Thank you, Mr. Secretary,

The United States is pleased to join the regional review of implementation of the ICPD Program of Action and to recognize the essential contribution of the Asia and Pacific Ministerial Declaration to advancing sexual and reproductive health and rights (SRHR) for all. The history of advancing SRHR in Asia and the Pacific reflects unique country experiences and achievements which have benefited from robust dialogue, shared commitments, and social transformations.

At the same time, we recognize that ESCAP’s review illustrates the disparities that persist in the region, particularly for youth, marginalized and vulnerable populations, and refugees. More than 60 percent of the world’s youth live in the Asia-Pacific Region; however, unmet need for contraception remains high among adolescents and youth in countries where the average age of marriage is low and gender inequality is high. Our partnerships in the region have sought to positively transform lives around the world through robust global health and family planning assistance. Our commitment to invest in high-quality, client-centered sexual and reproductive health services for those greatest in need can lead to improvement in women’s health and well-being, promote gender equality, and give women greater control over their bodies and lives.

Leaving no one behind must include reaching women and girls in all their diversity in humanitarian settings. While more than 25 countries in the region are on track to achieve SDG target 3.1 on maternal mortality, numerous countries still have maternal mortality ratios well over double the target – most notably Afghanistan. Recognizing the global burden of maternal mortality in fragile and conflict-affected settings, the United States continues to provide humanitarian assistance focused on sexual, reproductive and maternal health and the prevention of gender-based violence in numerous settings throughout the region.

The global ICPD+30 review enables all of us to collectively deliberate on our progress, current gaps, and the work that remains. In the United States, we recognize that we continue to grapple with a longstanding maternal health crisis where Black and American Indian/Alaska Native women, regardless of income or education, experience a greater share of grave maternal health outcomes. The loss of decision-making about health and bodily autonomy has further intensified the chilling effect on equitable access to high-quality sexual and reproductive and maternal health services.

We must work to reach all persons, especially those facing multiple and intersecting forms of discrimination, including youth, adolescents, persons with disabilities, Indigenous persons, and
LGBTQI+ persons, and to strive for gender equality in all spheres of society. Together, this is how we will chart a bold path ahead to address the unfinished agenda of ICPD and advance sexual and reproductive health and rights for all.

Thank you.