## STATEMENT ON THE OCCASION OF CPD57 & THE ICPD30 ANNIVERSARY On behalf of 47 organisations working on ending child, early and forced marriages and unions

As we approach the 30<sup>th</sup> anniversary of the International Conference on Population and Development (ICPD), we celebrate the progress made in advancing sexual and reproductive health and rights (SRHR) – a fundamental prerequisite in meeting the needs and rights of women and men, children, adolescents, and young people, in all their diversity, as individuals, rather than solely focusing on demographic objectives. We celebrate the advances in reducing child and maternal mortality, comprehensive sexuality education, contraception, maternal healthcare, safe abortion, shifting harmful gender norms and advancing respect for sexual diversity. These wins have led, among others, to a reduction in harmful practices like child, early and forced marriages and unions (CEFMU) and female genital mutilation/cutting. Yet progress has been slow and uneven, leaving girls, adolescents, and women in situations of greater social, economic, and environmental vulnerability behind. Notably, today, progress is threatened by a worsening polycrisis including the fallout from the COVID-19 pandemic, an increase in humanitarian crises, the climate crisis, the cost-of-living crisis, the democratic backsliding and rollback on the rights and choices of women and girls, and the opposition to, polarization and marginalisation of the SRHR agenda.

Thirty years since the ICPD, the outlook in 2024 is, in many contexts, less promising despite the unprecedented gains over the past decades.

Historically, progress in women's and girls' SRHR has consistently faced opposition. Yet a current era of rollback is unfolding, which, among others, is hindering efforts to advance the ending CEFMU agenda. Actors opposing gender equality and SRHR-related initiatives, at both domestic and global levels, are weakening ambitions and limiting the scope and impact of relevant strategies, policies, and financial investments, while restricting and challenging the rights and bodily autonomy of girls, adolescents, and women in all their diversity. We are alarmed by efforts in multilateral spaces to renege on previously agreed language in UN resolutions and outcome documents, where "gender-based violence", "women's rights", "adolescent girls", "intersectionality", "gender-responsive" and "gender-transformative approaches" are increasingly treated as contentious terms. We are particularly concerned by the shrinking of civic space in numerous contexts across the globe. And we are worried that the realisation of SRHR is significantly affected by widespread macroeconomic policies which limit investment in essential public services such as health care and education, undermining girls', adolescents', and women's SRHR with austerity measures.

All these processes undermine the supportive environment required at the domestic, regional, and international levels for adequate SRHR policies. This, in turn, diminishes the likelihood of advancement in areas where progress is still pending and which are crucial for ending CEFMU and upholding girls', adolescents' and women's right to make autonomous decisions about their bodies and lives.

To achieve the promise of the ICPD, a renewed commitment to accelerate implementation of the ICPD Programme of Action is needed, alongside collective action and increased investment in young people's, particularly adolescent girls', SRHR. There are currently 1.8 billion young people between the ages of 10 and 24 around the world, and the vast majority live in low and middle-income countries. Adolescence, as a distinct, yet transitional, phase of life, marks a significant period wherein a girl's role within her family and community often shifts. As girls enter adolescence, they face increased social expectations regarding their behaviour, including concerning childbearing, marital status, and increased control over their bodies and sexuality, imposed upon them because of gender roles and stereotypes.

Annually 12 million girls are married worldwide, before they reach 18 years, with huge variations in prevalence between and within countries. Child, early and forced marriages and unions represent a gross violation of SRHR. These practices, which increase in situations of crisis, essentially deprive girls of their childhood, negatively affect their physical and mental health, limit their access to education and harm their overall wellbeing. Access to sexual and reproductive health services, and respect for sexual and reproductive rights, are fundamental in the global effort to end CEFMU. A comprehensive, intergenerational and multi-sectoral approach is needed, which moves from gender-responsive to gender-transformative interventions, to enable girls to decide for themselves when and with whom to have sex, if and when to marry, enter a union or have children, to negotiate safe sexual practices, to access appropriate and quality sexual and reproductive health services, and, ultimately, to enjoy the highest attainable standard of sexual and reproductive health.

This approach needs to become a priority not just for the Commission on Population and Development, but also for the Summit of the Future outcome documents, particularly the Pact for the Future and the Declaration on Future Generations.

We call on all stakeholders, and particularly on States, which are the bearers of the responsibility to protect, respect and fulfil girls' and women's sexual and reproductive health and rights, to:

- 1. Allocate a minimum of 10% of dedicated national development budgets and of development assistance budgets, including on the basis that Official Development Assistance should amount to at least 0.7% of GNI, to the implementation of the ICPD Programme of Action, including for the provision of access to contraception and quality, accessible and youth-friendly sexual and reproductive health services and information, including in humanitarian settings, so that adolescent girls and women can delay and space pregnancies and ensure pregnancy and motherhood are by choice, targeting the needs of the most marginalised populations.
- 2. Expand girls' access to comprehensive and quality sexual and reproductive health information and services, including access to contraceptives and as part of efforts to achieve universal health coverage, including by removing requirements of parental consent, in parallel with increased efforts to change the social norms surrounding the acceptability of young people's sexuality by addressing negative gender stereotypes.
- 3. Provide comprehensive sexuality education that is scientifically accurate, curriculum-based, non-discriminatory, and available both in and out of schools, including in humanitarian settings. Educating children and young people, as well as those around them, about SRHR, relationships, consent, sexual diversity, gender equality and human rights empowers them to make informed choices and develop healthy relationships. This must be coupled with access to sexual and reproductive health services and creating an enabling environment through dialogue and capacity-building with parents, husbands/ partners, religious leaders, and the wider community.
- 4. Review legislation and, where appropriate, repeal legislation, standards and practices that seek to control married and unmarried girls' sexuality and that restrict access to sexual and reproductive health services, to respect their bodily integrity and autonomy, without discrimination, including by removing barriers to accessing essential information and healthcare services, such as the requirement for third party consent.
- 5. Ensure access to quality maternal health services to reduce the risks associated with early pregnancy and childbirth, protecting the health and well-being of young mothers and their children.
- 6. Improve the prevention and treatment of sexually transmitted infections (STIs), including by increasing access to STI testing, treatment, and prevention services that promote sexual health and reduce the transmission of STIs, including HIV/AIDS, particularly among adolescents and young people.
- 7. Provide holistic survivor-centred services that are trauma informed for survivors of sexual and gender-based violence, including of CEFMU, and address the physical, emotional, and psychological consequences of such harmful practices.
- 8. Prioritise the development, implementation and resourcing of comprehensive preparedness plans that explicitly address SRHR needs during the onset of humanitarian crises in accordance with the <a href="Minimum Initial Service Package">Minimum Initial Service Package</a>, and ensure that SRHR remains a priority throughout all phases of emergency response cycles and is integrated into a multi-sectoral package of interventions.
- 9. Support the crucial leadership role that young people play as rights holders in shaping the present and future of SRHR. Support the meaningful, safe, and inclusive participation and leadership of adolescents and young people in decisions about the formulation, implementation, monitoring, and evaluation of SRHR initiatives to ensure that policies, programs, and services are relevant, accessible, and effective for them and enable them to hold all duty-bearers accountable.
- 10. Invest in community-led development initiatives, especially by girls, adolescents and young people, to strengthen civic space and citizen participation at local, national, and international levels.

## Signatories:

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Women Deliver

Yo quiero, yo puedo