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Official Records

*President:* Mr. Ali Abdussalam Treki . . . . . (Libyan Arab Jamahiriya)

*The meeting was called to order at 10.10 a.m.*

## Agenda item 48 (continued)

### Integrated and coordinated implementation of and follow-up to the outcomes of the major United Nations conferences and summits in the economic, social and related fields

#### Commemoration of the fifteenth anniversary of the International Conference on Population and Development

**The President** (*spoke in Arabic*): I should like to inform the Assembly that, although the list of speakers was closed yesterday morning, the representative of Uganda has requested to participate in the debate on this item.

May I take it that it is the wish of the Assembly to include Uganda in the list?

*It is so decided.*

**The President:** I now give the floor to the Permanent Representative of the Kingdom of Norway.

**Mr. Wetland** (Norway): The Cairo International Conference on Population and Development (ICPD) marked a watershed moment in that reproductive health and rights became an essential priority of development. Fifteen years after the adoption of the ICPD Programme of Action (see A/CONF.171/13/Rev.1), we note that there has been progress in some fields, but also that much remains to be done.

After Cairo, we met in Beijing and Copenhagen, and from there we went through a sequence of important meetings to adopt the Millennium Development Goals (MDGs) in 2000. Rightly, the rights and needs of women and children figure prominently in those Goals. The implementation of the ICPD Programme of Action is crucial to achieving the Millennium Development Goals. Looking ahead towards the United Nations summit next year, we note that substantial progress has been made. However, it is striking that we have hardly made any progress at all towards reaching MDG 5, on maternal mortality and reproductive health.

Every single minute, a woman dies somewhere in the world as a result of pregnancy and birth-related complications. Almost all of those deaths could be prevented if basic health services had been available. From the facts available, most recently in the *Human Development Report*, it is clear that it is possible to make pregnancy and birth something that women need not fear, but it is also clear that we have far to go towards that vision. In many countries, giving birth is the most dangerous thing a woman can do. A day that should be a celebration of life is still for too many a day of sorrow and agony.

Why? The answer is that we have not taken the issue seriously. In many parts of the world, including developed nations, women are seen as second-class citizens. The men who make decisions do not allocate enough resources to meet the particular needs of women. As a result, half a million young mothers die of conditions that could have been prevented. The low

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status of women and lack of gender equality are the causes of this disgraceful situation. We welcome in this regard resolution 63/311 establishing a new gender entity to strengthen the capacity of the United Nations to promote gender equality and the empowerment of women. Concerted and coordinated action is urgently needed to make progress on MDG 5. We know what needs to be done, but to do it requires significantly enhanced political will and leadership, community engagement and mobilization of resources.

The ICPD Programme of Action highlights “the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning” (*A/CONF.171/13/Rev.1, Chapter I, annex, para. 7.2*). While a lack of reproductive health services makes sexual activity more risky for both sexes, it does so particularly for women. However, we are up against ancient and deeply rooted prejudices. Our guiding principle should be that every pregnancy is wanted.

The rights and needs of young people must also be addressed. A stronger focus on young girls would also reduce teenage pregnancies, a major cause of death among young girls. Lack of education and services does not stop those who are young or unmarried from having sex. There is absolutely no evidence that suppressing information about sex, health and reproduction reduces sexual activity. On the contrary, there is evidence from many countries that sex education promotes responsible sexual behaviour. Funds available for family planning have gone substantially down in recent years. There is now hope that this trend can be reversed.

I would also like to touch briefly on the issue of abortion. We all know that this is a sensitive issue, but regardless of this sensitivity, unsafe and clandestine abortions do happen and too often end in death. It is therefore imperative to make sure that abortions that in fact are taking place are carried out in a safe manner. The decriminalization of abortion is clearly needed.

Governments, international agencies and civil society have recently started to move the health of mothers and children higher on the agenda. This has given hope for accelerating progress towards achieving Millennium Development Goals 4 and 5.

The new Norwegian Government of Prime Minister Jens Stoltenberg remains committed to maintaining official development assistance at a high

level. Today, we presented the State budget for 2010. In it, we have allocated 1.09 per cent of next year's estimated gross national income to development. This is an increase of 4 per cent and a sign of solidarity with the poor parts of the world, not least in the face of the financial crises. The Government is also maintaining earlier commitments to take on a special responsibility regarding MDG 4 on child mortality and MDG 5 on maternal mortality and reproductive health, and this high level of support will be maintained by Norway.

**The President:** I now call on the representative of Japan.

**Mr. Osuga (Japan):** I would like to begin by thanking you, Sir, for convening this important meeting and by congratulating the United Nations Population Fund (UNFPA) and other relevant international organizations on all their efforts and achievements during the past 15 years in implementing the Programme of Action (see A/CONF.171/13/Rev.1) of the International Conference on Population and Development (ICPD).

The delegation of Japan joins others in celebrating this fifteenth anniversary and in sharing its views on what needs to be done in the years that remain.

The world has made great progress in the field of global health during the past 15 years. Japan raised the issue of infectious diseases for the first time at the Group of Eight summit it hosted in Kyushu-Okinawa in 2000, and again last year, at the Hokkaido Toyako Summit, Japan focused on the issue of global health, in particular the importance of maternal and child health and the strengthening of health systems.

Global health is now a top priority issue being discussed at the highest levels. As a result, foreign aid in the field of health has doubled, under-five mortality rates have gone down, and access to HIV/AIDS treatment has seen major progress.

However, a number of international goals related to global health remain unmet. Maternal and reproductive health, in particular, requires a redoubling of our efforts. While directing sufficient funding to this area remains a major challenge, we must also take all necessary steps to ensure that the allocated funding is used in the most effective way so that it is fully and promptly delivered to those people in need on the ground. My delegation believes that the donor

community should redouble its efforts to seek modalities of implementation that ensure access to appropriate health care and services for all those in need.

I would like to take this opportunity to touch upon several issues pertaining to the ICPD Programme of Action, as well as to global health in general, which are of importance to Japan.

First, Japan has made human security one of the major pillars of its foreign policy. That is because we believe that the human security approach provides us with pertinent insight as well as practical tools for tackling the global issues that we face today, which range from poverty to peacebuilding, from infectious diseases to environmental degradation.

The ICPD Programme of Action emphasizes the integral linkages between population and development, and focuses on meeting the needs of individuals rather than on achieving demographic targets. The ICPD Programme of Action underscores the importance of reproductive health, as well as the empowerment of women in general, by providing them with more choices through expanded access to education and health services, skill development and employment, and through their full involvement in decision-making processes at all levels.

What the ICPD Programme of Action aims to achieve coincides precisely with the ultimate objective of promoting human security, namely, to build a society where all people are protected from threats against their lives, livelihoods and dignity and are empowered to realize their full potential. That is why Japan believes that the international community should reinvigorate its determination and its efforts to fulfil the ICPD Programme of Action.

The second issue I would like to raise is the strengthening of health systems. Health, in particular the health of the most vulnerable people in the world, is undoubtedly a major human security issue. If we are to achieve improvements in maternal and child health, reproductive health and in combating infectious diseases, all individuals should have access to necessary health care. To this end, national health-care policies should be drafted with a bottom-up perspective and implemented so as to allow the allocation of limited financial resources commensurate with the real needs on the ground. That is the key challenge in strengthening health systems.

It is Japan's firm belief that only qualified human resources can lay the cornerstones of sustained national capacity and country ownership. Therefore, my Government intends to contribute actively to the development of human resources in the health sector of developing countries. At the fourth Tokyo International Conference on African Development in 2008, Japan committed to train up to 100,000 health-care workers and to help them to stay in the country. In order to nurture the sense of ownership of individual health workers, Japan's assistance will focus not only on the number of trainees, but also on training higher-quality health workers.

The third and last theme I would like to emphasize is collaboration with international and civil society partners. International organizations, including UNFPA and the International Planned Parenthood Federation, in concert with non-governmental organizations and civil society organizations, continue to play an important role in implementing the ICPD Programme of Action with their expertise, field-level mobility and political neutrality. Japan will continue to place high priority on partnering with international and civil society organizations, private foundations, the corporate sector, academia and parliamentarians in order to contribute to the implementation of the ICPD Programme of Action and the achievement of the related Millennium Development Goals.

In this regard, I would like to draw the Assembly's attention to the 2009 Rafael M. Salas Commemorative Lecture scheduled to take place on 23 November, in which Mr. Yasuo Fukuda, former Prime Minister of Japan and Chairman of the Asian Forum of Parliamentarians on Population and Development, will present his lecture on population and development.

Finally, the delegation of Japan, as the vice-chair of the United Nations Commission on Population and Development at its forty-third session and representing the Asian regional group, looks forward to having in-depth discussions on population and development during the 2010 session of the Commission which will focus on maternal and child health.

**The President:** I now give the floor to the representative of the Netherlands.

**Mr. Schaper** (Netherlands): I make this statement on behalf of Burkina Faso and the Netherlands.

Let me start by thanking the organizers of this important meeting.

This year marks the fifteenth anniversary of the International Conference on Population and Development (ICPD) and the fortieth anniversary of the United Nations Population Fund (UNFPA). It is a time for commemoration and well-deserved congratulations, but definitely not a time to sit back. A lot remains to be done.

Fifteen years ago, representatives at the ICPD in Cairo shifted the population debate away from a top-down approach focused on population numbers to a bottom-up approach focused on human rights and people's individual needs. We consider this paradigm shift to be a success story. We reiterate our full support for the Cairo consensus and the entire Programme of Action (see A/CONF.171/13/Rev.1).

After the Millennium Summit, it took six years of hard work before the Cairo agenda was fully reflected in the Millennium Development Goals (MDGs). The MDG target on universal access to reproductive health by 2015 was not added until 2007. Regrettably, family planning and reproductive health continue to pose challenges. If the two MDG 5 targets on maternal health and on reproductive health are not achieved, the other MDGs will not be attained either. It is smart economics to invest in MDG 5.

We aim at concrete actions and results at the country level, but in order to achieve that we also need to place maternal and reproductive health higher on the global development agenda. The upcoming action-focused High-level Meeting on MDG 5, sexual and reproductive health and rights, in Addis Ababa on 26 October, co-hosted by UNFPA and the Netherlands, is one example of the efforts to do so.

There is a growing awareness that population issues have long been neglected in the development debate and in national planning. Demographic developments often mean fast-growing populations, a fact that offers both opportunities and threats. Access to reproductive health services, including the widest possible choice of contraceptives, is of crucial importance to help minimize social and economic problems at the national and household levels. There is also a need to strengthen the involvement of men and to increase their awareness of the importance of reproductive health services for the health of their wives, children and themselves, and consequently for

many other aspects of family life, including economic prosperity.

Addressing the needs of young people is also essential. The unprecedented number of young people — more than half of the world's population is under 25 years old — compels us to make their future our priority.

In April this year, an international coordination meeting on the UNFPA Global Programme to Enhance Reproductive Health Commodity Security was held in Burkina Faso. The Global Programme has broken from an ad hoc technical assistance approach and moved towards supporting countries to develop more predictable, planned and sustainable policies. Country leadership and the strengthening of national planning, funding and logistic systems are key features in that approach, as is making commodity security an integral part of national health policies. Further efforts are needed, including strengthening UNFPA's capacity to provide upstream advice and support, and sufficient donor funding to do so.

In Burkina Faso — under Government leadership and with the support of bilateral and international partners — progress has been made in several ICPD-related areas. For example, prenatal care has improved considerably, with an increase from 61 per cent in 2004 to 75 per cent in 2008; the rate of skilled attendance at childbirth rose from 33 per cent in 2004 to 65 per cent in 2008; and the contraceptive prevalence rate evolved from 16 per cent in 2004 to 28 per cent in 2008.

Burkina Faso continues to experience high fertility rates at 6.1 children per woman, and high population growth. Additionally, the unmet need for family planning services remains considerable at 29 per cent. There is political commitment at the highest level, which puts access to reproductive health and HIV/AIDS supplies at the top of the political agenda. HIV/AIDS prevalence and female genital mutilation are declining but remain high.

On 1 September this year, Burkina Faso was affected by unprecedented rainfall that resulted in floods. In Ouagadougou alone, 150,000 people lost their homes and all their belongings. Women, children and elderly people were severely affected. The main hospital was shut down, and its patients and services were relocated. That situation affects mainly the poorest and will have a negative impact on the well-being of the population, including health and the

development efforts of the Government, including in sexual and reproductive health services, the need for which is too often overlooked in emergency responses.

While thanking all partners for their prompt reaction in supporting Burkina Faso's national endeavour to address the needs of the victims, we urge the international community to stay mobilized and to take concrete actions to help overcome the mid- and long-term effects of that disaster.

The Netherlands and Burkina Faso call for more alignment of the United Nations and other international actors with national policies and systems, further decentralization, high quality human resources, the improved communication and monitoring of development results. We welcome and support UNFPA's active and leading role in initiatives aimed at improving inter-agency coordination and at the harmonization of business practices and joint actions, such as "The Health 4" mechanism of UNFPA, the World Health Organization, UNICEF and the World Bank.

However, cooperation with other similar initiatives and a focus on concrete results at the country level are urgently required. We would also underline the importance of working with the private sector and with for-profit and not-for-profit organizations.

Given today's food and financial crises and climate change, the visionary and holistic Cairo agenda — with its focus on people, population, poverty, the environment and the health and rights of women — remains more relevant than ever. We expect UNFPA to continue to lead and all Member States to honour the promises of Cairo together.

**The President:** I now call on the representative of Malta.

**Mr. Borg (Malta):** It is an acknowledged fact that the International Conference on Population and Development (ICPD) held in Cairo, and the fifteenth anniversary of which we are commemorating today, is one of the principal achievements of the Organization.

The 1994 Cairo Declaration and Programme of Action (see A/CONF.171/13/Rev.1) were reconfirmed six years later when world leaders endorsed the Millennium Declaration and the Millennium Development Goals (MDGs), which as Secretary-General Ban Ki-moon said,

"have become a universal framework for development and a means for developing countries and their development partners to work together in pursuit of a shared future for all."

Yesterday, the State Secretary of Sweden addressed this commemorative meeting on behalf of the European Union member States. My delegation would like to make a few remarks in addition to those of Sweden, whose statement generally reflects Malta's position on the ICPD and its outcome. Before doing that, however, I would like to clarify Malta's position with respect to the issue of sexual and reproductive health and rights.

As it did in Cairo 15 years ago, Malta would like to reaffirm today its position that any position taken or recommendation regarding women's empowerment and gender equality should not in any way create an obligation on any party to consider abortion as a legitimate form of reproductive health right, service or commodity. Malta continues to hold the view that any discussion of rights and services in connection with reproductive health cannot take place outside the framework of one of the most fundamental human rights — the right to life.

Malta strongly believes that the right to life extends to the unborn child from the moment of conception, and that therefore the use of abortion as a means of resolving health or social problems is a denial of that right. It is within this framework of human rights — the right to life — that Malta has, over the past 15 years, placed high priority on the Cairo Declaration and Programme of Action (see A/CONF.171/13/Rev.1). In that spirit and in fulfilment of that commitment, Malta will continue to implement the values and objectives of the ICPD.

Economic and social development continues to be an integral part and a pillar of the Cairo legacy and a dominant factor on today's development agenda. For many years now, United Nations Member States have worked assiduously to address the many critical issues that the world population continues to face. The world population is experiencing difficult and challenging times. The financial and food crises, climate change, diseases such as malaria and HIV/AIDS, the AH1N1 influenza pandemic, terrorism, natural disasters, the trafficking of persons, particularly women and children, and the illegal trafficking of arms and drugs are all compounding the risks that our generation is

facing, and at times even threatening the very existence of our populations. Indeed, there is a prevalent recognition that those crises and threats are marginalizing the Cairo Programme of Action and the MDGs and could even place them beyond our reach unless a renewed effort is made by all of us to turn the tide of our current predicament in the protection of our present and future generations.

Today's commemorative meeting comes at a time when we note with satisfaction the number of high-level conferences, interactive thematic dialogues and other events organized throughout the past year to address the issues to which I just referred, as well as others. Through the active participation of all stakeholders, the international community is breaking new ground. With the direct involvement of all concerned, we have been able to identify many of the ills besetting our societies and, in many cases, have singled out possible cures and remedies that could contribute to a revitalization of the global economy, to the protection and upholding of the rights of the poor and vulnerable, to the adaptation and mitigation of climate change, to combating impunity and promoting the rule of law, to addressing the responsibility to protect and to strengthening democracy and good governance.

In addition, we, as States Members of this Organization, have agreed in our numerous declarations to commit ourselves to delivering what the Secretary-General has described as "global goods" through a new global agreement in Copenhagen, advancing global health, countering terrorism, addressing the needs of Africa, achieving the goal of a world free from nuclear weapons and creating a stronger United Nations.

Fifteen years ago, the Cairo Conference gave hope to those millions and millions of people around the world who, unfortunately, continue to find themselves in the midst of interminable unrest, destruction, misery, poverty, internal displacement, violence and deprivation of their basic human rights. Through renewed and concerted efforts, we must make sure that the Cairo commitments and the MDGs are faithfully implemented and enable our Organization to continue to establish itself as a major custodian of human endeavours for the equal and common benefit of all. That is a goal to which our countries and all stakeholders must recommit themselves on this anniversary. It is a goal that we must seek and

accomplish together. It is a goal that Malta will continue to honour and protect.

**The President:** I call now on the representative of Kenya.

**Mr. Muita (Kenya):** My delegation is indeed grateful to you, Mr. President, and to the General Assembly for convening this important meeting to commemorate the passing of 15 years since the International Conference on Population and Development (ICPD) was held. Members will recall that we agreed thereon a Programme of Action (see A/CONF.171/13/Rev.1) that integrated a comprehensive range of issues related to population, development and human rights issues.

My delegation associates itself with the statement made by the representative of the Sudan on behalf of the Group of 77 and China.

I take this opportunity to reaffirm Kenya's commitment to the continued implementation of the ICPD Programme of Action and its key actions. Kenya has been consistent in implementing the ICPD Programme of Action and recognizes that its effective implementation requires the commitment of financial resources, which have continued to decline in the face of competing priorities and the global recession. The Programme has been useful in providing an important framework for the agenda related to population development in Kenya and is recognized as a key component in the achievement of internationally agreed goals, including the Millennium Development Goals (MDGs).

At the national level, Kenya's scorecard on the implementation of the ICPD Programme of Action indicates that significant achievements have been made in all areas, particularly the development and implementation of legal frameworks, policies, guidelines and plans of action. Critical innovative interventions such as the Constituency Development Fund, the Youth Enterprise Development Fund and the Women Development Fund have continued to spur economic growth and to promote job creation and participation at the grass-roots level throughout the country. Other achievements include the creation of a budget line item for reproductive health commodities and the adoption and sustenance of free primary and tuition-free secondary education.

As far as population growth is concerned, it is important to note that, during the 1990s and early in this decade, Kenya made significant progress in lowering its fertility and overall population growth rates. That momentum, however, slowed somewhat during the mid-2000s. Key demographic indicators have stagnated, while others have deteriorated. It is therefore uncertain whether some goals of the Programme of Action and some MDGs will be achieved as expected.

A number of challenges and constraints have been encountered that continue to hamper the smooth implementation of the ICPD Programme of Action. I believe that these could serve as lessons from which we could all learn. They include the failure to fully integrate population, gender and environmental concerns into development planning at all levels; the slow and ineffective pace of the implementation of programmes, particularly those meant to address poverty reduction; weak institutional capacity to effectively implement or enforce formulated policies and laws aimed at promoting gender equity and the empowerment of women; low levels of domestic resource mobilization and allocation for population and reproductive health programmes, and hence an over-reliance on donor funding; inadequate linkage of HIV/AIDS prevention strategies with care and support; and a weak institutional framework for implementing integrated population- and health-related programmes and projects.

The task ahead, particularly in the area of population and development is daunting, and even more so in these challenging times. However, we always draw inspiration from the fact that we have made commendable progress even in the face of the toughest of situations. The critical factors in all the modest gains are the partnerships that have been created and the exemplary leadership, guidance and effective participation of all stakeholders throughout the 15 years of implementing the ICPD outcome.

Kenya commends the United Nations for leading the way. We especially appreciate the stewardship of the United Nations Population Fund in the promotion of the rights of every woman, man and child to enjoy a life of health and equal opportunity. My delegation also acknowledges the contribution that the United Nations Development Programme, the Office for the Coordination of Humanitarian Affairs, the World Food Programme and others continue to make in Kenya's

and other developing countries' quest to implement the Programme of Action. In this respect, special mention needs to be made of the focus on and positive results in the areas of reproductive health, including HIV/AIDS prevention initiatives and advances on gender.

There is profound apprehension that many countries in sub-Saharan Africa will not attain the Millennium Development Goals by the 2015 target. In the context of a number of MDG goals and targets, Kenya shares that fear. The statistics suggest that the achievement of universal primary education, the promotion of gender parity, the empowerment of women and the reversal of HIV/AIDS infections by 2015 is within reach, but efforts to eradicate extreme hunger and poverty, reduce child mortality and improve maternal health continue to face considerable challenges.

Notwithstanding these challenges, the Government has a responsibility to deliver and be accountable. We are convinced that success will largely depend on the individual as well as collective actions of the community of nations. The Kenya Government reaffirms its commitment to keeping its part of the bargain. We urge all other stakeholders, especially the main development partners, to do the same.

We feel that some areas require urgent follow-up. The sustainability of HIV/AIDS funding is critical. Antiretroviral treatment is a life-long commitment; therefore, people undergoing treatment should have access to drugs in a sustained way. So far, funding for prevention programmes has been inadequate and should be enhanced, since prevention is the best way to fight HIV/AIDS. Financial support for fighting HIV/AIDS should be provided in the form of grants and not loans.

Kenya and other deserving developing countries should be considered for debt relief and/or cancellation without conditionalities. The funds mobilized should be channelled to priority areas that promote economic growth and development, including infrastructure development, increasing agricultural productivity, job creation initiatives and improving health-care systems. There is a need for enhanced resource allocation for the Programme. To date, financial commitments, particularly those undertaken by donors, have not been honoured. Unless the international assistance rises to the levels agreed in Cairo, ICPD goals will not be achieved.

As we reflect on the achievements made in the 15 years since Cairo, we must also acknowledge the missed opportunities and inadequate response to multiple unmet needs. We must strengthen our shared determination to finish what we started 15 years ago, so that in the next five years no one will be denied his or her reproductive rights. Similarly, no one should go hungry. It is therefore crucial for us to reassess the strategies we have used to address the ICPD Programme of Action and the MDGs.

Finally, while acknowledging that we are making significant strides in the areas under discussion, we note that success will be slow if we do not develop strong partnerships among key stakeholders, including development partners, Governments, civil society and the private sector.

In this regard, my delegation calls for concerted efforts to develop joint initiatives to transfer appropriate technologies and to foster engagement with all sectors of society in order to achieve the internationally agreed goals, including the MDGs. The Kenya Government will remain engaged in this endeavour.

**The President:** I now give the floor to the representative of Pakistan.

**Mr. Sial (Pakistan):** Fifteen years ago, we, the people of the world, achieved an important agreement at the International Conference on Population and Development (ICPD) in Cairo on the link between population and development. The consensus reached at Cairo placed individual human rights at the centre of the development process. It also acknowledged the central role of women and young people in the development process.

Today, as we meet to commemorate the fifteenth anniversary of this consensus, we remain conscious of the progress made thus far and of the challenges we will face in achieving the ICPD goals in the next five years. We are indeed faced with increased challenges in the wake of the current multiple global crises, including that of finance.

My delegation aligns itself with the statement made by the representative of the Sudan on behalf of the Group of 77 and China.

I thank the Executive Director of the United Nations Population Fund (UNFPA), Ms. Thoraya Obaid, for her introductory statement. I avail myself of

this opportunity to commend the role of UNFPA in the advancement of goals and objectives related to population and development. UNFPA is one of the major sources of financial and technical assistance to the population programmes in Pakistan. Our long-standing partnership with UNFPA dates back to 1971, when UNFPA opened its first office in Pakistan. Since then, seven country programmes have been jointly implemented.

As we all know, the hard-earned reduction in global poverty and efforts made towards development have now been overshadowed by the current financial crises. More than ever before, improvement in socio-economic development will depend on addressing the population challenge.

*Mr. Mohamed (Maldives), Vice-President, took the Chair.*

In the area of population planning, like other developing countries Pakistan faces similar challenges of internal migration, rapid urbanization, youth bulge and a high rate of unmet needs, inter alia. Pakistan's urban population has also doubled. The focus of the Government's policy, therefore, is to generate work opportunities in urban and rural areas alike. To slow down the pace of internal migration from rural to urban areas, more work opportunities are being created in rural areas.

Following the ICPD Programme of Action (see A/CONF.171/13/Rev.1) and the elaboration of Pakistan's national population policy, the main objective of our country programme has been to lead towards population stabilization and sustainable human development, with a focus on the Millennium Development Goals and poverty reduction.

Responding to the population challenge, the Government of Pakistan has formulated various policies in the areas of population, health, environment and education by integrating population concerns into development strategies. Pakistan's population policy seeks to attain a balance between population and resources. Its goals are set out in three major areas of the ICPD: expanded access to education, particularly for girls, reduced mortality rates and increased access to quality reproductive health services and family planning. That policy sets out a broad framework that provides a forward-looking vision to achieve the ultimate aim of economic development by raising the quality of life for the common man and for women



through focusing on family planning under the umbrella of reproductive health, especially in rural areas. The policy is the outcome of a participatory process and enjoys the consensus of all stakeholders, including non-governmental organizations and civil society.

In conclusion, I would like to reiterate that Pakistan is fully committed to the goals and objectives of the International Conference on Population and Development. Our objectives are clearly articulated, and we are confident and ready to accept the current challenges and to achieve international commitments.

**The Acting President:** I now call on the representative of Turkey.

**Mr. Çorman** (Turkey): At the outset, I would like to associate myself with the statement made by the representative of the European Union presidency (see A/64/PV.17). I would like to make some brief remarks in my national capacity to highlight the importance that my Government gives to the International Conference on Population and Development (ICPD).

It is indeed a great pleasure to address the General Assembly on the commemoration of the fifteenth anniversary of the International Conference on Population and Development. The Programme of Action adopted at the Conference (see A/CONF.171/13/Rev.1), held in Cairo in 1994, remains a guiding light in population and development policies, highlighting gender equality, the empowerment of women, reproductive health and the need to address maternal mortality as the road map for the empowerment and for the full and equal participation of women.

Over the years, much has been achieved to attain those goals. However, we need to make further progress to attain the 2015 targets on gender and sexual reproductive health because, as stated in the Programme of Action, we believe that reproductive rights are human rights. That is why my country remains a firm and dedicated supporter of the ICPD Cairo agenda. The United Nations Population Fund (UNFPA) has a special responsibility in leading the promotion and implementation of that agenda. We are pleased to see that UNFPA is making strong efforts to fulfil that responsibility in different parts of the world. With only five years to 2015, we remain committed to enhancing our cooperation with concerned partners in

order to achieve universal access to reproductive health and to enable women's empowerment.

Within that framework, we look forward to welcoming to Istanbul the participants in the high-level regional meeting on maternal health — Millennium Development Goal 5 — which is being organized by the UNFPA Regional Office for Eastern Europe and Central Asia for 11 November 2009. The aim of the meeting is to reinforce the political and financial commitment to improving maternal health and access to reproductive services for disadvantaged populations in Central Asia and Eastern Europe. The meeting immediately precedes the high-level regional forum that will take place in Istanbul on 12 and 13 November, marking the fifteenth anniversary of ICPD. The Government of Turkey is working closely with the UNFPA Regional Office for Eastern Europe and Central Asia to ensure the success of those meetings.

Finally, in today's globalized world, migration and development are becoming even more closely linked. Considering that the fundamental cause of illegal migration is poverty and underdevelopment in countries of origin, it would be more realistic that the countries of origin and of destination jointly develop initiatives aimed at the root causes of the problem. While we agree that cooperation in migration management should be based on partnership, given the magnitude of the illegal migration problem, the solutions are beyond the means of a single country, thus requiring burden-sharing.

**The Acting President:** I now call on the representative of Jamaica.

**Mr. Wolfe** (Jamaica): The convening of this commemorative meeting is indeed timely, offering us a unique opportunity to take stock of our achievements over the last 15 years and to underline our expectations for the years ahead. As the Assembly is about to undertake preparations for next year's high-level meeting to review the Millennium Development Goals (MDGs), this meeting will also serve to assist in that endeavour, as the Programme of Action of the International Conference on Population and Development (ICPD) (see A/CONF.171/13/Rev.1) is not only by and large encompassed in the Millennium Development Goals (MDGs) but forms part and parcel of the global development agenda. Fifteen years after the Cairo Conference, we continue to hold the view

that the Programme of Action remains relevant in a dynamic globalized environment.

The timing of this meeting is also apt in that it coincides with an inauspicious period characterized by unprecedented turmoil in the global environment. Developing countries, in particularly small island developing States like my own, have never been more buffeted by the complex and multidimensional challenges that we have been forced to confront through no fault of ours. We are faced with a global financial and economic crisis of an enormity that far transcends our limited capacities to respond and that therefore threatens to decimate our fragile economies. We are saddled with an inordinately high and unsustainable level of indebtedness and have limited or, worse still, no access to liquidity, and with extreme vulnerability to external shocks and susceptibility to natural disasters. We are challenged to address food security. Because of all that, our capacity to attain our national development objectives and internationally agreed development goals is seriously compromised.

Notwithstanding the myriad challenges, Jamaica has recorded several important accomplishments in our efforts to implement the ICPD Programme of Action and to make it the cornerstone of all our policies, plans and programmes on population and development matters.

Jamaica was among the first countries in the developing world to develop an explicit and comprehensive national population policy following the 1994 Conference. In 2006, our Government made a paradigm shift from five-year medium-term planning to a long-term planning horizon, encapsulated in the long-term population plan Vision 2030. Preparations are currently under way for implementation of the Population Plan through three-year medium-term planning frameworks.

Jamaica had a relatively well-developed family planning programme even prior to the ICPD. Since then the Government of Jamaica, with the kind assistance of UNFPA and USAID, has embarked on a strategic programme targeting the reproductive health-care needs of adolescents and youth. To a large extent, those groups were excluded from the main focus of the national family planning and reproductive health programme. Since the ICPD, implementation of adolescent and youth-friendly clinics and health and family life education programmes in schools and

communities has resulted in substantial reductions in fertility and unwanted and unintended pregnancies and higher contraceptive prevalence among adolescents and youth.

With the support of UNFPA and the European Commission, Jamaica has also embarked on another strategic programme, one that targets the reproductive health needs of persons with disabilities and focuses on adolescents and youth with disabilities. The success of that programme has been regarded as a best practice and is being piloted in other countries. I am also pleased to report that Jamaica is on target for achieving universal access to reproductive health by 2015.

Jamaica was among the first countries following the ICPD and the social summit to develop a national poverty eradication policy and programme of action. In the early 1990s, absolute poverty was estimated at around 30 per cent of the population, with rural areas accounting for higher levels, at about 50 per cent. The latest estimates indicate that absolute poverty is around 10 per cent of the population, well below the levels recorded in the 1990s.

The Government of Jamaica has pursued a multi-pronged strategic approach in targeting the poor. Various programmes for vulnerable groups — including lactating women, children, adolescents, youth, the elderly and persons with disabilities — are being pursued. The MDG target for reducing extreme poverty and hunger between 1990 and 2015 was achieved by 2007, and Jamaica is well on its way to eradicating absolute poverty. However, there are well-founded fears that the current global economic recession may undermine some of our gains in that area.

The HIV/AIDS epidemic, which started in 1982 in Jamaica, is among the greatest challenges facing the country. Jamaica has formulated a national HIV/AIDS strategic plan in line with a CARICOM HIV/AIDS strategic plan. Other initiatives implemented include the integration of programmes relating to HIV/AIDS and other sexually transmitted diseases into the family planning and maternal and child health programmes.

Following the Millennium Summit, Jamaica undertook a more systematic and comprehensive approach to the epidemic. That was greatly facilitated by the availability of increased funding through the Global Fund and similar funding initiatives.

Over the past five years, Jamaica has finally started to see tangible gains. Deaths from AIDS have started to decline as a result of greater public access to antiretroviral treatment, the use of prophylaxis against opportunistic infections and improved laboratory capacity to conduct investigations. Paediatric AIDS cases have also declined, indicating the success of the programme for the prevention of mother-to-child transmission.

Despite these important gains, the level of infection remains fairly high, at around 1.5 to 1.7 per cent of the population 15 years and over. Jamaica is of the view that with enhanced support and adequate funding, we should be able to achieve the targets.

In relation to the ICPD and the MDG goal of reducing maternal mortality by two thirds between 1990 and 2015, some programmes implemented to date at the national level have integrated projects concerning maternal and child health, family planning and sexually transmitted infections. We have established baby- and mother-friendly clinics and provided antiretrovirals to prevent mother-to-child transmission of HIV. Free health care has been made available in public hospitals and clinics island-wide. Although there has been much progress, it is highly unlikely that Jamaica will achieve all the targets by 2015.

Jamaica has an enviable record of promoting gender equality, equity and empowerment of women. Among our most important achievements are the establishment in the 1970s of various institutions dedicated to the advancement of women and the introduction of the Women in Development Studies Programme at the University of the West Indies. Those programmes have contributed significantly to the progress of women in many spheres. Girls have surpassed boys in both enrolment and performance at the secondary and tertiary levels. Major initiatives will have to be implemented to bridge the disparity as it relates to males in education.

Despite successes in education for women, progress in some areas still lags behind that of males. The share of women in wage employment in the non-agriculture sector has reflected steady progress since the 1990s and is close to parity, at 49 per cent in 2007. Women's representation at the highest levels in both the public and private sectors and as it relates to

political representation is grossly below par vis-à-vis their male counterparts.

Jamaica's path to progress has been characterized by challenges in several areas, including funding. However, over the next five years Jamaica will concentrate its efforts on, inter alia, developing a national policy on migration and development, reviewing the existing draft policy on gender, expanding programmes to achieve universal access to family planning services by 2015, evaluating and redesigning our services to meet 2015 targets for infant and maternal mortality and expanding programmes to reduce the rate of HIV/AIDS infections.

We note that funding in some areas has either been reduced or has dried up altogether. At this critical juncture, especially in this time of crisis, we caution — indeed, urge — the international community, in particular the developed countries, to provide the resources necessary to facilitate the full and effective implementation of the ICPD Programme of Action. Despite the odds, Jamaica is determined to remain on course in our relentless pursuit of a better quality of life for current and future generations.

**The Acting President:** I call next on the representative of Serbia.

**Mr. Milanović (Serbia):** Serbia aligns itself with the statement delivered by the representative of Sweden on behalf of the European Union (see A/64/PV.17).

Fifteen years ago, we reached an important consensus on an issue that used to be divisive: the relationship between population growth and development. Today we should be proud of the progress that has been made in carrying forward the agenda of the International Conference on Population and Development (ICPD).

The vast majority of countries have adopted national policies, laws and programmes to advance women's health and rights, including reproductive health. Many have embraced the concept of reproductive health and are moving at a respectable pace to reduce infant, child and maternal mortality and HIV infection. The majority of nations are using population data and analysis to inform their economic and social plans, policies and programmes. Furthermore, thanks to the work of all of us, but especially the United Nations system, more women are

choosing to use family planning, more infants survive and more girls are going to school. Finally, the General Assembly resolution to establish a new gender entity in the Secretariat is an additional important step towards the realization of our obligations to women. All of this shows how far we have advanced in the past 15 years.

However, notwithstanding the evident progress, much still has to be done. While a solid policy has been devised and the legal foundation has been laid, the implementation continues to be a real challenge. In many countries, mandates remain unfunded: national budgets can usually not meet the demand and international assistance is insufficient. Nevertheless, some progress has been achieved and Serbia welcomes the fact that the funding for United Nations Population Fund (UNFPA) work is increasing.

But we should always bear in mind that, unless urgent action is taken, it is estimated that, over the next 10 years, there will be 2.5 million maternal deaths in Africa alone. It should be noted that, while there has been an increase in resources mobilized, funding overall is significantly short of what is necessary to meet current needs and costs, which have increased tremendously since the targets were agreed on in 1994. In a time of crisis, however, the effective and efficient use of resources and increased coherence among development partners are of utmost importance.

It is evident that the current economic crisis hit all of us very hard. It is now threatening the progress we have made in the past several years, and assistance will be needed more than ever before. According to the latest statistical data, in the first half of 2009 the number of infant deaths per 1,000 live births in Serbia rose by almost 25 per cent compared to 2008. These examples should not be overlooked, and we hope that we still have an opportunity to reverse this trend.

Unfortunately, we have to note that we are still far from meeting Millennium Development Goal (MDG) 5. Maternal mortality remains our biggest problem, and addressing it will require a multisectoral approach. It is encouraging that coordination at the country level among UNFPA, UNICEF, the World Health Organization and the World Bank is increasing, and we expect further progress in that regard. Of all the health indicators, maternal mortality reveals the largest gap between rich and poor; we have to close that gap and improve social justice. Serbia welcomes the fact

that UNFPA is paying special attention to the issue of maternal health.

The rise in natural disasters requires better emergency preparedness and more work in disaster risk reduction. Climate change is the main reason for this increase, and effective responses, based on scientific analysis, must be developed. In that regard, we are pleased that the theme of the 2009 UNFPA Report on the State of World Population, to be released on 18 November, is "Facing a Changing World: Women, Population and Climate".

In conclusion, I would like to welcome the successful implementation of the UNFPA regionalization plan. We also hope that UNFPA will come up with an adequate solution for the Regional Office for Eastern Europe and Central Asia, based on the same principles that led to the relocation of other regional offices.

The Cairo Consensus is fully aligned with the Millennium Development Goals and provided much of the groundwork for them. It is important that the goals and principles of ICPD continue to move forward through Member States' active cooperation and resolve, and, in that regard, I want to emphasize once again Serbia's full and firm support.

**The Acting President:** I now give the floor to the representative of the Lao People's Democratic Republic.

**Ms. Phommachanh** (Lao People's Democratic Republic): At the outset I wish to express our gratification at the convening of this meeting to mark the fifteenth anniversary of the International Conference on Population and Development (ICPD) and to express our sincere appreciation to the Secretary-General for his inspiring statement on this occasion. I would also like to express our special thanks to Executive Director Thoraya Obaid of the United Nations Population Fund (UNFPA) for her remarks and for the assistance extended by the Fund in support of the implementation of the ICPD Programme of Action (see A/CONF.171/13/Rev.1).

As we commemorate the fifteenth anniversary of the International Conference on Population and Development, I would like to reiterate the strong support of the Lao People's Democratic Republic for the ICPD Programme of Action, which underscores the integral and mutually reinforcing linkages between

population and development and sets forth a series of important population and development objectives and goals. Its implementation has led to significant improvements in the lives of women, men and children.

Since the 1994 adoption of the Programme of Action and its implementation in the Lao People's Democratic Republic, the country has seen a notable improvement in health in general and reproductive health in particular. In 2005, 35 per cent of married women practised family planning, representing a steady increase of 15 per cent in the decade since 1995. Maternal mortality decreased from 650 per 100,000 live births in 1995 to 405 in 2005. During the same period, infant mortality fell from 104 per 1,000 live births to 70. In this regard I would like to express my Government's appreciation for the support provided in this area by the international community, especially UNFPA, which took the lead in implementing the ICPD vision that has helped us make this progress.

The Government of the Lao People's Democratic Republic is committed to achieving the Millennium Development Goals (MDGs). While we recognize and appreciate the progress that has been made, we are also mindful of the challenges that still lie ahead. We are keenly aware that, while we are on track in such areas as reducing child mortality and combating tuberculosis and malaria, maternal mortality is still very high. Although the rate has decreased in the past 15 years, 405 deaths per 100,000 live births is too many. Also, progress varies between urban and rural areas and socio-economic quintiles.

The Lao People's Democratic Republic is transforming itself from a landlocked country to a "land-linked" country with the development of road networks. Our population is very young, with more than half below 20 years of age. With declining fertility, the country is expecting the proportion of the population that is of working age to grow for the next few decades. My Government is aware of the opportunity that these factors create for social and economic development, but also of their potential for putting our population at greater risk of reproductive ill health.

There is a great need to continue to invest in universal access to reproductive health care for women, men and youth in order to protect them from disease, give them greater opportunities for education and

employment, alleviate population pressure on our precious environment, and contribute to improved food security and reduction of poverty. Universal access to reproductive health, a cornerstone of the ICPD Programme of Action, is the key to achieving and facilitating all of the MDGs, not only MDG 5.

My Government has recently begun to implement evidence-based strategies and action plans, such as the integrated package of maternal, neonatal and child health services and the skilled birth attendant development plan. We are expanding the availability and use of adolescent and youth reproductive health counselling and clinical services, but they need acceleration. Successful implementation of these plans and interventions is indispensable to achieving ICPD and MDG goals. Despite the financial and economic crisis, investment in reproductive health must not diminish, since it would derail MDG achievement. For our part, we are making efforts to attain greater aid effectiveness through improved coordination of development assistance by implementing the Vientiane Declaration on Aid Effectiveness, a localized version of the Paris Declaration.

To this end, we encourage UNFPA to further fulfil its commitments in leading implementation of the ICPD Programme of Action. We welcome the outcome of the Asia-Pacific High-level Forum on ICPD at 15, held in Bangkok on 16 and 17 September, and call for effective implementation of the Forum Declaration, which outlined the challenges we face and the way forward to achieving the ICPD goals by 2014 through concerted action in areas such as maternal health, family planning, sexual and reproductive health, gender equality and women's empowerment, population ageing, international migration and strengthening health systems.

In conclusion, my delegation would like to express our sincere gratitude to the UNFPA and development partners for assisting the Lao People's Democratic Republic to integrate population, reproductive health and gender issues into national, sectoral and provincial policy, plans and programmes in line with our national population and development policy. We wish to reaffirm the unwavering commitment of the Government of the Lao People's Democratic Republic to further cooperation with the international community and United Nations agencies, particularly UNFPA, in the fulfilment of the ICPD Programme of Action and MDGs.

**The Acting President:** I now give the floor to the representative of Bulgaria.

**Mr. Raytchev (Bulgaria):** The commemoration of the fifteenth anniversary of the International Conference on Population and Development (ICPD) and its Programme of Action gives me the welcome opportunity to join with previous speakers in emphasizing the importance and the achievements of the Conference and its outcome. My delegation welcomes the statement made by the Executive Director of the United Nations Population Fund (UNFPA), Ms. Thoraya Obaid, and we congratulate UNFPA for its dedicated work on the implementation of the ICPD Programme of Action.

Bulgaria aligns itself with the statement made by Sweden on behalf of the European Union. I would like to provide some brief additional remarks from a national perspective.

One of the main achievements of the ICPD Programme of Action is that it put people and human rights in the limelight and articulated the connections among many interrelated factors, such as human development, empowerment of women, health, population dynamics, economic growth, urbanization, migration and protection of the environment. Therefore, given the interdependence of our world and in the light of today's financial, climate, food and energy crises, the ICPD agenda remains more relevant than ever.

As was pointed out by many previous speakers, numerous examples can be cited to illustrate progress towards achieving the ICPD goals over the past 15 years. However, equally abundant is the proof that we are lagging seriously behind. Hence, there can be no doubt that a lot more ought to be done and that we all ought to be more committed, more active and involved during the five years that remain until 2015.

For its part, Bulgaria is proud of its participation in the Conference and of having remained firmly committed to the implementation of the Plan of Action that was its outcome. Besides our active involvement in the work of the Commission on Population and Development (CPD) as Chair and Vice-Chair of the Commission's forty-first and forty-second sessions, respectively, I would like to provide three further illustrations of my country's continued commitment to the fulfilment of the ICPD goals and objectives at the national, regional and global levels.

First, in 2006, Bulgaria developed its National Demographic Strategy 2006-2020, which is a fundamental and comprehensive document that incorporates the recommendations of both the ICPD Programme of Action and the European Commission on responding to demographic challenges. The Government of Bulgaria considers the goals contained in the Strategy not only to be a blueprint for reversing negative demographic trends, while guaranteeing women's and men's sexual and reproductive health and rights, but also to be vital to our efforts to constantly improve the living standards of the population at large.

Secondly, following up on ICPD recommendations regarding youth, Bulgaria has developed partnerships with various organizations that are targeted at young people and their health, education and welfare, in order to improve adolescents' sexual and reproductive health. In the framework of this partnership, the peer education network called Y-PEER Bulgaria, which stands for Youth Peer Education Network Bulgaria, was established in 2000 with support from the Bulgarian authorities and UNFPA. The network is designed to develop successful youth-adult partnerships between peer educators and supportive adults. In addition, through the regional Y-PEER International Centre for Peer Education Training and Research, which was opened in Sofia in October 2007 and connects more than 5,000 young people from 42 countries, Bulgaria is cooperating with countries from Eastern Europe and Central Asia by exchanging experience, knowledge and good practices.

Lastly, Bulgaria takes its responsibilities as an emerging donor very seriously. The promotion of health services, education and training of specialists, cultural diversity and tolerance, and socio-economic reforms are among the priority areas of the new Bulgarian development cooperation policy aimed at contributing to the achievement of the Millennium Development Goals at the global level.

It is clear to all of us today, with only five years remaining in the countdown to the 2015 deadline, we must continue to act with urgency to achieve our common goal — to put our world into greater balance and to improve the lives of present and future generations. Bulgaria remains committed to sharing the experience drawn from our manifold activities in the fields of population and development as well as to providing assistance to those in need.

**The Acting President:** I now give the floor to the representative of Chile.

**Mr. Del Campo (Chile)** (*spoke in Spanish*): I should like to begin by thanking the President of the General Assembly for having organized this important commemorative meeting. My delegation also aligns itself with the statement made by the representative of the Sudan on behalf of the Group of 77 and China, and the statement made by the representative of Mexico on behalf of the Rio Group.

I also wish to reiterate my country's commitment to the 20-year Programme of Action agreed 15 years ago at the International Conference on Population and Development (ICPD) in Cairo, which we are commemorating today.

A commemoration like this one should be a happy occasion, and looking back we should appreciate the efforts and the achievements made so far in the field of population and development. But we are celebrating this commemoration in the middle of the greatest economic and financial crisis since the 1930s, a crisis that is strongly affecting many regions of the planet, despite some hopeful indicators.

Earlier speakers have repeated the message of the 2009 report on the Millennium Development Goals (MDGs), namely, the lack of sufficient progress when it comes to MDGs 3, 4, 5 and 6, the failure to reach the goal of eliminating gender disparities in primary and secondary education by 2005, a lack of sufficient progress in reducing maternal mortality, and the persistence of diseases such as AIDS. Furthermore, the fact that a half million women have died for maternity-related reasons is unacceptable.

This should lead us to think more deeply about the importance of renewing our commitment and our efforts to achieve those goals in the next five years. Accordingly, I would like to highlight once again my country's contribution to the International Drug Purchase Facility. I would also like to reaffirm my country's gratification at the recent adoption of resolution 63/311 on system-wide coherence.

Gender equality and the autonomy of women are fundamental pillars of the Government of my country. Recently, President Michelle Bachelet Jeria reaffirmed my country's commitment to meeting the targets set in our pro-gender-equity agenda entitled "Commitments to Advance in Gender Equity 2006-2010". Among the

achievements in that agenda we highlight gender-oriented reforms in social security. They will guarantee a basic pension to women who are heads of household and a bonus per child born or adopted. The number of childcare centres will expand from the 700 when President Bachelet took office to more than 4,000 by the end of her term. A law guarantees a progressive, gradual increase in the minimum salary of household workers. Ninety women's centres and 25 shelters for women and their children who are victims of serious domestic violence are in full operation.

Among the achievements of my country, I would like to highlight women's average rate of finishing school: 54.4 per cent in 1990, 80.6 per cent in 2000 and the same percentage in 2006. That positive trend is also seen in the large number of women who begin and complete university programmes, which in turn improves women's entry into the labour market. In the field of health, I would like to highlight the benefits of the health plan known as AUGE, which provides guarantees to pregnant women at risk of premature delivery, to women affected or potentially affected by cervical cancer or breast cancer and to pregnant women with AIDS. Those are examples of my country's commitment to the goals we are discussing.

Finally, I would like to renew my country's commitment to continue contributing to the United Nations Population Fund.

**The Acting President:** I now give the floor to the representative of Nicaragua.

**Mrs. Rubiales de Chamorro (Nicaragua)** (*spoke in Spanish*): The delegation of Nicaragua welcomes the commemoration of the fifteenth anniversary of the International Conference on Population and Development (ICPD). We also reiterate our commitment to working together for the success of the achievements made and goals agreed at that Conference, held in Cairo in 1994.

Fifteen years have passed, and we must now examine the achievements to date and prioritize the most important objectives for our countries. Our Government places the highest importance on the fulfilment of the goals and objectives established in the ICPD Programme of Action (see A/CONF.171/13/Rev.1) for the eradication of extreme poverty, as well as the other Millennium Development Goals.

My delegation associates itself with the statement made by the Sudan on behalf of the Group of 77 and China (see A/64/PV.18) and with the statement made by Mexico on behalf of the Rio Group (*ibid.*).

We would like to take this opportunity to thank the United Nations Population Fund (UNFPA) for its cooperation with Nicaragua for almost 40 years. It has implemented a series of cooperative programmes, offering technical and financial assistance in important areas and in the neediest communities and territories.

On this occasion I would especially like to highlight that during 2009 our country has received two awards from UNFPA. One is for the Movimiento Comunal for its promotion of health, particularly in protecting and promoting sexual and reproductive health, with emphasis on the human rights of women, young people and adolescents, and for its work to eradicate domestic violence, teenage pregnancy and HIV/AIDS and to promote equitable gender relations at the community level. Last week we received another UNFPA prize, the International Award for the Health and Dignity of Women. That award is given to those whose work has made a significant impact on the lives and health of women and girls. It manifests the engagement, dedication and commitment realized through the national network of women's health centres with regard to health issues and the prevention of violence in Nicaragua. That is incontrovertible proof of our compliance with the goals we set in Cairo.

In January 2007, when President Ortega once again took up the administration of our country, we placed a priority on the fight against poverty and hunger, universal access to education and health care free of charge and citizen participation in decision-making. In other words, our goal is the restoration of the rights of Nicaraguan citizens, both men and women. Our Government has set in motion a process to review the poverty reduction strategy and the national plan for sustainable human development.

Those are precisely the premises on which we base our priorities, which are to eradicate poverty in the country and to advance inclusive economic and social development plans that take into account the most disadvantaged classes, which have been ignored under the preceding neo-liberal Governments. We have worked to create and implement citizen participation mechanisms that guarantee the inclusion of the needs and interests of the most dispossessed in the

formulation of public policy. We fully agree with what UNFPA Executive Director Thoraya Obaid said in her statement (see A/64/PV.17) about the absolute primacy of human development; that is the central tenet of our Government.

I would like also to underline that on 16 July our Government officially announced, after its passage in the National Assembly, the Sovereignty and Food Security Act, and later a directive for its execution, leading to its implementation at the national level. That initiative complements the commitments made at the ICPD, since it aims to guarantee the right of all men and women in Nicaragua to enough nutritious, safe food for their vital needs.

The Special Food Security Programme in Nicaragua — PESA — has been described by the Food and Agriculture Organization of the United Nations (FAO) as an outstanding and recognized model among the 62 food security programmes that FAO is carrying out around the world because it operates across many sectors. That has earned it FAO's recognition and has led to a memorandum of understanding for future joint actions between FAO and Nicaragua.

Aware that improving access to basic services is an important element in promoting social integration and equitable economic development for all, our Government has declared that health and education will be provided to all free of charge. The National Martí-to-Fidel Literacy Campaign has drastically reduced illiteracy in Nicaragua, and UNESCO recently declared our country free of illiteracy.

In the area of health, to guarantee access, the care paradigm was reformulated to produce a community and family health model based on systematic care for families in their own homes. As a result we have achieved a significant reduction in maternal mortality, dropping from 90 deaths per 100,000 live births in 2006 to 64 per 100,000 in 2008. The World Health Organization estimates that Nicaragua has already surpassed the Millennium Development Goal of halving the prevalence and death rate of tuberculosis as compared to 1990.

In addition to the Sovereignty and Food Security Act, our Government is implementing concrete measures in the field of agriculture, promoting the organization of agricultural and livestock public services to ensure the effectiveness and efficiency of Government programmes for rural areas, as well as the



organization of research and transfer of technology in rural areas, with special emphasis on respect for ethnic groups and communities of people of African descent, to improve productive practices that are environmentally friendly and respectful of Mother Earth. In 2007, we implemented a food production bonus for impoverished rural families as part of our Zero Hunger programme, whose direct beneficiaries have been rural women. We have handed out almost 40,000 bonuses.

These concrete measures are making a difference. That is precisely what my Government hopes to hear from the international community. We must move from rhetoric and discourse to concrete and practical action that directly benefits those most in need.

The chaotic situation into which we have been plunged by the capitalistic system requires solidarity among brotherly countries, in full respect for dignity and sovereignty. The Bolivarian Alternative for the Americas has become a genuine example of unity, complementarity and solidarity in confronting current challenges.

We appeal to the developed countries to shoulder their share of responsibility towards developing countries and to address the effects of a crisis that originated in those countries and was caused by them. The impact of the crisis should not serve as an excuse not to honour the pledges made for official development assistance, which could endanger the achievement of the Millennium Development Goals.

**The Acting President:** I now give the floor to the representative of the Republic of Ecuador.

**Mr. Chiriboga** (Ecuador) (*spoke in Spanish*): Allow me to reiterate the full support of my delegation for the work of the President at this session and to endorse the statements made by the representative of the Sudan on behalf of the Group of 77 and China and by the representative of Mexico on behalf of the Rio Group.

There is no doubt that the International Conference on Population and Development and its Programme of Action (see A/CONF.171/13/Rev.1) created the mechanisms necessary to identify development and human rights as complementary elements in achieving a life of dignity for all. While there are many obstacles to overcome, many resulting from the economic and financial crisis generated in the

North, it is no less certain that a coordinated effort at the international level will successfully achieve the Millennium Development Goals.

In Ecuador, we have proposed a more inclusive and non-predatory development strategy to eradicate poverty and guarantee a life with dignity. In that context and with the 2008 adoption of a new Constitution, we in Ecuador understand development as an organized, sustainable and dynamic convergence of economic, political, social, cultural and environmental systems that guarantee the condition of good living, or *sumak kawsay*. Good living requires individuals, communities, peoples and nationalities effectively to enjoy their rights and exercise their responsibilities in the context of interculturality, respect for diversity and harmonic coexistence with nature.

Based on these objectives, the national Government created a national development plan as a strategic instrument to implement in a systematic and organized manner the changes promoted by the new constitutional framework. The plan outlines and seeks to concretize a road map that will allow us to identify the tipping point and changes in the historical trajectories of development and democracy in Ecuador in the context of ethical and political guidelines and a new type of civic conviviality.

The proposals contained in the national development plan set up important technical and political challenges, as well as methodological and structural innovations. The plan represents a conceptual rupture with old development paradigms that advocated stabilization policies, structural adjustment, a State reduced to its minimal expression, and neo-liberal policies that weakened the political and institutional system and unleashed a profound socio-economic crisis.

The plan restores a vision of development that prioritizes the achievement of good living and its concomitant expanded liberties, opportunities and human potential and the recognition that each of us must work towards a shared future for all. That will necessarily entail a change in the modalities of the State that will restore its capacities to manage, plan, regulate and redistribute, and intensify the processes of devolution, decentralization and citizen participation.

In its conceptual break with the concept of development and the modality of the State, the plan

promotes eight strategies for change: the democratization of the means of production; international sovereign relations through an active and strategic integration with the world; the diversification of production; integration and territorial development; ensuring the sustainability of natural heritage; increasing the effective planning, regulation and management capacity of the State; economic democratization, social activism, guaranteed rights; and the transformation of the higher educational system with increased investment in science, technology and innovation. The plan is not conceived as the sum of its parts and diverse elements. It is holistic and based on a rights-oriented approach that transcends the traditional sectoral perspective and is oriented towards environmental sustainability and gender, generational, intercultural and territorial equality.

The harmonization of the sectoral with national objectives involved considerable coordination efforts and inter-State streamlining to align problem-solving, policy and sectoral visions with the major national interests. The plan proposes 12 major national development objectives, consistent with the provisions of the 2008 Constitution, which promote equality and social cohesion based on diversity, pool the potentials of the population and their quality of life, promote a healthy and sustainable environment, guarantee sovereignty, promote integration, create stable and dignified work, strengthen the public polity, guarantee the prevalence of human rights and justice, establish a socio-economic system based on solidarity and sustainability, and consolidate the transformation of the State for the sake of good living.

In the current context, planning for development faces new challenges: understanding and acting in a context of systemic global crisis, formulating strategies to minimize its impact on the country without hurting the poorest, and simultaneously crafting policies that will generate structural change more rapidly and more appropriately as a mechanism to achieve development.

These proposals do not require us to ignore the world community. At the global level, we must promote planetary coordination based on mutual respect, international law and multilateralism as tools of conviviality among countries. At this juncture, it is imperative that we redefine the world financial order, which has been distorted by speculation and privilege,

in line with the vision of human rights and development.

The devastating effects of climate change have compelled our countries to rethink their development models, and Ecuador wishes to contribute its solutions. Ecuador has launched the Yasuní-ITT initiative in order to forgo extraction of nearly 900,000 barrels of oil in the Yasuní National Park, thereby preventing the environmental contamination of 410 million metric tons of carbon. The Yasuní area is also home to voluntarily isolated populations and one of the most megadiverse areas of the world. The Yasuní-ITT initiative thus represents concrete action to combat global warming, prevent fossil fuel exploitation in areas of high biological and cultural sensitivity, protect biodiversity in the Amazon, and respect the rights of the indigenous cultures in voluntary isolation.

The problem of world hunger is one not of resources, but of systems. Poverty and exclusion continue to grow even as many regions are raising their consumption of biofuels and continue to subsidize the expansion of biofuel crops. These systems of extraction, commerce, finance and global governance are exhausted and will not lead to viable long-term alternatives or overcome the crisis, and are even less likely to achieve the good living that our peoples deserve. That is why we appeal for urgent consideration of how to give effect to the proposals that we have made in this statement.

**The Acting President:** I now call on the representative of Antigua and Barbuda.

**Mr. Hunte** (Antigua and Barbuda): I welcome the opportunity for Antigua and Barbuda to join the international community in commemorating the fifteenth anniversary of the International Conference on Population and Development (ICPD). Antigua and Barbuda aligns itself with the statement made by the Chairman of the Group of 77 and China (see A/64/PV.18).

At the seminal International Conference in Cairo in 1994, the international community agreed on an ambitious, far-reaching and worthy plan of action for 20 years. Now, with five years left to fully achieve the goals and commitments of ICPD, the time is opportune for us to take stock of the progress that we have made, to assess the challenges that remain and to determine what is needed to ensure that the next five years will

result in full and complete implementation and achievement.

ICPD resulted in an international agreement in the form of the Programme of Action (see A/CONF.171/13/Rev.1) setting out what we consider to be some of humankind's most worthy human development goals: providing universal education; reducing infant, child and maternal mortality rates; universal access to reproductive health care; and prevention of transmission of infectious diseases, such as HIV/AIDS. Today, those goals remain a fundamental part of our economic and social development plan. Like many of our Caribbean neighbours, we have made modest but significant and measurable progress on the achievement of those goals in the past 15 years. We are therefore determined not to become complacent, recognizing that full and effective implementation of the ICPD Programme of Action by 2014 will require significant resources and commitment, as we build on what we have achieved thus far. Much remains to be done within the remaining five years.

In August, we were honoured to host the Caribbean subregional meeting to assess the implementation of the ICPD Programme of Action 15 years after its adoption, with the support of the United Nations Population Fund and the Economic Commission for Latin America and the Caribbean (ECLAC). The meeting involved the participation of Government representatives from 15 Caribbean countries and a number of experts from non-governmental organizations in the fields of population and development, sexual and reproductive health, and rights and gender. The objective of the meeting was to discuss the achievements, challenges and gaps experienced in the Caribbean in the implementation of the Programme of Action resulting from the ICPD agenda.

I am pleased to report that the meeting showed that the countries of our region have made significant progress in achieving economic and human development. That is due to the fact that our Governments have put in place programmes and policies on social protection to address the needs of our most vulnerable populations, such as children, youth, women and the elderly. However, such social protection programmes are under severe threat as a result of the current economic and financial crisis. We are currently faced with extremely tough choices to make, including reducing social expenditure in order to

make up for severe revenue shortfalls and lack of financing for development programmes.

The sustainability of what we have achieved is now in doubt, and progress could be reversed as a result of the economic crisis. That is why it is so important for us to assess the way forward and determine how we will achieve what remains to be achieved, as well as how we will consolidate and secure the progress made and prevent a reversal of the positive human development trends. Despite those tremendous challenges, my Government remains committed to the ICPD agenda, to the principles of the Cairo consensus, and to moving forward in the next five years with our ambitious and worthy social development programmes, which will help us achieve effective implementation by 2014.

Given the impact of the global economic and financial crisis and the changing population and development dynamics, which bring new and emerging challenges, an urgent call for action for the Caribbean subregion for 2014 and beyond was issued at the conclusion of the subregional meeting held in Antigua and Barbuda this August, calling for the establishment of a five-year subregional strategy. Such a strategy is necessary, so that our Governments, working together and in collaboration with civil society organizations, parliaments and United Nations agencies, can achieve the ICPD targets and the Millennium Development Goals, by establishing clear priorities for results, benchmarks and implementation and monitoring mechanisms.

I therefore take this opportunity of the commemoration of the fifteenth anniversary of ICPD to repeat that call for action to the international community and to urge the United Nations system, including the United Nations Population Fund and ECLAC, to support us in that urgent call to make such a subregional strategy for the Caribbean a reality. With only five short years left in the plan of action and with human development indicators turning increasingly negative owing to the global recession, we must galvanize and coalesce our energies and meagre resources into a firm strategy for success, and recommit ourselves, at all levels, to the worthy objectives of ICPD.

Finally, we commend the United Nations Population Fund and other development partners, which have worked so tirelessly in advancing the ICPD

Programme of Action over the past 15 years, and we look forward to their continued support and advocacy in implementing our national development goals.

**The Acting President:** I now call on the representative of the Republic of Maldives.

**Mr. Mohamed (Maldives):** The Cairo Conference on Population and Development in 1994 was instrumental in injecting a very necessary multidimensional impetus to the global efforts aimed at population and development. The important goals of universal primary education by 2015, enhanced reproductive and sexual health, and the reduction of infant and maternal mortality rates continue to serve as important objectives that contribute to the national development of Member States.

The Maldives is a small island developing State with a population of just over a quarter million. Population development forms an integral part of the country's overall national developmental strategy. As such, many of the goals of the International Conference on Population and Development (ICPD) find expression in the overall developmental objectives of the Maldives. The provision of health, education, housing and youth employment and addressing other social issues and environmental management are crucial elements of the country's population strategy.

However, the available resources and the inherent social and economic situation of the country do not match the determination of the Government to advance its developmental goals. For instance, the quarter million people in the archipelago live in dispersed island communities among 196 inhabited islands. Very high costs are attached to ensuring service delivery to the remote islands. As such, the unique geophysical characteristics of the islands, the geographical dispersion of the population, the limited natural resources and the patterns of global consumption and population growth present numerous economic, social and environmental challenges.

Over the past five years, the Maldives has seen a 10 per cent increase in its population, which has severely stretched the demand for housing and other economic and social services in the country. The unequal access to education and health facilities in the country has drawn more than a third of the total population to the capital, Malé. The resulting extreme overcrowding in the capital has led to increased environmental degradation on the island, owing

primarily to over-extraction of groundwater and a contaminated aquifer.

Disparities exist within the population in areas such as poverty, income equality, child nutrition, adequate and affordable housing, and employment for women and young people. The Maldives is also currently grappling with the menace of drug addiction and the growing violence among youth, as well as a disturbing and growing level of violence against women. The United Nations Office on Drugs and Crime has declared the use of illicit narcotics as the single greatest challenge facing the development of Maldivian society. With a large proportion of the population under the age of 25 affected by drug use and abuse, the Government faces a hard journey ahead in combating trafficking in and use of illicit narcotics.

In addition to those issues, gender equality remains an immense challenge. Though gains have been made towards ensuring gender equality, women's participation in public life and leadership positions continues to be low. For instance, even with the removal of the constitutional gender bar, which had traditionally prevented women from competing for the office of President, the total number of women politicians has fallen. Cultural stereotyping and inadequate support networks create barriers to women's successful participation in public life. Those issues can largely be attributed to the fact that women bear a large share of domestic responsibilities. The situation is further exacerbated by the prevailing high divorce rate, which leads to a situation where many single women bear the brunt of childcare. Flexible working hours, together with an adequate social safety net, are therefore a necessity for the complete economic and social empowerment of women.

Despite the challenges I have highlighted, the Maldives has made strenuous efforts to meet international development goals. In that regard, the country has adopted a rights-based approach to development. Two small achievements can be seen in the considerable progress made in reducing population growth to 1.7 per cent and in stabilizing the fertility rate, which stands at 2. Noteworthy strides in reducing birth rates and child and maternal mortality rates have also been made. We have also had some success in our efforts to achieve higher antenatal health coverage, which rose from 62 per cent in 1999 to 91 per cent in 2004.

Under the national reproductive health strategy mapped out for the period 2008-2010, issues that need to be further addressed include high levels of anaemia and malnutrition among pregnant women; unmet needs for contraception; inadequate knowledge of reproductive tract and sexually transmitted infections; prevention; and the limited availability of services for other aspects of reproductive health care, such as infertility management and the treatment of reproductive organ cancers. While increased health awareness, as well as access to health-care services, has led to a decrease in communicable diseases, changing lifestyles have contributed to an increase in non-communicable illnesses such as heart disease, cancer and diabetes.

Extensive work needs to be undertaken to address these challenges, which jeopardize our overall achievement of the Millennium Development Goals (MDGs). To meet the growing demands caused by urban migration, the Government has embarked on the unprecedented initiative of decentralizing the governance system. This is expected to lessen income inequality, improve the quality of health and education services, increase employment opportunities outside the capital and reverse the tide of internal migration. The large and rapid displacement of the population has not been met with an equal response by Government in the provision of economic and social services, which has created several social problems.

Resource mobilization is a central focus of the new Administration's development policy. The Maldives currently allocates more than a quarter of its development budget to social development, of which education and health share a significant portion. Substantial investment is being made in infrastructure development to facilitate the provision of key services in strategic areas of the country. However, stepped-up international developmental assistance to low- and middle-income countries is a prerequisite for the successful implementation of population development policies and for success in achieving national development objectives in line with the MDGs.

While some progress has been made in reaching the ICPD goals, the Maldives wishes to reiterate the importance of strong partnerships between civil society, corporations and Governments in overcoming the challenges of population development. It is further imperative that we fully utilize this opportunity to create greater understanding and recommit ourselves to

international cooperation in achieving our common objectives and fulfilling shared aspirations for a better world.

**The Acting President:** I now give the floor to the representative of Mauritania.

**Mr. Ould Hadrami** (Mauritania) (*spoke in French*): My delegation associates itself with the statement made by the representative of the Sudan on behalf of the Group of 77 and China. I would like to congratulate President Treki on his excellent opening address and to thank Secretary-General Ban Ki-moon for the steadfast support he has given the Programme of Action of the International Conference on Population and Development (ICPD).

In our view, the commemoration of the fifteenth anniversary of the ICPD is important because it allows us to take stock of progress made in implementing the ICPD Programme of Action (see A/CONF.171/13/Rev.1) and the principal results that have been achieved. For my country, Mauritania, this is an opportunity to share with you various steps related to the ICPD Programme of Action taken by our Government, which adopted a National Policy Declaration on Population in 1995. Before so doing, I would like to pay special tribute to the United Nations Population Fund (UNFPA) and in particular to its Executive Director, Ms. Thoraya Obaid, for her leadership and vision concerning population and development issues.

On the political level, we wish to note the strengthening of Mauritania's commitment to promoting and respecting women's rights by adhering to international conventions relating to human rights, in particular those concerning children's rights and the elimination of all forms of discrimination against women. The number of women in elected office has grown, largely owing to the introduction in July 2006 of a quota system requiring that 20 per cent of Mauritians elected be female, which has allowed women to hold 18 of 95 National Assembly seats, nine of 56 in the Senate, and more than 1,120 seats on municipal councils and even a rural mayor. It is also highly symbolic that two months ago we nominated six female ministers, including the Minister for Foreign Affairs, for the first time in our country's history.

The strong involvement of women at the level of civil society, reflected in the high number of women's non-governmental organizations and cooperatives, of which there are about 4,500, and their diverse areas of

activity, is an excellent indicator of the dynamism and readiness of Mauritanian women to play a leading role in grass-roots development.

At the institutional level, we have seen the adoption of new laws aimed at combating discrimination against women, particularly through the Personal Status Code and the laws on compulsory primary education, HIV/AIDS and the 20 per cent quota for parliamentary and municipal council seats. We have drawn up a national strategy for the institutionalization of gender issues, and we are taking into account the gender aspect in the review process of our strategic framework to combat poverty and the establishment of a group for gender follow-up. The public authorities have taken on various issues that had been considered taboo, such as female genital mutilation, force-feeding and tattooing, and cases of gender-based violence. Despite social constraints, we have seen an increase in the awareness of women, as some claim their rights in areas such as spousal abuse.

On economic and social levels, we should note that although there have been relatively important gains in the advancement of women, progress in the economic sphere remains far below expectations. After the assessment of the first stage of the strategic framework to combat poverty, it turned out that women's economic participation saw only a slight improvement in terms of their access to production factors, in particular at the level of micro-financing, through the Nissa Bank, small and medium-sized enterprises and other revenue-generating activities.

Mauritania has paid particular attention to the education sector in general and to girls' education in particular, with their rate of enrolment exceeding 90 per cent. However, that has been hampered by a high rate of school dropouts among girls, which reduces their chances of integrating into active life.

Regarding health-care issues, there have been improvements in conditions for mothers and children. For example, maternal mortality dropped from 747 per 100,000 live births in 2001 to 686 in 2007. Pregnant women also enjoy greater access to health care throughout their pregnancy, including pregnancy package plans and the elimination of obstetric fistulas, and to health care in rural areas in particular. A road map has been developed to reduce maternal and neonatal mortality, and now, in cooperation with UNFPA and UNICEF, there is a strategy for the

survival of children. Health centres for pregnant women have opened, including the hospital for mothers and children in Nouakchott.

There are still constraints and challenges. We see that a long road still lies ahead of us to meet those challenges and to overcome the obstacles to the full and complete participation of Mauritanian women at all institutional, political, economic, and social levels. The major remaining constraints and challenges include the following.

First, the compulsory education law has not been supported by accompanying measures that would guarantee the continuity of studies, and that has led to a rise in drop-out rates among girls. Secondly, health indicators are showing rather disquieting signs. The rate of maternal mortality remains among the highest in the subregion, and access to health care remains very weak. Thirdly, the literacy rate of women is 49 per cent, while for men it is 66.5 per cent. Fourthly, the poverty rate of households led by women has gone from 40 to 45 per cent. Fifthly, women still face enormous difficulties accessing credit — a lack of guarantees, capital and confidence, for example — and that hampers their productivity. Sixthly, the unemployment rate remains at the very high rate of 47.3 per cent.

Additionally, there are still numerous obstacles to gender mainstreaming. Coordination of national efforts to implement the strategy needs further reinforcement. The effective implementation of gender mainstreaming and the desired measures for positive discrimination require the mobilization of greater human and financial resources.

It is clear that Mauritania faces difficulties that prevent it from achieving the Millennium Development Goals, in particular Goals 2, 3, 4 and 5, which relate to population. My country will continue its own efforts within this framework and hopes to see, to this end, increased support from development partners.

**The Acting President:** I now give the floor to the representative of Afghanistan.

**Mr. Tanin (Afghanistan):** At the outset, let me thank the President for convening this meeting to commemorate the fifteenth anniversary of the International Conference on Population and Development (ICPD) and its resulting Programme of Action. I would also like to thank the Secretary-

General for his remarks yesterday and Ms. Thoraya Ahmed Obaid for her stirring call to action on behalf of the United Nations Population Fund (UNFPA) (see A/64/PV.17).

Afghanistan aligns itself with the statement delivered on behalf of the Group of 77 and China (see A/64/PV.18).

Afghanistan thanks UNFPA for its leadership role in implementing the ICPD Programme of Action (see A/CONF.171/13/Rev.1) since its inception, including its assistance to Afghanistan. We hope that all nations will take this opportunity to recognize our substantial progress and take stock of our remaining challenges.

The International Conference on Population and Development, held 15 years ago in Cairo, was a breakthrough in the way we collectively understood the relationship between people and economic development. It ushered in a revolution in our attitudes towards reproductive health and human rights. That understanding greatly informed the Millennium Development Goals (MDGs), whose tenth anniversary we will be celebrating next year.

Afghanistan remains strongly committed to the ICPD Programme of Action, the Millennium Development Goals and to other internationally agreed development goals. Through the framework of the Afghanistan National Development Strategy and other national strategies, Afghanistan is aiming to systematically rebuild the shattered infrastructure of the country, build a dynamic national economy and improve the daily lives of Afghans by providing security and access to basic services and health care and by focusing on human rights, particularly the rights of women and girls. We have made progress in each of these areas, and we are certain that with the help of the international community we will eventually be able to guarantee a dignified, healthy life for all Afghans.

Health indicators in particular in Afghanistan have improved since the fall of the Taliban in 2001. The percentage of those with access to basic health services has increased from 9 per cent in 2001 to 85 per cent in 2008. Use of contraceptives in rural Afghanistan has tripled, from 5 per cent in the multiple indicator cluster survey (MICS) conducted in 2003 to 16 per cent in the Afghanistan health survey conducted in 2006.

Trends in prenatal care in rural Afghanistan show a several-fold increase, from 5 per cent in the 2003 MICS to 32 per cent in the 2006 Afghanistan health survey. Use of skilled birth attendants was substantially lower than use of skilled prenatal care, but a threefold increase was observed in rural Afghanistan, from 6 per cent in the MICS to 19 per cent in the Afghanistan health survey. Overall, approximately 15 per cent of women who delivered in the last two years had their delivery in an institution.

In addition, over 6 million children are now in primary and secondary school in Afghanistan, up from 1 million in 2001. Tens of thousands of students are in higher education, and more institutions to accommodate them are being built every year. Most notably, more than 30 per cent of those students are women and girls, something unthinkable under the Taliban.

However, high rates of maternal and infant mortality remain a particular challenge in Afghanistan. Illiteracy, lack of roads and transportation, inadequate financing for many key programmes, inadequately trained health staff at all levels, including a general lack of female health staff, have all contributed to impeding access to health services.

Moreover, the deterioration of the security situation in certain parts of Afghanistan, especially in the south and south-east, has impacted on the gains made in the past years in the areas of health and gender and is impeding the successful achievement of MDGs in Afghanistan. Finally, the lack of comprehensive, up-to-date data is a serious impediment to our efforts, and we ask UNFPA to continue to support us with technical and financial assistance as we seek to undertake the Afghanistan population and housing census, rescheduled from 2008.

Globally, according to the most recent MDG Gap Task Force Report, we are still lagging behind in several areas, particularly in MDGs 3, 4, 5 and 6. We encourage the international community to take this conference as a call to redouble our efforts towards achieving the MDGs and the other internationally agreed development goals in the larger framework of the ICPD Programme of Action. In particular, South-South cooperation, through regional groups and other multilateral organizations, will be crucial to achieving our goals. We must also ensure that the financial crisis and other constraints do not restrict the technical and

financial aid to developing, least developed and post-conflict countries.

Though the past 15 years have seen groundbreaking progress, we must sustain those achievements and recognize that all of our efforts will be required if we are to be successful in achieving the ambitious goals we have set for ourselves.

**The Acting President:** I now give the floor to the representative of Brazil.

**Mrs. Dunlop (Brazil):** Fifteen years ago, 179 countries met in Cairo and adopted by consensus an ambitious 20-year Programme of Action (see A/CONF.171/13/Rev.1) that contributed to the progress of the international agenda in such relevant issues as population, development, human rights, reproductive and sexual health and rights, gender equality and migration. It is only fitting that we gather today to commemorate that major achievement. I would like to take the opportunity of this historic moment to reaffirm Brazil's commitment to the principles and objectives of the International Conference on Population and Development (ICPD).

The importance of the principles and plan of action adopted in the Cairo Conference is highlighted by the fact that a substantive part of that agenda was further consolidated and expanded upon in subsequent United Nations conferences. Many of the Cairo goals have in fact become key elements of the Millennium Development Goals (MDGs), particularly those related to health, gender, education and cooperation.

It is also important to highlight how the Cairo Conference perceived social and economic development as a critical component of long-term sustainability, particularly one that is balanced in gender terms, socially inclusive and environmentally sensitive, and one that provides equal treatment and opportunities to different age groups.

In the light of recent trends in global economic growth and development, in which the effects of the financial and economic crisis of 2008 and 2009 are still hanging over us, it is all the more urgent that the Cairo platform be renewed and that implementation of the commitments made therein be given impetus. We should recast those commitments against the backdrop of the work yet to be done in the United Nations with respect to reshaping the global financial and economic architectures under the ongoing processes we agreed to

in last June's conference on the financial crisis, and with respect to the preparations for the conference on South-South cooperation to be held next December in Kenya and our preparations for the September 2010 high-level meeting to review progress on the MDGs, among other activities of the General Assembly. A people-centred and employment-led global economic recovery would do justice to the aspirations set out in Cairo 15 years ago.

Brazil recognized the importance of the Cairo themes even before 1994. In 1988 our Constitution recognized health as a right of all citizens and the provision health services as an obligation of the Brazilian State. Our Government created the Universal Health System, which guarantees free, universal public health care and services to everyone who suffers from disease and infections, including sexually transmitted ones such as HIV/AIDS.

Currently, however, the Brazilian Government is deeply concerned with the prospects of the feminization of the HIV/AIDS epidemic. In response to that new trend, measures and specific programmes to reduce the vulnerability of women and teenagers to the virus have been put in place.

Looking back over the last few years, Brazil has achieved remarkable progress in many areas with regard to the advancement of women. Since the creation in 2003 of the Special Secretariat on Policies for Women, the Brazilian Government has adopted a series of cross-cutting policies, plans and programmes aimed at empowering women, reducing gender inequalities and promoting social inclusion.

Important steps have also been taken in combating violence against women. The Second National Plan of Policies for Women resulted in the adoption of the National Pact to Curb Violence Against Women and the enactment of the Maria da Penha Law, which helped to enforce legal protection in cases of domestic violence against women and girls. Another priority stressed in the National Plan is the empowerment of women through education and the promotion of women's participation in all areas of decision-making. The reality in Brazil is that women outnumber men in schools at all levels.

In Brazil the agenda for sexual and reproductive health and rights in accordance with the principles and objectives agreed in Cairo is being fully implemented. Social policies have incorporated the outcome of



various national debates in which Brazilian civil society participated actively through the national thematic conferences. Several advisory councils were created to follow up on the implementation of those initiatives.

The Brazilian national policy for integral assistance to woman's health, established in the 1980s, includes strategies for reducing maternal and neonatal mortality and incorporates initiatives inspired by the agenda of sexual and reproductive health and rights. Through a human rights perspective, family planning is understood as a matter of individual choice rather than a strategy for population control.

Despite the progress achieved in the implementation of the goals set out in Cairo, formidable challenges remain. We must do more to promote gender equality. We must do more to reduce maternal and neonatal mortality. We all need to redouble our national efforts and also to recommit to increased cooperation towards the fulfilment of the Cairo Programme of Action during the five remaining years.

Brazil will continue to do its part. We will also work with all Member States and with the United Nations system, the United Nations Population Fund and the Commission on Population and Development, at whose forty-third session we have the honour to serve as Vice-Chair, in order to further our common goals.

**The Acting President:** I now give the floor to the representative of Uganda.

**Mr. Rugunda** (Uganda): It is with great pleasure that Uganda joins the rest of the United Nations community on this auspicious occasion to commemorate the International Conference on Population and Development (ICPD).

I would like to associate Uganda with the statement made by the representative of the Sudan on behalf of the Group of 77 and China. I would also like to reaffirm Uganda's commitment to the ICPD principles and Programme of Action (see A/CONF.171/13/Rev.1) and acknowledge the importance of implementing them in the achievement of the Millennium Development Goals (MDGs).

Uganda participated actively in the events leading to the ICPD and in the Conference itself, which took place in Cairo, Egypt, in 1994. As it did for many other

countries, the ICPD presented Uganda with an opportunity to learn from other developed and developing countries how to make progress on matters of reproductive health, population and development.

After the ICPD, Uganda formulated and adopted a national population policy for sustainable development. In 2007, the policy was revised in line with our national development plan, which runs from 2007 to 2015, and is part of the country's blueprint for action to improve maternal, neonatal and reproductive health for the purposes of achieving MDG 5.

An evaluation of the implementation of the national population policy has shown that, like many other nations on the African continent, Uganda continues to have high maternal mortality. A strengthened partnership between all stakeholders is required if countries like Uganda are to meet their target to lower maternal mortality by 2015. In finalizing its national action plan, Uganda aims to accelerate the reduction of maternal and neonatal morbidity and mortality and to undertake all actions agreed under the Maputo Plan of Action.

In this regard, Uganda is committed to continuing to increase the allocation of resources to programmes and activities geared to achieving the implementation of the ICPD Programme of Action. There is also increased recognition of the need for up-to-date data on population and development to guide us in our decision-making. All these issues have been given priority attention in our draft five-year national development plan.

We have identified some key critical areas to which immediate attention should be given. We have put in place programmes to accelerate economic growth and eradicate poverty and to provide universal primary and secondary education, a road map for reducing maternal and infant mortality, and a draft bill for the elimination of female genital mutilation, *inter alia*. In addition, Uganda is also taking other positive steps in respect of reproductive rights and closing the large gap in unmet needs for family planning.

Uganda's success in reducing HIV prevalence from a high 18 per cent to a relatively low 6.7 per cent will be sustained through strengthened focus on prevention, especially among those in union, as well as continued efforts in treatment and care through an integrated approach.

The aforementioned measures show the very tangible and concrete ways that Uganda is reaffirming its commitment to delivering on the ICPD Programme of Action and to achieving the health-related MDGs, including the new target on universal access to reproductive health, consistent with our national development plan. Addressing unmet needs for family planning in Uganda would allow upwards of 60 per cent of women to gain access to reproductive health services — a level comparable to that of any middle-income country in the world.

We are convinced that our initiative for universal access to secondary education will strengthen efforts to delay marriage and give girls better career and family choices, which is good for women's empowerment, gender equality, reproductive rights and, ultimately, economic development.

Finally, we recognize that there are still a number of challenges hindering the smooth implementation of the ICPD Programme of Action. Uganda therefore reiterates its commitment to work with all development partners in order to continue its implementation.

**The Acting President:** I now call on the observer of the Observer State of the Holy See.

**Father Bené (Holy See):** I make the following statement on behalf of the Permanent Observer of the Holy See, who unfortunately is not able to be with us here this afternoon.

As we call to mind the fifteenth anniversary of the International Conference on Population and Development (ICPD), we recognize the many challenges facing the international community to achieve the goal of greater sustained economic and social development.

When States came together in Cairo in 1994, many of them were under the impression that a population explosion was going to occur and hamper the ability to achieve adequate global economic development. Now, 15 years later, we see that this perception was unfounded.

In many developed countries, population demographics have declined to the point where some national legislators are now encouraging an increase in birth rates to assure continued economic growth. Similarly, in many parts of the developing world, development has been occurring at previously unachieved rates and the greatest threat to development

results not from a population explosion but from irresponsible world and local economic management. For nearly a century, attempts have been made to link global population with the food, energy, natural resources and environmental crises. Yet, on the contrary, it has been consistently demonstrated by human ingenuity and the ability of people to work together that human persons are the world's greatest resource.

The ICPD report (A/CONF.171/13/Rev.1) reiterated the need for States to promote and strengthen the family as a vital element of producing greater social and economic development. The ever-increasing presence of women in the job market has raised new challenges for the family and women both in the work sector and at home. Sexual and economic exploitation, the trafficking of women and girls, and discriminatory practices in the job market have challenged Governments to promote and apply policies to end those injustices and to support the family in its proper responsibilities.

Demographic policies must also take into account the needs of migrants as part of an overall responsibility to place the human person at the centre of all development policies. Too often migration is seen by Governments and individuals as an unwitting consequence of globalization, and negative stereotypes of migrants are used to promote policies that have a dehumanizing effect and create unconscionable divisions within families.

As noted in the most recent *Human Development Report*, migration exists in all regions of the world, with migrants often providing necessary skills and talents to destination countries while at the same time ensuring valuable support to their countries of origin. While other aspects of the ICPD Programme of Action (see A/CONF.171/13/Rev.1) have received greater attention in the past, to truly achieve all the constructive proposals of the ICPD report, greater efforts must be made to enact human-centred policies that recognize the shared benefits of migration. More must be done to make the ICPD's appeal for development in all countries a means of addressing the reasons behind migration and to enact policies that protect migrants from illegal trafficking.

The ICPD's call for universal access to quality education continues to serve as the most effective means of promoting sustainable economic, social and

political development. It also goes without saying that access to education for women and girls at all levels is at the heart of empowering women within society and promoting equality between men and women.

Too often in addressing the role of the ICPD on maternal health, attempts are made to promote a notion of sexual and reproductive health that is detrimental to unborn human life and to the integral needs of women and men within society. Efforts to address maternal mortality, obstetric fistula, child mortality, prenatal and antenatal care, sexually transmitted diseases and other health matters are hampered by sanitary policies that fail to take into account the right to life of the unborn child and that promote birth control as a development policy and disguised health service. Suggesting that reproductive health includes a right to abortion explicitly violates the language of the ICPD, defies moral and legal standards within local communities, and divides efforts to address the real needs of mothers and children.

Renewing our effort to respond to the integral health and social needs of the community entails taking into account the social, cultural and spiritual needs of all and adhering to the international standard set in the ICPD, which calls for national laws to be fully respected. For its part, the Catholic Church remains committed to providing access to health care for everyone. Through their over 5,000 hospitals, 18,000 health clinics and 15,000 homes for the elderly and disabled, as well as other health-care programmes throughout the world, Catholic-based institutions are committed to providing the right to quality and effective and morally responsible health care for all.

Ultimately, the ICPD final report, like many development instruments, must seek to assure especially the development of the most vulnerable within society. In that regard, providing for the overall physical, emotional and spiritual well-being of children is paramount in order to ensure that future generations may know abject poverty and child mortality as a historical remnant rather than a daily reality.

**The Acting President:** In accordance with General Assembly resolution 57/29 of 19 November 2002, I now call on the observer for Partners in Population and Development.

**Mr. Singh** (Partners in Population and Development): The historic International Conference on Population and Development (ICPD), the fifteenth

anniversary of which we are celebrating today, has many firsts to its credit. At the ICPD, for the first time, a far-reaching, comprehensive definition of reproductive health, including family planning, was established by 179 member countries. Though it is based on a working definition used previously by the World Health Organization, it incorporates significant revisions of many of the concepts included in the working definition and links reproductive health services to primary health care. There is clear and unambiguous recognition of the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice. Since 1994, the ICPD definition of reproductive health has been increasingly adopted and used by countries all over the world for the formulation and implementation of relevant policies and programmes.

The Conference set a quantitative goal, for the first time, for the universal delivery of reproductive health services, proposing that such services be provided to all individuals of appropriate ages as soon as possible and no later than 2015. At the same time, it specified qualitative goals for improving the quality, outreach and effectiveness of family planning and other reproductive health services. It also provided a set of fairly precise estimates for the mobilization of domestic and international resources needed to achieve those goals.

A new definition of reproductive rights was established, going well beyond that formulated at the World Population Conference in Bucharest on the rights of couples and individuals. In that context, the inclusion in the ICPD Programme of Action (see A/CONF.171/13/Rev.1) of the right to obtain the highest standard of sexual and reproductive health is highly significant. Among its other recommendations, the Conference sought to delineate the role of men in sexual and gender relations, crystallized the international community's growing concern with HIV/AIDS, assigned high priority to action on unsafe abortion as a major health concern, emphasized the need to give particular attention to the sexual and reproductive health needs of adolescents, and clearly linked the high incidence of maternal mortality to other issues relating to family planning, women's health and safe motherhood.

The Cairo Conference broke new ground in many other areas. While emphasizing the integral

relationship between population and development, it underscored the importance and urgency of instituting and implementing population policies. It endorsed a holistic view of social development and a whole range of quantitative and qualitative goals within a 20-year framework, covering health care, education — particularly for girls — and a complement of legal and social measures aimed at promoting gender equality. It gave full and unequivocal support to the concept of partnership between Governments and civil society. But, above all, it will be remembered for the clear links it established between women's right to choose and their empowerment.

The Conference also gave unstinting support to the concept of South-South cooperation, and the Partners in Population and Development (PPD) was established at the Conference itself as a practical demonstration of the relevance and importance of that concept. Today, PPD groups together with 24 Governments of developing countries and, through a series of programmes in the areas of policy dialogue, training, research, information exchange and technical assistance, seeks to promote and strengthen South-South cooperation with respect to population and development.

The goals of ICPD are now firmly linked to the Millennium Development Goals (MDGs). But, as in the case of the MDGs, there has been insufficient progress towards achieving the ICPD goals by 2015, particularly in the areas of universal reproductive health services and maternal health. The current economic crisis makes that task doubly difficult, particularly in the poorer countries, most of which are in Africa.

Before I close, I would like to pay a special tribute to Ms. Nafis Sadik, Secretary-General of ICPD, under whose visionary leadership ICPD achieved its historic results, and to Ms. Thoraya Obaid, Executive Director of the United Nations Population Fund (UNFPA), under whose direction UNFPA has sought, in a steadfast and consistent manner, the promotion of and support for the achievement of the ICPD goals.

The commemoration of the fifteenth anniversary of the ICPD gives us all the opportunity to reflect on how much remains to be done and, as the Secretary-General pointed out at the beginning of this debate, to recommit ourselves to achieving the ICPD goals and the MDGs through increased political commitment; the implementation of effective policies and programmes at the national level, with sustained support by international organizations such as UNFPA; and the allocation of adequate domestic and international resources to get the job done.

**The Acting President:** We have heard the last speaker in the debate to commemorate the fifteenth anniversary of the International Conference on Population and Development.

The General Assembly has thus concluded this stage of its consideration of agenda item 48.

*The meeting rose at 1.05 p.m.*