

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

As written

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**Commission on Population and Development
acting as the preparatory committee for the
special session of the General Assembly
on the review and appraisal of the implementation of the
Programme of Action of the
International Conference on Population and Development**

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Statement by the World Health Organization

Mr Chairman, distinguished delegates

WHO welcomes the opportunity to contribute to the report of the Secretary-General on health and mortality and to participate in the **review** of progress in the implementation of the Programme Action of the International Conference on Population and Development. WHO is **fully** committed to the attainment of the goals of ICPD and has reinforced its activities in health, particularly reproductive health, in order to better support countries as they work to put the Cairo promises into action.

As the lead international technical agency in the field of public health, WHO is concerned with the health aspects of sexuality and reproduction. WHO's **objectivity, neutrality and scientific and technical expertise, enable it to provide the normative framework and technical support within which reproductive health issues, some of which are sensitive, can be addressed. The Organization establishes and disseminates norms and standards and provides, on request, information and technical advice to Member States who have the responsibility to decide what position to take with regard to their implementation.**

Decision-making is dependent on sound information. Knowledge of the burden of reproductive ill-health, its specific composition and determinants in different places and for different groups of people, is essential for the formulation of health policy and for monitoring change. Yet gathering that essential knowledge, requires a constant effort of research, analysis and interpretation. A major challenge, mentioned by many participants at the Commission on Population and Development, lies in the inadequacy of available data on even the most essential aspects of health such as the dimensions and determinants of adult mortality. WHO **invites Member States, multilateral and bilateral partners and NGOs to join in efforts to strengthen national capacities to generate, analyse and utilise health-related information.**

WHO's normative work and technical advice are the outcome of systematic biomedical, epidemiological, health systems and operations research, reviews of the evidence and analysis of best practices. This involves inputs not only **from** biomedical and epidemiological experts but also **from** users, women's groups and social scientists. WHO proposes participatory and inclusive approaches to the expansion of contraceptive options and to the establishment of eligibility criteria for contraceptive use. An example of the outcomes of such approaches is WHO's guidance on the safety and efficacy of contraceptive methods such as emergency contraception. Emergency contraception, the most common form of which is an increased dose of widely available oral contraceptive pills, can be used to prevent pregnancy following unprotected sexual relations. Emergency contraceptive pills do not interrupt an established

pregnancy. The most common reasons for needing emergency contraception are unprotected intercourse, method failure and sexual assault.

A central theme of WHO's work in health is the importance of ensuring that the Organization's normative work is based on a sound analysis of all available evidence. Evidence-based approaches help to allocate resources widely, but more important, they help ensure that interventions reach those in greatest need and achieve the best results. The evidence upon which policy must be based is a global public good which WHO strives to make available to all countries and partners to access and learn **from**.

One example of the use of such evidence relates to adolescent sexual behaviour and reproductive health. Because they are subject to a variety of biological, psychological and social factors, adolescents the world over - in developed and developing countries alike - are vulnerable to health problems such as unwanted pregnancy and sexually transmitted diseases. Research shows unequivocally that knowledge about sexuality and reproduction is very poor **among** young people even when they are sexually active. Moreover, prevailing sociocultural norms often hinder access to information and services both for contraception and for the prevention and management of sexually transmitted disease including HIV/AIDS. As a result, every year, one in 20 adolescents contracts a sexually transmitted disease, one in four of unsafe abortions occurs in adolescence, and nearly half of all new HIV infections are in young people aged 10-25 years old.

The future reproductive health of the world lies in the hands of young people and is critically dependent on the information, skills and services that the current generation of adults choose to equip them with. These form part of the safe and supportive environment essential for the development of young men and women that will enable them to prevent and respond to a whole range of health problems. **Evidence from around the world has shown beyond doubt that ensuring that young people can reach, and have the skills to use, reproductive health information and services helps avert health problems and create mature and responsible attitudes to sexuality and reproduction.** It does not encourage irresponsible lifestyles, and/or **promiscuous** sexual behaviour, rather the reverse.

Meeting people's needs in reproductive health presents many challenges because it requires multi **sectoral** and complex interventions. Yet research and analysis over the past decade shows that reproductive ill-health problems can be addressed in a cost-effective and sustainable way even where resources are limited. Reducing pregnancy-related deaths and disabilities among mothers and infants, a major WHO priority, requires a range of socio-economic, policy, community and health system activities. Key interventions include the prevention of unwanted pregnancies through access to high quality family planning information and services; the availability of a skilled and well-equipped birth attendant for every woman during **labour** and delivery; and access to essential obstetric care for the management of complications. These interventions can be provided at an incremental cost of less than **US\$3** per person annually in resource-poor settings. WHO is developing clinical, managerial and logistic guidance to assist countries in

strengthening their health systems for safe motherhood.

Mr Chairman, in the five years since Cairo, every WHO Regional Office has organised **inter-**country workshops and seminars to share ideas and lessons learned on a range of adolescent health and reproductive health issues. These experiences clearly demonstrate that the agreements reached in Cairo have been of value in countries with varying economic and socio-cultural realities.

In closing, let us remind ourselves of the consequences that will ensue if people's reproductive health needs remain unmet. Today, 120 million women in the world do not want to become pregnant yet do not have the means to prevent it. Every year, 20 million women put their health and lives at risk because they seek unsafe abortions. There are 333 million new cases of curable sexually transmitted diseases annually. Every year one in twenty adolescents contracts a sexually transmitted disease. Some 5.2 million people are infected by the HIV virus each year, over half of them young people less than twenty-four years old. Every year there are 450,000 new cases of cancer of the cervix. Every minute of every day a woman dies **from pregnancy-**related complications. In parts of Africa, women face a one in 16 risk of death because they do not receive the care they need when they are pregnant. WHO estimates that between 5% and 15% of the global burden of disease is associated with failures to address reproductive health needs such as these. This burden occurs among people - particularly women - in the prime of life, when their potential, responsibilities, and productivity are at their highest. No country can afford not to address these issues.

Despite the undeniable progress of the past few years, there is much still to be accomplished. WHO is grateful for the opportunity provided by the **ICPD+5** process to share lessons learned and to strengthen partnerships among all those working to improve reproductive health. WHO is fully committed to support countries and partners in that process and in the implementation of renewed efforts in the coming millennium. Dealing with reproductive health will be one of the most important things we do together in the coming months and years.