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**STATEMENT  
by  
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SECRETARY-GENERAL OF THE 2012 UN CONFERENCE  
ON SUSTAINABLE DEVELOPMENT**

**TO THE 44<sup>TH</sup> SESSION OF  
THE COMMISSION FOR POPULATION AND DEVELOPMENT**

**New York, 11 April 2011**

Mr. Chairman,  
Executive Director Babatunde Osotimehin,  
Distinguished delegates,  
Ladies and gentleman,

At the MDG Summit last September, world leaders called for universal access to reproductive health by 2015, including integrating family planning and health-care services in national strategies and programmes.

Their appeal reflects the lessons of history. Lower levels of fertility are associated with higher family incomes, increased well-being for women and children, and fewer maternal deaths. Technical as they may seem, fertility and reproductive health are at the core of development. The Commission's general debate on this theme is timely and will provide significant inputs to the MDG Summit follow-up.

Mr. Chairman,

We should recognize and take pride in the progress we have made so far. Since 1960, fertility has fallen in virtually all countries of the world, dropping from nearly 5 children per woman in the 1960s to 2.6 children per woman today.

The reduction of fertility leads to a "demographic dividend" - as the number of children declines, the share of population in the working ages increases, boosting the momentum for economic growth. The demographic dividend has contributed to the development of the world's fastest growing economies over the past three decades.

Despite this remarkable progress, challenges remain.

Although the decline in fertility has been nearly universal, its speed has varied among populations and fertility levels vary from country to country.

Both in the country and in the family, high fertility contributes to the perpetuation of poverty.

To compound the problem, it is precisely in high-fertility countries that women lack access to family planning.

Furthermore, in high-fertility countries and among high-fertility populations, maternal and child mortality rates remain high.

As a consequence, development is stalled.

This interlocking nexus of high-fertility, high maternal and child mortality and high incidence of extreme poverty has been recognized in the preparatory process for the UN Conference on Sustainable Development, also known as Rio+20.

Delegations have called for addressing the population dynamics as a new and emerging challenge in a world of multiple crises. As Conference Secretary-General, I wish to take this opportunity to invite the Commission to contribute to the preparatory process of Rio+20. Your deliberations on population and development will help guide the discussion in Rio on this challenge.

As this Commission has often argued, meeting key health-related Millennium Development Goals hinges on ensuring universal access to reproductive health. This means improving access to family planning through strengthened healthcare systems.

Yet, over the past decade, support for family planning has weakened, and donor funding in this area has nearly dropped by half. This is despite the fact that the number of women of reproductive age, particularly in low-income countries, has increased over the same period.

This decline in funding is short-sighted. Family planning is a cost-effective investment. For every dollar spent on modern contraceptives, one dollar and thirty cents is saved in maternal and newborn care.

Last year, the Secretary-General launched the Global Strategy on Women's and Children's Health. This initiative is designed to accelerate the achievement of MDGs 4 and 5, reducing child mortality and improving maternal health. A key part of the strategy is to ensure that financial commitments to reach these goals are kept.

This Commission has already considered and taken note of the estimated funding required to meet the reproductive health goals and objectives of the Programme of Action of the International Conference on Population and Development (ICPD). It is time for the Commission to act more decisively. It is time to urge Governments to work cooperatively to meet the required funding levels.

As the Commission has rightly pointed out, meeting the goals in maternal and child mortality rests on ensuring that couples and individuals enjoy basic reproductive rights.

By actively promoting these rights, Governments improve the lives of children, their mothers and their families. Children become healthier, maternal mortality drops and women are better able to combine childbearing with working life.

It is a matter of equity to ensure that people are not deprived of their rights just because they are poor. The successes some societies have achieved in advancing reproductive rights should inspire us to work even more earnestly for those that are lagging behind.

I urge the Commission to take the lead in guiding national action and international cooperation to meet this challenge.

Mr. Chairman,

Last December, the General Assembly recognized that the goals and objectives of the ICPD Programme of Action had not been met. Therefore, the Programme of Action was extended beyond 2014, but with no specific deadline. Ensuring that these goals are met by the 2015 deadline is a crucial responsibility of this Commission.

To conclude, Mr. Chairman, permit me to welcome my colleague, Dr. Babatunde Osotimehin to his first session of the Commission on Population and Development, in his capacity as Executive Director of the United Nations Population Fund.

I am sure that, under his able leadership, UNFPA will redouble its efforts to meet the goals and objectives of the ICPD Programme of Action and the MDGs. As head of DESA, I look forward to our continued collaboration in this regard.

Thank you.

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