

Draft Statement Item 12

DG's Report on the Global Strategy

for Women's, Children's and Adolescents' Health

WHA 76/5

I'm speaking on behalf of Argentina, Australia, Canada, Brazil, Colombia, Denmark, Ecuador, Finland, France, Luxemburg, Mexico, the Netherlands, Norway, Spain, Sweden, the United Kingdom, the United States of America and Belgium.

We welcome the report by the DG on the status of the Global Strategy for Women's, Children's and Adolescents' Health.

We regret the serious stand-still reported instead of the expected and much needed progress in this field. The report is a stark warning that our common goals and targets as reflected in the SDG's are rapidly becoming out of reach. We are very concerned about the worrying trends on several critical indicators on sexual and reproductive health and wellbeing exposed by this report.

Global maternal mortality ratio has stagnated since 2016, while several regions even face an increase. At the same time under 5-mortality remains unacceptably high. Death among newborns account for half of the figure. Also, extremely high levels of physical and/or sexual violence by both intimate partners and non-partners have remained the same for decades. Finally, already for several years now, progress on HIV-prevention is stalling.

These disappointing trends reflect the challenges in providing integrated services in the area of sexual and reproductive health and rights, including but not limited to maternal health, and the urgent need for renewed leadership and a whole of society approach. As a global community we need to firmly recommit now to reach the SDGs targets we collectively adopted. This year's SDG Summit provides an important opportunity for us to do so. We need to strengthen, embrace and scale-up evidence based strategies without any taboos to reduce these sobering numbers of preventable deaths and physical as well as mental suffering mentioned in the report, bringing us back on track for 2030, without leaving anyone behind. These evidence based strategies need to include universal access to comprehensive sexuality education, to modern contraceptive methods that provide choice for all who need them and to quality antenatal, perinatal and postnatal care. This must happen in the broader context of health system strengthening and the full integration of those SRHR-related

services in both Universal Health Coverage and in Primary Health Care as its central platform of delivery. More crosscutting issues need to be taken into account to accelerate results for gender transformative action, including addressing the needs of vulnerable groups such as LGBTQI-communities, people living with disabilities, internally displaced people, refugees and migrants and their intersections, together with the detrimental effects of climate change.

The stagnation in progress highlights the need to accelerate efforts and explore new approaches to address the tragedy of deaths due to failures in protecting women and girls across the life course. We look forward to ongoing monitoring efforts of the Global Strategy by WHO and to increased investments in and further research and guidance on the most effective approaches to deliver better results. These should always be based on the full respect for the rights of the women, children and adolescents whose health, wellbeing and even life we all seek to guarantee.