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WORLD HEALTH ORGANIZATION

Statement by WHO

49th Session of the Commission on the Status of Women

Review and Appraisal of the Beijing Declaration and Platform for Action

7 March 2005

Madam Chair,
Honourable Delegates,

The World Health Organization welcomes the opportunity to address the Twenty-third Special Session of the General Assembly on progress since the Beijing Declaration and Platform for Action. Certainly, we are heartened by some important gains that have been made since the Beijing Conference in 1995. In some countries of the world, the maternal mortality ratio is declining. Some women in developing countries are beginning to get access to antiretroviral treatment for HIV/AIDS. There are many examples of innovative and much needed projects to bring sexuality education to young people - both girls and boys - as well as programmes to address violence against women. There is also growing recognition of the need for sexual and reproductive health information and services for hitherto poorly served groups such as refugees and displaced persons, commercial sex workers and migrant workers.

In May 2004, the 192 Member States of the World Health Assembly adopted a global strategy for accelerating progress towards the attainment of the international development goals and targets related to sexual and reproductive health. This is an important milestone. The Strategy outlines key areas of action for both Member States and WHO, but it also recognizes and describes the continuing challenges to achieving these goals and the reasons why, more than ever, it is essential for us to continue working together to fulfil the sexual and reproductive health goals and targets agreed upon internationally. We will highlight just three of these problem areas, namely maternal mortality and morbidity, HIV/AIDS and violence.

An estimated 529,000 women die each year during pregnancy and childbirth from largely preventable causes; 98% of these deaths occur in developing countries. Despite advances in some countries, the maternal mortality ratio at the global scale has not changed substantially over the past decade. While contraceptive use has greatly increased in many developing countries and, in some countries the level of use is approaching that found in developed countries, surveys indicate that, in developing countries and countries in transition, more than 120 million couples do not use, or have access to, safe and effective contraception despite their expressed desire to avoid or to space future pregnancies. This unmet need for family planning is an important gap that must be filled. About 80 million women every year have unintended or unwanted pregnancies, and more than half of these are terminated. An estimated 19 million of these 45 million terminations are carried out under unsafe conditions. Unsafe abortions kill an estimated 68,000 women annually and leave a further 5 million women with temporary or permanent disabilities. All of these deaths and complications are completely preventable.

Almost half all new HIV infections occur in young people aged 15 to 24 years, and in sub-Saharan Africa where twice as many young women as men of the same age are infected with HIV, young women now represent 75% of young people infected with HIV. The vulnerability of young women to HIV infection is strongly influenced by issues of gender inequality, such as difficulty in controlling the conditions in which sex takes place, and whether condoms are used. Intergenerational sex between young women and older men, early marriage of girls with older partners who are more likely to have had previous sexual experience with several partners and forced and coerced sex also contribute to the vulnerability of young women to HIV infection. Other sexually transmitted infections are closely associated with HIV transmission, and in fact the presence of some types of sexually transmitted infections can increase a person's vulnerability to become infected with HIV. There are an estimated 340 million new cases of sexually transmitted bacterial infections - most of which are treatable - occurring annually. Most sexually transmitted infections, and their high toll of death and disability, can be prevented with correct and consistent use of condoms. Indeed, as part of a comprehensive prevention policy, male and female condoms are central to efforts to halt the spread of HIV by 2015, as called for in the United Nations Millennium Development Goals. With the success of efforts to promote condoms has come a widening gap between the need for condoms and their supply. In monetary terms this gap is estimated at nearly \$269 million per year.

As well as being a violation of women's human rights and a marker of gender inequality, violence against women is an important risk factor for women's ill health, including for maternal mortality and for HIV/AIDS. Addressing it is therefore critical to achieving the MDGs. Findings from the WHO multi-country study of violence against women - the first systematic study of its kind implemented in 15 sites in 10 culturally and geographically diverse countries - confirm that between 15% and 71% of women report to have ever suffered physical and/or sexual violence at the hands of an intimate partner, with most sites reporting prevalence rates of between 30% and 60%. Violence during pregnancy is also common and has serious implications for the health of the mother and infant. Child abuse, defined as sexual abuse before 15 years of age, was reported as a relatively common experience in most of the sites (from 1% to 21%). Furthermore, a

substantial minority of women (ranging from 0.4% to 30%) reported that their first sexual intercourse was by force.

Madam Chair, this meeting to review progress in implementing the Beijing Declaration and Platform for Action comes at a critical moment. The reports from the Millennium Task Forces have just been made available and the UN Secretary General will soon forward the Millennium Project report to the General Assembly. One of the key recommendations highlights that, "ensuring access to sexual and reproductive health information and services, including voluntary family planning is essential for achieving the MDGs". Indeed, the importance of access to information and services for sexual and reproductive health was emphasized by no less than 6 of the 10 Task Forces as central to achieving the Millennium Development Goals. Similarly, addressing violence against women is critical to the achievement of the MDGs. Women around the world have long been fighting for their reproductive and other human rights to be protected, respected and fulfilled because, without this, the goals of gender equality and empowerment of women cannot be reached.

The World Health Organization is working in many ways to support its Member States and many other partners to ensure that sexual and reproductive health information and services are made available and accessible to all. The Organization is also working to ensure that violence against women is addressed as a public health issue and to ensure that all health programmes, such as mental health, communicable diseases, blindness, occupational health and safety (to name but a few), collect and analyse their data by sex, and that interventions and policies are informed by a gender analysis and the need to achieve gender equality and health equity.

Madam Chair, honourable delegates, the World Health Organization will continue its efforts to support all those working for the empowerment of women and the achievement by all of the highest attainable standard of health.