



United Nations Fonds des Nations Unies
Population Fund pour la population

As delivered

Address

by

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to the

PREPARATORY COMMITTEE OF THE

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FOR THE

REVIEW AND APPRAISAL OF THE

IMPLEMENTATION OF THE

ICPD PROGRAMME OF ACTION

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Mr. President,

Let me first congratulate all delegations for organizing yourselves so effectively. You have a wonderful Bureau, and an excellent Chairman and Chair of the Drafting Committee.

Introduction

Thank you for your invitation to address the Preparatory Committee today. We are meeting in an atmosphere of past achievement and expectation for the future. Countries have a strong record since 1994 in implementing the ICPD Programme of Action, and are poised for success in meeting its goals. Its broad acceptance as a guide to action testifies to the strength of the universal principles and ethical values on which it is based.

I would like to pay tribute to all the people who are working towards ICPD goals, from presidents and prime ministers who offer policy leadership at the top level, to the nurses and midwives who fight what First Lady Hillary Clinton aptly called “the battle of the everyday”.

Enthusiasm for further action could be felt as well as heard during the international forum in The Hague last month. The 177 countries brought forth a wealth of information on their experience since 1994, confirming the findings of UNFPA’s survey of national progress. Both attested to a deep commitment to the high ideals and practical purposes of the Programme of Action. Both provided evidence of momentum towards the achievement of the ICPD goals.

Achievements

It is my pleasant duty today to introduce the Secretary-General’s proposals for key future actions for further implementation. Before I do so however, I would like to note some of the key achievements since ICPD.

- First and most spectacular was that ICPD and subsequent action has redefined the field of population, transforming the way we think about population and its relation to development. Before Cairo, population was a concept rooted only in demographics; today it is rooted in human rights, needs and choices. ICPD accepted that reproductive health is a human right. On this basis population is universally recognized as part of the development agenda: the way to a balanced and sustainable level of population is through individual choices freely made by women and men.
- Acceptance of the right to reproductive health has for the first time brought a gender dimension into population policies and programmes. Countries have taken the initiative to abandon policies based on targets and quotas for approaches based on individual needs. As a consequence, quality services are more freely available and accessible than ever before.
- Countries are also concerned to implement the broader aspects of reproductive health. This leads them into discussion and action on the spectrum of issues concerning gender equity and equality. As a result, we are seeing unprecedented action by legislatures and the courts, in the community and the family, against gender-based violence and oppression, and towards strengthening of women’s roles and rights.
- It is one of the most encouraging features of the last five years that countries have not only opened discussion on hitherto closed subjects, but that they have launched action to correct longstanding and prevalent wrongs against women. For example, refugees and displaced women have long been denied access to reproductive health services. UNFPA, UNHCR, WHO, UNICEF, the Red Cross, and a host of international NGOs have now

joined with other agencies to provide reproductive health services to women in emergency situations.

ICPD was the first international conference to recommend action on female genital mutilation. Today, in less than five years, there has been decisive action against it. Fifteen countries have now outlawed it, and there are many examples of success -- Uganda, Senegal, and Burkina Faso are successfully tackling the issue at the community level.

Domestic violence was until recently considered a private matter, not even suitable for open debate, yet we have seen bold and courageous action against it, on both the local, national and international levels.

- One welcome result of this progress has been to reduce the incidence of abortion -- well documented since Cairo. In the many countries where wider reproductive health and better family planning services are now available, recourse to abortion has fallen. Countries have successfully created an enabling environment, in which women feel they have the right to seek information and the means of family planning, and in which men feel that they too have a responsibility towards women.
- Partnership is becoming the hallmark of successful programmes, with governments, non-governmental organizations, religious and educational leaders playing their part at national and international levels. The involvement of non-governmental organizations, as all of you may recall, was crucial for the success of ICPD, and it has been crucial for many successes since. I very much welcome their presence at this Committee.
- At country level, population policy is now seen to be linked with other areas of national policy. At the international level too, the conferences in the second half of this decade have all referred to ICPD. This ICPD review process will take their findings into account as well as the conclusions of earlier conferences such as the Earth Summit, the World Conference on Education for All, and the World Conference on Women.

Because of ICPD, and the action taken following ICPD, when we talk of population today we mean women's reproductive health and rights; we mean education and empowerment; we mean equality and equity. We mean the right to personal development and choice. The role of government, of civil society, of the international community is to enable that choice. We understand that free will is the essence of development; and that the essence of free will is the power to choose.

The Secretary-General's Report

Let me turn now to the document you have before you. Based on broad acceptance of the validity of the ICPD Programme of Action, General Assembly Resolution 53/183 agreed not to reopen the negotiation on the provisions of the Programme of Action during the ICPD+5 process. What we hope you will do here is to consider what action is necessary to reach ICPD goals.

The organization of the Secretary-General's draft report will assist your review: each of the sections summarizes progress, identifies constraints and proposes action. These key future actions are the heart of the document and I hope will form the basis for negotiation.

I would like to take a little time to discuss the main points of the proposals and perhaps offer some clarification.

First, some general remarks:

In considering the Secretary-General's document, delegates will be aware that it does not attempt to cover the whole spectrum of development issues. It is a sectoral document about *population* and development, and should be considered as such. It is however, part of the broader development agenda which has emerged from the series of international conferences held earlier in this decade. The draft report before you has some discussion of poverty, but this is not the occasion to discuss poverty-related issues and causes in detail: that will be the task of the Social Summit review next year. Similarly, gender issues are dealt with here, but will be the province of the Beijing+5 review next year. Environmental issues are touched on, but were dealt with thoroughly at the Rio+5 discussions in 1997. The opportunity to discuss education in detail will come with the 10-year review of the World Conference On Education For All.

You will find here more discussion of some issues than in the Programme of Action. Notably, the seriousness and extent of the HIV/AIDS pandemic was not clearly known in 1994. New information has alerted both national governments and the international community to the need for prompt action. Emerging issues such as aging are now claiming more attention than at Cairo.

The proposals for action are intended to be broadly acceptable. We hope to reach consensus at this meeting, but consensus does not imply that everyone has to agree to every word, or that every provision applies to everybody. This is a very important principle of consensus-building in the United Nations. One group of countries may not impose action on another; nor may any group forbid action which countries find necessary or advisable, so long as it conforms to international principles and standards. Population policy is and will remain a matter for national decision.

Moving to some of the specifics of the Secretary-General's proposals:

Population and Development

The first concern of the proposals is to ensure that countries are equipped to meet the challenges of a rapidly changing demographic picture. Issues include greatly increased numbers of both older and younger people, booming urban populations and a greatly increased flow of international migration. International migration remains a highly volatile issue, within and among countries, in all regions: however, the technical meetings on migration last year found that although there has been some progress on implementing Chapter Ten of the Programme of Action, the data base on international migration is too poor and the knowledge base regarding movements of people too thin to form the basis for proposals towards a collective approach.

Many developing countries and countries in transition are confronting a rapid increase in numbers of older people. More than 60 per cent of older people live in developing countries, and the proportion is rising. People today can look forward to a healthier as well as a longer old age, but countries must consider a rapid rise in health and social security and other needs for the very old. At the same time there are more than a billion young people between 15 and 24. Countries are recognizing that young people represent a powerful resource for development which can be, and should be mobilized to help meet the needs of an aging population; but at both ends of the age scale specific action is required.

Poverty, Economic Development and The Environment

Following ICPD, many countries strengthened the institutional base for population policy, and have done excellent work towards integrating population and development concerns. Recent events, however, have shown how fragile these gains can be. Economic difficulties have had a disproportionate effect on the social sector. Lower public sector expenditure has become a priority, and health, education and population programmes have suffered as a result.

Policy makers are in no doubt about the practical long-term value of population programmes, but need to protect them better from short-term cost-cutting. Expenditures towards the ICPD goals are modest compared with other forms of public sector expenditure and could be protected at relatively low cost. Their economic benefits can be demonstrated in hard terms, but are still not sufficiently appreciated. The environmental benefits of population programmes are also clear – what is needed is a better information system on the interactions of social, environmental and economic factors, and a greater appreciation of the value of interventions such as better reproductive health.

We are all too aware, however, that economic vagaries may be beyond the control of individual countries. This makes it even more important to have a better understanding of the issue at the international level and a higher level of international cooperation, and we hope that these issues will be flagged for further discussion at appropriate fora.

Population and Education

Countries have made continued progress towards the goal of education for all adopted at Jomtien in 1990. Many have taken specific action towards universal primary education and towards closing the gender gap in education, key ICPD goals. Yet in some areas, specifically south Asia and sub-Saharan Africa, the needs far outstrip available resources. National and international commitment is still needed for education goals. I trust that you will refer to this issue, but that detailed discussion will take place somewhere else.

Data Systems, Including Indicators

ICPD goals are quite specific, and relate to well-known and quantifiable indicators. Many countries have made good progress towards establishing these and other social development indicators. However, the capacity for basic data collection and analysis is still lacking in many countries, especially the least developed countries and indeed in many of the countries in transition. Given the importance of census data and the lack of resources to collect and analyse it, I believe the international community should overcome its reluctance to provide assistance for these most fundamental policy and planning tools.

Gender Equality, Equity and Empowerment of Women

Legal, traditional and cultural imperatives and prohibitions which act against women's interests are now on the public agenda. The mere fact that discussion is going on regarding discrimination and prejudice against women and their interests is evidence of progress. There is a long way to go, however, and it will demand decisive national leadership. A gender perspective is needed in all aspects of development policy, to allow a root and branch reform.

Political leaders need to understand that violence against women, for example, is a pervasive and institutionalized feature of many societies. Our aim must be and is to establish a norm of zero tolerance for violence against women, and for that we will need the partnership and the collaboration of men.

Reproductive Rights and Reproductive Health

ICPD established beyond doubt that basic human rights include the right to reproductive health. Almost all countries use an approach based on human rights, equality and need. This new approach is at the heart of the success of the ICPD Programme of Action. Once reproductive health programmes are based on this rights and needs approach, the way is open for population policies fully integrated with other policies and programmes directed at the growth and realization of the human being, and thus to a holistic social and economic development policy.

There are still some difficulties as the Secretary-General's report points out, notably that reproductive health and sexual health are new and unfamiliar terms, and even do not translate

easily in a number of languages. This has led to some misunderstanding of the content of these terms. I would like to be clear that these terms do not contain anything morally repugnant or offensive. In fact, quite the opposite: they represent the highest expression of fundamental ethical values, in which all societies and cultures can proudly join. What can be a greater aim than to bring all men and women to the highest possible standard of health on a basis of equality and equity?

Reproductive health services include emergency contraception, about which there has been some discussion and misinformation. Many women need emergency contraception, including many who have been raped. For those who cannot protect themselves, the result may be an unsafe abortion. This is a well-known, tried and tested way to protect women from pregnancy after the fact – the so-called morning-after pill. This is nothing more or less than the oral contraceptive in another formulation. WHO and all medical authorities agree that it is **not** an abortifacient. The oral contraceptive is used by millions and millions of women to prevent pregnancy. Let us be guided by science and universal common sense in our discussion of emergency contraception. It is especially important that medical staff are aware that emergency contraception is available and that it may be used to prevent pregnancy, but of course, as we have repeatedly said, it is the individual's choice, whether to use any method.

The proposals for key future actions include specific action to reduce maternal mortality. I regret to report that little progress was made in the ten years since the Safe Motherhood Initiative was started. It is hard to say why, except to conclude that commitment is lacking. The practice and technologies to ensure safe motherhood are well-known and universally available. There is strong international support. Yet in many countries maternal mortality rates remain stubbornly and unacceptably high.

The family is universally acknowledged to be the centre of society, and mothers are revered, in most countries, as the centre of the family. Yet little action is taken to protect this revered activity of motherhood. At the very least, attention is needed to women's general health and nutritional status, and medical care should be available to pregnant and breast-feeding women. Safe motherhood should be a priority aim for all countries.

The draft Report points out that a key to reducing maternal mortality is to reduce the number of unwanted pregnancies and thus the number of abortions. Paragraph 8.25 of the Programme of Action of the ICPD was the subject of considerable discussion at ICPD and guides all action in this area. It states that abortion is not to be promoted as a means of family planning, but it recognises that unsafe abortion is a public health problem and proposes means to confront it. Let us be clear once and for all: the only effective way to minimise abortion is to make sure that modern, safe, appropriate and effective means of contraception are available and accessible to all women who want them, so that they may prevent that unwanted pregnancy.

HIV/AIDS

Individual countries and the international community as a whole are coming to terms with the seriousness of the global AIDS pandemic. We know from experience that determined action can help to limit the spread of AIDS, as for example in Thailand or Uganda; but we also know that in many countries there is still some reluctance to acknowledge the full extent of the pandemic or its implications. At the programme level, this involves acknowledging the inequality of relationships between men and women, the risk that many women run of contracting HIV from a partner, and that special protection is needed for the youngest women, who are among the most vulnerable to HIV infections. Confronting AIDS may be hard from a policy perspective, but the consequences of inaction are far, far worse. It is also true, however, that in developing countries

AIDS is one crisis among many. Countries can fight AIDS successfully: but very few can fight it on their own.

Promoting Adolescent Reproductive Health

Since ICPD, countries are becoming attuned to the needs and aspirations of more than a billion young people, the biggest new generation in history. Their decisions and actions will help determine the course of the next millennium. Countries must be ready to meet their needs, not only for reproductive health information and services, but for the education, information and economic opportunities which will enable them to grow to successful and responsible adulthood in a rapidly changing world.

The discussion about what services and information are appropriate for young people is a matter for national debate and discussion. Each country must decide for itself what its young people's needs are and how to meet them. There are numerous examples of effective programmes for example Iran and Bahrain; Sri Lanka and Viet Nam; Mexico and Jamaica; Uganda and Namibia; Netherlands and the Nordic countries -- all these countries successfully address the reproductive health needs of adolescents in different cultural settings, in diverse regions of the world. All countries now recognise the need to protect the reproductive health of adolescents; they are overcoming an initial reluctance, recognising the overwhelming importance of the issue.

I would like to make only two points: first is that the issue of adolescent reproductive health is becoming more visible, partly as a result of advocacy by young people themselves, who feel the need to be better protected. Second, the national discussion on adolescent reproductive health must involve young people themselves, their parents, teachers and religious figures as well as political leaders at national and community levels. Only through dialogue can countries accommodate society's values, and young people's needs as well, in a fast-changing world.

Partnerships and Collaborations

The ICPD did not invent partnership as a development concept, but it provided a boost to a movement that was already growing. For example, since the ICPD, a 52-nation meeting of religious leaders in Niger showed how Muslim groups can take part effectively in national population programmes. It was one of the most successful meetings. A round table meeting that was organized in Bangladesh on civil society showed how partnerships among NGOs, religious, political and private sector leaders can work. One need identified at the round table meeting was for a clear legal framework in which civil society groups can operate. With such a framework, all parties can be confident of their position. Successful partnerships exist in many countries, and others should explore them as a means to maximize resources and programme effectiveness.

Resources

ICPD, Mr. Chairman, was the only international conference to cost its goals and adopt specific resource targets to meet them: yet these very specific goals have not been met. This is the most disappointing outcome of the last five years: after an increase in the 1994, 1995 and 1996, expenditures dropped off in 1997 and have not recovered. I would like to point out only that many scarce national resources are going toward other less important priorities at this time, and to ask that all countries, including the international donor community, reassess their development priorities in the light of what was agreed at ICPD, and at subsequent conferences. The ICPD goal of \$17 billion in total resources is really a modest amount. The goal for the international community of \$5.7 billion is equally modest, compared with other expenditures. They represent practical, achievable targets.

Conclusion

In conclusion, Mr. Chairman, countries' experiences towards implementing the ICPD Programme of Action reveals patterns from which we may take a great deal of satisfaction.

Together, our countries are moving towards the Programme of Action goals in respect of reproductive health, infant and maternal mortality, life expectancy, education, women's rights, fertility, family size and population growth.

The proposals before you are realistic. They are within the compass of existing institutions and mechanisms. They require no dramatic policy initiatives, no technological breakthroughs, no drastic changes in human values. On the contrary, they are firmly based in today's reality. They reflect universal ethical standards. They are affordable; for the commitment of a tiny fraction of the world's wealth, they will guarantee the poor and disadvantaged the privileges and perquisites which the more affluent take for granted. The Proposals for Key Future Actions only require the political will, the renewed commitment of all the countries represented here, to raise them from the page and turn them into reality.

I wish you the greatest of success in your deliberations this week; and I look forward with keen anticipation to your conclusions.

Thank you.