

The 35th World Congress of the International Alliance of Women, IAW, in South Africa, Nov. 2010, included a 2-hour roundtable on Women's Health. **Among the panelists: the WHO representative to South Africa, the UNAIDS team leader on Women, Girls and Gender Equality, the UNFPA regional technical advisor, the Deputy Minister of Health.**

The conference room was well filled with IAW delegates from 35 countries reinforced by South African women from all provinces. Information and concerns were exchanged all during Congress, common action planned in some instances of violence against women.

The auditory got lectured on what is being done to reduce maternal mortality and what remains to be done; on the interaction of the scourge of HIV/Aids with maternal health; on international and national cooperation and action towards meeting MDGs 5 and 6, on the role of NGOs and changes in the official perception of why urgent coordinated action is needed, and that women and girls need to be targeted in a comprehensive way.

Facts and figures from South Africa are self-explanatory and show how closely sexual and reproductive health rights are connected.

Between 2002 – 2009 maternal mortality increased due to death tolls from AIDS. Access to treatment for the prevention of mother-to-child transmission of HIV has increased. However, an estimated 300.000 mothers need to be treated under the national programme.

60 % of the HIV infected people are women. This also tells a story about wide-spread violence against women. And it highlights the need of all women to access the life-saving ARV (anti-retroviral) treatment.

The Agenda for Accelerated country Action for women and girls is the operational Plan for the UNAIDS action framework

Despite a total fertility rate of 2.5 in 2008 the annual population growth rate between 2000 and 2008 is 1.3.

Life expectancy dropped from 61 in 1990 to 52 in 2008. The life-time risk for women of dying from a pregnancy related cause is 1 in 110.

Contraceptive prevalence for women, years 2003 – 2008: 60 %.

Skilled attendance at birth 91 % and Institutional delivery 89 %.

The last 3 figures are far above the average for Sub-Sahara Africa.

To conclude here are a few major issues mentioned by the panelists that confirm IAW positions and show in which direction we should work:

- Delays for women's seeking health care are to a large extent an issue of culture. Please note: The IAW Congress unanimously approved a resolution on the need for harmonizing customary law which often is to the detriment of women, with international conventions, standards and decisions and on implementing existing national legislation.
- The wide-spread sexual violence goes beyond social policy issues: in essence it is about equality and justice.
- The right of women and girls to reproductive health was confirmed.
- So was the cross sectoral nature of maternal health.
- Engender health as a key task for governments sounded familiar.
- Men have to work side by side with women for countries like ZA to make headway on the MDGs dealing with Women's empowerment, Maternal health and HIV/AIDS.

As an outcome of the roundtable IAW will collaborate with UNAIDS on Women, Girls and Gender Equality.

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