

Statement by Troika of China, Indonesia and Kazakhstan on Cluster 2 of focus areas on 10th Session of SDGs OWG

Thank you, Mr. Co-chair. I have the honor to speak on behalf of troika of China, Indonesia and Kazakstan.

Gender equality and women's empowerment

- 1) The clarity of the two track approach is missing: A stand alone goal on gender equality, supplemented by mainstreamed cross cutting gender specific targets under all other goals, should be added into text.
- 2) Gender equality and women and girls empowerment must be discussed more profoundly and in a more transformative way. This includes addressing the structural root causes of gender discrimination effectively both in policies, laws and practice, removing the barriers for women and girls to enjoy the same rights and fundamental freedoms as men and boys. The focus area document hence needs to revise its language around how gender equality and women's empowerment not only contribute to sustainable development, but rather are fundamental for its successful achievement.
- 3) Gender mainstreaming is not only about gender disaggregated data under various goals, it needs to be clarified that effective measures have to be taken and prioritized to address women's needs and equal contribution and participation in all focus areas. The focus area report therefore needs to a better extent incorporate the concrete gender equality recommendations made in the 11 thematic consultations.
- 4) Women's equal participation and leadership in decision making, planning and budgeting must be strengthened in all focus areas, in order for them to achieve a better democratic access to decision making positions around issues that concern their lives, health, needs and rights.

- 5) Nexus is missing between water and sanitation, sexual and reproductive health and rights and education from a gender perspective. All three areas should be promoted in an integral manner. Another important nexus missing between water, sanitation and SRHR, is the issue of gender based violence when women fetch water. This focus area should address the win-win of water installations in or closer to people's homes and the importance of having light installed during night time in communal water installations.
- 6) Ensuring equal access to health service for women at all levels is not listed in the text, which needs to be added, since sexual and reproductive health is merely one segment of the health issue, while the barriers impeding women's access to overall health service should be addressed.

EDUCATION

- 1) Ensuring equitable access to education for the most marginalized should also cover the local communities peoples, which are in every countries, to reflect the varieties of society system.
- 2) In the end of element (e), we suggest to add "and informal education" after "skills development", in order to support this type of education, which is also important for effective learning outcomes.

EMPLOYMENT AND DECENT WORK FOR ALL

- 1) Regarding the elements of (f) and (i), we should have the same understanding to SME as informal sectors or formal sectors or both. Because if we formulate the target to have transition from informal to formal sectors while many SME's are informal sectors, the transition will automatically wipe out the effort to support the SMEs.
- 2) Regarding the relation of element (i) and (j), increasing access to credit is also important to SMEs in order to increase their

productive capacity. So that the support to SMEs shall also include the increase access to credit for them, in particular if the SMEs core of business is on informal sectors.

Health and population dynamics

Universal Health Coverage (UHC) can be place as one element of target of the health goal for development. However it cannot be place as overarching goal of health sector. Before we decide the UHC as the element of target we have to ensure that we have adequate means that can support national effort to fulfill this target. The UHC also need international enabling environment that allow countries achieving the UHC, such as support in building the health infrastructure, medical technologies that can provide affordable medicines and etc. Universal access to affordable health services can also be used as an alternative for UHC by improving also the coverage of services as well as the scope of the services.

- 1) The element (d) on dissemination of medical and public health knowledge, including traditional knowledge have to be discussed closely and parallel with the progress of the discussion within Intergovernmental Committee of Genetic Resources, Traditional Knowledge and Folklore (IGC GRTKF of WIPO). The discussion has not yet decided the nature of traditional knowledge as “public knowledge”. Designating the traditional knowledge as public knowledge will prejudice the result of the discussion. This element should be discussed together with the Focus Area 17 on Ecosystem and Biodiversity, in particular element (j) on sharing of benefits and element (k) promoting and protecting traditional knowledge.
- 2) On element (m), eliminating harmful practices doesn't have a clear meaning, so we suggest deletion. It can be directed also to the debate on baby girl or girl circumcision, which in several countries is viewed as harmful practices but in other country is viewed as cultural or religious obligation.
- 3) On element (c), after affordable, we suggest add accessible, which is very important for developing countries.

- 4) The gender equality/inequality perspective on health and gender discriminatory health practices, or lack of access to services based on gender discrimination and other (economical and political) barriers, need to be clarified in the focus area document, and incorporate the key recommendations as set out in the health thematic consultation report.
- 5) Youth and adolescent's health needs and rights require further attention, particularly adolescent girls and the health barriers for their full participation in society and education, such as forced and early marriage, violence against girls and young women, unintended early pregnancies, HIV, FGM, unsafe abortions and lack of access to youth friendly health services and information, including modern use of contraceptives. Pregnancy related complications are the most common cause of death for adolescent girls which need urgent attention.
- 6) Finishing the unfinished business of the MDGs lagging most behind, needs to be better addressed, particularly MDG5B-Universal Access to Reproductive Health, including access to modern use of contraception for all, family planning and comprehensive sexuality education to prevent HIV, STIs and unintended pregnancies that cause ill health and maternal mortality and severe morbidity.
- 7) The health needs of vulnerable and marginalized groups and key populations, discriminatory policies and laws that hinders equal access health services, are not listed here.
- 8) Population dynamics need to be clarified with regards to resilience and planning for access to quality health services taking into consideration urbanization, migration, age pattern dynamics and other population issues. Almost all focus areas lack an appropriate reference to the importance of addressing population dynamics in the design of targets and indicators. Population data should be disaggregated by sex, age, disability, location (rural/urban), wealth quintiles and other characteristics as

appropriate, to help address inequalities, poverty, climate change, oceans, biodiversity and most other areas.

Thank you, Mr. Co-chair.