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Commission on Population and Development
Forty-second session

General debate on national experience in population matters: contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the MDGs.

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STATEMENT

By

H.E. Mr Morten Wetland
Ambass ador
Permanent Representative

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Madame Chairperson,

15 years ago, at the opening of the Cairo Conference on Population and Development the Prime Minister of Norway, Gro Harlem Brundtland, set the tone for the Conference in her opening keynote address. She said that the Cairo Conference "*...is really about the future of democracy, how we widen and deepen its forces and scope.*"

She further emphasized that the Programme of Action "*...must promise access to education and basic reproductive health services, including family planning, as a universal human right for all*", and that "*... everyone should have access to the entire range of family-planning services at an affordable price*".

The Cairo Conference marked a watershed in that reproductive health became an essential priority of development. The conference was not as clear on reproductive *rights*, and even less clear on *sexual* health and rights. Participants were not ready for such words in 1994. But the world has moved and the time should now be ripe for addressing some of the unresolved issues.

We know that neglect of these issues cost millions of lives each year. None of our countries can afford that or should accept that.

In many countries, getting pregnant and giving birth is the most dangerous thing that can happen to a woman. The day a woman might give life may be a day of death.

It is horrifying to think about the fear and agony millions of you girls and women go through because reproductive and maternal health is neglected.

Sakena Yacoobi, an Afghan woman, watched her mother give birth to 16 children and saw her nearly bleed to death because there were no attending doctors. Only 5 of Sakena's siblings survived. Thankfully her mom survived, a rarity in Afghanistan where one in 7 women die in childbirth.

In 1995, Sakena founded the Afghan Institute for Learning, a grassroots organization that empowers Afghan women, improve their health and advance their education. With a staff of 450 people she annually serves 350 000 women and children providing health education and services including midwifery, family planning and pre and post natal care to women.

Afghanistan is the country in the world with the second highest maternal mortality in the world. But Sakeni Yacoobi shows us that it is possible to make a difference. With the lack of progress in reducing maternal mortality, an intensified effort and renewed focus on reaching MDG5 is particularly important.

Further, the needs of young people must be addressed. We must bear in mind that lack of education and services does not deter adolescents and unmarried persons from sexual activity.

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, and even abstinence.

Lack of reproductive health services makes sexual activity more risky for both sexes, but particularly for women. But we are up against ancient deeply rooted prejudices.

Back in 1994, Prime Minister Brundtland stated that she had tried, in vain, to understand how the term *"reproductive health care can possibly be read as promoting abortion or qualifying abortion as a means of family planning. Rarely, if ever, have so many misrepresentations been used to imply meanings that was never there in the first place."*

We all know that the issue of abortion is sensitive. But regardless of this sensitivity, unsafe clandestine abortions still too often have a deadly outcome. Therefore it is imperative to make sure the abortions that in fact already are taking place, are carried out in a safe manner. Decriminalization of abortion should be a first step in this regard.

Lowering unwanted fertility will reduce maternal, newborn and child mortality, reduce the number of abortions, improve maternal health, promote gender equality, combat HIV/AIDS and diminish poverty. Funding for family planning needs to keep pace with the increasing demand if reproductive health for all is to be achieved by 2015.

At last year's UN General Assembly Norway's Prime Minister Stoltenberg emphasized that reaching the Millennium Development Goals was a foremost priority, and that Norway is taking on a special responsibility regarding MDG 4 on child mortality and 5 on maternal and reproductive health.

Together with other State leaders he launched the first Progress Report on the Global Campaign for Health, which demonstrated that increased investments in health, with a doubling since 2000, are showing results.

More than 2 million people are now receiving AIDS treatment, and, for the first time since the AIDS epidemic began, the number of newly infected people has declined. The rapid scale-up of effective malaria programs is leading to a dramatic reduction in child mortality.

Vaccines are reaching more children than ever before, resulting in a 70 per cent decline in measles over the last decade. The Report also calls for urgent international action to accelerate progress towards reducing maternal and child mortality by 2015.

The world is in the midst of the most serious economic crisis for many years. It is important that policies to address this crisis prioritize the protection of the most vulnerable, especially women, female youth and children.

The High Level Task-Force for Innovative Financing of Health Systems, headed by Prime Minister Gordon Brown and World Bank President Robert Zoellick, and in which the Norwegian Prime Minister Jens Stoltenberg is a member, is dealing with these issues and is advocating the need to use the crisis as an opportunity to safeguard these vulnerable groups. The task force's mandate is to *"contribute to filling national financing gaps to reach the health MDGs through mobilizing additional resources; increasing the financial efficiency of health financing; and enhancing the effective use of funds"*

An intermediate report was recently presented to the task force in London. Some of its key messages are:

- The financial crisis derails the improvements that poorer countries are making in their health care systems, which will lead to more women and children dying from preventable diseases in 2009 than last year.

- If international and national targets for increasing health support are not achieved, the funding gap may be as high as 30 billion dollars a year by 2015, and the health-related MDGs will not be met. Money is needed to rapidly strength health systems in the world's poorest countries and ensure that basic health care services become available to all. This would save 10 million women and children from dying every year and ensure that 400 million more women and babies receive good quality care at childbirth. Likewise, satisfying the unmet need for modern contraceptives will avert 52 million unintended pregnancies, 142 000 maternal deaths, more than ½ million children from losing their mothers, and 22 million induced abortions every year.

Support for comprehensive national health plans should be scaled up through the International Health Partnership. This Partnership was launched as part of the Global Campaign and is rapidly expanding.

In addition a Network of Global Leaders was formed at the invitation of Norway's Prime Minister to provide political backing at a high level.

A healthy and educated population is the single most important capital any country or nation can have. On the path to progress, those countries will be ahead which invest in its people's health and education.

Thank you for your attention.