

**Statement to the Commission on Population and Development
Acting as Preparatory Committee for the Special Session
of the General Assembly**

As written



NORWAY

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**Five-year review of the implementation of the Programme of Action from
the Cairo Conference on Population and Development**

Statement by

**The Norwegian delegation at the Preparatory Committee for the ICPD+5
process during the 32. session of the Population and Development
Commission**

New York 25 March 1999

Mr. Chairman,

I would like to start by first congratulating the **UNFPA** and the Population Division with the preparations of the documents for this meeting which provides us with a good starting point for our deliberations.

The Norwegian delegation would like to re-affirm its commitment to the principles and goals of the ICPD Programme of Action and the decision to concentrate the discussions on the review of implementation of the Programme of Action and key future actions. It is at the same time very appropriate that the draft report from the Secretary General links the follow-up of the Cairo Plan of Action with other UN Conferences from the last decade. It is important to confirm these interlinkages and thereby place the population issues into the broader context of development. We feel that the draft report has provided a good balance between the more general development issues and sexual and reproductive health and reproductive rights.

In Norway the integration of reproductive health care in general health services preceded the Cairo conference by decades. This approach has been very favourable, but not all the issues have been resolved. The improvements made cannot only be explained by economic prosperity, but also with emphasis made on equity and equality. We are still, however, grappling with the problem of how to provide appropriate assistance for adolescents and for following up the issue of gender-based violence. This week the Norwegian Government will discuss an updated plan of action to reduce the number of unwanted pregnancies as well as abortions in Norway. A commission on women's health recently published a report which we expect to be a very useful tool in developing more adequate responses.

Looking at the global situation the areas that are of particular and continued concern is the developments of the HIV/AIDS epidemic, the inadequate and inappropriate sexual and health services provided to youth in many countries and the continued high levels of maternal mortality.

Yet we have seen progress. The reproductive health principles have been widely accepted. Legislation has become more favourable. Much of the groundwork has already been done through training and advocacy. Civil society has played a vital role in promoting change and providing practical solutions. In areas where **access to** family planning has improved, abortion rates are going down. Our knowledge of how to achieve our goals has increased substantially.

Mr. Chairman,

Insufficient financial and human resources still continue to be an important obstacle. Donor countries as well as developing countries must live up to their commitments from Cairo. In view of falling levels of ODA we therefore welcome the EU statement yesterday reaffirming the target of providing 0,7 per cent of GDP for ODA. Norway has for nearly two decades fulfilled this target and also given high priority to population and reproductive health. Poverty alleviation and support for the social sectors are prioritized. Norway is actively supporting the 20/20 initiative as a key concept in the partnership between North and South in this regard.

— We need also to ensure that resources are well targeted, especially given the large gap between the estimated needs suggested in Cairo and actual funding levels that have been reached by

now. Giving priority to the poorest countries and the poorest segments within countries is of special importance for reproductive health since reproductive health problems are so inequitably distributed.

The UN and the development banks must work towards the common goals from Cairo in a more unified and coordinated manner. It is therefore important that during our discussions on key action points we should also attempt to clarify the responsibility within the UN System for the coordination of the different issues.

To ensure that we will be able to monitor progress in the future, it is also important to be as specific as possible in our recommendations. The draft document suggests some benchmarks, but we should try to develop additional ones and agree to the most appropriate ones.

Mr. Chairman,

Access to well functioning social services is key to ensuring that reproductive health is achieved. A golden opportunity at this point in time is to ensure that integrated reproductive services are sufficiently taken into account in the new health sector programmes. Key areas for action for the health sector is maternal mortality, information and services for young people, the high prevalence levels of HIV/AIDS. We should not forget the vital role of the education sector in these areas.

Let me lastly just highlight a few of our particular concerns.

The vulnerability of adolescents is shown clearly in the figures on high-risk teenage pregnancies, prevalence of **STDs**, including HIV infection amongst young people. The Programme of Action called for the rights of adolescents to appropriate information and confidential reproductive and sexual health services. The general health services must be made more youth friendly. Additionally services specifically targeting youth are needed. Young people, parents and the community must be involved in their design, monitoring and evaluation. All experience show that the importance of such involvement cannot be overemphasised.

The HIV/AIDS pandemic has in some countries reached proportions that will reverse the favourable figures for mortality achieved during the last 20 to 30 years. This will have an impact on both demography and socio-economic **development**. Girls and women are the most vulnerable groups. The urgent need to prevent new infections places a heavy burden on the health and educational sectors. This epidemic alone is a sign of the urgency with which the Cairo Agenda must be treated.

The figures for maternal mortality show the widest gap between regions and between different economic segments in individual countries. The low priority given to the provision of the necessary health care for women to survive their pregnancies and its outcome reflects the low value **often** accorded to women and the invisibility of their contribution to production and reproduction in economic analysis. We need to look at the cost to society of maternal morbidity and mortality. We would also suggest the **userfee** levels for life-saving services be reviewed to ensure that such services are made available to all women who need them.

- Refugee women are in a particularly vulnerable situation in relation to reproductive health, including problems of sexual violence and abuse. While this situation is becoming

increasingly acknowledged, reproductive health problems are still largely ignored in times of crisis. We therefore welcome that the draft report takes up this issue.

Mr. Chairman,

As a last general comment to the draft report, we would like to call the attention to the chapter on Gender equality, and women empowerment. While we increasingly talk of gender, the dynamic dimension of these relations and how the changes in the role of women must be followed by changes in the roles of men. The draft report does not sufficiently reflect these dynamic dimensions. We will therefore come back with specific suggestions in this regard in the working group.

Thank you.