

PERMANENT MISSION OF THE KINGDOM OF THE NETHERLANDS TO THE UNITED NATIONS

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STATEMENT BY

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UN Commission on Population & Development

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Ladies and gentlemen,

The rights and opportunities of women and girls form a high priority within the Dutch development policy and within the Netherlands' foreign policy as a whole. A great deal has been achieved since the adoption of the Beijing Declaration and Platform for Action, and the adoption of the Cairo Programme of Action at the International Conference on Population and Development. At the same time, we need to do more to meet the challenges that remain. These include achieving MDG 3 and 5.

Last year's impressive WHO report on women and health drew attention to gender inequality on increasing exposure and vulnerability to risk, limiting access to health care and information, and influencing health outcomes. The report called on the international community to consider the consequences and costs of failing to address health issues at appropriate points in women's lives.

In the short time available to me today I would like to talk about sexual and reproductive health and rights of women and girls. The WHO report shows that the leading causes of death among young women in developing countries are complications related to pregnancy and childbirth. Globally, the leading cause of death among women of reproductive age is HIV/AIDS. These are priority areas for the Dutch government.

This week *The Lancet* published encouraging new figures on progress in combating maternal mortality. The article shows that investing in women and their needs is making a difference. However, far too many women are still dying during childbirth. And, despite the progress made, maternal mortality has increased in some countries, particularly in those severely affected by HIV and AIDS. We thus need to redouble our efforts. The study's findings reinforce the need to focus on universal access to reproductive health. Investing in universal

access to reproductive health benefits men and women alike, but is particularly beneficial to women and girls because of their specific needs and vulnerabilities.

The Netherlands has designated gender and sexual and reproductive health and rights as two of its priority intervention areas in development cooperation. As a member of the global community we are keen to engage with all relevant partners to promote reproductive health. We work with NGOs and other bilateral and multilateral partners to close the gaps, helping to train midwives in countries with the worst rates of maternal mortality, such as Afghanistan and Sierra Leone. We also contribute 30 million euros a year to the Global Programme on Reproductive Health Commodity Security. In addition to practical interventions, the Netherlands works to promote sexual and reproductive health and rights among other key players. Last year, for example, we organised a high-level meeting on maternal health and MDG 5 in Addis Ababa, together with UNFPA.

Gender and health are intrinsically linked at many levels. The same applies to gender and other issues, such as education, employment and political participation. Gender equality and women's empowerment need to be at the heart of our policy priorities. Policy priorities and actions that fail to recognise the role of women will have only limited success, and may actually cause harm.

The Netherlands subscribes to the operational framework adopted by the UN MDG Taskforce on Gender Equality by focusing on areas such as education and health, access to resources and opportunities, and security. This reflects our long-term commitment to improving the position of women in developing countries. We have also adopted the seven priority areas identified by the Task Force for monitoring progress in implementing MDGs 3 and 5. There is no time today to share our experiences and challenges, but we intend to do so at the annual ministerial meeting of ECOSOC in July. We look forward to a lively discussion on that occasion and to hearing suggestions for optimising results.

Thank you.