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ECONOMIC AND SOCIAL COUNCIL

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Commission on Population and Development
Forty-third session

Agenda Item 6:
Contribution of population and development
issues to the theme of the annual
ministerial review in 2010

United Nations, New York
15 April 2010

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Thank you Mr. Chairman.

At the outset, I wish to warmly congratulate you for your professional and good-spirited chairmanship of this 43rd Session.

Before continuing, I also wish to express personal condolences to the people and the Government of the People's Republic of China following the tragic earthquake yesterday.

Mr. Chairman,

Following the recommendation of the 41st session of this Commission, our discussion today aims to highlight the contribution of population and development issues to the implementation of the Millennium Development Goals and commitments regarding gender equity and equality, and empowerment of women.

In this context, the State of Israel is among the countries where the issues of gender equality and women empowerment are given high priority in public discourse and in social, economic and health-related policies. While policy achievements rarely match the more ambitious hopes and goals of policy planning, Israel's performance and achievements in this crucial area provide an excellent yardstick for international comparisons.

With an estimated 7.6 million inhabitants, Israel ranks 93rd in size out of 209 countries and territories. More specifically, Israel ranks 27th in terms of the United Nations' Human Development Index.

Despite its small size, Israel enjoys a diverse cultural, religious, and political society. While the Jewish community makes up the majority of the population, Muslims, Druze, and Christians (most of whom follow the Greek Orthodox Church) make up substantial minority communities, along with followers of other religions and persons with undetermined religious affiliation. In a world of rising multiculturalism, Israel's diversity represents an increasingly common model that reflects – among other determinants – the continuing high incidence of culturally and economically heterogeneous international migration.

Since its rebirth, Israel has welcomed millions of immigrants from the Middle East, Europe, Africa, Asia, as well as North and South America. Since 1989, Israel absorbed over 1,500,000 immigrants from the countries of the former Soviet Union. Throughout the 1980s and 1990s, Israel also welcomed tens of thousands of immigrants from Ethiopia. In addition to these demographic realities, Israel is also home to more than 200,000 documented or undocumented temporary contract workers, and to a growing number (now close to 10,000) of refugees – mostly from African countries. The total share foreign-born individuals in Israel is among the highest in the world.

Such demographic trends require particular attention to the status of women in order to achieve full equality and empowerment for women.

Recalling the general suggestions of the United Nations Human Development Program, the three primary goals are to promote: (a) longer and healthier lives; (b) the attainment of training tools that will allow the pursuit of successful work activity; and (c) the achievement of economic resources needed to sustain one's self and one's own family.

Country performances should be tested against these benchmarks. In this respect, Israel's historical and more recent record in achieving such gender-promotion goals stand out as a shining success, though much remains to be done.

First, regarding health indicators, the high life expectancy and low infant mortality rates of Israel's population testify to a high-quality, universally-available healthcare system. Frequent requests to receive medical treatment or advice in Israel by people in the region and beyond testify, indeed, to Israel's excellent medical treatment and care facilities. This phenomenon reflects the untapped potential of regional health cooperation, and Israel stands ready to engage with all its neighbors for the betterment of all in the region.

The gender differential in Israel, similar to most other developed countries, indicates higher life expectancy for women. However, in Israel's case the gender differential is somewhat less conspicuous as a result of a higher-than-average life expectancy for the male population. As is well documented from historical and recent research on Middle Eastern populations, this phenomenon is probably explained by lesser exposure to specific health risks, specifically in this case the over-consumption of alcohol.

Regarding levels of educational attainment and training, it is now an established fact in Israel that women have surpassed men. With nearly universal school enrollment and high rates of completion of secondary education, the percentage of women with post-secondary education – at the College, Masters, and now also PhD levels – is higher than the male equivalent.

Such high performance of women in educational attainment is both the necessary prerequisite, and also a solid indicator of future professional achievement. However, in this regard, gaps still exist when comparing workplace achievement and income between men and women. In practice, the presence of women is largely established in the highly educated professional world and at mid-level managerial responsibility levels, but less so among top jobs.

Nonetheless, a short survey of role-model public figures shows an increasing presence of women in top executive posts. In addition, while Israel is one of only a handful of countries that had a woman serve as Prime Minister, we continue to witness increasing numbers of women who serve in the government and its affiliated branches. On this matter, I wish to mention that the Israeli Ambassador to the United Nations is the first woman nominated to this position, Ambassador Professor Gabriela Shalev.

Such indicators reflect positively, and Israel remains committed to addressing this issue in a comprehensive fashion through, *inter alia*, affirmative action legislation and legal frameworks that guaranteed equality in both word and deed.

Mr. Chairman,

I would like to complement this brief survey of the implementation of gender-equity goals in Israel with two final considerations of broader importance for the development of a holistic approach to population issues and policies. One important consideration is the constant interaction that exists between variables and processes that apparently operate in separate realms. As a custom, these processes are considered analytically and politically separate from one another. To some extent indeed, this has also been the case in our deliberations here. Let me demonstrate one specific example of the need to consider such meaningful interaction.

When we consider health and social policies, no achievement will be possible without appreciably expanding public and private resources invested. Such financial burden significantly reflects state revenues that in turn largely depend on labor force participation and on productivity. Therefore, age composition and the share of the productive age profile of the population are a crucial part of the broader picture. But in turn, age composition, namely the number of young adults – besides the possible effects of international migration – primarily reflects fertility and birth-rate levels during the preceding tens of year.

Ideally, a society's best interest would coincide with achieving and preserving a balanced age composition so as to ensure that a younger adult productive population will constantly provide the state and its planning and social security institutions the economic means needed to match the growing impact of the elderly in society. The latter is precisely what will stem from widespread health improvements following the successful implementation of United Nations goals and programs of action.

It follows that the theme of reproductive health is doubly important: as a primary part of the Millennium Development Goals in the short run; and as part of a major societal equilibrium goal, whose importance can only be realized in the long run.

My last comment concerns the important mediating role of cultural organization in population patterns. It is well ascertained that culturally-rooted norms can crucially shape the family, reproduction, education, labor force participation, morbidity, mortality, survivorship, and quality of life. Particular attention should be devoted to the differential effects of such widespread cultural norms and customs concerning exposure to health risks, access to health care, and the combined impact of health improvements and gender-equality on human development. Some of these mediating effects naturally enhance human development while some may have negative effects.

Cultural norms and diversity are here to stay, in spite of the blending and assimilation that are typical of an open global society. It is therefore imperative that any plan of action aimed at promoting better health, life quality, and gender equity devote attention to social norms and customs. The challenge is to find how traditional values can be turned into a factor that will effectively help achieving and promoting Millennium Development Goals.

Thank you Mr. Chairman.