



**United Nations Commission on
Population and Development**

Health, Morbidity, Mortality and Development

Statement

by

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Mister Chairman,

Members of the Commission,

Colleagues, Ladies and Gentlemen,

It gives me great pleasure to address the opening of this forty-third session of the Commission on Population and Development on behalf of the UNFPA Executive Director Thoraya Obaid,

I thank you, Mister Chairman, and the members of your Bureau on your work to prepare this session. I would also like to express appreciation to Director Hania Zlotnik and the UN Population Division. And I would like to take this opportunity to express condolences to the Vice-Chair on the loss of the President of Poland and other senior officials and passengers in the terrible plane crash that occurred over the weekend. My colleagues and I in UNFPA send our deepest sympathy to the Government and people of Poland.

Mister Chairman,

We are gathered at this session to discuss health, morbidity, mortality and development. Today, people are living longer than ever before and this is surely one of humanity's greatest achievements. Over the past 50 years, life expectancy rose in every region. The largest gains were made by developing countries where average life expectancy grew from 41 to 66 years. This is a success story.

But this increase in life expectancy is not being experienced the same everywhere. As seen in the reports before us, great inequalities persist between and within countries. In Africa, the average life expectancy is only 54 years compared to 69 years in Asia, 73 in Latin America and the Caribbean, 75 years in Europe and 79 years in North America.

Therefore our greatest challenge is to tackle inequities and meet the health care needs of all people, young and old, and especially the poor and vulnerable.

Today too many women still die in childbirth, too many children die before their first birthday, too many people are infected with HIV and many still dying of AIDS and too many women and girls suffer from obstetric fistula. Let us make no mistake about it: health is an integral part of economic and social development. And strategies to address health issues have to be seen as tied to strategies to address development broadly.

Better health is associated with higher incomes and better socio-economic status. And we know that good health goes beyond the health sector and health policies, and touches on broader social determinants such as labour, education, housing and family welfare policies. We also know that gender discrimination and violence have a severe negative impact on the health of women and girls and this is particularly evident in the case of sexual and reproductive health, which remains a neglected policy area.

Today poor reproductive health accounts for a large share of the global burden of disease. Pregnancy and childbirth are the leading killers for girls aged 15 to 19 years old in developing countries. Yet we know that if every woman had access to reproductive health services, including family planning, skilled attendance at birth and emergency obstetric care, we would achieve MDG5 to improve maternal health. Today due to insufficient investment, this entirely achievable goal is lagging behind.

During the past decade, funding for global health soared while funding for reproductive health remained stagnant and funding for family planning declined. Yet we now know that maternal deaths in developing countries could be slashed by 70 per cent and newborn deaths cut nearly in half if the world doubled investment simultaneously in family planning and pregnancy-related care.

This year, as we prepare for the MDG10 Summit in the General Assembly in September, we have an opportunity to make greater progress.

Today I call on all governments and development partners to make reproductive health a priority in national budgets, health financing and health system strengthening.

The benefits of investing in sexual and reproductive health are well-documented and far-reaching. They include reduced rates of fertility, morbidity and mortality. Besides the obvious benefits of a healthier population, they contribute to achieving broader development objectives, including higher levels of education and social equity and increased economic growth and productivity. Women who can plan their families have a greater chance to reach their full potential through higher education and employment and to contribute more fully to the well-being of their societies.

Just to give you an example: Providing family planning could prevent 53 million unintended pregnancies, many abortions, and 150,000 maternal deaths in less developed countries each year.

UNFPA welcomes and fully supports the movement towards harmonized approaches that support strong national health systems—systems that are fully staffed and equipped and can combat diseases like tuberculosis and malaria, can increase coverage of anti-retroviral treatment for HIV infected persons, can prevent all forms of transmission of HIV, including from mother-to-child, and can improve maternal and child health.

Integrated health services save money and lives and they bring us closer to achieving the health-related millennium development goals. Emphasis on a comprehensive primary care approach is essential to ensure health equity.

We support an approach to health that is based on community engagement and human rights – so that people can claim their right to health, including sexual and reproductive health, enjoy affordable, accessible quality health services throughout their life cycle and make their own informed choices.

Today we know that shortages of skilled health workers represent a major barrier to the achievement of the health development goals and make it difficult to develop and sustain the primary health infrastructure needed to reduce inequities in access to healthcare. We also know that the health worker crisis is compounded by demographic trends. With longer life expectancies and ageing populations, governments must prepare for rising health care costs and rising demand for healthcare providers. To tackle the shortages of health workers, international cooperation is urgently needed to increase investment in the training and support of health workers and to address the brain drain and health worker migration that leave some parts of the world depleted of the human resources they need – the very parts of the world that need these resources the most due to the many health challenges they face. .

Today the world has the world's largest youth population and the opportunities they enjoy will determine our common future. We need to provide young people with the education, skills and health services they need. This includes information and services for sexual and reproductive health information and services that are consistent with their evolving needs, so they can make informed, responsible and healthy decisions and contribute to their societies. It is especially important to invest in adolescent girls who are the most neglected in terms of their needs. Investing in adolescent girls will not only be the right thing to do ethically but also the smart thing to do in terms of unleashing their huge potential for greater progress and prosperity for all.

Let us not forget that we have now reached the year 2010—the date that we set for ourselves to achieve universal access to comprehensive HIV prevention programmes, treatment, care and support. We need to sustain our efforts to reach this goal with increased energy and action to reverse and halt the AIDS pandemic.

In all we do, we must redouble efforts to promote gender equality and women's empowerment with the active engagement of men and boys, to combat all forms of violence against women and girls, and end harmful traditional practices such as female genital mutilation/cutting.

At all levels, there is increasing momentum to achieve MDGs 4 and 5 to reduce child mortality and improve maternal health. This week the UNFPA Executive Director will join other experts with the UN Secretary-General in a senior strategy meeting to discuss an action plan to improve the health of women and children. And we look forward to the upcoming Women Deliver Conference in Washington DC in June and the African Union Summit on maternal and child health in July, all leading up to the MDG10 Summit in the General Assembly in September.

Of all existing international agreements for development, the Programme of Action of the International Conference on Population and Development is the most comprehensive in recognizing and addressing these complex connections. It puts people and human rights at the center and it clearly articulates the connections among many interrelated factors: human development, empowerment of women, health, population dynamics, economic

growth, patterns of production and consumption, migration, refugees, and protection of the environment.

Now is the time to Reaffirm the ICPD Programme of Action and ensure its full and effective implementation, including through the allocation of adequate resources.

ICPD Financial Flows

Mister Chairman,

While the resources devoted to population activities have increased over time, the overall funding is not sufficient to meet current needs and escalating costs.

Although both donor assistance and domestic expenditures have been increasing, current funding levels are way below the targets necessary to realize the ICPD and millennium development goals.

The main point that I would like to stress today is that the funding gap for reproductive health, especially family planning, needs to be urgently addressed to meet development goals, improve health and reduce poverty.

Today, there are 215 million women in the developing world with unmet need for effective contraception. And in both southern Asia and sub-Saharan Africa, where the largest number of maternal deaths occur, fewer than half of all births are attended by skilled health workers. Now is the time to make universal access to reproductive health an economic, social and political priority.

We must not allow the global financial crisis to prevent further investment in health and human well-being. As always, this lack of social investment will be most acutely felt in the poorest countries which are the least able to mobilize sufficient resources to fund their health and education programmes. This impact will be felt most severely by poor women and girls. And the devastating impact will be experienced most by all those who are socially and economically the most underprivileged.

Today I call on all governments to increase resources for reproductive health so we can make greater progress for women and families. I call on countries to double funding for family planning and pregnancy-related care so we can achieve MDG5 to improve maternal health.

I also call on countries to increase investments in all areas of the ICPD population package, including data collection, analysis and its use for development planning and monitoring, and the 2010 round of censuses. We need accurate and timely data to better plan and measure progress.

Mister Chairman,
Distinguished Delegates,

It is time to renew our commitment to the cost-effective and visionary ICPD agenda.

This year, as we prepare for the 10-year review of the Millennium Development Goals, let us move forward with renewed energy and commitment so we can achieve the goals that we have set for ourselves. Only a quantum leap in our investments and going beyond rhetoric to action will make that critical difference for success.

Thank you.