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peace for the twenty-first century”**

Statement submitted by Commission of the Churches on International Affairs of the World Council of Churches, International Cancer Experts Corps, non-governmental organizations 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.

* The present statement is issued without formal editing.

Statement

From commitment to accountability: advancing the health and rights of women and girls from Beijing to 2030

This statement is submitted by the Commission of the Churches on International Affairs of the World Council of Churches and International Cancer Experts Corps, as co-chairs of the Working Group on Health of the NGO Committee on the Status of Women, Geneva (NGO CSW-Geneva).

The seventy-first session of the Commission on the Status of Women provides a critical opportunity to accelerate the achievement of gender equality and the empowerment of all women and girls in the context of the 2030 Agenda for Sustainable Development. For the Working Group on Health, this requires particular attention to Sustainable Development Goal 3 on health and well-being, its interconnections with Sustainable Development Goal 5 on gender equality and other relevant Sustainable Development Goals, and persistent inequalities affecting women's and girls' health. The remaining years to 2030 must be used to translate commitments into measurable improvements, strengthen accountability and ensure that no woman or girl is left behind.

From Beijing commitments to measurable progress

More than thirty years after the adoption of the Beijing Declaration and Platform for Action, the international community must confront a fundamental question: to what extent have commitments to women's and girls' health been translated into measurable improvements in their lives?

Important progress has been achieved. Access to essential health services has expanded in many settings, maternal health has improved, and recognition of sex and gender differences in health has increased. Women's health is more widely acknowledged as fundamental to human rights, gender equality and sustainable development. These achievements must be recognised, sustained and protected.

Yet progress remains uneven, incomplete and vulnerable to regression. Preventable maternal mortality and morbidity remain unacceptably high. Millions of women and girls continue to experience preventable illness, inadequate healthcare, discrimination and exclusion from decisions affecting their health. The challenge is no longer simply to reaffirm commitments, but to demonstrate their implementation.

The Working Group on Health calls for the period between the seventy-first session of the Commission on the Status of Women in 2027 and the thirty-fifth anniversary of the Beijing Declaration and Platform for Action in 2030 to become a period of accelerated implementation, transparent monitoring and accountability for women's and girls' health.

Women's and girls' health throughout the life course

Women's health is a fundamental human right extending across the entire life course, from childhood and adolescence through reproductive years, menopause and older age. Sexual and reproductive health and rights, including maternal healthcare, family planning and access to appropriate reproductive health services, remain essential. However, women's health cannot be confined to reproductive and maternal health alone.

Cardiovascular diseases, cancers, mental health conditions, chronic and noncommunicable diseases, disabilities and conditions disproportionately affecting women remain inadequately researched, diagnosed, treated or financed in many settings.

Mental health requires particular attention. Women and girls experience mental health challenges shaped by discrimination, violence, poverty, unpaid care responsibilities, displacement and other social determinants of health. Despite greater recognition, access to prevention, affordable mental healthcare and integrated primary and community-based services remains inadequate. Mental health must be recognised as an essential component of universal health coverage, supported by sustained financing, appropriate services and the meaningful involvement of women and girls with lived experience in shaping and evaluating care.

Violence against women and girls has profound physical and mental health consequences and requires comprehensive prevention and health-system responses. Conflict, displacement, humanitarian emergencies and climate change further deepen existing inequalities, frequently disrupting access to essential healthcare.

Gender equality, reflected in Sustainable Development Goal 5, cannot be achieved in isolation from Zero Hunger, Sustainable Development Goal 2, and Good Health and Well-being, Sustainable Development Goal 3. Hunger, malnutrition, environmental degradation and climate change are interconnected challenges that disproportionately affect the health and well-being of women and girls. A One Health approach, recognising the interdependence of human, animal and environmental health, can contribute to more sustainable and resilient food and health systems and to better health outcomes for women and girls.

Progress in women's health and rights cannot be assumed to be irreversible. Advancements achieved through legislation, policy reforms and public investment require ongoing protection, monitoring and accountability to ensure they are sustained. The wider experience underlines the importance of safeguarding sexual and reproductive health and rights, bodily autonomy and access to essential healthcare against regression. Accelerating progress must therefore include protecting achievements already secured while addressing neglected and emerging health needs.

Making women and girls visible: disaggregated data and evidence

One persistent barrier to advancing women's health is the absence of adequate, reliable and sufficiently disaggregated health data. Women and girls who are undercounted in health statistics, underrepresented in medical research or inadequately included in clinical evidence risk becoming invisible in health policy and decision-making.

What is not adequately measured is too easily overlooked; what is overlooked is too often underfunded.

Sex-disaggregated data are essential but insufficient alone. Data must also reveal inequalities associated with age, disability, socioeconomic circumstances, geographical location and other relevant characteristics, while respecting privacy and confidentiality. National averages can conceal profound differences between women and girls, particularly those experiencing poverty, disability, geographical isolation or displacement. Data must therefore be collected, analysed and translated into policies, services and financing decisions.

The Beijing Platform for Action established commitments to women's health and rights. The Sustainable Development Goals, particularly Goal 3 on health and well-being, Goal 5 on gender equality and Goal 17 on data and partnerships, provide measurable targets relevant to their implementation. Existing international monitoring mechanisms provide a foundation for identifying achievements, inequalities and persistent gaps. Rather than creating parallel structures, Member States should strengthen and connect existing mechanisms, improve disaggregated data and use findings to identify where progress is insufficient and corrective action is required.

Artificial intelligence: opportunity must not become inequality

Artificial intelligence and emerging digital technologies have considerable potential to improve research, diagnosis, prevention and healthcare delivery. However, technological innovation does not automatically produce equitable health outcomes.

Artificial intelligence systems increasingly rely on existing medical knowledge, research and health datasets. Where women and girls are inadequately represented, these systems risk reproducing and amplifying longstanding biases in diagnosis, treatment and healthcare delivery. Without correcting the underlying gender health data gap, artificial intelligence could deepen existing inequalities rather than reduce them.

These risks are compounded by unequal digital access, differences in health and digital literacy, and women's limited participation in technological development and governance. Member States must ensure that artificial intelligence applications in healthcare are developed, tested and independently evaluated using representative evidence, with appropriate safeguards, transparency and meaningful human oversight.

Women must be more than users of technologies designed by others. They must be creators and shapers of emerging health technologies, participating throughout the innovation process, from identifying health

priorities and determining which evidence is used, to design, development, governance, testing and evaluation. The question is not simply what artificial intelligence can achieve, but whose health needs it serves, who may be excluded and who is accountable when harm occurs.

While embracing the potential of technology and artificial intelligence to advance women's health, we must also remain vigilant against technology-facilitated violence against women and girls. Innovation must protect, rather than endanger, their rights, dignity, privacy and safety, with effective safeguards and accountability for technology-enabled harm.

Financing, participation and accountability

Commitments to women's and girls' health cannot be fulfilled without adequate, predictable and sustainable financing. Governments must be accountable not only for their commitments, but for the resources they allocate, how those resources are distributed and whether investments produce measurable improvements in health outcomes.

Gender-responsive health budgeting, transparent expenditure reporting and sustained investment in primary healthcare, prevention, research, mental health and essential reproductive health services are fundamental to reducing inequalities. Financing must also reach women-led and community-led organisations, whose knowledge and engagement are essential to identifying unmet needs and monitoring implementation.

Women and girls must not be regarded simply as beneficiaries of health policies. They are rights-holders, leaders, creators and shapers of policies, research, services and technologies affecting their health. Meaningful participation requires more than consultation. It requires adequately supported opportunities for women, particularly those most affected by health inequalities, to influence decisions concerning healthcare, research, financing and accountability.

Nothing about women's health without women.

The road to 2030: demonstrating results

The Beijing Platform for Action established commitments to women's rights and health. The 2030 Agenda translated many related ambitions into measurable targets. The thirtieth anniversary of the Beijing Declaration and Platform for Action provided an opportunity to assess achievements and persistent gaps. The seventy-first session of the Commission on the Status of Women must now contribute to accelerating implementation, protecting progress and strengthening accountability before 2030.

The Working Group calls upon Member States to use existing Beijing and Sustainable Development Goal monitoring processes to demonstrate, by 2030, what concrete actions have improved women's and girls' health, what resources have been invested and whether measurable health inequalities have narrowed. Assessments must identify which women and girls remain underserved, where progress has stalled or reversed, how sexual and reproductive health and rights have been protected, and what corrective measures are being undertaken.

They must also demonstrate improvements in disaggregated health data, equitable governance of emerging technologies and meaningful participation of women and civil society as creators, shapers and decision-makers. International organisations have important roles in strengthening health information systems, supporting national statistical capacity and making existing evidence more useful for policy and accountability.

As 2030 approaches, success must be measured not by the number of commitments reaffirmed, but by their implementation and impact.

The ultimate measure of progress must be whether women and girls, in all their diversity, experience better health, greater equality, stronger protection of their rights and meaningful power to create and shape the decisions, policies and technologies affecting their lives.

The present statement is also endorsed by the following non-governmental organizations in consultative status with the Economic and Social Council: Biovision Stiftung für ökologische Entwicklung; Dianova International; Federation of American Women's Clubs Overseas (FAWCO); International Alliance of Women; International

Council of Women; Make Mothers Matter; Medical Women International Association (MWIA); Mothers Legacy Project; and World Federation for Mental Health.