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**Follow-up to the Fourth World Conference on Women and
to the special session of the General Assembly entitled**

**“Women 2000: gender equality, development and peace for
the twenty-first century”**

Statement submitted by Public Health Institute, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.



Statement

The Public Health Institute, which participated in the United Nations Fourth World Conference on Women in Beijing in 1995, particularly welcomes the opportunity to identify linkages between the implementation of the Beijing Platform for Action and the development of the post-2015 development agenda. Gender equality is a matter of human rights and a prerequisite for social justice without which transformative development cannot occur. The Public Health Institute also supports one of the Platform's key precepts: that the enjoyment by women of the right to health is vital to their life and well-being, as well as to their ability to participate in all areas of public and private life. As we look back on two decades of work around the Beijing Platform for Action, let us carry forward our collective lessons learned to inform a progressive post-2015 development agenda that affirms and protects the human rights of adult women, young women and girls.

We recognize the achievements in women's empowerment that have taken place in the two decades following Beijing. For example the creation of the United Nations Women agency in 2010 provided a clear focus on women's issues at the United Nations. And today, a record number of nations are party to the United Nations Convention on the Elimination of All Forms of Discrimination against Women.

However despite these important strides toward gender equality, many of the same barriers that moved the world in 1995 continue to threaten the health and well-being of women, especially young women and girls. Women continue to have different and unequal access to and use of basic health resources and this is particularly acute for young women, adolescent girls, the aged, and those who are lesbian, bisexual or transgender. There continues to be significant discrimination against young women and girls in access to nutrition and health care services. Women in many contexts are subject to human rights violations associated with early marriage and childbearing, harmful traditional practices and sexual abuse. Women, particularly adolescent girls, face significant barriers to accessing modern methods of family planning and youth appropriate services in order to ensure their sexual and reproductive health and rights.

HIV/AIDS continues to be one of the greatest health challenges to women. Of the 33 million people living with HIV worldwide, nearly half are female. In sub-Saharan Africa, three quarters of all young people living with HIV are between the ages of 15 and 24. Female sex workers, drug users and transgender individuals experience compounding HIV risk factors that move them further into the margins of the world's response to HIV and AIDS.

In many countries, young women experience the most rapid increases in rates of HIV infection of any group. Prevention of mother-to-child transmission of the virus is lacking in a variety of regions. There are few providers who are adequately trained to provide HIV medications to girl children.

This large generation of young people lack access to comprehensive sexuality education, putting them at higher risk of unwanted and early pregnancy, sexually transmitted infections including HIV, and unsafe abortions. About 16 million girls globally aged 15 to 19 and some 1 million girls under age 15 give birth every year — most in low- and middle-income countries. And every year, some 3 million girls aged 15 to 19 undergo unsafe abortions. Adolescent girls aged 15 to 19 are

twice as likely to die during pregnancy as are women over age 20, while girls under age 15 are five times more likely to die. And complications during pregnancy and childbirth are the second leading cause of death for 15 to 19-year-old girls globally. Additionally, babies born to adolescent mothers are at extraordinary risk.

Up to 60 per cent of women and girls may experience violence in their lifetime, putting them at an increased risk of homicide, suicide, maternal mortality, physical harm, disability, unwanted pregnancy, unsafe abortion, harmful drug and alcohol abuse, and sexually transmitted infections including HIV. Pregnancy increases the risk for many women of family violence, particularly among young women. The relationship between HIV/AIDS and violence against women and girls is cyclical and particularly problematic: experiencing violence increases ones risk of being HIV positive, and being HIV positive is a risk factor for experiencing violence.

Women and girls are increasingly prone to non-communicable diseases including cancer, diabetes, chronic cardiovascular disease and lung disease. There is an important gender aspect to the tidal wave of non-communicable disease — for example breast and cervical cancer are the most prevalent forms of the disease for women as opposed to prostate and lung cancer among men. An increasing number succumb to injuries, some associated with alcohol. The widespread availability of tobacco, alcohol and prepared food, and difficulty of finding places to exercise safely are all contributing to the growing tide of illness and disability from these diseases. Women and girls, across the life cycle, are at greater risk than ever, irrespective of wealth or location.

Mental health is of growing concern among women, especially adolescent girls. Depression and suicide are responses to unplanned pregnancies or for those who have no or limited access to safe and legal abortion services, emergency contraception or social and mental health services. Additionally, there are few mental health services available to women who experience gender-based violence or societal violence evidenced by the sharp rates of increase of femicide perpetrated against women around the globe.

Excellent research has been done during the past 20 years on cost-effective approaches to improving women's health. Sadly, accurate information about the health status of women and girls and information for policymakers and providers about proven interventions that work to help to save women's lives is not universally available. Policymakers, healthcare providers, medical institutions and frontline health workers all need access to best practices in women's, adolescent and girls' health to be able to provide the highest possible standard of care.

Even when such care is available, it is often priced above the ability of women and girls to pay. Many women and girls are forced into poverty or into unsafe practices such as commercial sex work to pay for their own healthcare, or provide care to other family members.

Resources that are necessary to research and develop new approaches to women's health are lacking, and there remain significant regulatory and cultural issues that block the availability and use of technologies that could allow women to live longer and healthier. Women are often unable to negotiate the use of health technologies with family members. Therefore, allowing women and girls options that they can pursue on their own must be prioritized.

Many women still do not have access to the education and training necessary to become healthcare providers or leaders in the healthcare and public health sectors. In some places, health professions are simply off limits to women, while in other places there is a glass ceiling that prevents them from attaining higher levels of authority and achievement.

We therefore call upon the United Nations and Member States to:

Ensure that the right of adult women, young women and girls to healthy lives is incorporated into the post-2015 development goals, in line with the recommendations by the Open Working Group;

Sign and ratify the United Nations Convention on the Elimination of All Forms of Discrimination against Women;

Devote significant resources to analysing the social determinants faced by women, young women and girls that impede their attaining the highest attainable standard of physical and mental health;

Create universal access to necessary medical and preventive services in every country, with an effort to reach the most marginalized and vulnerable first, including women, young women and girls;

Develop plans that address the main risk factors for non-communicable diseases in women and girls across the life cycle;

Assure that women and girls have the information and tools necessary to protect themselves from sexually-transmitted infections including HIV and the means to live healthy and productive lives if they do become infected;

Pay greater attention to documenting and promoting proven approaches to improving the health of all women and girls, including those from marginalized groups;

Provide the funding necessary to create and make available at fair cost new women-centred technologies that advance the health of all women and girls;

Create programs and policies that make training and employment for women in healthcare professions possible, at all levels including the most senior;

Ensure that all women and girls enjoy full reproductive and sexual rights and health.
