STATEMENT BY DR. NAFIS SADIK, SPECIAL ENVOY OF THE UN SECRETARY-GENERAL FOR HIV/AIDS IN ASIA AND THE PACIFIC

AT THE

44TH SESSION OF THE COMMISSION ON POPULATION AND DEVELOPMENT

IN THE

AGENDA ITEM 5. 'GENERAL DEBATE ON THE FURTHER IMPLEMENTATION OF THE PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENMT IN LIGHT OF THE TWENTIETH ANNIVERSARY'

New York, 13 April 2011

Mr. Chairman,
Executive Director Dr. Babatunde Osotimehin,
Distinguished delegates,
Ladies and gentlemen,

Thank you for your kind introduction. It is a great pleasure for me to join you in opening the discussion on implementation of ICPD beyond 2014. Mr. Sha Zukang and other speakers have noted that countries and their partners in the UN system and civil society have made great strides. I would like to pay tribute in this regard to Thoraya Obaid, my successor as Executive Director of UNFPA, for her leadership. But commentators have also noted that progress lags in several key areas. Among the laggards are the core areas of sexual and reproductive health, including family planning. I note with pleasure that UNFPA under its new Executive Director Dr. Babatunde Osotimehin, has chosen to re-energise UNFPA's advocacy in this regard.

I believe the first thought that will occur to a historian looking back on the 20th anniversary of ICPD is likely to be, "What took them so long?" The consensus was achieved after three weeks of intensive discussion – but the groundwork for the Programme of Action was laid by countries' experience over many years. The main issues, the most effective approaches and the desired outcomes were clear long before the Conference started. The Programme of Action is clear and specific in all these respects.

The achievement of ICPD was to resolve an apparent conflict, between demographic outcomes on one hand and human rights on the other. The consensus of ICPD was to achieve global demographic stability as quickly as possible. At the same time the consensus recognized that human rights are central to demographic outcomes. The individual, uncoerced decisions of women and men must determine fertility and family size: the

role of demographic policy is to ensure the ability of couples and individuals to make such decisions.

High-fertility countries in particular have much to gain from enabling choice, since fertility invariably falls when women can choose; but low-fertility countries also stand to gain, by avoiding unwanted pregnancies and families larger – or smaller – than parents intend. ICPD was very clear in that regard. The goals included universal access to sexual and reproductive health information and services, including family planning. At the heart of the consensus is the concept that sexual and reproductive health is critical to empowerment in all areas of women's lives, to gender equality, and to development in its broadest sense.

The Programme of Action adopted explicit goals for 2014 in the main policy areas of population and development. Uniquely among the conferences of the 1990s, ICPD reached consensus

on costs, divided between countries in need of assistance and the international community.

I must say that we came away from ICPD with a sense of great achievement and great optimism. Our optimism increased after the World Conference on Women in 1995. The Beijing consensus strengthened ICPD in many ways, notably by making explicit the connections between women's empowerment and gender equality and development in the broader sense.

After ICPD and Beijing, we thought that countries and their international partners would move speedily ahead on their agreed path, and that our role in the United Nations system would be to help the process along. Instead of this, we soon found ourselves fighting the same battles all over again. Resources for reproductive health failed to grow along the lines agreed in such detail at ICPD. In fact resources for family

planning actually fell, both in dollar terms and especially as a proportion of population assistance, from 55 per cent to 8 per cent in the 15 years after ICPD.

The long hiatus between the ICPD and the final incorporation of universal access to reproductive health into the Millennium Development Goals is a case in point. Somehow reproductive health did not make its way into the original Goals, and it took another seven years to establish it. During that time, momentum was lost. As a result, many women suffered needlessly, many died, and many more were prevented from exercising their human rights and making their full contribution to development.

One obstacle, I think perhaps the main obstacle, is that some policymakers are unwilling or unable to see or fully appreciate the human cost involved. Pregnancy and childbirth are part of the normal course of events in a woman's life. They are not

illnesses or pathological conditions, so health systems, communities and even families have taken them for granted. Women's pain and suffering, and the risk of death as a consequence of pregnancy, has been accepted by all concerned as simply their fate in life.

In the field of public health we have been challenging that fatalistic approach to women's lives and health for many years. ICPD took a huge step forward in understanding and action on the issues. Before ICPD, for example, we were struggling with the issue of female genital mutilation, a procedure with no advantages for women and apparently intended only to control their sexuality. At ICPD, when policymakers and community NGOs focused their attention on what female genital mutilation actually did to women, and its sometimes horrific consequences, policy started to change.

We have heard all sorts of reasons for avoiding or ignoring sexual and reproductive health, including the strange argument that cultural values are threatened if women can make reproductive decisions for themselves. I do not understand so-called "cultural values" that threaten a woman's health through unwanted pregnancies and the risks of unattended childbirth, that expose her to horrific injuries such as obstetric fistula, and in the end refuse her the assistance she may need to save her life. True cultural values respect and value women equally with men. They accept changes in the wider world and adapt their practices accordingly. They do not need to oppress women in order to defend themselves.

The latest mental obstacle is some confusion about what the word "gender" actually means. I am quite clear, the ICPD Programme of Action is quite clear, and everybody in the reproductive health field is quite clear, that the term refers to

men and women. There are varying constructs of the word "gender", but for the purposes of the Programme of Action and the MDGs there is no debate. Let us move forward with our agreed task – to establish equality between men and women, including in sexual and reproductive health – and leave the debates on one side.

Seven Billion

The consequences of failing to act on sexual and reproductive health reach far beyond women's individual and family lives. Before the 2012 session of the Population commission, world population will have reached 7 billion. Population will most likely go on increasing until the middle of this century, stabilizing at 9 billion by 2045.

As Mr. Sha Zukang pointed out, this projection is based on the assumption that fertility will continue to decline, wherever it is still above two children per woman. That implies a continuing

policy emphasis on the consensus of ICPD to aim for rapid population stabilization, and on the human right to sexual and reproductive health as a contribution to that end. I am delighted that Dr. Osotimehin and his team at UNFPA have decided to make 7 Billion the occasion to refocus global attention on these issues. I hope all member states and all parts of the United Nations system will join in this important effort.

The costs of population growth and rising consumption will increase, as development continues, as billions of people emerge from poverty, and as human impacts on the environment intensify. The combination of economic, social and environmental change is driving the explosive growth of cities and an unprecedented flow of international migrants, both among developing countries and to the more developed.

The poorest billion people often find themselves at the cutting edge of change – that is to say, change cuts them first and cuts

them hardest. They survive only through their ability to respond, in creative and ingenious ways. For the bottom billion, the Programme of Action and the Millennium Development Goals represent the possibility, not just of survival, but releasing their creativity and ingenuity to carve out their own destinies.

Action on the scale required implies broad cultural change – and that change is in process. Total fertility in developing countries has fallen by half, and married women's use of contraception has risen from 10 per cent to 62 per cent. This is a notable achievement; and it is especially notable that the sharpest increases in contraceptive use have been among women in the countries where economic growth has also been the sharpest and most sustained. There is hard evidence to show that this is not coincidental. Research on the 'tiger economies" of South-east Asia shows that their explosive economic growth began after a period of sustained investment

in women's education and health, including reproductive health.

By contrast, most women in high-fertility developing countries are still without access to the full range or reproductive health information and services. More than 200 million women would use modern contraception if it were available. Pregnancy and childbirth continue to threaten their lives and health: 358,000 women die every year from pregnancy-related causes, and many times that number suffer preventable illness or injury. The proportion of women among people newly infected with HIV continues to rise.

This toll has a measurable cost in terms of disability-adjusted life years, years in which women could be leading productive, fulfilling lives. On the other hand, family planning is highly cost-effective. A dollar spent in family planning can save between $2 and $6 in achieving the MDGs for health,

education and environmental sustainability. If we add in the personal, social and economic costs of other forms of reproductive ill-health, including HIV and AIDS, the case for investment in women, to enable the Programme of Action and the MDGs become unanswerable.

Equality is political as well as social and economic. In North Africa and West Asia women are demanding their right to a full and equal voice in the reforms that will emerge from the current turmoil. I hope they will succeed, because without them, the struggle will be for nothing. Equality between men and women is not a high-minded goal or a longed-for ideal – it is a practical requirement for development in the 21st century for every single country in the world.

As the 20th anniversary of ICPD approaches, all countries, richer and poorer, must review and renew their commitment to the Programme of Action. I hope the Commission will

recognize this reality and that all member states will move to make it a priority in the year we reach 7 billion, in the 20th anniversary year of ICPD and in all the years ahead.