Good afternoon, I am here as both Deputy Speaker of the First House of Parliament of Poland, as well as in representation of the High-Level Task Force for the International Conference on Population and Development. The Task Force was established as an independent body in 2012 to advance women’s empowerment, gender equality and the rights and empowerment of young people, and sexual and reproductive health and rights for all – especially for those living in poverty and otherwise marginalized. Co-chaired by former Presidents Tarja Halonen of Finland and Joaquim Chissano of Mozambique, our mission is to set a forward-looking agenda for the ICPD Beyond 2014, and to bridge that agenda with the post-2015 development processes.

Despite the relatively high standards of living enjoyed by many in various countries of this region, great disparities exist both across and within countries. As the Report for this Conference notes, especially when it comes to poverty and exclusion, women are in almost all cases worse off than men due to gender discrimination in private and public life. This includes gender-based violence; gender pay gaps, which in an ageing region also means smaller pensions for women in older age. Women remain under-represented in leadership positions, in politics as in the world of business. As we all know, high youth unemployment is threatening the life prospects of millions. And especially marginalized groups face exacerbated inequalities, discrimination and limited protections of their human rights, including the Roma and other ethnic minorities, migrant women, people living with HIV and disabilities, and those belonging to sexual minorities, among others.

A measure of social inclusion and equality is the degree to which individuals are able to enjoy their human rights, including their sexual and reproductive health and rights. Here again, national averages often mask inequities, especially for those living in poverty, for women and girls, adolescents and youth, and marginalized groups, who lack access to quality, affordable sexual and reproductive health information, education and services.

Sexual and reproductive health and rights are fundamental human rights, core elements of women’s empowerment and gender equality, to their full participation in social, economic and political life, and central to furthering equality and equity, poverty eradication and sustainable development across its social, economic and environmental dimensions. Restrictions on freedom and choice, and sexual and reproductive health problems, as we all know, have grave consequences and at many levels.

Our region, overall, has considerably advanced the ICPD vision and promise in many aspects and countries. But critical gaps and barriers remain. To address them, we at the High-Level Task Force
for the ICPD have identified **4 key areas with concrete actions** that are needed to expand human rights and freedoms, equality and equity, and improve health and wellbeing. They centre on:

1) **Legal and policy reforms to protect sexual and reproductive health and rights for all**, regardless of age, sex, ethnicity, migrant, HIV or disability status, or sexual orientation, gender identity or expression, or any other factor. To achieve this, we need to:

   - **Launch public education campaigns and social mobilization to enable the enjoyment of these rights without fear of discrimination, stigma or violence.**

   - **Remove barriers to access to sexual and reproductive health services, including the age limitations and parental consent requirements** that some of our countries require of adolescent girls.

   - **Expand access to safe, legal abortion and eliminate unsafe abortion and resulting maternal mortality and injuries to our women and adolescent girls.** While abortion is legal in most ECE countries, in some places it is neither accessible nor safe. The need for abortion will not go away, and while wealthier women will find a way to access safe services, those without the financial means will be left little recourse but to resort to life-threatening, underground practices. This again is a grave social injustice.

   - **End the criminalization of HIV** and discrimination and violence against people living HIV and AIDS. Nine countries in our region still criminalize HIV¹, and that only prevents people from seeking the care and treatment they need. And **end criminalization of consensual adult sexual relations**, including same-sex relations and in the context of voluntary sex work.

   - **Enforce laws banning harmful practices against girls**, including **early and forced marriage**. In Eastern Europe and Central Asia, 11% of girls are child brides², reducing their chances of completing their education and escaping poverty, and subjecting them to higher risks of violence and abuse.

2) **Accelerate universal access to quality, comprehensive and integrated sexual and reproductive health information, education and services.**

All women, men and young people should have access to these essential services. In an ageing Europe, a key gap is tailoring them to the specific **needs of older women, while ensuring youth-friendly services for adolescents and youth** – with particular attention, once again, to those living in poverty, in rural or remote areas, or belonging to especially excluded groups.

3) **Universal access to comprehensive sexuality education for all young people, in and out of school.**

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² UNFPA (2012) *Marrying Too Young: End Child Marriage*
While some form of sexuality education is common in the region, it doesn’t always go beyond the basics of biology. Young people need comprehensive approaches that equip them with the skills and knowledge to make informed decisions about their health, safety, relationships and sexuality, while instilling principles of human rights, gender equality, respect, tolerance and non-violence, including to positively engage boys and young men in ending gender-based violence.

4) Finally, but by no means least, the Task Force calls for the elimination of violence against women and girls, and universal access to critical services for all victims of gender-based violence. This includes ensuring that responses to gender-based violence are systematically integrated into sexual and reproductive health services – a critical gap in ICPD implementation in many cases. And such services must include post-rape care, including emergency contraception and access to safe abortion services in all cases of rape and incest.

There is no region or country in the world free of gender-based violence. As the just released WHO data shows, in Europe an estimated 25% of women have experienced intimate partner physical and/or sexual violence in their lifetime. In some countries of the region, those rates can be as high as 58%.

- These are just a few highlights of our recommendations. More details and additional recommendations are found in our ICPD policy briefs.

- We believe these are key elements of a forward-looking ICPD agenda that is truly rights-based and inclusive. And we are also calling for them to be ensured in the new global post-2015 development agenda: Women’s empowerment and gender equality, the rights and participation of adolescents and youth, and sexual and reproductive health and rights for all, must be reflected as pillars and cross-cutting aspects of this new framework and the Sustainable Development Goals.

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3 WHO (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence
4 UN Women has compiled survey data on lifetime intimate partner sexual/physical violence from a range of ECE countries. Tajikistan showed the highest prevalence where data had been collected: 58.3%. Other countries include: Azerbaijan 13.5%; Britain: 28.4%; Czech Republic: 37%; Denmark: 22%; Germany 25%; Iceland 22%; Ireland 14.5%; Italy 14.3%; Lithuania 37.6%; Malta: 10%; Moldova: 24.6%; Norway: 26.8%; Poland: 16%; Romania: 28.5%; Serbia: 23.%; Slovakia: 27.9%; Switzerland: 10%; Turkey: 41.9%. Survey years vary, conducted by various sources: WHO, DHS, RHS, IVAW, Other.