

**International Women's Day, 8 March 2004**  
**NEW YORK panel discussion, 4 p.m**  
**The 3 by 5 initiative and equitable access of women to treatment**  
**Statement by LEE Jong-wook**  
**Director-General of WHO**  
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Secretary-General, Your Majesty, Ladies and Gentlemen,

It is a pleasure to be with you to celebrate International Women's Day.

I would like to use this opportunity to tell you about the fight against HIV/AIDS, and how women's access to treatment is an important part of it.

Since September of last year WHO, UNAIDS and our other partners in the UN system have been engaged in an all-out effort to make AIDS medicines available to 3 million people by the end of 2005.

WHO's slogan is "Health for all", but in many places women have far less access to health information, care and services than men do. This inequality frequently prevents women and girls from obtaining treatment for HIV/AIDS when sick, and from protecting themselves against infection.

We have to shape our technical policies and strategies so that they help to overcome this injustice. This involves being aware of gender-specific barriers women face. For example:

Economically, women often cannot buy the health care they need because they do not have control over household resources.

Culturally, in some parts of the world, a woman needs to get permission from another household member — such as her husband, her mother-in-law, her brother, and even, in some cases, her son — to avail herself of health services.

Socially, women are often more stigmatized than men for being HIV-positive, and suffer more discrimination, and more violence at home because of it.

Logistically, the distance of services from the home, and the times during which they are available, often make them accessible to men but not to women.

HIV treatment programmes must include components aimed specifically at overcoming barriers of this kind and challenging the social norms which place women at a disadvantage.

Where treatment is available, the fear that makes people avoid voluntary testing and counselling is greatly reduced. Antenatal clinics can offer prevention of mother-to-child transmission of HIV; other health services that women use must likewise be equipped as soon as possible to offer not only counselling and testing but treatment.

The 3 by 5 initiative gives us a unique opportunity not only to bridge the treatment gap but to overcome gender-based inequities. We will be monitoring this worldwide effort to ensure we are on track to ensure equity as well as coverage.

Let me be clear. If, by the end of 2005, we have brought antiretroviral treatment to many men and few women, '3 by 5' will have failed. We must use this historic

opportunity to save the lives of women and girls, and to raise their position in society.

Let us show by our use of these precious resources — these medicines — that we know how precious the lives of women and girls are. By doing so, we will be tackling a fundamental weakness not only in our health systems, but in society itself.

So please support this effort in every way you can, and help us ensure that it promotes justice and equity for women.

Thank you.