

SPEECH BY SARAH BROWN AT THE
CHARITY LUNCHEON HELD IN HONOUR OF
MADAME CARLA SARKOZY
ON THURSDAY 27TH MARCH 2008 AT
LANCASTER HOUSE, LONDON
to discuss the work of the White Ribbon Alliance
for safe motherhood and the campaign
to reduce maternal mortality

THANK YOU AND WELCOME. I'D LIKE TO THANK
KIRSTY [YOUNG] FOR YOUR THOUGHTFUL
INTRODUCTION TODAY AND TO WELCOME YOU ALL
HERE FOR THIS UNIQUE LUNCH.

I AM SO DELIGHTED THAT MADAME CARLA
SARKOZY HAS AGREED TO BE THE VERY SPECIAL
GUEST TODAY AT THIS LUNCH FOR THE WHITE
RIBBON ALLIANCE. IT IS SUCH A TREAT TO HAVE
HER HERE IN LONDON SO SOON AFTER HER
MARRIAGE TO THE PRESIDENT OF FRANCE.

AND I WOULD ALSO LIKE TO EXTEND A WARM
WELCOME TO CARLA'S MOTHER, MADAME BORINI-
TEDESCHI. WE'RE SO GLAD YOU'RE ABLE TO JOIN
US TODAY.

CARLA, I KNOW THAT EVERYONE IN THE ROOM WILL
JOIN ME IN CONGRATULATING YOU ON YOUR
MARRIAGE AND IN WELCOMING YOU TO LONDON.

WE ARE VERY PROUD OF THE GOOD RELATIONSHIP
BRITAIN HAS WITH FRANCE. AS FRANCE'S NEW
PRESIDENT WE EXPECT GREAT THINGS OF NICOLAS,
AND NOW THAT HE HAS YOU TO WORK ALONGSIDE,

I HAVE TO TELL YOU THAT OUR EXPECTATIONS ARE EVEN HIGHER.

WE LOVE YOUR STYLE, WE LOVE YOUR PASSION, WE ALSO LOVE YOUR MUSIC HERE IN BRITAIN AND I KNOW THAT YOU HAVE ONLY JUST FINISHED RECORDING A NEW ALBUM AND COMMEND YOUR COMMITMENT TO DEVOTE ALL THE PROCEEDS TO CHARITY.

I MUST START BY THANKING THE WHITE RIBBON ALLIANCE FOR HOSTING TODAY'S EVENT, AND THE VODAFONE FOUNDATION FOR KINDLY SPONSORING THE LUNCH HERE AT LANCASTER HOUSE. VODAFONE'S COMMITMENT TODAY IS AN IMPORTANT SIGNIFIER OF THE PARTNERSHIP NEEDED BETWEEN BUSINESS, THE VOLUNTARY SECTOR AND GOVERNMENT TO ADVANCE THE ISSUE WE ARE DISCUSSING TODAY.

AND THAT ISSUE, CAN BE REDUCED TO ONE SINGLE FACT.

ACROSS THE WORLD, HALF A MILLION MOTHERS' LIVES WILL BE LOST BETWEEN NOW AND THIS TIME NEXT YEAR. THAT WORKS OUT AS ONE DEATH EVERY MINUTE. RIGHT ACROSS SUB-SAHARAN AFRICA AND MUCH OF SOUTHERN ASIA, MOTHERS ARE DYING NEEDLESSLY AT A TIME WHICH SHOULD BE JOYOUS - JUST WHEN THEY ARE BRINGING NEW LIFE INTO THE WORLD. IT DOESN'T BEAR THINKING ABOUT, BUT AS WOMEN WE REALLY DO HAVE TO.

I AM TOLD THAT IN MANY PARTS OF THE WORLD IT IS TRADITIONAL FOR AN EXPECTANT MOTHER TO

SAY GOODBYE TO HER HUSBAND AND OTHER CHILDREN WHEN SHE GOES IN TO LABOUR UNDERSTANDING THAT SHE MAY NOT SEE THEM AGAIN.

IT IS CLEAR THAT WE ARE FACING A GLOBAL TRAGEDY IN MATERNAL MORTALITY. AND I DO NOT BELIEVE WE CAN BEGIN TO RESOLVE ANY OF THE PROBLEMS FACING THE DEVELOPING WORLD IF WE CANNOT FIRST SAVE THE LIVES OF THESE WOMEN.

AND WHEN WE KNOW THAT 80 PER CENT OF THESE DEATHS ARE EASILY AVOIDABLE, THERE IS NO EXCUSE FOR DELAY IN REDUCING THEM.

THE WHITE RIBBON ALLIANCE IS A GLOBAL ADVOCACY GROUP CAMPAIGNING AND WORKING ON THIS ISSUE IN 91 COUNTRIES. IT PROVIDES THAT MISSING VOICE FOR MOTHERS AND YOUNG WOMEN EVERYWHERE WHO DO NOT HAVE ACCESS TO GOOD HEALTHCARE – ESPECIALLY QUALITY MATERNAL CARE.

WORKING FROM THE GRASSROOTS UP THE WHITE RIBBON ALLIANCE FINDS MANY WAYS TO REACH AND SPEAK WITH WOMEN THROUGH THEIR LOCAL COMMUNITIES. THEIR WORK AIMS TO EMPOWER WOMEN ENABLING THEM TO KNOW THEIR RIGHTS AND ENTITLEMENTS TO DECENT HEALTH CARE (AND ITS DIRECT EFFECT IN IMPROVING NEWBORN AND CHILD HEALTH). LED BY PASSIONATE ADVOCATES, ALMOST ALL VOLUNTEERS, WHO KNOW WHAT THE PROBLEMS ARE IN THEIR OWN COUNTRIES – AND WHO KNOW HOW TO FIX THEM – THE WHITE RIBBON ALLIANCE MANAGES TO MOBILISE COMMUNITIES TO

PRESS FOR CHANGE WHILE AT THE SAME TIME WORKING WITH GOVERNMENTS TO IMPROVE POLICIES AND PUT SOLUTIONS IN PLACE.

- In India, families would watch a mother die because only a qualified doctor could intervene but thanks to the WRA campaign there, new laws now enable nurse-midwives to perform life-saving procedures;
- In Tanzania, mothers were being denied access to health workers even with government increases until the WRA helped film and monitor designated health centres to ensure funds reached the right places (and were thanked by the government minister for doing so);
- In Burkina Faso, great success has been achieved as WRA has convinced political leaders to increase the budget for maternal health;
- In Indonesia, 'Alert Villages' are being pioneered so that communities can recognise danger signs in pregnancy - and act quickly;
- In Malawi, WRA has joined forces with the emergency services, setting up a fund, so women can get to hospital at short notice - without using police cars.

BACK IN 2000 THE UNITED NATIONS ESTABLISHED THE 8 MILLENNIUM DEVELOPMENT GOALS SETTING OUT WHAT THE UK, FRANCE AND OTHER MAJOR COUNTRIES ACCEPTED AS ACHIEVABLE TARGETS.

IT IS TO THE GREAT CREDIT OF THESE COUNTRIES THAT THEY INCLUDED IN THESE GOALS THE OBJECTIVE TO REDUCE THE NUMBER OF MOTHERS DYING IN CHILDBIRTH BY THREE-QUARTERS BY 2015.

IT IS NO-ONE'S CREDIT THAT THIS IS THE ONLY MILLENNIUM DEVELOPMENT GOAL WHERE - HALFWAY TO THE DEADLINE - ABSOLUTELY NO PROGRESS HAS BEEN MADE.

A HUGE COMMITMENT MADE TO WOMEN AND SO FAR NO IMPROVEMENT.

AND IT IS NOT JUST THAT NO PROGRESS HAS BEEN MADE SINCE 2000. THE FACT IS THAT 20 YEARS AGO, THE FIGURES WERE THE SAME AS THEY ARE NOW - HALF OF ALL WOMEN WERE DELIVERING THEIR BABIES WITH NO SKILLED BIRTH ATTENDANT PRESENT, MORE THAN 500,000 WOMEN WERE DYING IN PREGNANCY OR CHILDBIRTH EVERY YEAR ACROSS THE WORLD, AND 99 PER CENT OF THEM WERE IN DEVELOPING COUNTRIES.

TWENTY YEARS ON, OVER HALF A MILLION MOTHERS STILL DIE EVERY YEAR, THE SAME NUMBER OF WOMEN IN THE UK WHO GET PREGNANT EVERY YEAR, AND THE VAST MAJORITY OF THOSE WHO DIE ARE STILL IN DEVELOPING COUNTRIES.

AND OF COURSE, AS A RESULT OF THIS TERRIBLE DEATH TOLL, HUNDREDS OF THOUSANDS OF BABIES AND OLDER CHILDREN ARE LEFT WITHOUT A MOTHER.

WITHOUT A MOTHER, GIRLS ARE TAKEN OUT OF SCHOOL TO DO A MOTHER'S WORK OR MARRIED OFF AT AN EARLY AGE.

AND I SAY AGAIN: 80 PER CENT OF THESE DEATHS – OVER 400,000 WOMEN – ARE STILL COMPLETELY AVOIDABLE.

DEATHS FROM PRE-ECLAMPSIA, WHERE 3 CENTS WORTH OF MAGNESIUM SULPHATE WOULD SOLVE THE RISING BLOOD PRESSURE PROBLEM;

DEATHS FROM INFECTIONS, WHICH ARE OFTEN AVOIDABLE AND EASILY TREATABLE;

DEATHS FROM HAEMORRAGING, WHICH KILLS ANAEMIC UNDERNOURISHED WOMEN VERY FAST.

MANY OF THE COMPLICATIONS THAT END IN SUCH TRAGEDY CAN BE TREATED WITH BASIC OBSTETRIC SKILLS. EVEN WHERE A WOMAN CAN AFFORD – OR HAVE ACCESS TO – A CAESAREAN SECTION, THERE MAY NOT BE THE SUTURES REQUIRED TO SEW HER UP AGAIN. OFTEN EVEN SIMPLE PAINKILLERS – LET ALONE ANAESTHETICS – ARE MISSING.

MILLIONS MORE WOMEN HAVE CONTINUING HEALTH DIFFICULTIES FOLLOWING OBSTETRIC COMPLICATIONS, MAKING LIFE AFTER CHILDBIRTH DIFFICULT AND PAINFUL; MANY ARE THROWN OUT OF THEIR OWN COMMUNITIES WHEN THEY DEVELOP FISTULAS – AN EASILY CORRECTABLE SMALL OPERATION SOLVES THIS.

THE EXPLANATION FOR THESE DEATHS AND HEALTH PROBLEMS – IS SIMPLE AND TERRIBLE – WHEN A MOTHER FACES A PROBLEM, THERE IS NO TRAINED HEALTH WORKER ON HAND TO HELP THEM.

IN THE UK WE HAVE A HEALTH WORKER FOR EVERY 40 PEOPLE. IN SIERRA LEONE, IT IS ONE HEALTH WORKER PER 2,800 PEOPLE (AND ONLY 1 NURSE PER 8,600 PEOPLE).

HIGH RATES OF MATERNAL MORTALITY ARE THE SINGLE MOST ACCURATE BAROMETER OF HOW POOR A HEALTH CARE SYSTEM IS IN A COUNTRY.

IT IS CLEARLY TIME TO MOVE THE WORLD TO IMPROVE HEALTHCARE FOR THE POOREST COUNTRIES – SO OFTEN UNCOORDINATED, OVERSTRETCHED AND UNDER-RESOURCED.

HEALTH WORKERS SHOULD BE THERE TO SEE A WOMAN THROUGH PREGNANCY, SEE HER NEWBORN IN TO THE WORLD, AND SEE HER CHILD SUCCESSFULLY THROUGH THE EARLY STAGES OF LIFE.

THIS IS NO LONGER AN ISSUE OF KNOWLEDGE – WE KNOW HOW TO SAVE THESE LIVES – BUT AN ISSUE OF ADVOCACY AND POLITICAL WILL.

AT ITS MOST BASIC, WE NEED TO GET MORE SKILLED BIRTH ATTENDANTS OUT THERE IN EVERY COMMUNITY IN EVERY COUNTRY THAT NEEDS THEM.

THERE ARE NOT ENOUGH TRAINED HEALTH WORKERS TO DELIVER BASIC SERVICES – WE HAVE A GLOBAL SHORTAGE OF 4 MILLION AND WHERE THERE IS CONFLICT, ESSENTIAL HEALTH SERVICES OFTEN DISAPPEAR ENTIRELY.

I SAT RECENTLY WITH THE DIRECTOR OF 'MAKING PREGNANCY SAFER' FROM THE WORLD HEALTH ORGANISATION AND ASKED HIM WHAT HE BELIEVED WOULD MAKE THE DIFFERENCE. HE REPLIED AS YOU WOULD EXPECT SOMEONE IN THAT POSITION TO REPLY - WITH A MOUNTAIN OF DATA. BUT I AM GLAD HE DID.

HE SHOWED ME IN COUNTRY PROFILE AFTER COUNTRY PROFILE THAT WHERE THE RATE OF MATERNAL MORTALITY HAD DROPPED (...IN SRI LANKA, IN MALAYSIA, IN THAILAND, IN BANGLADESH) THE COMMON DENOMINATOR WAS SKILLED BIRTH ATTENDENTS. NO HEALTH WORKERS - NO PROGRESS - IT IS THAT SIMPLE.

SUPPLY CHAINS FOR ESSENTIAL DRUGS, INCLUDING THOSE DEALING WITH MATERNAL HEALTH, ARE ALSO AN ESSENTIAL PART OF THE HEALTH INFRASTRUCTURE.

IN OCTOBER LAST YEAR THE UK DEPARTMENT FOR INTERNATIONAL DEVELOPMENT ANNOUNCED AN ALLOCATION OF £100M TO THE UN POPULATION FUND. £50M OF THIS WILL BE USED TO IMPROVE THE SUPPLY CHAIN SO THAT MEDICINES REACH LOCAL SHOPS AND DISPENSARIES TO INCREASE ACCESS.

WOMEN'S EMPOWERMENT IS ALSO AN ISSUE - ONE WHERE WE CAN ALL ADD OUR VOICE TO HELP OTHER WOMEN HAVE THEIRS HEARD.

I VISITED INDIA EARLIER THIS YEAR AND MET WITH MEMBERS OF THE WHITE RIBBON ALLIANCE TEAM

THERE - DR APARAJITA GOGOI REMINDED ME THAT WHILE THEY HAVE ACHIEVED SO MUCH, THEY STILL NEED TO WIN HEARTS AND CHANGE MINDS. SHE TOLD ME OF THE BARELY COMPREHENSIBLE BUT SADLY COMMON SITUATION IN REMOTE AND DEPRIVED AREAS WHERE A WIFE IS TAKEN ILL, BUT HER HUSBAND DOESN'T TAKE HER TO A HEALTH CENTRE BECAUSE THE COST OF TRAVEL AND TREATMENT IS MORE EXPENSIVE THAN SIMPLY LETTING HER DIE AND GETTING A NEW WIFE. AND THAT IS NOT BECAUSE THE HUSBAND IS HEARTLESS AND THINKS HIS WIFE DISPENSABLE BUT BECAUSE OF HIS DESPARATE NEED TO PROTECT HIS SURVIVING CHILDREN FROM DEBT.

YOU CAN SEE THE DIFFERENCE IN SOUTHERN INDIA - COMPARED TO THE NORTH - WHERE WOMEN ARE EMPOWERED WITHIN THEIR COMMUNITIES AND UNSURPRISINGLY YOU SEE A CORRESPONDING DROP IN MATERNAL MORTALITY. MANY CHANGES ARE AFOOT FROM BETTER SURVIVAL RATES FOR INFANTS TO GIRLS STAYING IN SCHOOL LONGER AND POSTPONING THEIR START OF A NEW FAMILY. PUTTING WOMEN'S RIGHTS AND IN PARTICULAR THE RIGHTS OF GIRLS TO STAY ON IN SCHOOL IS KEY. YOU CAN SEE THE DIFFERENCE IN AFRICA WHERE WOMEN ARE DEMANDING A GREATER SAY AND A GREATER INVOLVEMENT WITH POLITICAL ACTION AND INVESTMENT EXPENDITURE.

RECENTLY, WE HAVE DONE A LOT OF TALKING ABOUT THIS ISSUE.

IN OCTOBER LAST YEAR, WE SAW THE WOMEN DELIVERS CONFERENCE IN LONDON - AND A WHITE

RIBBON ALLIANCE GATHERING AT DOWNING STREET - WITH LEADING EXPERTS IN THIS AREA SEEKING TO RE-IGNITE ACTION ON THESE ISSUES.

ON INTERNATIONAL WOMEN'S DAY RECENTLY, WE GATHERED AT DOWNING STREET A GROUP OF SOME 40 WOMEN BUSINESS EXECUTIVES FROM AROUND THE WORLD, TO DISCUSS JUST WHAT PART THEY COULD PLAY IN IMPROVING THE LIVES OF WOMEN. MATERNAL MORTALITY WAS RIGHT AT THE TOP OF THEIR AGENDA.

AND TODAY, WE GATHER TOGETHER TO TALK AGAIN OF THE NEED FOR ACTION.

BUT LOOKING AROUND THIS ROOM TODAY, I SEE AN OPPORTUNITY TO TRANSLATE THE TALK INTO ACTION, INTO SAVING HUNDREDS OF THOUSANDS OF MOTHERS, AND PREVENT A NEW GENERATION OF ORPHANS.

WHICH IS WHY I AM PARTICULARLY GRATEFUL TO YOU ALL FOR TAKING THE TIME TODAY TO COME FOR LUNCH, NOT JUST TO PROVE TO CARLA SARKOZY JUST HOW INTERESTED WE ARE AS WOMEN, IN HER AND HER NEW ROLE, BUT ALSO FOR ADDING YOUR VOICES TO THIS CALL FOR ACTION.

WITH YOUR DIVERSE RANGE OF BUSINESS, CHARITY, POLITICAL AND - ARGUABLY ESPECIALLY - MEDIA BACKGROUNDS YOU FORM A VERY POWERFUL GROUP. YOUR ACTIONS CAN ADD SIGNIFICANTLY TO THE GROWING MOMENTUM THAT EXISTS.

BY MAKING AN INDIVIDUAL COMMITMENT TO WALK OUT OF HERE AND DO ONE THING TO RAISE THE ISSUE, YOU COULD BE THE MOST EFFECTIVE ADVOCATES FOR AN ISSUE THAT IS TOO OFTEN KEPT SHAMEFULLY SILENT. THAT SILENCE IS AN INJUSTICE THAT WE IN THIS ROOM CAN MAKE RIGHT BY SPEAKING OUT.

YOUR SUPPORT IS NEEDED TO RAISE THIS ISSUE HOWEVER BEST YOU CAN - WHETHER PUBLIC SPEAKING, WRITING LETTERS OR ARTICLES, DOING YOUR BIT TO PERSUADE OPINION-FORMERS AND DECISION-MAKERS, OR HOSTING AN EVENT TO SPREAD THE WORD.

AHEAD OF US ARE A SERIES OF EVENTS WHICH CAN BE THE CATALYST FOR ACTION:

- THE IMF/WORLD BANK SPRING MEETINGS IN WASHINGTON WHICH WILL REVIEW PROGRESS ON THE MILLENNIUM GOALS;
- THE 'COUNTDOWN TO 2015' MEETING FOR MATERNAL, NEWBORN AND CHILD SURVIVAL IN APRIL IN CAPE TOWN;
- THE MEETING OF THE WORLD ECONOMIC FORUM ALSO TO BE HELD IN SOUTH AFRICA IN JUNE;
- THE MEETING OF THE G8 RICHEST NATIONS IN JAPAN, WHERE MY HUSBAND AND CARLA'S WILL BE IN ATTENDANCE;
- AND CRUCIALLY THE UN SUMMIT IN NEW YORK IN SEPTEMBER, WHERE THE RICHEST NATIONS

LEADERS MUST DECIDE EXACTLY HOW THE OUTSTANDING MILLENNIUM DEVELOPMENT GOALS WILL BE MET.

AND YOU CAN ALSO MAKE A DIFFERENCE BY SUPPORTING THE WHITE RIBBON ALLIANCE'S WORK IN ANY OF THE 91 COUNTRIES IN WHICH THEY OPERATE - HELPING THEM KEEP WOMEN INFORMED OF THEIR RIGHTS AND SUPPORT THEIR EMPOWERMENT, LOBBYING LOCAL GOVERNMENT AND ENSURING THAT THE HEALTH WORKERS, EQUIPMENT AND MEDICINES WHICH HAVE BEEN PROMISED HAVE BEEN DELIVERED.

BY WORKING TOGETHER TO MAKE REAL CHANGE HAPPEN WE CAN LEAVE HERE TODAY AND DO SOMETHING VERY IMPORTANT.

TOGETHER WE CAN MAKE SURE THAT MATERNAL MORTALITY DOESN'T REMAIN THE FORGOTTEN MILLENNIUM DEVELOPMENT GOAL - BUT THE GOAL WHICH CAN BEST GUARANTEE ALL OTHERS: THE MOST FUNDAMENTAL MEASURE OF HEALTHCARE IN THE DEVELOPING WORLD AND PERHAPS THE SINGLE GREATEST GIFT WE CAN GIVE THE NEXT GENERATION.

THANK YOU.

*1 in 6 in Sierra Leone 1 in 8 Afghanistan

* *Note: Some progress has been made in reducing maternal deaths, although not in the countries where giving birth is most risky. In some parts of Africa (e.g.

Malawi and Zimbabwe) maternal deaths are increasing.

*** 10 January 2008 – With nearly 60 countries, mostly in Africa, facing crippling health care shortages, and the global deficit of workers in the sector put at 4 million, the United Nations is pushing ahead with a so-called task shifting programme to quickly train primary care personnel (UN WEBSITE) www.un.org/apps/news/story.asp?NewsID=25256&Cr=AIDS&Cr1=health