

UN Commission on Population and Development

**“Reproductive Health and Reproductive Rights
With Special Reference to HIV/AIDS”**

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Mr. Chairman, Members of the Commission, Ladies and Gentlemen,

It gives me great pleasure to address the 35th session of the Commission on Population and Development for the first time since my appointment as Executive Director of UNFPA. Let me begin by expressing my appreciation to Mr. Joseph Chamie and the Population Division for their hard work in organizing this meeting and for their cooperation with UNFPA.

Mr. Chairman, the very timely theme of this year's meeting, "Reproductive rights and reproductive health, with special reference to HIV/AIDS", has important implications for all of humanity. What we are talking about here is ensuring that people have the freedom and the means to make their own informed decisions about the very private aspects of their lives—that is sexual relations, marriage, and pregnancy—free of violence, discrimination and coercion. What we are talking about is ensuring that individuals and couples can choose the number, timing and spacing of their children. What we are talking about is enabling people to protect themselves from unwanted pregnancy and HIV infection. In short, what we are talking about is ensuring that people can protect their health, their lives and their futures.

Ladies and gentlemen, reproductive rights, as defined by ICPD, are basic human rights.

Eight years ago in Cairo, 179 countries agreed on the goal of universal access by the year 2015 to reproductive health services—to family planning, safe motherhood, prevention of sexually transmitted infections including HIV/AIDS and an end to gender violence. It was part of a package of goals adopted by the International Conference on Population and Development—goals designed to empower women, promote gender equality, slow and eventually stabilize population growth, and foster sustainable economic growth in the world's poor countries.

Mr. Chairman, a few weeks ago, demographers from around the world met here at the United Nations and said that the world's population has not grown as fast as had been expected. They said we might have 9 billion people on our planet in 100 years instead of the earlier-projected 10 billion. They said birth rates are dropping faster than predicted in many large developing countries such as Brazil, Egypt, India and Mexico.

And I say to you today that this is not only good news; this is an affirmation of the vision and success of the Cairo agenda. We are on track and we must continue.

The decline in fertility is due to improved levels of schooling, higher survival rates of children, and better access to contraceptives. When women and couples are given a real choice, they choose to have smaller, healthier families. In Cairo, the world's governments agreed that population decisions are individual decisions.

And today I want to make one thing very clear: The slowdown in population growth does not mean we can slow down efforts for population and reproductive health—quite the

contrary. If we want real progress and if we want the projections to come true, we must step up efforts to provide reproductive health services because demand is growing and quite frankly, we are not keeping up.

Today there are more than 120 million women who want to space the births of their children or stop having children altogether but they do not have access to family planning services. And demand for contraception is expected to increase by a further 40 per cent in the next 15 years.

As you can see, while population growth is slowing, it is still growing by 77 million people every year. As explained by my friend and colleague, Mr. Joseph Chamie, in a briefing note to the Secretary-General, there are 74 countries with intermediate level fertility, i.e. above 2.1 and below 5 children per woman. They include some of the most populous countries in the world, such as Bangladesh, Brazil, Egypt, India, Indonesia, Iran, Mexico and Philippines. He points out that “even if below replacement levels are achieved in future, the current, moderately high fertility levels in these countries mean that several billion additional people are expected before population size peaks. Of course, the assumption of future below-replacement fertility for these countries is contingent upon broad social and economic development as well continued increase in family planning prevalence”. The condition that would allow the decline in population over a long period of time is depended on the implementation of ICPD Programme of Action, especially the availability of choices for women to determine the number and spacing of their children. This is a fact that needs to be clearly remembered by all concerned.

Over the next 25 years, the world will add as many people as it did the past 25 years. And while people are ageing, the world has more young people than ever before. Nearly half of all people on our planet are under the age of 25—the parents of the next generation. The UN Population Division estimates that the number of married women in developing countries will grow by 179 million by 2015.

Today we are faced with a paradox: The need for reproductive health services is great and growing. At the same time, the funding for such services is declining.

So far, governments have contributed \$11 billion of the \$17 billion that was agreed at the International Conference on Population and Development in Cairo. While the developing countries have reached 80 per cent of their target of \$11.3 billion, the developed countries have not met even 50 per cent of the US\$ 5.7 billion that is needed.

It is time for developed countries to act on their commitments and raise development assistance in line with the Cairo agreement. Commitments to fight poverty and inequality must be matched by resources. Failure to meet agreed financial targets is derailing the achievement of international development goals, especially in the poorest countries. And the consequences are tragic. This is the message that came loud and clear from the Financing for Development Conference.

Today one woman dies every minute during childbirth and most of these deaths could be prevented with prompt care and adequate treatment. Yet today 52 million women in Asia, Africa and Latin America deliver their babies alone, without a nurse, midwife or doctor present.

Today despite increased awareness and commitment, HIV/AIDS continues to spread and 14,000 people become newly infected each and every day. In Africa, where HIV/AIDS has hit the hardest, millions of young women, who are highly vulnerable to infection, are dangerously ignorant about HIV/AIDS. Many have never even heard of the deadly disease and many others harbor serious misconceptions about how the virus is transmitted. Today teenage girls in some African countries have rates of HIV infection that are five times higher than boys their same age. They simply do not have the information, the power and the means to protect themselves from unsafe and unwanted sexual relations. They are not empowered to say NO, if they so wish.

Ladies and gentlemen, in country after country, most poor women and adolescents still do not have the education and health services they need. These needs are especially urgent in the poorest countries and in already stressed urban areas because this is where population is growing most rapidly. In the poorest, least developed countries, where social services are painfully inadequate and the average woman has more than 5 children, population is expected to triple over the next 50 years (from 658 million to 1.8 billion.)

At this time, following the global conferences of the 1990s and the Millennium Summit, the United Nations system is focussed on helping countries achieve the Millennium Development Goals. These goals include reducing extreme poverty, improving access to education, promoting gender equality, reducing child and maternal mortality and halting the spread of HIV/AIDS. UNFPA is very much part of this global effort. We are working in 140 countries to help governments monitor trends and translate this data into effective population and development strategies that address real human needs. We are also working to ensure that the follow-up to ICPD is part of this effort most particularly that universal access to reproductive health services is a necessary condition for the achievement of the Millennium Development goals of reducing infant and maternal mortality, HIV/AIDS prevention and gender equality.

If we are to stay on track and make further progress, reproductive health and rights must be placed high on the agenda of the upcoming global meetings this year—the World Assembly on Ageing, the Children’s Summit, and the World Summit on Sustainable Development. The Cairo Programme of Action is working, and it will continue to work—women will continue to have smaller, healthier families—if they have the health, education and family planning services they need.

However, today many countries face a shortage of contraceptives and condoms. This is most alarming in the fight against HIV/AIDS. As was agreed upon in the two United Nations General Assembly Special Sessions on ICPD+5 (1999) and on HIV/AIDS (2001), the widespread availability of male and female condoms, combined with effective

efforts to change people's behaviour, are central to any prevention strategy. But in all of the affected countries, the supply of condoms is far short of what is needed. Last year in sub-Saharan Africa, there were just three condoms available for every man. Clearly we can do better and we must. The United Nations Population Fund has spearheaded a global campaign for reproductive health essentials and we encourage stronger partnership and support. We predict that the funding required for contraceptives for family planning and condoms to prevent HIV/AIDS will double in the next 15 years to \$1.8 billion. Despite this growing need, donor support for contraceptives is at its lowest level in five years and far below what is currently required.

Furthermore, UNFPA is facing a serious financial situation of its core resources' we are facing a US\$ 50 million shortage than was projected for 2002. This shortage is due to three main factors, two countries had to decrease their voluntary contributions for 2002 and currency exchange rates that lower the contribution in dollars of countries that have even increased their contribution in national currency. But the most serious factor is the fact that one of our major donors has not yet decided to release its contribution. This has seriously affected our programmes in the countries that have invited us to work with them, especially programmes that are directly related to the theme of this years meeting of the Commission. The situation is truly grim for HIV/AIDS prevention since our programmes had to be minimized and simultaneously we are facing the lowest level in five years of support to commodities including those especially affective to prevent the spread of HIV.

Mr. Chairman, UNFPA has prepared two reports for the Commission this year: 1) the *Report of the Secretary-General on the Monitoring of Population Programmes Focusing on Reproductive Rights and Reproductive Health, with Special Reference to Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) as Contained in the Programme of Action of the International Conference on Population and Development* and 2) the *Report of the Secretary-General on the Flow of Financial Resources for Assisting in the Implementation of the Programme of Action of the International Conference on Population and Development*.

While population growth and fertility rates are declining, the need for accessible, quality reproductive health services continues to be great and continues to grow. This is especially true in the poorest countries and in areas where AIDS is spreading. As long as there is a single person who does not have access to information and services and as long as the reproductive health of any woman or man is compromised in any way, there is a need for quality reproductive health care services. This is not merely a matter of population growth and demographics. It is a matter of human rights and the right to development and human well-being.

However, in far, far too many places, the chief constraint to achieving accessible, quality reproductive health services is lack of adequate funding. The ICPD financial targets, agreed to by consensus in Cairo, are sadly far from being met. More resources are urgently needed if we are to achieve our goals. I hope that the recent Monterrey

Conference on Financing for Development will result in greater funding for reproductive health, which is so crucial to women, families and sustainable development.

Mr. Chairman, at this current session, the Commission will also be discussing possible options for the 10-year review of ICPD. UNFPA believes that the focus of ICPD+10 should be on the acceleration of ICPD implementation; the agenda is full and there is much yet to be achieved. We are mandated to undertake a review of progress achieved at the country level, an exercise that we are getting ready to initiate. We believe that such national effort to move forward would also benefit from exchange of experiences and sharing of knowledge that is generated at the regional level. We hope that the lessons learned from the regional interaction can be exchanged at the global level, taking into consideration the priority of the resources required for the full implementation of ICPD. Having said that, I would like to assure you that UNFPA is ready to collaborate and ensure the success of the event in whatever form decided by the Distinguished Delegates to this Commission.

Mr. Chairman, if we pool our human and financial resources and work together to achieve our common goals, we will move closer to the world that we all wish for ourselves, our children, and our grandchildren.

Thank you.