

Speech by Minister of Health of the Republic of Indonesia at the Annual IFPMA Reception on the occasion of the 63rd World Health Assembly. Theme: Meeting UN MDG 5: the challenges of improving women's health. Geneva, May 19th 2010.

(speech delivered on behalf of Dr. Endang Rahayu Sedynaingsih, MPH, Dr. PH, by Dr. Engko Sosialine, Director for Community and Clinical Pharmacy, Ministry of Health of The Republic of Indonesia)

It is a great pleasure to me to be here at the IFPMA Reception this evening delivering a Keynote Speech on Meeting UN MDG 5: The Challenges of Improving Women's Health. It is indeed pertinent that the challenges we face in improving women's health worldwide need vibrant collective efforts in order to ensure the improvement of maternal health.

The Millennium Development Goals (MDGs) have been recognized as the key indicator of human development, in particular global health development since 2000. Accordingly, Indonesia, as a member of international community, has adopted MDGs and integrated it in the Long-Term Development Plan 2004-2025 and stipulated in the Mid-Term Development Plan 2010-2014 with the following objectives: to increase life expectancy at birth to 72 years, to reduce the infant mortality rate to 24 per 1000 live births, to reduce the maternal mortality rate to 118 per 100,000 live births, and to decrease the prevalence of mild to severe underweight among under-five children to less than 15%.

Under the leadership of President Susilo Bambang Yudohoyono, Indonesia increased its efforts towards fulfilling the MDGs alongside our efforts to improve community access to essential medicines and vaccines, taking into account the fact that the availability of essential medicines in public health facilities in Indonesia remains low and the price of drugs, including generics, is still too high.

Ladies and Gentlemen,

The 1995 Beijing Platform for Action launched during the 4th World Conference on Women, identified **12 Critical Fields** for the improvement of equal rights and dignity between women and men, including in the field of *Women and Health*.

In Indonesia, where women make up more than half of the population, women health issues remain a daunting problem. From birth, through infancy, school age, adolescence, reproductive and old age, the health of women in Indonesia, along the line with the other developing countries tend to be overlooked.

Throughout the life cycle, women are posed to various health problems, especially those related to child-bearing, breastfeeding and child-caring. These are compounded by gender injustice, illiteracy, low education and inequality, leading toward abject poverty. Despite Indonesian government policy in mainstreaming women's education, the women's education levels in several areas of Indonesia are generally still lower than those of men.

Ladies and Gentlemen,

The complexity of women health is related to reproductive health, pregnancy, family planning, adolescent reproductive health, reproductive health in old age, infertility, the controversial female genital mutilation, and sexually-transmitted infections (STIs) including HIV/AIDS. This complexity requires comprehensive response in order to manage women's health problems. In Indonesia, it was reported that in 2009, out of 54,320 cases of HIV/AIDS, ~26% of which were women. Furthermore, out of the 3,525 new cases of AIDS recorded in 2009, 1,970 cases were ordinary housewives, while 640 were commercial sex workers. High-risk sexual behavior by men has placed women (wives) in a position of high risk from transmission of STIs, including HIV/AIDS.

Women can also face health risks from their work, often due to their perceived inferior status and limited access to education as I outlined earlier. Women's inferiority can also contribute to domestic violence with its complications such as physical, and mental disorders. Women workers engaged in labour-intensive physical work often have low levels of protections from occupational hazards which can endanger their health. Housewives living in urban slums are also at risk of contracting communicable diseases. In addition, the exploitation of women and women trafficking for labour and forced prostitution adversely affect women health.

Ladies and Gentlemen,

In order to overcome the problems faced by women throughout their life cycle, the Indonesian Government, in particular the Ministry of Health has made the following women's health objectives: (1) to expand the coverage of health services to women; (2) to continuously improve the quality of health care, especially gender-responsive services; (3) to enhance women's empowerment and rights in the health sector; (4) to improve data collection and research relating to women's health; and (5) improving the quality of gender-oriented services.

These initiatives have been undertaken in conjunctions with Government's efforts to provide essential drugs and vaccines that are safe and effective. These efforts have included providing free medicines for maternal and child health services at primary healthcare centres.

Generic drug prices area also regulated by the government to ensure their availability and affordability in the market. As a more important step forward, Indonesia is in the process of preparing a national health insurance scheme for all Indonesia people by 2014. This initiative is part of Indonesia's efforts to the MDGs deadline by 2015.

Ladies and Gentlemen,

The progress of women's health is a challenge to human history. Therefore, there is urgent need to address it with the utmost seriousness by utilizing available resources. This should be valued as an investment, instead of cost to our human development. Consequently, we will be blamed by the future generations unless we treat women health as our priority development agenda. Allow me to invite you working together to materialize key strategies into reality to ensure women all over the world enjoying health, vitality, and prosperity they deserve.

Thank you.