U N I T E D N A T I O N S **N A T I O N S U N I E S**

Statement by
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Madame Chair, distinguished delegates, ladies and gentleman,

As we approach the 15th anniversary of the International Conference on Population and Development, we see an impressive record of achievement. Since the Programme of Action was adopted in Cairo in September 1994, the majority of developing countries have made major progress towards attaining its objectives.

Yet, major gaps remain in the Programme's implementation, especially in the least developed countries. The persistence of these gaps is particularly worrying because, as we have known for some time, achieving the Cairo objectives can contribute, both directly and indirectly, towards the attainment of other development goals and, particularly, the Millennium Development Goals.

The Commission has thus set itself a critically important task for this session: to examine the evidence of how implementation of the Cairo Programme of Action can contribute significantly to the achievement of other internationally agreed development goals; and to review estimates of the funding levels needed to reach the Programme's core objectives by 2015. This should also contribute to this year's ECOSOC Annual Ministerial Review of progress towards the development goals, focused on the global public health agenda.

In one of the great achievements of the Cairo Conference, the ability of women to control their own fertility and make decisions free of discrimination or coercion were proclaimed as cornerstones of population and development policies. Today, reproductive rights are recognized as central to women's empowerment and advancement, which are, in turn, essential to the socio-economic development of their communities. Moreover, many countries have proven that, by enabling women and their partners to have the number of children they desire, fertility levels drop, changing population dynamics in a beneficial way.

Indeed, since Cairo, evidence has accumulated showing that reductions in fertility have many positive effects.

Let us look first at the goal of reducing maternal mortality, the MDG towards which – tragically – the least progress has been made across the world. Lower fertility reduces maternal

mortality because a woman's chances of dying in childbirth are lower the fewer the number of pregnancies she experiences over her lifetime. Enabling women to control the timing of pregnancies and to avoid unwanted pregnancies would reduce the incidence of maternal death by between 25 and 40 per cent – a major human achievement.

Lower fertility can also serve the goal of reducing child mortality. Children have much better chances of surviving infancy if they do not have siblings born too close to themselves. Furthermore, increasing the interval between pregnancies can help not only to reduce child mortality, but also to enhance child nutrition and protect the health of mothers.

Better health outcomes for women and children mean progress not only towards the health-related MDGs, but also towards interconnected objectives in the areas of education, women's empowerment, gender equality and environmental sustainability.

Finally, looking at populations as a whole, we see how fertility decline produces slower population growth and changes in the age distribution that can boost economic growth by reducing the proportion of dependants. In Asian countries, where fertility reductions have been accompanied by increased investments in education and health, having fewer children has accounted for a significant acceleration of economic growth.

This brings to life the understanding in the Cairo Programme of Action of how slowing population growth will buy time and increase the ability of countries to invest in human capital. Slower rates of population growth can also buy time to combat poverty, protect and repair the environment, and build the infrastructure to pursue a more sustainable development path.

In contrast, sustained and rapid population growth generates a drag on the economy, particularly in low-income countries. It is perhaps no surprise that countries experiencing high rates of population growth are finding it difficult to provide universal primary education or to generate the jobs needed to employ the large cohorts of young people joining the labour force.

Today, we know that fertility reductions are possible in many contexts. Rapid drops in fertility have occurred in populations at very different stages of development, with different cultural and religious traditions, and following different approaches to governance and policy support. In many societies, the expectation that their children can have a better life is a powerful motivation for parents to have fewer children so that they can provide to each better access to food, healthcare and education.

The strategies to reduce fertility and slow population growth are well known: expand awareness of modern contraceptive methods among both women and men; empower women to decide when and how to use those methods; promote male responsibility regarding sexual health and fertility; and satisfy the existing unmet need for contraception.

When better child survival is achieved through the use of modern contraception to increase the intervals between pregnancies, this can reassure parents that having fewer babies may still produce the number of adult children they desire. Studies show that, as child mortality declines and people become aware of the possibilities of controlling the timing of childbearing through modern contraception, the demand for contraception increases.

Most of the populations that still have very high fertility – of the order of four children per woman or higher – are also those where the unmet need for family planning is moderate or high. Today, an estimated 106 million married women in developing countries have an unmet need for contraception. In sub-Saharan Africa, one in every four married women aged 15 to 49 has an unmet need for contraception, mostly because she has no access to family planning services.

Getting the services to the women who need them requires resources. Yet, donor funding for family planning has not kept pace with requirements. Without adequate resources, it is difficult to overcome the lack of available services, especially in the low-income countries that desperately need them. Consequently, child and maternal mortality remain high and the world is at serious risk of not achieving some of the crucial health-related MDGs, let alone reaping the benefits that pursuing the Cairo agenda can bring to broader development efforts.

The successes achieved by many countries in pursuing the Cairo agenda indicate that we know what to do and that it can be done, provided the necessary will and resources exist. We must ensure that such will and resources materialize even – and especially – at this time of global financial and economic crisis. There is no time to lose. It is urgent for the Commission to galvanize the political and financial support of donor countries and the commitment of all Member States to accelerate the implementation of the Cairo Programme of Action over the next six years.

Madame Chairperson,

I wish you success in guiding the work of the Commission. I thank my colleague, Mrs. Thoraya Obaid, Executive Director of the United Nations Population Fund, for her continued cooperation. And I wish you all, distinguished delegates, a fruitful discussion of the issues and your usual foresight in guiding the world to a better future.

Thank you.