

Statement by
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Agenda item 3

Madam Chair, Excellencies, Ladies and Gentlemen

Thank you for the opportunity to make a statement on behalf of Partners in Population and Development (PPD).

PPD, an intergovernmental organization, was launched at the 1994 International Conference on Population and Development (ICPD). This was the coming together of ten developing countries from Asia, Africa and Latin America to help implement the ICPD Program of Action (POA), specifically for the purpose of expanding and improving South-to-South collaboration in the fields of reproductive health, population, and development.

Today, PPD, as many of you are aware of, is an intergovernmental organization of 26 developing countries, accounting for close to seventy percent of the developing countries' population.

PPD continues to be dedicated to the promotion and strengthening of South-South cooperation in reproductive health, family planning, and issues related to population policies and dynamics including ageing.

Through advocacy, policy dialogues, exchange of information and experience, capacity building, training and technical cooperation, PPD partners with both its members and other countries in implementing the ICPD Programme of Action,

PPD welcomes the theme 'Changing population age structures and sustainable development' of the fiftieth session of the Commission on Population and Development (CPD). National policy makers across countries have traditionally confronted a fundamental question: "Does population growth encourage, discourage or is it independent of economic growth?" The focus of this debate, however, has mainly remained confined to population size and growth, giving little consideration to the age structure of the population.

Bringing age structure dynamics in CPD sessions and adding a focus on the impact of the changing age structure of the population moving beyond traditional emphasis on population growth is indeed timely, relevant and necessary.

Typical changes in the age distribution of the human population are a universal temporal phenomenon and take place across the world in varying magnitudes in different countries and regions. Various social and economic factors interact and influence these changes resulting in important implications for sustainable development.

In PPD member countries, population policies played and continue to play a critical role in shaping and managing the effects emanating from changes in age structure. Policies in health, education, employment, and social protection simultaneously play mutually reinforcing roles to manage the associated challenges and enhance the potential social and economic benefits of such changes.

Within PPD member countries a demographic transition is taking place and the countries are at varying stages in experiencing declining fertility and mortality rates. In this context, the relationship between population change, changing age structure and policy choices is increasingly gaining ground in public policy discourses and policy making in these countries.

Since the adoption of the ICPD PoA in 1994, PPD member countries have witnessed considerable progress in terms of increasing the availability of sexual and reproductive health services, including family planning, improving maternal health and promoting gender equality.

There has been a 50 per cent fall in maternal mortality over the past 20 years. There have been observable public health advances in most countries. Together, these factors have contributed to increase in life expectancy, leading to a rise in the number and proportion of older persons. With both mortality and fertility declining amongst younger populations in many of the countries, and larger cohorts entering the adolescent and young adult years, timely opportunities are opening up to many countries for reaping a demographic dividend.

The consequential change in age structures and the potential of demographic dividends require governments to adopt policy changes focusing on investments in education, primary care, health, working life, pensions and health care while catering to emerging and changing demands of different segments of the society.

Giving women and girls access to family planning, reproductive health services and sexuality education is a human right and a significant investment for the future. Everyone should be able to make choices about their health and well-being.

225 million women have unmet need for family planning. By meeting this need we can increase women's empowerment, health, education levels and more.

Poor sexual and reproductive health outcomes represent a third of the total global burden of disease for women aged 15–44 years.

However, very few adolescents have access to information and counseling and integrated, youth-friendly services, especially sexual and reproductive health services without having to face discrimination or other obstacles.

Today we are aware that if all women who want to avoid a pregnancy use modern contraceptives and all pregnant women and newborns receive care at the standards recommended by the World Health Organization, the benefits would be dramatic.

Compared with the situation in 2014, there would be a reduction in: unintended pregnancies by 70 per cent; abortions by 67%; maternal deaths by 67%; newborn deaths by 77%; and transmission of HIV from mothers to newborns would be nearly eliminated. The return on investment would be an estimated US\$120 for every US\$1 spent.

We are aware that additional investments in family planning can contribute to 53% of the estimated reduction in child deaths and 47% reduction in maternal deaths due to fewer

births, in addition to significant social and economic returns. Family planning programs allow girls to stay in school, pursue their dreams and have control over their bodies even when they have children.

It is important to reiterate that the 'changing age structure' is a central element in the implementation of 'Program of Action (PoA)' of the International Conference on Population and Development (ICPD). It underlines the importance of individual life changes that evolve over the course of demographic transitions.

Major changes in age structure have been discerned in countries around the world during the period of Millenium Development Goals (2000–2015) including a steady increase in the median age. According to UN official projections, the differences in age structures among countries will rise to historically high levels during the current SDG period (2015–2030).

For PPD member countries this underscores the critical importance of understanding the impact of the changing national age structure and trend, and responding to these changes by considering optimal policies and programmes for national development.

In PPD member countries the governments have prioritized efforts in varying degrees, to advance progress in sustainable development through prioritizing investments in women's empowerment, including through sexual and reproductive health and reproductive rights, health care, education, employment and social security, linked to age structure.

Madam Chair,

One of the prime initiatives of PPD has been convening and organizing advocacy and policy oriented international forums on urgent topics in population, reproductive health and development. The objective is advocating and mobilizing collective commitment and support of its members towards issues of population dynamics, sexual and reproductive health services, women's empowerment, and policies for social protection for ageing.

Launching of the Global Commission on Ageing in Developing Countries – Oct 2014 – in Beijing was specially intended to focus our attention on ageing in developing countries. As the Chinese saying goes: "People are getting old before they get rich" in most of the developing countries.

Through advocacy, knowledge management and sharing of expertise, the Global Commission is assisting the member countries to incorporate the issues of ageing into the national development planning process.

The recently held PPD Inter Ministerial Conference on Population and Development in Dakar in November 2016, hosted by the Government of Senegal, the United Nations Population Fund (UNFPA), and PPD, adopted the 'Dakar Call for Action'.

This consensus document recommitted all PPD member countries to collectively support and strengthen the national, regional and global efforts to fast-track population and development priority actions in the context of achieving the sustainable development goals.

The member countries more specifically expressed their commitment to accord greater importance to advancing population dynamics including demographic transition and age structure, and mainstreaming them into national development plans.

Recognizing that population dynamics is central to all development action, the Declaration urged the governments to capture the subtle and complex interdependence of population dynamics vis-à-vis health, education and access to social amenities, in their planning endeavors.

Madam Chair,

In concluding, PPD emphasizes that further implementation of the ICPD Program of Action (PoA) requires a revitalized global partnership that incorporates all relevant stakeholders at the national, regional and global levels.

It is disheartening to note that some of the critical development partners are shying away from their global responsibilities. Particularly, defunding UNFPA, the primary custodian of ICPD.

Hope global South to South Partnership may fill in some of this void through greater partnership and sharing of technical expertise and resources.

As part of this approach and in line with the positive experiences across many developing countries, PPD is committed to advocate and support experiences in South-South cooperation in population and reproductive health that have proven to be effective.

Thank you for your attention.