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Agenda item 28: Advancement of Women
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Mr Chairman,

On behalf of the International Federation of Red Cross and Red Crescent Societies (IFRC), allow me to first congratulate you and the members of the Bureau on your election to guide the important work of the Committee during this session. I would also like to thank you and the speakers for the informative briefings received at the outset of this debate.

Remarkable advances have been made over the past century in our common quest for gender equality and women's empowerment. With much yet to do, I will focus my remarks on three critical areas: sustainable development, health inequities and violence.

Sustainable Development

Women are indispensible to sustainable development, yet they continue to face discrimination in access to education, productive resources and decision-making. The IFRC welcomes the integration of gender equality in the Rio+20 Conference and in *The Future We Want*. Our success will depend on the discussions and process ahead, and on our commitment to ensuring that 3.5 billion women and girls have a brighter future. In order to do this, governments must place gender equality at the heart of the sustainable development agenda after 2015.

As we approach 2015, more must be done to ensure that the momentum on the implementation of the Millennium Development Goals (MDGs) continues, especially on goals 4 and 5 related to maternal and child health. The progress to date is uneven between and within regions and countries. In rich and poor countries alike, the women and children most in need of assistance often miss out on life-saving interventions.

Health Inequities

Governments must address inequities in access to health care, particularly among women and children, if sustainable development is to be realized. At the 31st International Conference of the Red Cross and Red Crescent held in Geneva in November 2011, 187 National Societies and 164 governments pledged to work together to reduce health inequities, beginning with removing obstacles to reproductive, maternal, newborn and child health. We remind governments of that pledge today.

National Societies, as auxiliaries to public authorities, are well placed to support national health priorities and deliver health services to marginalized and vulnerable groups through the mobilization of their wide network of female and male community-based volunteers. For example, in the Democratic Republic of Congo, Red Cross volunteers, in partnership with the GAVI Alliance, go door to door in their communities to find children and pregnant women overlooked by the formal health system, bridging the health divide one house at a time.

Our 13 million Red Cross Red Crescent volunteers have learned two important lessons from connecting vulnerable communities to health facilities.

First, due to their local knowledge and legitimacy, community actors are best placed to ensure that health care reaches the most vulnerable women and children, targets appropriate gatekeepers and overcomes cultural barriers to the uptake of health services. As a result, increased community resilience is not something outsiders can deliver to individuals or communities, it must come from within the communities themselves.

Second, reliable and accurate information, coupled with the promotion of knowledge, is crucial to encouraging health-seeking behaviours. While most interventions related to maternal and child health focus primarily on improving women's knowledge and practices, in many societies women are dependent on male members of the family in order to access medical care for themselves and their children. Hence it is important that men and boys, elders, religious leaders and other gatekeepers are aware of and actively engage in and address risk factors faced by women and children. We would like to recognise the Honduran Red Cross, who have engaged fathers to be involved in maternal, newborn and child health, acting as agents of behavioural change and playing a critical role in enhancing health for women and children. Such action is essential if we are to make progress on MDGs 3, 4, and 5.

Just last month, the United Nations Secretary General reminded this body that "Even in these times of austerity, there is no better investment than the health of women and children." Indeed, the benefits spill over to families and communities, making women and children a gateway to improving population health, economic growth, and sustainable development.

Violence Against Women

The IFRC stresses the recommendations contained in the reports before the Committee relevant to the elimination of violence against women, including women with disabilities. One aspect that warrants greater attention is the often unspoken devastation caused by violence in emergencies. In natural disasters and other crises, gender-based violence and discrimination against women and girls intensify, as stress levels soar and the normal fabric of society falls apart. Recent experiences, including in the response to the Haiti earthquake, remind us of the need for greater investment and action on this issue. Violence is preventable and a holistic, evidence-based and coordinated approach is needed. Thus, the IFRC is making violence prevention, mitigation and response a priority through its global strategy for 2011-2020, and is increasingly working with National Societies to integrate violence prevention in response to emergencies. The IFRC is also committed to working with partners in the WHO's Alliance on Prevention and other international alliances and organizations with a shared concern on the prevention of violence against women.

In closing, let us work together during this 67th session to move forward on our commitment to realizing women's rights, to achieving the MDGs, and to the full implementation of the Convention on the Elimination of Discrimination against Women and the Beijing Declaration and Platform for Action.