Make progress on property rights, gender responsive legal protection, access to formal finance, increased political participation, change in social attitudes all of which are health status;

Promote sustainable health funding, including by moving from user charges to pooled funding, to ensure equitable access for women and man to affordable and appropriate quality health services throughout their life-cycle.

I. Introduction

In June 2010, the Economic and Social Council will hold its fourth Annual Ministerial R
the internationally agreed goals and commitments in regard to gender

On 12-13 January 2010, the Government of the Republic of Senegal, with the support of the United Nations Department for Economic and Social Affairs (UNDESA), the United Nations Economic Commission for Africa (ECA), and the World Health Organisation (WHO) hosted the Regional Preparatory Meeting for Africa on Women and Health.

The meeting brought together more than 100 delegates, th

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 MDGs. Finally, health improvements require a trained and skilled health workforce.

Turning to the specific focus of the AMR regional meeting she noted that women
disadvantages and from the fact that they were often unable to make their own choices. She said that as a global high-level forum ECOSOC can develop integrated response that can help women break the vicious cycle of disempowerment.

In his keynote address,

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, largely due to HIV/AIDS.

Research shows that maternal health is a good proxy for both overall nd the status of women in societies. The high incidence of maternal death therefore suggests that many women

1997 to 61 in 2005. The use of family planning increased from 5 per cent in 1993 to 10.3 per cent in 2005. These improvements have been especially made possible through the national

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 maternal health gap between rural and urban areas. In addition, the use of

specially trained birth attendants rather than fully qualified doctors have made remarkable progress in reducing their maternal mortality rates.

Dr. Jemima Dennis-Antwi, Regional Adviser for Anglophone Africa, International Confederation of Midwives called for a repositioning of African midwives to achieve MDGs 3, 4, 5, and 6. She said that midwifes, 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 Swedish and Dutch governments 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 midwifes to provide three key interventions: (1) adolescent and reproductive health services and family planning; (2) skilled antenatal care, and (3) emergency obstetric and newborn care.

Insufficiently comprehensive curricula, 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 between and within countries is another major challenge.

To make headway, in the short run,

Scaling-up efforts to combat HIV/AIDS in Africa

The panel addressed the main trends in 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 by governments and civil society were given to

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.

Ms. Juliet Tembe, Chair of the AIDS Support Organization (TASO), 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, 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.

Ms. Tembe made a number of recommendations on gendered-responses to

increased condom usage, family planning and the prevention of parent-to-child transmission. Couple-counselling, working with discordant couples and peer-to-peer education have brought significant benefits. Sensitizing cultural leaders, religious leaders and communities to address gender issues affecting the transmission of HIV is more effective than working with individuals. Overall, increased focus on gender-based programming will address gaps in development planning.

Ms. Mary Crewe, Director of the Centre for the Study of AIDS at the University of Pretoria,

For example, Mr. Nanj

in maternal mortality. These issues are being

participation increases their ability to take better care of themselves and their families.

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 MDG 5 is about improving the health of women, but it cannot be achieved without the simultaneous investment in the achievement of the other MDGs. To achieve true enjoyment of human rights and achieve principles of equality and non-discrimination, there is

highlighted the risk of ignoring gender issues in ICT policy and argued for the

E. Session 4 - Examples of best practice

The session was chaired by **H.E. Ms. Moulaty Mint Elmoctar, Minister of Social Affairs, Children and Family, Mauritania** and moderated by **Dr. Faustin Yao, Director, Sub-Regional Office for West and Central Africa, UNFPA, Dakar**.

Following introductory remarks by the chair of the session, **Dr. Souleymane Diallo, UNICEF Representative, Benin** presented the efforts of Benin in providing free caesareans for all those giving birth in public hospitals and who do not have insurance coverage. The free caesareans and the accompanying medication needed are seen as a first step towards a comprehensive free maternal health package. Both families that could not afford caesareans before as well as families which were pushed back into poverty by having to pay for a caesarean benefit from the new policy. He explained that by providing free caesareans the government has created a demand for maternal health services making which helps to attract more qualified personnel into the field.

Professor Jean Charles, Moreau, Chair of Gynecology and Obstetrics, University Cheikh Anta Diop, Dakar, reported on the lessons learned from the Gynaecological and Obstetric Clinic (CGO) and the Regional Centre for Education and Research on Reproductive Health (CEFOREP). 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 midwifes and their geographical concentration in urban centres as a key constraint for the provision of obstetric services. CGO and CEDROP are aiming to improve obstetric and emergency infant care through a three pronged

broader social network which often extends

Recommendations

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

Strengthen the role of midwifes in health systems and make better use of their skills as trusted members of their community;

Make a key package of essential HIV related services, including sexual and reproductive health services, family planning, PMTCT and a response to gender-based violence

empower women economically through improved access to finance, entrepreneurship training and guarantees to land ownership;

Improve women 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 programs and public work programs;

Work towards 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;

Involve civil society, the private sector, religious leaders and traditional practitioners