



PERMANENT MISSION OF THE REPUBLIC OF CUBA TO THE UNITED NATIONS
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Statement by the Deputy Permanent Representative of Cuba to the United Nations, H.E. Mrs. Ambassador Ileana Núñez Mordoche, at the 14th session of the Commission on Population and Development.

Agenda items 3 and 4: Follow-up actions to the recommendations of the International Conference on Population and Development and General debate on national experience in population matters: the changing age structures of populations and their implications for development

New York, 10 April 2007

Mr. Chairman,

We would like to associate ourselves to the statement of the G-77.

Changes in the age structures of populations are a huge challenge, especially for the Third World.

We thank the Secretary General for his reports and we want to stress that the prospects they make on the evolution of these age structures give the impression that the developing and developed countries will be in similar conditions to benefit from the so-called dividends of the different stages of the demographic transition.

The tough reality is that this is nothing but fiction, because for many developing countries it will be virtually impossible to achieve the so-called second and third stages of the demographic transition that are taking place in the developed world. Likewise, to those developing countries which could make it will be in very poor conditions to address the enormous challenges of such situation if the current unjust international order is perpetuated.

We are informed that the populations of all countries will age. And we infer that the average life expectancy has increased in the world and that, at this pace, the sexagenarian population of the planet will increase by 2050, while the infant population decreases. However, it does not affect us all by equal. We do not accept the idea that the vast majority of the underdeveloped countries are doomed to not be part of these optimistic statistics and instead, they have to be part of the sad morbidity and mortality rates that characterize the least developed regions of the world.

Perhaps the most telling example of this situation is Sub-Saharan Africa. Our African brothers and sisters' average life expectancy at birth is 46 years, while the OECD countries reach 77 years.

How is it possible that a mass ageing in the south of the Sahara is foreseen while some 50 million people, that is 6 of every 100 persons, suffer from AIDS and 174 of every 1000 children born alive die before their 6th birthday?

How will many developing countries reach these new stages of demographic transition when it is seen that an average 83 of every 1000 children in the Third World do not live beyond five years of age?

How can we make a realistic assessment of the demographic situation without addressing realities such as the one Sub-Saharan Africa is living, where the GDP per capita only reached 1 946 dollars in 2004 while in the opulent OECD countries it increased more than 14-fold, reaching 27 571 dollars?

How much hope can we have in developing countries when only half of our population enjoy permanent access to health systems, only 37% of the Sub-Saharan and Asian population have permanent health coverage and between one-quarter and one-third of the population is malnourished and only 40% of births are assisted by a specialist in these two regions?

Apparently, in many Third-World countries the basic aspiration is currently not meeting a senior citizen population boom, but trying to guarantee that at least a small part of the population can reach this stage of life and that mortality rate decreases at a sustained pace.

In order to realize this legitimate aspiration and effectively meet the huge challenges of a demographic transition, so much disorder and selfishness in the international relations would have to be brought to a halt, and it would require the establishment of a more just, equitable and supportive international economic order.

It is essential that international peace and cooperation prevail. It is imperative that the industrialized countries double their ODA and stop devoting to it only 0.25% of their Gross National Income. It is vital that those powerful that plunged us into the neoliberal frenzy that is useful only to some stop subsidizing their agricultural production for more than 250 billion dollars and allow us to access their markets. We would have to stop devoting 18% of our exports to the payment of the external debt services.

Mr. Chairman,

The socio-economic changes undertaken in Cuba since 1959 have allowed to build a more just and supportive society where economic growth and social development have been harmonized and social protection to all the population has been guaranteed, even at the most complex and difficult moments.

In Cuba, the entire population has access to free health care and education. Life expectancy is over 77 years; the mortality rate is 5.3 for every 1000 live births -the lowest in all the Americas. Our children are protected against 13 preventable diseases; there is 100% of primary and 99% of secondary education coverage; 800 000 Cubans, over 7% of our population, are university graduates; and full employment has been achieved, with a 1.9% rate.

From this great work of equity, wellbeing, justice and dignity, we have entered into a demographic transition process that poses important challenges for our society. Thus, in Cuba already 16% of the population is over 60 years old, and it will reach 25% in 20 years. This, along with our sustained low birthrates (9.9% for every 1000 inhabitants in 2006) will bring about that in Cuba not only there will be a lower infant population rate but the working population will also decrease.

Cuba will continue to give a very high priority to the assistance to our senior citizens and to the most socially vulnerable age groups despite the economic, financial and commercial blockade imposed by the US Government.

Mr. Chairman,

Cuba will continue to broaden solidarity and cooperation. Therefore, currently more than 39 000 Cuban specialists of health care, sports and education provide their services of cooperation in 110 nation of all continents, 29 223 of them in the health care area. We have also developed a program of scholarships benefiting hundreds of thousands of Third World youths, including the 12 000 students from 27 countries currently training in the Latin-American School of Medicine. A program has been undertaken through which 300 000 patients from other countries have been operated on and given back their sights free of any charge in Cuba.

To increase life expectancy, improve the health indicators and the quality of life, and for a possible benefit of demographic transition for all, a just, equitable and sustainable economic order shall have to be built.

Thank you very much.