CLUSTER 2

Health and Population Dynamics (FA3)

By Sarah Gold

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Good afternoon. I am speaking today on behalf of the Women's Major Group, the Major Group for Children and Youth, the Indigenous Peoples Major Group, and a range of other stakeholders including the Partnership on Sustainable Low Carbon Transport, the Psychology Coalition at the United Nations and the World Society for the Protection of Animals.

We support a standalone goal on *Ensuring healthy lives*. This goal must:

- Rest on the achievement of the right to the highest attainable standard of physical and mental health and psycho-social well-being;
- Be firmly grounded in human rights, including sexual and reproductive rights.
- Guarantee the provision of services that address the specific health needs of all people, especially marginalized groups; and
- Ensure that services are provided free from violence, coercion, stigma and discrimination. This
 will require states to remove barriers to care within the health system, such as requirements for
 parental and spousal notification and consent.

We welcome many elements currently included in this focus area, such as the explicit call for addressing the health needs of young people, ageing populations, and persons living with disabilities, ending the HIV/AIDS epidemic, ensuring affordable essential medicines, eliminating harmful practices, and reducing road accidents.

We welcome the inclusion of a point on access to sexual and reproductive health, but feel that this target needs further specificity. Services must be comprehensive and integrated, respect the principles of full informed consent, confidentiality, privacy, and non-discrimination, be grounded sexual and reproductive rights, and must prioritize the health of the patient over cultural or political views.

We welcome the inclusion of a reference to traditional knowledge, and wish to reemphasize that indigenous peoples traditional knowledge systems have played a particularly vital role in their healing strategies and sustaining healthy communities for centuries.

Taking into account these positive elements as well as some key omissions, we would like to propose the following targets:

- Expanding on point a), we propose a target on ensuring universal health care and coverage that is based on human rights, addresses underlying and structural inequalities, respects indigenous knowledge and traditional healing strategies, and gives particular attention to women, young people, older women, and marginalized groups such as people of diverse sexual orientations and gender identities and people living with HIV;
- Expanding on points e) and f), we propose a target on ending preventable maternal, newborn and child deaths and reducing maternal and child morbidity.
- Expanding on point h), we proposed a target on <u>guaranteeing equitable</u>, <u>universal and</u>
 <u>affordable access to prevention</u>, <u>treatment</u>, <u>care and support</u> for HIV, TB, malaria and other
 infectious diseases and <u>preventing the emergence of new infectious diseases</u>;

- Expanding on point j), we propose a target on <u>addressing the social and environmental</u> <u>determinants of health</u>, including the causes of rising anti-microbial resistance in humans through coordinated multi-stakeholder action;
- Expanding on point k), we propose a target on achieving universal access to sexual and reproductive health <u>care services that are equitable</u>, <u>comprehensive</u>, <u>integrated</u>, <u>respect human rights</u>, <u>including sexual and reproductive rights and are of high quality and accessible at all levels of care</u>, especially the primary health care system; and
- Expanding on point i), we propose a target on reducing the global burden of NCDs <u>and mental</u> <u>health</u> by adopting prevention strategies for key risk factors.

Thank you.