



**UNITED NATIONS
ECONOMIC COMMISSION FOR AFRICA**

**ECOSOC Annual Ministerial Review Regional Preparatory Meeting for
Africa on Women and Health**

Opening Remarks

by

**Mr. Abdoulie Janneh,
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Your Excellency, Mr. Abdoulaye Wade, President of the Republic of Senegal.

Your Excellency, Mme Ndeye Khady Diop, Minister of Family, Food Security, Gender Equality and Child Welfare, Republic of Senegal.

Your Excellency, Ms. Sylvie Lucas, President, United Nations Economic and Social Council, and Permanent Representative of Luxembourg to the United Nations

Distinguished Delegates

Ladies and Gentlemen

I am very honoured to part of the team of “crusaders on Women’s health and advocate for social justice and Women’s rights.. Under the UN Charter – based system of Human rights protection, Article 55 of the Un Charter says that “ ...the United Nations shall promote: a). higher standard of living... b) solutions of international economic, social health, and related problems....and c) universal respect for, and observance of human rights and

fundamental freedoms for all without distinction as to race, sex, language, or religion.” Health is also referred to in Articles 57 and 62 of the UN Charter, as one of the fields of responsibility of the Economic and Social Council (ECOSOC).

I am also proud to advocate one of the most crucial challenges of our time: Women and Health.. Under the UN Charter-based system, various declaration have been elaborated, dealing with health matters, such as the Vienna Declaration and Programme of Action of 1993, alluding to the right to health in several of its paragraphs, acknowledging, in particular, the importance of health care and protection. The UN Millennium Declaration of 8 December 2000, adopted by the UN General Assembly, also stresses the importance of health care and prevention of disease by committing states to the improvement of maternal and child health, and the combat against HIV/AIDS, malaria, and other major disease. I am very heartened that we chose to focus on this important issue this year because I believe there are many compelling reasons for us to focus on women’s health and to achieve the Fifth Millennium development goal along with MGD3 on women’s empowerment. Let me highlight a few.

First, although some countries in the region have been able to considerably reduce maternal mortality, overall the progress on this Millennium Development Goal has been very slow. Maternal mortality in Africa remains the highest in the world. This has been caused substantially by inequities in accessing health services due to disparities in income and rural urban location and the shortage of essential health personnel. The recently held fifteen-year reviews of the implementation of the International Conference on Population and Development Programme of Action (ICPD/POA) and Beijing Platform for Action in Africa, noted that despite the commitments made to women's health, this has not yet translated into substantial gains in fighting maternal mortality and called for intensified efforts including use of innovative ways to address maternal mortality.

Second, although in some of the countries in Africa, trends in HIV prevalence indicate a decrease in infection rates, women and girls continue to be affected disproportionately by HIV in the region as women account for more than 60 percent of the estimated HIV infections. This presents a prognosis of limitations in gender-aware planning in HIV/AIDS treatment and prevention.

Third, violence against women is still an area of great concern. Occurrences of domestic violence, sexual abuse, trafficking in women and children and harmful traditional practices are still common in a majority of countries. Violence against women is a serious problem in countries experiencing conflict and situations of insecurity. As you all know, violence against women has severe impact on women's health that can extend to have far reaching negative impact on the welfare of the family.

Fourth, the health of families and communities are tied to the health of women who are responsible for care giving to their families, children, aging parents, and the community. Thus the illness or death of a woman has serious and far-reaching consequences for the health of her children, family and community and eventually affects the progress in achieving the MDGs. In fact the slogan, "Healthy Women, Healthy World" captures this point very well.

Fifth, women's health is highly dependent on their empowerment. However our region is still characterized by limited access of women and girls to education, employment, information, and to productive resources such as land, credit, technologies and inputs. High illiteracy rates, the continued

presence of cultural and traditional practices that discriminate against women and girls and increasing poverty levels are making health improvements for women exceedingly difficult to achieve.

Lastly, many of the modest gains in women's health that we had realized in the recent decades are now threatened or have been reversed due to the economic crisis, food security crisis and the impact of climate change. These emerging challenges make it even more pressing to improve women's health and women's empowerment as a means of ensuring sustainable social and economic development in Africa.

Excellencies, Ladies and Gentlemen

The concerns that I have just mentioned highlight why this preparatory meeting is so important. It is an opportunity to build network, take stock on success stories and scale up... There is not enough time now before 2015, but I believe that we can make a difference in the time that is remaining by focusing on the correct and efficient strategies.

Allow me at this juncture to highlight some of the priority actions that are critical in improving women's health as defined in the Call to action agreed by Members States during the recent celebration of the 15th anniversaries of ICPD and Beijing.

Improved and equitable access to: basic health care; prompt emergency obstetric care; skilled personnel at the time of birth; health financing; and quality family planning methods are essential for reducing maternal mortality. These are key areas that countries need to put emphasis on in strengthening the health system. A key innovation in this respect that will be shared in this meeting is training of non-physician clinicians who are “mid-level health workers” to give emergency help to pregnant women and infants. This innovation has proved particularly effective in enhancing access to human resources to address maternal mortality. This was the focus of the High level forum on maternal mortality reduction organized by UNFPA that was recently held in Addis Ababa in October 2009 and the June 2009 Addis Ababa call to action on Human Resources for Maternal and Newborn Survival, including task shifting/sharing for emergency obstetric and newborn care.

I would also like to recognize the “Campaign on Accelerated Reduction of Maternal Mortality in Africa” launched by the African Union in May 2009 under the theme *Africa Cares: No Woman should Die While Giving Life*. The campaign aims at improving awareness and galvanizing support for reducing maternal mortality all over Africa.

The gender dimension of HIV/AIDS still needs to be addressed in prevention, treatment and mitigation strategies ensuring improved access. Efforts to expand the access to prevention and treatment should be combined with intensified efforts to educate and empower women.

The fight to eliminate violence against women has received special attention through the Secretary General’s “UNite to End Violence against Women and Girls” campaign. The SG’s Campaign was translated into action in Africa at the 6th African Development Forum, where African Stakeholders recommended a 3-year Regional campaign on violence against women. I look forward to the launch of the Africa-wide campaign hopefully at the forthcoming January summit of the African Union where the Heads of State and Government will adopt the campaign and support its implementation.

In order to address gender-based health disparities in healthcare, women must be empowered economically, socially, and politically so that they are equipped with the knowledge, power and voice to be able to make decisions regarding their own health. Gender inequalities in the economic, social and political spheres affect women's health. Policies and interventions that improve the access of women and girls to education, employment, and productive resources such as land, water, have significant positive impacts on women's health. Improved participation of women in decision-making processes in health and all the other sectors is important in ensuring that our actions respond to the identified gender equality gaps. I believe that if women are involved, the more relevant are the solutions.

Mitigation of the current economic and food crises and impacts of climate change through enhanced social protection measures is essential to empower women. Let me appeal at this juncture to development partners and donors to place maternal health and MDG5 at the center of Global Initiatives and funding mechanisms, including the Global Fund for AIDS, Tuberculosis and Malaria. The GAVI Alliance, International Health partnership+, Taskforce on Innovative financing for Health Systems

Initiatives that enhance the collection and analysis of data on women's health on a regular basis are critical for policy formulation, and monitoring and evaluation. Indeed measuring and monitoring women's health issues such as maternal mortality and violence against women is challenging partly due to underreporting, misreporting and lack of reporting. In this regard, governments and stakeholders need to invest in sound and responsive statistical planning with women's health in mind.

Excellencies, Ladies and Gentlemen

Other specialties of public health have not been so timid about following up on the language of advocacy with clear recommendations on what to do, albeit at times glossing over important issues such as how to implement effective interventions. For maternal mortality, the very safe motherhood community so committed to progress has been too diligent with these uncertainties. But enough is enough. If maternal mortality is the agreed priority, then what are we waiting for?

The key word is Vision. In signing-up for MDG-5 and MDG-3, countries have indicated their vision. But it is meaningless unless it is translated into a

clear strategy for achieving it. During the 20 years of international and national advocacy for safe motherhood, an estimated 10 million women have died of maternal causes. For this to happen in a world where we state that “we know what works” and that “88–98% of maternal deaths are preventable”, is obscene.

I thank you very much for your attention and wish that our renewed commitment to realize the right to health with a strong focus on strengthening health care system and transforming health systems for women. Taking a human right approach to health means understanding the underlying social determinants of this right, as well as ensuring the right to health is realized in times of emergency and armed conflict, and for all groups in society, including migrants and refugees.