

WHO contribution to the 136th Inter-Parliamentary Union General Debate on *Addressing inequalities: delivery on dignity and well-being for all*. 3 April 2017, Dhaka, Bangladesh - Elisa Scolaro on behalf of the World Health Organization

Honourable Speaker, Honourable Members of Parliament, distinguished colleagues, it is a pleasure and honour to be here today on behalf of the World Health Organisation to contribute to the debate on *Addressing inequalities: delivery on dignity and well-being for all*.

Inequalities exist in many areas, but those related to health can strongly affect the life and wellbeing of individuals, their families and communities. Inequalities in health exist between countries, and strong inequalities can also exist within countries, between men and women, boys and girls, rural and urban residents, the rich and the poor, the young and the old, the educated and the non-educated.

Among these groups, women and girls are very often the most vulnerable because of inequalities in their life situation, paying a price in terms of their health that is often too high.

Too often indeed, women and girls are routinely subjected to discrimination, human rights violations and other structural barriers related to the cultural, economic, environmental, political, social and legislative domains that determine their personal situation. Moreover, for substantial numbers of people, multiple

domains can interact to create extreme disadvantage, for example, poor, uneducated girls living in remote rural areas.

Unless actions are taken to benefit various disadvantaged groups, they will continue to fall further behind and the country as a whole will not be able to develop to its full potential.

Despite the important gains in the health and well-being of women and girls over the past three decades, critical inequalities continue to exist, most of which can be reduced through proven interventions.

Death from complications associated with pregnancy and birth remains the second-leading cause for girls aged 15 to 19 years old. A lack of access to safe abortion services and post-abortion care continues to be a leading cause of mortality and morbidity for women and adolescent girls. One in three women still experience physical or sexual violence in their lifetime. 225 million women who want to avoid pregnancy are not using modern contraception.

The promotion and protection of sexual and reproductive health and rights for all women and girls, which if fulfilled would reduce the vast majority of these deaths and ill-health, is currently experiencing marked resistance around the world.

This is evident in a sustained lack of sufficient funding; stigmatisation of both users and providers of essential sexual and reproductive health services; continued support for harmful social norms and practices such as child marriage and female genital mutilation; paring down of legislation that protects women's and girls' health rights; widespread tolerance of violence against women and girls; increasing restrictions on access to, and provision of, scientifically accurate sexual and reproductive health information, including comprehensive sexuality

education; unnecessary restrictions on the availability of contraceptive and other essential technologies; and the imposition of legal barriers, such as third party consent requirements.

Achieving equity in health requires a multi-sectoral commitment to address both structural determinants and essential medicines and services, but above all it requires political commitment.

And that's where parliamentarians can play the most powerful role.

WHO recognizes the power of Parliamentarians in promoting health and well-being, at both national and global levels – through your key enabling roles in legislation, oversight, budgeting, accountability and advocacy. You have a crucial role to play in taking all necessary steps to protect women and girls' health, as well as to develop evidence-based laws and policy. The production of scientifically accurate evidence through rigorous research and the development of policies, norms and standards for national health systems, and the sharing and use of this evidence by national health systems, can happen only if we keep the dialogue between health experts and policy makers open, transparent and interactive. The ultimate goal of such dialogue is to bridge the gap between availability of evidence and its use for policy, and WHO is here to reiterate once more our commitment to collaborate with you to ensure the promotion and protection of the right to health for all individuals everywhere, so that no one is left behind.