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**STATEMENT
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ON**

**HEALTH, MORBIDITY, MORTALITY AND
DEVELOPMENT**

**43rd SESSION OF THE UNITED NATIONS COMMISSION
ON POPULATION AND DEVELOPMENT
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Chairperson, distinguished delegates.

Allow me to thank the Bureau of the Commission on Population and Development and the Secretary General for the very thorough preparations that have been made for this Session of the Commission on Population and Development, with the very relevant theme "Health, Morbidity, Mortality and Development".

I wish to re-affirm South Africa's commitment to implement the Programme of Action of the International Conference on Population and Development (1994), and its Further Actions (1999), as we have entered the critical last five years of the Programme. In this regard, we also want to highlight the outcome document of the African Ministers' Conference on Population and Development, convened by the United Nations Economic Commission for Africa (ECA) and the African Union last year, and the Report and Resolutions of the Southern African Development Community (SADC) Ministers' Conference on ICPD+15, convened in Pretoria on 17 July 2009. At these meetings key priorities were identified and agreed on for our continent and region to pursue during the next five years. The South African government remains committed to work with all the members of the United Nations and the UN System, the African Union, the Southern African Development Community and other development partners to implement the decisions of these meetings, as an important part of achieving the objectives of the ICPD Programme of Action, the Dakar/Ngor Declaration (1992) and the Millennium Development Goals.

Distinguished delegates, we have noted from the Secretary General's report that "the twentieth century witnessed the most rapid decline in mortality in human history", albeit with significant regional variance. We also share the concern expressed in the report that Africa's life expectancy "has virtually stagnated since the late 1980s," largely due to the HIV & Aids pandemic, but that armed conflict, economic stagnation and resurgent infectious diseases such as tuberculosis and malaria also played a role therein. Maternal, infant and child mortality in many parts of Africa and in my own country remain at unacceptably high levels.

Chairperson, please allow me to share some aspects of our national experience of health, morbidity, mortality and development with the participants in this session. South Africa's life expectancy at birth declined from over 60 in the early 1990s to about 55 in 2001, and about 50 in 2007. The median age at death was 44 in 2007. The decline in the country's life expectancy over the past 20 years was driven by the HIV & Aids epidemic, particularly due to increases in infant and child mortality, and the deaths of many young adults as a result of opportunistic diseases associated with HIV & Aids. In recent years we have succeeded to slow down, and gradually reverse these mortality trends by implementing what has now become the world's largest HIV & Aids treatment and prevention programme. It includes Prevention of Mother to Child Transmission and Anti-Retroviral Treatment, in addition to advocacy and Information Education Communication from school level upwards to prevent new infections.

The expansion of the country's health care services, and access thereto, since 1994 has assisted in greatly mitigating the impact that the epidemic could have had. It also contributed to significant improvements in the longevity of South Africans who do not contract HIV during their lifetimes. This, combined with a drastic decline in fertility rates, are contributing to our demographic transition and the consequent ageing of our population. In recent years the occurrence of old age related diseases as underlying cause of death have increased in real terms amongst adults, although statistically masked by the large occurrence of Aids-related causes of death, including tuberculosis, influenza and pneumonia.

Distinguished delegates, the South African government has adopted an integrated approach to population, health, fertility and mortality. This approach is expressed in the country's Population Policy (1998) as "improving the quality, accessibility, availability and affordability of primary health care services, including reproductive health and health promotion services (such as family planning), to the entire population in order to reduce mortality and unwanted pregnancies, with a special focus on disadvantaged groups, currently underserved areas, and adolescents; and eliminating disparities in the provision of such services."

As part of the population policy's major strategy on data collection and research, the official statistics agency, Statistics South Africa publishes regular statistical reports on the causes of registered deaths in the country. The improvement of death registrations in South Africa, from only two thirds in 1994 to more than 80% today, has contributed to the value of these reports as sources of mortality data for policy development, planning, service delivery, and monitoring and evaluation.

Chairperson, the Secretary General's report indicates that mortality and morbidity trends and patterns differ between men and women. Whilst the average life expectancy for women is higher than for men in South Africa, as everywhere else in the world, the burden of the HIV & Aids epidemic has fallen squarely on the shoulders of women. Unequal gender relations, and risks related to pregnancy and childbearing have exacerbated the epidemic's impact on our country's women. We continue to regard progress towards gender equity and equality as a fundamental prerequisite for improved health and development, and the reduction of mortality and morbidity. For example, morbidity associated with 'backstreet abortions' was addressed, and the lives of thousands of women were saved, by legalising abortion on request in the first 12 weeks of pregnancy, and related provisions of the Choice of Termination of Pregnancy Act of 1996.

Distinguished colleagues, we look forward to our interactions this week, and to negotiate and adopt an inclusive and forward-looking resolution that will comprehensively deal with all the aspects of health, morbidity, mortality and development. Whilst our countries and regions may find themselves at different junctions of their demographic 'history', we are mindful of the fact

that, as humans, we shall all be vulnerable to the same causes of death at some time during our road to development.

Thank you.