



BELGIUM

Economic and Social Council

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SPEECH DELIVERED BY

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Intervention of Belgium in the Commission on Population and Development

Mister Chairman,

More than *half a million women* worldwide die every year from complications of pregnancy and delivery. AIDS has made three million victims. In total, morbidity and mortality related to bad reproductive health make up *one fifth* of the global morbidity burden, and almost a third for women.

Family planning saves lives. Today, two hundred million women in need of efficient and safe contraception services do not have access to such services. Were that access made available to them, it would be possible to avoid more than a hundred thousand maternal deaths per year, that is, one fifth of the annual global number. In addition, when women can plan and space pregnancies, families are smaller, more prosperous, and children are in better health and better educated.¹

The Belgian experience in the area of family planning is decentralized. There are around sixty family planning centers in our country to spread information regarding reproductive health. These centers also provide a first advice and direct people to medical doctors when necessary.

Belgium also designed programs for infants and small children in order to follow the development of children from birth to age 6. Consultations are free of charge. The objective of this preventive follow-up is to ensure a harmonious global development of children. The consultations include vaccinations carried out by medical doctors, as a preventive healthcare measure. They also detect eyesight or hearing troubles, and record their remarks in a "Booklet of the child", as well as the results of their observations and of other tests carried out during the consultation. As soon as the doctor observes a health problem, they direct parents to their family doctor or to a care institution for therapeutic follow-up.

Transmission of HIV/AIDS is also a concern in Belgium. A policy of early detection was designed so as to stop the spread of the infection and to better treat patients.

It should be mentioned that Belgium adopted in 2000 a law to criminalize explicitly genital mutilations. This law was adopted after our NGOs drew attention to excision practices on our territory.

The Belgian system of mutual insurance affords access to healthcare to all layers of the population, although access sometimes still appears difficult for certain categories like the homeless.

¹ <http://www.maisonmedicale.org/Les-droits-sexuels-et-reproductifs.html>

There are in our country numerous deaths due to non-communicable diseases such as cardio-vascular diseases or cancer. Prevention policies such as the prohibition of smoking in restaurants or encouraging the practice of sports were promoted through several campaigns.

The rights to health and to healthcare, including sexual and reproductive rights, form an integral part of *Belgian development cooperation policy* in the area of health and gender equality. The health sector constitutes almost 10% of our official development assistance, or 130 million euro in total, and is a priority sector in more than half of cooperation programs with our 18 partner countries.

Belgium is convinced that reinforcing healthcare systems in general, and particularly primary healthcare, provides the best guarantee for the right to health for all. The Belgian development cooperation, in the framework of its political dialogue with its partner countries and in its programming, intends to continue promoting a better integration of reproductive and sexual healthcare, including HIV/AIDS services, in healthcare systems. This is an essential condition to achieve the Millenium Development Goals, particularly those related to reducing maternal and child mortality.

Through its multilateral cooperation, Belgium contributes to the regular budget of partner international organizations that work, each according to their mandate, towards the implementation of the Cairo Program of Action, at the normative or the operational level. This is in particular UNFPA, WHO, UNICEF, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as UNIFEM for gender issues.

Through « university development commissions » in both main regions of the country, universities regularly send professors, doctors and researchers on missions in developing countries. This expertise serves to strengthen the capacities and the quality of hospitals, as well as the training of medical and paramedical personnel. Higher education institutions in our three national communities also welcome doctors from developing countries for specialization or retraining courses.

Mister Chairman,

The follow-up of the Cairo Action Plan is not yet a successful gamble. At a time when reproductive health rights are increasingly timely and important, when poverty is largely feminine, and when access to education for girls is still limited in certain regions of the world, we need to be even more vigilant.

Healthcare systems, with a focus on primary healthcare, remain of primary importance. Such a qualitative access is necessary to fight both maternal and child mortality. Other key elements are strengthening the training of medical personnel, and the integration of healthcare systems in national and budget strategies.

Reproductive health rights must be accessible to all. Information on these rights is key to allow women to decide on their future family life. Women in good health and children with perspectives for the future are elements for a more peaceful future.

This is why we view the issue of women empowerment, the foundation where everything begins, as an equally important theme for the upcoming ministerial meeting of the ECOSOC on equality.

I thank you for your attention.