

Sarah Brown
Address to the ICM 28th Congress
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Thank you for inviting me here today. I would like to start by thanking Dame Karlene Davis for her leadership of the RCM and the ICM culminating in this great gathering here in Glasgow. Here in Britain, in Scotland we are delighted to welcome you all here.

As a mother I have experienced first hand the benefits of good maternity care at the hands of Britain's National Health Service and want to pay tribute to the work of midwives in this country.

I have also seen the marvellous dedication of midwives in other countries throughout the world - many of which are represented by the international group in front of me today. I commend each and every one of you today for the work you do to provide care for mothers and their newborns, sometimes in the most difficult of conditions.

I know that there are those of you at this congress who practise midwifery in communities where maternal and infant mortality rates are stubbornly high. When a mother reaches your skilled care she has a good chance of delivering her baby safely into the world. The tragedy is that half of all women deliver their babies with no skilled birth attendant present. When that happens, her chances are not so good.

That is what I want to talk to you about today.

The fact is that while there are new technologies most are only available to some mothers in some parts of the world. The truth is that the most important presence at a birth is you. Low cost new technologies for medicines – like the 40 cent inject (for administering oxytocin) to stop post partum haemorrhage - is the future. And the presence of a skilled birth attendant.

I have visited countries where remarkable change is taking place; where millennium development goals could be achieved; and where investment in maternity care is producing better outcomes than ever imagined.

I see inspiring stories every day through my work as patron of the White Ribbon Alliance which you heard about yesterday from Aparajita Gogoi. As she explained, the White Ribbon Alliance is a global advocacy group campaigning and working on safe motherhood in 91 countries. Working from the grassroots up the alliance finds ways to reach women living in communities where they are vulnerable in pregnancy and childbirth. Led by passionate advocates, like Aparajita and like ICM director dr. Judi Brown (who is also WRA's chair of the board), who know what the problems are in their own countries – and elsewhere in the world – 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 from India to Tanzania to Burkina Faso.

And government leaders are listening:

President John Kafuor has last month announced access to free maternal health for all women in Ghana.

President Jakaya Kikwete has made maternal and infant health a priority in Tanzania and is widening access to health care in the most rural areas.

Even the United States has passed a resolution in congress (led by representative Lois Capps) just a few short weeks ago calling on congress to reduce maternal mortality at home and abroad.

And the new government of Australia is already championing the issue in Pacific Rim countries.

My husband is working closely with leaders like PM Jens Stoltenberg of Norway and president Kikwete of Tanzania – these two men are steering a global leader's network at their own instigation – so it seems that men are at long last taking action.

But there are many other countries where things are not getting better. It remains the case to today that lifetime risk of dying in pregnancy and childbirth is 1 in 6 in countries like Sierra Leone and Afghanistan. And we can only imagine what maternity services are like in Zimbabwe and Democratic Republic of Congo.

(As you know) back in 2000 the United Nations established the 8 millennium development goals. Millennium development goal 5 set out to reduce the number of mothers dying in childbirth by three-quarters by 2015. This is the only millennium development goal on which very little progress has been made.

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.

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. And for every woman that dies, thirty more are living with debilitating injuries sustained during pregnancy and childbirth.

Right across sub-Saharan Africa and much of southern Asia, mothers are suffering and dying needlessly at a time which should be joyous - just when they are bringing new life into the world.

Many of you have day-to-day experience of providing care for women who have suffered terribly in childbirth – some of whom may not have survived. I

know that every one of the half million midwives in the international confederation of midwives and its members are committed to safe motherhood. You each practise that commitment everyday in your individual daily work, your confederation's work to strengthen midwifery associations around the world and your professional associations' project work to help increase women's access to maternal health care. I was delighted to hear that ICM members are winning awards in recognition of their contributions to training health workers in their countries.

This work is vitally important and I encourage you wholeheartedly to continue it. Not only because every mother's life is precious but because 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 the women.

I also believe that to have a chance of achieving all the Millennium Development Goals we must solve the one at the heart, to reduce maternal mortality. By saving the lives of mothers we will also give the surviving older and newborn children the best chances. It is these mothers who, if they survive, will feed their children, ensure they receive an education, and take them for their vaccinations.

It is clear that we are still facing a global tragedy in maternal mortality. And when we know that 80 per cent of these deaths are preventable and avoidable, there is no excuse for delay in reducing them.

As you all know well, we do not need to invent a cure for maternal mortality. It is clear what needs to be done. Where women are able to access skilled health workers and functioning health systems, maternal mortality rates are low. But worldwide, there are not enough trained health workers to deliver basic services – we have a global shortage of 4 million - and so maternal mortality rates remain high.

I have said this before on many occasions, but say this again to you now: this is no longer an issue of knowledge – we know how to save these lives – it is now an issue of advocacy and political will.

There is a tremendous political opportunity to make progress this year as the world prepares for the EU millennium development goal review in June, Japan's G8 in July - for which global health is a key agenda item - and the special millennium development goal call to action summit at the UN this September. We must make sure we use this very specific opportunity to secure a breakthrough for women and mothers across the developing world.

That is why I am backing the maternal mortality campaign. The maternal mortality campaign is being convened by the White Ribbon Alliance and brings together NGOs, governments, the private sector and clinicians. I am especially pleased that the International Confederation of Midwives has agreed to join the campaign along with the Royal College of Midwives.

Together we are taking a powerful call to action to world leaders this summer calling on them to ensure that every country has sufficient funding for health workers; to ensure that sufficient skills in maternal and child health exist amongst all new health workers; and to ensure the infrastructure, transport and pharmaceutical needs are met, even in remote and rural areas.

I also hope that, in place of some of the inadequate measures currently used, maternal mortality can be made a key indicator as the best measure of the success of a working healthcare system.

The campaign objectives are straightforward – specifically we are asking leaders

- To promise an additional 10 billion dollars annually for maternal, newborn and child health
- To promise to increase the number of trained health workers by 4 million
- To acknowledge that maternal mortality is one of the best indicators for judging the success of a health system

We each have a part to play in making the maternal mortality campaign a success.

I have personally committed to do all I can to see that governments commit specific contributions to make the goal of reducing maternal mortality by 75% a reality by 2015. And I urge all of you to join me. As midwives you are on the front line of providing maternal care. You are the voice of skill and experience and you have a particularly powerful voice in calling for change.

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. As individuals you raise this issue however best you can – whether public speaking, writing letters to politicians, doing your bit to persuade opinion-formers and decision-makers, or hosting an event to spread the word. You can take action right here at conference. The BJM and the RCM stands have an open letter from midwives to G8 leaders calling on them to prioritise investment in maternal health.

Please stop by their stands and you can sign the letter right there and then. And pick up their flyer with further information on what you can do next.

As a Confederation of Midwife Associations you are a powerful group which EU, G8 and UN leaders can't fail to hear. You are part of the solution and must not only be a part of the immediate call for action on maternal mortality but be a leader in the long term follow up and implementation of the political promises that are agreed.

You have an ongoing part to play in training skilled birth attendants and ensuring that midwives have a voice in reshaping health systems to provide for women and their children. This is where the work of professionals is paramount and i am delighted that the ICM and its members stand ready to lead.

Your influence combined with your individual enthusiasm and institutional commitment will add to the significant momentum that exists.

We share the same agenda. We want the mothers of the world to be safe and healthy during their pregnancy, birth and after. We want more trained workers to provide local ante natal support pregnancy advice and postpartum care. And then, we want women to give birth safely without fear of injury or death.

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.

Let us agree that this is no longer acceptable and that we will do everything in our power to see that it stops.

The greatest gift we can give the next generation is that they can grow up with their mothers.

The time has come for us all to play our part.

Thank you