



**As Delivered**

**United Nations Commission on  
Population and Development**

***Cairo at 10:  
Moving Forward***

**Statement**

**by**

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Mr. Chairman, Members of the Commission, Ladies and Gentlemen,

Good morning. It gives me great pleasure to address the opening of this thirty-seventh session of the Commission on Population and Development. Let me begin, Mr. Chairman, by congratulating you and the members of your Bureau on your election as officers of the Commission this year. I would like to express my appreciation to my colleague, Joseph Chamie, and the staff of the Population Division of the United Nations Department of Economic and Social Affairs, for their hard work in organizing this meeting.

I would also like to commend the very important work that the Commission on Population and Development is doing. It continues to be a privilege for us at UNFPA to work closely with Member States through the Commission to implement the Programme of Action of the International Conference on Population and Development.

Mr. Chairman, it is especially gratifying to be here during the tenth anniversary year of the historic Cairo Conference. Ten years ago, delegates and commentators around the world hailed the Cairo consensus as the beginning of a new era. And rightly so, the Cairo consensus states that the empowerment of women and gender equality are indispensable to development. It calls for universal access to education and reproductive health services. And it proclaims that sexual and reproductive health is a basic human right.

This spurred a significant shift in development thinking. Population policy has shifted away from a top-down government approach based on managing human numbers, to a totally voluntary, individual-centered approach focused on improving the quality of human life. It is a forward-looking vision that centres on increasing choices and opportunities so that people can reach their full potential. Today we know that if family planning, education and other health services are available, individuals will do what is best for themselves and their families. This in turn, is leading to population stabilization, in the long run; and it is reducing poverty within households and within nations.

In Cairo, the ability of women to control their own fertility and make decisions free of discrimination, violence and coercion were proclaimed as cornerstones of population and development policies. Today reproductive rights are considered central to women's empowerment and advancement.

But let us not be fooled into thinking that the Cairo agenda is for women only. Yes, women have much to gain, but so does everyone. This agenda is for all of us—whether you are rich or poor, rural or urban, male or female. It is an agenda that strengthens families, communities and nations. It is an agenda that is holistic and comprehensive, both in its vision and in its scope. It addresses all aspects of population—including

gender, reproductive health and rights, education, fertility, mortality and population growth rates, age structure, migration, urbanization, and the environment.

All of these population issues are dynamic forces shaping our world, which cannot be ignored. The Cairo agenda puts all of these issues together and connects the dots. And it recognizes that in the end, population is about people. It is about enabling people to take charge of their own lives, to advance economic growth, to reduce poverty, to participate fully and achieve sustainable human development. The Cairo agenda shows us the way forward in addressing all of these complex and interacting forces, in a framework that is firmly grounded in human rights, with respect for national sovereignty and due consideration given to cultural diversity.

Mr. Chairman,

We are moving forward. In his report reviewing progress, which is before the Commission (E/CN.9/2004/3), United Nations Secretary-General Kofi Annan states, and I quote: “The decade following the adoption of the Programme of Action has been one of substantial progress. The world is beginning to see the end of rapid population growth, couples are closer to achieving their desired family size and spacing of children, mortality is declining in most countries, and there is evidence that many countries are taking the necessary steps to confront HIV/AIDS...” Unquote.

A girl born today in the developing world faces better prospects than a girl who was born ten years ago. School enrolment rates are increasing, mortality is declining, and life expectancy is rising. But let us not look only through rose coloured glasses. The reality is that progress is uneven, and in some cases there is a back peddling. At the 20-year mid-point of the Cairo Programme of Action, I would say the cup is half full, and half empty. We need the strength and determination of a marathon runner to meet our goals during the next decade.

And there is reason to believe that this strength and determination can be summoned. All over the world, the overwhelming majority of countries have adopted the Cairo agenda as their own. At the regional reviews that have been organized by the United Nations regional commissions, in cooperation with UNFPA, governments and citizens have voiced their strong support for, and reaffirmation of, the ICPD Programme of Action. From Bangkok to Port of Spain, and from Geneva to Santiago, the message has been delivered loud and clear. And it is: We own the Cairo agenda, and we have integrated it into our laws, our policies and our actions.

There is widespread agreement that the achievement of the Millennium Development Goals—to reduce extreme poverty and hunger, maternal and child mortality, and the spread of AIDS—cannot be achieved unless greater action is taken to ensure women’s rights, and to ensure universal access to education and reproductive health services. In a world of competing demands and injustices, the Cairo agenda is a vision of hope.

Mr. Chairman,

Ten years ago, the chances of a refugee or a displaced person getting basic reproductive health services were slim to none. Today, minimum standards, guidelines and protocols have been agreed upon and put into place, and services are increasingly being provided.

Ten years ago, the issue of migration was considered important. Today, it is viewed as critical. There is increasing acknowledgement that greater cooperation is needed at all levels to manage migration in a positive and sensitive manner, with full respect for human rights and greater transparency.

Ten years ago, there was only one hospital devoted to the treatment of fistula, a dreadful but preventable condition caused by obstructed labour. Today there is increased awareness and action, and the two million women and girls awaiting surgical repair now have real reason for hope.

Ten years ago, violence against women and girls was very often a matter shrouded in secrecy and shame. Today, gender-based violence in all its forms is routinely condemned. There is far greater awareness and far less tolerance for female genital cutting and other human rights violations.

Ten years ago, it was still considered radical, and even taboo, to talk about adolescent sexual and reproductive health. Today, the issue is an emerging worldwide concern.

Ten years ago, the full impact of AIDS was yet to be felt. Today AIDS is recognized for what it is—a threat to health, and a grave threat to development. Progress has been made to reduce stigma and discrimination and to galvanize greater action for prevention, care, treatment and support. But far greater efforts are needed. And HIV/AIDS prevention and treatment must be fully integrated into reproductive health services.

Mr. Chairman, distinguished delegates,

We have come a long way since 1994, and we have done it together.

All over the world, the Cairo agenda is guiding policymaking and legislation to address population issues and to secure sexual and reproductive health and rights and gender equality. A global survey conducted by UNFPA, to which 169 governments responded, shows that the vast majority of countries are taking action to integrate population concerns into development plans. Almost all countries are taking action to protect the rights of girls and women, and to support women's empowerment. Many countries are making efforts to empower women in their reproductive health choices and to encourage the involvement of men. And a majority of countries have taken measures to include reproductive health as part of their basic primary health care, and health sector reform.

Yet, despite its almost universal acceptance, in many respects the promise of Cairo remains a promise unfulfilled.

There is still a great need for quality reproductive health services, including family planning. Some 200 million women in the developing world continue to have an unmet need for effective contraception. There is still a tremendous need for information and services to prevent and treat HIV/AIDS. Every minute, 10 more people are newly infected. Today, the shortage of contraceptives and condoms in many countries has begun to reach crisis proportions.

At the same time, the persistence of high rates of maternal mortality remains a global scandal. Over half a million women still die each year from complications of pregnancy and childbirth, one every minute, making it a leading cause of death for women in the developing world. This is despite the fact that we know what must be done to save women's lives. We must ensure universal access to emergency obstetric care—that is key—and also to family planning and skilled attendance at birth.

Today, far, far too many girls and women still continue to be victims of rape, beating, and sexual trafficking. All in all, universal and effective action against gender discrimination and violence, towards true equality and women's full participation, lags behind.

Mr. Chairman,

We know that we must give top priority to the 50 least developed countries where rapid population growth and high levels of poverty and deprivation are urgent concerns.

We will report on these findings and more in our State of World Population report for 2004. We will also release the report of our global field survey this coming June in Geneva, at the annual meeting of the UNDP/UNFPA Executive Board. I would also like to note that there will be a one-day commemoration of Cairo at 10, in the General Assembly, which is tentatively scheduled for 14 October.

Overall, it is important that the ICPD at 10 process be seen in the context of a number of upcoming review processes, including the tenth anniversary of the Beijing Fourth World Conference on Women and the five-year review of the Millennium Development Declaration, to be held in 2005. Together we must ensure that these processes are mutually reinforcing. A comprehensive and coherent approach will also give impetus to the implementation of the outcomes of the major United Nations conferences and the achievement of the Millennium Development Goals.

In closing, I would like to stress that we have today a unique opportunity to make greater progress. To achieve the goals and objectives of the ICPD Programme of Action, continued efforts and commitment are needed to mobilize sufficient human and financial resources, to strengthen institutional capacities, and to nurture stronger partnerships.

We must galvanize all sectors of society—and all branches of government. Population dynamics affect all aspects of economic and social life. Reproductive health issues cut across all sectors. Thus, to move forward, we must engage policy makers, lawmakers, law enforcers, and human rights defenders. We need the health sector, the finance sector

and the private sector. We need women and young people, and men. And we need religious leaders who believe in saving souls...*and* saving lives, especially the lives of women.

It is heartening that developing countries themselves have put their own resources into these programmes. It reflects the importance they attach to these critical issues. This funding must now be matched by funding from donor nations and non-traditional funding sources. And, of course, we must ensure that it is used wisely, with good management and good results.

Today the developed world has met just half of the financial commitment promised in Cairo. There is a \$3 billion funding shortfall among donor countries for population and reproductive health programmes. And this shortfall is one of the reasons we are not making greater progress.

It is clear from our global field survey and from the regional review meetings, that the Cairo agenda is totally owned by the countries themselves and by dedicated and committed supporters within all countries. Now that the groundwork has been laid—and many laws and policies are in place—we must reinforce action to achieve greater results.

We must work together to ensure that the promises that we made in Cairo are promises that we keep.

Thank you.