**35th session of the UN Human Rights Council**

**Annual full-day discussion on the human rights of women**

**Panel 2**

**Statement by Ms Martina Vuk, State Secretary at the Ministry of Labour, Family, Social Affairs and Equal Opportunities of the Republic of Slovenia**

**Geneva, 13 June 2017**

Mr President,

Distinguished panellists,

Ladies and gentlemen,

Women represent one half of the world’s population. Also this half must have the same opportunities to participate meaningfully in decision-making in all spheres of life*, from private life to economy and politics*. It is unacceptable that in 21st century many women and girls still face different forms of discrimination and violence, including in access to health care and services.

Investing in women and girls is not a waste of money, it is a sound investment *in their lives and in future of all individuals*. Only through investment in women and girls and their empowerment, the promise of SDGs and 2030 Agenda to leave no-one behind can truly be fulfilled. Slovenia is fully aware of this and despite high international rankings in gender equality puts a lot of emphasis on ensuring equal opportunities of women and men.

The concrete measures are currently guided by the National Programme for Equal Opportunities for Women and Men for the period 2015–2020. It defines the objectives, measures and key policy makers in the area of gender equality in the particular spheres of life of women and men. One of the priority areas is also health. *Two priority objectives are to improve health and reduce gender health inequalities and to improve the sexual and reproductive health of women and men.*

Allow me to briefly point out the positive effects of giving priority to sexual and reproductive health and rights for Slovenia. These rights are ensured through the good accessibility and variety of services available*, with an emphasis on the provision of free contraception and abortion, health services in pregnancy, childbirth and the postpartum period, as well as the early detection of breast cancer and reproductive system diseases*. Due to free contraception accessibility its use has increased and consequently reflected in a decreasing trend as regards legal abortions for all age groups. I would also like to point out that Slovenia has one of the lowest levels of unwanted teen pregnancies in the world.

As the scope of sexual and reproductive health and rights is not only limited to that, I would also like to draw your attention to two national screening programmes for the early detection of cervical and breast cancer. The first has been successfully running since 2003 and resulted in substantial decrease in the incidence of cervical cancer. The second one has been running since 2008 and has been gradually improving and expanding across the whole country.

Important challenge in this area for Slovenia is that women of lower socio-economic status, especially when from vulnerable and excluded groups, have worse pregnancy outcomes than majority population despite universally available health care for women during pregnancy and childbirth. Can panellists share any good practices on this kind of challenge?

Thank you!