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53rd session of the Commission on the Status of Women

Interactive Expert Panel

“Gender perspectives on global public health: Implementing the internationally agreed development goals, including the Millennium Development Goals”

(12 MARCH 2009)

OPENING REMARKS BY THE PRESIDENT OF ECOSOC

H.E. MS. SYLVIE LUCAS

Mr. Chairperson,
Ladies and Gentlemen,

It is an honour to make opening remarks at this important expert panel on the gender perspectives on global public health which will provide an input to the 2009 Annual Ministerial Review of the Economic and Social Council “Implementing the internationally agreed development goals, including the Millennium Development Goals in relation to global public health.” I thank the Commission on the Status of Women for responding positively to ECOSOC’s proposal that all functional commissions address the theme of the Annual Ministerial Review through expert panels and contribute the outcomes to the Annual Ministerial Review in July.

Ladies and Gentlemen,

While progress has been made in increasing women 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. WHO has reported that the main barriers to 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. Efforts to improve health equity must take gender equality into account.

Gender inequality constrains the potential of women and girls to achieve 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.

At the global level, maternal mortality decreased by less than 1 per cent 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. 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, care and support of HIV/AIDS. Tuberculosis and malaria among women and girls are also cause for concern.

During food crises, nutrition-related conditions, including anemia and other micronutrient deficiency conditions increase, especially among women and girls. Without an adequate health system response, there will be significant consequences of the food crisis for global public health, including increased malnutrition, child and maternal mortality and morbidity, and communicable diseases.

The global burden of disease is shifting from infectious diseases to non-communicable diseases, with chronic conditions, such as cancer, diabetes, heart disease and stroke, now being the chief causes of death globally, including among women.

Violence also places women at higher risk for poor physical, mental and reproductive health. Examining violence against women from a public health perspective is crucial for developing an adequate multi-sectoral response.

Finally, your discussions last week on the priority theme of this session highlighted that the responsibility of care for people living with HIV/AIDS has fallen primarily on women and girls, especially where health systems have failed, and that the disproportionate burden of care negatively affects the health of women and girls.

Mr. Chairperson,
Distinguished delegates,

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 reduce further women's and girls' access to basic services, increasing their caregiving burdens. With privatization, women may face greater costs for health care while the lack of job security affects further their ability to pay for it.

It is important to examine financing for health care from a gender perspective in order to secure women's and girls' access to affordable health care and to social safety nets. Official development assistance, as well as investments from the Global Fund and other programme-specific sources of finance, should strengthen health services and ensure gender-sensitive health systems to benefit women and girls. Gender-responsive budgeting processes are central to the allocation of resources for women's and girls' health and are even more important in times of economic crises.

Mr. Chairperson,
Distinguished delegates,

Improving global public health requires a multi-sectoral approach which includes not only conducive policies in other sectors such as education and the labour market, but also strong policies on gender equality and empowerment of women and sufficient investment in their full implementation. This requires a strong focus not only on MDG3 on gender equality and empowerment of women and MDG5 on maternal health, but gender-sensitive implementation of all the MDGS. Investing in the health of women and girls in this manner will not only benefit women and girls themselves but will ensure positive returns to society as a whole.

I thank you.