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Letter dated 14 May 2010 from the Permanent Representative of Senegal to the United Nations addressed to the President of the Economic and Social Council

It is my pleasure to transmit the report of the African regional preparatory meeting on women and health, held in Dakar on 12 and 13 January 2010, for the 2010 annual ministerial review held by the Economic and Social Council and to request that the report be circulated as a document of the Council for consideration at its substantive session of 2010, under item 2 (c) of the provisional agenda (see annex).

At the regional preparatory meeting, the subject of women and health was examined from the perspective of the African countries as a contribution to the theme of the 2010 annual ministerial review, "Implementing the internationally agreed goals and commitments in regard to gender equality and empowerment of women".

The Government of Senegal believes that the report will constitute a valuable contribution to the discussions on the theme at the annual ministerial review of 2010.

(*Signed*) Paul **Badji**
Ambassador
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Annex to the letter dated 14 May 2010 from the Permanent Representative of Senegal to the United Nations addressed to the President of the Economic and Social Council

Report of the African regional preparatory meeting on women and health for the 2010 annual ministerial review held by the Economic and Social Council

Summary

As part of the annual ministerial review process of the Economic and Social Council, an African regional preparatory meeting on the theme "Women and health" was held in Dakar, Senegal, on 12 and 13 January 2010. It was hosted by the Government of Senegal, in collaboration with the Department of Economic and Social Affairs of the United Nations Secretariat. Organized as a multi-stakeholder event, with the participation of high-level representatives, the consultations consisted of plenary meetings and panel discussions, which were attended by more than 100 delegates.

Participants, several of whom were ministers, examined the disproportionate health burden women face with regard to maternal health and HIV/AIDS and how women's empowerment is crucial to overcoming inequalities in health and meeting the Millennium Development Goals. Participants also exchanged best practices.

Key policy messages

The following key messages emerged from the discussion:

Maternal health

- Provide an integrated continuum of maternal care: improved antenatal care; timely lifesaving emergency obstetric care; and adequate post-partum care
- Complement maternal care with investment in improved family planning services, promotion of contraception usage and efforts to reduce adolescent birth rates
- Strengthen the role of midwives and fully tap their potential as trusted providers of maternal health services and family planning services within communities

HIV/AIDS

- Integrate HIV services with health services to strengthen synergies between the response to AIDS and the achievement of other Millennium Development Goals
- Invest in health literacy campaigns, including through the use of information and communications technology, to actively engage young people in seeking safe health behaviour and strong social identities
- Engage boys and men in changing gender stereotypes, addressing violence against women and achieving gender equality

Empowerment of women and women's health

- Complement public health programmes with efforts to empower women in all spheres of life — legally, economically, socially and politically — so as to enable them to improve their own lives
- Make progress on property rights, gender responsive legal protection, access to formal finance, increased political participation and change in social attitudes, all of which are necessary components of improving women's health status
- Promote sustainable health funding, including by moving from user charges to pooled funding, to ensure equitable access for women and men to affordable and appropriate quality health services throughout their life cycle.

I. Introduction

1. In June 2010, the Economic and Social Council will hold its fourth annual ministerial review in New York. The review will focus on “Implementing the internationally agreed goals and commitments in regard to gender equality and empowerment of women”.

2. On 12 and 13 January 2010, the Government of the Republic of Senegal, with the support of the Department of Economic and Social Affairs of the United Nations Secretariat, the Economic Commission for Africa, and the World Health Organization (WHO), hosted the regional preparatory meeting for Africa on women and health.

3. The meeting brought together more than 100 delegates, including several Ministers, senior representatives of African Governments, experts from the United Nations system and other international organizations, non-governmental organizations (NGOs), academia and the private sector.

4. The meeting provided an important opportunity for African countries to contribute to the annual ministerial review, including by sharing best practices and lessons learned.

II. Proceedings of the regional preparatory meeting

A. Opening session and keynote address

5. The meeting was opened by Ndèye Khady Diop, Senior Minister, Minister of Family, Food Security, Gender Equality, Microfinance and Child Welfare of Senegal. In her welcoming remarks, she thanked the Economic and Social Council for choosing Senegal as the host of the African regional meeting on women and health. Ms. Khady Diop recalled the personal commitment of Mr. Abdoulaye Wade, President of Senegal, and the great importance that he has been attaching to the education of girls and to the inclusion of women in all areas of society. She said that it was hence befitting for Senegal to host this annual ministerial review regional meeting.

6. The President of the Economic and Social Council, Sylvie Lucas, said that with only five years left until the deadline for the achievement of the Millennium Development Goals, ensuring greater gender equality and empowerment of women was more important than ever. She recalled message that had emerged from the 2009 annual ministerial review on global public health, which was of particular relevance to the annual ministerial review preparatory meeting on women and health. First, the Millennium Development Goals can be realized only through integrated development policies, and health-related Millennium Development Goals should hence be pursued in all policies. Second, at a time of multiple crises, policymakers should maintain or even increase social expenditure, in particular for the most vulnerable, in order not to jeopardize past gains. Third, there is a need to widen and strengthen collaborative partnerships. Fourth, Africa faces the biggest risk of failing to meet a number of Millennium Development Goals. Finally, health improvements require a trained and skilled health workforce.

7. Turning to the specific focus of the annual ministerial review regional meeting, Ms. Lucas noted that the particular vulnerabilities of women stem from social, political and economic disadvantages and from the fact that women were

often unable to make their own choices. She said that as a global high-level forum, the Economic and Social Council could develop an integrated response to help women break the vicious cycle of disempowerment.

8. In his keynote address, the Prime Minister of Senegal, Souleymane Ndéné Ndiaye, recalled the past work of the annual ministerial review on poverty and hunger, sustainable development and global public health. On the theme of women and health, he highlighted that President Wade was the primary defender and protector of women in Africa. As President, he had adopted a twin track strategy: first, protecting women from their vulnerabilities; second, empowering women to shape their own future. Mr. Ndiaye noted that in today's world, women continue to be more exposed than men to poverty, violence and social exclusion, often as a result of public perception. Attitudes that put women at a disadvantage can and must be changed.

9. Ms. Rachel Mayanja, Special Adviser on Gender Issues and Advancement of Women, Department of Economic and Social Affairs of the United Nations Secretariat, New York, said that the equality and empowerment of women has been relegated to the sidelines for too long. In 2010, the 15-year Beijing Review and the 2010 annual ministerial review provide an opportunity to redress this neglect. Regarding maternal health, she pointed out that it is the Millennium Development Goal that the world as a whole is lagging most behind in achieving. What makes this so unacceptable is that medical solutions to prevent maternal mortality are well understood and that the underlying factors of poverty, inequity, and the low status of and societal attitudes towards women are the principle drivers of maternal mortality. Regarding HIV/AIDS, Ms. Mayanja noted that not only are women more susceptible to HIV, but they are also more heavily impacted by the spread of HIV/AIDS given that they are often employed in less secure informal sector jobs. Even when not infected themselves, they often carry a heavy care burden.

10. Ms. Mayanja said that the cases of maternal health and HIV/AIDS show that significant progress in women's health outcomes can be achieved only if women are empowered economically and politically. The removal of stereotypical attitudes that perpetuate the marginal status of women in societies should be promoted. She therefore advocated for an approach that is not narrowly focused on technical and medical solutions and that also addresses the underlying economic, social and cultural drivers of ill-health of women.

11. Dr. Isabelle de Zoysa, Senior HIV/AIDS Adviser to the Assistant Director-General for Family and Community Health of WHO, Geneva, said that the WHO report on women and health, released in November 2009, had showed that not all had benefited equally from the considerable progress in the area of global public health. Large social and gender inequalities and health system inequities remain, both within and between countries. Indeed, while women in all other regions have seen their life expectancy rise, African women face reduced life expectancy, due largely to HIV/AIDS.

12. Research shows that maternal health is a good proxy for both women's overall health and the status of women in societies. The high incidence of maternal mortality therefore suggests that many women lack access to comprehensive care and have limited opportunities to shape their own future. Dr. de Zoysa pointed out that while sub-Saharan Africa as a whole was lagging behind, individual countries

have shown that innovative approaches, coupled with strong leadership, can lead to impressive improvements in heath outcomes.

13. The statement of Abdoulie Janneh, Executive Secretary of the Economic Commission for Africa, was delivered by Dr. Monique Rakotomalala, Director of the African Centre for Gender and Social Development of the Economic Commission for Africa. Mr. Janneh identified the following aspects for priority action in the five years remaining until the target date for the achievement of the Millennium Development Goals: provide equitable access to family planning and obstetric care through the use of innovative schemes; stop the feminization of HIV through better access to prevention and by addressing women's vulnerabilities; stop violence against women, including by supporting the campaign of the Secretary-General, UNiTE to end violence against women, and the campaign to be launched by the African Union; empower women economically, socially and politically to enable them to take charge of their own health; ensure that the multiple crises do not threaten past social improvements; raise awareness and ensure that data is disaggregated by gender; and mobilize domestic, regional and international resources.

B. Session 1: maternal health — towards a comprehensive approach to reducing maternal mortality in Africa

14. During the session, participants reviewed trends in maternal health in Africa and shared examples of best practices to reduce maternal mortality. Participants agreed that a continuum of improved antenatal care, timely lifesaving emergency obstetric care and adequate post-partum care, complemented by access to improved family planning services, was crucial. The skills of midwives need to be better utilized and enhanced. Participants also called for the elimination of economic, social and cultural barriers to empower women to make their own decisions.

15. In the keynote address of Modou Diagne Fada, Minster of Healthcare and Prevention of Senegal, which was delivered on his behalf by Dr. Mamadou Daff, the Minister highlighted the achievements of Senegal in the area of maternal and child health. The maternal mortality rate had decreased from 510 per 100,000 live births in 1992 to 401 in 2005. The infant mortality rate had decreased from 70.1 per 1,000 live births in 1997 to 61 in 2005. The use of family planning had increased from 5 per cent in 1993 to 10.3 per cent in 2005. These improvements have been made possible especially through the national "Badienou Gokh" strategy. This strategy, which exists in every neighbourhood or village, is based on the nomination of women leaders, which raise awareness among the female population on maternal health issues. The Minister also stressed the many challenges ahead, in particular bridging the gap in maternal health between rural and urban areas. In addition, the use of contraceptives remains weak, owing especially to a lack of social acceptance for such measures. The Minister therefore underscored the need to include more men in reproductive health education and services to change the existing social norms. Another important challenge is the persistence of health illiteracy among many women. The prevalence of poverty also figures among the most important obstacles for women's access to health services. The Minister underscored that maternal and child health is a priority for the Government of Senegal, which aims to engage all relevant stakeholders, including communities, civil society and the private sector, to make further headway on this front.

16. In her presentation, Dr. de Zoysa said that the significant inequalities in women's health, not only between but also within countries, suggest that efforts to reduce maternal mortality need to be pursued in the broader context of women's health and women's empowerment. Dr. de Zoysa noted that the actions that need to be taken are well known and understood: the provision of (a) access everywhere to skilled attendants at birth, combined with prompt referral in case of complications; (b) emergency obstetric care; and (c) family planning services and other measures to reduce adolescent pregnancies. These medical interventions must be coupled with efforts to empower women, families and communities to take timely decisions and related actions. This requires health systems that cater to the special needs of women; financial protection for poor women through a transition from user charges to pooled funding; and investment in knowledge-sharing and more disaggregated data.

17. The Director of the Sub-regional Office for Western and Central Africa of the United Nations Population Fund (UNFPA), Dr. Faustin Yao, provided practical examples on how the Fund has helped countries to reduce maternal mortality. He presented the experience of a poor rural community in Cameroon which introduced a financing scheme whereby every pregnant woman that comes to the health centre provides a CFA 100 fee independent of the health services provided. The fee enables the community to cross-finance Caesarean sections for those who need them, a service that previously had been out of reach for most women in the community.

18. Dr. Yao also reported on a UNFPA project that aims to reduce the cases of obstructed labour by identifying at-risk pregnant women early on and ensuring that they are brought to the hospital well before they go into labour. Today, for every woman that dies during pregnancy, 30 others suffer from lifelong health complications, due mostly to obstructed delivery. The UNFPA project aims to change those statistics. Dr. Yao also highlighted that countries such as Ethiopia and Rwanda, which allow births to be supervised by specially trained birth attendants rather than fully qualified doctors, have made remarkable progress in reducing their maternal mortality rates.

19. Dr. Jemima Dennis-Antwi, Regional Adviser for Anglophone Africa, International Confederation of Midwives, Accra, called for a repositioning of midwives in Africa to achieve Millennium Development Goals 3, 4, 5 and 6. She said that midwives, as trusted and culturally sensitive members of their community, can make a great difference in health outcomes. She informed delegations that, in March 2009, UNFPA and the International Confederation of Midwives, with the support of the Governments of the Netherlands and Sweden, had started a campaign to strengthen the role of midwives. The campaign, which will be expanded to Asia and Latin America in 2010, aims to improve the ability of midwives to provide three key interventions: (a) adolescent and reproductive health services and family planning; (b) skilled antenatal care; and (c) emergency obstetric and newborn care.

20. Insufficiently comprehensive curriculums, small-sized labs, too few tutors for an ever growing number of students, and limited opportunities for continuing education and career progression are the immediate challenges that the campaign aims to help overcome. The uneven distribution of midwives both within and between countries is another major challenge.

21. To make headway, in the short run, the initiative calls for greater involvement of midwives in decision-making processes and a repositioning and strengthening of the role of midwives through financial schemes. In the long run, Dr. Dennis-Antwi

said that she would like to see insurance schemes for every mother and child; a vibrant community that holds those responsible accountable; improved education of the girl child; and the emergence of a standardized competent cadre of midwives and schemes to ensure their effective deployment, redistribution and retention.

22. During the interactive discussion there was general agreement among participants that what was needed were integrated one-stop maternal health packages based on multisectoral approaches that provide a continuum of appropriate maternal care. Such packages should include improved access to family planning services, notably for adolescent girls for whom early pregnancy and unsafe abortion continue to be a major cause of premature death in sub-Saharan Africa. There was also agreement that the economic, social and cultural barriers that continue to prevent women from accessing maternal health services need to be eliminated.

23. Given that delayed delivery continues to be the leading cause of maternal mortality, participants also discussed how to reduce delays in getting women in labour to health facilities. In this regard, the new opportunities which information and communications technology has to offer were discussed. The discussion was enriched by country-specific examples, including from Mauritania, Niger and Senegal.

C. Session 2: women, girls and HIV/AIDS

Scaling up efforts to combat HIV/AIDS in Africa

24. The panel addressed the main trends with regard to achieving universal access to HIV prevention, treatment, care and support in Africa. Panellists considered to what extent gender considerations have been integrated into AIDS policies, and whether they have been sufficiently funded. Recommended actions to be taken by Governments and civil society were given to address violence against women, the economic vulnerability of women and other key drivers of HIV infections.

25. Dr. Meskerem Grunitzky-Bekele, Director, Joint United Nations Programme on HIV/AIDS (UNAIDS) Regional Support Team for West and Central Africa, moderated the first session and explained that the continent was the hardest hit by the epidemic and also had the highest rate of HIV infection among women (60 per cent). She noted that owing to strong political commitment, progress had been made in addressing the epidemic.

26. Dr. Ibra Ndoye, Executive Secretary, National AIDS Council, Senegal, presented some of the lessons learned from his country's experience in dealing with HIV/AIDS, which had helped to keep the prevalence rate low (0.7 per cent) for more than 25 years. He noted the importance of a united multi-stakeholder approach: in Senegal, the AIDS response had benefited from the engagement of the President, the First Lady, the public sector, civil society and the private sector. Dr. Ndoye also stressed the importance of a multisectoral response to HIV — beyond health alone. He expressed the view that this would be essential in addressing the social and economic drivers of the epidemic, which underlie the increased vulnerability of women and girls to HIV. In Senegal, the Ministry of Healthcare and Prevention is working closely with the Ministry of Family, Food Security, Gender Equality, Microfinance and Child Welfare and the Ministries of Youth and Education, which has enabled a more effective response to HIV, and also led to improvements in maternal and child health. Dr. Ndoye also mentioned the unacceptably high rate of

HIV among young women and called for greater engagement of young people in the response to AIDS.

27. Mr. James Kamau, Executive Director, Kenya Treatment Access Movement-KETAM and an HIV-positive father who has successfully raised two children, called for an end to paediatric AIDS, which requires concerted efforts in the areas of treatment of HIV and maternal and child health. He noted that the current rates for the prevention of mother-to-child transmission and paediatric treatment services, which are at 30-40 per cent, fall far short of the globally agreed target of 80 per cent.

28. Mr. Kamau discussed some of the main challenges that impede progress: reliance on donor funding and the resultant threat posed by the financial and economic crisis, especially with regard to treatment sustainability; food insecurity and climate change; and bureaucratic conflicts and corruption. He also outlined several measures for the way forward: integration of services; addressing HIV-related stigma and discrimination, which impede uptake of services; and strengthening human resources. In conclusion, he stated that African Governments were accountable for the commitment they had made in Abuja to allocate 15 per cent of their national budgets to health, and stressed the need to further allocate a share of those resources to maternal and child interventions so that no child is born with HIV.

29. Ms. Juliet Tembe, Chair of the AIDS Support Organization (TASO), Kampala, discussed how different gendered expectations, interactions and norms contribute to the contraction and impact of HIV. She described how gender plays a role not only in HIV/AIDS susceptibility, but also in the impact of the disease on everyday life. In Uganda, women account for over 60 per cent of HIV infections, while young women account for 80 per cent of all young people infected with HIV. TASO recognizes that men and women and boys and girls have different needs when treating and preventing HIV/AIDS, and uses a gender mainstreaming approach for all HIV prevention, care and support services provided.

30. Ms. Tembe made a number of recommendations on gendered responses to HIV based on the AIDS Support Organization's own experience. Increasing male involvement has increased condom usage, family planning and the prevention of parent-to-child transmission. Couples counselling, working with discordant couples and peer-to-peer education have brought significant benefits. Sensitizing cultural and religious leaders and communities to address gender issues affecting the transmission of HIV is more productive than working with individuals. Overall, increased focus on gender-based programming will address gaps in development planning.

31. Ms. Mary Crewe, Director of the Centre for the Study of AIDS at the University of Pretoria, discussed the global challenges of addressing the HIV/AIDS crisis in Africa. First, access to health care can be guaranteed only with a firm supply of drugs. The provision of drugs should be funded through both the health department and donor funding.

32. Next, Ms. Crewe raised the issue of engaging men. She said that women's empowerment programmes would fall short unless patterns of patriarchy, paternalism, the construction of masculinities and the social pressures men face are addressed. From questions of concurrency, to the issues of circumcision and testing, men must be engaged and included in campaigns and programmes.

33. According to Ms. Crewe, young people are unlikely to seek responsible health behaviour on their own. Young people have been alienated and bored by AIDS campaigns that espouse prohibition and denial. Instead, they must be reached through new technology, and be equipped to better understand their behaviour and how to channel their desires and needs.

34. Mr. Wasai Jacob Nanjakululu, Director, Oxfam Global HIV and AIDS Programme, Pretoria, began by recognizing the efforts made by Governments in response to the HIV epidemic and noted some of the positive results, such as increases in the coverage of antiretroviral treatment, including for children and the prevention of mother-to-child transmission. However, he pointed to many remaining challenges, which require open and candid discussions.

35. For example, Mr. Nanjakululu questioned whether — despite its catastrophic proportions — the AIDS epidemic had been met with an adequate response, especially at the international level. He suggested that the debate on allocation of resources for health should focus on how to "increase the pie" to meet all needs and how to use the available resources more efficiently. A specific example of increasing efficiency is the approach aimed at promoting synergies between HIV interventions and other social services: for example, through a "one-stop shop" model of integrating sexual and reproductive health and HIV services (provision of antenatal care, HIV testing, prevention of mother-to-child transmission, etc.), especially in resource-poor settings; and the provision of incentives for volunteers at the community level to help revive community health workers programmes.

36. According to Mr. Nanjakululu, the consideration of gender in policies is another important but sensitive issue. He noted that it was critical to engage men and boys in order to end gender inequality; however, that would require going beyond traditional gender stereotypes, including by providing comprehensive sexuality education for young people.

37. During the discussion, participants raised questions about the lack of sexual and reproductive health services, including family planning for HIV-positive women; the relationship between HIV and property rights of women (i.e., AIDS widows who suffered from property grabbing after their husbands had passed away, while on the other hand, lack of property rights of women increases their vulnerability to HIV infection) and the need to ensure legal equality and non-discrimination between men and women; the need to address HIV-related stigma and discrimination, which has a far greater impact on women owing to gender inequality (i.e., many women face domestic violence once they disclose their status) and impedes access to lifesaving HIV services, such as prevention of mother-to-child transmission; and the need to ensure access to sustainable treatment against the stock out of antiretrovirals in most of the African countries as a result of the financial and economic crisis.

D. Session 3: empowering women to improve their health

38. The session reviewed how women's empowerment in the economic, political, social and legal spheres can be a means to improving their health. Panellists discussed how inequalities in the allocation of material resources, political participation, legal protection and social services are strongly associated with poor health and reduced well-being.

39. Ms. Souad Abdennebi-Abderrahim, Regional Adviser for the Promotion of Women's Human and Legal Rights, African Centre for Gender and Social Development, moderated the third panel discussion.

40. The Minister of Family and National Solidarity of Benin, Mrs. Mamatou Meba Bio Djossou, stressed in her keynote address that the empowerment of women was paramount to improving their health. She said that in Benin, the pandemic is characterized by the feminization of HIV/AIDS, the persistence of female genital cutting, restrictions on family planning, inadequacy of health centres, and increases in maternal mortality. The Minister said that those issues were being addressed by a national policy that promotes gender issues across all spheres, and that at the institutional level, women were being promoted in agriculture. The setting up of village committees is helping women who are victims of violence. At the economic level, microcredit is being allocated to women for income-generating activities. At the legal level, legal codes have been instituted to ensure women's access to land and to fight genital cutting. Politically, women are being encouraged to participate in political parties. However, quotas and training are needed to incorporate more women into both the national and local levels of political leadership.

41. Ms. Khady Diop reiterated Senegal's national commitment to women and health. Despite significant gains in Senegal, many challenges remain to improving the health of women. A gender-based approach, along with the relevant infrastructure, is necessary for the empowerment of women. She emphasized five strategies to better involve women in their own health management. First, adequate infrastructure must be in place to reduce the workload of women. Drinkable water must be made readily available, along with a reliable supply of energy so that women are empowered to pursue activities outside the home. Second, providing access to education for all girls is critical, because educating a girl means educating a whole nation. Third, the creation of a Ministry of Female Entrepreneurs and Microfinance provides small savings and credit systems to women members of grass-roots community organizations. Fourth, female leadership is required to fight the impoverishment of women. This requires that women are provided with professional learning and literacy programmes so that they can carry out community and development activities. Fifth, information must be made available on health issues that women face, as well as on gender-based violence.

42. Ms. Mayanja, Assistant Secretary-General, Special Adviser on Gender Issues and the Advancement of Women, UNDESA, discussed the use of information and communications technology as one of the rapidly growing areas in health today. Women's health can be improved by providing health literacy programmes so that they are empowered to make informed decisions about their own health. Secondly, she proposed that information be disseminated as widely as possible regardless of geography or level of education. Many member States are increasingly disseminating information on women's reproductive health and non-communicative diseases to better inform women, with some countries launching websites to reach rural women. Third, more investment must be made in awareness-raising programmes, especially on reproductive and sexual health, and HIV/AIDS.

43. Governments should recognize that failure to reach commitments to women will affect all other commitments. Training is one of the ways in which countries are dealing with maternal mortality. Training courses for both men and women demonstrate how they can play a part in the reduction of disease, particularly

sexually transmitted infections. In order for women to have a say in the decisions that affect their health, they must be at the decision-making tables and must participate at the local, regional, national and global levels. Women's labour force participation increases their ability to take better care of themselves and their families.

44. Ms. Catherine Mumma, Senior Programmes Adviser, Kenya Legal and Ethical Network on HIV, discussed the link between access to justice and comprehensive health for women. She observed that Millennium Development Goal 5 is about improving the health of women, but it cannot be achieved without the simultaneous investment in the achievement of the other Millennium Development Goals. To achieve true enjoyment of human rights and achieve principles of equality and non-discrimination, there is need for States to have effective laws, policies and systems that facilitate implementation of these laws.

45. According to Ms. Mumma, the feminization of HIV in Africa has a direct link to the level of vulnerabilities faced by women, which in turn are directly linked to the political, social, economic and cultural injustices that they suffer. The case of sexual and gender-based violence best demonstrates the link between the lack of access to justice and poor health for women. Physical, psychological and sexual abuse endured by women compromises their ability to benefit from the right to information and the right to choose, therefore making them more susceptible to HIV/AIDS and other illnesses. The lack of property rights endangers women to take risky behaviour. When countries provide women with the right to protection and real access to justice, they remove the associated vulnerabilities and the need for some of the public health interventions.

46. Ms. Fatime N'Diaye, Senior Gender Specialist, International Labour Organization Bureau for Gender Equality, Dakar, presented the International Labour Organization (ILO) Decent Work Agenda for a Fair Globalization, which aims to ensure equal opportunities for women and men in obtaining work in conditions of freedom, equity, security and human dignity. The Decent Work Agenda can be captured in four strategic objectives that are mutually reinforcing: (a) increasing employment opportunities and salaries for men and women; (b) expanding social protection; (c) promoting social dialogue; and (d) implementing fundamental principles and rights at work. Given the fact that sustainable development cannot be achieved without the contribution of both sexes, ILO puts the goal to advance gender equality at the centre of its Decent Work Agenda.

47. Dr. Nestorine Sangare, Executive Director of the Centre for Research and Intervention in Gender and Development, Burkina Faso, talked about the positive and negative impact of information and communications technology on the spread of HIV/AIDS. She explained how information and communications technology can help to remedy women's vulnerability to HIV/AIDS by increasing access to information and health education. She cited significant global, regional and local information and communications technology initiatives as successful examples in the fight against HIV/AIDS. However, she also emphasized that the large majority of African households still do not have access to information and communications technology. Dr. Sangare cautioned that information and communications technology can also constitute a major factor in increasing women's vulnerability to HIV/AIDS. They risk contributing to a vulgarization and trivialization of sex, especially through growing pornographic content and cybercriminality on the Internet. She argued for

penalizing the use of information and communications technology for the production and diffusion of pornographic content at the national level. She further highlighted the risk of ignoring gender issues in information and communications technology policy and argued for the inclusion of women's specific needs in universal access policy.

E. Session 4: initiatives and recommendations

Examples of best practices

48. The session was chaired by Minister of Social Affairs, Children and Family of Mauritania, Ms. Moulaty Mint Elmoctar, and moderated by Dr. Yao, Director. Following introductory remarks by the chair of the session, Dr. Souleymane Diallo, the UNICEF Representative in Benin, described the efforts of his country in providing Caesarean sections free of charge for all those giving birth in public hospitals and who do not have insurance coverage. The provision of free Caesarean sections and the accompanying medication needed is seen as a first step towards a comprehensive free maternal health package. Both categories of families, those that could not afford to pay for Caesarean sections as well as those that had been pushed back into poverty by having to pay for a Caesarean benefit from the new policy. He explained that by providing free Caesarean sections, the Government had created a demand for maternal health services, which helps to attract more qualified personnel to the field.

49. Professor Jean Charles Moreau, Chair of Gynaecology and Obstetrics, University Cheikh Anta Diop, Dakar, reported on the lessons learned from the Gynaecological and Obstetric Clinic and the Regional Centre for Education and Research on Reproductive Health. He said that maternal mortality was only the tip of the iceberg of inadequate maternal health care. He identified the lack of gynaecological surgeons and midwives and their geographical concentration in urban centres as a key constraint for the provision of obstetric services. The Gynaecological and Obstetric Clinic and the Regional Centre for Education and Research on Reproductive Health are aiming to improve obstetric and emergency infant care through a three-pronged approach: (a) first, by providing initial and continued training in reproductive health; (b) second, through clinical, epidemiological and social research; and (c) by providing maternal health services to mothers and newborns. Based on comprehensive clinical research, the Gynaecological and Obstetric Clinic and the Regional Centre for Education and Research on Reproductive Health have developed an integrated model called REDUCE. In Senegal, the model has been jointly implemented by the Ministry of Health, the Ministry of Economics and Finance, development partners and NGOs and has resulted in a significant reduction in maternal mortality. REDUCE has also been implemented in Burkina Faso, Cameroon, Ghana, Mali, Mauritania, Niger, Togo and Uganda.

50. Ms. Molly Melching, Executive Director of Tostan International, Dakar, reported on the efforts to promote the abandonment of the traditional practice of genital cutting by promoting community-based attitudinal change. The Tostan programme is a three-year community-driven programme that aims to reinforce what communities do best. The first year is dedicated to a broad discussion on human rights and to empower communities that become agents of change. The second and third years are devoted to improving the community's literacy and management skills.

51. To effectively promote the abandonment of the traditional practice of genital cutting, there is a need to promote attitudinal change not only in the community but also in the broader social network, which often extends beyond the community. Tostan therefore promotes inter-village meetings, the use of mobile phones, conversations, and films produced by the communities. Once the social norm has changed, which can take several years, the community adopts a declaration to abandon practices that are disrespectful of human rights, such as genital cutting. Tostan, which started its work in Senegal, has extended its work to several other African countries.

52. Ms. Dorothy Gordon, Director-General of the Ghana India Kofi Annan Centre of Gender and Social Excellence in ICT, discussed the need to use innovation to reach the critical mass that would support real progress towards achieving the Millennium Development Goals. Given the very serious resource constraints in delivering health services, it makes sense to invest in prevention and for women to be empowered to stay healthy. She highlighted mobile technology as a change agent, as it can be used to reach people in locations who were previously out of reach.

53. Ms. Gordon discussed the issues around dissemination of information. Information can be collected and sent via mobile telephone using national languages. This can facilitate distance learning, in particular for people under 20 years of age. Video phones can also be used to gather and spread opinions.

54. Ms. Gordon stressed the need to build internal capacity in terms of assessing which technologies work. She encouraged policymakers to get involved in social messaging and understand the impact of communications policies, for example, costs associated with bandwidth, call dropping and nationwide service, as well as ways to reduce the cost of use and access. She encouraged sharing of content and regional cooperation on information to ensure policy frameworks and their implementation at the national and regional levels in the effective use of new technologies.

55. Dr. Rakotomalala discussed the inadequacy of human resources in the area of health care in Africa and the potential of non-physician clinicians to strengthen health-care systems. By training and deploying non-physician clinicians to provide emergency obstetric care, a significant contribution could be made in the reduction of maternal mortality, especially in rural and remote areas.

56. Dr. Rakotomalala highlighted the experiences in Malawi, Mozambique and the United Republic of Tanzania, where around 90 per cent of all Caesarean sections are carried out by non-physician clinicians. She noted that the retention rate of the non-physician clinicians was much higher than that of professional doctors, and that the costs for training, deployment and remuneration of non-physician clinicians were lower than those for doctors, and that improved access to skilled health personnel during delivery.

57. Dr. Rakotomalala stressed that while non-physician clinicians are allowed to perform major obstetric surgery in only a few countries, there was a need to influence countries to adopt the practice, design supportive policies, and allocate adequate resources for increasing the number of trained non-physician clinicians.

III. Conclusions and recommendations

58. In her closing statement, the President of the Council identified the key messages that had emerged from the meeting. In order to meet the Millennium Development Goal on maternal health, more and better health care is essential to reducing maternal mortality. A continuum of improved antenatal care, timely lifesaving emergency obstetric care and adequate post-partum care, complemented by access to improved family planning services, is crucial.

59. To stop the feminization of HIV/AIDS, women must be empowered through equal legal rights, education and economic opportunities. They must also be relieved from the disproportionate burden of home-based AIDS-related care, as those responsibilities limit women's opportunities for advancement. These efforts must be complemented by concerted energy to break down economic, social and cultural barriers. This requires holistic policies that ensure that the gender issue is mainstreamed across all national policies and development plans as well as in national budgets.

60. Mr. Fada said that despite the fact that the solutions for improving women's health are well known, female mortality remains high. He said that this situation was dramatic, traumatizing, intolerable and unacceptable, and had the potential of putting at risk not only the harmony of families but the very foundations of societies. Against that backdrop, Mr. Fada cited the following key messages that had emerged during the meeting to address the situation:

(a) Equal rights and opportunities for men and women must be ensured, especially the most vulnerable ones;

(b) Women's independence in accessing health services, seeking employment and accumulating wealth must be ensured;

(c) Better use of synergies must be made among efforts made by the health and other sectors, such as efforts to improve infrastructure and telecommunication networks, reduce poverty, involve women in decision-making processes, reduce illiteracy and ensure access to decent work;

(d) There should be cooperation between the private sector and civil society;

(e) Sufficient financing should be ensured through meeting the Abuja commitment of allocating 15 per cent of the country's budget to health;

(f) The coordination of health policies at the subregional level should be improved, in particular with regard to maternal health and the fight against HIV/AIDS;

(g) Access to quality health care everywhere should be improved through the recruitment of qualified personnel, without excluding the delegation of specific tasks to other service providers;

(h) Participatory approaches that tap the potential of communities should be promoted;

(i) Emerging diseases, such as cervical cancer, should be addressed.

Recommendations

61. **The following steps should be taken:**

(a) **Improve antenatal care, increase attendance of skilled personnel at childbirth, provide timely lifesaving emergency obstetric care, promote quality facility-based deliveries and post-partum care and ensure that these essential services are available in an integrated and easily accessible way;**

(b) **Strengthen the role of midwives in health systems and make better use of their skills as trusted members of their community;**

(c) **A key package of essential AIDS-related services, including sexual and reproductive health services, family planning, prevention of mother-to-child transmission, safe abortion and a response to gender-based violence, should be made available in an integrated manner and in one location;**

(d) **Put an end to physical and sexual abuse, domestic violence and female genital mutilation, which negatively affects not only the individual health of women, but also their families and communities, as an integral part of HIV prevention programmes;**

(e) **Engage young people in comprehensive sexuality education, empowering them to be critical thinkers and leaders, to seek out healthy behaviours and to forge stronger social identities;**

(f) **Address the gender gap in the response to HIV/AIDS, including by engaging boys and men in changing gender stereotypes, addressing violence against women and achieving gender equality;**

(g) **Eliminate the inequities and inequalities which women face in all spheres of life, such as participation in the labour market, political representation, legal protection and social stigmatization, that make them more susceptible to falling ill and contracting disease;**

(h) **Develop and enforce gender-responsive legal frameworks that are compliant with the Convention on the Elimination of All Forms of Discrimination against Women, empower women to access and manage productive resources and provide them legal protection against violence and discrimination in their households, communities and workplaces;**

(i) **Ensure that gender perspectives are mainstreamed in health-related policy frameworks and health budgets and scale up health services specifically targeted at women to ensure that women benefit equally from appropriate and affordable quality health service throughout their life cycle;**

(j) **Reduce the inequities that arise from financial barriers through social programmes and safety nets, such as cash transfers and health insurance schemes, and empower women economically through improved access to finance, entrepreneurship training and guarantees to land ownership;**

(k) **Improve women's access to full employment and decent work through legislation and policies and address gender-based horizontal and vertical segregation, discrimination and gender wage gaps, including through training programmes and public work programmes;**

(l) **Work towards the equal participation of women and men in decision-making processes at all levels, including the design, implementation and monitoring of strategies, to ensure that policies and programmes are gender sensitive;**

(m) **Involve civil society, the private sector, religious leaders and traditional practitioners at the community level;**

(n) **Invest in gender-sensitive health literacy campaigns and widely disseminate free information on women's health, including through information and communications technology, to help women make more informed health decisions;**

(o) **Redouble efforts to ensure adequate external and domestic funding, including by making good on the Abuja commitment to invest 15 per cent of the national budget on health, especially at a time when the global economic and financial crisis is threatening progress on gender equality;**

(p) **Strengthen the capacity of health professionals to provide quality health care and health services to women, including through reviewing recruitment and retention policies, health workforce plans that address shortages in rural areas and the development of codes of practice;**

(q) **Address the increase in non-communicable diseases that disproportionately affect women.**