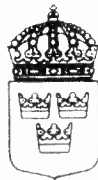


SWEDEN



Statement
by
H.E. Mr. Anders Lidén
Permanent Mission of Sweden

Commission on Population and Development
Forty-third Session
(item 4)

United Nations
New York

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- CHECK AGAINST DELIVERY -

Madame/Mr. President,

First of all, I would like to congratulate you to your successful Presidency of the 43rd Session of the Commission on Population and Development.

Sweden appreciates the important opportunity this Commission offers for a continuous and systematic follow-up of the Programme of Action adopted at the International Conference on Population and Development (ICPD) and its Key Actions for the Further Implementation of the Programme of Action adopted five years later.

Madame/Mr. President,

Sweden aligns itself with the statement made by Spain on behalf of the European Union.

Ten years have passed since world leaders adopted the Millennium Declaration, which sets the frame for the eight Millennium Development Goals. With only five years to go, we need to intensify our collective efforts if we are to meet the MDGs by the 2015 target date.

We welcome the theme of the 43rd session of the Commission on Population and Development "Health, Morbidity, Mortality and Development". The close connection between health, economic and social well-being is well documented.

Disease and ill-health weaken the poor by diminishing their personal capacity and their ability to contribute to their households and take part in the development of the community and society, resulting in lost incomes and lower productivity.

To attain the highest standard of health, including sexual and reproductive health, is a basic human right and a prerequisite for achieving the MDGs.

Given the commitments we have made, it is worrying that the health-related MDG's are lagging behind in progress. Especially worrying is the lack of progress of MDG 5 and its targets.

More than half a million women die each year because of complications related to pregnancy and childbirth. Every year about 20 million women resort to unsafe abortion. The effect is that 70 000 women die every year and millions more face severe health problems.

Where abortion is legally restricted, women are more likely to resort to untrained providers to undergo the procedure in unsanitary conditions. Maternal mortality related to unsafe abortion is therefore generally high where abortion is severely restricted.

The causes of maternal mortality and morbidity are well known, and in the vast majority of cases, they are preventable. Recent studies have shown that the most cost effective way of reducing maternal mortality is to invest in both maternal health care and preventive measures such as family planning and skilled obstetric and maternal health care providers.

Providing women with both family planning and maternal and newborn health services would result in a decline in maternal deaths by an estimated 70 percent. Also the number of women requiring medical care for complications from unsafe abortions would decline by about 70 percent.

Regarding the second target for MDG5, universal access to reproductive health by 2015, there is still an unmet need for contraceptives. Some 215 million women wish to avoid or delay pregnancy, but cannot choose to use or do not have access to modern methods of contraception.

Many of the people that are denied the right to access to contraceptives and sexuality education are young. More than 1.5 billion people are young women and men who already are or will soon be sexually active. They must be meaningfully involved in decision-making processes that affect their lives and futures.

Investments in sexual and reproductive health and rights lead to fewer unintended pregnancies, fewer maternal and newborn deaths and healthier mothers and children.

They also lead to benefits such as higher levels of education, social equity, economic growth and productivity. Increased financial and political investments in sexual and reproductive health and rights together with newborn health services would accelerate progress toward achieving the MDGs.

Political will and leadership as well as additional resources are needed to come to grips with this major global health problem and human rights emergency. It is imperative to address social structures and gender based discrimination that often remain root causes of lack of progress in regard to maternal health and to women's access to sexual and reproductive health and rights.

This is why my government, over the next few months, is organizing special training sessions during our internal Regional Meetings to allow our ambassadors to exchange experiences and views on how to best communicate about sexual and reproductive health and rights issues.

Sweden will continue its focus on MDG 5, with special emphasis on the preparations for the High Level Meeting on the MDGs in September.

Madame/Mr. President,

Peoples' vulnerability to HIV increases when their human rights are not respected and protected, particularly rights relating to sexual and reproductive health.

Together with the feminization of HIV, this shows that respect for human rights must be strengthened and gender equality must increase in order to respond to HIV and AIDS effectively.

Therefore, strengthened respect for humans rights, sexual and reproductive health and rights, and promoting gender equality constitute key priorities in Sweden's policy for international HIV and AIDS efforts. Men, women and young people, regardless of HIV status, sexual orientation and gender identity, must have access to information, knowledge and services about HIV and sexual and reproductive health and rights. Linking initiatives on sexual and reproductive rights to HIV and AIDS is therefore vital to a successful response to the pandemic.

Weak health systems comprise a major constraint in achieving better health outcomes and the health-related MDG's. Sweden therefore welcomes the ongoing work by major health actors

to systematically look at how partner countries efforts can be more effectively supported through the financing of verified national health action plans.

In conclusion Madame/Mr. President,

Sweden remains a strong and dedicated supporter of the ICPD Cairo agenda and recognizes its importance in achieving the MDGs. We also recognize that we have to make significant progress in realizing its implementation at all levels.

Now is the time to intensify our efforts to transform global commitments into concrete actions that lead to real change in the lives and opportunities of women and men.

Thank you.