



PERMANENT MISSION OF
JAMAICA TO THE UNITED NATIONS

Statement by

Mr. Easton Williams, Delegate of Jamaica

at the

**42nd Session of the United Nations Commission
on Population and Development,**

on

Agenda Item 4:

“General debate on national experience in population matters: contribution of the Programme of Action of the International Conference on Population and Development to the intern to the internationally agreed development goals, including the Millennium Development Goals”

30 March – 3 April 2009

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Madam Chair,

Let me begin by congratulating you and the other members of the Bureau on your election to lead the 42nd Session of the Commission. I am confident that under your oversight and leadership, the Commission will achieve its operational objectives and fashion a renewed commitment to achieving or even surpassing the targets and goals agreed in Cairo, over the next five years.

Madam Chair,

The principles and objectives contained in the ICPD Programme of Action have made contributed significantly to the current and emerging legislative, institutional and programmatic realities in our country. However, progress in implementation has been mixed. While some of the goals and targets of the ICPD and other internationally agreed development goals have already been achieved, we are lagging behind in other areas.

Permit me, Madam Chair, to provide further details in this regard:

(1) Eradicating Poverty

Jamaica is among the first countries following the ICPD and the Social Summit to have developed a National Poverty Eradication Policy and Programme of Action. In the early 1990s, absolute poverty was estimated at around 30 per cent of the population with rural areas accounting for higher levels at about 50 per cent. Absolute poverty was determined by a “basket” for a family of five comprising food and non-food items determined from household data collected through the Jamaica Survey of Living Conditions.

The Government of Jamaica has pursued a multi-pronged strategic approach in targeting the poor. Public and institutional poverty reduction is being implemented through a special development fund known as the Jamaica Social Investment Fund (JSIF). Various programmes for vulnerable groups including lactating women, children, adolescents, youth, elderly and persons with disabilities are being pursued. At the time of the Millennium Development Summit, Jamaica had achieved substantial reduction in poverty to around 19 per cent of the population. The latest estimates indicate that absolute poverty is around 10 per cent of the population, well below the levels recorded in the 1990s. The MDG target for reducing extreme poverty and hunger between 1990 and 2015 was achieved by 2007 and Jamaica is well on its way to eradicating absolute poverty.

(2) Population and Health Related Goals

Jamaica is well advanced in its transition to low birth and death rates and a health profile that reflects a pre-eminence of lifestyle diseases. Life expectancy at birth is currently estimated at about 72 years but may be under threat by the effect of the prevalence of HIV/AIDS. Jamaica’s health status in relation to the goals set in Cairo and at the Millennium Summit will be assessed:

(a) Reduction in Child and Maternal Mortality

The ICPD and the Millennium Summit set goals of two thirds reduction in maternal mortality between 1990 and 2015. Given Jamaica's advanced stage in the demographic and epidemiological transitions, the country had already achieved the upper limit of the target for child mortality set for 2015. Countries at that level were encouraged to reduce the rates further. Some programmes implemented to date include the integration of maternal, child health, family planning and sexually transmitted infections programmes; establishing "baby and mother-friendly" clinics; provision of antiretrovirals to prevent mother-to-child transmission of HIV; and implementation of free health care in public hospitals and clinics island-wide. Although much progress has been achieved, it is highly unlikely that Jamaica will achieve the targets by 2015.

(b) Controlling the HIV/AIDS Epidemic

The HIV/AIDS epidemic which started in 1982 in Jamaica is among the greatest challenges facing the country. The ICPD established goals for protecting reducing and minimizing the impact of the disease. In response, the Government formulated a National HIV/AIDS Strategic Plan in line with a CARICOM HIV/AIDS Strategic Plan for implementation. Other initiatives implemented include the integration of programmes relating to HIV/AIDS and other sexually transmitted diseases into the family planning and maternal and child health programmes.

Following the Millennium Summit, the goal of halting and reversing the spread of the disease coupled with the programmatic recommendations of ICPD, the Government undertook a more systematic and comprehensive approach to the epidemic. This was facilitated greatly by the availability of more adequate funding through the Global Fund and similar funding initiatives.

Madam Chair,

Over the past five years, Jamaica has finally started to see tangible gains in a number of indicators. Deaths from AIDS has started to decline as a result of greater public access to antiretroviral treatment, the use of prophylaxis against opportunistic infections as well as improved laboratory capacity to conduct investigations. Paediatric AIDS cases have also seen declines indicating the success of the programme for the prevention of mother-to-child transmission. In 2007, over 90% of pregnant women were tested for HIV and ARV treatment or prophylaxis administered to 84% of HIV infected mothers. It is estimated that the transmission of HIV from mother to child is less than 10% compared to 25% in 2002, that is, prior to the introduction of antiretroviral treatment. Despite these important gains, the level of infection remains fairly high at around 1.5 to 1.7 per cent of the population 15 years and over. Jamaica is of the view that with enhanced support and adequate funding, we should be able to achieve the targets.

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In 1994, Jamaica had a relatively mature family planning programme. Contraceptive prevalence was estimated at about 62 per cent of reproductive age women 15-49 years, total fertility rate stood at 3 children per woman and almost universal knowledge of at least one modern means of contraception. The major challenge was bridging the gap between knowledge and practice. The total fertility rate had also not reflected any reduction since the late 1980s.

The Government, with assistance from UNFPA and USAID, embarked on a strategic programme targeting the reproductive health care needs of adolescents and youth. These groups were to a large extent excluded from the main focus of the national family planning and reproductive health programme. This was so even in light of the fact that they manifested relatively high fertility rates, lowest contraceptive prevalence and highest levels of unwanted and unintended fertility rates. Implementation of adolescent and youth-friendly clinics and health and family life education programmes in schools and community since ICPD has resulted in substantial reductions in fertility, unwanted and unintended pregnancies and higher contraceptive prevalence among adolescents and youth by 2004.

With the support of UNFPA and the European Commission, the Government also embarked on another strategic programme targeting the reproductive health needs of persons with disabilities focusing on adolescents and youth with disabilities. The success of this programme has been regarded as a best practice and is being designed for implementation in other countries. I am pleased to report that Jamaica is on target for the achievement of universal access to reproductive health by 2015.

(3) Promoting Gender Equality and Empowerment of Women

Jamaica has an enviable record of promoting gender equality, equity and empowerment of women. Among our most important achievements are the establishment of the Bureau of Women's Affairs in the 1970s as a focal point for women's issues and concerns, the establishment also in the 1970s of the Women's Centre of Jamaica Foundation aimed at fostering the re-entry of pregnant girls into the formal education system after delivery, the Women's Crisis Centre and the Women in Development Studies Programme at the University of the West Indies. These programmes have contributed significantly to the progress of women in many spheres.

In 1994, Jamaica had already eliminated disparity in enrolment in primary education between boys and girls. Girls surpassed boys in both enrolment and performance at the secondary school level. At the tertiary/university level, female graduates were in excess of 70 per cent. Jamaica, therefore, has already surpassed the ICPD and Millennium Summit Goals with regards to women and education. Major initiatives will have to be implemented to bridge the disparity as it relates to males in education.

Despite successes achieved in education for women, progress in some areas still lag behind that of males. The share of women in wage employment in the non-agriculture sector has reflected steady progress since the 1990s and is close to parity at 49 per cent in 2007. Women's representation on the Boards in both the public and private sector is grossly below par with that of males. Females are also far behind their male counterparts in all areas of political representation at national and local levels.

Madam Chair,

In concluding, I should point out that Jamaica is making steady progress on a number of the indicators in relation to the goals for *Ensuring Environmental Sustainability* and *Developing a Global Partnership for Development*.

I thank you.