

**CLOSING REMARKS FOR FRANCISCO T. DUQUE III, MD, Msc., for the ANNUAL CONVENTION AND 59<sup>TH</sup> ANNIVERSARY CELEBRATION OF THE PHILIPPINE OBSTETRICS AND GYNECOLOGY SOCIETY**

*November 11, 2005 (6:30 PM)*

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*Theme: Meeting Reproductive Health Challenges*

**Greetings (VIPs)**

Distinguished guests, my colleagues from the medical profession, and everyone present here tonight dedicated to giving the best of care to our women and their children...a very pleasant evening to all of you.

I feel very honored to speak before you on this important occasion as you end this 4-day conference on "Meeting Reproductive Health Challenges." Allow me to congratulate the officers and members of the Philippine Obstetrics and Gynecology Society as you celebrate nearly six decades of contributing to the welfare of our women as mothers...as wives...as carers of children and society at large. This gives evidence of how you have bravely confronted challenges as an institution and as valued providers of health care in your own clinics and esteemed practices.

You have covered many topics during this important meeting and I hope that the insights you have gained will resonate for years to come as together, we cope with the emerging issues that critically affect our women's health.

The landscape of Filipino women's lives has changed rapidly over the past decades. The circumstances in which she and her family live at present are quite different than when POGS saw its beginnings in the 1940's. Today, she is better educated...she is more aware of her gender and reproductive rights --- a result of her vast exposure to mass media....she has greater participation in deciding the political and economic fate of her country...and her role now traverses her inherent childbearing goals.

Despite the overall change in many aspects of Filipino women's lives, however, inequities remain in their capability, especially the poor, to shape their best quality of life including that of their own families and children.

As we address old and emerging issues on reproductive health and rights, allow me to focus on an urgent matter that is a result of this inequity...because it is in fact the greatest challenge we ought to face if we truly want an honest discussion on reproductive health --- stopping maternal deaths!

The fact is high maternal mortality still ravages many women in the country, many of them dying unnecessarily from childbirth, complications of pregnancy, and unsafe abortion. In 1998, we registered a maternal mortality rate of 172 per 100,000 livebirths...one of the highest in the Western Pacific Region. The MDG 5 calls for a

three-fourths reduction from 1990 levels by 2015 which means we have to drastically bring down our numbers down to 52 in a matter of only 10 years! In 2004, we were still off target and way behind our goal of beating the deadline.

Let me give these numbers their human faces: they are the mothers you encounter everyday in your practice who may have delayed seeking prenatal care because they felt threatened by high health care costs. She is the woman dying from prolonged and obstructed labor, unable to be saved by the only accessible 'hilot' in the community. She is the adolescent girl who presents late at the ER bleeding profusely from an unsafe abortion, more fearful of being scolded by doctors and nurses than losing her own life. There is of course the familiar story of the mother in the midst of labor who has to walk through kilometers of unpaved road to get to the nearest birthing center ...finally she reaches the facility only to find it ill-equipped and ill-staffed...later she gets shuttled in between 3-4 centers after her baby has been delivered in a grubby vehicle.

The stories go on and the numbers of maternal deaths pile up. The numbers tell we are up against seemingly unbeatable odds but in reality, we already have the means to win this numbers game. Both preventive and treatment interventions exist which can significantly reduce maternal mortality rate. We have family planning, prenatal care and maternal micronutrient supplementation as preventive means to give our mothers and infants the best chance at life. We have the capability to provide essential obstetric and post-abortion care to manage pregnancy complications and emergencies. What else are we overlooking? What are the gaps left unheeded and unfilled?

The more valid question to raise at this point is whether these interventions are reaching those who need them the most. In our country, the poor are the ones overburdened by high maternal deaths. They are also the ones who have severely limited access to essential reproductive health services. We therefore need to target interventions towards their needs if we truly want progress in reducing high maternal mortality.

In 2003, the health sector led by DOH and Philhealth envisioned to reach as many of our poor women and their families by expanding the maternal benefit packages and reimbursing even the costs of normal spontaneous deliveries. Today there are nearly 1,600 health facilities nationwide (86 of them are maternal clinics) ready to break down the financial barriers that impede women's access to affordable and high-quality health care.

There are still a host of other factors that aggravate inequities in the care of our women and it is our vision to overcome these obstacles one by one. Let me take this rare opportunity to enjoin you in this formidable task. You have the distinct frontline experience of caring for our mothers and children and therefore the power to reverse this tide of high maternal deaths.

Let us bravely take on the challenge of stopping maternal deaths. Let us together realize equal rights and equal chances for better reproductive health and quality of life for all of our women.

Thank you and good evening.