Check Against Delivery

Statement by

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on the

Report of the Secretary-General on the Monitoring of Population Programmes, Focusing on Fertility, Reproductive Health and Development (E/CN.9/2011/4)

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Mr. Chairman,
Distinguished Delegates,

I am pleased to introduce the Report of the Secretary-General on the *Monitoring of Population Programmes, Focusing on Fertility, Reproductive Health and Development* (E/CN.9/2011/4). The Report provides an overview of the programmatic work that UNFPA has been undertaking at global, regional and country levels, together with its partners, in the areas of fertility, reproductive health and development and highlights some of the remaining challenges.

The Programme of Action that emerged from ICPD placed human rights, equity, choice and individual decision-making at the centre of population and development policies and programmes. Ensuring universal access to sexual and reproductive health, empowering women, men and young people to exercise their right to sexual and reproductive health, and reducing inequities, are fundamental to sustainable development and to ending poverty. This was reaffirmed in 2007, when universal access to reproductive health was added as a second target to Goal 5 of the Millennium Development Goals. Moreover, SRH is now on the political agenda of leaders worldwide.

The potential microeconomic and macroeconomic returns resulting from the reduction in fertility, along with the reduction of mortality, lower dependency ratios and the increasing concentration of the population in productive age groups, are very real. Coupled with the coming of age of large cohorts of young people, these put in motion powerful incentives to economic growth.

Diversity and inequity

As the world population reaches 7 billion, it is, more than ever in the past, diversified. From region to region, but also among and within countries, different patterns of population dynamics exist, as well as different population and reproductive health policy and programmatic environments. As we have seen, we live in a world where fertility can be very high, with 6-7 children per women in some countries, and below replacement in others. Inequity in access to reproductive health is also a reality, and is often deepening. A recent study done by UNFPA shows that in Sub-saharan Africa contraceptive prevalence among women living in the wealthiest 20 per cent of households is close to four times that of those living in the poorest 20 percent.

These trends show that much has been achieved in implementing the ICPD PoA. They also show, however, that much remains to be done to fully implement the Cairo vision and reach out to those more vulnerable and often excluded. This diversity also calls for different programmatic approaches, adapting to specific realities and in the framework of national policies and plans. Inequities must be addressed within countries, as well, to ensure that the excluded and poor – those often unable to afford basic health services, including reproductive health and family planning – are reached.

Implementing Cairo has become more complex over the years.

What have we done and learned

Through implementing the ICPD PoA, UNFPA and the international community have learned much about effective policy and programmatic interventions. We have learned that sustainable delivery of quality sexual and reproductive health services requires functioning health-care systems and that SRH must be part of health system strengthening efforts. The minimum health-care package must incorporate sexual and reproductive health services at all levels, especially at the primary level. We have also learned that integrated services, in particular the integration of HIV prevention and sexual and reproductive health, need to happen at all levels.

We have learned that prevention is better for health and an improved economic choice – unmet need for family planning, for instance, leads to unsafe abortions, which cause about 13 per cent of maternal deaths globally. Ensuring universal access to safe contraceptives, strengthening governments' capacity for contraceptive security, and promoting healthy behaviors contribute to reducing unwanted pregnancies and to reducing unsafe abortions.

We have learned that sociocultural norms surrounding gender equality, sexuality, reproduction and harmful practices have to be challenged in order to address the roots of poor sexual and reproductive health and to reach people at the community level. This entails taking a multisectoral approach: integrating sexual and reproductive health policies into other measures aimed at attaining gender equity, women's and girls' rights, and universal access to education.

We have also learned that the most marginalized and vulnerable are not sufficiently factored into the design, planning and implementation of sexual and reproductive health programmes and policies.

We have learned about the importance of addressing, but also how to address the specific needs of adolescents and youth. Every year, 16 million adolescent girls become mothers. Complications of pregnancy and childbirth are the leading cause of death in African and South Asia among girls 15-19 years old. Expanding sexuality education is key as research indicates that these programmes tend to postpone the onset of young people's sexual activity and increase condom use.

Political commitment and the quality of governance at the national and local levels are crucial, as are the credibility and capacity to devise and implement sound policies for strengthening health systems and creating an enabling and equitable environment that makes universal access possible. We have seen, for instance, that a disproportionate share of public spending on health and education goes to the wealthier sectors of society.

Progress on universal access to sexual and reproductive health calls for courageous and creative programming, and the involvement of diverse actors, including development banks, civil society, faith-based and private sector partners. It will also require increasing funding while fostering cost-benefits for sexual and reproductive health. We know, for instance, that meeting the unmet need for modern contraceptives would cost $3.6 billion but would reduce unintended pregnancies and save $5.1 billion in care for women and newborns.

Partnerships

Partnership is vital for the implementation of the ICPD PoA. Recently effective partnerships in sexual and reproductive health have further solidified with the H4+ (WHO, UNICEF, UNFPA, World Bank and UNAIDS). In 2010, and in the wake of the MDG Summit in September, the Secretary-General launched its Global Strategy for Women's and Children's Health, which provides a platform for action reflecting the necessary integrated approach to address women and children's health. Also in 2010, the Group of Eight (G8) committed to identifying maternal, newborn and child health as a G8 flagship initiative, with family planning as a key component.

At a time of scarce resources, investing in sexual and reproductive health is a clear path to resolving a host of development challenges and to breaking the cycle of intergenerational poverty.

The ICPD vision recognizes both the immediate and long-term impact of enabling individuals and couples to satisfy their aspirations regarding the timing and spacing of their children. In working towards the goal of universal access to sexual and reproductive health, including to HIV prevention and treatment, many lives will be saved, and countless others, made better.

Thank you.