

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



Maternal mortality- a human tragedy

Maternal mortality is a public health problem, a development issue, and a human rights concern. But to us, obstetricians and midwives, it is a human tragedy.

Maternal mortality

- A public health problem
- A development issue
- A human right
- A human tragedy

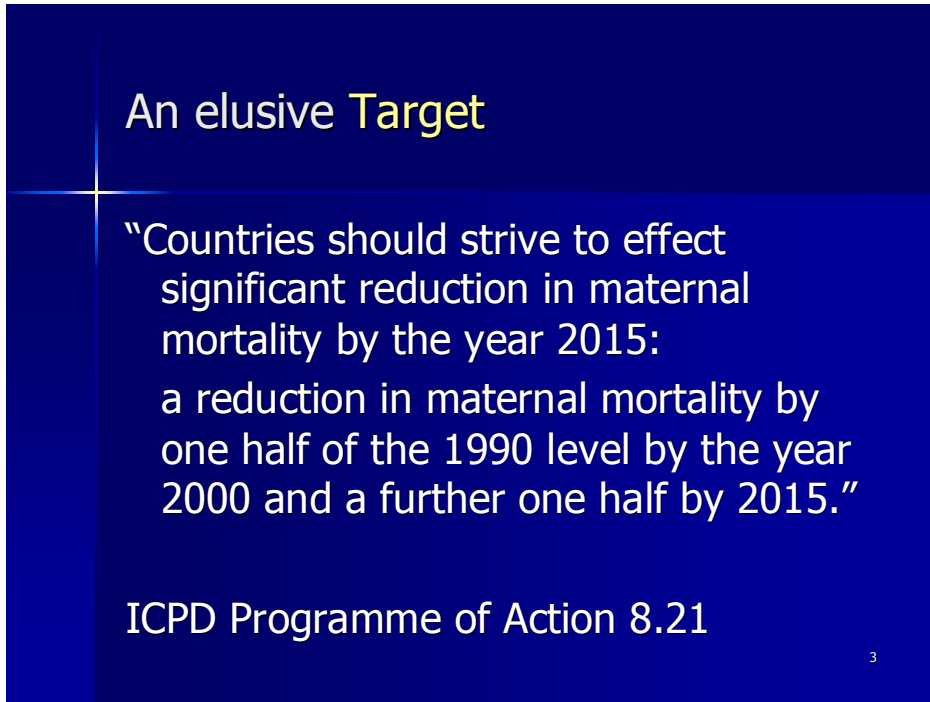
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In the professional career of an obstetrician or midwife, there is no more tragic event than a maternal death. Most obstetricians in developed countries are fortunate enough to end their professional career without having to witness this tragedy. For those of us who have practiced in developing countries, maternal mortality is not words and is not numbers. It is women who have names. It is about human faces, seen in the throes of agony, distress, and despair, faces that live forever in our memory and continue to haunt our dreams. This is not simply because they are young women in the prime of their lives who die at a time of expectation and joy, leaving behind children and families in bad need of their care. It is not simply because a maternal death is one of the most terrible ways to die. It is difficult to think of a more terrible way to die than a maternal death as it occurs in parts of the developing world today. Think of the young woman in the process of giving life, when she consciously sees and feels the huge gushes of blood rapidly draining the life out of her body. Think of the face contorted by pain, and the body in the agony of convulsions in the condition of "eclampsia". Think of the complete helplessness of the woman in obstructed labor with her body taken over by distressing painful very strong but ineffective uterine contractions exhausting her completely to a fatal end. Think of the woman who gave birth and instead of the blissful joy of maternity, her body succumbs to invading microbes until death relieves her suffering. Then consider those women who have to risk and maybe sacrifice their lives because of a pregnancy they did not want, was imposed on them and they cannot cope with. Be aware that a majority of these deaths are taking place in the absence of any medical help. If I am a woman, I would pray to God, when my time comes, let His will be, but I only pray that God spares me the bitter cup of a maternal death.

But it is not only because of all this that maternal mortality is a tragedy that bears heavily, too heavily, on our morale and our collective conscience as obstetricians and midwives.

The most distressing thing to us is that it is, in almost all cases, a tragedy that could have been avoided and should not have been allowed to happen.

An elusive target



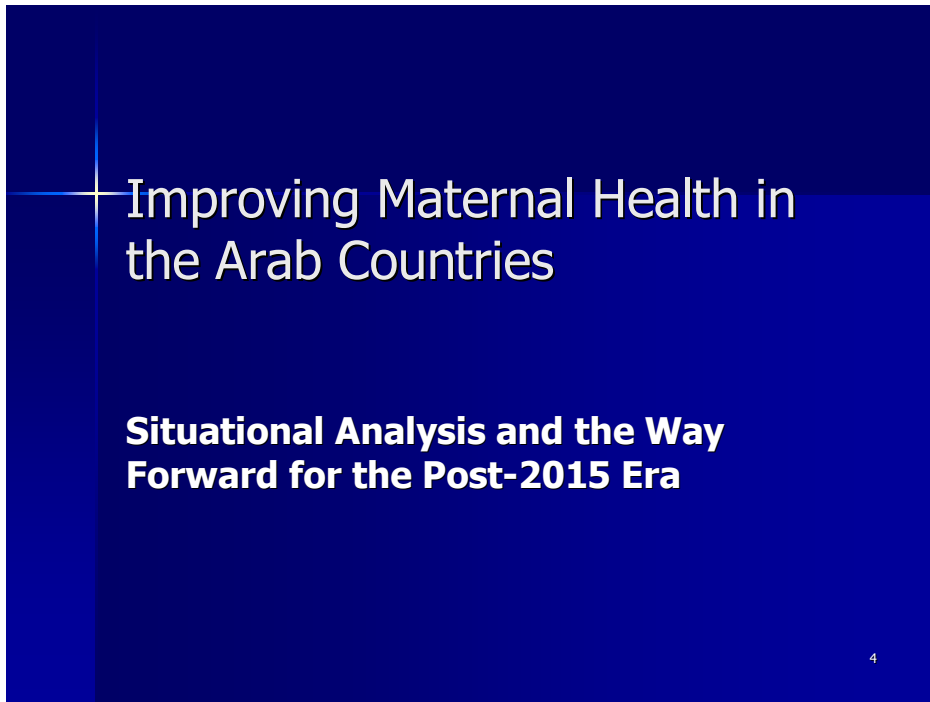
An elusive Target

“Countries should strive to effect significant reduction in maternal mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 level by the year 2000 and a further one half by 2015.”

ICPD Programme of Action 8.21

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I was one of the people, among others, who were at the ICPD in 1994, and who campaigned for highlighting the tragedy of maternal mortality, and setting a target for its eradication. We were happy to see the issue well addressed. We were happy to see a target set. But we were somewhat disappointed. We felt the target not ambitious enough. Why should we wait till 2015 and still have a quarter of the maternal mortality rate. We were younger than we are. It never occurred to us that twenty years later, even this modest target will still be elusive.



Today, we are reviewing the progress made. We are presented with a document providing a comprehensive situational analysis of the countries of the region and the region as a whole, and with recommendations for the way forward beyond 2015.

Situation analysis

Without going into details and numbers, the situation can be summarized as follows:

- The region made progress. We applaud and we are encouraged
- Progress has been uneven, between countries and within countries. We deplore and we regret
- The 2015 target will not be achieved for the region as a whole.

Improving Maternal Health in the Arab Countries

Situational analysis

- We have made progress
- Progress has been uneven
- The 2015 target will not be achieved

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The Way Forward for the Post-2015 Era

The lesson we get from this part of the document is that business as usual is not an option.

Improving Maternal Health in the Arab Countries

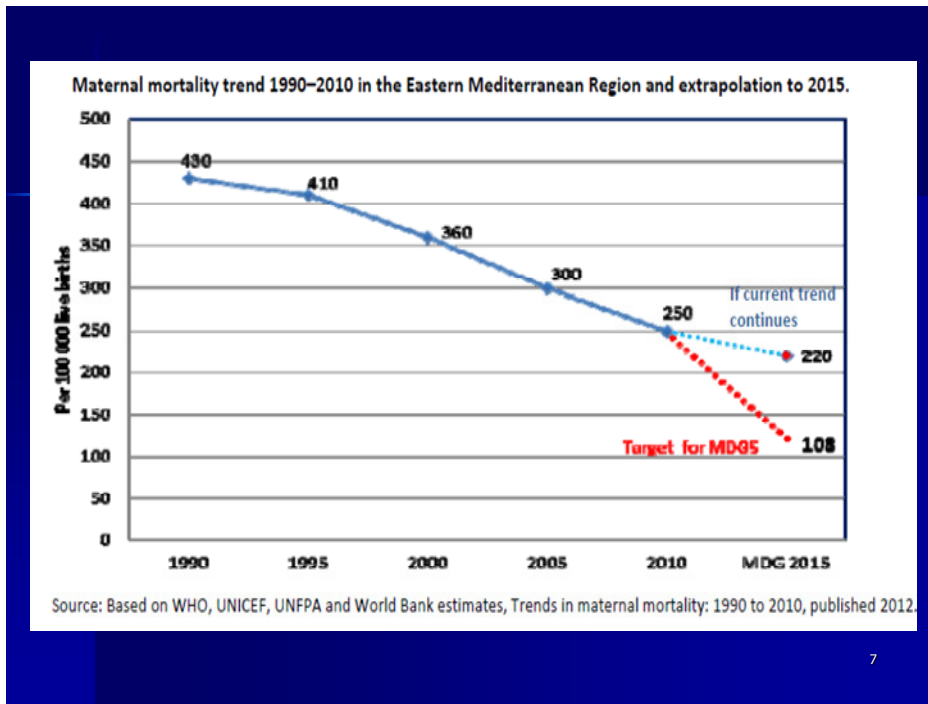
The Way Forward for the Post-2015 Era

Business as usual is not an option

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Mind the gap

Although progress has been made, and maternal mortality has been declining, if current efforts continue, by 2015 there will be a wide gap between the set target and what is achieved. This is why business as usual is not an option.



A definition of insanity

A definition for insanity

Insanity is to keep on doing the same thing and expect a different result.

Albert Einstein

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Albert Einstein once gave a definition for insanity: Insanity is to keep on doing the same thing and expect a different result. If we do not want to qualify to this definition, we cannot continue to do business as usual, and expect that we will get a different result.

Progress in MDG 5

Progress in MDG 5

Despite a significant reduction in the number of maternal deaths, the rate of decline is just over half that needed to achieve the MDG target of a three quarters reduction in the mortality ratio between 1990 and 2015.

Millennium Development Goals (MDGs)
WHO Fact sheet N°290
November 2012

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WHO, in a recent document, states that despite a significant reduction in the number of maternal deaths – from an estimated 543 000 in 1990 to 287 000 in 2010 – the rate of decline is just over half that needed to achieve the MDG target of a three quarters reduction in the mortality ratio between 1990 and 2015.

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The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda (**A new global partnership: eradicate poverty and transform economies through sustainable development**) released 30 May 2013 states that Women continue to die unnecessarily in childbirth. The World Health Organization estimates that every minute and a half, a woman dies from complications of pregnancy or childbirth.

Progress on MDG 5- A regional perspective

To be fair, we must say that our region, although not at the top, is not at the bottom, among other regions in terms of progress.

Progress on MDG 5- A Regional Rerspective

Globally, the total number of maternal deaths decreased by from 543 000 in 1990 to **287 000 in 2010**. Likewise, global MMR declined from 400 maternal deaths per 100 000 live births in 1990 to **210** in 2010. The latter represents an average annual decline of 3.1%.

All MDG regions experienced a decline in MMR between 1990 and 2010, with the highest reduction in the 20-year period in Eastern Asia (69%) followed by **Northern Africa (66%)**, Southern Asia (64%), **Western Asia (57%)**, sub-Saharan Africa (41%), Latin America and the Caribbean (41%), Oceania (38%) and finally Caucasus and Central Asia (35%). Although the latter regions experienced the lowest decline, they already had relatively low MMR

Trends in maternal mortality: 1990 to 2010

WHO, UNICEF, UNFPA and The World Bank estimates

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According to WHO, UNICEF, UNFPA and The World Bank estimates:

- Globally, the total number of maternal deaths decreased by from 543 000 in 1990 to **287 000 in 2010**. Likewise, global MMR declined from 400 maternal deaths per 100 000 live births in 1990 to **210** in 2010. The latter represents an average annual decline of 3.1%.

- All MDG regions experienced a decline in MMR between 1990 and 2010, with the highest reduction in the 20-year period in Eastern Asia (69%) followed by **Northern Africa (66%)**, Southern Asia (64%), **Western Asia (57%)**, sub-Saharan Africa (41%), Latin America and the Caribbean (41%), Oceania (38%) and finally Caucasus and Central Asia (35%). Although the latter region experienced the lowest decline, its already low MMR of 71 maternal deaths per 100 000 live births in 1990 made it more challenging to achieve the same decline as another region with a higher 1990 MMR value.

The message that mothers are still unnecessarily suffering has to go from all regions where progress has been lagging. However, there is a special reason, a moral reason, why our region should take a lead in loudly voicing this message.

A religious ritual in commemoration of a suffering mother



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Muslims who perform the “Hajj” or “Umra” must “seek” between Safa and Marwa seven times in commemoration of the suffering of a mother for her child.

A ritual march in commemoration of a suffering mother

Muslims who perform the Hajj or Umra must “seek” between Safa and Marwa seven times in commemoration of the suffering of a mother for her child.

Safa and Marwa are two hills close to the Kaabah in Mecca.

The mother was Hagar (may Allah be pleased with her). Her son was the Prophet Ismail (peace be upon him). Prophet Ibrahim (peace be upon him) was Ismail’s father.

She was left in the wilderness of Mecca with her child.

When she had used up all of the water she had, she ascended the Safa hill and looked, hoping to see somebody. The area was empty. She came down and then ran up to Marwa hill. She ran to and fro (between the two hills), and looked for a long while but could not find anybody. In all, Hagar ran seven rounds between Safa and Marwa, in the hot, waterless valley, where her thirsty baby lay.

But suddenly she heard a voice of the angel, who hit the earth and water gushed out.

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Safa and Marwa are two hills close to the Kaaba, the Muslim shrine in Mecca.

The mother was Hajir (may Allah be pleased with her). Her son was the Prophet Ismail (peace be upon him). Prophet Ibrahim (peace be upon him) was Ismail's father. She was left in the wilderness of Mecca with her child.

When she had used up all the water she had, she ascended the Safa hill and looked, hoping to see somebody. The area was empty. She came down and then ran up to Marwa hill. She ran to and fro (between the two hills) many times, and looked for a long while but could not find anybody. In all, Hajira ran seven rounds between Safa and Marwa, in the hot, waterless valley, where her thirsty baby lay.

But suddenly she heard a voice of the angel, who hit the earth and water gushed out.

This ritual march in commemoration of a suffering mother is taking place every day in Mecca by small or large groups of people. It remind us that, at the same hour on the same day, there are mothers who are with child, are suffering in the wilderness of neglect, looking for help, finding none, and praying that God hears their affliction.

Why did the world fail its mothers?

Why did the world fail its mothers?

- The will?
- The way?
- The wallet?

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If we want to get safe motherhood on the right track, we need to ask the question, painful as it may be: “Why did the world fail its mothers.” Is it a question of the will, that is weak commitment? Or is it a question of the way, that is the “know how” to do it?. Or is it a question of the wallet, that is lack of resources, or inappropriate allocation of available resources. I submit to you that is not a question of the way. The interventions needed to make motherhood safer are now well known and are feasible and effective. The path to safer motherhood is a well trodden path. The background paper provides a lot of detail about the way.

There is a saying that: Where there is a will, there is a way. True, but it is not true that where there is a way there is a will. I would therefore focus my talk on what has been impeding the will and the wallet.

The human tragedy of maternal mortality

10 messages

These are messages to strengthen the will and the commitment first for the noble cause of safe motherhood and second for certain critical actions to save mothers' lives.

The human tragedy of maternal mortality
10 messages

- **Human pregnancy and childbirth: a risky business**

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Human pregnancy and childbirth: a risky business

I say human because it a risk for the human female, a risk that is not shared to the same degree by other animals and non-human primates. It goes back in history to the evolutionary changes that made us human.

Human pregnancy and childbirth are a risky business

- Bipedalism
- The large human brain

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Bipedalism, walking on two not four, necessitated change in the bony pelvis to allow bipedal communication. The growing large human brain put excessive nutritional demand during pregnancy, and the large head has to be maneuvered to pass through the irregular narrow bipedal pelvis. It is a big price and sacrifice made for us to be the humans we are.

“Natural” maternal mortality

“Natural” maternal mortality

Where nothing is done to avert maternal death, “**natural**” mortality is around 1000- 1500 per 100 000 live births.

WHO: The World Health Report 2005:
Making every mother and child count.

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The World Health Organization estimated that if nothing is done to avert maternal death, so-called “natural” maternal mortality is around 1000-1500 per 100 000 live births, a rate that is unfortunately still a norm in some parts of our one world..

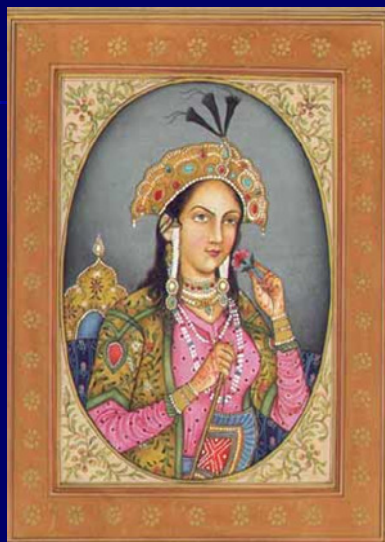
The risks of pregnancy and childbirth unite all women, and do not discriminate between the rich and the poor. Unfortunately, the risks are generally neither completely predictable nor completely preventable. But fortunately, while the risks are not predictable or preventable, they are all now medically manageable. I remember in the early days when we wanted to translate the term “safe motherhood” into different languages, our French translators came with the term “Maternite sans risqué”. This immediately raised objection from the health professionals, who rightly argued that there is no maternity without risk. There are inherent risks in the process of pregnancy and childbirth. Only, these risks can now be managed.

Taj Mahal



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Many of us have seen or heard about the magnificent architectural beauty: Taj Mahal in Agra, India, one of the world's wonders. But few realize that it is, in a sense, a monument for the sacrifice which women make in the process of reproduction. Emperor Shah Jahan ordered it built in honor of his wife Momtaz-e-Mahal who died in labour after 19 years of marriage.



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Mumtaz Mahal

Beautiful Mumtaz was not a poor woman. She was a highly privileged woman. But this was not enough to save her life in the risky business of pregnancy and childbirth.

Maternal mortality: ‘the world’s worst health inequity’

The human tragedy of maternal mortality
10 messages

- Human pregnancy and childbirth: a risky business
- Maternal mortality is the worst world health inequity

20

Inequality is a part of human life, including inequalities in health. But, of all public health indicators, there is no indicator that shows a wider disparity near to that of maternal mortality.

Maternal mortality: ‘the world’s worst health inequity’

**MATERNAL MORTALITY
'THE WORLD'S WORST HEALTH INEQUITY'**

UN Deputy Secretary-General Asha-ose Migiro's remarks at a luncheon to launch the 2009 Report of the Global Campaign for the Health Millennium Development Goals on 15 June, 2009

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This is not my statement. This remark was made by the UN Deputy Secretary-General Asha-ose Migiro at a luncheon to launch the 2009 Report of the Global Campaign for the Health Millennium Development Goals on 15 June, 2009. And she is right.

Inequity in the Arab region

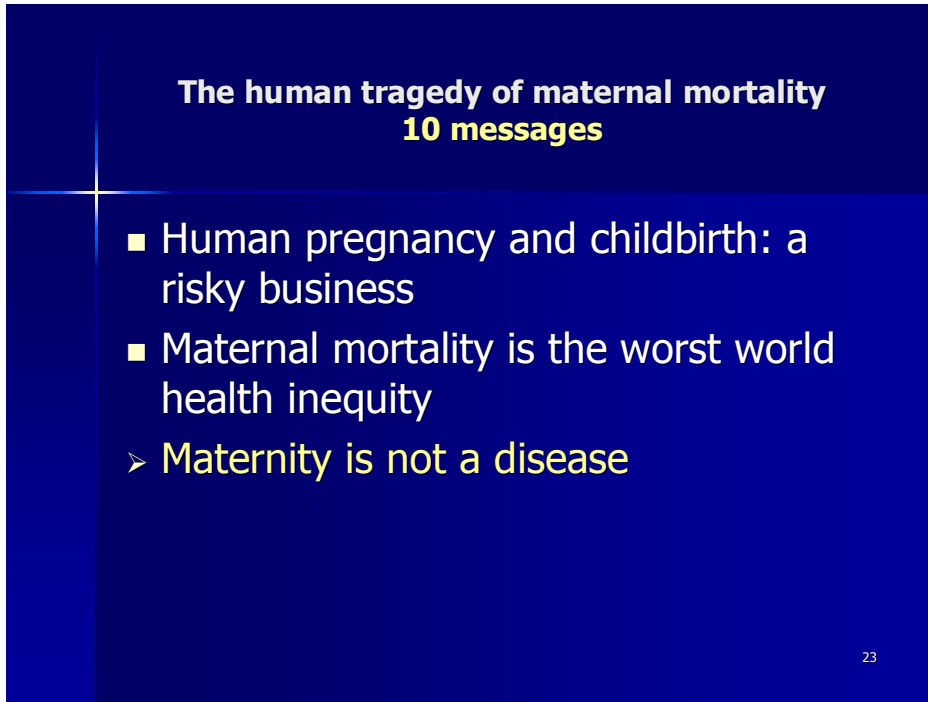
In the Arab region the **life time risk** of death from a cause related to pregnancy or child birth ranges between **1 in 16 to 1 in 4000**.

Trends in maternal mortality: 1990 to 2010
WHO, UNICEF, UNFPA and The World Bank estimates

22

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Maternity is not a disease

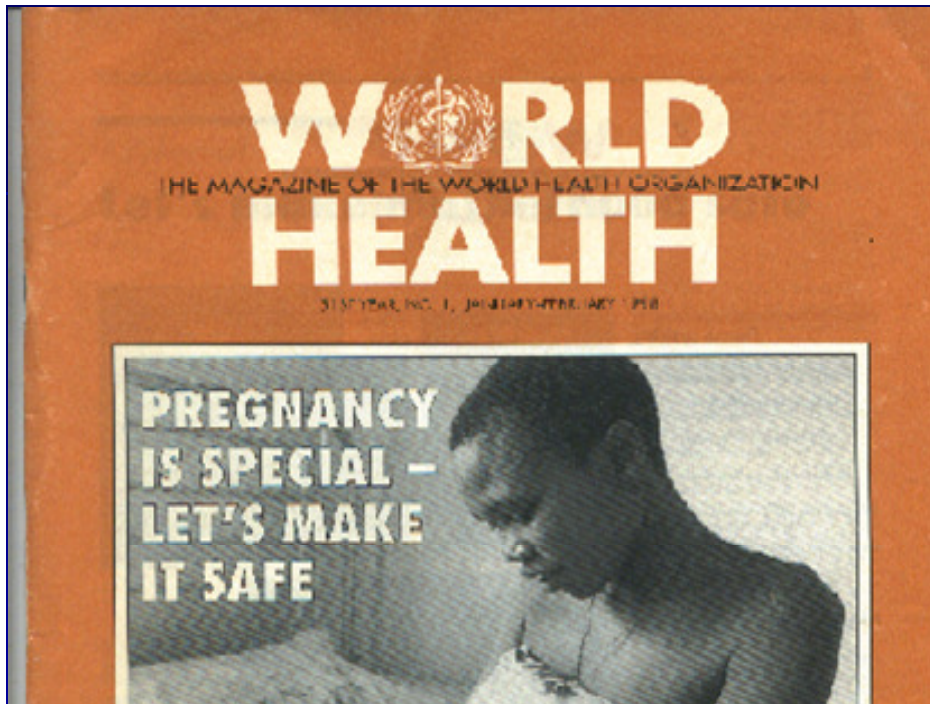


The human tragedy of maternal mortality
10 messages

- Human pregnancy and childbirth: a risky business
- Maternal mortality is the worst world health inequity
- **Maternity is not a disease**

23

I remember when the year 1998 was designated by the World Health Assembly to be the year for safe motherhood, WHO selected the slogan: “Pregnancy is special; let us make it safe”.



Pregnancy is special in the sense that it should not be compared with diseases, and compete for allocation of resources on the basis of body count or life years lost. As health professionals, we know that women die because of many diseases, most of which are also shared by men. Although maternal death ranks high among the causes of mortality among women in reproductive age in developing countries, there are other major and important causes for the overall burden of disease on women. But there is a difference. Maternity is not a disease. Pregnancy is a privileged bio-social function entrusted to women, to ensure survival of our human species. If women, all women, stop getting pregnant, and they now can, thanks to contraceptive technology, our human species will be extinct.

Mothers “labour”

The English language applies the term labour to describe what women do to give birth to a child, and correctly so. Unfortunately, it is a labour that has never been unionized. Nevertheless, women have a right to be protected while they labor for us in the risky business of pregnancy and childbirth. Society has an obligation to fulfill a woman’s right to life and health, when she is risking death to give us life. Maternal mortality should not be lumped with and ranked, for priority, against other disease problems. Society has more of an obligation for preventing maternal deaths than for preventing deaths from other disease conditions, often resulting from our own unhealthy lifestyle behaviour.

Women have a human right to safe motherhood

The human tragedy of maternal mortality
10 messages

- Human pregnancy and childbirth: a risky business
- Maternal mortality is the worst world health inequity
- Maternity is not a disease
- Women have a human right to safe motherhood

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Back in the 1990s we were raising the question whether the tragedy of maternal mortality is a health problem or a human rights issue. That was when I wrote this article in 1993.

Women's human right to safe motherhood

Fathalla, M.F. *The tragedy of maternal mortality in developing countries: A health problem or a human rights issue?*

News on Health Care in Developing Countries 7: 4-6 (1993).

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The issue is now settled. Women have a human right to safe motherhood.

Women's human right to safe motherhood

Women's human right to safe motherhood

16 June 2009
 UNITED NATIONS
 HUMAN RIGHTS COUNCIL

Resolution 11/8. Preventable maternal mortality and morbidity and human rights

The Council
*"Recognizes that most instances of maternal mortality and morbidity are preventable, and that preventable maternal mortality and morbidity is a health, development and **human rights** challenge that also requires the effective promotion and protection of the human rights of women and girls, in particular their rights to life, to be equal in dignity, to education, to be free to seek, receive and impart information, to enjoy the benefits of scientific progress, to freedom from discrimination, and to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health;"*

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On June 16, 2009, I was one of the experts who addressed the UN Human Rights Council in Geneva. The Council adopted a historical resolution that preventable maternal mortality is a human rights challenge that requires the effective promotion and protection of the human rights of women and girls, in particular their rights to life. Respect, protection and implementation of human rights are a collective responsibility of the world community as a whole.

The impact of maternal mortality and morbidity is under-estimated

The human tragedy of maternal mortality
10 messages

- Human pregnancy and childbirth: a risky business
- Maternal mortality is the worst world health inequity
- Maternity is not a disease
- Women have a human right to safe motherhood
- **Maternal mortality is the tip of an iceberg**

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A common tool in public health to assess the magnitude of any health problem, and hence its priority in the allocation of resources is the quantitative assessment of the burden of disease, in terms of disability adjusted life years lost. It thus takes into consideration mortality, premature mortality and disability. It is a useful tool. The second global report was released this year.

In the case of maternal health, the assessment will take into consideration the mortality at a young age, which means many life years lost. Moreover, maternal mortality should be viewed as only the tip of an iceberg of maternal morbidity and acute or chronic suffering. Maternal mortality figures are just proxy indicators for the morbidity and suffering which women go through. The range of obstetric morbidities varies from the mild to the severe, and for some of them, like the uncontrollable urinary incontinence of obstetric fistula (an opening between the urinary bladder and vagina), death may have been, for the woman, a better alternative.

But what is missing in assessing the magnitude of the burden of maternal ill-health is that we are dealing with two not one. Stillbirths and neonatal deaths are a big burden of maternal ill health. Maternal mortality has a big impact on child survival. Children need their mothers to survive.

Maternal mortality is the tip of an iceberg

- Maternal morbidity
- Neonatal deaths
- Adult disease

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More recently, we came to know that what happens in our nine months of life in our mothers' wombs may have far reaching consequences to our adult health.

The developmental origins of adult disease

The developmental origins of adult disease

The implications of being born too soon extend beyond the neonatal period and throughout the life cycle.

Premature babies are at greater risk of developing **Non-communicable diseases**, like hypertension and diabetes, and other significant health conditions later in life, creating an intergenerational cycle of risk.

Born Too Soon. The Global Action Report on preterm Birth. WHO 2012

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It is now established that there are developmental origins for adult disease. The World Health Organization, in a recent document, states that the implications of being born too soon extend beyond the neonatal period and throughout the life cycle. Premature babies are at greater risk of developing non-communicable diseases (NCDs), like hypertension and diabetes, and other significant health conditions later in life, creating an intergenerational cycle of risk.

Maternal and perinatal mortality are the canary in the coal mine for the health care system

The human tragedy of maternal mortality
10 messages

- Human pregnancy and childbirth: a risky business
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- Maternity is not a disease
- Women have a human right to safe motherhood
- Maternal mortality is the tip of an iceberg
- **Maternal and perinatal mortality are the canary in the coal mine for the health care system**

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To make pregnancy safer, we need a functioning health care system to be in place, which is lacking in many parts of the less developed countries. But this does not mean building new modern hospitals. In most cases, a lot can be achieved by a more rational allocation of available resources with more for those in more need, together with a modest infusion of new resources to upgrade existing facilities and improve the skills and performance of health personnel. In fact, improving maternity services will enhance the capacity of the health care system to provide other services. Typical of mothers, what they need for themselves will always benefit others. Facilities and skills for essential and emergency care, when made available to women, will not be for their exclusive use. These include blood transfusion, simple anaesthetic procedures, moderate surgical skills (which can be even taught to non-medical health professionals), and access to essential drugs. Sharing the benefit of what they have is something basic in the culture of women.

The canary in the coal mine

Maternal death and perinatal mortality are the “canary in the coal mine” for assessing the strength of health-care systems.

Tore Godal, Lois Quam. Accelerating the global response to reduce maternal mortality.

The Lancet, 379: 2025; 2 June 2012

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The statement that maternal death and perinatal mortality are the “canary in the coal mine” for assessing the strength of health-care systems is not my statement. It is from a Lancet paper last year on accelerating the global response to reduce maternal mortality. The authors are not obstetricians.

Family planning saves lives

The human tragedy of maternal mortality 10 messages

- Human pregnancy and childbirth: a risky business
- Maternal mortality is the worst world health inequity
- Maternity is not a disease
- Women have a human right to safe motherhood
- Maternal mortality is the tip of an iceberg
- Maternal and perinatal mortality are the canary in the coal mine for the health care system
- Family planning saves lives

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People think of family planning as a demographic and development tool. People think of family planning as a human right. Let us never forget that family planning also save lives.

High risk pregnancy

Family planning empowers women to plan their pregnancies to be at the best time for their health and the health of the child they will have and the child they had.

Family planning saves lives

High risk pregnancy

- Pregnancy too early
- Pregnancy too close
- Pregnancy too many
- Pregnancy too late

- Pregnancy not wanted

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Pregnancy carries a higher risk when it is too early (in the young adolescent, too close (not properly spaced from the previous birth), too many (what we call grand multiparity), or too late (at older age).

Then there is also the risk of unwanted pregnancy, which may result in an unsafe abortion.

Unmet need for family planning

The World Health Organization states that globally (including in our region), over 10% of all women do not have access to or are not using an effective method of contraception.

Family planning saves lives

It is estimated that satisfying the unmet need for family planning alone could cut the number of maternal deaths by almost a third.

World Health Organization
MDG 5: improve maternal health

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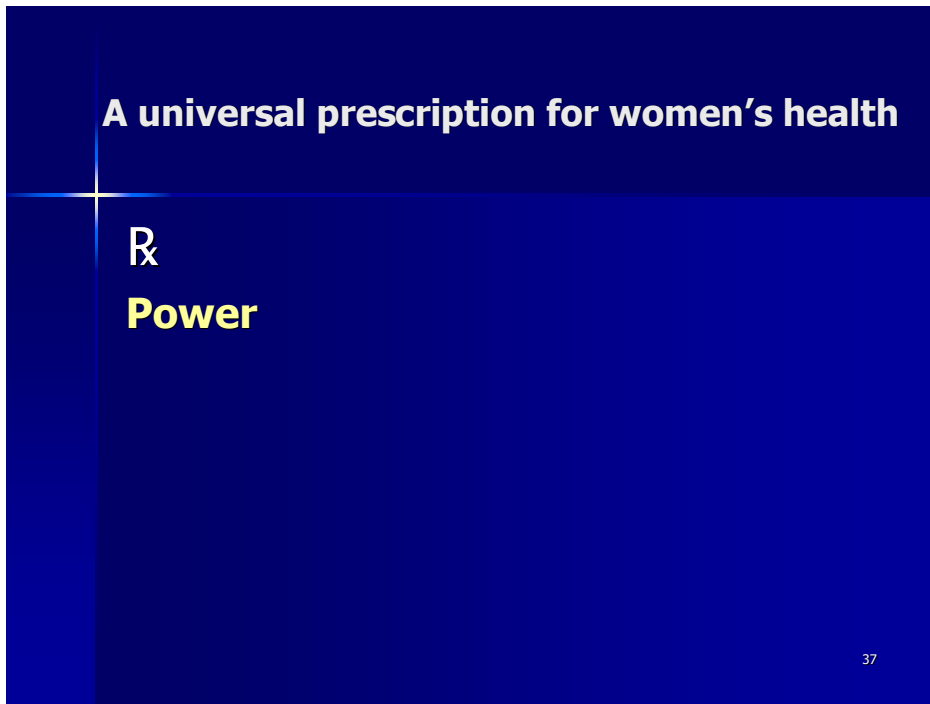
A universal prescription for women's health

The human tragedy of maternal mortality 10 messages

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- A universal prescription for women's health

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After I completed fifty years in the noble profession of women's health, I was once asked what is the one prescription which I think women need most for their health. My answer was "power".



Power is what women need to enjoy their right to health. Powerlessness of women, in my professional experience, is a serious health hazard, and particularly in maternal health. But women have to fill that prescription themselves and to keep a sustainable supply of it. No pharmacy will dispense it for them. When asked about the dose, my advice was to take as much as you get. There is no risk of over-dosage, and there are no reported side effects.

Female Education and Maternal Mortality: A Worldwide Survey

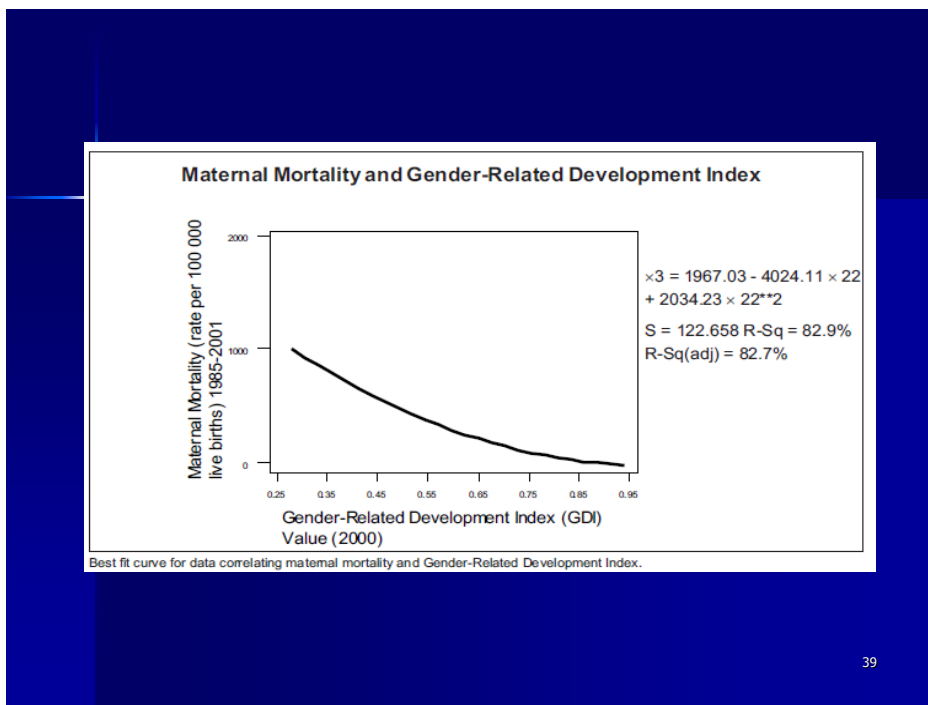
Female education is an important index of women's empowerment. Results of a worldwide survey on the relation between female education and maternal mortality have been recently published.

Female Education and Maternal Mortality: A Worldwide Survey

McAlister C, Baskett TF. J Obstet Gynaecol Can 2006;28(11):983–990

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Maternal mortality and gender related development index



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This curve shows the direct correlation, in a worldwide survey, between maternal mortality and the gender related development index, used by UNDP to measure gender equality and empowerment of women.

How much are mothers worth?

The human tragedy of maternal mortality
10 messages

- Human pregnancy and childbirth: a risky business
- Maternal mortality is the worst world health inequity
- Maternity is not a disease
- Women have a human right to safe motherhood
- Maternal mortality is the tip of an iceberg
- Maternal and perinatal mortality are the canary in the coal mine for the health care system
- Family planning saves lives
- A universal prescription for women's health: Power
- How much are mothers worth?

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Societies unconsciously or consciously, put an invisible price tag on our lives, to decide, when the need arises, on who shall live and who shall die.

How much are mothers worth?

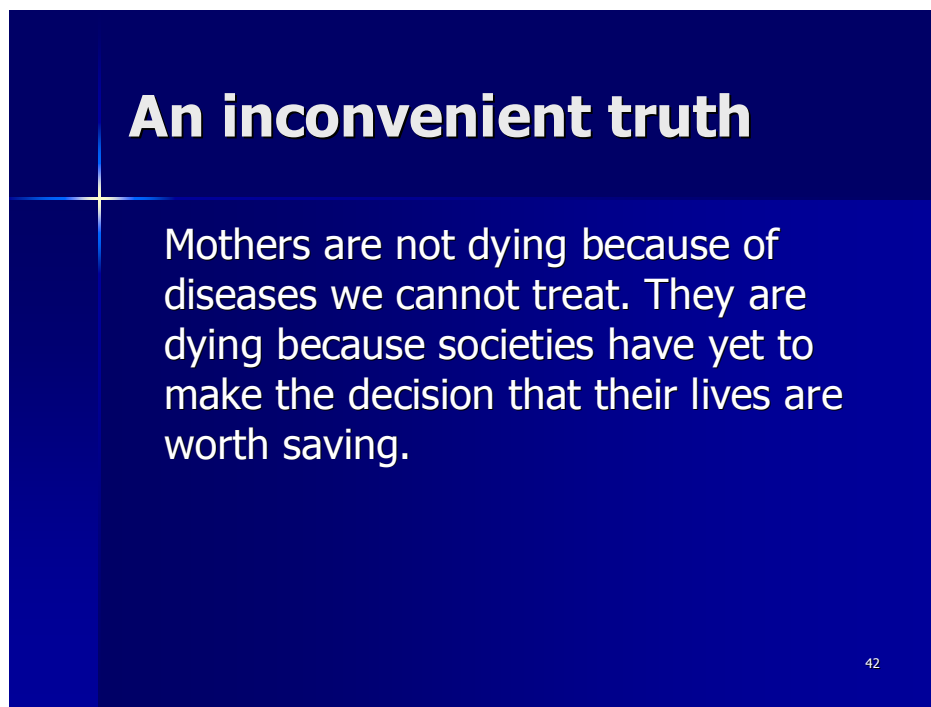
Societies unconsciously or consciously, put an invisible price tag on our lives, to decide, when the need arises, on who shall live and who shall die. One element in the valuation of a human life, economists say, is how much investment society has made in the individual. Another element is the productivity factor assessed as the earnings-estimate, adjusted to expectation of working life. These two elements provide for economists a commonly utilized means for calculating the monetary value of a human life.

41

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Many societies in developing countries still invest less in girls than in boys. Girl education is lagging behind education of boys. A common misbelief is that women contribute a minor share of the country's economic product. Conventional measures of economic activity undercount women's paid labor and do not cover their unpaid labor. The economic invisibility of women is because their work, much that it counts, is not counted.

An inconvenient truth



An inconvenient truth

Mothers 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.

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The inconvenient truth, and let us face it, is that the tragedy of maternal mortality is now a question of how much the life of a mother and a women is considered worth. Mothers 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.

I submit to you also that an additional factor not helping in getting enough of the will and the wallet for safe motherhood is that few women are in the position of decision making about the allocation of resources, particularly in countries where these resources are scarce.

Remembering a mother

Before leaving the issue of how much are mothers worth, I want to share with you a scene from Islamic tradition narrated by one of the disciples of the Prophet of Islam.

Remembering a Mother

“One day Our Prophet-Peace and prayers be upon him- went out with his followers to the graveyard and ordered his followers to sit and he went among the graves until he found a grave and sat there and he seemed talking to the grave for a long time. Then he burst out crying, he cried loudly, and his followers were alarmed of his crying. Then he came back to them, and he was met by Sayedna Omar Ibn Al Khattab who asked him: “What did make you cry, we were terrified”. The Prophet-Peace and prayers be upon him- took the hands of Sayedna Omar and asked his followers to come forward and he asked them were you terrified three time, they said yes. He said the grave which you have seen me crying on was the grave of my mother”

Narrated by Abdullah Ibn Massaoud. (Sahih Moslem)

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“One day Our Prophet-Peace and prayers be upon him- went out with his followers to the graveyard and ordered his followers to sit and he went among the graves until he found a grave and sat there and he seemed talking to the grave for a long time. Then he burst out crying, he cried loudly, and his followers were alarmed of his crying. Then he came back to them, and he was met by Sayedna Omar Ibn Al Khattab who asked him: “What did make you cry, we were terrified”. The Prophet-Peace and prayers be upon him- took the hands of Sayedna Omar and asked his followers to come forward and he asked them were you terrified three time, they said yes. He said the grave which you have seen me crying on was the grave of my mother”

Narrated by Abdullah Ibn Massaoud. (Sahih Moslem)

The scene of the Prophet, prayers and peace be on him, at about age 60, bursting out crying loudly, beside the tomb of the mother he lost about the age of 6 or 7, is a scene to remember when we consider how much saving a mother’s life is considered worth.

We have hope

The human tragedy of maternal mortality 10 messages

- Human pregnancy and childbirth: a risky business
- Maternal mortality is the worst world health inequity
- Maternity is not a disease
- Women have a human right to safe motherhood
- Maternal mortality is the tip of an iceberg
- Maternal and perinatal mortality are the canary in the coal mine for the health care system
- Family planning saves lives
- A universal prescription for women's health: Power
- How much are mothers worth?
- We have hope

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I want to conclude leaving you with hope.

Three messages of hope

The human tragedy of maternal mortality Three messages of hope

From:

- Dr. Babatunde Osotimehin
- Dubai Declaration
- An old man's dream

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I want to share with you three messages, from:

- Dr. Babatunde Osotimehin
- Dubai Declaration
- An old man's dream

Message from Dr. Babatunde Osotimehin

"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 Africa where no woman will die giving life."

Statement by Dr. Babatunde Osotimehin
Executive Director, United Nations Population
Fund at the **High-Level Event on The
Campaign on Accelerated Reduction of
Maternal Mortality in Africa (CARMMA)** ,
Addis Ababa, 27 January 2013

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The message reads:

"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 Africa where no woman will die giving life."

It was the conclusion of the Statement by Dr. Babatunde Osotimehin, Executive Director, United Nations Population Fund at the High-Level Event on The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) , Addis Ababa, 27 January 2013

Dubai Declaration

We, the Ministers of Health and delegates of countries of the Eastern Mediterranean Region, representatives of United Nations agencies and international, regional and national institutions participating in the

High-level meeting on Saving the Lives of Mothers and Children: Rising to the Challenge.

We pledge to accelerate progress on maternal, newborn, child and adolescent health through national action and international cooperation.

We hold ourselves accountable for our collective progress towards this goal.

And on behalf of all mothers, adolescents and children in the Region, we recommit to give every woman the best opportunity for safe delivery so that every child has the best possible start in life.

Dubai: January 30, 2013

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The Declaration reads:

“We, the Ministers of Health and delegates of countries of the Eastern Mediterranean Region, representatives of United Nations agencies and international, regional and national institutions participating in the High-level meeting on Saving the Lives of Mothers and Children: Rising to the Challenge.

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Dubai: January 30, 2013

An old man’s dream

Maternal mortality- A human tragedy Three messages of hope

From:

- Dr. Babatunde Osotimehin
- Dubai Declaration
- An old man's dream

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I had a dream the day I was preparing this presentation. In the dream, I was sitting watching television. It was boring. I was yawning. Then suddenly, the screen began to flash announcing breaking news.

An old man's dream

Breaking news

Cairo, June 27, 2013

The Arab World Region declares the decade of eradication of preventable maternal mortality

A spokesperson for the Regional Population and Development Conference for the Arab States, tells the press:

"Our mothers will no longer be left to die when they are in the process of giving us a new life. We know the way, and we have the will. We pledge to work together and to commit our collective resources. Every mother counts."

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Breaking news

The breaking news came from Cairo, June 27, 2013. It read:

“The Arab World Region declares the decade of eradication of preventable maternal mortality.

A spokesperson for the Regional Population and Development Conference for the Arab States, tells the press:

“Our mothers will no longer be left to die when they are in the process of giving us a new life. We know the way, and we have the will and the wallet. We pledge to work together and to commit our collective resources. Every mother counts.”

A note from the news agency added that “the Conference was convened in the land where the mother of Moses saved his life from the Pharaoh, where the mother of Jesus took refuge from King Herod, and where Hagar became the great grandmother of the Prophet of Islam.”

I did not want to wake up from this beautiful dream.

Thank you.