

Il contributo del presidente dell'International Federation of Gynecology and Obstetrics

Women's health in the 21st Century

Paving the way to MDG5

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Women's Health

Health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". WHO affirms that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". A major barrier for women to the achievement of the highest attainable standard of health is inequality, both between men and women and among women in different geographic region, social classes and indigenous and ethnic groups. Women in many countries have neither the freedoms to pursue their own health nor the entitlements to their health needs. There are no areas of health in which inequality is as striking and as wide as in women's health.

Reproductive and sexual health

Reproductive health implies that women are able to have a capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as other methods of their choice for regulation of fertility which are not against the law. Women have the right of access to appropriate health-care services that will enable them to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality: it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of pleasurable and safe sexual experiences, free of coercion, discrimination and violence. The Inter-



national Conference on Population and Development (ICPD) 1994 set the goal that all countries should strive to make accessible, through the primary health-care, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015.

Spianare la strada al raggiungimento del 5° Obiettivo di Sviluppo del Millennio (MDG) è di cruciale importanza anche per conseguire gli altri Obiettivi in ambito sanitario e socio-economico – afferma il presidente della Figo Gamal Serour in questo intervento che ha dedicato allo speciale congresso di GynecoAogoi. Il duplice obiettivo di migliorare la salute materna, diminuendo di tre quarti, tra il 1990 e il 2015, il tasso di mortalità materna e raggiungere l'accesso universale alla salute riproduttiva, entro il 2015, è davvero molto lontano, spiega il professor Serour, ma possiamo renderlo possibile "impegnandoci tutti" e "il momento è ora". Per questo, sarà necessario "tradurre gli

Millennium Development Goal 5

MDG 5 refers to improvement of Maternal Health by 2015. It has two targets. Target *a*, is to reduce MMR by three quarters by 2015. Target *b*, which was rather recently included, is to achieve universal access to Reproductive and sexual health (RSH) by the year 2015.

Current status MDG 5.a

Despite considerable progress over the past two decades societies are still failing women at key moments

in their lives and these failures are most acute in poor countries and among the poorest women in all countries. Global maternal mortality has recently declined from >500.000 to approximately 350.000 maternal deaths annually mostly in developing countries. In spite of reduction of MMR by 34% globally yet still the decline is far below that required to achieve MDG 5 target *a*. The average annual decline had been 1.5-2.5% while the necessary decline in MMR to achieve MDG5 target *a* is 5.5%. Six countries namely India, Nigeria, Pakistan, Afghanistan, Ethiopia and Democratic Republic of Congo account for >50% of all maternal death. The countdown to 2015 recently reported that only 5 countries of 68 countdown countries with 97% of maternal and child deaths are on track to achieve MDG5. The leading causes of MM are haemorrhage (25%), infections (15%),

impegni in azioni concrete che a loro volta si traducano in vite salvate e migliore qualità di vita per le donne e i nuovi nati" prosegue Serour, sottolineando come il ruolo delle associazioni professionali come la Figo e le sue società membro sia di assoluto primo piano. Ai ginecologi e ostetrici spetta non solo il ruolo di "provider di servizi", ma anche quello di educatori alla salute, di formatori/mentori e di sostenitori della salute sessuale e riproduttiva delle donne. Tutte le iniziative in questa direzione, conclude il presidente Serour, "sono candele luminose che rischiarano la strada buia verso una maternità sicura a livello globale. Possiamo farcela e lavorando insieme possiamo fare la differenza"

unsafe abortion (13%), hypertension and eclampsia (12%). Obstructed, other direct causes and indirect causes account for 8%, 8% and 20% respectively. Most of the causes of MM are preventable and safe pregnancy and child birth can be achieved by access to skilled care during pregnancy and at time of birth, timely access to emergency obstetric care in the event of complications and access to contraceptives to avoid unintended pregnancies.

Current status MDG 5.b

Reproductive and sexual ill health accounts for an estimated one third of the global burden of disease and early deaths in women of reproductive age (15-44 years). However, there is a great disparity in RSH services in developing countries when compared with developed countries.

Family planning

Family planning can prevent 40% of maternal deaths. However, contraceptive prevalence is only 28% in least developed countries compared to a close to 70% in developed countries. There are 215 million women in developing countries with unmet need of contraceptives. The unmet need of contraceptives translates to 53 million unintended pregnancies leading to 24 million abortions, 6.8 million miscarriages, 640.000 newborn deaths and 150.000 maternal deaths half of them in Africa alone. Family planning enables couples to decide number and spacing of births, reduces MM, abortion and child mortality, improves women's opportunities and is a key intervention in HIV settings. In spite of this funding for family planning as a share of total funding for all population related activities has declined from 55% in the year 1995 to 5% in the year 2007.

Sexually Transmitted Diseases (STDs)

STDs especially HPV and HIV infections have high prevalence in many developing countries. Cancer cervix caused by HPV is responsible for 270.000 deaths annually and 80% of these deaths occur in developing countries. Each year there are about two million AIDS related deaths mostly in developing countries. Being HIV positive plus being pregnant raises a woman's risk of MM tenfold.

Gender based violence

Gender based violence including early marriage, female genital mutilation/cutting (FGM/C) and violence against women has high prevalence globally. While Adolescent pregnancy prevalence in the developed world is 21/1000 births among women age 15-19 years it is >100 in least developed countries. In Africa 40% of women get married before age of 15 years. Risk of death for adolescent pregnant women is five times more than the risk for women in their twenties.

Female Genital Mutilation (FGM)

Globally there are 100-140 million women and girls who have been subjected to FGM with 3 million new cases every year. FGM is harmful, associated with immediate and long term complications, unethical, violates the human rights to the highest attainable standard of health and has no religious basis what so ever. However demographic and health surveys data show that the medicali-

zation of FGM/C has increased substantially in recent years.

Paving the way to MDG5

Achieving MDG5 is within reach but only a dramatic acceleration of political commitment, financial investment, an international cooperation to align resources, harness knowledge and build robust health systems can make it happens. In paving the way to achieving MDG5 there has been unprecedented support for women's health during the year 2010. The UN established UN women and the UN Secretary General launched the global strategy for women's and children's health with a pledged commitment of over 40 billion US dollars for women's and children's health. The global strategy for women's and children's health identifies the need for 2.5-3.5 million health workers including midwives, nurses, community midwives, physicians, community health workers, technicians and administrative staff. It outlines policies and actions necessary to improve maternal and children health as: a) support to country-led health plans, supported by increased, predictable and sustainable investment; b) integrated delivery of health services and life-saving interventions – so women and their children can access prevention, treatment and care when and where they need it; c) stronger health systems, with sufficient skilled health workers at their core; d) innovative approaches to financing, product development and efficient delivery of health services and e) improved monitoring and evaluation to ensure the accountability of all actors for results. To ensure a close follow up and monitoring UN established the commission on information and accountability and the International Budget Partnership for Global Strategy of Women's and Children's health. Other important initiatives for improving women's health during the year 2010 include the G8 Muskoko initiative, The G8/G20 committing to improve maternal health and the African heads of states revitalization of the Maputo plan of 2006. The Partnership for Maternal, Newborn and Child Health (PMNCH) held in Delhi November last year discussed translating commitments into actions reflecting the number of lives saved and quality of lives improved of women and newborns. Professional organizations as FIGO and its member societies have a major role to play. Obstetricians must practice their role not only as service providers but also as health educators, trainers' mentors and advocates for women's and reproductive and sexual health. We now have the momentum towards achieving the health related MDGs including MDG5. All these initiatives are bright candles which light the dark dumpy road to global safe motherhood. Success can be achieved and we can make a difference when we all work together. **Y**