United Nations E/cn.6/2015/NGO/99



Economic and Social Council

Distr.: General 26 November 2014

Original: English

Commission on the Status of Women

Fifty-ninth session

9-20 March 2015

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 Imamia Medics International, 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

Saving women's lives: Ensuring sustainable development through health

Despite achievements since the adoption of the Beijing Declaration and Platform for Action at the Fourth World Conference hosted by the Commission on the Status of Women in 1995, gender based inequality remains one of the most pervasive forms of inequality. It continues to be found in all societies and affects a larger proportion of the global population than any other form of inequality. Health, recognized "as a precondition for and an outcome and indicator of all three dimensions of sustainable development", continues to be an arena where women and girls face ongoing challenges. Significant improvements must still be made to ensure access to affordable universal health care services, including mental health, sexual and reproductive health and reproductive rights that prevent the exclusion of women and girls. In addition, since the adoption of the Beijing Declaration and Platform for Action, non-communicable diseases have also emerged as the biggest threat to women's health worldwide, causing 65 per cent of all female deaths, and must be integrated into a health response.

As we move towards a post-2015 development agenda, universal health coverage must remain a critical part of the larger health goal. Pathways to universal health coverage also present a significant opportunity to enhance cost-effective, quality assured non-communicable disease services to women and girls in need as well as transform health systems to respond more effectively. Universal health coverage must be tailored to national contexts, as well as paired with action to address social determinants, foster a cross-cutting method for systematically addressing women's health needs across the board, and over the life course.

Furthermore, there must be an integration of health solutions to improve access and efficiency for care, reduce costs and achieve better outcomes. Community-level clinics, where women usually seek their health services, should be amplified to provide patients simple, low-cost methods for diagnosis and treatment of non-communicable diseases. Non-communicable disease prevention and control could also be integrated into maternal and child health programs to improve access to these services by women and girls.

Finally, the empowerment of communities and civil society is necessary to eliminate the stigma and protect women living with non-communicable diseases, including mental and physical disabilities, from discrimination. Communities must be empowered with knowledge of their right to health as well as mechanisms to hold their governments accountable.

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