



REPUBLIC OF ZAMBIA



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STATEMENT

BY

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TO THE

**FORTY-SECOND (42ND) SESSION OF
THE UNITED NATIONS COMMISSION ON POPULATION
AND DEVELOPMENT**

**IN RESPONSE TO THE PRESENTATION BY
H.E. SYLVIE LUCAS, PRESIDENT OF ECOSOC AT THE MEETING OF THE
COMMISSION ON POPULATION AND DEVELOPMENT**

**AGENDA ITEM 6: CONTRIBUTION OF POPULATION AND DEVELOPMENT
ISSUES TO THE THEME OF THE ANNUAL MINISTERIAL REVIEW IN 2009**

New York
2nd April, 2009

I would like to thank the President of ECOSOC, H.E. Sylvie Lucas, for her presentation of the preparations for the Annual Ministerial Review in 2009, which will focus on “Global Public Health”. Improvements of health are crucial for the wellbeing of populations and consequently, the theme of the AMR is of particular importance for the work of the Commission on Population and Development. In addition, health can both affect and be affected by population processes. Please allow me to point out some of these interrelations.

At the 2005 World Summit, Governments committed to ensure universal access to reproductive health by the year 2015. Implicit in that commitment is that women and men have the right to be informed about contraception and to have access to safe, effective, affordable and acceptable methods of family planning. Yet, for millions of people, particularly those living in low-income countries, that commitment remains unfulfilled.

We have heard this week that there are 106 million married women who are at risk of becoming pregnant and who either do not want any more children or want to delay their next pregnancy but who are not using contraception. These women are said to have an unmet need for family planning. Many of them report that they do not use contraception because they have no access to it. Others have limited information about the contraceptive methods available. In both cases, expanding their access to information and family planning services would provide them the means of planning their families as they desire.

Furthermore, by expanding access to family planning, it is possible to reduce the numbers of women who die from maternal causes. We have noted that by averting unplanned and unintended pregnancies through contraception, the number of maternal deaths can be reduced markedly.

Women with an unmet need for contraception are at higher risk of becoming pregnant, and if they become pregnant they are more likely than women who wish to become pregnant to undergo abortion. Worldwide, an estimated 13 per cent of all maternal deaths result from abortion. Prevention of unwanted pregnancies through contraception would result in marked declines in the number of abortions.

The health benefits that come from family planning are not restricted to reducing maternal mortality. Substantial reductions in infant and child mortality would also result from better access to family planning that would permit women to space their pregnancies better and avoid high-order births. And these are just some of the beneficial effects of wider accessibility to effective family planning methods.

Therefore, Madame President, the major message of this Commission is that population policies that support access to family planning have a great potential to improve global public health. But effective implementation of such policies requires adequate funding. Yet, over the past decade, funding levels for family planning have declined on a per capita basis in most countries. Substantial increases in both domestic and external

funding for family planning are necessary if reproductive health for all is to be assured by 2015.

Furthermore, for us to make meaningful gains in maternal mortality reduction, there is need to strengthen Emergency Obstetric and Neonatal Care (EMONC). This is very important because even after planning her pregnancy, a woman may develop a pregnancy complication and may die if she does not have access to Emergency Obstetric and Neonatal Care.

Coupled with this request is the need to improve infrastructure related to conducting safe delivery. Governments in developing countries have been encouraging families to ensure that deliveries occur in health facilities. However, the infrastructure does not allow this to happen due to inadequate space, equipment supplies and communication facilities.

I hope you find these messages compelling and that you agree with the Bureau of the Commission that it would be important to highlight them at the AMR, perhaps by the participation of the Chairperson of the 42nd Session of the CPD in that event.

To conclude, Madame President, let me assure you that the Commission appreciates the emphasis that ECOSOC is putting on issues relevant to its work and we remain committed to supporting the work of the Council.

Thank you.