

**UN ECOSOC Speech
Geneva, Monday 6 July**

It is a great honour for me to have been asked to address this High-level Panel on the subject of women and non-communicable diseases.

I have to admit, however, that it is also a little daunting.

My expertise is very much in law not in health.

And nor am I a politician with the experience of meeting unlimited health needs with limited resources – although through Tony I have seen these pressures first hand.

But what I do have is a passion, professionally and personally, for championing the issue of women's rights - and helping lift barriers through my Foundation for Women which prevent women playing their full role in our societies.

There is no doubt that ill health and poor health care systems are a major barrier to these goals – something explicitly recognised in a wide range of international conventions for over 60 years.

The enjoyment of the highest attainable standard of health was specifically seen as a fundamental right when the World Health Organisation was set up.

Health was also rightly included in the pre-amble to the Universal Declaration of Human Rights.

Recognising something as a fundamental right is, of course, a vital first step.

It does not on its own, as we all know, ensure these rights are upheld and safeguarded.

In many parts of the world, even basic standards of health care are lacking. And the main victims of this injustice are girls and women.

It should be no surprise sadly that the burden of ill-health and poor health provision falls disproportionately on women.

As the WHO has noted: "health is linked to status in society.

It benefits from equality and suffers from discrimination."

And because women are still being denied equal status in many societies, their health suffers – and through them, the health of their families and communities.

This discrimination starts right at the beginning of life.

I know I am not alone in questioning whether over half a million women every year would still die unnecessarily around childbirth if men, too, became pregnant.

Despite progress in meeting many Millennium Development Goals, the mortality rates for mothers and new born babies have remained largely unchanged.

Nor have we seen concerted action to prevent and treat fistula – a humiliating condition from which two million women suffer globally.

It is clear, as these statistics underline, that improving maternal and child health and care must be an absolute priority.

But we must also step up efforts to tackle the impact of non-communicable diseases on women.

There is a growing realisation that NCDs are a silent epidemic threatening our hopes for improving global health.

They are already the major killer in every region apart from Africa.

By 2020, even conservative estimates predict they will be the cause of three out of four deaths worldwide.

Increasingly we will see these deaths in low and middle income countries, holding back our hopes of spreading prosperity.

Yet, despite the efforts of many people here today, the threat that NCDs pose still does not get the attention, or the resources, needed.

Diabetes, for example, already kills as many people as HIV/AIDS each year.

And while the rate of new HIV/AIDS infections is thankfully falling, the number of new cases of diabetes continues to rise sharply.

Indeed, NCDs are responsible for twice the number of deaths caused by infectious diseases yet receive only a tiny fraction of national and development health funding.

No one, I should stress, is arguing for a reduction in efforts or funding to tackle infectious diseases which cause such suffering and damage.

What we must do, as I know you are pressing to happen, is at the same time increase our efforts to combat NDCs.

This includes looking, in particular, at the serious impact of these diseases and conditions on women.

There are a variety of reasons why women are at special risk from the remorseless rise in NCDs – reasons which again rest on their lack of status within their societies.

It is true, of course, that women live longer than men. But this largely genetic advantage does not mean, for many women, that these extra years are healthy.

We know that women are far more likely than men to live in poverty which has a major impact on health.

And societies in which priorities are set, and decisions taken, largely by men are less likely to put an emphasis on the health needs of women,

Even if there were medical resources to detect early and treat medical conditions such as cervical and breast cancer, in many societies women still have to overcome a deep-seated traditional resistance to seeking treatment.

I have seen for myself for example in Pakistan how women feel embarrassed about monitoring their own bodies and how this prevents the vital early diagnosis and treatment for breast cancer.

The tragedy, of course, is that we know the major steps that need to be taken to reverse this tidal wave of non-communicable diseases.

There is overwhelming evidence, for example, that action to cut tobacco use, improve diets and increase physical activity would have a powerful impact on big killers such as heart disease, type 2 diabetes and cancer.

The reverse is also true. If, for example, the rate of smoking in women in China was to be allowed to approach the level of men, it would have a devastating impact on the country's health and the cost of health care.

There is no single answer to this immense challenge.

We need, of course, to continue increasing resources, national and international, for health care.

We must improve health education for women, alerting them to the particular risks they face.

We must make better use of female health professionals to extend care and encourage women to seek treatment – and use non-professional but persuasive voices to champion the cause.

It is important, as well, that women are given a voice in setting health priorities and shaping policies to meet them.

But we must also be honest.

These measures will only have their full effect if we continue working to ensure equality for women in every society.

The world cannot afford the social and economic costs of non communicable disease.

But nor can it afford to continue to waste the potential of half its population.

These two battles must be fought and won together.