



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

Delegation to the United Nations

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**STATEMENT BY MS ANNE CHRISTENSEN
OF THE INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES
DELEGATION TO THE UNITED NATIONS**

Agenda item 27: Advancement of Women
Third Committee of the United Nations General Assembly
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Mr Chair,

Post-2015 development agenda

The MDGs have resulted in significant progress for women and girls, however a number of critical gaps remain. Among the targets that lag the furthest behind are maternal health and access to sanitation, which have severe consequences for women and girls. Furthermore, the focus in the MDGs on gender equality and the empowerment of women was too limited. In particular, discrimination and violence against women have significantly hampered MDG progress. In that regard, the IFRC is pleased to see a proposal for a stand-alone goal on gender in the OWG outcome document that contains strong targets on ending all forms of discrimination and violence against women and girls.

We also welcome the critical links between gender and health made in this year's CSW Agreed Conclusions, which especially highlighted, in relation to MDG5, the slow and uneven progress within and across countries, especially for the poorest and rural sectors of the population and the particular needs and vulnerabilities of adolescent girls. Indeed, many of the world's most vulnerable women and adolescent girls die needlessly or suffer complications because of unequal access to information, prevention, treatment and services to meet their basic health needs. We must ramp up our work, resources and actions in this area.

Gender and GBV in emergencies

We meet at a time when we face major challenges in responding to the humanitarian needs generated by conflict, disasters and other emergencies, where women and girls are particularly at risk. This is well recognized at the global level through initiatives such as the UNSG's UNiTE to End Violence Against Women campaign, the End Sexual Violence in Conflict campaign led by the United Kingdom, and in the Call to Action on Violence against Women and Girls in Emergencies, which the IFRC joined in November 2013 in recognition of the importance of addressing this issue.

These initiatives need to be supported by greater investment in and attention to gender and violence prevention mainstreaming in emergency preparedness, response and recovery. Gender-based violence in emergencies is predictable and preventable; therefore we should act before waiting for evidence of specific instances of such violence to emerge. This need to immediately act was one of the key issues emerging from the Call to Action in November 2013. In doing so, it is essential to fully engage women and girls as agents of change in all preparedness, response and recovery efforts. Furthermore, humanitarian response needs to be better informed by gender analysis that is based on sex- and age-disaggregated data and direct consultation with women on the protection risks they face, the assistance they need, and the role they can and need to play in the response. In addition, a greater focus on violence prevention integrated in disaster risk reduction initiatives in local contexts is much needed.

To address these concerns in our own activities, the IFRC and its 189 member National Societies are enhancing our attention to violence and to promoting gender equality and respect for diversity in our disaster response, trainings and broader community-based programming. As first responders in emergencies and members of affected communities, Red Cross Red Crescent volunteers are familiar with local capacities and traditions and can work with decision-makers, international actors and communities to identify their own local solutions to address violence. In addition, the IFRC has developed global tools to address violence as part of emergency preparedness efforts, community health programmes and in schools where the work is led by girls and boys themselves. For example, in 2014, the IFRC with the Canadian Red Cross launched a new violence prevention module within our global community-based health programmes. This volunteer-driven and research-based initiative is helping communities find their own solutions to violence using local media, household education, work with schools, partnerships with local groups, elders, youth etc. Already, over 15 National Societies in the Americas, Africa and Asia are using this new module.

Moving ahead, the Red Cross and Red Crescent is conducting a global mapping of community-level projects related to sexual and gender-based violence in emergencies. The result of this mapping and of other studies will be brought to the 32nd International Conference of the Red Cross and Red Crescent in 2015 and will help guide our work in the years ahead.

Mr Chair,

Crises come not only in the form of conflict and natural disasters, but also in the form of health emergencies, such as the Ebola Virus Disease outbreak in West Africa. Women are on the front lines of this outbreak, as victims, as healthcare workers, as care-givers, among the many ways in which they are affected. It is crucial that women are equally equipped with the knowledge and skills to contain this outbreak, to care for those affected, and to dispel fears. We call on all stakeholders to accelerate their delivery of better prevention and better care. Our success will ultimately be measured in ensuring fewer deaths and in soon seeing Ebola leave the region. I can assure you of the IFRC's commitment to provide care, respect and dignity to the women, men and children affected and to working with communities in improving prevention and response. With 25,000 volunteers on the ground, three National Societies in the countries most affected, backed by a Movement of 189 National Societies and 17 million volunteers and the International Committee of the Red Cross, we can and must do more, but we need your solidarity and support.

Mr Chair,

Allow me to thank you once again for the opportunity to speak.