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Statement by

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on

Health, morbidity, mortality and development

**43rd Session of the United Nations Commission of
Population and Development**

Mr. Chairperson, the Netherlands aligns itself with the statement by Spain on behalf of the European Union . In the context of this year's theme; *Health, morbidity, mortality and development* I would like to focus on maternal and reproductive health.

This CPD is an important opportunity to provide input into the High Level Plenary event on the MDG's that will take place in September of this year. As we all know, MDG5 is one of the MDG's which is lagging behind most. Maternal mortality is a tragedy that has profound effects on everyone. Although motherhood is valued highly in all cultures, women and mothers are not always protected as they should be. Each year more than half a million women die from pregnancy-related complications, 99% of them in developing countries. More than half a million preventable deaths. The highest maternal mortality ratios are found in South Asia and sub-Saharan Africa. Six countries account for half of all maternal deaths.

If we are serious about reducing maternal mortality, we have to address and talk about all aspects of it. Sexual and reproductive health issues touch on subjects considered sensitive, private or even taboo in many countries and cultures. After all, they relate to very personal decisions on family planning, relationships and sexuality.

Research has shown that more than 200 million women worldwide would have chosen not to become pregnant, or to delay another pregnancy, had contraceptives been available. We need to respond to this unmet need for contraception, which affects so many women. It is in the interests not only of the women themselves, but also of their children, their husbands and to the society as a whole. We also need to be able to talk about abortion. An estimated 15% of all maternal deaths are a result of unsafe abortions. These are hard facts and we have to confront them, even if we feel uncomfortable discussing this issue.

The group we should focus on most is young people. About one half of the world's population is under 25, and that proportion is growing. Adolescents' pregnancy rates remain high in countries where they have been historically elevated and their unmet need for family planning is higher than for older age groups. Young women and men must be able to choose, and they must be able to have children safely. Therefore, information, sexuality education, availability of contraception, and reproductive services for young people are crucial.

Mr. Chairperson, in this context, let me briefly touch upon an important high level meeting that took place last October. The Netherlands and UNFPA organized a high level meeting about MDG 5 in October 2009 in Addis Ababa. We sincerely thank the Ethiopian government for kindly agreeing to host this event and actively participating in it. The meeting resulted in the adoption of the "Addis Call to Urgent Action for Maternal Health", which has now been circulated as an official UN document (A/64/725). The Addis Call includes an appeal to focus on the needs of adolescents, to prioritize investment in family planning and to improve health systems, with sexual and reproductive health as a priority.

Mr. Chairperson, important new initiatives on MDG 5 are currently being undertaken in the framework of the upcoming G8 and the MDG High Level event. We are especially interested in the retreat on MDG 5 which is being hosted by the SG this week. We sincerely appreciate the interest that the SG personally attaches to this issue and look forward to hearing more about the about the outcomes of that important meeting.

Thank you.