

On Women's Health and Rights
Lectures, Speeches and Statements
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What does the future hold for sexual and reproductive health and rights?

After dinner speech
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I appreciate the kind invitation to join in the joy of this anniversary celebration.

Fifteen years ago, I had to be in the PCC (Policy and Coordination Committee) meeting, occupying the hot HRP Director's seat now Paul Van Look's, accounting to the distinguished members of PCC about a year's hard work, justifying the cost effectiveness of our activities, and trying to squeeze some more money from Berit Olsson and her colleagues, donors to the Programme. How comfortable it is now to enjoy a relaxed dinner with PCC and to be just a guest speaker.

Normally, when I am asked to give a speech or to make a presentation to a meeting, I take some time before responding. I have to think first whether I have something to say and what it would be. I did not do this when Paul first invited me. Probably for sentimental reasons about our HRP, I said yes without further thinking. When the arrangements were made with the usual HRP efficiency, I had to think seriously about what I should say. So, I turned to my senior advisor for help. My senior advisor happens to be also my wife. For more than forty years she has been giving me free advice, solicited and more often unsolicited advice. Towards the end of a multi-dish dinner which she had very well prepared, I approached the subject. I asked what could be a good after-dinner speech. She did not wait to hear the rest of my story. She said that, as far as she is concerned, the best after-dinner speech a man can give is to stand up, speak in a clear firm voice, and say "Dear, I will now do all the dishes". I took the hint. I silently did the dishes, but it was not a great help. I had to do the thinking on my own.

On such anniversary occasions, one has the choice to focus on the past, the present or the future. I ruled out the present because this is what PCC has already been hearing today and will continue to hear tomorrow, with the well documented comprehensive information that has always been a specialty of the house in HRP. I also do not want to take much time talking about the past, although the temptation is usually strong for an old man to reminisce about good old days, The temptation is stronger when I see, among the participants, friendly faces of old times, including Dr Egon Diczfalusy, the Godfather of the programme, my immediate successor Pino Benagiano, our mentor, Dr Halfdan

Mahler former WHO Director-General, and many others. But at my age, I try hard to resist this 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.

Having ruled out talking about the present, and not willing to dwell too much on the past, I decided to focus on the future. HRP is not a programme of the past. It is a programme for the future.

What does the future hold, for sexual and reproductive health and rights, and then for HRP? I look at my oriental virtual crystal ball. On one side, I see major challenges. I turn the ball around. On the other side, I see major opportunities.

Three major challenges stand out. The first challenge is the status of reproductive health in the world, a state of health inequity without parallel in any other health field. This challenge has already been highlighted by the programme in its submission of the strategy to the World health assembly in 2004. The challenge still stands.

A second major challenge is the disturbing rise of fundamentalism, which adversely impacts on women's sexual and reproductive health. I use the term "fundamentalism" for the lack of a better term to describe a triad syndrome, of a narrow tunnel vision, a belief in the exclusive ownership of the truth, and a self given mission to impose this vision of the truth on others. The mutant gene of "fundamentalism" is becoming pervasive. Socio-political epidemiologists are increasingly identifying large numbers of new cases, in all cultures, in all religions and in all continents.

A third major challenge is the competing demands on resources, from pressing legitimate demands such as HIV/SIDS, or from the illegitimate demands of man-made disastrous military adventures.

Yes, there are daunting challenges for the future of sexual and reproductive health. They cannot be under-estimated. But there also great opportunities which can and should be seized. Of these, I would like to highlight three.

One great opportunity is the human rights movement. Human rights have been in the hearts and minds of many people throughout human history. But we are the privileged human generation to universally declare that all human beings are born free and equal, and to have the courage to take action to see it happen. For a long time, the human rights movement has focused on the public sphere dominated by men, and neglected the private sphere largely populated by women. This has changed. Women's rights are now recognized as human rights. Sexual and reproductive rights are not an add-on. They are the application of already enshrined human rights to areas of sexuality and reproduction.

A second opportunity is the Millennium Development Goals, which highlight that issues of sexual and reproductive health are not only health goals, not only human rights concerns, but also an important development determinant. The Programme deserves some

credit in the evolution of this concept. The broad sponsorship of the Programme, the twentieth anniversary of which we are celebrating today, by UNFPA, UNDP, WHO and World Bank, was a clear statement made twenty years ago, that sexual and reproductive health are more than a health issue.

A third great opportunity is science. Science is advancing at an unprecedented pace, continuously opening new frontiers. As Jawaharlal Nehru once said: "The future belongs to science and to those who make friends with science". The opportunity becomes more and more important with the increasing participation of developing countries in health research. One of the features I have always valued in HRP was the scene of eminent scientists from North and South, East and West, putting their great minds together to address health research issues, largely confined to the disadvantaged parts of our world.

So, given the challenges and the opportunities, can I venture to predict a future for HRP. My Chinese friends tell me that they have a saying: "When man speaks about the future, the Gods laugh". The Chinese Gods may have a big laugh but I see a bright future for HRP, and I have objective reasons for saying so.

First is the survival track record of the Programme. I doubt that when Dr Halfdan Mahler conceived the great idea of Special Programmes, he envisioned the life expectancy of the Programme to be that long. The Programme, now 35 years (although it pretends to be twenty), is still young. Special Programmes in WHO, by definition, are vulnerable. They are completely dependent on voluntary contributions. How did HRP do it? When I go back to my biology lessons, I recall something which Charles Darwin said in explaining his theory about survival of the fittest. He said the fittest are not the strongest or biggest of the species. The fittest of the species who survive are those who best adapt to change. Continuity and change have been and continue to be the survival strategy for this successful Programme. The first Director of the Programme, Dr Alex Kessler, if he were here today, probably will not recognize much of the Programme he helped to start. The Programme has evolved from being a narrow contraceptive research and development programme to the broad reproductive health programme we have today.

A second reason for optimism about the future of HRP is the rise of the women's movement. Women all over the world are abandoning their common language of silence. They are speaking in too many languages, claiming their God-given rights. It is true that women in many regions of the world, including the region that I know best, still have some steep mountains to climb. But women are not for turning. The Programme has a strong ally in an increasingly vocal and activist women's health movement.

My third reason for being optimistic about the future of HRP is here and here today. I see it in the efficient and dedicated Programme staff, professional staff and support staff. I see it in the distinguished members of the PCC who have their hearts in the right place and who continue to invest in the Programme.

For all these reasons, I see a bright future for HRP. Let me have a final look at my virtual crystal ball. I can see the Programme celebrating its 50th anniversary. And who do I see

standing there?. It is good old Paul Van Look invited out of his peaceful retirement to give the after-dinner speech.

Happy anniversary HRP, and many happy anniversaries to come!.