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Praise be to the Almighty for His Blessings in enabling us to gather here within an environment of peace and stability. I wish you a very good morning and to all our distinguished delegates and guests "SELAMAT DATANG", a warm welcome to Kuala Lumpur. As you can see, Malaysia represents a truly harmonious and vibrant blend of people from diverse cultural, social and ethnic backgrounds, all sharing similar hopes and aspirations and working towards Malaysia becoming a value-based knowledge and industrialised nation by the year 2020.

2. I am deeply honoured to be invited to inaugurate this conference, which addresses a topic of vital importance - that of saving women's lives, and I am happy to see so many distinguished international experts, and national delegates who share this common mission. Let me at the onset commend the organisers - the Inter Agency Group for Safe Motherhood - for your dedication and commitment in continuing the global call for the reduction of unacceptable, unnecessary and persistently high maternal mortality in developing countries where 99 percent of maternal deaths occur. I have followed your landmark initiatives from 1987 when the Safe Motherhood Initiative was launched in Nairobi, to Colombo, Washington, Tunisia and now in Kuala Lumpur. I am also grateful for the privilege you extended to me and to Malaysia to address the tenth- years anniversary of Safe Motherhood in Washington and it is good to see many familiar faces today. You have brought to the field updated scientific evidence on what works and what does not, to reduce maternal deaths. You have brought about new advocacy messages and sound arguments that making pregnancies safer is a matter of human rights and social justice; and you have bridged the exchange of experiences between developing countries of high and low maternal mortality. These are noble initiatives as I believe that by sharing the wealth of experiences, knowledge and expertise, we can help countries cut down the period taken to reduce maternal mortality and not waste anymore time reinventing the wheel.

3. Women and children in developing countries especially in Sub Saharan Africa and South Asia continue to die unnecessarily from complications of pregnancy and childbirth, and it is indeed sad that what is supposed to be one of the most joyous events of a woman's life ends up in a personal and societal tragedy. We know that most of these deaths could be prevented if women had access to good quality prenatal care, timely referral and transportation to adequately equipped health facilities for emergency obstetric care, and if they had opportunities for better education and family planning. If we recognise the right to development, to poverty alleviation and access to health care as a basic human right, why then are we still faced with gross inequalities in opportunities and access to social, economic, and scientific progress? Why do women and newborns especially from poorer and hard to reach segments of the community continue to be marginalized and deprived from the benefits of advancements in health care, technology, information and education?

4. The task ahead of us is enormous and the battle uphill as the causes that contribute to women dying in pregnancy and childbirth continue to be complex and multifactorial. Health interventions alone will not work unless we strive to make a difference to the broader socio-economic environmental factors, which cut across rural development, poverty upliftment, elimination of illiteracy, improved education and correct the gender imbalance within the family and society. We have made a commitment to achieve the globally-agreed-to goals of reducing maternal mortality in the major global UN conferences held over the last decade, notably in Cairo and Beijing. We reiterated this commitment in the year 2000 with the UN Millennium Declaration and the MDG's. Let us therefore maximise the opportunity provided by this conference to reenergize our efforts to focus on a set of targeted interventions that we know will and can work and which will address the major causes of maternal deaths.

5. I understand that in Tunisia, the focus of discussion on reducing maternal mortality was on the theme of Skilled Attendance at Delivery. From a very basic and essential strategy of training professionals in delivery skills and providing for the enabling environment, we are now in the realms of discussing a very

difficult and sensitive strategy - that of dealing with the health impact of unsafe abortions.

6. I realise that many of us, even health professionals, will shy away from addressing this topic. Yet we must face it as the pictures of women faced with unsafe abortions and their likely consequences of death or disability is indeed grim and bleak - a true happing in the real lives of unfortunate women across the developing world. The debate on abortions is probably the most heated and controversial issue in health and well being of women today. Though we have not reached a global consensus on the status of abortion, its laws, policies and services, this issue has resulted in huge political, state, religious, legal, cultural, social, professional, ethical and moral divides in and across countries and groups, and has even resulted in international sanctions for funding of health and related programmes for women.

7. We cannot pretend that this problem does not exist, although we know that most women are too ashamed to speak about it openly and countries do not have reliable data. Nevertheless, for those of us who have worked in hospitals and in the field, managing the complications of unsafe abortions is only natural, ethical and humane. We have to be realistic and pragmatic as to how best we can overcome this problem, which causes untold suffering, misery and pain to women who have to terminate an unwanted pregnancy. More so if it is performed by untrained or unskilled providers, under unsanitary conditions or if the termination is induced using crude and dangerous objects and methods.

8. Globally, WHO estimates that about 13 percent of all maternal deaths are due to complications arising from unsafe abortions. About 70,000 women die each year or 200 women die each day from complications of unsafe abortions, the majority of which are preventable. Each year, an estimated 20 million unsafe abortions are performed worldwide, 95 percent of which occur in low income or developing countries, resulting in millions more women suffering from debilitating conditions and illness. More than half of the world's unsafe abortions, about 10.5 million, take place in Asia and more than one third occur in South Central Asia with one unsafe abortion for every five live births. Today we are faced with yet another problem - the rise in numbers of adolescents giving birth each year. Slightly more than 10 percent of all births worldwide - almost 15 million - are of young mothers while more than 4.4 million abortions are performed on adolescent girls every year, with 40 percent under unsafe conditions.

9. History has shown that women anywhere, when faced with an unwanted pregnancy, will seek abortion, regardless of whether it is legal or not, and whether services are available or not. This is compounded by the fact that in many developing countries, safe abortion services are either not provided by public health systems or services are of poor quality - lacking in trained personnel and suitable equipment, which force women in desperation, to resort to unsafe abortions. This happens every minute when 100 women have an abortion, 40 percent of which are unsafe.

10. We may ask - Why do women resort to abortion? Most women who decide to terminate a pregnancy are married or live in stable unions and already have several children. Women find themselves with an unwanted pregnancy for several reasons - they do not have access to family planning services, their contraceptive methods have failed, they are exposed to sexual coercion or rape or face a variety of social and economic reasons that include poverty, too many children, unstable relationships, are unmarried or are adolescents. Adolescent girls tend to fall victim to unsafe abortion, as they are likely to hide their pregnancy and delay seeking help due to family, social, cultural and religious norms. Moreover, health services do not generally cater for contraceptive services for unmarried girls, nor for safe abortion services.

11. How then do we prevent unsafe abortions? Undoubtedly, the best way to reduce recourse to unsafe abortion is to prevent unintended or unwanted pregnancies in the first place. In this context we have to address the yet unfinished agenda on family planning as more than 350 million couples worldwide still do not have access to information on family planning and to a full range of modern contraceptives. Access to a broad range of contraceptive options and education on dangers of unsafe abortion for women and men are sound preventive measures that can be provided for and is acceptable to all countries. It also makes sense to provide for post abortion counselling and family planning and referrals for comprehensive health services for all women who have had an abortion as a means of avoiding repeated abortions. In this regard, the ICPD Programme of Action calls for health systems in all cases, to provide for women to have

access to quality services for the management of complications arising from abortion and for post abortion counselling, education and family planning services.

12. In addressing this issue, one cannot avoid entering the debate of whether abortions should be liberalised or legalised or not, and whether abortion services should be made available. ICPD and other UN agreements do not oblige governments to provide abortion services. They have clearly recognised that national laws will determine what aspects of abortion services should be provided at the national level as part of the reproductive health package.

13. In more than 131 developing countries and in almost all countries in Asia, legislation and policies on abortions allow for pregnancy termination either for broad social or economic reasons, on health grounds, or in personal circumstances in case of rape or incest.

However, it is timely that governments review their policy or legislation to remove discriminatory or criminal provisions, which include punitive, measures, against women and girls. Some countries have made major brave advances as in the case of Nepal, which liberalised its abortion law in September 2002, marking the end of abortions being a criminal offence and girls ending up in prisons.

14. Coming to home ground, I am again pleased that we have shared with you, through several conferences and fora on Safe Motherhood Malaysia's experiences in reducing maternal mortality. We have put in place an accessible comprehensive package of services for the health and well being of women, through a national strategy to promote women's health throughout their life span. This includes interventions for prevention and treatment of diseases and conditions, violence against women, elimination of barriers to utilisation of services, correction of gender inequities and enhanced male participation. This is backed by consistent, sustainable and evidence- based health policies and programmes within a favourable environment of supportive and integrated national socio-economic development plans. The cumulative and synergistic effects of education of girls, empowerment of women, micro-credit facilities and skills training for enhancement of livelihood of rural women, poverty alleviation programmes and the government's emphasis to reach out to the disadvantaged and marginalized, have all contributed to a better quality of health and improved nutrition status of women in Malaysia. The life expectancy of women has increased by 20 years since four and the half decades of independence, infant mortality rate is down to eight per 1,000 live births and maternal mortality is reduced to a low level of about 38 per 100,000 live births through a rigorous confidential enquiry system. The government has continued to show its commitment and priority to women by including "gender" in its list of removal of discrimination barriers in the Federal Constitution in the year 2000, while in the recent budget, one billion Ringgit has been allocated for micro-credit for poor women and housing subsidy given for single women.

These indirect contributions made a vast difference on the lives of women who then gain more autonomy and confidence in being able to make decisions concerning their own lives including their reproductive and sexual lives and acceptance of family planning.

15. It is our hope that when every woman gains control of her life and has information, education and services available and accessible to her, she can be in a position to prevent the need for abortions. We also believe that young people, both adolescent girls and boys need to be provided with correct information and knowledge on living skills, healthy lifestyles and reproductive health including sexuality education, to enable them to make informed and responsible decisions and choices, and avoid the need for recourse to unsafe abortions.

16. Finally, let us remind ourselves that our prime focus is on saving women's lives, and for us to be humane, sensitive and discreet in giving our best to manage the health impact of unsafe abortions. We must recognise this as a major public health problem and we need to educate families, communities, policy makers and politicians on reproductive health and impact of unsafe abortion and to reform laws and policies to better support women's reproductive health. This is admittedly a daunting task but can be done with sustained commitment and strong advocacy.

17. I wish you a very successful and fruitful conference with the fervent hope that this will result in a set of

strategic directions for the guidance of country delegations of Asia represented here. I also wish you the very best in continuing your work back home to improve health of women and to save their lives. Congratulations to the Inter Agency Group on Safe Motherhood for this Asia Initiative and I share the hope that Asia will lead the way in this endeavour.

18. With the grace and blessings of the Almighty, I have great pleasure in officiating the Safe Motherhood Conference: Saving Women's Lives: The Health Impact of Unsafe Abortions.

I thank you.