



Check against Delivery

**United Nations Commission on
Population and Development**

***ICPD and MDGs:
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-eighth 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 to the Commission this year. I would also like to express my appreciation and congratulations to my colleague, Hania Zlotnik, as the new Director of the Population Division. I look forward to continued and strengthened collaboration between UNFPA and the Population Division.

It continues to be a privilege for me 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 following the resounding success of the tenth anniversary of the historic Cairo Conference. It is a success shared by all of us in this conference room. And it is a success for women, youth and men in countries around the world.

Governments in all regions have reaffirmed their commitment to the ICPD Programme of Action, and to the achievement of universal education and reproductive health by the year 2015. They have acknowledged that the issues of population and reproductive health are central to the Millennium Declaration and the creation of a world where people live free from fear and free from want, in dignity and in peace.

There is widespread agreement that the Cairo agenda makes a significant contribution to the reduction of poverty and the achievement of the Millennium Development Goals.

After all, population is first and foremost about people, about meeting their needs, respecting their human rights and investing in their well-being. It is about developing human and national capacity—so that human beings can reach their full potential.

Analysing population data and trends is the first step to successful development policies and programmes. Data for development is essential to good governance, transparency and accountability.

And experts agree that ensuring access to sexual and reproductive health information and services, including voluntary family planning, is absolutely essential for achieving the MDGs.

Both the Task Force for Education and Gender Equality and the Task Force for Maternal and Child Health have endorsed this fact and the entire Millennium Project has made it central to its core recommendations.

One of the quick wins endorsed by the 250 experts of the Millennium Project is to expand access to sexual and reproductive health services, including family planning and contraceptive information and services, and close funding gaps for supplies and logistics.

Mr. Chairman,

This relatively inexpensive, high-impact quick win holds the potential to generate major gains and save millions of lives.

It is estimated that guaranteeing access to family planning alone could reduce maternal mortality by 25 per cent and child mortality by up to 20 per cent. Ensuring skilled attendance at birth could reduce maternal deaths by 74 per cent.

Five years into the new millennium, we have an unprecedented opportunity to make the right to development a reality. During this year, we have an obligation to lay the groundwork for bolder action to bring about far-reaching change.

This is the message of the report, *In Larger Freedom, towards development, security and human rights for all*, just released by Secretary-General Kofi Annan.

In the report, the Secretary-General stresses the link between development, security and peace. He urges Heads of State and Government to launch a series of quick wins to register immediate progress. And he stresses that gender equality, education and health, including reproductive health, are critical investments and political priorities. In addition, he calls on governments to recognize the special needs of Africa and reaffirm the solemn commitments made to address those needs on an urgent basis.

This was further elaborated in the recent report issued by the Commission for Africa, chaired by Tony Blair. The report urges African governments to prioritise sexual and reproductive health within their vision of health systems and to integrate HIV and AIDS treatment and care into it as set out in the New York Call to Commitment. It says that UNFPA should work closely with the African Union and NEPAD and the World Health Organization to ensure that a clear sexual and reproductive health strategy is integral to the AU/NEPAD Initial Programme of Action.

I am happy to report that we are indeed working very closely with the AU and NEPAD and WHO and a comprehensive strategy for reproductive, maternal and child health in Africa will be launched shortly.

The Commission for Africa report also cites an estimate by UNFPA that an additional US\$300 million a year is required to make up the gap in reproductive health commodity requirements.

UNFPA is fully committed to this agenda and we know that it cannot be business as usual. We are working closely with governments in Africa and elsewhere to develop

capacity for commodity security, gender equality, women's empowerment and reproductive health and rights. We are working to reduce the incidence and impact of violence against women. We have launched national programmes to protect women from violence in several countries, including the Democratic Republic of the Congo, Morocco, Turkey, and Timor Leste.

We are also committed to an expanded and comprehensive response to HIV/AIDS. With 5 million new infections last year, it is painfully clear that greater progress must be made.

The recent high-level meeting hosted by the Government of the United Kingdom, in partnership with France, the United States and UNAIDS on "Making the Money Work" highlighted the actions needed. The recommendations provide a more effective and coordinated response to support countries to deliver effective AIDS programmes.

As we look ahead, five months from now the September Summit will be a unique opportunity for world leaders to consider a broad range of issues and make decisions that will improve the lives of people around the world.

This meeting of the Commission on Population and Development is an important part of the process leading to the September Summit. With its focus on HIV/AIDS, this meeting will also contribute to the June review of the Special Session on HIV/AIDS.

UNFPA has contributed to two reports of the Secretary-General that are before the Commission—one on resources flows for population and development and the other on HIV/AIDS, both of which will be introduced later.

Allow me now to provide a few highlights from each.

The report before the Committee on resources flows shows that funding is increasing for population and reproductive health activities, which is very good news.

As you know, the ICPD Programme of Action estimated that carrying out programmes in the area of reproductive health and the collection and analysis of population data would cost US \$17 billion annually by the year 2000 and \$18.5 billion by 2005. Approximately two thirds of the projected costs would come from developing countries and one third from the international donor community.

The report shows that while the goal for 2000 was not reached—donors mobilized only \$2.6 billion, approximately 46 per cent of the ICPD target—substantial progress has been made since then.

According to the latest figures, by 2003, it was estimated that donors provided \$4.2 billion. And we estimate that the figure for 2004 will be around \$4.5 billion. We are projecting that, if donors live up to their promises to increase funding for HIV/AIDS even further, the 2005 target of \$6.1 billion for the international community will be achieved.

Mr. Chairman,
We are making progress.

Today, I urge donors to remain on track to reach the 2005 target by living up to their commitments and continuing to increase funding levels as promised.

We need to ensure that family planning and reproductive health issues receive the attention they deserve. While increased resources are urgently needed to fight HIV/AIDS, it is important to allocate adequate resources to all areas of the ICPD population package in order to be more effective. This includes family planning, reproductive health, STD/HIV/AIDS and basic research, data, and population and development policy analysis.

There is also an urgent need to more fully link HIV/AIDS and sexual and reproductive health. Strong linkages between sexual and reproductive health and HIV/AIDS result in more relevant and cost-effective programmes with greater impact. Stronger linkages benefit from utilizing existing infrastructure for delivering maternal health, STI management, family planning and community-based outreach.

The report before the Commission on HIV/AIDS also points to the need to bring the same urgency that has been brought to the drive to expand treatment to re-intensify HIV prevention. As the old saying goes, an ounce of prevention is worth a pound of cure. In the absence of a cure or vaccine, prevention is the best and most viable approach to reverse, and ultimately halt, the epidemic.

UNFPA is committed to prevention, which must be the mainstay of any response. Prevention, care, treatment, and support are interlinked along a broad continuum, and their effectiveness is vastly improved when utilized together. We also fully support the Three Ones of UNAIDS:

1. One HIV/AIDS action framework that provides the basis for coordinating the work of all partners;
2. One national AIDS coordinating authority, and

One agreed country-level Monitoring and Evaluation system

It is clear that efforts to combat HIV/AIDS must also confront gender discrimination and violence. Today HIV infection rates are rising among women, especially young and married women, in all regions. They need the power and means to protect themselves.

Young people around the world must be provided with age-specific and gender sensitive sexual and reproductive health and HIV/AIDS education and services. Comprehensive condom programming must be an integral component of a range of HIV prevention strategies that include informed, responsible and safer sexual behaviour, including abstinence, postponing sexual début, and reducing the number of partners.

Looking longer term, we must address the underlying causes and consequences of the AIDS epidemic, including gender inequality, poverty, stigma and discrimination. We

must engage with marginalized groups, meet the needs of the most vulnerable, and ensure that programmes work together with populations most directly impacted by the epidemic.

To summarize, what we need is a more rigorous upholding of the universality of human rights, including respect for women and girls, young people, and vulnerable populations. We need greater action on evidence-informed strategies that have proven to work. We need to strengthen existing infrastructures to ensure greatest coverage and impact. In short, we need to translate our knowledge and commitments into concrete and effective action in each country, and in each community. Only then will we reach the targets we have set for ourselves.

Mr. Chairman,

In closing, I would like to stress UNFPA's commitment to make the right to development a reality. I would also like to inform members of the Commission that there will be high level meeting next week in Stockholm focusing on the benefits of investing in reproductive health, to which Ministers from developed and developing countries have been invited.

We now have solid evidence that investments in reproductive health and rights reduce poverty, reduce child and maternal mortality, reduce the spread of HIV/AIDS and promote gender equality. Our challenge is to stay on track and scale up effective interventions where they are needed most.

Thank you.