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TEXTS ADOPTED

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**P9\_TA(2021)0315**

**25th anniversary of the International Conference on Population and Development (ICPD25) (Nairobi Summit)**

**European Parliament resolution of 24 June 2021 on the 25th anniversary of the International Conference on Population and Development (ICPD25) (Nairobi Summit) (2019/2850(RSP))**

*The European Parliament,*

- having regard to the 1994 International Conference on Population and Development (ICPD) in Cairo, its Programme of Action, and the outcomes of its review conferences,
- having regard to Principle 1 of the ICPD Programme of Action, which states that everyone has the right to liberty and security of person,
- having regard to the Nairobi Statement on ICPD25: Accelerating the Promise, of 1 November 2019, and to the National and Partner Commitments and Collaborative Actions that were announced at the Nairobi Summit,
- having regard to the Beijing Platform for Action and the outcomes of its review conferences,
- having regard to the Ottawa Statement of Commitment adopted at the seventh International Parliamentarians' Conference on the Implementation (IPCI) of the ICPD, which took place on 22 and 23 October 2018 in Ottawa, Canada,
- having regard to the report of the Secretary-General of the United Nations of 5 October 1999 on the 21st special session of the General Assembly for an overall review and appraisal of the implementation of the ICPD Programme of Action (five-year review of progress in implementing the Programme of Action),
- having regard to the report of the Secretary-General of the UN entitled 'Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014' ('ICPD beyond 2014 Global Report'),
- having regard to the 2030 Agenda for Sustainable Development adopted in September 2015, which entered into force on 1 January 2016, and in particular to Sustainable Development Goals 3 and 5,

- having regard to the UN World Humanitarian Summit held in Istanbul on 23 and 24 May 2016 and to the ensuing report of the UN Secretary-General (A/70/709), in particular the Agenda for Humanity,
- having regard to its resolution of 31 May 2018 entitled ‘Implementation of the Joint Staff Working Document (SWD(2015)0182) – Gender Equality and Women’s Empowerment: Transforming the Lives of Girls and Women through EU External Relations 2016-2020’<sup>1</sup>,
- having regard to its resolution of 4 July 2018 entitled ‘Towards an EU external strategy against early and forced marriages –next steps’<sup>2</sup>,
- having regard to its resolution of 25 November 2014 on the EU and the global development framework after 2015<sup>3</sup>,
- having regard to its resolution of 16 December 2015 entitled ‘Preparing for the World Humanitarian Summit: Challenges and opportunities for humanitarian assistance’<sup>4</sup>,
- having regard to its resolution of 3 February 2021 entitled ‘Challenges ahead for women’s rights in Europe: more than 25 years after the Beijing Declaration and Platform for Action’<sup>5</sup>,
- having regard to the UN Population Fund (UNFPA) State of World Population 2019 report entitled ‘Unfinished Business: the pursuit of rights and choices for all’,
- having regard to the Euromapping report 2018 entitled ‘Accountability Guide for Reproductive, Maternal, New Born and Child Health and Family Planning’,
- having regard to the 2017, 2018 and 2019 Contraception Atlas ranking access to contraception in Europe by country, which highlights inequalities across Europe and the fact that the unmet need for contraception in some parts of Europe has gone largely unnoticed,
- having regard to its resolution of 12 December 2018 on the annual report on human rights and democracy in the world 2017 and the European Union’s policy on the matter<sup>6</sup>,
- having regard to the European Pact for Gender Equality (2011-2020), adopted by the Council on 7 March 2011<sup>7</sup>,
- having regard to the Council conclusions on Gender in Development of 26 May 2015,

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<sup>1</sup> OJ C 76, 9.3.2020, p. 168.

<sup>2</sup> OJ C 118, 8.4.2020, p. 57.

<sup>3</sup> OJ C 289, 9.8.2016, p. 5.

<sup>4</sup> OJ C 399, 24.11.2017, p. 106.

<sup>5</sup> Texts adopted, P9\_TA(2021)0058.

<sup>6</sup> OJ C 388, 13.11.2020, p. 100.

<sup>7</sup> OJ C 155, 25.5.2011, p. 10.

- having regard to the EU Gender Action Plan for 2021-2025 (GAP III), published on 25 November 2020 by the Commission and the High Representative of the Union for Foreign Affairs and Security Policy (JOIN(2020)0017),
  - having regard to the European Consensus on Development – ‘Our World, our Dignity, our Future’, adopted in June 2017,
  - having regard to the questions to the Council and the Commission on the 25th anniversary of the International Conference on Population and Development (ICPD25) (Nairobi Summit) (O-000020/2021 – B9-0018/2021 and O-000021/2021 – B9-0019/2021),
  - having regard to Rules 136(5) and 132(2) of its Rules of Procedure,
  - having regard to the motion for a resolution of the Committee on Development and the Committee on Women’s Rights and Gender Equality,
- A. whereas 2019 marked 25 years since the International Conference on Population and Development (ICPD) in Cairo, where the ICPD Programme of Action was adopted by 179 governments, declaring a global commitment to sexual and reproductive health and rights (SRHR) in line with the Beijing Platform for Action and the Programme of Action itself, and consolidating the consensus to place the rights and well-being of the individual at the centre of the reproductive health agenda and demographic planning;
  - B. whereas the Programme of Action placed family planning in the context of comprehensive reproductive healthcare and called on governments to provide access to services such as antenatal and postnatal care, safe delivery, infertility treatment, safe abortions where legal, management of the consequences of unsafe abortions, and treatment of reproductive tract infections and sexually transmitted infections, breast cancer and cancers of the reproductive system, as well as to information, education and counselling on sexuality, reproductive health and responsible parenthood, while always recognising that prevention of gender-based violence and other harmful practices should be integral to primary healthcare;
  - C. whereas sexual and reproductive health, including maternal and newborn mortality and HIV, are targets for Sustainable Development Goal (SDG) 3, and whereas gender-based violence and harmful practices are targets for SDG 5;
  - D. whereas the SDGs also call for achieving universal health coverage, specifically by ensuring access to quality essential healthcare services and to safe, effective and affordable medicines and vaccines for all; whereas guaranteeing SRHR and women’s rights and the freedom to decide over their bodies and lives is a central pre-condition to achieving the other SDGs;
  - E. whereas the 25th anniversary provided an opportunity for governments and other global actors to reaffirm their commitment to the SRHR agenda, as SRHR are still denied in many countries; whereas the ICPD is a universal document which must be implemented both within and outside the European Union;
  - F. whereas the population has never been growing so rapidly, for at the current rate the world population will double in only 35 years;

- G. whereas population trends will fundamentally shape future development prospects; whereas the promotion of gender equality, SRHR and sustainable family sizes go hand in hand;
- H. whereas women must have full control over their bodies, their health and their fertility, and be able to define their own role in society if sustainable growth and development is to follow such steep population growth;
- I. whereas the growing availability of contraception and emerging contraceptive methods have been instrumental in women planning their pregnancies, and thus all other aspects of their lives;
- J. whereas innovations in modern contraceptive methods have made their use more convenient and reduced their side effects; whereas, however, significant side effects still exist and their reduction should be a priority for research on the subject;
- K. whereas by 2015 94 % of governments provided support for family planning;
- L. whereas worldwide the proportion of non-single women who reported using a contraceptive rose from 36 % in 1970 to 64 % in 2015;
- M. whereas access to reproductive health services is crucial for women to enjoy their reproductive rights; whereas access implies not only that supplies and services are available, but also that social, economic, legal and any other barriers to them, including ideological barriers, are removed;
- N. whereas access to critical sexual and reproductive healthcare (including comprehensive sexuality education, family planning services, modern contraception, access to safe and legal abortion care, adequate antenatal and postnatal healthcare, assistance during childbirth) in most developing countries today is generally lowest among the poorest 20 % of households and highest among the richest 20 %; whereas according to the World Health Organization (WHO), in 2018 at least 214 million women wanted to prevent or postpone pregnancy but did not have access to modern methods of contraception;
- O. whereas access to SRHR also varies greatly within and between EU Member States, and is most difficult for people in the most vulnerable situations; whereas the analysis of every country in the 2019 Contraception Atlas shows that more action should be undertaken to improve access to information and contraceptive supplies, so that people have a choice over their reproductive lives;
- P. whereas certain countries legally require third-party authorisation for women or adolescents to access health services or criminalise same-sex relationships; whereas this limits access to the information or services required by people in need;
- Q. whereas family planning programmes in developing regions covered about 40 % of demand in 1970, and currently cover about 77 % of demand; whereas family planning services run out of stocks of some methods of contraception about three quarters of the time;
- R. whereas according to the UNESCO international technical guidance on sexuality education, curriculum-based programmes on comprehensive sexuality education (CSE)

enable children and young people to develop accurate knowledge and the appropriate attitudes and skills, including respect for human rights, gender equality and diversity, which contribute to safe, healthy, and respectful relations; whereas such education empowers children and young people as it provides evidence and age-appropriate information on sexuality, addressing sexual and reproductive health issues, including, but not limited to: sexual and reproductive anatomy and physiology; puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; sexually transmitted infections (STIs), including HIV and AIDS; and harmful practices such as child, early and forced marriage (CEFM) and female genital mutilation (FGM); whereas most adolescents worldwide do not have access to CSE;

- S. whereas in 1994, the Programme of Action urged countries to achieve a reduction in maternal mortality by one half of 1990 levels by the year 2000 and a further reduction by half by the year 2015, which would mean a 75 % reduction in maternal mortality; whereas while globally the maternal mortality ratio has declined by about 44 % since 1995, with progress seen in every region, adolescent pregnancy is still a major contributor to maternal mortality and morbidity, with about 70 000 adolescent girls dying of pregnancy or childbirth-related causes annually, and the vast majority of maternal deaths are still happening in environments with poor resources or as a result of intersectional discrimination; whereas maternal mortality from unsafe abortions, and the overall maternal mortality rate, is reduced by eliminating legal restrictions on access to abortion;
- T. whereas women without access to services such as antenatal care, assistance during childbirth and emergency obstetric care are more likely to suffer debilitating health impacts; whereas despite accounting for 92 % of the world's maternal and newborn mortality rates, developing countries employ just 42 % of the world's medical, midwifery and nursing personnel;
- U. whereas more than 500 women and girls die every day in emergency environments during pregnancy and childbirth due to a lack of skilled birth attendants or emergency obstetric procedures or because of unsafe abortions;
- V. whereas only 55 % of all abortions worldwide are safe; whereas this means that around 25 million unsafe abortions are estimated to have taken place every year between 2010 and 2014 according to the WHO; whereas abortion is still completely illegal in 26 countries, and abortion on request is only legal in 67 countries, with gestational limits varying from country to country; whereas a worrying backlash against women's rights over their bodies may be observed throughout the world in both developing and developed countries, including several EU Member States;
- W. whereas one in three women worldwide will experience physical or sexual violence at some point in her lifetime; whereas according to the UN, more than 200 million girls and women have been forced to undergo FGM;
- X. whereas an estimated 650 million women were married when they were children, and nine out of ten births to girls under 18 years of age happen within marriage; whereas according to UNICEF some of the negative effects of child marriage include: the separation of family and friends, the lack of freedom to interact with people of the same age and participate in community activities, the reduction of opportunities to receive education, sexual abuse, serious health risks such as premature pregnancy, sexually

transmitted infections and, increasingly, HIV/AIDS; whereas child marriage can also lead to forced labour, slavery and prostitution;

- Y. whereas forced marriage is one of the most common causes of persecution on the grounds of gender, alleged by a significant number of women at the time of applying for asylum; whereas there are still a number of impediments to recognising forced marriage as a reason to grant international protection, despite being a form of persecution on the grounds of gender and a serious and systematic violation of fundamental rights which leads to inhuman and degrading treatment that may constitute torture;
- Z. whereas LGBTIQ people continue to suffer from discrimination and violence both within and outside the European Union, with some countries keeping in place laws that criminalise same-sex relationships;
- AA. whereas the Spotlight Initiative brings together the EU and the UN to fight against all gender-based violence across the world and is a key tool to fight sexual violence and harmful practices such as FGM and forced marriages;
- AB. whereas funding priorities in SRHR have been uneven, with publicly funded health services generally offering some family planning, maternal, newborn and child healthcare, and HIV/AIDS services receiving substantial donor attention, while services for treatment of sexual violence, gynaecological cancers and infertility or safe abortion have been regrettably underfunded;
- AC. whereas since 2015, the Global Financing Facility has sought to encourage national governments to increase their spending in line with the SDG targets on health; whereas the reinstatement and expansion of the 'Global Gag Rule' has had a damaging impact on women's and girls' access to comprehensive healthcare, including SRHR;
- AD. whereas many developing countries have committed to the Programme of Action by aligning national objectives and budgets to it, but most of them still rely on donor assistance, thereby putting the stability of national programmes at risk;
- AE. whereas it is crucial for sexual and reproductive health funding to be stable and predictable in order to ensure a constant supply of the services needed;
- AF. whereas a global monitoring and evaluation mechanism is indispensable for tracking whether governments are delivering on the commitments undertaken in the Programme of Action and at the Nairobi Summit over the next period, and ensuring that the health-related SDGs are attained by 2030;
- AG. whereas the European Consensus on Development includes gender equality and women's and girls' human rights as well as their empowerment and protection as core principles and priorities in all areas of EU external action; whereas it also stresses the need for 'universal access to quality and affordable comprehensive sexual and reproductive health information, education, including comprehensive sexuality education, and healthcare services' and reiterated the commitment to spend at least 20 % of EU aid on social inclusion and human development;
- AH. whereas the implementation of the GAP II represented a key opportunity to channel additional funds to SRHR under the pillar on physical and psychological integrity;

- AI. whereas 2020 marked the 25th anniversary of the Beijing Platform for Action; whereas the ICPD and the Beijing Platform for Action should be interlinked so as to achieve gender equality and SRHR for everyone;
- AJ. whereas the UN Women Generation Equality Forum in Mexico City and Paris in 2020 could have been an opportunity for urgent action and accountability on gender equality, but was postponed as a result of the COVID-19 outbreak;

***ICPD Programme of Action – since 1994***

1. Commends the progress that has been made so far in specific areas such as the increasing availability of contraceptives, which has allowed women greater control over fertility, or decreasing maternal and newborn mortality, but recognises that efforts need to be considerably stepped up by national governments and international organisations, particularly in innovation, coordination and ensuring access, if we are to attain the objectives of the Programme, and create a reality which is conducive to well-being, empowerment and self-realisation of half of the world's population;
2. Welcomes and supports the Nairobi Statement on ICPD+25: 'Accelerating the Promise', its call to intensify efforts for the full, effective and accelerated implementation and funding of the ICPD Programme of Action, and its goal of achieving universal access to SRHR as a part of universal health coverage (UHC);
3. Welcomes the objective agreed at the Nairobi Summit to mobilise the political will and financial commitments urgently needed to finally achieve zero unmet need for family planning information and services, zero preventable maternal deaths, and zero sexual and gender-based violence and harmful practices against women and girls; welcomes the concrete commitments, both financial and political, made by governments, donors, businesses, non-governmental organisations, civil society and other actors to support the 'three zeros' and help ensure SRHR for all by 2030; welcomes in particular the commitment made by the EU to dedicate, in the framework of the 2018 Annual Action Programme of the Intra-ACP programme, EUR 29 million to promoting adolescent girls' health and SRHR, and calls for the continuation of the EU's financial and political commitment to these issues both within and outside the EU;
4. Reaffirms that a people-centred and rights-based approach must be central to any demographic policy and to health, education and social systems geared towards enabling women's self-determined roles in society and respecting their dignity and human rights; reaffirms furthermore that women have a right to decide about whether, when and how often they conceive; particularly welcomes, in this regard, the fact that the voices of marginalised communities, and youth and civil society advocates played a central role in the Nairobi Summit, and that these advocates were able to directly engage heads of state and policymakers about how to realise the rights and promote the health of all people;
5. Reaffirms that SRHR are grounded in human rights, are essential elements of human dignity, and remain crucial to achieving gender equality; calls for the EU and its Member States to recognise the rights of women and girls to bodily integrity and autonomous decision-making; condemns frequent violations of women's sexual and reproductive rights, including the denial of access to comprehensive sexuality

education, family planning services, contraceptives and maternal healthcare, as well as safe and legal abortion care; calls for an adequate budget for the above purposes;

6. Stresses that SDG 5 calls for, among other things, the integration of the recommendations of the ICPD Programme of Action into national plans, policies and programmes; underlines that the achievement of the SDGs is dependent on delivering universal access to sexual and reproductive health;
7. Recalls that achieving the commitments of the ICPD Programme of Action requires challenging discriminatory gender norms and ending sexual violence against girls and women, as well as strengthening girls' and women's agency and ability to make autonomous and informed decisions about their reproductive health;
8. Reaffirms the commitment to the promotion, protection and fulfilment of the right of every individual to have full control over their sexuality and sexual and reproductive health, to be able to decide freely and responsibly on these matters, and to live free from discrimination, coercion and violence;

### ***Zero unmet need for family planning***

9. Points out that on average, 214 million women in developing countries do not have access to effective contraception, which leads to around 75 million unintended pregnancies annually; is concerned that in some countries, access to contraception means availability of just one method; underlines that women and adolescents must not only have access to safe and modern contraceptives, but also be able to make an informed choice as to which method to use and have access to that method;
10. Is concerned that in some countries, access to reproductive health services is greatly impeded by barriers such as prohibitive costs, low-quality care and facilities or supplies, discriminatory and coercive laws, and dismissive treatment, and that the greatest unmet needs for sexual and reproductive health services are among adolescents, unmarried people, LGBTIQ people, persons with disabilities, minority ethnic groups, and the rural and urban poor;
11. Recalls that SRHR services should be gender-responsive, rights-based, adolescent-and-youth-friendly and available to all adolescents and women, regardless of age or marital status, including during conflicts and disasters; considers, furthermore, that such services should respect privacy and confidentiality, and be free of requirements for judicial, spousal, parental or guardian consent;
12. Commends the concerted efforts to expand family planning coverage to those women who are hardest to reach, and calls for such efforts to involve all other sexual and reproductive health services; recommends the use of creative models of service delivery such as vouchers for services at subsidised prices, conditional cash transfers, social insurance programmes and performance-based monitoring;
13. Emphasises that evidence- and curriculum-based CSE programmes are the basis for the development of healthy adults as they provide age-appropriate information about puberty, pregnancy and childbirth, in particular contraception, prevention of HIV and STIs, and the risks inherent in early pregnancies; underlines, further, that such CSE programmes should also focus on interpersonal relationships, sexual orientation, gender



equality, gender norms, consent and the prevention of gender-based violence, all of which are crucial for enabling young people to cultivate healthy self-esteem and form equal, nurturing and safe relationships; believes that the provision of CSE is crucial not only for the self-actualisation of girls but also for the early engagement of boys, who have a vital role to play in fostering and advocating gender equality among their peers and in their communities;

14. Emphasises that women should be guaranteed proper and affordable healthcare, universal respect for their sexual and reproductive rights, and access to these rights; emphasises that accessible healthcare and universal respect for and access to SRHR, family planning, maternal, antenatal and neonatal healthcare and safe abortion services are important elements for saving women's lives and reducing infant and child mortality; finds it unacceptable that women's and girls' bodies remain an ideological battleground, specifically with regard to their SRHR;
15. Recalls that almost a thousand girls and women contract HIV every day, and that women and girls are more exposed than boys to the risk of HIV infections, especially in sub-Saharan Africa; stresses that HIV-positive women and girls have a higher risk of developing cervical cancer; stresses the need to develop and strengthen prevention and screening strategies targeting young women in particular;
16. Stresses that access to water and sanitation is a human right and is necessary to ensure sexual and reproductive health, whether in relation to contraception, pregnancy, childbirth, abortion, sexually transmitted diseases or menstrual hygiene;
17. Recalls that, in addition to taboos around menstruation, the lack of access to water, sanitation and hygiene (WASH) services in schools and the lack of free menstrual protection are a major obstacle to the schooling of girls when they have their period; stresses the need for adequate infrastructure in schools to ensure that girls have access to water and separate toilets;
18. Calls for the EU to further incorporate issues relating to WASH services into its work on gender equality and combating discrimination against women;
19. Reaffirms the importance of guaranteeing the meaningful and inclusive participation of adolescents and young people in all stages of decision-making; believes that the Nairobi global commitment should include a strong emphasis on younger adolescents and sexual education as part of efforts to tackle adolescent pregnancy, which is a major contributor to maternal mortality; recognises that gender-sensitive and life-skills based comprehensive sexuality education, in a manner consistent with evolving capacity, is essential for adolescents and young people to be able to protect themselves from unintended pregnancy and sexually transmitted infections, including HIV and AIDS, and to promote values of tolerance, mutual respect, consent and non-violence in relationships and to plan their lives;

### ***Zero preventable maternal deaths***

20. Is concerned that restrictive abortion laws in many countries, poor availability of services, high costs, stigma, conscientious objection of healthcare providers and unnecessary requirements, such as mandatory waiting periods, mandatory counselling, provision of misleading information, third-party authorisation, and medically

unnecessary tests, are among the main barriers to addressing maternal health and contribute to unsafe abortions and maternal deaths;

21. Considers it crucial that the governments that have not yet done so adopt policy measures as a part of health coverage so as to reduce the number of newborn or maternal deaths and prevent unsafe abortions by boosting the recruitment and training of skilled medical staff and expanding the coverage of essential post-partum and newborn care, comprehensive prenatal and obstetric care, and post-abortion care;
22. Underlines that in line with the Beijing Platform for Action and the ICPD Programme of Action, the right of all individuals to bodily integrity and autonomy needs to be protected, and access to essential services which give effect to this right needs to be ensured; calls for a comprehensive approach in the essential sexual and reproductive health package, including measures for preventing and avoiding unsafe abortions, and post-abortion care, that must be integrated into the national UHC strategies, policies and programmes;

### ***Zero gender-based violence and harmful practices against women, girls and young people***

23. Calls for the EU and its Member States to prevent gender-based violence and provide support to victims; reiterates its call for the EU, for all its Member States and for the Member States of the Council of Europe that have not yet done so to ratify and implement the Council of Europe Convention on preventing and combating violence against women (the Istanbul Convention) as soon as possible; calls for the EU to work with Member States and other countries to invest in the collection of quantitative and qualitative data that is of high quality and disaggregated by age, gender, vulnerability status and geography; calls for legislative and policy frameworks to be strengthened in order to prevent, investigate and punish acts of gender-based violence within and outside the family, and to provide support to victims and survivors, including counselling and health, psychosocial and legal services; calls for the provision of training programmes on gender-based violence for members of the judiciary, law enforcement and healthcare professionals, and for health and education systems to be strengthened so as to prevent and respond to gender-based violence from a rights-based, life-course perspective;
24. Condemns all forms of gender-based violence, for example physical, sexual and psychological violence and exploitation, mass rape, trafficking, and FGM; notes that gender-based violence remains a pervasive challenge in Europe, which requires coordinated responses from the health, education, social and legal sectors through rights-based, life-course preventive and response measures; expresses concern about the ongoing attacks on women's rights and SRHR, including the denial of access to family planning services, contraceptives and safe and legal abortion services, as well as about legislation in many parts of the world that restricts these rights, including in the EU; strongly affirms that the denial of SRHR services, including safe and legal abortion, is a form of violence against women and girls;
25. Expresses deep concern about the serious inadequacies of public systems for collecting and processing requests for assistance, protection and complaints against gender-based violence, in particular to the police; considers it crucial that monitoring measures and sanctions for perpetrators are put in place in all countries in order to eliminate gender-based violence including early, child and forced marriages, FGM and other harmful

practices; calls for urgent improvements to police systems and public systems for collecting and processing requests for assistance, protection and complaints against gender-based violence;

26. Believes that it is also crucial to challenge harmful gender norms and stereotypes in order to achieve SDG 5 on gender equality and further advance the SRHR agenda; recalls the importance of involving men and boys in this agenda; stresses the need, in this context, for the inclusion of men and boys in projects and programmes to fight against all gender-based violence and harmful stereotypes; highlights in this regard that comprehensive relationship and sexuality education is key to building children's and young peoples' skills to form healthy, equal, nurturing and safe relationships that are free from discrimination, coercion and violence, and to prevent sexual, gender-based and intimate partner violence; encourages all Member States, therefore, to introduce comprehensive age-appropriate sexuality and relationship education for young people in schools;
27. Welcomes the Spotlight Initiative to combat gender-based violence worldwide and stresses that it should mobilise more countries at international level;
28. Highlights the advent of online gender-based violence and the need to ensure that all efforts to eliminate gender-based violence should take account of online spaces;
29. Recognises that a statutory ban on child, early and forced marriages will not guarantee an end to these practices in itself; calls for the EU and its Member States to better coordinate and strengthen the enforcement of international treaties, legislation and programmes, including via diplomatic relations with governments and organisations in third countries, in order to address issues related to child, early and forced marriages; calls for every effort to be made to enforce statutory bans, and complement them with a broader set of laws and policies; recognises that this requires the adoption and implementation of comprehensive and holistic policies, strategies and programmes, including the repeal of discriminatory legal provisions concerning forced marriage and the adoption of affirmative measures to empower girl children;
30. Reiterates that FGM is a form of gender-based violence; calls on the Commission to examine the synergies between the internal and external programmes of the EU to ensure a coherent and continuous approach to combating FGM both within and outside the EU, given that the issue is inherently linked to other parts of the world;
31. Strongly believes that action aimed at putting an end to the practice of FGM should include engagement with communities as well as traditional and religious leaders;
32. Strongly believes that any strategies against gender-based violence must include LGBTIQ persons;
33. Recognises the fact that humanitarian crises intensify challenges related to SRHR, affecting the most vulnerable people in the Global South in particular; recalls that in crisis zones, women and girls are particularly exposed to sexual violence, rape, sexually transmitted diseases, sexual exploitation and unwanted pregnancies; stresses the importance of access to SRHR services in such situations, and the need to adapt humanitarian aid accordingly; calls on the Commission and Member States to reinforce a gender equality perspective and SRHR in their humanitarian aid response, including in

terms of training of humanitarian actors as well as funding, as access to sexual and reproductive healthcare is a basic need for people in areas requiring humanitarian assistance;

34. Calls for the investigation of war crimes, where women and girls have been tortured and faced violence, such as members of the Christian and Yazidi population in Northern Iraq, who have suffered at the hands of the so-called Islamic State terror organisation;

#### ***Development and funding commitments***

35. Is convinced that a mechanism to ensure accountability for delivering on global and national commitments, as well as the effectiveness of measures, should be one of the outcomes of the Nairobi Summit;
36. Calls for the EU to show strong leadership in achieving girls' and women's rights and gender equality, including in its external action through the implementation of the ambitious GAP III for the post-2020 period; calls for the EU, moreover, to secure adequate funding for SRHR and family planning in its development cooperation policy, especially in the new Neighbourhood, Development and International Cooperation Instrument (NDICI), and to devise strategies to ensure stable and continuous provision of all required services;
37. Calls for specific investments to be made to promote the physical and mental health and well-being of adolescents, including through access to youth-friendly health services; believes that such investments must include adequate funding and capacity building for women's and youth organisations which often do the essential work of providing information on family planning, comprehensive sexuality education and dismantling harmful gender and societal stereotypes in the absence of national programmes or if such programmes are insufficient;
38. Notes that the EU contributes to SRHR through a range of EU instruments such as geographic and regional programmes focusing on gender, health and population development, contributions to global initiatives and UN organisations, and grants to civil society organisations; considers it regrettable, however, that it is difficult to quantify accurately how much EU funding directly promotes SRHR and family planning; calls for ambitious levels of financing to improve SRHR provision in the current multiannual financial framework, and for the continuous improvement of the methodology to allow for better evaluation of the effectiveness of measures on SRHR in the future;
39. Calls on national governments and international donors to ensure that the universal package of essential sexual and reproductive health services also contains services such as treatment for infertility, reproductive cancers or sexual violence, which have so far received the least financial support;
40. Recognises the role played by NGOs as service providers and also as advocates for SRHR; calls in this regard for stronger EU support and protection for NGOs contributing to the implementation of the ICPD Programme of Action and, for women's rights organisations in particular, both within and outside the EU, as crucial actors for gender-equal societies;

41. Urges the Commission, in defining its future global sustainable development policy as well as implementing the comprehensive strategy for Africa, to fully integrate and strengthen EU support for sexual and reproductive health projects as well as the Spotlight Initiative, which aims to eliminate violence against women and girls;
42. Deeply regrets the joint statement on the Nairobi Summit of 14 November 2019 made by the United States, Brazil, Belarus, Egypt, Haiti, Hungary, Libya, Poland, Senegal, St. Lucia, and Uganda, which seeks to undermine the established consensus and their obligations regarding women's SRHR as agreed in accordance with the ICPD Programme of Action, the Beijing Platform for Action and the outcome documents of their review conferences; welcomes the recent repealing of the Global Gag Rule and the impact it has had on women's and girls' global healthcare and rights; reiterates its call for the EU and its Member States to address the financing gap in this field by means of national funding and EU development funding;
43. Takes note of the commitments made by Commissioners Urpilainen and Dalli at their hearings on 1 and 2 October 2019 respectively to prioritise sexual and reproductive health as a central focus of the Commission's work on gender equality;
44. Insists that the new NDICI should promote gender equality and the empowerment of women, including their SRHR, by means of transparent measures which allow for continuous evaluation, including with regard to sexual and reproductive health and rights in line with the Beijing Platform for Action and the ICPD Programme of Action; welcomes the NDICI ambition that at least 85 % of programmes funded by official development assistance (ODA) should have gender equality as a significant or principal objective, and that at least 5 % of these actions should have gender equality and women's and girls' rights and empowerment as a principal objective; calls, however, for increased ambition to devote 20 % of ODA to projects that have gender equality as a principal objective (OECD gender marker 2);
45. Calls for the EU to implement a comprehensive and ambitious Gender Equality Strategy, including proposals for binding measures, which should be linked to its implementation of the ICPD Programme of Action, including commitments and indicators in all relevant policy areas, and which holds EU institutions and Member States accountable through a monitoring mechanism; calls for the condemnation of the backlash against gender equality and SRHR and of discourse and measures undermining women's rights, autonomy and emancipation in every field; notes that an important way to combat this backlash is to proactively advance rights-based gender equality and gender mainstreaming;
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46. Instructs its President to forward this resolution to the Council, the Commission and the governments and parliaments of the Member States.