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**NGO Committee on the Status of Women  
in collaboration with the UN Department of Economic and Social Affairs**

**“Healthy Women: Gateway to a Healthy World –  
Health Care and Health Policy for Women and Girls”**

**OPENING REMARKS BY THE PRESIDENT OF ECOSOC  
H.E. MS. SYLVIE LUCAS**

**20 May 2009**

Ladies and Gentlemen,

It is an honour for me to address this important panel on health care and health policy issues for women and girls. I would like to take this opportunity to thank the NGO Committee on the Status of Women and the UN Department of Economic and Social Affairs for organizing this panel discussion. The panel is most timely as the Economic and Social Council will address in its Annual Ministerial Review this year, the issue of implementing the internationally agreed goals and commitments in regard to global public health, including the Millennium Development Goals.

Ladies and Gentlemen,

While progress has been made in increasing women’s and girls’ access to health care and services over recent decades, full and equal access to quality health care remains a challenge for women and girls in many parts of the world. According to WHO data, the main

barriers for the equitable access to health care include the costs of seeking care; lack of information and knowledge; lack of voice or empowerment; inaccessible and poor quality services; and unresponsive service providers. These barriers affect women in specific ways when, for example, women are not economically independent, when they have less access to education, when they depend on male relatives on whether they can even access health care, or when health care providers do not pay attention to different health behaviours and needs. Efforts to improve health equity must therefore fully take gender equality into account.

Gender inequality constrains the potential of women and girls to enjoy the highest standard of health. Discrimination leads to many health hazards, including violence, sexually-transmitted infections, and HIV/AIDS. If attention is not paid to the health needs and priorities of women and girls in a more comprehensive manner in health systems reforms, the Millennium Development Goals will not be met. Reaching each of the health related MDGs is crucial as we are moving towards the 2015 target date. MDG 4 on reducing child mortality, MDG 5 on improving maternal health, and MDG 6 on combating HIV/AIDS, malaria and other diseases are inextricably linked to meeting all the MDGs. Investing in health MDGs will also contribute to reaching other MDGs, such as MDG 1 on eradication of extreme poverty and hunger, MDG 2 on education, and MDG 3 on gender equality and empowerment of women. Improving access to affordable essential drugs, which falls under MDG 8 on developing a global partnership for development, is another important area. Improving access to essential drugs and medical equipment will enhance the availability of health services and lead to improvements in the other health related MDGs.

When compared to progress made on all MDGs, the least progress has been made with regard to MDG 5 on improving maternal health. At the global level, maternal mortality decreased by less than 1 percent per year between 1990 and 2005, far below the 5.5 percent annual improvement needed to reach the target. Every day, 1600 women and more than 10,000 newborns die from preventable complications during pregnancy and childbirth. Maternal mortality represents one of the largest inequities in health, reflecting a lack of

access to sexual and reproductive health care as well as the health system's failure to adequately address the particular needs of women and girls. The consequences of failing to improve access and quality of sexual and reproductive health care not only include maternal morbidity and mortality, but also infertility and unintended pregnancies, obstetric fistula, sexually transmitted infections, cervical and breast cancer.`

The HIV epidemic continues to be particularly devastating for women, especially young women. An estimated 15.5 million women aged 15 years and over were living with HIV worldwide in 2007. Yet women and girls continue to have different and unequal access to the use of health resources for the prevention, treatment, and support of HIV/AIDS. In addition, they carry a disproportionate burden for the care of people living with HIV and AIDS.

In a panel held during this year's session of the Commission on the Status of Women in March, participants stressed that gender inequality reduces the potential for women worldwide to access quality health care. Effective and gender-sensitive health systems are therefore critical to achieving the MDGs related to health, including women's health. There is increasing recognition that gender equality is a strong determinant of access to quality health care. Weak health policies that are often gender-blind and biased continue to impact negatively on women and girls. Health policies must be gender-sensitive but must also specifically address the needs of women and girls. Evidence increasingly documents examples across health conditions such as HIV/AIDS, TB, cardiovascular disease, and mental health where there are differences between men and women with regard to their health conditions, their health-seeking behaviours, and the specific barriers they face with regard to access. As such, health policies have to reflect and respond to these differences.

In order to improve the situation of women's and girls' health, a number of measures must be undertaken. For example, needs assessment are critical to determine the health

situation of women and girls. Systematic and ongoing research and gender analysis is greatly needed to improve health policy development and planning. Data disaggregated by sex, ethnicity, socio-economic status is required for effective policies that address the needs and rights of women and girls.

The current financial crisis can have serious implications since monetary and fiscal policies in response to recessions can lead to disproportionately negative impacts on the health of women and girls. Cuts in public spending in the areas of health can reduce women's and girls' access to basic services, deteriorating already existing health problems. Thus, investing in quality health care requires financial support from donors and the private sector which was also highlighted at the Doha meeting on financing for development.

In summary, improving women's and girls' access to quality health care requires gender-sensitive research and policy-making, effective health care systems as well as adequate resources and awareness-raising activities. To make this possible a multi-sectoral approach is needed where public policies in other sectors, such as education and employment, as well as policies on gender equality and social inclusion, contribute positively to health outcomes for women and girls. This will also involve a variety of stakeholders, including governments, international organizations, and civil society. Investing in the health of women and girls will ensure positive returns to society as a whole and will contribute to economic growth and poverty reduction.

Thank you very much for your attention.