

# **PORTUGAL**

**UNITED NATIONS**

**Commission of Population and Development**

**Forty-second Session**

**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 internationally agreed development goals, including the MDGs**

**Statement by**

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**New York, March 31, 2009**



Mr. Chairman,

At the outset, allow me to congratulate you on your election as chairman of the 42<sup>nd</sup> session of the commission on population and development.

My distinguished colleague from the Czech Republic, speaking on behalf of the European Union, has already expressed our main ideas on this year's theme and we align ourselves with that statement.

I take this opportunity to reaffirm Portugal's support for the entire agenda of the International Conference on Population and Development (ICPD), held in Cairo, in 1994, the key actions for the further implementation adopted at the ICPD + 5, as well as the internationally agreed development goals, including the Millennium Development Goals (MDGs).

Mr. Chairman,

As we commemorate this year the 15th anniversary of the ICPD, we should acknowledge that many important steps have been taken since Cairo. At the same time, we remain aware of the various gaps and challenges still ahead of us, which may require, among other aspects, a reinforcement of development partnerships and the engagement of civil society. The latter should focus on the special needs of the least developed countries where human development rates are particularly low.

Portugal values the good work carried out by the United Nations in this respect and its constant efforts to help governments achieve the MDGs, particularly those related to the objectives contained in the ICPD, namely universal education, reduction of infant and child mortality, reduction of maternal mortality, access to reproductive and sexual health services.

Let me now turn to population-related matters that are priorities in my country:

#### *Education*

At the national level, active coordination among ministries in areas such as health, education, employment and social solidarity is of vital importance, since, in our view, national policies and approaches should be interlinked and complemented in order to promote synergies and coherence.

Portugal fully shares the concerns related to combating illiteracy by promoting better qualification of social nets, starting from pre-school, restructuring curricula from elementary school to high school and through innovative methods of teaching, including long life learning education and training.

Results from our efforts are now starting to show. Take for example, the educational attainment rate in higher education in my country, where the ratio of the number of students and population aged 18-22 year rose from 15.1 per cent in 1994/1995 to 28.1% in 2007/2008, reaching 34.0% among women.

The early school drop-out rate, a very complex issue, slowed down by 23% during the last ten years. This indicator, defined as the percentage of the population aged 18-24 with, at most, lower secondary education and not in further education or training, decreased to 35.9 %, in 2008, and this number is even lower among the women (28.4%).

We believe the progress made in the field of education, enhanced by social policies, favours not only greater knowledge of health issues, especially prevention and fight against HIV/AIDS, but also family planning and employment opportunities.

Education is a key factor in sustainable development. The reduction of fertility, morbidity and mortality rates, the empowerment of women, improvement of the quality of the working population and the promotion of genuine democracy can all be largely assisted by progress in education. In other words, universal access to education is crucial to the achievement of the internationally agreed development goals, including the MDG's.

### *Health*

Mr Chairman

Health-related developments, to be achieved by 2015, undoubtedly play a key role among those proposed goals.

As far as reproductive health is concerned, Portugal has set a few specific goals to be achieved in the next few years, namely reducing maternal and children under 5 years of age mortality rate, and decreasing the incidence of HIV infection.

As far as the first two goals are concerned, the current situation in Portugal is quite positive and encouraging, insofar as maternal and child mortality rates are low, ranking among the best indicators among other European countries.

In this context, and in order to ensure equity and universal access to reproductive health services, a set of measures have been recently adopted to strengthen the capacity of the system in specific areas, such as infertility and prevention of cervical cancer, namely through:

- Development of a network for the study and treatment of infertility cases;
- Financial support to those couples appointed for medically assisted procreation;
- Establishment of an *on-line* system to enable a better accessibility to those techniques and to ensure equity;
- Introduction of the human papilloma virus vaccine into the national immunization programme.

We are pursuing further efforts in the fight against HIV/AIDS. Our health services promote routine and voluntary HIV/AIDS testing under family planning services, prenatal care and to all pregnant women in a prenatal setting.

We are also committed to working with civil society. A number of NGO's are also fully involved in promoting awareness-raising and counselling services on family planning, reproductive health, HIV/AIDS, girls and women's rights.

We have also favoured as priorities strategies which benefit deprived and most vulnerable groups, including adolescents, migrants, as well as those activities aiming at monitoring all actions taken, as is the case with the following:

- Access to reproductive health care (family planning and prenatal surveillance, birth delivery and *puerperium*) exempt of admission fees, also for the migrant population, independently of its legal status;
- Distribution of regular contraception and emergency contraception, free of charge, in family planning units inside hospitals and health centres;
- Prenatal allowance, i.e., extension of social protection to maternity;
- Activities addressed to deprived urban peripheries, as for instance, those actions developed by the so-called 'mobile units';
- Epidemiologic study of deaths occurred during the extended prenatal period.

### *Gender*

Portugal also attaches great importance to the protection of woman's rights, and the empowerment of women, as a means to consolidate democracy.

Significant measures have also been taken by my country to address the issue of gender-based violence. We have created a network of shelters for women

victims of violence and established a 24-hour emergency telephone line for these cases, to name just a few of examples. In addition, a second plan against domestic violence has just been adopted.

As regards gender equality and equity and the empowerment of women, an integrated approach to address gender issues is deemed to be essential. Thus we have built a database on gender statistics which includes a set of indicators organized around eight themes:

- population,
- family,
- education and training,
- active employment and unemployment,
- conciliation, employment and family responsibilities,
- health,
- decision-making,
- crime and violence.

This database integrates the information of different sources and provides the gender-disaggregated data of official statistics.

Mr. Chairman,

Portugal has in place various concrete national action plans which are linked to many of the goals set out in the programme of action of the ICPD. I take this opportunity to highlight just a few:

The first national action plan against trafficking in human beings (2007-2010) establishes 4 strategic intervention areas:

- knowledge and dissemination of information;
- prevention, awareness raising and training;
- protection, support and integration;
- criminal investigation and trafficking suppression.

In addition, the third national action plan for equality – citizenship and gender (2007-2010) defines 5 intervention areas:

- gender mainstreaming as a requirement for good governance;
- gender mainstreaming in the priority policy areas;
- citizenship and gender;
- gender-based violence;
- the gender perspective in the EU, in the international action plan and in development cooperation.

The third national action plan against domestic violence (2007-2010) also establishes 5 strategic intervention areas:

- information, awareness raising and education;
- protection of victims and prevention of repetition of victimization;
- empowerment and reintegration of the victims of domestic violence;
- qualification of the professionals;
- deepening the knowledge of the phenomenon of domestic violence.

## *Development cooperation*

Mr. Chairman,

We believe it is essential to continue the worldwide efforts to enable all persons to make free and informed choices about their reproductive life, by increasing access to the information and support needed. The guidelines for family planning, maternal health, information and education on sexuality and reproduction for adolescents is fundamental.

Having said this, we are fully aware of our responsibilities in this domain and have developed several co-operation programmes with the Portuguese speaking African countries in the field of education. The specific Portuguese cooperation programme for education has the following main areas:

- support for basic and secondary education;
- infrastructure and equipment; and
- institutional support.

In line with this aim, the New Partnership for African Development (NEPAD) is based on a specific strategy that recognizes the core importance of health in the development process, since poverty can not be eradicated or even considerably mitigated as long as the major incidence of disease, incapacity and death still continue to inflict the continent of Africa.

For its part, the Portuguese strategy for development cooperation identifies health and poverty reduction as priority areas of intervention and, in that regard, recognizes the importance of reducing child mortality, improving maternal care and combating the incidence of HIV/AIDS, sexually transmitted diseases, malaria and tuberculosis. Above all, we believe it is important to improve the capacity to work in the field of primary healthcare and hygiene, thereby bringing development assistance efforts closer to the population's basic needs. Ensuring access to healthcare is a fundamental premise of the right to social protection. In this respect, the Portuguese national health plan for the period 2004-2010 sets a landmark and serves as a guide for public action aimed at obtaining health gains for the population.

Mr. Chairman,

To conclude, I would like to stress, once more, that the difficult times we are all facing and the impact of the global financial and economic crises, from which no

country or region is immune should not be an excuse to set aside our global efforts and our commitments particularly those concerning financing for development and the ICPD agenda. We must act collectively to tackle this crisis

through a deepening of coordination, cooperation and partnership within and between our countries.

As I have said earlier, Portugal will continue to work closely with United Nations , governments, civil society and other partners to promote sexual and reproductive health and rights, as well as women's empowerment and gender equality with the aim to achieve the goals set out at relevant international conferences, including the ICPD. In this regard, we welcome the work developed by UNFPA in African Portuguese speaking countries.

Thank you for your time and attention.