

**The UN's Millennium Development Goals:  
Making Good on the World's Promise to Women  
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Good evening...it is such a pleasure to be here tonight. Thank you to IWHC President's Council member Penny Levy, and to Elizabeth Beim and the International Visitor's Committee, for organizing this event.

I speak to you tonight at a time of hope, and also despair. Natural calamities at home and across the world in this year alone have killed and maimed staggering numbers. So have manmade calamities: war, civil conflicts, and genocide. And then there are the silent, persistent calamities—poverty, deaths in childbirth, sexual violence, and HIV/AIDS. These, like the natural and the manmade calamities, typically affect women more than men—and in so doing, jeopardize families, communities, and nations. Tonight, therefore, we are at a crossroads for women's health and rights.

Exactly four weeks ago, almost all of the world's heads of government met to consider progress since their Summit at the start of the millennium five years ago. Tonight, I'd like to share my reflections about what happened at the 2005 Summit, and what needs to happen, starting now, to secure a just and peaceful world. As many of today's leaders—men and women—acknowledge, a just and peaceful world is only possible if we secure a better world for women and girls living in the world's poorest countries.

As Penny indicated in her introduction, my organization, the International Women's Health Coalition, and I myself, have a long record of work at the United Nations that has resulted in powerful intergovernmental agreements on women's health, empowerment, and human rights. When we began this work in 1992, we had to learn by doing. It was not rocket science, but it did take persistence, willingness to compromise, broad alliance-building, high tolerance for endless wordsmithing, and an even higher tolerance for the multiple competing agendas, and I dare say sexism, that characterize intergovernmental negotiations—all this, while women's lives and rights are in jeopardy.

Secretary-General Kofi Annan's goals for the 2005 World Summit were ambitious: to reinvent the United Nations, strengthen international cooperation for peace, and renew commitment to development priorities for the 21<sup>st</sup> century. These goals were drawn from his report, "In Larger Freedom: Towards Security, Development, and Human Rights for All," which is based on the fundamental premise that every person has the right to realize three freedoms: freedom from want, freedom from fear, and freedom to live in dignity. The Secretary General's comprehensive agenda reflects the fact that, in today's world, we cannot effectively address poverty, security, and human rights through narrowly focused programs separated by vast ideological and philosophical divides. Rather, we must agree on a common agenda in which poverty is inextricably intertwined with human rights; security with poverty; and rights with health. In my 35 years of professional work, this has also been the vision of the women's movement, and many parts of that movement worked together to influence the outcome of the Summit.

IWHC's work for the 2000 Summit paid most attention to the eight Millennium Development Goals—or MDGs—set by the UN in 2000 to inspire action and monitor progress on eliminating global poverty by 2015, in the broader context of promoting gender equality and ensuring human rights for all. The MDGs commit us to achieving the following in the next 10 years:

1. Eradication of extreme poverty and hunger
2. Universal primary education
3. Gender equality and empowerment of women
4. Reduction of child mortality
5. Improvement of maternal health
6. An end to HIV/AIDS, malaria, and other diseases
7. Environmental sustainability; and
8. A global partnership for development

These are not just numerical targets. The MDGs are grounded in enduring values—compassion, justice, fairness, and the desire for peace.

As you probably read in the press, or discussed with friends and colleagues, the Secretary-General himself, and many others, including ourselves, were disappointed by the overall outcome of the Summit. The Summit failed to agree on critical areas of UN reform, UN structures for human rights enforcement, environmental policy, and nuclear proliferation. As typically happens at the UN, however, government delegates, the staff of UN agencies, and representatives from civil society worked late into the night to secure consensus on other vital areas. The Summit agreed on more precise steps needed to reach the MDGs, and to the surprise and the relief of many, President Bush expressed unambiguous support for the MDGs.

From January, right up to the Summit itself, IWHC's International Policy Program worked with governments, UN agencies and other non-governmental organizations on drafting language, debating negotiating strategies, and advocating with key actors—all the way to the Secretary-General's office. Our goal was to ensure inclusion of strong language in the final government agreement on gender equality, women's empowerment, sexual and reproductive health, and HIV/AIDS. In the end, we and our colleagues secured one of the strongest ever intergovernmental affirmations of sexual and reproductive rights and health. All governments, including the US, reaffirmed that achieving universal access to reproductive health is a fundamental part of the MDG agenda—and that we can only achieve the MDGs if we secure sexual and reproductive health and rights. That may sound mundane in this room, but in today's United Nations, it is a major accomplishment. We now have a significant advocacy tool—the Summit outcome document—to use at country level, and also with international agencies and donors, to shape policies and programs, and to mobilize resources for the empowerment of women and protection of their health and human rights.

Why is this so significant?

More than half a million women die unnecessarily from preventable complications of pregnancy and childbirth every year—all but 1 percent of them in developing countries—and approximately 20 million women each year suffer harm, because we have not invested in the simple, low-cost reproductive health services that save women's lives, and enable them to protect their families. One in 16 women giving birth in Africa die in

childbirth. In rich countries like the United States, one in 2800 die. The World Bank has estimated that 74 percent of maternal deaths could be averted by simply providing basic health interventions.

The benefits of such simple investments transcend maternal health. Healthier mothers living longer mean healthier children living longer. Healthier mothers living longer mean that more daughters are able to attend school, because they do not have to stay home and care for their families in their mother's place. In other words, Millennium Development Goals 2 and 4, achieving universal primary education and reducing child mortality, are directly dependent on progress toward Goal 5, improving maternal health.

But, clearly, averting deaths related to pregnancy is just the minimum that is needed. For women to achieve education, employment, and financial independence, and to contribute to political processes in their countries—the objectives embodied in MDG 3—they must be able to decide whether, when, and with whom they have sex and bear children. They must be able to live free of sexual violence, coercion, and discrimination.

Let us look closely at Goal 6, combat HIV/AIDS. The world seems to have forgotten that HIV/AIDS is fundamentally an issue of sexual and reproductive health and rights. In sub-Saharan Africa, 76 percent of young people ages 15-24 living with HIV/AIDS are female—76 percent. HIV infection rates in girls and women are rising in every region of the world. Four-fifths—80 percent—of all women living with HIV/AIDS worldwide were infected by their husbands or primary partners, not by their own behaviors. Current, narrowly designed HIV/AIDS programs have failed utterly to protect women and girls. We will see more of this pattern in Nigeria, India, China—even countries such as Brazil and Thailand that have relatively controlled epidemics—unless we work together to achieve universal access to sexual and reproductive health services, and to protect the sexual rights of women and young people.

What exactly does universal access to reproductive health promise women and girls? Access to the basic health information and services that most of us may take for granted: care before, during, and after pregnancy and childbirth; access to contraceptive options and safe abortion services; and testing and care for sexually transmitted infections, including HIV and AIDS. These services are relatively simple and inexpensive. They do not require new technologies or scientific breakthroughs. They do require political will—and it is the moral obligation of all of us to generate that will.

This brings me to my next theme: How we can build on the Summit's commitment to women's health and rights in order to improve women's lives and achieve the MDGs. I will focus on three key areas. First, in order to meet all the Goals, including Goal 6 on HIV/AIDS, there must be a fundamental shift in HIV/AIDS policies. Second, achieving the MDGs requires sustained investment in the health and rights of young people. And third, our success going forward requires participation and action by all of us.

First, HIV/AIDS policies. The HIV/AIDS pandemic has captured the attention of the media, the public, and policymakers as few global health issues ever have, but the considerable resources directed towards HIV prevention and treatment must be spent more effectively. This absolutely requires investing in concrete action plans and policies to prevent infection in the majority of girls and women. In other words, it requires changing the realities of girls' and women's lives that put them at such high risk of infection and death. These realities include, for example, marriage of young girls to

older, sexually experienced men; husbands or partners who have multiple sexual partners before and during marriage and stable unions; violence and sexual coercion inside and outside marriage; unequal access of girls and women to education, productive assets and employment; and taboos against giving girls and young women factual information about sexuality and reproduction before and after marriage.

We can most effectively and efficiently address these realities by investing some HIV/AIDS resources in strengthening and expanding access to health services that girls and women use—namely, reproductive health services. Unlike HIV-specific clinics and education programs, which are too often stigmatized and inaccessible for women, reproductive health services have established community support and a head start of several decades on core staff and management capacities. Significantly increased resources are needed, both to reach more girls and women, and to add HIV/AIDS-related capabilities to reproductive health services. For example, the World Health Organization estimates that there are approximately 600,000 doctors, nurses and trained midwives in all Sub-Saharan African countries combined. Even by conservative estimates, at least three times that number are needed to meet the reproductive health needs of African women. If we invest wisely in training these health workers, we will reap benefits beyond women's health—namely, stronger public health systems for all.

Prevention of HIV/AIDS in girls and women also requires development and provision of prevention methods that put the capability for prevention in women's hands. For example, funding is urgently needed to develop microbicides—topical substances that women can apply in the vagina to reduce transmission of HIV. U.S. government funding of microbicides research and development increased from \$35 million in FY 2000 to \$89 million in 2004. Other donors, including the governments of Denmark, Ireland, Norway and the United Kingdom, and foundations like Ford, Gates and Rockefeller, are making important investments. However, more funding is needed: \$1 billion spread out over the next five years to ensure that final trials of the five most likely candidate products are completed expeditiously. While this may sound like a lot of money, it is minute compared to total global funding for HIV/AIDS (\$6 billion in 2004 alone)—or, for that matter, the amount spent on pet food in this country—\$11 billion annually. (Or, 2004 spending on HIV/AIDS vaccine research: \$682 million.)

Our second priority to meet the MDGs is to direct more attention and resources to a different half of the world's population—the young. Nearly three billion young children and adolescents, the majority of whom live in poor countries, are vulnerable to HIV/AIDS, as well as unwanted pregnancy, sexual coercion, and violence. Their decisions and behaviors will also largely determine the growth rate and size of the world's population. If these young people do not receive adequate reproductive and sexual health services and education now, if girls do not have equal access to schools, and if both boys and girls foresee a future of unemployment and poverty, both the HIV/AIDS pandemic and demographic momentum will surely continue into future generations.

In the arenas of health and education, outreach to young people around the world must therefore emphasize effective programs for comprehensive sexuality education which:

- include abstinence as one important option;
- provide full, factual information about sexual development, sexuality, and protection against disease, as well as unwanted pregnancy;

- provide social support, and
- help young people to:
  - build skills to establish equality within their relationships,
  - respect the right to consent in both sex and marriage,
  - and end violence and sexual coercion.

These programs should provide girls with safe spaces, free from harassment and discrimination; alternatives to early marriage; and activities to help build their self-esteem and confidence. Current adolescent programs typically fall far short of this standard, but the Girls' Power Initiative—or GPI—program in Nigeria and others like it show the way.

IWHC has worked closely with and supported GPI for more than 10 years. Today, GPI is an internationally recognized organization running a comprehensive program designed to achieve gender equality in four Nigerian states. Program participants are getting an education instead of getting married young; they have resisted genital mutilation for themselves and their sisters; and they are changing the way their parents, siblings, peers and communities value young women.

In Cross River, a state where GPI works, where HIV prevalence has reached 12% among sexually active individuals, GPI girls have knowledge and show initiative when it comes to protecting their sexual and reproductive health. In addition to the 1,500 girls directly involved in the program, GPI's message of empowerment now reaches another 25,000 girls in 28 schools. GPI and our other colleagues across Nigeria are now also influencing national health and education policies to better protect the health and rights of all Nigerian girls. Collaborations like these, between governments and community-based groups with years of unparalleled experience, are vital to meeting the MDGs.

Finally, the third priority for meeting the MDGs is political will. That is where all of us come in. We must work to ensure that the U.S. government keeps its 2005 Summit commitment to achieve the MDGs. We should demand substantially increased, and better programmed, foreign assistance, including, for example, using U.S. global HIV/AIDS funds to reach girls and women and increasing funding for microbicides. You can find information on current U.S. legislation on IWHC's website at [www.iwhc.org](http://www.iwhc.org). From our home page, you can sign up to be alerted of opportunities to advocate for U.S. policies that promote and protect women's health and rights. If you join our action list, you'll hear from us in the coming months about other legislation, such as a groundbreaking bipartisan bill to combat child marriage, which poses a real threat to the very lives and health of millions of girls in the developing world.

Reproductive health services, comprehensive sexuality education, and programs to eradicate sexual coercion and violence are life-affirming and life-saving. The world's girls and women – families and communities – are counting on each of us to stand up for universal respect for human rights, shared prosperity, peace, and equal opportunity. Each of you can make a difference—in your conversations, in your professional priorities, and in your volunteer activities. Together, we are a broad coalition for a better world.

Thank you very much.