

United Kingdom Intervention – ICPD +25 / ECE regional consultation

- **Thank you chair and thanks to the organisers for asking me to speak.** I have been asked to give a donor perspective and speak to the importance of implementing the ICPD agenda, for international development assistance.
- **The UK is hugely proud of its commitment,** now enshrined in law, to spend 0.7% of GNI on overseas development aid.
- **And we are equally proud to have, at the heart of this commitment, a commitment to the empowerment of girls and women.** Specifically we recognise women and girls have the fundamental right to make their own informed decisions about sex and childbearing, in order to have healthy sex lives, avoid unwanted sexual contact, decide when and how many children to have and to face fewer risks in the course of pregnancy and childbirth.
- **The achievement of Cairo is to have set an agenda that still guides us today.** That the global community could put their differences aside and agree evidence and rights based policies like these, and hold to them for a quarter of a century, is humbling.
- **But it is also deeply depressing** that 25 years on from Cairo we still have to speak up for sexual and reproductive health and rights, and make the case that a woman's choices are her own to make.
- **So this review is a chance to consolidate and press forward.** What is needed has not fundamentally changed. We still need ICPD to be firmly rooted in public health evidence and human rights; we need it to be rooted in trusting a woman to make her own decisions, recognising these are her decisions, not those of the men in her life – or of politicians.
- **But the context we work in has shifted hugely.** We have the huge opportunity of the SDGs – which arguably puts this agenda in the development mainstream for the first time. The way people access services is also completely transformed compared to 1994. Technology increasingly puts women's reproductive choices in their own hands. But at the same time the ICPD agenda has become ever more politicised. Until we move past these differences, we will struggle to keep up with the real world.
- **Specifically I have three suggestions** for the next phase of Cairo's implementation:
- **First we need to face up to things that are politically or culturally sensitive,** for all of us in all countries, but which we have known for a long time save and improve lives – and whose absence contributes hugely to the sum of human suffering.

- **So for example we know safe abortion saves women's lives;** shutting down routes to legal abortion doesn't make abortion less common. It just makes it less safe.
 - **Likewise, progress towards a world without AIDS** depends, especially in this region, on the human rights of LGBTI people & people who use drugs, and the provision of harm reduction & other evidence based services.
 - **And services for adolescents** are proving hugely controversial here at the UN. But what do we actually mean by the technical term "comprehensive sexuality education"? Well, part of what we mean is making sure boys understand the importance of loving, non-violent relationships. Or we mean making sure when a girl gets her first period, she knows what is happening to her. Who can argue with that? We just need to roll it out.
- **Second we need a laser-like focus on the left behind.** People are left behind or marginalised for many reasons, which have been well covered by others. To pick one example, it is appalling that 60% of preventable maternal deaths take place in settings of conflict, displacement, and natural disaster. We can prevent these deaths if we offer women and girls the services they need – including access to family planning, safe abortion care and support to the survivors of sexual violence. For too long, sexual and reproductive health needs have been seen as a 'nice to have' in emergency responses. The Minimum Initial Service Package for Reproductive Health must be routinely and immediately rolled out in acute emergencies.
 - **And third, we need to nurture the partnerships that deliver change.** Many of these are under unprecedented pressure. So I encourage other donors to support UNFPA. And I call on all of us to keep supporting and listening to civil society. We can't implement ICPD without a vibrant civil society and we must all be mindful to protect that shrinking space. And I hope that the report of the CSO consultation will go forward to CPD with the other documents from this meeting.
 - **The UK itself will remain a strong partner for ICPD.** At our 2017 Family Planning Summit we committed to spend an average of £225m per year on family planning over the next 5 years. We are the world's largest donor to UNFPA, helping them carry out their lifesaving work around the world. We are the second biggest donor in the global AIDS response. We have 22 bilateral programmes in 16 countries that support maternal and new-born health. In 2013 we made the biggest-ever donor commitment to support and accelerate the Africa-led movement to end FGM. And our Prime Minister recently announced a new, £200m flagship SRHR programme, delivered through civil society partners, which will help 3 million extra girls, women and men gain access to life-saving voluntary contraception in some of the world's poorest countries.
 - **The SDGs are a huge opportunity for the Cairo agenda.** We need to hold fast to the evidence and apply afresh in this changing world what we have long known – that this agenda transforms lives. Thank you.