

4/7/98

World Bank
"Safe Motherhood"

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remarkable speeches, one from the First Lady of Malaysia telling of the developments in her country and her own personal role in this, and also from the Minister of Health in Uganda describing the conditions in that country and the work that the government is doing to improve the opportunities for women, particularly in the area of women's health.

And so we are waiting for you. We're thrilled that you're here, and we thank you very much for being with us.

[Applause.]

MRS. CLINTON: Thank you very much. I am delighted to be here and to join all of you, and particularly James Wolfensohn, as we celebrate World Health Day. I want to commend everyone associated with this effort of the global mission of safe motherhood for the work that has already been done and the work that is yet to come.

I want to say a personal word of appreciation to Mr. Wolfensohn for being such a powerful voice within the World Bank and throughout

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*Especially
his work in
raising*

*He's been
impressed
appreciate in
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In particular he's helped

the globe on behalf of women, especially in helping
to ~~raise~~ ^{public} awareness ^{that} about the investments that are
made in women and girls as ^{are} being the single most
important investments that nations can make to
ensure sustained economic progress and social
stability. It is a very good message to hear from
the President of the World Bank, and I appreciate
it whenever he carries that forth.

I'm also pleased to be here with the
Minister of Health from Uganda, a country that I
have now visited twice and have been very impressed
by in its efforts to both advance education and
health care, and also the First Lady of Malaysia, a
country that I am looking forward to visiting with
my husband in November when Malaysia hosts all of
the nations that border the Pacific.

I also want to extend appreciation to the
leaders of the Safe Motherhood Inter-Agency Group--
the World Health Organization, the U.N Population
Fund, UNICEF, the World Bank, International Planned
Parenthood Federation, and the Population Council--
who with the support of Family Care International

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have led critical efforts to promote the health and well-being of women, children, and families.

But, mostly, I would like to acknowledge the extraordinary work that many of you in this room do, along with tens of thousands of others who are on the front lines of this effort to assure safe motherhood; the doctors and nurses, the midwives and public health workers, who are struggling to meet the often overwhelming health needs of women throughout the world, and who, against formidable odds, save the lives of so many women and children every day. We owe all of you and all of them our deepest gratitude.

We are joined here on World Health Day by people in cities and communities and villages around the globe who, like us, are raising their voices in a united chorus to say that no women should ever die in childbirth, and to acknowledge that all of us, individuals, governments, international agencies, NGOs, community groups, all have a critical role ⁱⁿ to developing policies and saving lives.

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I think we come together at a time of great promise and hope. I have just returned, as Jim said, from a historic trip with my husband to Sub-Saharan Africa, and I certainly saw firsthand the progress that is being made in many parts of that region. There is still much to be done, but we can see where enlightened leaders, committed NGOs, individuals, are making a difference.

Yet, still, despite the progress that we can celebrate, I think all of us know how shocking the numbers are about the women we lose every single year. Every minute somewhere in the world a woman dies from complications of pregnancy and childbirth. Every minute 190 women face an unplanned or unwanted pregnancy. And every minute 110 women experience a pregnancy-related complication.

The tragedy that over 600,000 women die every year in childbirth is compounded by the simple yet unbearable truth that the vast majority of these deaths and so much of that suffering could have been avoided.

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The other stark reality we have to face is that maternal mortality is, as one would expect, 150 to 200 times greater in poor nations than in rich ones. Deaths are directly related to high levels of poverty and low status of women.

Ten years ago, many of the individuals and agencies here today launched the Global Safe Motherhood Initiative and for the first time ever elevated maternal mortality to an international priority. And while many countries, including my own, have not yet met the collective goal of cutting maternal deaths by half by the year 2000, we should all take pride in the strides that have been made.

There's progress all around us. In Bangladesh and Sri Lanka, health workers trained in midwifery are being assigned to village-based health facilities, and maternal mortality has declined.

In Ethiopia and Mongolia, women living in remote areas where transportation is difficult can now go to maternity waiting homes and get much

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needed interim care.

Last year, I visited health care clinics in Bolivia where prenatal and family planning services have resulted in safer pregnancies and deliveries and even saved lives.

And, in Brazil, I've met with women in a local hospital where they are now being taught the basic facts about reproduction and family planning, instead of having to face the pain and trauma and sometimes death of self-induced abortions.

A few years ago, I toured a small health and family planning clinic in Katmandu, Nepal, financed by a partnership with USAID, Save the Children Foundation, and the Government of Nepal. While I was there, I was given a safe home delivery kit, like the one I have with me here today. This may be the one I was given.

This kit is given to expectant mothers and now used by midwives throughout Nepal. Inside is a bar of soap, twine, wax, a plastic sheet, and a clean razor blade. Its purpose is to reduce the two major causes of maternal and neonatal deaths,

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tetanus and sepsis, by promoting the "three cleans" principle: clean hands, clean surfaces, clean umbilical cord care.

The kit was developed by a group called Path, whose representatives I believe are here in the audience today. This little kit symbolizes for me some of the important lessons we have learned in the last ten years.

First, we have learned the power of partnerships. In community after community, governments, voluntary agencies, and local leaders are joining forces and resources to develop health care strategies that promote safe motherhood. I was pleased to participate in the launching in Bolivia of one of these partnerships when USAID and the Pan-American Health Organization and others joined forces to reduce maternal mortality throughout the Americas. This event took place on the occasion of the Annual Meeting of the First Ladies of the Hemisphere.

Everyone in our hemisphere is committed to our goal of reducing maternal mortality, but as

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with every other part of the world, it is translating that goal into reality that is still a challenge for us.

We know now, more than ever before, that reducing maternal mortality requires sustained, long-term commitments from a full range of partners. I know that last night there was an important meeting of new partners in the corporate sector who are joining the World Bank in the safe motherhood campaign, and I join in applauding all of you for your participation.

We have also learned that the cost of promoting safe motherhood is cost-effective when you compare the extraordinary rewards ⁱⁿ and saved lives, improved maternal and child health, and revitalized communities. Just think about this: The World Bank estimates that by spending \$2 a year per person for maternal health care, almost all of the 600,000 women who now die as a result of complications during pregnancy and childbirth would be alive, and ^e that the lives of 2 million infants would be saved.

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We have the strategies. We have the resources. But we do not yet have the collective will to do what we know needs to be done. The result is that today women in every nation in the world, including my own, including right here in our nation's capital, lack basic health care that could save their lives and ensure the health of themselves and their babies.

More attention must be paid to ensure that women receive adequate prenatal care, good nutrition, and quality obstetric care so that child-bearing and childbirth is a safe and healthy period of a woman's life.

We also must invest in family planning, which improves maternal health. Without it, women often turn in desperation to illegal, unsafe abortion procedures that can account for up to half or more of all maternal deaths. And I would like to stress that point, because there are some in our Congress and in our country who do not understand how providing family planning services helps to reduce the rate of abortion and the reason for

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abortion.

[Applause.]

MRS. CLINTON: We also know that the best contraceptive and the best way to ensure access to health care is through increasing the social, economic, and educational status of women.

Education--

[Applause.]

MRS. CLINTON: --is inextricably tied to how women and children achieve progress, and we know, as James Wolfensohn never tires of telling everyone, that investments in education can have a profound and concrete effect on women's health as well as on the prosperity of their families and their societies and countries.

Investments in jobs and access to credit can do the same. I have seen how women's lives have been transformed. I was delighted on this last trip that I was able to take my husband to see some of the projects that I enjoy seeing when I travel alone. I may be wrong about this, but I believe that when my husband and President Museveni

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went to a village in Uganda, the Jinja village near the source of the Nile, and visited a microcredit project, it may have been the first or certainly among the first times any heads of state had actually visited such a project on the ground where it is taking place, changing the lives of women and families.

I was thrilled to see these two Presidents getting as excited about the changes that can occur in women's lives with loans as small as \$50 as I was by any event that I've ever participated in with my husband. Because if we can bring home the message that it is through these strategies, these proven best practices that provide access to greater opportunities to women, that we will ultimately address the challenges of women's lives, then we will have made real progress and we will have changed the political calculus in many of our societies and the investment calculus in many of our international agencies.

We have to do all that we can to make sure that every woman is given the opportunity to speak

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for herself, and that includes being sure that they feel empowered as citizens of the increasing numbers of democracies we find around our globe.

I want to end with a story that says so much to me about what we have achieved even though it might never make any headlines anywhere.

Malacounda - Bambara
(?)

In Senegal, our last stop on the trip, I met with a group of women who have done something remarkable, along with the help of some men in their village. These are women from the Malacounda Biamberra (ph) village. They decided that they would end female circumcision in their village, which had been considered a rite of passage for all girls up until then. But they had been given information over the last several years about the health effects of this traditional practice, and they had to face the fact that what they knew individually was a fact that was supported by much evidence, and that it was time to end the hemorrhaging, the infection, the spread of AIDS, and the childbirth complications caused by this deadly tradition.

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They began talking with their husbands and their fathers, and they began enlisting some men to their cause. They put together a skit, which they performed for me, showing how they had educated the people in their village about the effects of this practice. As a result, they banned the practice in their village and then several of the men who had become convinced began a pilgrimage, walking from village to village, carrying information about why in Malacounda they had ended the practice. By the time they finished, 13 other villages had also decided to ban the practice.

In these villages, the practice affects about 20 percent of the girls in Senegal, but I met with a woman from Mali where it affects 90 percent. This grass-roots effort caught the attention of the President of Senegal, who announced in February that he would advocate a bill to outlaw the practice in Senegal.

When I asked one of the women--

[Applause.]

MRS. CLINTON: --from this small village

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what had convinced her and others to end this practice, she replied simply, "We studied human rights, and particularly the right to health."

This is what I see happening now around the world, that from groups and agencies and leaders such as all of you, the message that you take out on behalf of women's rights [~~blank spot~~] ^{and} safe motherhood is beginning [~~blank spot on tape, approximately 3 minutes~~]. *to take hdd.*

[Applause.] *(cdd #1 + #2)*

MR. WOLFENSOHN: I don't think I need to say anything except thank you. The group here I think expressed so well our feelings towards you and the message that you've given us, and we're very grateful to have someone of your stature and someone of your sensitivity as the First Lady of this country. We're deeply grateful and honored.

[Applause.]

MR. WOLFENSOHN: We now have an opportunity until 11 o'clock for some questions, and in order to ensure that it's all dealt with impartially, my colleague Mark Malloch Brown is

HILLARY RODHAM CLINTON
SAFE MOTHERHOOD: WORLD HEALTH DAY
THE WORLD BANK
APRIL 7, 1998

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FOR DELIVERY

It is a great honor and pleasure to be here at the World Bank, and to join James Wolfensohn and all of you as we celebrate World Health Day -- and recommit ourselves to the global mission of Safe Motherhood. Thank you for giving me this opportunity to speak to you about a subject so close to my heart -- and of such extraordinary significance to the future of our world. I'm so pleased to be joined by Dr. Crispus Kiyonga, the minister of Health in Uganda, where I have just visited -- and Dr. Siti Hasmah Mohd -- the first lady of Malaysia. Deep appreciation to the members of the Safe Motherhood Inter-Agency Group -- the World Health Organization (WHO), UNFRA (UN Population Fund), UNICEF, the World Bank, International Planned Parenthood Federation (IPPF), and the Population Council -- who, with the support of Family Care International, lead such critical efforts around the globe to promote the health and well being of women, children and families.

I would also like to acknowledge the extraordinary work of the tens of thousands of foot soldiers on the front lines -- the doctors, nurses, midwives and public health workers who are struggling to meet the often overwhelming health needs of women throughout the world -- and who, against all odds, have saved the lives of so many women and children over the years. We owe all of them our deepest gratitude.

I want to begin by commending the World Bank for making women's health -- and in particular -- safe motherhood -- a top priority for international agencies and countries around the world. Thanks to your work and leadership, and the tireless efforts of all the international agencies and NGOs here today -- there's a growing understanding of the depth of the challenge women face around the globe. But perhaps more importantly, there's a growing public recognition that investments in safe motherhood initiatives have an impact far beyond improving the status of women and the health of their families. That such investments go hand in hand with social and economic progress throughout a nation, and the building of democracy around the globe.

We gather here this morning at a time of great promise and hope. I've just returned from an historic trip to sub Saharan Africa -- where in just a few years, more than 20 nations have replaced authoritarian rule with free and fair elections, and where even some of the poorest countries are beginning the long road toward economic and social recovery. With the worldwide explosion of technology and information, we are all moving into a global economy, and a truly new world. And we are in the process -- as a community of nations -- of ending the production of the weapons of mass destruction, promoting greater human rights, and ensuring a healthier, cleaner global environment.

Yet in the midst of this time of extraordinary growth and promise -- we still fail to protect the most precious symbol of the future -- the life and health of our mothers. The figures are shocking -- no matter how often they are repeated. Every minute -- 380 women become

pregnant -- 190 women face an unplanned or unwanted pregnancy; 110 women experience a pregnancy related complication; and 40 women have an unsafe abortion. And every minute, somewhere on this globe -- a woman dies from complications of pregnancy and childbirth.

For millions of women around the world, there is no basic primary, reproductive, or emergency care to keep them alive and healthy. For millions of women around the world, life threatening complications from childbirth doom not only their own lives -- but the lives of their children, and the survival of their community. For millions of women around the world, safe motherhood is a far away dream, a distant reality.

Numbers and charts tell us the terrible dimensions of the health problems facing women around the world. But not the personal tragedy and pain of losing one's wife, mother, daughter, sister, or neighbor. As one health care worker admitted: "statistics are people with the tears wiped off." At the Technical Consultation held in Sri Lanka last year, I'm sure many of you heard Dr. Mahmoud Fathalla say that "Maternal mortality is not about statistics... It's about women who have names; women who have faces; faces which we have seen in the throws of agony, distress, and despair." The agony of these deaths is compounded by the simple -- yet unbearable -- truth that the vast majority of them could have been avoided. They should never have been allowed to happen.

We are being joined on this day by people in cities and communities around the globe, who, like us, are raising our voices in unison to say: women need not die while giving life to future generations. We now know what can -- and must -- be done to ensure that they and their children will live. Ten years ago, many of the individuals and agencies and NGOs here today launched the global Safe Motherhood initiative, and maternal mortality was elevated -- for the first time -- as an international priority, and goals were set to cut the number of maternal deaths in half by the year 2000. And while many countries -- including my own -- have not yet met our goals, we should take pride in the strides we are making.

The signs of progress are all around us. In Bangladesh, Sri Lanka, and Cuba, health workers trained in midwifery are being assigned to village-based health facilities -- and maternal mortality has declined. In Ethiopia and Mongolia, women living in remote areas or where transportation is difficult can now go to maternity waiting homes, and get much needed care. In Uganda, the "Rescuer's" project ensures pregnant women have radio equipment to call for help. In country after country, national and local health initiatives are helping to save lives, and ensure healthier futures, for women and their families.

A few years ago, I toured a small health and family planning clinic in Kathmandu, Nepal, financed by a partnership among USAID, the Save the Children Foundation, and the government. And while I was there, I was given a "Safe Home Delivery Kit" -- like the one I have here today -- that is given to expectant mothers. Inside is a bar of soap, twine, wax, a plastic sheet and a razor blade. It's purpose is to reduce the two major causes of maternal and neonatal death -- tetanus and sepsis -- by promoting the "three cleans" principle: clean hands; clean surface; clean umbilical care. These kits are made locally in Nepal by a woman-owned micro-enterprise.

This kit symbolizes for me some of the most important lessons we have absorbed over the past few years. First -- we've learned the power of partnership. In community after community, in nation after nation, governments, voluntary agencies, and local leaders are joining forces -- and resources -- to develop innovative health care strategies and tools that promote safe motherhood. We now know -- more than ever -- that reducing maternal mortality requires sustained, long term commitments from the full range of partners in a society. (I know that last night there was an important meeting of new partners in the corporate sector who are now joining the World Bank in this safe motherhood campaign -- and agreeing to a set of principles. I join all of you in applauding their participation.)

But just as importantly, we've learned that the cost of promoting safe motherhood is often minimal -- this kit costs about 40 cents -- in comparison to the extraordinary rewards in saved lives, improved maternal and child health, and revitalized communities. So often, it's these simple, common sense, inexpensive ideas -- like drawing up a roster of vehicles for emergency transportation of women or setting up a revolving fund for drugs and supplies -- that can have the greatest impact on reducing maternal mortality.

Think about it. The World Bank estimates that that by spending under \$2 a year per person for health care, almost all of the 600,000 women who die every year during pregnancy or childbirth would be alive today. And the lives of 1.5 million infants would be saved. We know what it takes to save lives. We, as nations, have the resources to make a profound difference. What we still lack is the will to act. |

The cruel truth is: as much progress as we've made, as many lessons as we've learned, as many conferences as we've held, as many partners as we've gained, we have yet to convince enough of the world's leaders and citizens that maternal mortality is not just a health crisis of extraordinary proportions. It's a social injustice of the highest magnitude -- and the denial of the most basic human rights -- including the right to life itself. Martin Luther King Jr. once said that "of all the forms of inequality, injustice in health is the most shocking, and the most inhumane." I agree.

There is a painful equity in terms of peril for women during childbirth. Forty percent of all women -- whether they live on the upper side of New York city or the shanty towns of Soweto -- have complications. And 15% of all women have life threatening complications. What happens as a result of those complications -- whether a woman or her child lives or dies -- depends not on the content of her character, as Dr. King would have said, but on the neighborhood in which that woman lives, the ethnic group to which she belongs, and the social and economic status of her life. The inequities -- once again -- are shocking. One woman in 4,000 dies of childbirth in the United States. In Eretria -- one woman in eleven loses her life. Here in the U.S., African American women are four times more likely to die from pregnancy related causes than Caucasian women -- and African American babies are twice as likely to die.

When UNICEF released figures that showed infant mortality was ten times greater in developing countries than in the developed ones -- there was a collective outcry. Yet maternal mortality is 150 to 200 times greater in our poorer nations than in our rich ones. And those

deaths are directly related to the high level of poverty -- and the low status of women -- in those countries. That is a moral outrage, and must be recognized as such by every nation in the world.

The inequalities in access to health care are the most obvious -- such as who gets to have a skilled practitioner by your side during childbirth. Only a third of the women in East Africa have that luxury, while in most developed countries, it's a universal right.

But these conditions -- and these injustices -- are not just in our poor, developing nations. They exist here, in our own backyard -- in our nation's capital, and in inner city neighborhoods around the United States. Infant mortality here in DC is almost double that of the rest of the nation -- and worse than many developing countries. Poor access to health care, and inequalities in health and life expectancies, don't end at national boundaries -- or city limits.

Women everywhere lack basic services that could save their lives, and ensure their health. But more significantly, women and girls don't have equal access to the tools of opportunity that could transform their lives. Education is inextricably tied to how women and children achieve progress -- including better health. And the greatest literacy gaps existing in such places as Western Africa and south-Central Asia -- where there are also some of the highest rates of maternal deaths. It should come as no surprise that children of illiterate mothers are twice as likely to die as those with educated mothers.

But women can't make progress in either their social or economic status unless they have other opportunities as well. For too long, women have been denied the opportunities of jobs and credit, legal protections, and the right to participate fully in the political life of their countries -- all of which are the basic building blocks for a healthy and productive life.

Three years ago, when I addressed the World Health Organization in Beijing, I said that women's rights are human rights, and human rights are women's rights. And I believe that now, more than ever, it is a violation of human rights when women are denied skilled health workers during child birth; that it is a violation of human rights when women are denied the right to plan their own families; that it is a violation of human rights when the leading cause of death worldwide for women between 14 and 44 is the violence they are subjected to in their own homes; that it is a violation of human rights when women can't get the education they need to ensure they and their children can lead healthy, productive, and engaged lives.

As long as these discriminations and inequities remain commonplace around the world, then the potential of the human family to create a peaceful, prosperous, democratic world will not be realized. But if we can apply the force of international treaties and national constitutions that address basic human rights to ensuring safe motherhood and healthy children -- and if governments address these underlying causes through political and legal remedies as well as improved health initiatives -- then, and only then, will we fulfill the extraordinary promise of this time. Then, and only then, will every woman be treated with dignity and respect, and every child be loved and care for, and every family have a healthy and strong future.

I want to conclude my remarks this morning with story from my recent trip to Africa. That trip was an extraordinary opportunity for me to see the flowers of progress and democracy take root in even the smallest village, in even the poorest of countries. And wherever I went, I heard the women of Africa singing. They sang as they cared for their children, as they wove their baskets and shawls, as they turned shanties into homes, as they rebuilt their lives.

In Senegal, a group of women I met with from the Malicounda Biambara village, have done something remarkable. They had decided that female genital mutilation -- considered a rite of passage for all girls -- had harmed their daughters' bodies and spirits for too long. It was time to end the hemorrhaging, and the infection, and the AIDS, and the childbirth complications caused by this deadly tradition. And that's what they did.

Using a skit that they showed me, these women educated their religious leaders, their husbands, and their neighbors. They banned the practice -- and are now inspiring others to do the same. Just last month, 13 villages, representing 8,000 people, joined together to end genital mutilation in their communities. And now President Diouf has called for a new law to abolish it throughout the country.

When I asked one woman what drove her and the others to change such a deeply held, long standing practice, she replied simply: "We studied human rights, and particularly the right to health."

Thank you for this opportunity to join you on Women's Health Day, but most of all, for your ongoing work to make safe motherhood a reality for every woman and girl, in every nation of the world. For me, the story of these Senegalese women is the story of how much progress has been made in promoting the health and well being of women around the globe, and how far our messages have traveled about the importance of women rights to open and democratic societies. But it is also a stark reminder of how much work remains to be done. I thank you for your accomplishments on behalf of women and children around the world -- but I thank you more for the work that you will do in the months and years ahead to ensure safe motherhood is a universal human right.