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**STATEMENT
BY**

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**DURING THE 47TH SESSION OF THE COMMISSION ON
POPULATION AND DEVELOPMENT ON THE 20-YEAR
REVIEW OF THE INTERNATIONAL CONFERENCE ON
POPULATION AND DEVELOPMENT (ICPD)
PROGRAMME OF ACTION (PoA)**

**AGENDA ITEM 4: GENERAL DEBATE ON NATIONAL
EXPERIENCE IN POPULATION MATTERS:
ASSESSMENT OF THE STATUS ON IMPLEMENTATION
OF THE PROGRAMME OF ACTION OF THE
INTERNATIONAL CONFERENCE ON POPULATION AND
DEVELOPMENT**

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Check against delivery

Mr. Chairperson, distinguished delegates

The South African delegation would like to thank our Colleague from Uruguay, Ambassador Gonzalo Koncke, the Chairman of the Bureau, along with the members of the Bureau and the Secretariat, for the preparations for this Session of the Commission on Population and Development.

My delegation appreciates the opportunity to address this momentous session of the Commission. Our deliberations this week will not only be critical to assess our implementation of the ICPD PoA during the past 20 years, but also to determine the further actions required to achieve the goals we set for ourselves in 1994 and beyond, including through the Post-2015 Development Agenda.

South Africa welcomes the thorough review and preparations undertaken by the UNFPA, as well as the Secretary-General's report on the Framework of Action for the follow-up to the ICPD beyond 2014, which guide our deliberations.

Mr. Chairperson,

A key element of our preparations for this session has been the various regional consultative processes that assisted Member States to assess their national and regional implementation of the ICPD PoA. For our region these consultations culminated in the Addis Ababa Declaration on Population and Development in Africa beyond 2014, which African Member States negotiated and our Ministers responsible for population and development adopted, in September last year. Even more significant was the fact that our Heads of State and Government endorsed the Addis Ababa Declaration at the African Union Summit in January this year.

Mr. Chairperson,

At the outset South Africa would like to acknowledge the progress and huge strides that have been made over the past 20 years since our governments met in Cairo to adopt the ICPD.

The South African Population Policy, in accordance with the South African Constitution and guided by the International Conference on Population and Development (ICPD) Programme of Action (1994) emphasises the attainment of sustainable development, placing people at the centre of that development. Development is seen as a process of enlarging people's choices and ensuring that they enjoy long, healthy and creative lives. This is predicated on an approach that fundamental human rights and sustainable development cannot be separated if we are to improve the lives of the people we represent.

The South African census 2011 showed that the South African population grew noticeably from 40.5 million people in 1996 to 44.8 million people in 2001, reaching 51.8 million people in 2011. Females constituted slightly more than half (51%) of the population or 27 million whereas males constituted 49% or 25 million of the South African population. Although the population size is still growing, the population growth rate is declining – from 2.1% (1996 – 2001) to 0.61% (2007 – 2011) per annum; this decline will continue. This decline is attributed to the negative impact of HIV and AIDS until 2007 and more positively, due to a decline in the Total Fertility Rate (TFR) of the country. The Total Fertility Rate declined from 2.9 in 1998 to 2.35 in 2011.

South Africa is a relatively youthful population, but is showing signs of maturing as indicated by the increase in the median age from 22 years in 1996 to 25 years in 2011.

South Africa has also witnessed what many refer to as an "unparalleled" five-year increase in life expectancy since 2005 thanks to the world's biggest programme of HIV/Aids drug treatment. According to the South African Medical Research Council, this rise in life expectancy – from 54 years in 2005 to 60 in 2011 – was of the order usually only seen after a major societal shift, such as the abolition of slavery.

Mr. Chairman,

Aside from reductions in the total fertility rate and the increase in life expectancy, we have also made remarkable progress in reducing maternal mortality due to unsafe abortion. In South Africa, the annual number of abortion-related deaths fell by 91 % after the liberalization of the abortion law.

The Southern Africa sub-region, included by South Africa, where abortion was legalized in 1997, has the lowest abortion rate of all African sub-regions, at 15 per 1,000 women in 2008. East Africa has the highest rate, at 38, followed by Middle Africa at 36, West Africa at 28 and North Africa at 18.

Both the lowest and highest sub-regional abortion rates are in Europe, where abortion is generally legal under broad grounds. In Western Europe, the rate is 12 per 1,000 women, while in Eastern Europe it is 43.

These figures are important in that it demonstrates a trend where, the recourse to abortion is lower in countries where abortion laws are less restrictive. This could also be due to the fact that less restrictive abortion laws are generally part of comprehensive sexual and reproductive health services that includes, education and access to modern forms of contraception.

Where abortion is permitted on broad legal grounds, it is generally safe, and where it is highly restricted, it is typically unsafe. In developing countries, relatively liberal abortion laws are associated with fewer negative health consequences from unsafe abortion than are highly restrictive laws.

Access to safe abortion is, however, only part of what is required.

Data show that more women in South Africa are accessing reproductive health services and that there is an increase in the usage of modern contraceptives. These factors, combined with an increase in the use of antenatal services and the use of health facilities during delivery, contributed to a reduction in maternal mortality and morbidity if the impact of HIV and AIDS is removed from the equation.

Mr. Chairman,

We, however, note with great humility that much remains to be done despite our efforts, especially on our Continent and in my own country, before women and girls will be truly free to realise their dreams and ambitions. This includes the following:

- Despite the progress, poverty, unemployment and inequality disproportionately affect women and female headed households;
- Sexual and reproductive health and rights (SRHR) are vital to strengthening development and reducing poverty and inequality. Even though we have an enabling constitution and legislation, too many women and especially adolescent girls, still struggle to access the

services they are entitled to. The barriers to access include poor health systems and the continued prevalence of discriminatory attitudes and stigma at public health facilities;

- HIV and AIDS continue to pose serious health and development challenges to South Africa with 5.4 million people living with HIV and 2 million children orphaned by the disease. Female youth are 3.5 times more likely to be HIV positive than their male counterparts. Male attitude and behaviour contribute significantly to the vulnerability of women.
- Maternal mortality remains high, with non-pregnancy related infections accounting for 40% of maternal deaths in 2012.

Mr. Chairman,

Guided by the ICPD and its key actions for implementation beyond 2014, and progressive regional instruments such as the Addis Ababa Declaration, South Africa will work to improve its implementation of gender responsive legislation and policies, and empower women through providing them with choices through expanded access to education, health services, including sexual and reproductive health and rights services, skills development, employment and involvement in decision making at all levels.

Respect for the dignity and rights of all people, irrespective of their sexual orientation should be cultivated and all Sexual and Reproductive Health and Rights (SRHR) services that people are entitled to, should be provided in a professional and non-judgmental fashion.

The unmet need for family planning, not only through increased availability of contraception, including emergency contraception, but also through efforts to increase female autonomy, must also be addressed as a matter of urgency. The use of dual methods of contraception, including condom use should be encourage as this will not only contribute to preventing unwanted pregnancy, but also provide protection against contracting STIs, including HIV.

A multi-sectoral approach is required to address Gender Based Violence (GBV); political will and leadership at all levels are required to tackle GBV.

Mr Chairperson,

South Africa fully agrees that the ICPD Programme of Action remains relevant but also believes we have to build on the gains we have made collectively as States in order to address the many remaining gaps.

We are also proud to note that our Heads of State and Government endorsed the Addis Abba Declaration on Population and Development beyond 2014 during the African Union Summit in January this year.

This mandate provided by our Heads of State and Government will be fully utilised during the upcoming session of the Commission to:

- Ensure our commitment to comprehensive sexual and reproductive health and rights for all, especially for women and adolescent girls;
- Eliminate preventable maternal mortality through the provision of comprehensive maternity care;

- Expand access to post-abortion care and safe abortion services, the latter in accordance with national laws and policies;
- Pursue and implement population and development policies and programmes that will serve to improve the well-being of all our citizens and create a society, as stated in the vision of South Africa's National Development Plan, where all South Africans live together in harmony and without fear of discrimination, exclusion and persecution.

It is for this reason that we believe, going forward that as the global community we need to engage constructively in what has infamously become known as the "controversial issues", as these issues are central to the health, spirit and well-being of every person.

We should discuss, debate and resolve these issues so that every person knows that irrespective of their race, their gender, their sex, their religion, their sexual orientation, their status will be protected by their governments or the laws of the countries that they live in.

Chairperson, distinguished delegates.

We see this week's meeting as an opportunity to engage on what we have achieved, and more importantly what we still have to achieve, including saving the lives of hundreds of thousands of women and girls. We will, over the next five days, seek to cooperate with all delegations to agree on the successes, but also the gaps that need to receive attention during the next 20 years, to achieve the objectives that we agreed to at the International Conference on Population and Development in 1994.

Thank you