



Economic and Social Council

Distr.: General
December 2024

Original: Language

Commission on Population and Development

Fifty-eighth session

7-11 April 2025

Ensuring healthy lives and promoting well-being for all at all ages

Statement submitted by Soroptimist International, a non-governmental organization in special consultative status with the Economic and Social Council¹

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

¹ The present statement is issued without formal editing.

Statement

Introduction

The 58th Session of the United Nations Commission on Population and Development seeks to explore how to “ensure healthy lives and promoting well-being for all at all ages”. The web of social, economic and climate crises are having detrimental impacts on the overall health and wellbeing of all women and girls globally. However, the intersection of gender identities with factors including but not limited to age, ethnicity, race, location, occupation and disability, mean that, the health and wellbeing of some women and girls are disproportionately impacted.

Gendered Poverty

In 2022, an estimated 388 million women and girls were living in extreme poverty (every 1 in 10 women) compared with 372 million men and boys.

Wealth and income inequalities – including the gender pay gap and intergenerational poverty – have continued to increase both within and between countries and disproportionately impact women and girls, contributing to increasing levels of poverty. Gendered income poverty is a real issue that can have catastrophic implications to the health, wellbeing and status of all women and girls, including older women. Over their life course, women on average dedicate more time to caregiving, have lower participation in the labour market, work more part-time hours, and have lower earnings than men. These factors also compromise their pension entitlements in pension systems that link benefits to paid work and contributions.

Appropriate healthcare throughout the life course is essential. Over one billion older persons (those over the age of 60), the majority of whom are women, are suffering from inadequate access to affordable healthcare, lack of long-term care or palliative care, inadequate housing, and lack of social protection. Many suffer hunger, violence, abuse and neglect. Age and gender discrimination in the workplace prevent many older women from working in order to survive, and the lack of social protection and social security for them results in poverty. Those who work in the informal sector do not have access to pensions or other social benefits. We must combat the stereotyping of older women as having no value; a burden on society.

Inequality does not end at 49 – the age regarded as the end of reproductive age when most data collection on women’s issues ends. Inequality continues beyond child-bearing years. Sexual and reproductive health rights rarely consider the needs of older women, who face their own share of gynaecological issues – such as breast cancer, hysterectomies, and fistula – that are constantly ignored. Healthcare and treatments must be accessible to all – including at affordable costs, throughout the entire life course, and regardless of location.

Comprehensive sexual education and reproductive rights

Sexual and reproductive health and rights is a key element for all women and girls to decide freely over their bodies and lives and take part in public life. The lack of access to sexual and reproductive health services may limit the opportunities for women and girls across the life course to participate in public life and take leadership roles.

Sexual and reproductive health is an essential component of the universal right to the highest attainable standard of physical and mental health, recognised in the Universal Declaration of Human Rights and other international human rights conventions, declarations and agreements.

Similarly, comprehensive sexuality education can be an effective tool in providing girls, from childhood through to adolescence, with evidence-based information to

better equip them to make informed decisions about their sexuality and lives. It can also help to tackle stigmas including around issues like menstruation and sexually transmitted infections like HIV. To address bias and stigma, it is also important to engage men and boys in policy making procedures and foster their understanding of gender inequalities and positive masculinity. It is through their active involvement in conversations about equality and respect that we can challenge harmful stereotypes and create gender equitable systems which are beneficial to society.

Comprehensive sexuality education should be recognised as an evidence-based approach to education about human rights, human sexuality, gender equality, relationships and sexual and reproductive health and rights. It provides scientifically accurate, non-judgemental information and explores the personal and social aspects of sexuality. Comprehensive sexuality education is also a promising, gender-transformative practice for preventing child, early and forced marriages and unions. Member States are obligated to protect the rights of all persons, including the right to education related to health and well-being.

Maternal Healthcare

The right of everyone to the highest attainable standard of physical, mental health and healthcare is a fundamental part of our human rights and of our understanding of a life in dignity. Non-discrimination and equality are a key component of the right to health. Thus, it is the duty of all Member States to prohibit and eliminate all forms of discrimination across populations, including the discrimination of all women and girls, and to ensure equal access to healthcare and to the outcomes of biomedical research, whether these are new drugs, therapies, or medical devices.

However, it has been consistently reported that several factors affect the access to health of all women and girls and their specific health concerns. Oftentimes, women and girls experience these health concerns in different ways due to additional bias and discrimination they encounter.

There is a clear social and economic imperative to improve access to education and training for all women and girls, enabling women to make more informed decisions about their healthcare. Education must be safe, inclusive, of a high quality, and accessible to all women and girls. Legal and social action must be taken to prevent child, early and forced marriages and unions, which removes girls from school and is proven to have negative health, economic and social outcomes. Education is a basic human right and should be considered a global strategic priority.

Environmental change and the effects on health

The adverse effects of climate change are inextricably linked to human rights and gender inequality. Scientifically backed studies identify and describe the risks that climate change poses to the human rights to water, food security, highest attainable standard of physical and mental health, life and integrity, adequate housing, sanitation, self-determination, and sustainable development. The rights of all women and girls are especially threatened by the adverse effects of climate change.

Global warming is accelerating the spread of infectious diseases and exacerbates health conditions, affecting how people recover from infections. Rising temperatures, too, have been linked to increases in vector-borne diseases which disproportionately impact women, girls, and marginalised communities with limited access to healthcare. Health issues such as heatstroke, respiratory ailments, and cardiovascular episodes are also linked to higher temperatures, deepening existing health disparities. The intersection of gender, poverty, ethnicity, age, disability, and other identities further intensifies discrimination and exclusion, making it harder for these groups to cope with the challenges posed by the climate crisis.

In addition, in climate-affected settings, women and girls face accentuated risks of violence, trafficking, and child, early and forced marriages and unions, placing them in particularly vulnerable situations. Research indicates that unless climate change is curbed, it will drive up to 130 million more people into poverty in the next decade and displace up to 3 billion people by the end of the century. Climate migrants face heightened barriers to accessing basic healthcare, safe water and sanitation, education, food security, and shelter. This is not limited to rural communities, as growing urban populations can also lead to water shortages and inadequate sanitation.

Dire environmental and biodiversity threats are exposing all women and girls to greater risks, impacts and inequalities, denying them a full range of economic, social and cultural rights. This can result in higher levels of mortality and morbidity, poverty, food and water insecurity, inadequate housing, limited access to health services and education, and less participation in climate change and disaster risk reduction issues. This holds especially true if they are heads of their households in rural areas, older women or widows. The climate crisis also negatively impacts the health of all women and girls' by exposing them to contaminated water, diseases, pollution, and dehydration, all of which can also affect a woman's ability to avoid poverty.

All women and girls are still unable to enjoy the right to a healthy environment with access to clean air, water, food, land or an ecosystem that is not polluted or decreasing in quantity. Data from the World Health Organisation indicates that 2 billion people lack safe drinking water and 600 million suffer from foodborne illnesses every year.

Conclusion

Achieving all women's and girls' right to highest standards of physical and mental health, as well as healthcare, requires acknowledging that scientific progress and innovative products must ensure equal access and benefits to all women and girls. It also requires that the appropriate safeguards are in place for the enjoyment of those benefits, which will help to close the health gaps for all women and girls, while boosting the global economy.

Educating women and girls goes beyond individual empowerment; it produces better health outcomes, fuels economic growth, and contributes towards stable and peaceful societies.

Evidence-based policymaking must be a focus. It advocates for a data-driven approach to policy development, emphasising the importance of data collection and analysis to inform effective interventions regarding addressing and ensuring all women and girls' access to the highest attainable standard of physical, mental health and healthcare.

Recommendations

Soroptimist International calls upon all Member States to:

- Ratify and honour their obligations under the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child;
- Prioritise increasing women and girls' participation, decision-making and leadership in all policies that affect their lives;
- Invest in physical, mental, and reproductive healthcare for all women and girls, including but not limited to quality health infrastructure, trained medical workers, and health education;

- Invest in critical measures to respect, protect and fulfill the health rights of all women and girls, including through government budgets and reallocation of resources;
 - Ensure that all schools and educational facilities have safe water and sanitation facilities, enabling all women and girls to continue their education safely and with dignity at all stages;
 - Adopt inclusive, universal healthcare via increased investments in quality healthcare provisions, staffing, training and community education programmes;
 - Provide universal quality health care, especially maternal health and childcare, supported by appropriate education and information on sexual and reproductive health rights; and
 - Continuously enhance data collection capacities focused on gender and sex disaggregated data to better understand the impact that women and girls in education can have on sustainable development.
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