



**STATEMENT BY  
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ON BEHALF OF THE  
SOUTHERN AFRICAN DEVELOPMENT COMMUNITY**

**TO THE FORTY-SECOND (42<sup>nd</sup>) SESSION OF THE  
UNITED NATIONS COMMISSION ON POPULATION  
AND DEVELOPMENT:  
THE CONTRIBUTION OF THE PROGRAMME OF  
ACTION OF THE INTERNATIONAL CONFERENCE ON  
POPULATION AND DEVELOPMENT TO THE  
INTERNATIONALLY AGREED DEVELOPMENT  
GOALS, INCLUDING THE MILLENNIUM  
DEVELOPMENT GOALS**

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## **Chairperson and distinguished delegates,**

Allow us to join others in congratulating you and the Bureau on your election to lead us during this important 42<sup>nd</sup> Session of the Commission on Population and Development. The outcome of this session will be of particular importance, because this week's meeting marks the last five-yearly review of progress with the implementation of the ICPD Programme of Action (1994) and its Further Actions (1999), before we will gather in 2014 to take stock of the entire programme. We look forward to working with all the participants in this session to achieve a forward-looking, progressive outcome that will guide us through the final five years of the programme.

Chairperson, we shall firstly address the meeting on behalf of the Southern African Development Community (SADC), as its current Chair. Thereafter, we shall briefly share some of our own country's experiences and progress towards the objectives of the ICPD PoA.

We wish to reaffirm our commitment to the continued implementation of the ICPD PoA (1994), its Further Actions (1999), and to the Millennium Declaration and its Millennium Development Goals (MDGs) (2000).

The countries of southern Africa also wish to reaffirm our commitment to the Dakar/Ngor Declaration (1992), the African Population Commission's Johannesburg Declaration (2007), and SADC's Maputo Resolutions (2004) and our Johannesburg Resolutions (2007), on population and development. These declarations and resolutions not only reflect our ongoing commitment to the implementation of the ICPD PoA, but more importantly demonstrate our continuous search to improve our implementation of the programme at country and regional level. The Members of the Southern African Development Community will conduct a collective progress review of the implementation of the programme over the next four months.

Chairperson, the Members of SADC remain particularly concerned about the ongoing impact of HIV & Aids in our region. We believe that the impact of the epidemic must be factored into all development planning, and that our responses to HIV & Aids should be integrated into all sectoral and multi-sectoral development programmes. We have to continue to strengthen our sexual and reproductive health and rights programmes, particularly for adolescents, and with the involvement of men.

We believe that the promotion of gender equality and equity, including the empowerment of women in decision making, and economic and spatial mobility, are of critical importance for both the ICPD PoA and the MDGs. Equally, we have to develop policies to ensure economic empowerment and access to social services for our youth if, we are to reap the demographic dividend that presents itself to our countries at the moment.

Chairperson and distinguished delegates, allow me now to share some of South Africa's own experiences with you. Our country is a signatory to many international agreements, including the Millennium Development Goals. South Africa's MDG Report of 2007 indicates that we are making progress in achieving the goals.

We have achieved near universal percent primary school enrolment, secondary school enrolment is slightly over 90 percent with a positive gender parity index. The positive gains in universal primary education have been reported in the global 2008 United Nations Millennium Development Goals Report.

With regards to the involvement of women in public life, we are reaching 50/50 parity in parliament and cabinet, with some of the major political parties contesting the elections committing to these figures.

Our infant mortality rate, while still high at 45 per thousand has been declining steadily since 2001. In terms of reducing under-five mortality, the progress has been very slow.

Maternal mortality has stabilized and is set to decrease due to improved numbers of assisted live births and better access to reproductive health services including safe termination of pregnancy services. Based on data from ante-natal surveys it appears as if the HIV prevalence amongst pregnant women is stabilizing. The most significant decline in HIV prevalence has been amongst women aged 15- 24 years of age due to improved education and life skill programmes at schools. There is still, however, a challenge in curbing the spread of the disease amongst sections of the population older than 30 years.

While income inequalities remain unacceptably high, South Africa has managed to reduce the severity of poverty in both urban and rural areas primarily through improved reach of cash transfers to older persons and children. The recipients of these cash transfers are primarily women that have served to improve their livelihood status and reduce their overall vulnerability. It is important to note that the global rise in food prices and the financial turmoil threatens to reverse achievements in redressing poverty. There have also been significant achievements in reducing the number of children under the age of five with malnutrition.

South Africa has shown commitment locally and internationally in playing its part to the realization of international agreements that include MDGs. This has been done by advocating for NEPAD. South Africa promotes fair engagements between developing and developed countries.

Chairperson in conclusion we would like to focus on one of the MDGs, the attainment of which will remarkably improve the lives of particularly women in our country, the SADC region and indeed globally. In addressing MDG 5 on

improving maternal health we must consider maternal mortality both as a public health and a human rights issue. We should not accept a situation in which thousands of women die every year in pregnancy and due to maternal health issues, particularly from largely preventable causes. The measures needed include the following:

- Ensure that all women have access to comprehensive sexual and reproductive health information and services, without discrimination of any kind as to age, race, colour, language, religion, culture, opinion, origin, and marital status or HIV status.
- Establish appropriate programmes to respond to the special needs of adolescents regarding sexual and reproductive health, including support mechanisms for adolescent education, counseling and services.
- Ensure the regular collection of reliable and timely disaggregated data to guide the implementation and evaluation of national action plans and global strategies for addressing maternal mortality and morbidity.
- Adopt and enact policies and legal frameworks to reduce the incidence of too early, too close and unwanted pregnancies, enabling individuals' access to comprehensive and factual information and a comprehensive range of contraceptive means and combating all forms of violence against women.
- Amend laws containing punitive measures against women who have undergone unsafe and thereby by implication, illegal terminations of pregnancies and seek to provide safe and accessible termination of pregnancy services to the fullest extent of the law and to include post termination counseling, education and family planning services.

We trust that this meeting will be successful in catalyzing the implementation of the measures needed to enable us to breathe life into particularly the MDGs that we agreed to, despite the current financial challenges that we all face.

Thank you!