



## STATEMENT OF THE HEALTH CAUCUS TO THE NGO COMMITTEE ON THE STATUS OF WOMEN

*Adopted on 9th  
March 2000*

Health is a fundamental human right. The basic human rights of young and adult women and girls to health include the right to life, to liberty and security of person; to equality before the law; to the highest attainable standard of physical and mental health, including sexual and reproductive health; to privacy and confidentiality; to self-determined sexuality and sexual pleasures; to choose if, when and with whom to have sexual relations or to marry; and to choose if and when to have children and under what conditions. They also include the right to full and reliable medical information; to informed consent, choice and decision-making in health care, reproduction and infant feeding; to safe and equitable conditions of work and environment; and to the benefits of scientific progress. Worldwide, millions of women lack access to adequate health care services, including a full range of safe, reliable and acceptable forms of contraception. Women and girls are more vulnerable to STIs, including HIV/AIDS, due to biological, social, economic and cultural factors. Rates of maternal mortality and morbidity remain unacceptably high. Unsafe abortions account for at least 13 to 15 per cent of all maternal deaths. Cancer is one of the leading causes of death in women. Women are increasingly subject to a range of harmful and addictive products, such as tobacco. One of out five healthy days of life is lost to girls and women who are subjected to gender-based violence. Health care and social services generally do not recognise symptoms of gender-based violence nor do they provide adequate treatment, protection and support to the women and girls in need. Existing policies, programmes and services do not take into account the situation of women in gender-disempowered relations in personal and public spheres, where women's health is still affected by racism, ageism, sexism, and cultural, religious and patriarchal prejudices. The Health Caucus therefore strongly reaffirms the recommended ac-

tions of the ICPD Programme of Action, the Beijing Platform for Action and the ICPD+5 document, and urges Governments to:

1. Take all necessary steps to ensure that all women throughout the life-cycle have the right to access the highest quality of comprehensive health services, particularly sexual and reproductive health services, free of any forms of discrimination including those based on age, class, race, ethnicity, civil status, religion, culture, sexuality, dis/ability, health and fertility status, and geographic location. Ensure all health services are accessible, affordable, appropriate and internationally acceptable to the needs of young and adult women and girls. Recognise the unique health needs of adolescents, especially adolescent girls, and provide specific services, education and information to address these needs, particularly on sexual and reproductive health issues, and on sexually transmitted infections, including HIV/AIDS.
2. Increase resources for the health care of all women and girls, particularly for women who are marginalised, indigenous, rural and urban poor, disabled, elderly, HIV positive and those with migrant and refugee status, and establish accountability mechanisms to monitor government actions in this area. Provide financial and other forms of needed support for unwaged caregivers, including older women, since they provide more health services than all health industries combined.
3. Use all forms of education as a tool to improve women's own use of health care services. Expand women's educational opportunities, and offer reproductive health and age-specific sexuality education to women of all ages.

4. Expand and accelerate efforts to reduce maternal mortality and morbidity. Strengthen maternal and child health care services, including safe pregnancy and delivery and promotion of infant nutrition and breastfeeding. Ensure that the International Labour Organization (ILO) Maternity Protection Convention (103) and Recommendation (95) are revised at the ILO Conference in June 2000 to strengthen entitlements for women at work. Implement the International Code of Marketing of Breast Milk Substitutes.
5. Ensure that women and girls live in environments that protect their health with access to adequate nutrition, safe food, clean water, sanitation and shelter. Ensure that women have the opportunity to participate in and make decisions concerning the management of these resources at policy levels.
6. Integrate human rights, ethics, and gender and age perspectives into education and training for all health workers at all levels. Ensure that health workers provide all women and girls with respect, privacy, confidentiality, and non-judgemental and empowering care that is free of any forms of coercion, discrimination, threat, intimidation and violence based on age, class, race, ethnicity, civil status, religion, culture, sexuality, dis/ability, health and fertility status and geographic location. Provide these health workers with gender equitable and safe working conditions, and equal pay for work of equal value.
7. Train and equip health service providers and take all necessary measures to ensure that abortion is safe, legal, accessible and provided non-judgmentally to women of all ages, free of fear, discrimination and coercion; and that, if necessary, effective and timely referrals are made to another qualified provider. Protect providers of safe abortions and women seeking abortion-related services, including counselling and post-abortion care, from harassment, violence and coercion. Remove legislation criminalising abortion and which punish health care workers who perform abortions and women who undergo abortion. Reduce the need for abortion by providing accurate information about emergency contraception and making it readily available.
8. Eliminate all forms of gender-based violence, honour killings, sexual coercion, abuse, exploitation, and harmful practices and attitudes against women and girls; notably rape including marital rape, female genital mutilation, and child and forced marriage, and violence committed during armed conflicts. Recognise that all women have the right to sexual pleasure. Provide resources for violence prevention, shelter, support and health services required by survivors. Adopt fully a gender-based and comprehensive multi-sect oral approach to meeting the needs of survivors of violence.
9. Develop policies and effective programmes for young and adult men and boys to develop responsible behaviour and attitudes conducive to gender equality and equity and women's empowerment, particularly in relation to men's sexual responsibility.
10. Establish institutional mechanisms for women to participate fully and equally in decision-making regarding health issues, particularly sexual and reproductive health and rights, mental health, occupational and environmental health issues. Implement affirmative actions to increase the number of women in policymaking, research, planning, implementation, monitoring and evaluation of health policies and programmes, with the goal to ensure equal and equitable participation of young and adult women.
11. Ensure that economic and health reforms, trade agreements and structural adjustment policies fully guarantee the provision of safe, affordable, equitable, accessible, appropriate and the highest quality of health, education

and social services. Redirect an amount equivalent to at least five per cent of military expenditures annually to young and adult women's and girls' health services.

12. Ensure that public health and environmental health are placed before commercial interests, such as trade agreements and the marketing and promotion of tobacco and other harmful products. Ensure equal and equitable access to essential drugs, equipment and medical supplies, including those related to sexual and reproductive health and HIV/AIDS, inter alia modern contraceptives, anti-retroviral drugs, female and male condoms, spermicides and microbicides under development. Prevent expropriation of indigenous medicines and knowledge. Prohibit the export of internationally substandard and potentially hazardous medical equipment, technologies, drugs, toxic waste and chemicals such as pesticides, to developing countries.
13. Develop in collaboration with women NGOs practical tools and a monitoring framework of indicators, including financial, gender and age-specific indicators, for maternal health, breastfeeding, contraception, diagnosis and treatment for infertility, abortion and post-abortion care, cancer-screening, HIV/AIDS programmes, etc. within the national health budget.
14. Commit more resources to research on women's health and ensure that all research on women's health include a gender perspective and conform to the highest ethical and scientific standards, including fully informed decision-making and consent by young and adult women and girls. In keeping with the right to benefit from the fruits of scientific progress, women and girls should have access to research findings and should benefit from the utilization of these results to formulate gender sensitive policies and programmes.
15. Allocate additional and sufficient funding for research into the prevention, detection and treatment of all cancers, particularly breast, lung, cervical and ovarian cancers.
16. Address the impact of determinants of health such as racism, sexism, ageism, homophobia and presence and levels of disability on women's and girls' physical, emotional, mental and social health. These forms of discrimination are implicit in globalisation and they exacerbate the challenges women and girls of all ages already face in achieving health. We urgently call on Governments to recognize that improving the health of young and adult women and girls is an investment for the future, rather than an expenditure. Without health, women cannot fully exercise their other human rights, realize their own potentials, and contribute to development.