

ICPD+30 Regional meeting: Eastern Europe and Central Asia
Panel: Family, Sexual and Reproductive Health over the life course
Remarks and discussion: 5 minutes with two follow-up questions

Summary of your remarks:

As the director of the World Health Organization Department of Sexual and Reproductive Health and Research, including HRP, the UN's Special Programme on Human Reproduction which brings together five UN agencies and the World Bank to generate evidence that ultimately influences guidelines and policies, Dr Pascale Allotey will be calling for an end-to-end approach to comprehensive sexual and reproductive health and rights. Meaning, investment in evidence generation all the way through to the creation of policies guided by what we know works to drive healthy outcomes, with economic benefit, throughout people's lives: from birth through to old age.

Recognize progress

Acknowledge the need for more progress

Emphasize the importance of increased investments and investing in solutions that work

Talking points:

Distinguished delegates and colleagues, on behalf of the World Health Organization's Department of Sexual and Reproductive Health and Research and the UN co-sponsored program on human reproduction – HRP, I'm delighted to join in amplifying the message of progress in SRHR enabled through ICPD. I want to highlight ongoing concerns, but most of all, I want to provoke us to remember and retain the passion that catalysed ICPD.

The program of action to which we all committed was propelled by a movement that riled against the lack of recognition of the centrality of women as people able to contribute meaningfully in the global development effort, and I mean Woman, as a rights holder, as a sexual being, with a body - the one thing over which control should be absolutely non-negotiable – Article 3 of the universal declaration of Human rights - A body which she should have the autonomy and choice to share with "other" – through intimacy or pregnancy, with safety and security. We can discuss the pragmatics of data, economics and demographics, but distinguished delegates and colleagues, let us not forget that as duty bearers, ensuring

access to sexual and reproductive health and rights for all is the **right** thing to do.

[Slide 1 – SRHR across the life course.]

A life course approach to sexual and reproductive health covers, amongst other things, access to reliable and accessible information on sexuality and sexual expression, protection from harmful traditional practices, gender-based violence, including sexual violence, contraception and fertility care, comprehensive abortion care, management of menstrual disorders and gynecological conditions that affect health, wellbeing and ability to engage in education and the work force, sexual dysfunction and the capacity for pleasure and the recognition that there is no upper age limit for good, safe sex; menopause and post fertility care.

WHO hosts the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), the only program of its kind within the UN system to ensure that SRHR is driven by science and robust evidence. HRP is now 50 years old with the mandate to produce the evidence that has been cited through many of the documents, to support the development of and review the quality and standards of innovations, products and interventions for SRH, and to develop the norms and standards that support access to services through UHC and primary health care in service of our UN co-sponsors, UNFPA being a lead stakeholder.

Our record of research shows investing in science can operationalize rights towards impact. This includes decades of work on safe abortion care, contraception access and safety, violence against women, self-care, sexual health and respectful care.

[Slide 2 – investment in SRHR]

We know that health is a political choice, and that financing is a critical part of the conversation, as are the interrelated social and economic benefits of sexual and reproductive health. The work of the 2023 nobel laureate for economic sciences, Claudia Goldin, shows that the single most transformative intervention to impact economies has been the

contraceptive pill, giving women the choice to delay childbirth and control the trajectory of their productive, and reproductive, lives. Indeed the return on investment for meeting the demand for family planning and maternal and newborn services is US\$ 120 per every US\$1 spent.

Access to SRH service also mitigates downstream economic costs associated with treating infertility, non-communicable chronic diseases and cervical cancer.

It is a sad reality that our health systems are not yet robust enough to withstand current and future crises.

- the inequities in maternal health outcomes are visible in all countries in the region and the COVID pandemic undermined delivery of services to particular marginalised groups.
- We are strengthening the evidence, tools and support for interventions to reflect a more comprehensive pipeline – for instance through the post partum haemorrhage roadmap, comprehensive abortion care, youth and adolescent health programs etc.

There is a particular need to prioritize the following:

- universal access to family planning and contraception services by changing inhibiting policies and allowing such services to be provided by a wider range of health care professionals;
- updating national protocols on antenatal and postnatal care in alignment with recent WHO recommendations;
- applying measures to control unnecessary caesarean sections at national and facility levels;
- further enhancing adolescent health and adolescents' ability to realize their sexual and reproductive health goals;
- broadening access to free maternal and newborn health services; and
- increasing provision of free human papillomavirus vaccination to all children of an appropriate age to reduce cervical cancer-associated mortality in the Region.

Also relevant to ICPD is recognizing that around roughly 1 in 6 adults worldwide – experience infertility, showing the urgent need to increase access to affordable, high-quality fertility care for those in need.

I want to acknowledge the great progress the UNECE region has seen in the advancement of SRHR in the past 30 years.

Every country has a different journey towards universal health coverage and adaptation is key. Guided by national priorities and trends, there are actions every country can take to create and deliver health systems that value a comprehensive life course approach. We cannot, for instance, treat contraception, abortion and maternal health as unrelated if we want to provide sustainable solutions that transform lives.

As WHO and HRP, we are here – for you, and with you – committed to supporting countries to strengthen health systems, develop evidence-based policies, and advancing towards the still unfinished ICPD agenda, and ensuring the highest attainable level of sexual and reproductive health for all as a critical part of universal health coverage.

Thank you.

Follow up questions if needed:

How does an investment in sexual and reproductive health help economies?

Gaps in people's access to sexual and reproductive services are widespread. Globally, 270 million people have an unmet need for contraception, 1 million STIs are acquired every day, there are 800 pregnancy-related deaths every day and half of the 73 million abortions every year are unsafe.

Evidence shows that investing in a package of SRH services provides multiple health, social and economic benefits including decreased unintended pregnancies, decreased unsafe abortions and decreased maternal deaths. An investment in sexual and reproductive health as part of universal health coverage increases the ability of women and girls to exercise their sexual and reproductive rights and also increases the number of girls in school and women in the labour market.

In May of this year, Member States at the 76th World Health Assembly approved an expanded list of health policy 'best buys' that includes vaccinating girls against HPV and screening women 30 and older for cervical cancer. These recommendations are another affirmation of the way that investing in sexual and reproductive services means investing in impact-oriented policies and programs.

While this is evidence derived from a global assessment, the emphasis must be on implementing SRH interventions in ways known to work in context.

What has been happening in the field of comprehensive sexuality education? What do people need to know?

We are all here today with the goal of promoting healthier populations, which lead to healthier countries. A big part of health starts with information that empowers people to make informed decisions about their bodies, to protect themselves from potential harm and to live fulfilled lives.

This is what education about sexual and reproductive health does – simply put, it empowers people to make healthy choices. Done well, this kind of education can be a primary solution to preventing many of the issues we have mentioned previously including violence, the transmission of STIs, unintended pregnancies, and more.

Research shows that well-designed and well-delivered programmes support positive decision-making around sexual health. Evidence shows that when young people are better informed about sexuality, sexual relations and their rights, they are more likely to initiate sexual activity at later ages. When they have sex, they are more likely to practice *safer sex*.

There is sound evidence that unequal gender norms begin early in life, with harmful impacts on both males and females. It is estimated that 18%, or almost 1 in 5 girls worldwide, have experienced child sexual abuse.

Research shows, however, that education in small and large groups can contribute to challenging and changing unequal gender norms. The UN's international guidance on sexuality education therefore recommends teaching young people about gender relations, gender equality and inequality, and gender-based violence.

Background:

<https://eeca.unfpa.org/en/publications/call-action-accelerating-progress-sexual-and-reproductive-health-eastern-europe-and>