Statement by

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at the

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Honourable Ministers,
Excellencies,
Ladies and Gentlemen,

I would like to join Ambassador Sylvie Lucas in congratulating the Government of Senegal for hosting this Regional Preparatory Meeting of the ECOSOC Annual Ministerial Review. It is a great pleasure and honour for me to address this illustrious gathering.

We are meeting at a time when the world is grappling with the aftermath of multiple crises and the challenge of meeting the commitments to improve the well being of millions. These efforts to balance the competing demands are nowhere more evident than the policies for the timely realization of the Millennium Development Goals. Since the 2000 Millennium Summit, the world as a whole has made great strides towards the achievement of the goals. Yet, one cannot fail to notice that progress has been uneven. Poverty, globally, and particularly in Sub-Saharan Africa, continues to have a female face.

While the cries for attention have become strong after Beijing, action on gender equality and the empowerment of women has for too long been relegated to the sidelines. Given that women are disproportionately affected by poverty, we must ensure that the empowerment of women becomes a central element of our global effort to halve poverty by 2015.

We have a unique opportunity this year to help move gender equality to the center stage, as we mark the 15-year Implementation Review and of the Beijing Platform for Action. The Commission on the Status of Women and the 2010 Annual Ministerial Review can send a strong message to the 2010 MDG Summit to be held in September. We must impress upon the international community that gender equality and the empowerment of women are a *sine qua non* for the achievement of the MDGs.

Excellencies, ladies and gentleman:

As the recently published WHO report on "Women and Health" tells us, today, the health needs of women are not being met. Indeed, the health status of girls and women in sub-Saharan Africa is, by nearly every measure, the lowest in the world.

Maternal mortality is one of the world's most neglected problems. Progress towards the Millennium Development Goals of reducing the maternal mortality ratio by three quarters

between 2000 and 2015 has been disappointing. According to UNFPA every minute, a woman dies of complications related to pregnancy and childbirth. Globally, each year, more than 500,000 women continue to die during childbirth or after the baby was born. Fifty-one per cent of these deaths occur in Africa.

A large number of countries have made progress in providing skilled care during childbirth and improving the health and well-being of mothers and their newborns. However, at the present rate of progress, the world will fall well short of the target for reduction of maternal mortality as well as infant mortality

What makes the high incidence of maternal and perinatal mortality and morbidity so unacceptable is that we know what needs to be done to save the lives of mothers and newborns. Yet, effective interventions to prevent mortality for many women and newborns remain unavailable, unused, inaccessible, or of poor quality. Within one country there are often substantial internal geographical, economic, and social variations. The variations suggest that poverty, inequity, women's low status, and societal attitudes towards women and their needs are underlying factors affecting women's access to healthcare services.

To reduce maternal mortality successful strategies must therefore not only address women health care needs but also ensure that women can access healthcare services by addressing women's disadvantaged social, political, and economic status and by promoting attitudinal change.

HIV/AIDS, the second major focus of this meeting, remains another major challenge to the health and survival of women in many parts of the developing world. Today, women account for half the people living with HIV/AIDS worldwide. More than three quarters of all HIV positive women live in sub-Saharan Africa.

When women are infected by HIV/AIDS they tend to be impacted more heavily by the illness than men, as they are more likely to be employed in the informal sector or in lower paid jobs in the formal sector. Even when women are not infected, many women and girls are affected by HIV/AIDS as they often bear heavy caregiving burdens for the sick and orphans. Women’s caregiving role can prevent them from increasing their independent income generating potential as it limits their ability to seize opportunities in education, in the labor market and in public life, including political participation.

Excellencies, ladies and gentleman:

The cases of maternal health and HIV/AIDS show that the obstacles that stand in the way of better health for women are not always primarily technical or medical in nature. Indeed, they are often of an economic, social, political and cultural nature. Three lessons we can draw from this observation are the following:

Firstly, we cannot expect to see a significant improvement in women’s health if we do not empower women economically. We need to introduce measures to integrate and reintegrate women living in poverty and socially marginalized into productive and decent employment. There is also need to ensure that women are not denied the right of tenure and property rights.

Secondly, we cannot expect to see a significant improvement in women's health if we do not empower them politically. As long as women lack a voice in the political process and are willing to endure and suffer policy makers will not respond to their specific health needs.

Finally, we cannot expect to see significant improvement in women's health if we do not promote the removal of stereotypical attitudes that perpetuate the marginal status of women in societies. As long as power relations in societies remain unequal, we will not be able to ensure equal access to health care and equal control over health resources for women.

These separate observations suggest that we will only see significant progress in MDGs 3, 4, 5, and 6 when our policies and programmes are not narrowly targeted at technical and medical solutions but also address the underlying economic, social and cultural drivers of ill-health of women.

Excellencies, ladies and gentlemen:

At times the task ahead of us can seem daunting. But let me reassure you that we have the knowledge to address most of the ills facing women in the world today. Indeed, we should be encouraged by the large number of success stories. They demonstrate that with determination and political will at the highest political level, backed by adequate funding, we can succeed in reaching the gender equality and the global public health goals.

These stories also show us that we are most successful when joining hands. I am therefore delighted to see that we have many representatives of women's organizations and other partners with us today. During our deliberations we will have an opportunity to learn from their innovative approaches to solving problems faced by African women.

The United Nations' Economic and Social Council, has a long tradition of looking at issues in an integrated manner and of bringing people from different constituencies to the same table. I am confident that the 2010 Annual Ministerial Review on Gender Equality and the Empowerment of Women, including through these multistakeholder regional consultations, can provide a strong input on gender equality into the 2010 MDG Summit.

I am looking forward to two days of very interesting discussions where we will further explore many of the issues which I just touched upon. I am confident that this meeting can provide concrete ideas to take head on the challenges we face.

Thank you for your kind attention.