



# Economic and Social Council

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## Commission on the Status of Women

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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly entitled “Women 2000: gender equality, development and peace for the twenty-first century”

### Statement submitted by Royal College of Obstetricians and Gynaecologists, a non-governmental organization in consultative status with the Economic and Social Council\*

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.

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\* The present statement is issued without formal editing.



## Statement

The Royal College of Obstetricians and Gynaecologists works to improve women's healthcare worldwide. With over 17,500 members worldwide, our members are leaders in women's health and champions within their national healthcare systems. We work with local partners and our members in-country to promote access to high-quality health services to ensure that women and girls can realise their right to health.

In 1995, the Beijing Declaration and Platform for Action identified women's health as one of twelve areas essential to achieving gender equality worldwide. Since then, governments have taken steps towards achieving the commitments made in Beijing and some encouraging progress has been made in sexual and reproductive rights and health outcomes. Several international agreements and resolutions since the Beijing Declaration, including the 2030 Agenda for Sustainable Development, have influenced global efforts and framed the discourse on women's health as a fundamental component of human rights and sustainable development. Achievements include a reduction in the global maternal mortality rate by one-third from 2000 to 2020 and a decline in the global rate of unintended pregnancies for women aged 15-49 from 1990 to 2019.

However, progress in women's sexual and reproductive health has stagnated and remains unequal globally. Worldwide, girls and women are being denied respectful, quality healthcare, a fundamental human right. Every day, approximately 800 women die from preventable causes related to pregnancy and childbirth – meaning that a woman dies around every two minutes. Meanwhile, 257 million women and girls who want to avoid pregnancy are not currently using safe, modern methods of contraception, and every year, an estimated 25 million unsafe abortions are taking place. The WHO estimates a shortfall of 18 million health workers by 2030, mainly in low- and middle-income countries, which is a major barrier to quality service delivery.

While the commitments outlined in the Beijing Declaration and Platform for Action were ambitious and transformative, these targets will not be achieved until significant progress has been made towards securing universal access to sexual and reproductive health rights for women and girls. The sixty ninth Commission on the Status of Women is a key opportunity to assess the challenges that affect the implementation of the Platform for Action and the achievement of gender equality.

The Royal College of Obstetricians and Gynaecologists outlines priorities across critical sexual and reproductive health issues and presents actions for governments.

### **Access to quality sexual and reproductive health services**

There are pronounced global inequalities in the provision of quality sexual and reproductive healthcare, as people in low- and middle-income countries bear a disproportionate burden of unmet need. For instance, 97 per cent of unsafe abortions take place in low- and middle-income countries. Major disparities in contraceptive access and use still exist between regions, with more than half of the women and girls with unmet need for contraception living in sub-Saharan Africa and South Asia. Obstetric fistula has been almost entirely eradicated in high-income settings. However, the WHO estimates that more than two million women and girls in countries across sub-Saharan Africa, Asia and the Pacific are living with the condition and its debilitating consequences.

### **Neglected gynaecological conditions**

In research, policy, health programming and healthcare provision, conditions such as menstrual conditions, fibroids, endometriosis, and menopause – are consistently underestimated and under-prioritised. This is despite the life-changing and life-limiting toll they can take on those affected. The literature also demonstrates the detrimental social and economic impact of gynaecological conditions. Our research shows that across low- and middle-income countries, 5 per cent of all years lost to disability are due to so-called ‘benign’ gynaecological conditions, with 84 per cent of the overall global burden of morbidity from these conditions found in low- and middle-income countries.

### **Gender-based violence**

Gender-based violence is one of the most prevalent human rights violations worldwide. Nearly 1 in 3 women have experienced physical and/or sexual violence by an intimate partner or non-partner. This undermines the dignity, security and autonomy of survivors, and causes serious short- and long-term physical, mental, sexual and reproductive health issues.

Female genital mutilation/cutting is a human rights violation and a severe form of gender-based violence. More than 200 million girls and women alive today have gone through some form of female genital mutilation/cutting, and a further 68 million are at risk of being cut by 2030. In some countries, such as Egypt, female genital mutilation/cutting is increasingly being carried out by healthcare workers.

### **Climate change**

The relationship between gender equality, sexual and reproductive health and rights, and climate change is deeply interconnected, with climate change exacerbating social inequalities and disproportionately affecting marginalised groups. Rising temperatures, extreme weather events, and increased rainfall variability negatively impact food and water security, posing severe health risks to pregnant women. Dehydration and malnutrition during pregnancy can lead to complications such as preterm birth, anaemia and eclampsia. Additionally, climate change facilitates the spread of vector-borne diseases such as malaria, which heightens the risk of spontaneous abortion, stillbirth and severe maternal health issues. Disruptions in healthcare services caused by climate-related disasters further reduce access to essential sexual and reproductive health services, increasing vulnerabilities to gender-based violence, sexually transmitted infections and unintended pregnancies.

### **Neglected tropical diseases**

Neglected tropical diseases disproportionately affect women, exacerbating reproductive health issues, particularly in low-resource settings. Diseases such as schistosomiasis and hookworm lead to anaemia during pregnancy, premature births, infertility and heightened maternal mortality rates. Neglected tropical diseases perpetuate cycles of poverty, especially in sub-Saharan Africa, where hookworm infections contribute significantly to maternal health complications. Addressing these diseases is critical not only to improving women’s health, but to mitigating their socio-economic impacts, reducing the burden on vulnerable populations and improving overall global health outcomes.

### **Recommendations**

The Royal College of Obstetricians and Gynaecologists recommends that governments:

### **Strengthen global advocacy on sexual and reproductive health rights**

- Champion the integration of abortion care into sexual and reproductive health services through national universal health care plans as part of health system strengthening efforts.
- Champion prioritisation of the gynaecological health needs of women and girls on the global health agenda.
- Build on commitments to tackling female genital mutilation/cutting by collaborating with medical bodies and colleges to create a global network of health workers to tackle rising medicalisation.
- Ensure advocacy efforts include a focus on vulnerable and marginalised populations who often face additional barriers to accessing sexual and reproductive health services.
- Champion the integration of gender-based violence services into health systems, particularly for survivors, to ensure the links between gender-based violence and reproductive health outcomes are addressed.
- Advocate for the removal of legal and policy barriers that restrict access to sexual and reproductive health services, including restrictive abortion laws, lack of access to contraception, and discrimination in healthcare settings.

### **Target investment in evidence-based, scalable interventions**

- Scale up self-management and telemedicine in settings where they provide safe additional pathways to increase access to sexual and reproductive health rights, including abortion.
- Collect data on the scale of the burden of gynaecological disease across the life course to build a strong evidence base to support future investment.
- Integrate family planning/contraception services into maternal services, post-abortion care and childhood immunisation programmes.
- Strengthen human papillomavirus immunisation programmes in low- and middle-income countries.
- Develop and deliver high-quality, evidence-based fistula surgical repair and emergency obstetric training.

### **Invest in task shifting and task sharing for health workers**

- Publish clear spending plans and timelines for strengthening health systems.
- Invest in training a wider range of providers and health facilities to deliver essential sexual and reproductive health services, particularly in areas such as maternal health, contraception, abortion care and gynaecological disease, where non-specialist providers can play a key role.

### **Integrate climate resilience into health systems, particularly in regions most affected by extreme weather events**

- Strengthen healthcare infrastructure to withstand climate-related disasters, ensuring reliable access to clean water and sanitation, and maintaining robust medical supply chains.
- Ensure the availability of sexual and reproductive health services, such as maternal healthcare, contraception and disease prevention tools, even during

crises. This would protect vulnerable populations, particularly pregnant women, from the compounded effects of climate change on health.

**Expand access to preventive and therapeutic interventions for neglected tropical diseases in maternal health programmes:**

- Increase investment in mass drug administration, community health education and vector control initiatives.
  - Target neglected tropical diseases with tailored interventions for women and pregnant women to reduce maternal anaemia, improve birth outcomes, and break cycles of disease and poverty.
  - Coordinate these efforts with broader maternal health strategies to help reduce the long-term impact of neglected tropical diseases.
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