

**Welcoming Remarks**  
**by**  
**H.E. First Lady of the Republic of Rwanda**  
**at**  
**FIGO Africa Regional Kigali Congress 2020**  
**(Virtual Event with a Hub in Kigali)**

**Sunday, 13 December 2020**

- **Dr. Tedros Adhanom Ghebreyesus, Director General of WHO**
- **Dr. Hani Fawzi, FIGO Director of Projects**
- **Mme Diene Keita, UNFPA Deputy Executive Director for Programmes**
- **Dr. Daniel Ngamije, Rwanda Minister of Health**
- **Dr. Senait Fisseha, Director of Global Programs at the Susan Thompson Buffet Foundation**
- **Dr. Anne Kihara, President of the African Federation of Obstetricians and Gynaecologists**
- **Dr. Eugene Ngoga, President of the Rwanda Society of Obstetricians and Gynaecologists**

**Ladies and Gentlemen,**

**Murakaza neza mu Rwanda**

**Welcome to Rwanda**

**Bienvenues au Rwanda**

**Bienvenidos a Ruanda**

We are delighted to host you all in Rwanda, for this important 2020 regional FIGO Congress.

Let me first begin by thanking the co-organizers of this Congress: the African Federation of Obstetricians and Gynaecologists and the Rwanda Society of Obstetricians and Gynaecologists, for choosing Kigali as the venue for this event.

Thanks to technology available to us, not only are we able to meet and welcome many of you here in Kigali, but we are also meeting *in vivo* with some 900 health professionals, advocates, decision-makers and specialists in the field of women's health.

I must admit that I somehow feel out of my depths addressing such an assembly of specialised medical professionals, but I am reassured by the saying that anyone who has been a parent, is a *de facto* Medic!

### **Distinguished Participants,**

For the next few days, regional and global leaders will unite to exchange knowledge, build alliances and propose solutions to the challenges in women's health and rights. Important discussions will take place to help shape national, regional and global policy, and ultimately, ensure the physical, mental, reproductive and sexual health and well-being of women throughout the world.

What an amazing opportunity for us all to shape the future of women's health!

Deliveries attended by a skilled health care provider have steadily increased over the last decade, with currently 91% of women giving birth in a health facility, and the same percentage assisted by a skilled provider. This is a substantial improvement from 2010, when only 69% of women were assisted by a skilled health care provider during birth.

Undoubtedly, encouraging women to give birth in health facilities, where there are skilled birth attendants, is essential and has helped reduced global newborn and maternal mortality rates for decades. But there is room for improvement on the quality of care provided in these facilities. Which leads me to raise an important aspect that should not be overlooked.

In your quest to provide the best possible and secure environment for a woman to give life, is she and her baby always being offered with the best possible physical and emotional environment? Is she allowed to have the companion of her choice by her side? Is she being provided with adequate information about pain relief?

Let's go beyond data and statistics for a moment.

Improvements in ensuring the best quality of care for a mother to deliver, should also prioritise **humanising** maternity care and the expansion of birth options which, at the same time, prioritise midwifery-led care for women of all risk. Birthing women, who feel they have no control, or are not involved with decision-making, tend to have a less positive experience of childbirth, and are more likely to experience anxiety.

A woman would experience varying degrees of pain in labour, and exhibit an equally varying range of responses to it. Her reaction to that pain may be influenced, not only by the circumstances to her labour, but also by the environment, her cultural background towards birthing mothers, and the support available to her.

During that crucial moment, she is dealing, not only with the contractions, **but also with the myths that the culture has created for her.**

Although viewed as a normal physiological process, labour and birth can produce significant pain requiring appropriate pain management. While many women give birth in a state of zen-like call, many others owe their lives and those of our babies to the skills of medics and midwives.

Pain relief during labour should not be seen as a failure; it is available to reduce maternal distress and enhance the progress of labour, as most women wish they had **some degree** of relief during that intense moment. In low income countries, pain relief in labour remains essentially rudimentary. Reasons for this should be further explored in order to sensitise health care providers to become more attentive to the woman's distress and needs, in what should be as painless an event as possible.

I once wrote that “a mother, in almost all cultures, is seen as an engine of hope that never shuts down. In her constant strive to be everything to everyone, it is rare for the focus to ever be upon herself. Sacrificial selflessness, thought to be the default setting of all good mothers, is often taken for granted.”

So, I ask : with all your scientific knowledge and modern skills, why should any woman today feel that giving birth might be painful and risky ?

How a woman wants to deal with childbirth pain is an important decision. Her interaction with an obstetrician and anaesthesiologist should be encouraged, **no matter where she gives birth**, so they can talk about options and provide recommendations. She should be able to create a pain plan with them early, in order to be prepared for what to expect.

### **All medical practitioners here assembled,**

Your professions are nothing short of demanding; it is a career requiring intense schooling, constant training and chaotic schedules — not to mention a heavy dose of tenacity and patience. While this may seem to be an overwhelming statement, it is very real: when you save a single woman's life, you in fact save the lives of her entire family.

Going through childbirth is such a mix of **immense emotions** followed by **immense happiness**, and your comforting presence, **is priceless**. My grand-daughter was able to see the light of day because you kept awake all night for her mother to deliver safely.

There can be millions of reasons why you decide to pursue a career in medicine. And perhaps, the most important reason is your own calling. **You commit your life to saving other's lives**. You calm our fears by sharing all you know and by serving others.

Where would we be without you, without your knowledge and healing hands ? We are **forever** grateful for your great work, for your skills and for your constant support and positive attitude.

### **Distinguished Guests,**

My country recognizes the role being played by everyone attending this Congress, and the contributions you are and will make to support the provision of services to improve mothers' health and that of their newborns. By putting women's health first and at the centre of our work, we will be more effective to end preventable maternal, newborn and child deaths.

Vous voir si nombreux aujourd'hui réunis, ne peut que nous donner **l'espoir et la confiance** que la santé sexuelle et en matière de reproduction des femmes du monde entier sera assurée et deviendra réalité.

Let us commit to providing each woman with all the best options to make informed decisions about such a special moment in her life and that of her entire family. **No woman should die while giving life.**