

STATEMENT IPPF EN TO THE WHO RC64

AGENDA ITEM - INVESTING IN CHILDREN: The European child and adolescent health strategy 2015-2020

1. IPPF European Network welcomes the new strategy, its broad spectrum of important issues to be tackled, including making children's lives visible and the argument for the meaningful participation of young people in issues of their concern. Also the guiding principles are excellent and we welcome in particular the focus on the rights-based approach.
2. We also believe strongly in partnerships and intersectoral collaboration but this should not be limited to a range of ministries and agencies but in particular include civil society organisations in their role as partners in health promotion, health protection and disease prevention. NGOs/Civil Society can go where no government can and do what is more difficult for a government to do, in particular in relation to reaching out to vulnerable groups and bringing their voice to the table.
3. We acknowledge that the WHO Europe is aware of the unfinished agenda of the MDGs but it is a pity that only reference is made to MDG4 (children) and not MDG 5 and 5B which is on maternal mortality and reproductive health services for all. MDG 5 and 5B are recognized internationally as the highest unfinished business. MDG5 and 5B are directly related to the sexual and reproductive health of young people. They include indicators that are of direct relevance to them and should therefore absolutely form part of this strategy.
4. WHO Europe recognizes that 25% of 15-year-olds have had sexual intercourse but also that in some countries over 30% are not using any protection, resulting in STI's and unintended pregnancies. We know that the rates of chlamydia for instance are very high and that this STI can lead to secondary infertility – an issue that is of concern of many governments who would like to see the birth rates going up.
5. WHO Europe also recognizes that the (new) digital world creates new challenges as an uncontrollable source of information including negative features such as pornography and cyberbullying. It is recognized as a possible new avenue for health policy makers to work on prevention which can be an option for direct campaigns. However, it is our believe that the prevention of risky behaviour (whether alcohol, smoking or unprotected sex) is to be learned from a very young age within the family and in the schools. We are therefore very sad to see that there is no mentioning at all of an urge to be committed to the implementation of comprehensive sexuality education which also includes life skills education.
6. It is true that the HBSC provides good data for the region but we would like to stress that the questions around sexual behaviour are equally important to be known (there are only a few and they are not answered at the same rate as the others). In addition we need to realise that these data are only for the age group of the 15 years old and therefore additional research is required to know more about the life style of younger and older populations than 15. Therefore we welcome the request for a research agenda focusing on child and adolescent health but then one that includes also issues of sexuality and relationships as this is a major issue for adolescents and young people.

7. We are extremely disappointed to see nothing about sexuality under the heading “Protecting health and reducing risk”. Given the earlier indications of the knowledge around the risk of unprotected sex and possible negative consequences of for instance infertility, early motherhood, abortion, sexual orientation and gender identity can lead to stigma and discrimination would either merit a specific chapter or at the minimum being mentioned under the section on mental health issues.
8. The strategy could also be strengthened by including more attention for gender issues in the region that do affect adolescents, and in particular adolescent girls, who might be more vulnerable and potential victims. We could mention a few like gender based violence; early marriage; surrogacy.
9. In general we welcome the strategy but would request WHO Europe and the governments to pay more attention to the issue of sexual and reproductive health and rights which is so critical for adolescents. What needs to be done is well known (acceptance of adolescents as sexual beings; comprehensive sexuality education; youth-friendly services with a rights based approach; inclusiveness of children and adolescents in the whole process of policy development, implementation and evaluation,..). Where the document stresses in multiple places the importance of an evidence-based approach it is not clear how this information will be collected and disseminated and what the role of WHO is in this matter.
10. In many of the countries in the region the Member Associations of IPPF are well known partners of WHO Europe and the governments. We continue to offer our expertise and experience to assist governments in their important work to make the life of children and adolescents better, safer and providing a real perspective of a caring government helping them to develop into healthy and supportive citizens.