services in the regions of Piura in the north and Puno in the south. These programmes have linked female community leaders—including Quechua and Aymara leaders in Puno—to regional offices of the human-rights ombudsperson to monitor women's health rights, particularly for good-quality and appropriate maternal health services. This process has promoted positive developments, including improved attitudes on the part of health-service providers towards women who use the services, and better responsiveness of services to the needs of poor people.[11]

CARE's and ForoSalud's experience and results stress the importance of working with alliances and civil-society networks as a prime means of pressing for the transformation of state structures. Rights-based approaches promote a better understanding of vulnerability as a structural issue, a vulnerability that derives from and results in inequitable power relations in society. Through new ways of working with both rights holders and duty bearers, rights-based approaches tackle unjust power relations and discrimination, to implement systems and mechanisms that ensure all actors are accountable in their core obligations towards health rights.[12]

Improving citizenship and governance complements key innovations that are state-driven, such as the use of right-to-health indicators to evaluate integral and comprehensive health-systems performance. This process demands not only constructing political will, but also improving the technical skills of public officers and service providers.[6]

The key lesson from Peru is the need to work in parallel not only with the supply-side of rights (authorities, health providers, and politicians) but also with the demand side (organised empowered citizens with greater capacity to demand and negotiate their rights).

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# Gender equality and the right to health

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Expanding access to health is fundamental to human security and human rights. People who are poor daily face health-related insecurity, from food shortages to limited access to drinkable water, physical violence, or ignorance about disease prevention. In our globalised world, the transnational flows of ideas, people, and new lifestyles, but also diseases, have created new challenges for those who are already left behind in the journey of human development. The vast majority of them are women.

Gender dynamics and power balance between men and women in communities and households have a heavy bearing on the health condition of millions of women and girls around the world. Women account for half of the 30·8 million adults above 15 years old currently living with HIV. In sub-Saharan Africa, 61% of

adults living with HIV and AIDS are female.[1] In young women and girls aged 15–24 years in South Africa, nearly 15% are living with HIV and AIDS, compared with 4·5% of young men.[2] One in three women around the world will be raped, beaten, coerced into sex, or otherwise abused in her lifetime.[3]

In developing countries, about one-fourth of pregnancies are unintended.[4] As a result, every year, 19–20 million women had no other choice than recourse to unsafe abortion.[5] Many of these women die as a consequence; many more are permanently injured. Maternal health is the largest inequity in health. Every year, more than half a million women die from complications of pregnancy and childbirth.[6] Large disparities exist between rich and poor countries and within countries. A woman's risk of dying from the consequences of pregnancy or childbirth between the poorest countries and parts of Europe is several hundred-folds.[7]

The persistent violations of women's rights through harmful practices on the basis of gender, such as female genital mutilation or cutting, early marriage, sexual violence, or forced prostitution, further affect women's health. Violence is heightened during conflicts and natural disasters. All these findings show that the right to health is largely influenced by the double jeopardy of age and gender.

In the countdown to 2015 (the deadline for the Millennium Development Goals [MDGs]), governments and development partners must take accelerated and coordinated action to meet the health-related MDGs. Progress on the health-related MDGs is a good proxy for measuring the advancement of women's rights. The promotion of gender equality and women's empowerment are crucial interventions to improve women's health and human development, especially in least-developed countries, where the health MDGs will be difficult to meet by 2015. It is not only necessary to develop gender-responsive health policies and programmes, but gender gaps must also be closed in other areas of development, such as primary and secondary education, women's access to economic opportunities, or equal participation to governance.

Concentrated, sustained, and long-term investments are required to allow women to realise their human rights and improve their social status. All development actors, including donors and national governments, must live up to their commitments and deliver for women. Ensuring access to reproductive health for all, including family planning, could help avoid up to 35% of maternal deaths.[6] Yet funding for family planning has dramatically dropped, especially in low-resourced countries, where it is most needed.[8]

The world must commit to an international health framework that shapes universal access to health care. This framework should include provisions for health education and knowledge sharing, as well as north–south technology transfer and negotiations to waiver drug patents. The framework should also emphasise the importance of sexual and reproductive health as an essential step towards the MDGs.

Today's challenging financial situation calls for cost-effective development initiatives and international solidarity that includes communities and women themselves, as elements of change. The right to health implies concomitantly investing in both health-system strengthening, including sexual and reproductive health and gender equality, and in women's empowerment. This dual approach of addressing health-system challenges and empowering women would give a high return on the wellbeing of all and development at large.

Getty Images

HIV-positive women support each other in a community in Nairobi, Kenya, December 2006

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