

**Reproductive Health:
Essential, Possible, Urgent**

**Irvin M. Cushner Lectureship
September 18, 2008
Washington , DC**

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*The Lancet***



Faculty disclosure

- Dr. Horton has no financial affiliations to disclose

Note: Additional disclosure information is located within the program

The Argument

1. Reproductive health is alive and (not so) well
2. What are the issues?
3. What are the connections: MDGs 4, 5, and 6?
4. Which priorities?
5. Where is the leadership?

REPRODUCTIVE HEALTH
is the
CRITICAL FOUNDATION
for
GLOBAL HEALTH
and
SOCIAL JUSTICE

In your opinion is it desirable that women should be admitted by examination as Members of the College ?

Fellows voting No	...	...	...	375
Members voting No	...	...	...	4658-4933
Fellows voting Yes	...	...	...	663
Members voting Yes	...	...	...	3885-4518
Majority against				415

In reply to the Question B :---

In your opinion is it desirable that women after admission to the Membership should be admitted by examination as Fellows of the College?

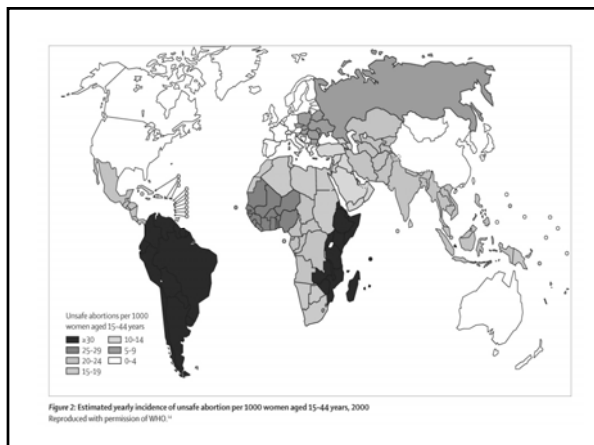
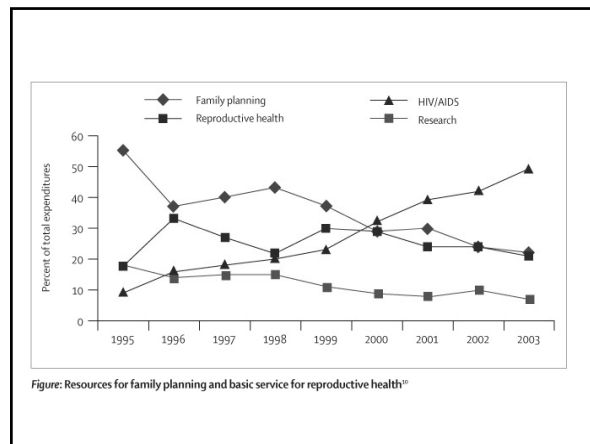
Fellows voting No	...	...	...	500
Members voting No	...	...	...	4739-5239
Fellows voting Yes	...	...	...	534
Members voting Yes	...	...	...	3923-4057
Majority against				1182

Subject: Letter to PM, maternal health and MDG 5
Attachments: Letter to PM Maternal health and MDG 5 FINAL DOC

Dear Colleague

I am writing to urge you to sign the attached letter to Gordon Brown, written by the Maternal Health Working Group of the UK Sexual and Reproductive Health and Rights Network.

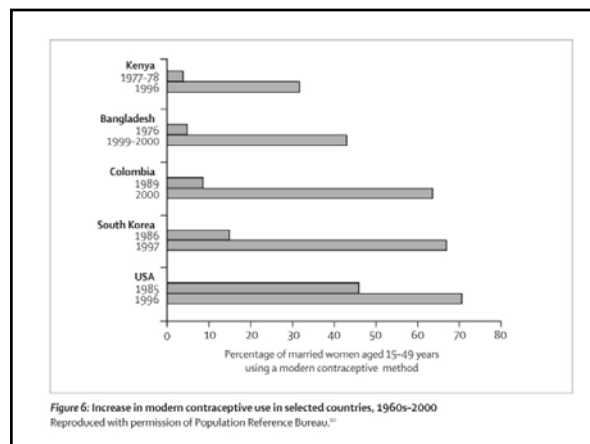
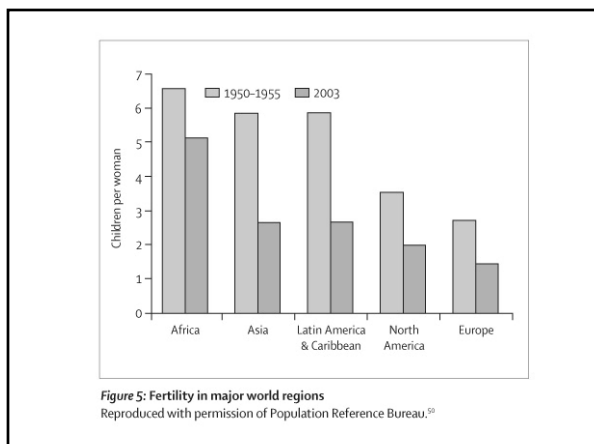
The office of Number 10 is leading on the upcoming High Level Event on the MDGs in New York on September 25th, and this letter is aimed at encouraging them to ensure sufficient focus is placed on MDG 5 and in particular the new target to achieve universal access to reproductive health by 2015. With so little progress in maternal health to date there is an urgent need for the UK to show financial and political leadership and ensure commitments are met.

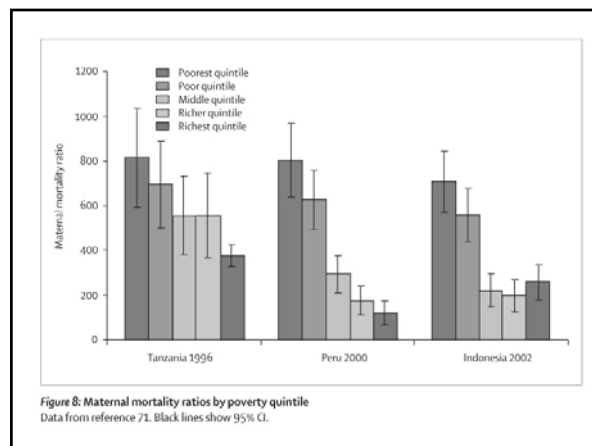
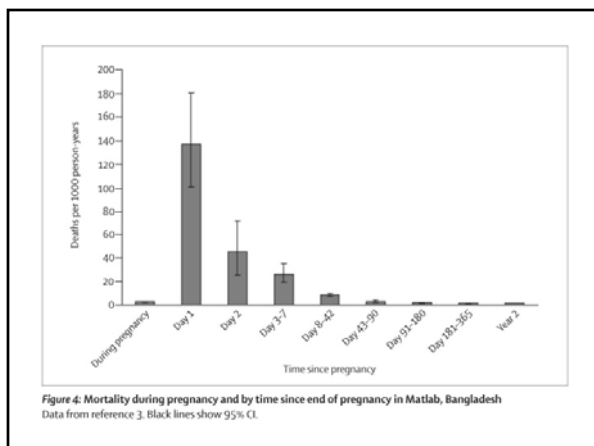
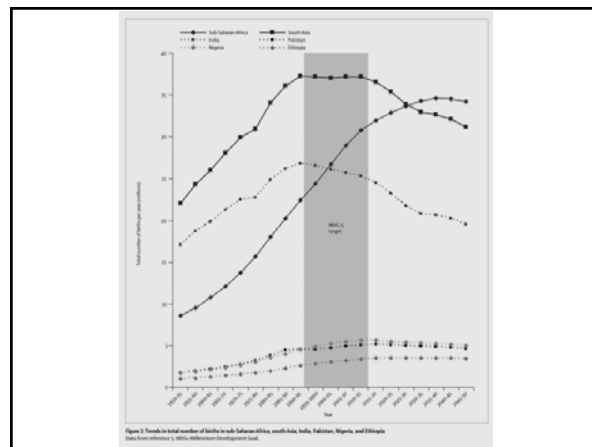
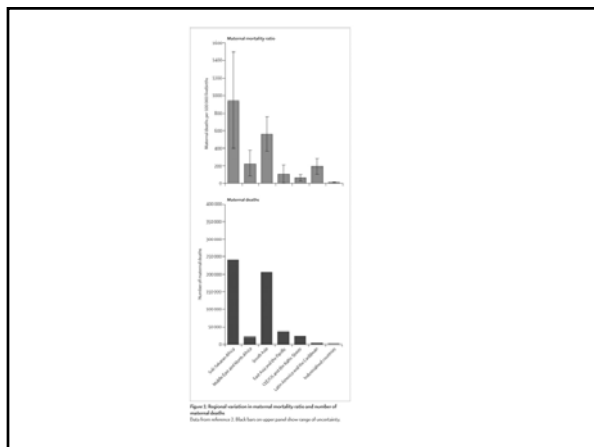
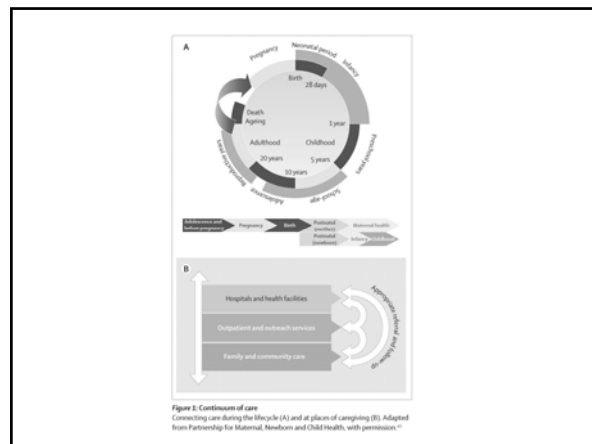
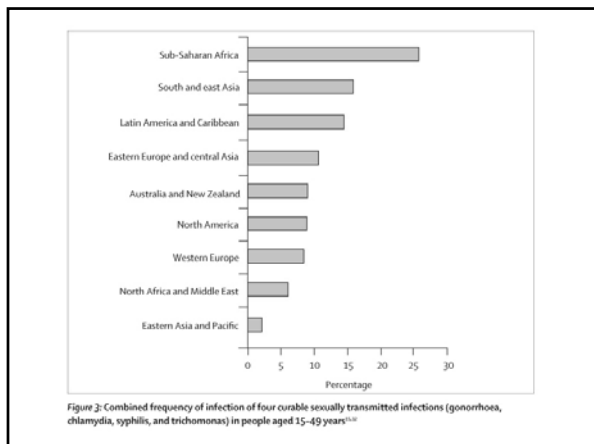


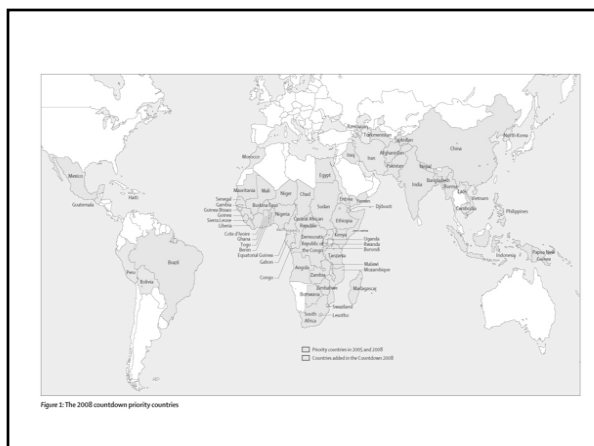
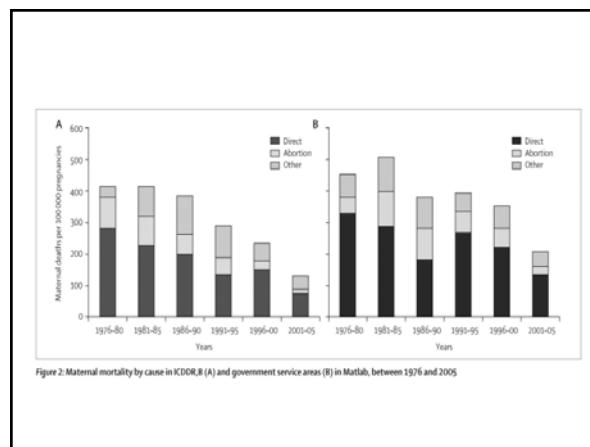
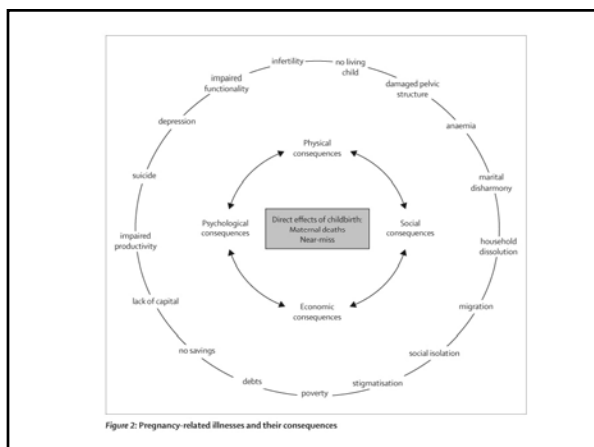
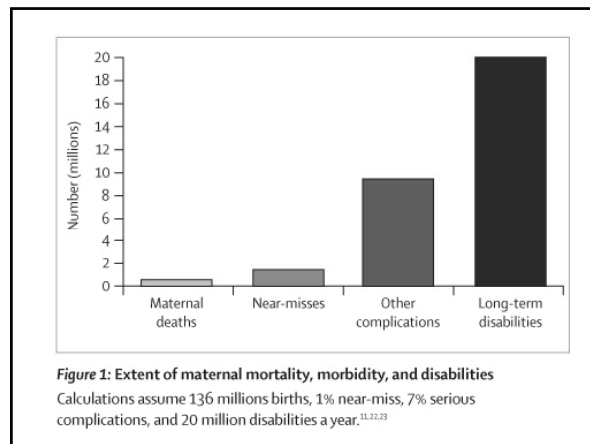
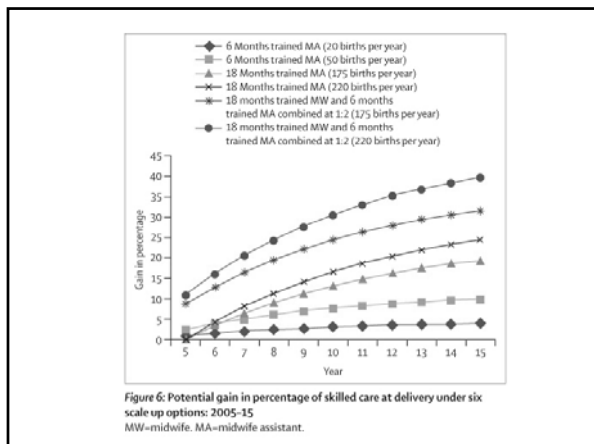
	Number of abortions (millions)		Abortion rate*	
	1995	2003	1995	2003
World	45.6	41.6	35	29
Developed countries	10.0	6.6	39	26
Excluding eastern Europe	3.8	3.5	20	19
Developing countries	35.5	35.0	34	29
Excluding China	24.9	26.4	33	30
Estimates by region				
Africa	5.0	5.6	33	29
Asia	26.8	25.9	33	29
Europe	7.7	4.3	48	28
Latin America and the Caribbean	4.2	4.1	37	31
Northern America	1.5	1.5	22	21
Oceania	0.1	0.1	21	17

*Abortions per 1000 women aged 15-44 years.

Table 1: Global and regional estimated numbers of induced abortion and abortion rates, 2003 and 1995

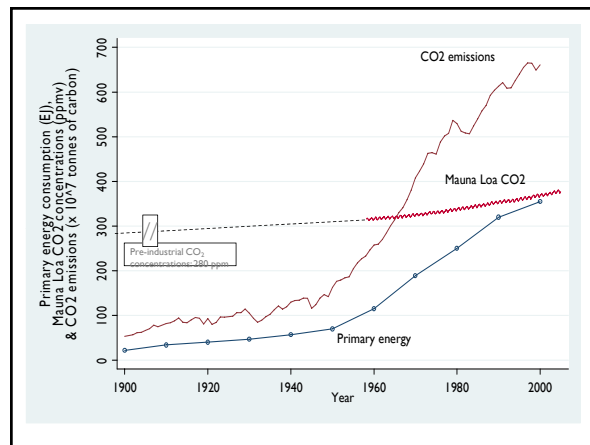
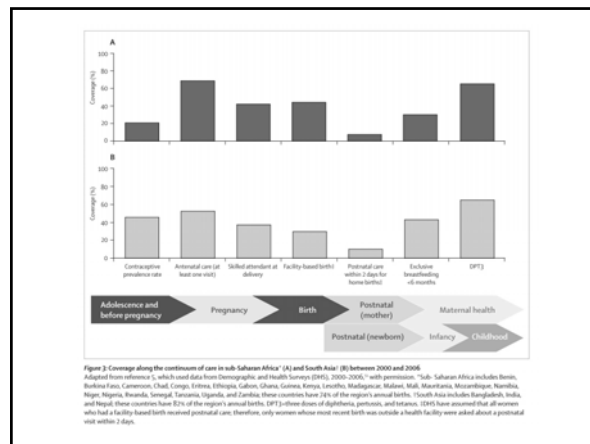
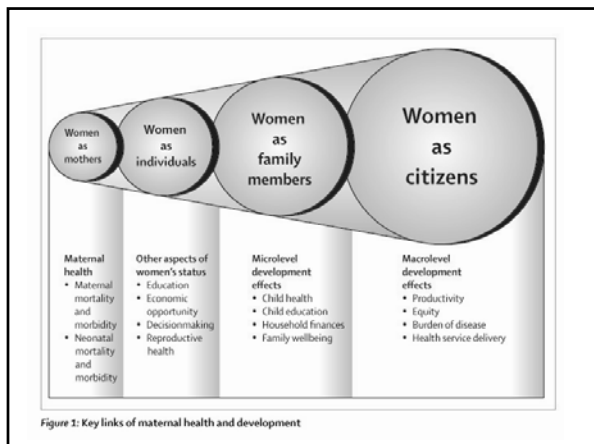






Rank	Mortality in children younger than 5 years (1990)	Mortality in children younger than 5 years (2006)	Change (1990-2006)	
Ten with most progress				
Peru	1	78	25	68%
Brazil	2	57	20	65%
Indonesia	3	91	34	63%
Egypt	4	91	35	62%
Nepal	5	142	59	58%
Morocco	6	89	37	58%
Laos	7	163	75	54%
Bangladesh	8	149	69	54%
Bolivia	9	125	61	55%
Guatemala	10	82	41	50%
Ten with least progress				
Chad	59	201	209	-4%
Cameroon	60	139	149	-7%
South Africa	61	60	69	-15%
Equatorial Guinea	62	170	206	-21%
Congo	63	103	126	-22%
Kenya	64	97	121	-25%
Lesotho	65	101	132	-31%
Zimbabwe	66	76	105	-38%
Swaziland	67	110	154	-49%
Botswana	68	58	124	-114%

Data are rank or deaths per 100,000 livebirths, unless otherwise specified. MDG=millennium development goal.
Table 3: Ten best and ten worst performing countries on progress towards MDG 4 since 1990



How to succeed!

- Actor power
- Ideas
- Political context
- The issue itself

Lancet 2007; 370: 1370-79



