountable to a rapid acceleration in progress on MDG 5 over the next five years.”

UN Secretary General: Forum on global Health, 2009
He also said “We must use maternal health as a lens through which we decide and act on global health policies. We must hold ourselves accountable to a rapid acceleration in progress on MDG 5 over the next five years.”

8. The health profession should stand behind women

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➢ **The health profession should stand behind women**

**Obstetric, obstetrical**

[L. *obstetrix*, a midwife, from *obstare*, *to stand before*]

Taber’s Cyclopedic Medical Dictionary
My cyclopedic medical dictionary in defining the word “obstetric”, states that the Latin word *obstetrix*, meaning a midwife, is derived from *obstare*, meaning *to stand before*. I submit to you that our noble profession will not be fulfilling its duty to women by standing before them. Women need us to stand beside them and behind them.

9. **Women, all women, should fill their prescription to health**

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**Ten propositions**

- Women’s rights are human rights
- A woman’s body is all hers
- No woman is coerced into motherhood
- No woman risks her health or life because of an unwanted pregnancy.
- Beware: A dangerous human genetic mutation is spreading
- No woman gives up her life in the process of giving us life
- Open the safety exits on the maternal death road
- The health profession should stand behind women

- Women fill their prescription for women’s health
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And I have one prescription: power. As to the dose for this prescription, my advice will be: Take as much as you can get. There is no risk of over dosage and there are no reported side effects. The problem, however, is that there is no pharmacy that can dispense this prescription. Women have to get it themselves, make sure they have enough of it, guard it and keep a sustainable supply of it.

10. **A call to action for Sexual and reproductive health for all**
A WORLD WHERE NO WOMAN IS DENIED ACCESS TO HER RIGHT TO HEALTH AND LIFE

Ten propositions

- Women’s rights are human rights
- A woman’s body is all hers
- No woman is coerced into motherhood
- No woman risks her health or life because of an unwanted pregnancy.
- Beware: A dangerous human genetic mutation is spreading
- No woman gives up her life in the process of giving us life
- Open the safety exits on the maternal death road
- The health profession should stand behind women
- Women secure their prescription for women’s health

➤ A call to action

This was the title of the last paper I co-authored with Allan, and published in the Lancet in 2006.

Sexual and reproductive health for all: a call to action

We call upon governments of developing countries, the donor community, intergovernmental organizations, NGO’s, civil society groups, the women’s health movement, philanthropic foundations, the private-for-profit sector, the health profession, and the research community.

Our common future is at stake.

With a genuine sustained effort, we can, together, help bring about a brighter future— for women, for families, and for the world as a whole.

Fathalla MF, Sinding SW, Rosenfield A, Fathalla MMF
The Lancet 368:2095-2100; 2006

In this paper, “We call upon governments of developing countries, the donor community, intergovernmental organizations, NGO’s, civil society groups, the women’s health
movement, philanthropic foundations, the private-for-profit sector, the health profession, and the research community. Our common future is at stake. With a genuine sustained effort, we can, together, help bring about a brighter future— for women, for families, and for the world as a whole.”

A tribute to Allan Rosenfield

Neither fire nor wind, birth or death, can erase our good deeds.

Buddhist Quote

I want to end with a Buddhist quote, I find fitting as a tribute to Allan Rosenfield: “Neither fire nor wind, birth or death, can erase our good deeds.”
Thank you
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