

Women Deliver General Discussion Statement - CPD58 “Ensuring healthy lives and promoting well-being for all at all ages”

Thank you, chair. As a young person working with gender diverse persons and women and girls, I know that we have no time to waste.

The immense challenges we are facing today - including conflicts, climate crises, displacement, economic and debt crises, and the backlash to human rights and gender equality - all have health implications and exacerbate health inequities within and between countries

We count on governments for bold, rights-based outcomes that reflect the lived realities of adolescent girls and marginalized communities, and expect Member States to connect SRHR to climate justice, Universal Health Coverage, and gender equality - and to center adolescent girls and their bodily autonomy. These issues are deeply interconnected and must be addressed together.

This can only be done by recognizing and including girls and women in all their diversity.

- To do so, we need to do the following:
 - Collect and use data disaggregated including by age, disability, and sexual orientation, gender identity and expression and sex characteristics.
 - Take action to enact inclusive legislation and repeal discriminatory laws and policies
 - Explicitly include persons with disabilities in planning and policies for health,
 - Ensure that LGBTQ+ persons, particularly gender diverse women and female bodied persons who are often left out of health services, especially in HIV programming, are contributing to and are addressed in actions and policies.

My colleague said yesterday, ‘we are not asking for pity, we are demanding our rights’

1. Governments have the obligation to respect, protect and fulfil the right to the highest attainable standard of physical and mental health, without discrimination. And achieving this is linked to realizing SRHR, which are fundamental to the ICPD Program of Action and Agenda2030. We need action to address barriers including limited access, stigma, and out of pocket cost, weak health systems, harmful norms and lack of information.

2. Universal Health Coverage (UHC) as a policy and mechanism that supports the right to health should be adopted and invested in. It means access to comprehensive health services without financial hardship. This includes SRH services across the lifecourse, delivered through climate-resilient health systems by well-supported and remunerated health workers.

3. Adolescent girls are among the most affected - facing barriers to achieving SRHR.

Data shows that an estimated 21 million girls aged 15–19 years in developing regions become pregnant and approximately 12 million of them give birth.

- And so, interventions and policies should center adolescent girls, as a distinct constituency with agency and autonomy. Efforts should focus on ensuring their full access to comprehensive, available, accessible, acceptable and good quality health services, including SRH information and services - with no third party intervention
- UHC should include youth-friendly, evidence-based comprehensive sexuality education (CSE).

4. We are in a climate crisis, and those who have contributed the least are bearing disproportionate impacts. We must not downplay its impacts to bodily autonomy, health and well-being, especially for women, adolescent girls, gender-diverse and marginalized people. It's crucial to integrate SRHR in climate adaptation, which will support resilience to climate change impacts and advance health rights and gender equality.

We will not stand by and see our rights eroded. We demand that governments take urgent action.

Thank you.