

Penyampai : DATIN SERI DR. SITI HASMAH BINTI HAJI MOHD. ALI
Tajuk : THE OPENING OF THE WHO WORKSHOP ON REPRODUCTIVE HEALTH FOR THE WESTERN PACIFIC REGION
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1. I am happy and honoured to be invited here this morning at the opening ceremony of the WHO workshop on reproductive health for the Western Pacific Region. To all the distinguished participants, consultants, representatives from international agencies and WHO secretariat members, I wish you a warm welcome to Malaysia or 'Selamat Datang'. I hope your visit here will be fruitful and memorable.

2. I also wish to take this opportunity to specially thank Dr. S.T. Than, Regional Director WHO Western Pacific Region and his team who have made this workshop a reality and to have chosen Malaysia as the host country. My appreciation also goes to Dr. Tomris Turmen, Executive Director of Human Reproduction Program WHO Geneva. Their presence is indicative of their personal support and commitment to the Reproductive Health Program of this region.

3. Having led the official delegation to the recent Fourth World Conference on Women in Beijing in September this year and as Chairperson of the International Steering Committee for International Fund For Agriculture Development (IFAD) for Asia and Pacific Region which covers 27 countries, many of whom are represented here today, I am personally pleased to see that all of you have taken the challenge to address this important and yet controversial issue of reproductive health for the region. Looking back at the heated debates and discussions surrounding reproductive health at the international Conference on Population and Development last year and at the world conference on women this year, a clear fact and message emerges.

This is a message which says that reproductive health is an urgent issue requiring urgent attention, commitment and action; that the programme must meet both present and emerging needs and problems; and that we must consider women's participation and perspectives. Reproductive health touches upon and affects every stage of life and development of men, women and families with intergenerational implications. It is a difficult and complex issue spanning across cultural, religious, ethical, social and behavioural variations which requires a careful and sensitive approach in the formulation and implementation of the programme.

4. The health of a woman is important not only for her but for the survival of her infants and young children and for the health, happiness and wellbeing of her family. She is the primary educator, health worker, who supplements food and income, as well as provides love, guidance and support to her family.

Planners and policy makers, therefore owe their commitment and support to improve women's status and health and to facilitate their vital role in nurturing the development of our future generations.

5. Many of the women in developing countries in our region still face the adversity of poverty, illiteracy, illhealth, malnutrition and complications related to frequent and poorly spaced pregnancies. Coupled with the lack of inaccessible or unaffordable basic health, and maternity care and services, poor transportation and communication or inadequate life saving facilities for emergency obstetric care, women in this region continue to suffer from the high and unnecessary toll of death due to complications of pregnancy and childbirth.

6. The most important and critical events of a woman relates to her basic biological function of childbearing which is also the time when most of the demands on her health and nutrition status are put to trial. This period brings with it major mortality and morbidity more than at any other period during the life cycle of a woman. It is therefore important that provisions for reproductive health care be focused primarily on meeting these needs. In this regard, I welcome the initiatives of WHO in designing the 'mother baby package' - which consists of a cluster of interventions for maternal health and safe motherhood and which emphasises maternity care, provision of essential obstetric care, and family planning amidst other interventions to reduce maternal and newborn mortality and morbidity.

7. I believe that the life cycle approach to reproductive health is a logical one but it also brings to light many emerging problems and issues that have yet to be dealt with effectively and in an acceptable way. Issues of adolescent reproductive health, reproductive tract cancers and infections, management of infertility, prevention of domestic violence and abuse, and provision of relevant services such as counselling, information and education have yet to be discussed and the best possible means be found for implementation into existing health care and related systems. STD's, HIV and AIDS is posing a serious threat to the survival and health of women and children in this region and services for their prevention, counselling and care must necessarily be a major focus in the reproductive health care package.

8. In our pursuit to develop plans of action for reproductive health for our countries, 25 years of experience in hospital, rural health, and MCH has led me to the conviction that maternal or reproductive health cannot be achieved without longer term investments in education advancing socio economic status and income opportunities for women, and increasing their participation in society. Only then can women, given access to appropriate and timely services and information, be able to make responsible and sound decisions for their own health and that of their families. This includes the ability and choice to decide on the number, timing and spacing of their children.

9. Equally important is the need for and the will to remove existing barriers that impede advancement of women's health and acceptance of health the care and services, whether they be physical, social, mental or attitudinal constraints.

10. In many of our countries, for example, the health and lives of women and children continue to be jeopardised by prevailing beliefs, traditions and harmful practices related to pregnancy and childbirth. In some areas discrimination against the female infant and girl child still exist, thus denying her basic human right to health care, education, food and nutrition and her survival. In other conditions, women continue to be subjected to heavy domestic and agricultural chores, while being expected to be productive both in work and in bearing children opportunities for their personal development are denied and they have little or no control over their own life situations.

11. It is in this context that I am happy to note that the concept of reproductive health, as proposed, goes beyond bio-medical and health considerations and takes into account social, cultural, educational and other factors and their necessary intervention. We need to cut across sectors and mobilise as many partners as we can to correct the existing inequalities and problems in order to improve the reproductive and health status of women and children.

12. Much has been said about the high maternal and infant mortality and morbidity that is still a major problem in this region and of women dying from complications of haemorrhage, sepsis and unsafe abortions. WHO reports have indicated that 99 percent of the half million maternal deaths each year occur in developing countries; that the complications and contributory factors are the same in all these countries; that more than three quarters of these deaths are preventable or avoidable, and that technology to prevent them exists. I therefore urge this group, as key health planners, to pay special attention to devising a plan of action to implement these simple yet life- saving technology and interventions. This would prevent the unnecessary wastage of women's lives or life-long disabilities arising from complications or poor management of pregnancy and delivery. Our future role will be even more challenging and uphill as we continue to be faced with problems for which no technology for prevention or cure exists, as in HIV/AIDS and reproductive tract cancers. Therefore the dissemination of correct information, education and communication to men and women in an effective way as to affect their health behaviour, practice or life style will be one of the critical strategies in addressing these emerging issues.

13. At home ground, Malaysia has put concerted efforts in upgrading quality of care and improving accessibility to MCH care and family planning. One of the major focuses of the last decade has been on strategies to reduce maternal and infant mortality and to introduce newer initiatives in this direction such as the risk approach in MCH care, and the safe motherhood initiative. Efforts are underway to define our

concept, content and package of reproductive health services that would be acceptable and affordable to all our population groups. As a member of the International Steering Committee for IFAD, I will follow with interest your deliberations as the interplay between health and the advancement of rural women is very close and mutually dependent.

14. Once again, I would like to congratulate WHO for convening this workshop and for providing the necessary support and technical guidance to countries of this region. I wish you every success in your endeavours to improve the health and wellbeing of all women, men, children and families of the Western Pacific Region.