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## Commission on the Status of Women

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to the twenty-third special session of the General Assembly  
entitled “Women 2000: gender equality, development and  
peace for the twenty-first century”

### **Statement submitted by International Planned Parenthood Federation, Western Hemisphere Region, a non-governmental organization 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.

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\* The present statement is issued without formal editing.



## Statement

The International Planned Parenthood Federation, Western Hemisphere Region has changed its name to Fòs Feminista: International Alliance for Sexual and Reproductive Health, Rights, and Justice since October 2021. In line with the theme, Fòs Feminista, in collaboration with partners, Kisumu Medical Education & Trust, Red de Mujeres Afrolatinoamericanas, Afrocaribeñas y de la Diáspora, Encuentro Continental de Mujeres Indígenas de las Américas, and CommonHealth, addresses the 68th session of the Commission on the Status of Women by highlighting the critical interlinkages between economic justice issues and the sexual and reproductive health and rights (SRHR) of women, girls, and gender-diverse people. To achieve gender equality and a future where women's rights, including SRHR, are realized, we need profound, transformative shifts in national, regional, and international financing and economic governance, beyond traditional gender budgeting and empowerment approaches. As such, we approach the priority theme within an overall framework of Economic Justice, referencing the Global Acceleration Plan for Gender Equality, including its blueprint for Bodily Autonomy and SRHR, developed within the Generation Equality Forum.

Women and girls subsidize the global economy with their underpaid and undervalued care work, especially those living in poverty and from marginalized populations. Evidence shows that unpaid care work deepens the health, economic and education inequalities women and girls face. Women and girls shouldering most of the care work in the home may not have the time or the resources to go to a clinic, access contraceptives or receive critical ante- and post-natal services. Without access to essential services such as family planning, contraception, and safe abortion information and services, women will suffer from the economic consequences and additional care burden that result from unwanted and/or frequent pregnancies. Care work also affects women's ability to find and stay in formal work. Work in the informal economy comes with fewer benefits than work in the formal economy and the risk of sexual and gender-based violence, which is common for migrant, domestic, and sex workers.

Women's economic empowerment must be understood as more than just participation in the labour force; it encompasses the full realization of their social and economic rights. A direct linkage can be drawn between women's economic empowerment and SRHR as financial autonomy often translates to greater bodily autonomy, including access to abortion, contraception, and HIV services. Gendered impacts of poverty leave poor women, LGBTQIA+ communities, people living with HIV, and other marginalized groups unable to access SRHR services and commodities, as vaccines and pre-natal care, contraceptives, hormonal medication, and other commodities cannot be afforded out-of-pocket. Additionally, poor women experience more health complications associated with pregnancy, with cascading impacts on child health.

Gender-responsive social protection programs aimed at reducing poverty through cash and in-kind transfers and public works offer opportunities to respond to women's and girls' needs. However, evidence shows that when gendered norms are not considered in program design or monitoring, such programs can reinforce patriarchal structures and further exacerbate the invisible nature of women's labour. Often, public social security policies for healthcare are also conditional on contributions or work status, neglecting people and groups within the informal economy and/or with insufficient income. Additionally, maternity leave systems – an indispensable social benefit for people who can become pregnant – are typically only available to formal workers, for whom leaves can also mean reduced income. Also, they are usually not complemented with paternity leaves, which should also be

integrated into national programs. Therefore, the creation of social security policies that are gender transformative and unconditional is essential.

Feminist Foreign Policy presents governments with a working framework to approach women's economic rights, both domestically and abroad, by including land rights, inheritance, ownership, access to decent paid work, freedom to engage in markets, and policies to address unpaid labour/care burdens in its agenda. It also encourages governments to re-channel military spending to social services, including health, education and services that address the needs of women and girls. However, Feminist Foreign Policy must also address debt distress, in which a third of the world's countries are at risk. Debt crises disproportionately impact women, and other marginalized communities, shrinking their access to essential services at both the systemic and individual level. Reduced national budgets and austerity measures lead to less public spending on health, education, and social care. These cuts in public services lead to women and girls taking on additional care burdens, with all the negative impacts previously noted. The economic strain also exacerbates gender disparities in employment and wages, hindering women's ability to afford SRHR necessities. Evidence shows that countries with the highest international debt burdens also show poor health outcomes, including on SRHR. It is estimated that these countries pay the same amount in debt service as they spend on health and education combined.

Relatedly, unilateral coercive measures contribute to the violation of the right to health in target countries by restricting financial flows into countries and creating austerity due to declines in country revenues and devaluation of currencies. The negative impacts of these measures on health range from the countries' ability to fight health crises and pandemics, damage to health systems and infrastructure, and access to determinants of health such as food, water, housing, education, livelihood, and an adequate standard of living. This disproportionately affects women, children, those living in poverty, and other marginalized groups.

The financing and procurement process of SRH products, especially contraceptive commodities, also requires significant reform. While products benefiting maternal health or sexually transmitted infections are often subsumed within national public health budgets, contraceptives are usually procured through third parties, using funds drawn from external sources. In 2020, the global funding gap for contraceptive supplies alone was \$178M and was expected to increase over five years to \$1.17B cumulatively. Discriminatory taxation regimes that unfairly impact SRHR commodities, including menstrual products and condom taxes, need to be withdrawn. Similarly, the discriminatory pricing markup of all products marketed towards women must end.

Meanwhile, feminist and women's rights organizations remain some of the most under-funded sectors within civil society, receiving less than 1 per cent of ODA, gender-related aid and foundation grants combined. Exacerbating this problem are regulatory frameworks that place restrictions on foreign funding that goes to civil society organizations. This especially impacts SRHR organizations that respond to gaps in public service delivery because of the lack of prioritization by governments. There is a need to remove such restrictions and move towards enabling policy environments where governments work in partnership with feminist and women's rights organizations.

With this, we call on Member States to take the following key actions:

Recognize, remunerate, and redistribute care work, including by strengthening and sustaining long-term national investment in care infrastructure and guaranteeing labour rights for all formal and informal care workers.

Prioritize financing for the implementation of universal health coverage, with explicit provisions for comprehensive SRHR integrated into health plans. Shift the burden of health financing away from individuals, thereby reducing out-of-pocket cost and increase domestic public funding through tax schemes, pre-payment options, and the provision of services for free or at reduced cost.

Change healthcare financing policies to ensure the inclusion of marginalized groups such as migrant women, LGBTQIA+ individuals, sex workers, internally displaced peoples and refugees, and end discrimination in healthcare service provision.

End unilateral coercive measures and other punitive economic measures that infringe on human rights and the achievement of gender equality, including by negatively impacting target states' ability to guarantee SRHR.

End aid and development assistance conditionalities related to SRHR, as these cut off the capacity of many groups to provide these essential services to women, girls, and gender-diverse people.

Cut military spending and reallocate funds to social services, including health and education, and to all those services that address the specific needs of women and girls, including preventing and responding to gender-based violence.

Promote debt justice and sovereign debt relief, including through restructuring and cancellation. Prioritize social protection and public services over debt servicing, including SRHR services.

Implement progressive, equitable and feminist national and global tax systems to redistribute wealth and create fiscal space for improving public service provision, including health and education.

Put an end to unjust taxation of SRHR products and commodities such as menstrual products, contraceptives, and more. Similarly, end the markup of products marketed towards women and all gender-based price disparities.

Remove any fiscal regulations limiting access to funding for women's rights and feminist organizations; and increase their access to long-term and flexible funding; including organizations expanding access to SRHR.

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