



# PORTUGAL

UNITED NATIONS

Commission on Population and Development  
Forty-fourth Session

Item 4: General debate on National Experience in Population Matters:  
Fertility, Reproductive Health and Development

Statement By  
H.E. Ambassador João Maria Cabral  
Deputy Permanent Representative

New York, April 12, 2011

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Mr. Chairman,

Allow me to begin by congratulating you and the other members of the Bureau on your election to preside over this session of the Commission on Population and Development.

We align ourselves with the statement made by our Hungarian colleague speaking on behalf of the European Union, on this year's theme "Fertility, Reproductive Health and Development".

We would like to take this opportunity to reaffirm Portugal's support for the entire agenda of the International Conference on Population and Development (ICPD), the key actions for the further implementation adopted at the ICPD+5, and the internationally agreed development goals, including the Millennium Development Goals (MDGs).

Mr. Chairman,

Regarding this year's main theme "Fertility, Reproductive Health and Development", let me briefly present to the Commission the main progresses achieved by my country.

Since 1994, despite the growth in the population of Portugal the ageing process accelerated due to a decline in fertility combined with increases in life expectancy. By the end of last century, the number of persons aged 65 or over outnumbered those under 15.

The reduction of mortality levels, especially infant mortality - 3.7 deaths per 1000 live births in 2009 - contributed to the increase of life expectancy at birth, which according to the latest estimates for 2007-2009 is now 75.8 years for men and 81.8 years for women. At the same time, the maternal mortality rate is not significant (0.13 per 100.000 in 2009).

Nevertheless we must acknowledge that we register a very low fertility rate (1.3 children per woman, in 2009). Since Cairo, the fertility pattern in Portugal has shifted, with fertility decreasing in younger people and increasing in older women. The mean age of women at first birth increased by three years and is now 28.6 years of age. Over the same period, the percentage of live births born out of wedlock doubled to 38.1 %.

To respond to the significant impact of fertility among adolescents - 15.5 live births per 1000 girls aged 15-19 in 2009 - measures and actions were taken in education of adolescents and family planning.

We also expect that in the future the population in Portugal will be substantially older than it is today. Further steps to cope and reverse this trend are being taken, but for the time being, like other countries with low fertility, international migration is becoming an increasingly important component of population growth.

Mr. Chairman,

In order to ensure equity and universal access to reproductive and sexual health services, additional measures and legislation were introduced in 2007, to strengthen the system's capacity.

To respond to the worrying trend observed in the decrease of fertility rate, measures were adopted in our National Health Plan in the area of sexual and reproductive health, such as the Infertility Referral Network and investments were made in logistics for services providing care in the area of Infertility and Medically Assisted Procreation (MAP). In this context, we established an online mandatory registration system to monitor this process, which includes financing the first cycle of treatments for couples who have been in waiting list for over one year. We also increased to up to 69% the co-payment in some medicines used for treatment of infertility and MAP.

On what contraception is concerned, based on information from the 4<sup>th</sup> National Survey (2005-06) of all women married or in union aged 15 to 49, the prevalence of use of contraceptives is 88.5%, the contraceptive pill being the most used method.

Regarding safe voluntary pregnancy interruption (VPI), it is an option available to women, up to the 10<sup>th</sup> week of pregnancy. Voluntary pregnancy interruptions in hospitals, according to the 2009 Survey represents 18.2% of the total live births.

Mr. Chairman,

As for infertility, in order to guarantee the access to quality reproductive health services, new standards for hospital and primary healthcare have been developed giving an adequate framework to specialist doctors in general and Family Medicine and Gynaecology/Ob.

We would like to underline:

- Initiatives in support of pregnant and postpartum women including free administration of the "*Pandermix*" vaccine to vulnerable groups;
- The introduction in the National Immunization Plan of the Human Papiloma Virus (HPV) vaccine aiming to prevent infections and further decrease, on the long run, the incidence of cervical cancer;

Our National Gender Strategy for Development Policy focus on the promotion of women's economic empowerment, through access to education, the promotion of sexual and reproductive health and rights, combat all forms of gender based violence and conciliation of work and family responsibilities. Currently, in Portugal maternity leave is:

- For mother only: 120 days of paid leave at 100% or 150 days of paid leave at 80%;
- If shared with father: 150 days of paid leave at 100% or 180 days of paid leave at 83%.

Other concerns related to deprived groups and adolescents have deserved our special attention and care, namely:

- Exemption of administrative fees on access to family planning, screening for fetal anomalies, antenatal care, birth delivery and puerperium, including for migrant population regardless their legal status;
- Distribution of regular contraception, exempt of fees, in family planning services at hospitals and health centres;
- Free access of pregnant women to dental care;
- Actions by mobile units addressed to populations in urban deprived peripheries.

Mr. Chairman,

A word on the issue of the incidence of HIV/AIDS infection and sexual transmitted diseases. The prevalence of diagnosed cases of AIDS in Portugal increased in 2009 resulting in a variation of 4% comparatively to the previous year. However, the pace of growth is now slowing down mainly as a result of providing condoms and female preservatives to sexual partners of infected persons.

Mr. Chairman,

Our strong commitment to promote gender equality and the empowerment of women is also a key element in our approach to development assistance. In this regard, our efforts are channelled towards the priorities of our partner countries, reinforcing their efforts at achieving the MDGs, with a strong focus on education, health, professional training and poverty reduction.

Finally, allow me to refer to a project we consider to be a success case in the promotion of women's reproductive rights and the protection of maternal and newborn health. It is a long-term project in Guinea-Bissau, involving the revamping of 12 health units of Obstetric and Neonatal Emergency Care in rural areas, where the death rates for women giving birth are still amongst the highest in the world. In less than two years, there have been significant changes in the equipment of these rural hospitals and also in their staff capacity. Community educators have been trained and awareness campaigns in local media have been promoted.

The reduction of high maternity rates can only be achieved through investment in women and girls: in their education, in their health, in the promotion of access to family planning and reproductive care as mentioned in the ICPD Programme of Action, the Beijing Platform of Action and the Millennium Declaration.

Thank you Mr. Chairman.