

**Statement Delivered on behalf of the World Health Organization**

Mr. Chairperson, Excellencies and Distinguished Delegates,

Achieving gender equality, as well as the economic empowerment of women and girls, is a top priority for the World Health Organization. WHO draws specific attention to SDG 3 (good health and well-being), and SDG5 (gender equality and women's empowerment), in this context.

Last September, the High Level Commission on Health Employment and Economic Growth, co-vice-chaired by the WHO Director General, released its report "Working for Health and Growth". The UN General Assembly, through Resolution A/RES/71/159, welcomed this Report and urged member states to act on its recommendations. These include increasing investments in the health workforce that transform unpaid care to decent work, addressing persistent gender biases, and increasing women's participation in leadership positions.

The health sector is a leading economic and employment sector: an engine for economic growth and job creation. Unlike other sectors and industries, jobs in the health sector are growing, and growing fast, with an estimated 40 million additional jobs over the next fifteen years. Jobs in health affect larger numbers of women compared to other sectors and industries. Across a sample of 123 countries where women make up a mere 40% of total employment they represent a 70% in the health sector.

There are a number of issues to be addressed in the context of the health sector and women's economic empowerment and gender equality:

- The High Level Commission's report emphasizes the vulnerability of women working in the health sector. Systematic gender biases continue. We still see high levels of informal employment, prominent pay gaps, and under-representation of women in leadership and decision-making.
- WHO led the "Midwives Voices, Midwives Realities" 2016 Report which documented the experiences of several thousand midwifery personnel in 93 countries, revealing how hierarchies of power, gender discrimination and harassment hinder the provision of quality care for women and newborns.

- Violence against women is a barrier to women’s empowerment and adversely affects their health. Women working in the health sector are also particularly at risk of physical and sexual violence, including from targeted attacks at health facilities.
- To advance women’s economic empowerment and gender equality, we must address non-communicable diseases (leading causes of death among women globally with 65% female mortality, mostly in low and middle-income countries) and poor nutrition. Poor nutrition in early life hinders cognitive development and worsens educational outcomes, with girls particularly at risk. SGD target 3.4 calls for the reduction, by one third, of premature mortality by 2030 from non-communicable diseases through prevention and treatment by 2030. Adult women and men in poor health are more likely to be unemployed, be less productive, and earn less.

WHO supports the 61<sup>st</sup> Commission on the Status of Women’s affirmation that structural barriers to women’s economic empowerment are compounded by multiple and intersecting forms of inequality and discrimination. We at WHO are working on solutions with member states and partners to advance this agenda and address the issues mentioned above:

- A global plan of action to strengthen the role of health systems in addressing interpersonal violence was endorsed by the World Health Assembly last year. It highlights the crucial role of the health sector in preventing and responding to violence against women. Within the health system, listening to the voices of midwives can achieve significant progress in their conditions and the level and quality of care they provide.
- In the context of women’s economic empowerment, WHO draws specific attention to SDG targets 3.7 and 5.6 which call for member states to ensure women’s rights to universal access to sexual and reproductive health care services, including family planning. Women’s participation in the workforce is frequently determined by their ability to decide for themselves whether, when and with whom to have children.
- To address poor nutrition, we work to increase the establishment and duration of breastfeeding. Breastfed children are less prone to disease, so stand a better chance to become productive adults. We urge more investment in nutrition, harnessing the UN Decade of Action on Nutrition.
- Recognizing that addressing gender biases in the work force starts at home, WHO recently introduced a new Policy on Gender Equality in Staffing. This commits to increasing the proportion of female staff in higher professional categories, and a gender-sensitive recruitment practice.

- WHO is strengthening its focus on integrating gender, equity, human rights and social determinants, focused on country level. A practical set of tools and guidance is being rolled out for analysing health inequalities and using this to leave no one behind in health policies and programmes.
- To learn more about the issues and impact of the work of female migrant care workers and health, WHO will soon release a report which will highlight how these women are playing an increasingly important role in providing care and buttressing the health systems and social systems of many countries.

More broadly, WHO is committed to advancing women's economic empowerment and gender equality by delivering on the High Level Commission's recommendations. We are working with the ILO, OECD and other partners to put forward a multi-sectoral action plan that delivers on this commitment.

We believe that, across the world, and in all formal and informal employment sectors, investing in female workers through an equity and human rights approach will promote the virtuous cycle of economic empowerment and gender equality.

Thank you.