



Check against Delivery

**The Global Economic Crisis and Health:  
Why Investing in Women is a Smart Choice**

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Thank you. It has been a long while since I visited the World Bank so it is wonderful to be with you and with many friends here. I thank you all for coming.

It is nice to be in the capitol of a country whose administration once again supports the work of UNFPA. Just last week, I met with the new U.S. Ambassador to the United Nations, Susan Rice, and it was a friendly and very warm meeting. So I can testify that this administration really does signify a new beginning.

It is great to be here with you in this beautiful atrium at the World Bank and I remember warmly when I addressed you in one of James Wolfensohn's Presidential Lectures. I am so pleased that we can be together again to celebrate three important occasions: the 20<sup>th</sup> World Population Day, the 40<sup>th</sup> anniversary of UNFPA and also the 15<sup>th</sup> anniversary of the historic International Conference on Population and Development that guides our work at UNFPA.

I would like to stress that all of us in UNFPA look forward to working more closely with our colleagues in the World Bank to achieve our common objectives for population and reproductive health. And I would like to thank Joy Phumaphi not only for inviting me to speak today but more importantly for her friendship, partnership and real commitment to work together.

Today I would like to talk about why investing in women's health is a smart choice and an investment that is absolutely vital for making progress in priority areas. It has a direct link to the scenarios projected for global population growth. It is not rocket science nor is it a complex mathematical formula or economic conjecture. It is simple and straightforward but often women and their wellbeing as well as their rights are invisible in the world of macro-thinking and analysis, as well as demographic projections, especially during such challenging times as we are facing now. I believe that if we humanize our system analysis and imagine many faces to the many numbers we repeat, we would be propelled to move with greater fervor to do the right thing to support women especially those who are at the end of the poverty line.

If we look around the world today, we see that women are often on the frontline when it comes to demanding change and opportunity, but they are at the end of the line when it comes to power and decision-making.

Today women constitute the majority of the world's poor and illiterate, and they continue to hold very few top positions in both the private and public sectors.

Across the European Union, women account for only 11 percent of the membership of governing bodies such as boards of directors. Here in the United States, fewer than a third of the leading 1,500 companies had even a single woman among their top executives in 2006, according to research from Columbia University and the University of Maryland. And worldwide, women comprise just 18 percent of parliamentarians.

At the same time we hear that investing in women and opening up opportunities for women is not only the right thing to do, but as you at the World Bank argue, it is smart economics, which is driving the Bank to invest in women's economic opportunity. Your investment would allow for a comprehensive response along with women's health and education. They all must go together.

Recently we heard President Barack Obama, in his address from Cairo, say that denying a woman her education is denying her equality. He went on to call for the broadening of women's horizons by improving access to education and microfinance.

There is no doubt that educating girls and women and providing microfinance brings tremendous and well-documented benefits, including slowing population growth. I would like to add a third area that is vital for broadening women's horizons, one to which governments agree, it is improving access to health.

We need to keep the promise that was made in Cairo 15 years ago at the International Conference on Population and Development. We need to join forces to ensure universal access to reproductive health by 2015.

This target now appears in the Millennium Development Goals, under MDG 5 to improve maternal health, and this is an area where we need to make far greater progress.

I say this because reproductive health is not only a right but it is also a critical factor that influences population dynamics such as population growth, size and age structures.

I also say this because as we meet here today, women in the developing world are facing a public health crisis, a crisis that is already claiming too many lives and will only worsen with the financial crisis unless urgent action is taken and the necessary investment is safeguarded.

Today poor reproductive health is a leading killer and disabler of women in the developing world. And this is causing a tremendous amount of needless death and suffering, and it is dragging down economic growth and dulling efforts to reduce poverty.

Every year, more than half a million women die during pregnancy and childbirth, largely from problems that can be prevented. And for every woman who dies, 20 other women suffer injuries and disabilities that can last a lifetime and rob them of energy and productivity. Of all regions, Africa has the world's highest rates of maternal mortality — at least 100 times those in developed countries.

The sad and shocking truth is that maternal mortality represents the largest health inequity in the world. And of all the Millennium Development Goals, MDG 5 to improve maternal health is lagging the furthest behind. And with the financial crisis and the reduction in budgets for health, this goal will be even farther to realize.

This is the case even though proven interventions exist and we know what needs to be done. In countries where women have access to a full range and comprehensive reproductive health services, maternal death is a rare phenomenon.

My friends, it is not a lack of knowledge that is hindering progress; it is a lack of political will to protect the health and rights of women, especially their decision to access voluntary family planning.

And the bottom line is that the world is paying a high price for not allowing women to live up to their full potential.

While the loss of a mother to a child and family is beyond measure, there is a figure that sums up the global cost of maternal and newborn mortality and it is \$15 billion lost in productivity annually.

So clearly we need to do more to improve women's health. And it is very heart warming that UNFPA has joined forces with the World Bank, UNICEF and the World Health Organization to accelerate progress to reduce the needless deaths of women and newborns. We agreed on a division of labour that can guide our colleagues at the country level as they work together to support countries to improve maternal and newborn health and reduce maternal mortality.

We have joined forces to support governments and civil society to strengthen health systems and scale-up quality health services to deliver a package of reproductive health services. This package includes family planning, skilled attendance at delivery and emergency obstetric and newborn care, ensuring linkages with HIV prevention and treatment. My friend Margaret Chan, Director General, WHO, keeps on repeating that the provision of services to reduce maternal mortality including emergency obstetric care is a proxy to a functioning health system.

And here I would like to stress that maternal mortality is an indicator of how well a health system is functioning and we should use it as a marker in our efforts for health systems strengthening. We should view a functioning health system as a system that can deliver to women when women are ready to deliver. It is widely acknowledged that a health system that is staffed and equipped and can deliver to women before, during and after childbirth is a health system that can deliver to all segments of the population. To make greater progress, we are working together to address the urgent need for skilled health workers, particularly midwives.

We also know that we have to tackle the root causes of maternal mortality and morbidity, including gender inequality, low access to education – especially for girls - child marriage and adolescent pregnancy. And to ensure we are on track, we are strengthening systems of monitoring and evaluation.

The health benefits of these investments are well known, well documented and substantial.

It is estimated that ensuring access to voluntary family planning could reduce maternal deaths by 25 to 40 per cent, and child deaths by as much as 20 per cent.

The World Bank estimates that ensuring skilled care in delivery and particularly access to emergency obstetric care would reduce maternal deaths by about 74 per cent.

These are significant benefits. But as striking as these numbers are, the personal, social economic and demographic benefits of reproductive health services may be even higher.

Access to reproductive health helps women and girls avoid unwanted or early pregnancy, unsafe abortions, as well as pregnancy-related disabilities. This means that women stay healthier, are more productive, and have more opportunities for education, training and employment, which in turn slows population growth and benefits entire families, communities and nations.

In every region, increased women's labor participation and earnings are associated with reduced poverty and faster economic growth.

It is also a fact that the right to sexual and reproductive health is essential for advancing women's empowerment and equality between women and men.

Yet despite these well known benefits, some 200 million women today want to plan and space their births but lack access to safe and effective contraception.

And whether these services are provided and expanded to meet rising needs over the coming decades will determine whether global population grows from today's 6.8 billion to the UN's median projection of 9 billion or the high projection of 11 billion people by the year 2050.

I make this point because I do not think it is widely appreciated that the median projection of 9 billion global population by mid-century is premised on a substantial reduction in fertility in the least developed countries, from 4.4 children per woman today to 2.4 children per woman. In other words, the projection is based on the assumption that women in the world's poorest countries will have 2 children less than they are having today and this requires a dramatic expansion in access to family planning.

According to the latest figures, just 1 in 4 married women in the least developed countries is using modern contraception and a further one-quarter of those women had an unmet need for family planning. So there is a high unmet need for family planning and the need to expand these services is urgent, especially since funding for international family planning has been falling for the past decade as a percentage of population spending and we need to reverse this downward trend.

The urgency is brought into focus by considering that if fertility were to remain constant at today's levels, the world population could increase by nearly twice as much as currently expected.

As we celebrate World Population Day, I would like to call for far greater attention to the issue of population, which seems to have fallen off the radar screen. I also call for focusing on the clear link between women's health and education and population dynamics such as population growth.

I do not think that any of the crises that we are facing today—whether it is the food crisis, the water crisis, the financial crisis or the crisis of climate change, can be managed unless greater attention is paid to population issues, and stronger action is taken to implement the *Programme of Action* that was adopted at the International Conference on Population and Development.

Today almost all population growth is occurring in less developed countries, where young people under age 25 comprise nearly half of the total population and where the national health and education systems are failing to meet the growing demands.

In these regions, the youth population is at an all-time high and this poses a major challenge to countries struggling to provide them with education, healthcare and employment, especially as the current economic and financial crisis unfolds.

Just last week, at the United Nations Summit on the World Financial Crisis, we heard that the poorest countries and people are getting hit the hardest, with rising unemployment and poverty, which echoed findings of a recent report by the World Bank. In March, the Bank reported that the crisis could lead to increases in infant and maternal deaths, female school dropout rates and violence against girls and women.

My point is very clear – regardless of this financial and economic crisis, investment in women and girls must continue if not increase because meeting women's desire to plan their families, make informed decisions about their fertility directly impacts the speed and size of population growth. We have to protect the gains made and ensure that these gains do not slip back as more and more people are slipping back to poverty.

Today we have an opportunity not only to reform the financial system but also to make international development more effective. We have to recognize what went wrong in international development during the past 60 years and change our approach to meet the present needs and present realities of countries.

And here I would like to stress that investments in women and reproductive health are not only decisive for overcoming poverty and achieving the Millennium Development Goals and stabilizing population growth, they are also cost-effective. An investment in contraceptive services can be recouped four times over—and sometimes dramatically more over the long-term—by reducing the need for public spending on health, education, housing, sanitation and other social services.

Investing in sexual and reproductive health is also strategic for curbing the AIDS pandemic.

With over 75 percent of HIV cases due to sexual transmission, delivery and breastfeeding, it makes sense to link HIV/AIDS efforts with sexual and reproductive health, which would benefit women and young people who are disproportionately affected.

I think we can all agree that our world today is too complex and interconnected to consider or confront problems in isolation of each other.

When a mother survives, when a young girl gets an education and grows into a life filled with opportunities, the consequences extend beyond the existence of these individuals. They enrich the society as a whole and increase prospects for peace, prosperity and stability.

Progress is possible when people join together united by a common cause and when we can humanize our work by focusing on real people and their daily challenges.

Today more girls are in school than ever before, countries are improving their health systems and more and more women are standing up for their rights, and men are joining them. Yet all these gains are threatened by the present financial crisis. You at the World Bank advise governments as they try to recover economically and therefore you are best placed to advocate for the protection of the services for the poor in general and women and girls in particular. You already know that no social investment costs so little and brings such far-reaching benefits as investing in the health and rights of girls and women.

I will repeat here what I said last week, quite shockingly for many, in one of the General Assembly panels at the Summit on the Financial Crisis. I said that in war or peace, natural or man-made disaster, prosperous economy or financial crisis, women continue to get pregnant. And when they do, what could happen to them is quite limited: they would give birth safely, abort safely or unsafely, miscarry or simply die while giving birth. And these facts of life cannot be stopped or postponed until the conditions are ready. But getting pregnant in the first place can be managed only if women are able to manage their fertility and determine when, where and how many children to have and giving birth can only be safe when there is a functioning health system that provides them with reproductive health services that can mean the difference between life and death. And we cannot excuse ourselves when women die while giving birth simply because there is a financial crisis. It is simply not good enough.

I am an optimist and do believe that opportunity does arise out of crisis. And I am confident that progress for the health and rights of girls and women will accelerate given the support of the World Bank and committed people like you.

Thank you.