Statement from Helen Clark, Board Chair, PMNCH to the Seventy-fourth Session of the WHO Regional Committee for South-East Asia, (Virtual) Nepal, 6-10 September 2021

Agenda Item: 8.2 Annual report on monitoring progress on UHC and health-related SDGs SEA/RC74/7

Good morning/afternoon. I am honoured to address you as chair of PMNCH, the world’s leading alliance for women, children and adolescents. Our network of 1,000 member-organizations across 192 countries advocates for improving equity and driving progress to support the Sustainable Development Goals and universal health coverage.

One of the tragedies of COVID-19 is how it has deepened health inequities for so many women, children and adolescents. Lockdowns have made it more difficult to access family planning and maternity care. Children have been stuck at home, away from school. There has been a sharp rise in domestic violence, worsening mental health and gender bias.

Yet, COVID also offers a lens through which we can see what needs to be done in terms of recovery and resilience, preparedness, and health security.

Gender remains critical. According to the 2021 Gender 50/50 report, just 10% of activities relating to vaccinations or protection of healthcare workers consider gender. Yet more than 70% of health workers are female, and it is women who are subject often to the harshest COVID outcomes, including access to health and nutrition services, as jobs vanish and family budgets become tighter.

To prevent COVID-19 from becoming a lasting crisis, and to address these inequities, we must work with local communities and across sectors to create integrated, ‘all of government and society’ COVID-19 response and recovery plans, prioritizing the needs of women, children and adolescents.

That’s why PMNCH has issued a seven-point COVID-19 Call to Action, highlighting what governments can do. It urges them to protect health and rights through strengthened political commitment, policies and equity enhancing financing. Written commitments to date, in response, have been made from several countries, including India and Bangladesh from the South-East Asia region. We encourage more to come forward.

Adolescents, too, who make up a rising proportion of South East Asia’s population, must continue to be prioritized. PMNCH has worked intensively to strengthen their voice and participation, encapsulated by our Call to Action on Adolescents, which is backed by many regional members. This will be further strengthened by our Adolescent Wellbeing Framework, the forthcoming BMJ Series on Adolescent Wellbeing and the 2023 global summit.

I invite you to take inspiration from these calls to action and commit to the health and rights of women, children and adolescents, especially the most vulnerable and disadvantaged, such as Afghan and
Rohingya refugees, and forge stronger primary healthcare systems, which will accelerate progress on Universal Health Coverage and the health-related Sustainable Development Goals.

PMNCH is ready to accelerate your commitments by facilitating multi-stakeholder partnerships, including civil society and youth-led organizations. Together, we can strengthen our capacity to address the needs of women, children and adolescents in disaster preparedness, response and recovery efforts and ensure high-quality health services.

It is how we invest now, in universal health coverage and primary care, that determines the future of so many women, children and young people. The world we are creating, based upon decisions we are making, will be their inheritance. We must not let them down.