

Remarks by World Bank Managing Director, Dr. Ngozi Okonjo-Iweala

World Population Day lunch at the World Bank, Monday June 29, 2009

We are here this morning to celebrate the upcoming 20th anniversary of World Population Day and to remind the world that one of the smartest things we can do to avert a human crisis during this time of global economic crisis is to invest in the physical and economic well-being of women so they can be catalysts for powering their families and their communities into recovery, and help to safeguard the hard-fought development gains of previous decades.

We didn't need the crisis to remind us of the profound importance of investing in women. This was true long before the crisis began. But the downturn is an emergency for women because they are often the first to suffer when economies crumble.

Girls are pulled out of school to lend a hand at finding more money for the household; women lose their jobs and incomes as demand for exports falls away; and mothers can no longer find credit through microfinance institutions and are pushed into subsistence work to make ends meet.

This is unfair, but it is also bad economics: if you want to speed up reconstruction, development and poverty reduction, the intelligent thing to do is to put earnings in a woman's hand. In fact, women usually reinvest a much higher portion of their earnings into their families and communities than men do, spreading wealth beyond themselves. This could be one reason why countries with greater gender equality tend to have lower poverty rates.

It is important to protect women in this crisis. But let us not look at women only as vulnerable or as victims. We should also understand how women can be agents of change, and why investing in them is a smart way to help rebuild the economies of the world. If done right, we will emerge with a healthier pattern of growth than the one that brought us the crisis. And we will be on a faster track to reducing poverty and boosting development.

One of the best guarantees for getting countries on that faster track to less poverty and more opportunity has to be investing in reproductive health programs for women. Aid investments in maternal health and reproductive health services, including access to contraception and family planning, over previous years have had a very real, positive impact on women's lives, on their children lives and on development and poverty reduction.

Unfortunately, however, today - 15 years after the world came together in Cairo, and nearly 10 years after the MDGs were set, more than half a million women worldwide still die each year from pregnancy-related causes, and more than 10 million suffer severe or long-lasting illnesses or disabilities from pregnancy or childbirth complications. In sub-Saharan Africa, 1 in 16

women likely to die from pregnancy-related causes versus 1 in 2800 in the developed world. 99 percent of maternal deaths occur in low-income countries, and half of them in Africa.

Of all the health MDGs, MDG 5 to improve maternal health is the goal on which the world is showing the least progress.

The international community can, and should, do better: New World Bank research shows us that official development assistance for health has increased five-fold during the 15 yrs since Cairo, yet ODA commitments per capita and overall for Pop RH programs have increased at a much slower rate (doubled) - and have significantly DECLINED as a percentage of overall health aid, from about 30 percent in 1994 to 12 percent in 2008.

It's especially noteworthy that much of the limited increase in support for Population and reproductive health did NOT go to the world's 35 highest-fertility countries - the very countries which need it the most.

Many of you here this afternoon would agree that while it can be very challenging to implement effective national population and reproductive health programs in poor country settings, we have nonetheless witnessed some profound success stories in years past.

For example, in 1970, Bangladesh had some of the worst social indicators and lowest income of all countries worldwide, with a fertility rate of about seven children per woman; now that rate is about three.

Similar declines in fertility can be found in countries in East Asia, Latin America, and the Middle East and North Africa. I should add as well that falling birth rates cannot be achieved through better health programs alone. Better education for girls, equal economic opportunities for women in society, and fewer households living below the poverty line, are also vital parts of a strategy to achieve sustainable reductions in birth rates.

On the eve then of the 20th anniversary of World Population Day, we know what success looks like. So let us mobilize the political will and the additional resources to match and put population and reproductive health back on the development community's radar.

For the World Bank, this means that we will work even more intensively with our partners to use today as an opportunity for re-dedicating ourselves to the issues of global population.

We were proud to join UNFPA, WHO and UNICEF as one of the four signatories of the Joint Statement on Maternal and Neonatal Health issued at the 2008 UN MDG Review Summit to intensify our support to countries to achieve the two MDG 5 targets of reducing the maternal mortality ratio by 75 percent and to achieving universal access to reproductive health by 2015. We agreed to focus especially on Africa and South Asia which are home to the majority of the

world's 35 highest-fertility countries. As a result, our four agencies are finishing an action plan that will help us to better channel and align our maternal, population, and reproductive health support services with 25 of these countries.

This is a very promising development to report.

For our part, the World Bank's overall support for maternal and reproductive health programs stands at about \$952 million, with an additional pipeline of \$344 million in loans and grants, and we will go further to amplify the importance of population and reproductive health with our country clients again, some of whom, along with the donors, have let these issues slide off their radar.

The Bank also affirms its long-standing and strong commitment to the Cairo Consensus, and to provide countries with whatever financial and technical help they request in this area. This commitment is a cornerstone of the World Bank's health, nutrition, and population strategy which is actively working with developing countries to strengthen their health systems to improve the health and well-being of millions of the world's poorest people, reduce poverty caused by catastrophic illness, and boost the prospects for economic growth.

Family planning is an integral part of reproductive healthcare. Moreover, the provision of such comprehensive programs serves as a proxy indicator of a functioning health system. Effective systems also reduce child mortality, which in turn has been linked to declines in fertility levels. In addition, providing "dual protection" (protection against sexually-transmitted infections (STIs) and HIV/AIDS, as well as unintended pregnancies), as well as offering family planning programs and HIV counseling in a synchronized manner, is more likely through a well-functioning health system.

And so, we look to our clients, our partners, and our shareholders to stand shoulder to shoulder with us here this afternoon to rededicate ourselves to financing and providing these essential services for women to help achieve the full-range of the health MDGs, safeguard the physical and economic well-being of women; and to achieve the long-lasting strides in less poverty and more opportunity that we all yearn so much to see.

Thank you. .