



AUSTRALIAN MISSION TO THE UNITED NATIONS

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**Commission on Population and Development
45th Session - 24 April 2012**

**General debate on national experience in
population matters: adolescents and youth.**

**Statement by H.E. Ms Philippa King
Ambassador and Deputy Permanent Representative of Australia
to the United Nations**

(Check against delivery)

Thank you Mr Chair

I would like to start by acknowledging the dedicated efforts of the parties who have developed the Secretary-Generals reports for the forty fifth session of the Commission on Population and Development. Australia welcomes the reports and supports the conclusions and recommendations from the report on adolescents and youth.

In 1994, at the International Conference on Population and Development in Cairo, the global community recognised that when women and girls are empowered and have equal rights and opportunities in their societies, poverty is reduced and fertility rates fall. We also knew at that time that universal access to family planning can save lives and support sustainable development.

Yet as the world's population passes seven billion people - some 215 million women in developing countries still have an unmet need for family planning and many women and girls are not empowered to make decisions about their fertility, family size and birth spacing. Without such access, many women and their children will continue to be trapped in a cycle of poverty and disadvantage.

1.2 billion individuals in the world are aged between 10 and 19 years. In coming years these young people will have a growing demand for family planning and governments will need to intensify efforts to meet this need.

The health, behaviour and attitudes of young people today are crucial for the health of the world's future.

Australia recognises that young people in developing countries face a disproportionate burden of poor sexual and reproductive outcomes. Young people do not automatically share in the benefits of sexual and reproductive health interventions aimed at the overall population. This is despite the knowledge that the risks faced by adolescent girls during pregnancy and childbirth are higher than women in their 20s and 30s.

It is critical that adolescents receive reliable and age appropriate information related to sex, sexuality and gender. Without access to comprehensive sexual and reproductive health education and services, young people—especially girls—are more vulnerable to reproductive and sexual health problems.

Mr Chair

Australia has committed to significantly increase development assistance through to 2015. This has included an increase in support for family planning and reproductive health services, non-communicable diseases, HIV/AIDS and education, especially for girls. At the MDG Summit in 2010 we pledged to spend \$5 billion on education and \$1.6 billion on women and children's health by 2015. Health and education are the foundation blocks necessary for young people to build lives for themselves in which they are employed, empowered and able to make informed decisions.

We are committed to supporting country-led national health policies in keeping with the agreed principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. It is also critical that all partners improve coordination around maternal and child health issues to ensure increased effectiveness of our joint efforts.

Australia is providing core funding for the International Planned Parenthood Federation, UNFPA and UNICEF, supporting their efforts to improve health outcomes for adolescents and youth. We have recently become a major donor to the Global Programme to Enhance Reproductive Health Commodity Security which is improving access to affordable, quality reproductive health commodities including through addressing the reproductive health needs of young people.

Within Australia, while young people enjoy good health relative to other age groups, they are particularly vulnerable to a number of conditions. Mental health and behavioural problems, suicide, traffic accidents, teenage pregnancy and substance misuse have become greater risks to many young people. In addition, the health and wellbeing of young Indigenous Australians remains poor, compared with other young people.

More must be done. The Australian Government is committed to improving the health of young people including by preventing HIV and other sexually transmissible infections as well as reducing the risk factors that lead to non-communicable diseases.

We are proud, in particular, of our tobacco control measures, which have contributed to significantly reducing the rate of daily smoking among Australians aged 14 years and over from 30.5 per cent in 1988 to 15.1 per cent in 2010. However the current rate of smoking remains unacceptable. An estimated 15,000 deaths occur each year in Australia from smoking, and tobacco use costs our society \$31.5 billion a year. Young people are

particularly vulnerable to tobacco addiction. That is why the Australian Government has adopted a comprehensive range of tobacco control measures, including new laws mandating plain packaging of tobacco products and requiring new, larger graphic health warnings on tobacco packs. These measures will reduce the appeal of tobacco products, particularly to young people. We are confident that our continuing efforts in tobacco control will help reach the Council of Australian Governments' target of reducing the daily smoking rate in Australia to 10 per cent by 2018.

In closing, Australia remains strongly committed to implementing the objectives of the International Conference on Population Development, the Cairo Programme of Action and the Beijing Declaration and Platform for Action; and supports targeted action on better health outcomes for young people.

We must not let ourselves be divided on this important goal. We must unite if we are to ensure the health and human rights of youth and adolescents all around the world.