

Commission on Population and Development 2009
30 March 2009
Statement by the Kingdom of The Netherlands

Thank you, Chair.

The Netherlands aligns itself with the statement on behalf of the European Union.

INTRODUCTION

- The Netherlands is very pleased with the topic of this year's Commission on Population and Development. We believe that the goals of the ICPD Programme of Action are even more pressing today than they were fifteen years ago. The Netherlands is acutely aware of the relevance of the Programme of Action for the achievement of the Millennium Development Goals and of the urgent challenges that lie ahead.

NEW NETHERLANDS POLICY

- The Dutch Government recently launched a new policy paper on sexual and reproductive health and rights and HIV/AIDS entitled "Choices and Opportunities". These two words reflect the essence of our policy: to be able to make choices. Choices about when to have sex and with whom, choices regarding the timing, number and spacing of one's children. But in order to make choices you need to be given opportunities. To be able to access contraceptives and life-saving medicines; to receive a proper education; to benefit from comprehensive sexual education; to be protected from sexual violence, exploitation and mutilation; and to have access to sexual and reproductive health services.

CONCERTED ACTION

- These two words - choices and opportunities - apply to individual men and women, to boys and girls. But they are also relevant for us, the governments and institutions that have made promises and have subscribed to the ICPD agenda and the MDGs. We as representatives gathered here today have to grasp every opportunity to work together and we have to make the right choices in our national policies in order to reach the agreed goals and deliver on our promises.

- Progress on MDG 5 lags far behind the agreed targets. Over a period of fifteen years, between 1990 and 2005, the maternal mortality rate has declined by only 1 % per year instead of the required 5,5%. Too many women are dying unnecessarily because of inadequate health services. This fact is unacceptable and calls for immediate and concerted action.
- The Netherlands calls for more attention for the great and rapidly growing gap between demand and supply when it comes to family planning. For each of the eight MDGs significantly more progress could have been reached if access to contraceptive information and supplies had been better. Putting it more forcefully, the MDGs will definitely not be achieved as long as family planning services are not widely available and unintended pregnancies are not prevented. The reports of the Secretary General for this CPD very accurately illustrate that:
- MDGs 4 and 5: The most obvious progress could be a 20% reduction in maternal mortality and 10 % reduction in child mortality. MDG 6: Access to sexuality information and to male and female condoms seems a neglected, yet very cost effective approach also for advancing MDG6. Voluntary Counselling and Testing occurs late in the HIV-prevention sequence; lets try to prevent that more people become infected and need treatment. MDGs 2 and 3: More difficult to measure yet definitively crucial is the contribution of family planning to improve a girl's opportunities to finish secondary school. And when you add up all above reasons, plus the demographic and macro-economic effects of all individual reproductive choices together, MDGs 1 and 7 come into play.

NETHERLANDS EFFORTS

- Recently, the NL further increased its efforts to improve sexual and reproductive health worldwide, with a focus on prevention and on the human rights dimension. Prevention of HIV/AIDS, of unwanted pregnancy and of unsafe abortion, require that women and girls are in a position to decide freely and responsibly about their own bodies and sexuality. Enabling people to exercise their rights is therefore an essential aspect of any preventive policy. Prevention, in large part, is about young people. If we

engage them today, we increase their chances of a healthy sexual and reproductive life tomorrow.

- The pragmatic and inclusive approach to HIV/AIDS and Sexual and Reproductive Health and Rights that we take in our country has resulted in the lowest numbers of teenage pregnancies and abortions in the world. Our programmes for sexuality education are not restricted to the prevention of infectious diseases but also convey a positive view of sexuality and sexual relations free of coercion.
- The Netherlands will vigorously continue to advance and support the implementation of the Cairo Agenda with particular emphasis on people whose voices are not always heard such as children and adolescents, the disabled, women in situations of violence, sex workers, sexual minorities, drug users and prisoners.
- The Netherlands remains one of the largest donors of UNFPA, UNAIDS, and the Global Fund, with an annual contribution of 280 million dollars. Of this amount, a substantial portion goes to the area of family planning, mainly through support to the Global Programme for Reproductive Health Commodities and to NGOs working in that area.
- On the occasion of ICPD +15, The Netherlands government is honoured to co-chair a High Level Meeting on MDG 5. This meeting will be held in Cairo in October of this year. Theme of the meeting will be to increase the political and financial commitment to meet MDG 5 and to identify concrete action for the coming five years, based on country level experiences.
- In conclusion, let me join the Secretary General's appeal to the world community to strongly increase support to family planning and bring the achievement of the MDGs a big step nearer. It is high time to deliver on our promises.

Thank you