Dr Ian Askew, WHO - Director of the Department of Reproductive Health and Research– Speech at IPU General Assembly – March 2016

- WHO recognizes the power of Parliamentarians in promoting health and well-being, both at national and global levels, through their key enabling roles in legislation, oversight, budgeting, accountability and advocacy. Living a healthy and fulfilling life is a basic human right and Parliamentarians are uniquely placed – and obligated – to prioritize actions and investments that protect this right for the benefit of all of citizens.

- WHO is the primary body within the UN system for promoting and protecting people’s right to the highest attainable standard of health, and for advising governments on how they can meet people’s needs to achieve this. The Inter-Parliamentary Union (IPU) plays a crucial role in facilitating collaboration between WHO and Parliamentarians, gobally, regionally and nationally, through providing a platform for positioning and prioritizing health on the agenda of Parliaments and for facilitating engagement with stakeholders who can influence health and the delivery of health services beyond the health sector.

- WHO and IPU collaborated on the development of the Global Strategy for Women’s, Children’s and Adolescents’ Health, which seeks to end all preventable deaths of all women, children and adolescents by 2030 and help them to achieve their full potential for health and well-being – in brief, to enable them to survive, thrive and transform their lives. This new Global Strategy aligns with the Sustainable Development Goals by recognizing the urgent need to focus on and invest in improving the health and well-being of adolescents.

- There are many reasons why IPU should care about and support this accelerated investment in adolescent health and the call for increased investment and action. First, between 2000 and 2012, the death rate among adolescents declined by only 12 percent, from 126 to 111 per 100,000 per year; by comparison, large investments in interventions for children under five over the same period saw a decline in their mortality rate by 52 percent.
• Secondly, 11% of all births worldwide are to girls aged 15 to 19 years, and to the poorest and most vulnerable girls. Complications associated with teenage pregnancy and childbirth are the second highest cause of death for 15-19-year-old girls globally.

• Thirdly, disability due to illnesses and injuries associated with sexual and reproductive health blights the lives of many adolescents, yet the causes of many of these could be easily prevented.

• Fourthly, access to safe abortion services could reduce drastically the adverse outcomes, including death, experienced by the estimated 3.2 million teenage girls who have an unsafe abortion (half of whom live in Africa) because they had an unwanted pregnancy.

• Unwanted pregnancies can be prevented by governments improving access to effective contraception among sexually active adolescents, married or unmarried; unmet need is currently very high, with over 50 percent of adolescents in many countries being sexually active but without using contraception.

• Fifthly, unprotected sex can transmit sexually transmitted infections, including HIV; 2 million adolescents live with HIV and risk of HIV is 2.5 to 4 times higher among young women than young men. Moreover, HIV/AIDS is the second most common cause of death globally for adolescents (after road traffic accidents). Access to condoms and to comprehensive sexuality education, both of which are known to be effective in preventing sexual transmission of infections, is unfortunately limited and non-existent in many countries, yet their potential impact on health is enormous.

• While increasing access to such services can effectively reduce these risks of disease and death among adolescents, coercive sex and other violence against young girls, including child, early or forced marriage and female genital mutilation, as well as other gender-based inequalities – in education, employment, and politics – will undo the hard-earned benefits from government investments in strengthening health services. Globally, almost one third of girls aged 15 to 19 experience violence by a partner, and up to 1 in 3 deaths among boys are from violence; clearly, action is needed to prevent all forms of violence against adolescents.
Parliamentarians can provide leadership in advocating for the proven investments in health and related services that we know will improve the lives of adolescents, and by voting in budgets that will fund these investments. And importantly, parliamentarians make the laws that can support or inhibit the health of adolescents, for example, those that determine which services they can use, and which harmful traditional practices should be stopped. WHO continues to value its relationship with IPU and remains committed to providing the necessary technical support for IPU to operationalize its desire to improve the health and well-being of all women, children and adolescents.