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Official Records

President: Mr. Ali Abdussalam Treki (Libyan Arab Jamahiriya)

In the absence of the President, Ms. Štiglic (Slovenia), Vice-President, took the Chair.

The meeting was called to order at 3.05 p.m.

Agenda item 48 (continued)

Integrated and coordinated implementation of and follow-up to the outcomes of the major United Nations conferences and summits in the economic, social and related fields

Commemoration of the fifteenth anniversary of the International Conference on Population and Development

The Acting President: I now give the floor to Her Excellency Ms. Mara Brawer, Under-Secretary for Equality and Quality of Education of Argentina.

Ms. Brawer (Argentina) (*spoke in Spanish*): At the outset, I would like to convey to the Assembly the greetings of our President, Cristina Fernández de Kirchner. Argentina is very happy to join in this gathering as we commemorate the fifteenth anniversary of the International Conference on Population and Development, which offers an important opportunity to assess the progress that has been made and to revitalize our efforts to achieve the goals agreed at Cairo with a view to facilitating the achievement of the Millennium Development Goals (MDGs).

Our country firmly supports the Programme of Action (see A/CONF.171/13/Rev.1) of the International Conference on Population and Development, which

clearly reflects the close links among population, poverty, health, education, models of production and consumption, and the environment.

The profound international financial crisis, coming half-way to the deadline for achieving the Millennium Development Goals, seriously jeopardizes our ability to achieve the Goals. Until 2008, significant progress had been made at the global level in the reduction of poverty and the eradication of hunger, as well as in relation to the commitments made in the area of education. However, the international economic crisis has put the brakes on these significant achievements, and today international organizations consider it unlikely that we will be able to achieve the commitments linked to the Millennium Development Goals.

In the case of Argentina, it is fortunate that our country is enjoying its lowest degree of economic and financial vulnerability in recent decades. The growth in Argentina's economy in recent years has enabled the Argentine Government to increase the resources allocated to social policy. This is the case because Argentina promotes a socio-economic model that seeks to redress social inequalities and to promote inclusion and social progress by creating opportunities that guarantee equal access to education, health care, housing and decent work, which promotes production commensurate with the increased purchasing power of the majority of the population.

As we understand it, economic growth must be guided by the political will to create quality employment. The rule of democracy and the

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eradication of poverty are sustained by decent work, as evidenced by the fact that Argentina was one of the first countries to identify decent work as a factor of the Millennium Development Goals. The Argentine experience indicates that when job creation is made the central strategy of poverty reduction, it is possible to achieve highly satisfactory results in the attempt to meet the other Millennium Development Goals.

Argentina considers education to be a national priority and a State policy. We see education as being a public good, a fundamental right and a joint responsibility of society as a whole. The principle of equality recognized by our National Education Law is a key pillar of the search for a just and democratic society.

When the Millennium Development Goal of achieving universal primary education by 2015 was set, Argentina came very close to achieving it very quickly, and continues to make progress in this area, having added the goal of universal secondary education. Similarly, convinced that the efforts of society and public policy must be centred on the human being if we wish to improve the quality of life of peoples, reduce poverty and social exclusion, and ensure equal opportunity and the development of individuals and communities, Argentina believes health to be a human right essential to development.

It is the responsibility and a duty of the State to implement health-care systems and policies to that end. In that respect, my country understands that health must take precedence over economic interests. Health determines the development and growth of a nation, and that is why we consider health care to be an investment, not an expense, and a responsibility of the State and society as a whole.

The problems of health go beyond national and jurisdictional borders. We must therefore address, on the one hand, situations relating to such long-standing problems as poverty and social exclusion that remain unresolved, and, on the other, new problems related to the environment, increased longevity, new modes of living, new diseases or the re-emergence of old pathologies. Argentina is therefore convinced that if we wish to ensure equitable health care, we must ensure universal and comprehensive coverage in the provision of essential services and benefits for all peoples of the world, bearing in mind the variables of culture, gender, ethnicity, sexual orientation and personal capacities.

In this framework, my country believes it necessary to guarantee comprehensive sex education at all educational levels and modalities. We approach comprehensive sex education in a way that stresses a holistic concept of sexuality and the promotion of health. This approach is integrated into a strategy for improving the individual quality of life and creating conditions conducive to the exercise of human rights in general, and sexual and reproductive rights in particular. We also believe that comprehensive sex education helps to equate gender equality with the rejection of all forms of discrimination, to re-evaluate educational subject matter, and to strengthen intergenerational ties based on trust and respect, thereby promoting quality education.

Issues related to reproductive rights and universal access to reproductive health care are among the major priorities of our Government, as reflected in our laws and our implementation of various measures in this area at the national and provincial levels. One of the most important outcomes of our endeavours is the Sexual Health and Responsible Procreation Law enacted in 2002, creating a national programme for sexual health and responsible procreation with a view to providing and facilitating universal access to sexual and reproductive health services.

In Argentina, the percentage of live births assisted by doctors or midwives in 2007 was approximately 99 per cent, reflecting Argentina's commitment to universal access to health care. Moreover, we reduced maternal mortality by 15.4 per cent from 1999 to 2007. Although that reduction is significant, further reducing the rate is a challenge that Argentina has accepted with increasing and ongoing vigour. It is also important to note that, as a result of the Government's initiatives aimed essentially at improving prevention of childhood illness and paediatric care, we were able to reduce infant mortality by 48.2 per cent from 1990 to 2007. I also wish to point out that the trends seen in infant and under-five mortality rates suggest that we will be able to achieve the Millennium Development Goals by 2015.

Argentina's efforts to meet these goals are also reflected in our fight against disease. In that context, having seen annual increases throughout the 1990s in cases of HIV/AIDS, calculated per million inhabitants, from 2002 we were able to reverse the trend and are now beginning to see a clear drop in the rate of infection. In that context, it is important to note that in 2007, this

particular indicator — 36.5 cases of HIV infection per million inhabitants — was below the goal of 37 cases per million inhabitants proposed for 2015. With regard to condom use in casual sexual encounters among young people 15 to 24 years of age, Argentina is meeting the 2015 goal of 75 per cent. As Argentina's current rate is 85 per cent, we have surpassed the goal by 10 per cent.

Our country has integrated gender-mainstreaming into all public policy and created specific institutional mechanisms to that end. In that respect, we would point to the so-called Quotas Law, which in 1991 increased the number of women in elected posts in the country. Women must now occupy a minimum of 33 per cent of all elected positions in our country.

Furthermore, women's empowerment requires a life free of violence against women and the recognition that gender violence is a violation of their human rights and the direct or indirect violation of many other rights enshrined in international treaties and agreements. In that connection, in March 2009 a comprehensive protection law was enacted to prevent, punish and eradicate all forms of violence against women in areas where they interact with others. Complementary to that law, a campaign was launched under the theme "Another life is possible. We have the right to a life without violence". The campaign is being carried out by the Ministry of Education, with the participation of many other State bodies and international and civil society organizations.

I also wish to recall that Argentina has stated that achieving the MDGs will be possible if they are implemented within the framework of a national development policy and in an international context where the more developed countries assume the responsibility to reverse negative trends marked by increasing inequality and exclusion and decreasing flows of cooperation aid.

To conclude, Argentina, through me, wishes to reaffirm its commitment to the Cairo Programme of Action and to the key steps to implement it.

The Acting President: I now call on Her Excellency Mrs. Ritva Koukku-Ronde, Under-Secretary of State of Finland.

Mrs. Koukku-Ronde (Finland): I thank you, Madam President, for giving me the opportunity to address the General Assembly. It is a great honour for me to be present at this event. In addition to the

common statement of the European Union, Finland would like to address a few additional items.

The Programme of Action (see A/CONF.171/13/Rev.1) of the International Conference on Population and Development (ICPD) set forth a broad agenda that is still very relevant. I would like to focus on the parts of the Programme that relate to population issues.

It is now clearer than ever before that population issues are closely linked to poverty and sustainable development. Poverty can be overcome only if development is ecologically, environmentally, economically and socially sustainable. Demographic dynamics have a strong influence on all our aspirations to sustainable futures. Aggregate demand in world markets is the key to overcoming the global economic crisis and to achieving economic sustainability. Obviously, poverty reduction among the rapidly growing populations of the South is the most promising way to increase global demand.

Population growth, associated with unsustainable production and consumption patterns, is threatening poverty eradication. Furthermore, the cohesion and stability of societies are threatened as economic opportunities and service provision are unable to meet the demand equitably. How can we generate growth for all mankind without compromising sustainability? As the World Commission on the Social Dimension of Globalization of the International Labour Organization has concluded, global governance has to be fair and sustainable. We cannot achieve global consensus in climate negotiations unless we demonstrate a serious interest not only in saving the planet, but also in securing decent work opportunities and social protection for the people of developing countries.

That said, I would like to highlight the links among population growth, climate change and food security. Those are issues that no country can tackle alone. We have a shared responsibility, as we are all accountable to future generations for our planet's survival.

The links between climate and population have basically two dimensions. On the one hand, the impacts of climate change, from droughts and floods to destabilized livelihoods, are already apparent and being felt most by those who are already impoverished. On the other hand, uncontrolled population growth will further increase those effects. Most environmental problems, including those arising from climate change,

tend to be aggravated by population size and growth. Therefore, the fact that the world's population has reached almost 7 billion and continues to grow by some 78 million each year is unquestionably relevant.

The demand for food is projected to double by 2030. It is estimated that 20 per cent of that increase is related to population growth. The fastest population growth is taking place in the poorest nations of the world, many of which are already facing serious difficulty in meeting current food needs. To respond to food security in the medium and long terms, we need to integrate trade and aid policies, as well as to increase agricultural production.

At the heart of all this are the individual and the choices that she or he makes. Population stabilization will occur naturally, not as a matter of coercion, when individual women and men have equal rights to make choices, access to sexual and reproductive health care, and security in old age through decent work and social pensions. Access to health care and contraceptives is a right that belongs to all, and it is crucial for all women, wed and unwed.

The number of women of reproductive age will rise dramatically by 2050, and we will have the largest ever generation of reproductive age. Maternal mortality is among the health indicators that show the greatest gap between the rich and the poor, both among and within countries. There is a huge, unmet need for family planning. The need for services and education for young people is therefore dire.

Healthy women mean an increase in both local and global productivity. They play a central role in poverty reduction and in creating sustainable development, but to focus on women alone is not enough. We need, as stated at the ICPD, the constructive involvement of men.

Sustainable development requires a comprehensive approach in which the social, economic and environmental dimensions of national policies and global governance are developed side by side. That needs to happen at both the global and local levels. Global governance is needed, since we are dealing with problems without passports, but we must also recognize that all nations are responsible for their own development.

In the late nineteenth century, Finland had a poor, agrarian and scattered population. Births took place at

home with the assistance of lay midwives. Today, the Finnish maternity and childcare system is unique in the world. After the Second World War, legislation was enacted to guarantee free maternity care for all Finnish women. Nowadays, the service reaches 99 per cent of all families. Maternity clinics focus on the health and well-being of pregnant women and their children. The progress of pregnancy is screened regularly and the clinics provide information on everyday life and proper nutrition for pregnant women. Men are also included and strongly encouraged to accompany their partners. After birth, the baby's health is monitored with regular visits to a childcare clinic until she or he attends school.

The effects of this system were and are enormous. After the legislation was enacted in 1944, Finland's infant mortality rate was more than halved in 10 years. Since then, the infant mortality rate has been in steady decline; today, it is one of the lowest in the world at 0.26 per cent.

The Cairo Programme of Action and the Millennium Development Goals complement each other. The United Nations, along with its specialized agencies and funds, such as the United Nations Population Fund (UNFPA), is essential to achieving these goals. The United Nations system has a central role in Finnish development policy, both in terms of funding and political significance. UNFPA has a unique mandate in achieving the rights-based development goals related to population development and reproductive health globally. UNFPA is our valued, long-time partner, with which we have worked, for example, to improve adolescent sexual and reproductive health, to reduce maternal mortality and to ensure reproductive health commodity security. Finland is among the 10 major donors giving core support to UNFPA.

In conclusion, we should adopt an integrated, long-term approach to population issues — one that takes into account all aspects, global and individual alike. We must make sure each individual has access to means, care and information. Success will then be mirrored at the global level as sustainable population growth.

While we recognize the progress made, we feel that now, more than ever, we must keep our priorities straight. We must honour our commitments. Finland remains committed. We are increasing our official

development assistance, and we also remain committed to the targets set in Cairo 15 years ago. We know what works, and the time to act is now.

The Acting President: I now give the floor to Ms. Raeda Al Qutob, Secretary-General of the Higher Population Council of Jordan.

Ms. Al Qutob (Jordan) (*spoke in Arabic*): It gives me great pleasure to speak, on behalf of both my country, the Hashemite Kingdom of Jordan, and the Higher Population Council, in this special meeting to commemorate the fifteenth anniversary of the International Conference on Population and Development (ICPD), held in Cairo in 1994, which represented an important milestone on the road to the identification of the Millennium Development Goals. Jordan aligns itself with the statement to be delivered by the representative of the Sudan on behalf the Group of 77 and China.

This debate is of special global strategic significance, since it will examine and analyse the milestones already reached and assess their impact on various sectors of the population and their quality of life, especially in the light of the international economic and financial crisis. Here, I should like to pay tribute to Ms. Thoraya Obaid, Executive Director of the United Nations Population Fund, for her tireless efforts and to express my support for her important statement this morning.

We in Jordan reiterate our full commitment to the ICPD Programme of Action (see A/CONF.171/13/Rev.1) and the Millennium Development Goals, and believe that they form a holistic and comprehensive package of objectives that will collectively raise the standards and quality of life of all population sectors in general and the more vulnerable groups in particular. We also believe that they will contribute to alleviating poverty, universalizing education, reducing social inequalities and raising the standard of health services provided to children and women, in particular in such areas as reproductive health, violence against women and sexually transmitted diseases like HIV/AIDS.

Jordan, a small country with a population of some 6 million, has reached many milestones in the areas of population and development, yet we aspire to go even further. The average fertility rate in Jordan had been on the decrease in recent decades, most significantly in the 1990s. However, that decrease gradually began to slow over the next decade and then came to a virtual

halt, until the fertility rate settled at 3.6 births per woman in 2007. This represents a decrease of only 0.1 births per woman from 2002.

However, on the positive side, the infant mortality rate also substantially decreased over this period, from 34 per 1,000 in 1990 to 19 per 1,000 in 2007. Furthermore, mortality rates among children under five fell from 39 per 1,000 in 1990 to 21 per 1,000 in 2007. As a result, average life expectancy in Jordan now exceeds 70 years.

Moreover, the maternal mortality ratio resulting from pregnancy complications, delivery and the postpartum period has also declined as reproductive health and planned parenthood services have improved, and almost all deliveries now take place in hospitals under the supervision of qualified medical workers. This enhances our potential for achieving the Millennium Development Goal of reducing maternal mortality, which stood at 41 per 100,000 live births in 1996. Work is ongoing to improve that statistic.

With regard to reproductive health and reproductive health rights, Jordan's Ministry of Health, the Royal Medical Services, the private sector and community health centres have all made commendable efforts to implement reproductive health programmes. The Ministry of Health has also developed a reproductive health commodity security plan to ensure sustained family planning services and methods. Furthermore, the Ministry has also established a special budget line for family. This is considered to be a milestone towards ensuring reproductive rights. Moreover, Jordan has amended its civil status legislation to increase the minimum age for marriage to 18 for males and females alike.

The Ministries of Education, Higher Education and Scientific Research have, over the past two decades, incorporated the concepts of population, development and reproductive health into school curricula at the primary and secondary levels, as well as within the core courses of university study at all public and private universities.

Access to and enrolment in primary education has now reached near optimum levels, and plans and strategies are being elaborated to reduce school drop-out rates, increase private sector funding and involvement, raise the standards of education, and reduce the educational gap between male and female students.

The Government of Jordan has also made great efforts in the area of the environment, including through the establishment of the Ministry of Environment, which has already developed a comprehensive national strategy for the preservation of Jordan's environment and has been mandated to implement legislative reforms to that end. However, the rapid increase in the urban population, coupled with increased urbanization, is exhausting the Kingdom's limited natural resources and negatively affecting the environment.

Jordan has made great strides towards the empowerment of women in the areas of health, education and combating violence and discrimination against women. Women's political and economic participation, however, still requires more attention. The Jordanian Government has mapped out strategies and implemented many national programmes and plans to prevent, treat and create awareness of AIDS. It is noteworthy that Jordan has one of the lowest incidences of AIDS in the region.

With Jordan approaching a window of demographic opportunity, the Higher Population Council has developed a policy document to take advantage of that opportunity to benefit the country's workforce, especially young people and women, by training them in skills that can match them to the requirements of the job market, as well as empowering various groups to become producers, investors, savers and contributors to the national economy. That would be a qualitative improvement in the economic, social, technological and environmental life of Jordan.

Since the Cairo Conference, Jordan has witnessed national, regional and international events that have caused it to drastically alter its consideration of population and development issues in order to deal with the social, cultural and political challenges we face, challenges brought about by social and demographic change, repercussions of globalization and the international economic downturn. In particular, Jordan has had to address demographic challenges peculiar to the country caused by several factors, including waves of forced migration into the Kingdom, stabilization of the total fertility rate and population growth in urban areas, which have created an imbalance in population distribution among the country's governorates.

Jordan, like other countries, has had to deal with the ramifications of the international economic and financial crisis, which has already affected children, families and communities and contributed significantly to a downturn in the standard and quality of life of individuals as well as to an increase in poverty and unemployment. We have yet to ascertain its impact on infant and childbirth mortality, female school dropouts and violence against women and girls. However, Jordan will continue to strive to improve the living conditions of its entire population.

The Acting President: I now give the floor to Mr. Osvaldo Lapuente, Under-Secretary for Planning and Programming in the Office of the President of Guatemala.

Mr. Lapuente (Guatemala) (spoke in Spanish): I would like to thank the President for convening this meeting to commemorate a new anniversary of the Cairo Conference on Population and Development. I would also like to thank the Secretary-General and the Executive Director of the United Nations Population Fund (UNFPA) for their invaluable contribution to social development from the perspective of population analysis by way of the follow-up in the United Nations system to the Programme of Action adopted at the Conference (see A/CONF.171/13/Rev.1).

Fifteen years is clearly not a long time, since we are still far from the consensus agreed on in Cairo, where we sought to situate the world in a context oriented towards equality and social justice. Even then, history demonstrated the urgent need for a clear direction in the public policy agenda, one capable of avoiding the tragedies that result from poverty, discrimination and a lack of equitable access to development opportunities in our countries. Fifteen years later, many challenges still remain, and conditions around the world demand a new kind of development model for our countries.

Nevertheless, it is amazing that in such a short time the world has progressed at a dizzying and surprising rate, showing that ingenuity spurs positive processes for improvement in people's living conditions. At this point, our globalized world has achieved the highest levels of technological development, generating unprecedented enthusiasm for science and innovation. At the same time, we have been so preoccupied with trade and establishing a free financial system that we have lost sight of the true point of globalization, which is sustainable human development.

Today we are still in the turbulence of the financial crisis. Though it peaked in September 2008, we are still dealing with the effects of the contraction of our economies, the loss of jobs, budget cuts in vital programmes and a drop in tax revenues, among other consequences that are affecting our peoples' quality of life.

As Guatemala's President Colom said in a recent speech to the United Nations Economic Commission for Latin America and the Caribbean, our Administration must return to making the human being the centre of everything we do. As a medium-to-low-income country, Guatemala has achieved an acceptable rate of growth in the last five years, averaging between 4 and 5 per cent annually, with an estimate for 2009 of 0.4 per cent. The balance achieved in terms of our social agenda encourages us to keep working on the remaining targets of the Programme of Action and especially to produce results in the agenda for the Millennium Development Goals (MDGs).

Though the financial crisis has affected our growth rate, we are still holding to the strategic guidelines of the priority framework. Social policy is the Administration's chief driving force as it seeks an area-based approach, with as broad as possible participation by citizens, to impact indicators in the areas of health, education, housing, access to good-quality public services with broader coverage, security, recreation, jobs and other essential development factors.

As a prelude, I should mention that in 2001 our Social Development Law, approved unanimously by the members of the legislature, came into effect. That law is without precedent in our nation's political history, since it was formulated with the joint participation of organized civil society, religious authorities, universities, trade unions and women's organizations.

Concerning population, we would like to highlight the fact that we are creating the institutional conditions needed to continue lowering the mortality rate in general and maternal and infant mortality in particular. In 1996, the infant mortality rate was 34.8 per thousand live births, while in 2007 that indicator had dropped to 24.5 per thousand. We hope that by the end of 2009 the effects of the reduction will be even greater.

In 2006, about 51 per cent of the population was living in poverty, while 15.2 per cent faced extreme poverty. The proportion of people in poverty was even greater in rural areas, reaching 70.4 per cent. Hardest

hit, at 75 per cent, were the indigenous population, who historically have not had access to education and whose primary source of income is agriculture.

For the period from 2008 to 2012, the Administration is giving priority to implementing human development programmes, based on a strategy of focused social protection that identifies areas that have concentrations of poverty and exclusion and that lack access to basic services. The strategy is directed at the sectors of society with the least access to opportunities.

The target population is families with children up to 15 years of age and pregnant or nursing mothers, who are given conditional cash allowances. That support takes the form of monetary grants to poor families, who are duly selected on the basis of living conditions and food vulnerability, on condition that their children are sent to assistance services for health, nutrition and primary education. The programme has reversed the traditional conduct with regard to those who live in poverty. In addition, the education policy put forward for that period aimed at increasing investment, promoting literacy, expanding the system's coverage, improving teacher training and educating parents about values, health, nutrition and social development management.

In 2001, Guatemala's illiteracy rate for persons aged 15 and higher stood at 30.4 per cent, while in 2008 it was 21.1 per cent. That substantial reduction is an improvement that resulted from greater availability of resources and the changes made to literacy programmes. Similarly, the formal educational system's coverage increased. In the preschool age category, net coverage increased from 41 per cent in 2001 to 49 per cent in 2008.

With regard to health services, we have been implementing an aggressive policy of free services, eliminating absolutely all charges for services rendered, which has triggered an increase in demand for such services. The policy guidelines on reducing post-partum mortality for the period 2008 to 2012 include free quality prenatal, labour and delivery and postpartum care and care for newborns that, given our country's rich diversity, is also culturally sensitive.

With regard to gender equality, it is important to point out that Guatemala has put in place legal mechanisms for the protection of women. We have done so as part of an institutional process that included the establishment of the presidential secretariat on

women and the Office for the Defence of Indigenous Women's Rights. We have also put in place new legal instruments, including a law on femicide and other forms of violence against women.

Also as part of that process, we have drawn up a development policy to create opportunities for women. We have also harmonized its goals and operative components with those of other policies, such as on rural development, youth and environment, as well as the population and social development policy to which I have referred, among others.

The results point to an increase in women's participation in electoral processes and decision-making positions, governmental and non-governmental alike. There has also been an increase in their participation in civil society through representative bodies such as our country's congressional women's commission. There are now services in place to provide comprehensive care for women survivors of violence, with particular emphasis on survivors of sexual violence. There is also greater access for women, adolescent girls and younger girls to health, education and technical assistance services.

With regard to rationalizing the decision-making process, Guatemala has in recent years made a significant investment in generating improved demographic, social and economic data. Some examples include the carrying out of censuses on population, housing and agriculture and the national surveys on living conditions and maternal and child health.

With that brief summary of some of the progress, challenges and expectations of Guatemala's social development agenda, which I know participants at this commemorative meeting share, I should now like to take this opportunity to reiterate that we are convinced that the results to date will only be sustainable if we build upon them and assume national, State ownership of them by putting in place long-term public policies, that is to say, intergenerational policies.

Although we feel optimistic about news coming from various parts of the world that there are now initial signs of economic recovery, I should like to urge all peoples, countries, those who help us and, in particular, our countries' economic and social sector stakeholders not to abandon social protection efforts and more closely embrace their historical responsibility for our social underdevelopment. I also urge them to systematically focus attention on vulnerable groups as

part of national efforts and create the conditions for the generation of real wealth and prosperity, as that is the only real way of leaving poverty behind.

My Government's commitment is grounded in a dynamic alliance with all social, economic and political stakeholders. The goal is to move from transition processes to stable environments underpinned by the generation of wealth and market competitiveness where there is broader and more inclusive prosperity.

I should like to emphasize that, just as we have made structural changes in our public investment in 2009, we in Guatemala need to take a step forward to ensure that our society as a whole makes a change in the marginal costs for the State, which hovered around 15 per cent of our gross domestic product in 2008.

We are well aware that it is the ethical and moral indicators for development that measure real change, and these can only be reflected in improved quality of life for our citizens. On behalf of the Government of Guatemala, allow me to echo the words of our President to say that we are seeking a balance between social cohesion and economic growth against a backdrop of sustainable equality for current and future generations of our Central American country.

The Acting President: I now give the floor to the representative of the Sudan.

Mr. Mohamad (Sudan): The world came together in Cairo 15 years ago at the International Conference on Population and Development (ICPD) and agreed by consensus on a 20-year Programme of Action that integrated a comprehensive range of population, development and human rights issues necessary for ensuring that every person lives a healthy and dignified life. On that occasion, 179 States agreed to make a collective effort, among other things, to achieve universal access to education and reduce infant, child and maternal mortality.

Notwithstanding the fact that the Conference had a positive impact on poverty eradication and economic development, there remain considerable challenges and gaps — including as a result of the economic and financial crisis — that need to be addressed in order to attain the internationally agreed development goals, including the Millennium Development Goals (MDGs), along the way to achieving the goals of the Conference. That is why today's meeting is an important and timely event and an opportunity to

recommit ourselves to the attainment of the objectives of the ICPD.

According to the 2009 MDGs report, which incorporates many of the goals of the Conference, less progress has been made towards MDGs 3, 4, 5 and 6, which are identified in the Programme of Action adopted in 1994, as they relate to economic and social development. In that context, most developing countries have experienced a major per-woman reduction of donor funding for family planning since the mid-1990s. Gender parity in education has yet to be achieved in developing countries.

Furthermore, the report shows that the target of eliminating gender disparities in primary and secondary education by 2005 in developing countries was missed. The disadvantage for girls when it comes to enrolment persists at higher levels of education. With regard to health, there has been little progress in reducing maternal mortality. There were 480 maternal deaths per 100,000 births in 1990, as compared to 450 in 2005.

While some regions in developing countries experienced a substantial decline in maternal deaths, others made little improvement. Women in those regions face the greatest lifetime risk of dying as a result of pregnancy and childbirth. The number of people newly infected with HIV peaked in some regions in 1996, declining to 2.7 million worldwide in 2007. Unfortunately, in some areas in least developed countries, HIV prevalence has almost doubled since 2001, with two thirds of those living with HIV in certain other areas being women.

A fully functional, efficient and quality health system is essential for the realization of the ICPD Programme of Action and the MDG health-related goals. Many countries have health-care systems that are deficient in infrastructure and human resources. We believe that the achievement of MDG 8, regarding a global partnership for development, is crucial for those countries to improve and strengthen the capacity of their health systems to ensure availability, accessibility and quality of services, with the support of the international community. What we need is genuine strong will to ensure adequate financing and the effective delivery of the goals set, as well as the streamlining and harmonization of aid operations.

The Group of 77 and China firmly believe that the principles, goals and objectives set out in the ICPD

Programme of Action, as well as in other outcomes of major United Nations conferences and summits, together provide a comprehensive framework for international development. The implementation of the ICPD Programme of Action is crucial for the eradication of extreme poverty and the achievement of the other MDGs.

The Group believes that population issues must be addressed in a comprehensive manner, as outlined in the ICPD Programme of Action. The Group of 77 and China note with concern that resources directed towards the implementation of the Programme of Action have consistently been below target. To address that concern, donors, United Nations agencies and other international organizations must work together to enhance financial and technical support to developing countries, including in the field of capacity-building, in order to ensure the realization of the ICPD Programme of Action.

With only five years remaining until the conclusion of the ICPD Programme of Action and as we are already past the midpoint of the MDGs' target end date, it is vital for Member States to recognize the gaps and challenges, consolidate lessons learned and reaffirm commitments. It is likewise essential to renew efforts aimed at sustaining current achievements and increasing resources to accelerate the realization of the Programme of Action and the MDGs.

In conclusion, I would like to thank the President for organizing this meeting. I would also like to take this opportunity to express our Group's appreciation to Ms. Thoraya Obaid, the Executive Director of the United Nations Population Fund, for her informative statement and her outstanding contribution.

The Acting President: I now call on the representative of Mexico.

Mr. Vélez (Mexico) (*spoke in Spanish*): It is an honour for me to speak today on behalf of the Rio Group on the fifteenth anniversary of the International Conference on Population and Development (ICPD).

Within the framework of the commemoration of the fifteenth anniversary of the Cairo Conference of 1994, and in compliance with resolution 644/XXXII of 2008 of the Economic Commission for Latin America and the Caribbean (ECLAC), the Latin American and Caribbean Demographic Centre — the ECLAC Population Division and the United Nations Population

Fund (UNFPA) held a regional seminar in Santiago de Chile from 7 to 8 October 2009 in order to study the progress made in Latin America in the implementation of the ICPD Programme of Action and the Programme of Action's relation with the Millennium Development Goals (MDGs), including Goal 5, universal access to reproductive health.

The seminar brought together governmental, parliamentary, civil society and academic experts from all Latin American countries. It also included experts from the English- and Dutch-speaking Caribbean subregions, who also attended the concluding subregional seminar that was held in Antigua and Barbuda during this past August.

That seminar provided a forum for assessing the activities carried out by the countries in the region in fulfilling the ICPD Programme of Action, which led them to reaffirm its relevance. Participants analysed proposals for accelerating its implementation over the next five years as well as for defining a road map towards 2014 and beyond.

Over the past five years, Latin America has made significant progress in improving the standard of living of its people. In 2008, the most significant and prolonged cycle of economic expansion experienced in the region since 1970 came to an end. In that context, poverty and abject poverty had been reduced and, in many cases, inequality as well. Nonetheless, the region continues to have more than 180 million poor people and more than 70 million people living in abject poverty.

Presently, the global economic crisis has a negative impact on our development. One of the most difficult lessons of previous crises was the confirmation of the fact that social losses are recovered only very slowly in subsequent growth cycles. For example, it took 24 years to return even to the levels of poverty that had existed prior to the economic crisis of the 1980s, which was twice the amount of time it took the gross national product to recover.

In recent years, Latin America has made progress in its demographic transition and also in its changes in age structure, bringing with it, in many countries, a temporary window of opportunity, that is, a demographic bonus. That has also contributed to improvements in various social indicators. Likewise, the high level of urbanization in the region and the consolidation of a more robust system of cities

facilitate implementation of public policies aimed at social protection and poverty reduction.

In the five years remaining for complying with the timeline of the ICPD Programme of Action by 2014, most of the countries in Latin America face difficulties in achieving all of their objectives, despite the fact that many of them have made important gains in the fields of population and development. The same applies to the agreed MDGs. It is therefore important to issue an urgent call for action on behalf of the peoples and countries of the region to Governments, civil society organizations and international organizations, so as to ensure the realization of the goals of the ICPD Programme of Action and the MDGs, thereby reinforcing actions undertaken in response to emerging issues.

The MDGs will not be reached by 2015 if the target of universal access to reproductive health is not met. That therefore makes that target a priority for the region, which requires solid commitment in terms of political will and financial resources. Over the next five years, Latin America is going to be facing the double challenges of strengthening its actions so as to achieve the objectives of the ICPD Programme of Action and, at the same time, responding to emerging challenges.

In that context, it is imperative to define a five-year strategy for countries, making use of coordination mechanisms that will allow their actions to have a stronger impact. A strong partnership among Governments, parliaments, civil society organizations and development agencies should allow the region to make better progress in the period ahead, help us to prioritize key challenges identified in that five-year review, apply identified lessons learned and best practices and share information through South-South cooperation.

It is fundamental that the commitment that the countries of the region have demonstrated to the ICPD Programme of Action be reaffirmed, continue and be translated into concrete actions over the next five years. For subsequent decades, we must start thinking now about an agenda with respect to population and development at the global, regional, subregional and national levels. To this end, the technical secretariat of the ECLAC Ad Hoc Committee on Population and Development should develop, with the support of UNFPA, a proposal to present at the next meeting of the

Committee. That agenda for the future should address the debts and pending issues identified during this five-year review process, among them inequality, adolescent pregnancy and maternal mortality. It should also include emerging themes such as the protraction of old age, the more complex gender and intergenerational relationships in some societies, the effects of the second demographic transition, climate change, natural disasters, the economic and food crises, the spread of the new HIV epidemic, the link between productive and reproductive roles, urban segregation, the increase in international migration and intercultural issues.

In sum, for the next decades, new agreements are needed, new targets need to be defined and new measures need to be put into practice. Together with that agenda, it is necessary to begin the process of identifying and establishing — at the appropriate time — instruments and mechanisms to continue advancing the agenda initiated by the Programme of Action of the International Conference on Population and Development.

The Acting President: I now call on Her Excellency Ms. Mia Ventura, Deputy Executive Director of the Commission on Population of the Republic of the Philippines.

Ms. Ventura (Philippines): I wish to express my delegation's appreciation to Mr. Treki for organizing the commemoration of the fifteenth anniversary of the International Conference on Population and Development, a conference that produced a Programme of Action (see A/CONF.171/13/Rev.1) encompassing a broad range of cross-cutting issues, including population, development and human rights. I would also like to thank Secretary-General Ban Ki-moon and Under-Secretary-General and Executive Director of the United Nations Population Fund (UNFPA) Thoraya Obaid for their commitment and engagement in advancing population awareness activities as an instrument for assisting Member States in formulating their respective policies and strategies aimed at accomplishing the internationally agreed development goals, including the Millennium Development Goals.

It would also be appropriate to recall the first Executive Director of UNFPA — a Filipino, Mr. Rafael Salas, who raised global awareness on the link between population and development and was a catalyst for the establishment of UNFPA in 1969.

The participation of my delegation in this event is an opportunity to renew the commitment of the Philippines to contribute to the achievement of the goals and provide solutions to the challenges outlined in the ICPD Programme of Action, as well as other internationally agreed development goals, including the Millennium Development Goals. In view of the time constraint, a longer version of this statement containing the progress report of the Philippines on the Programme of Action will be circulated to participants.

The Philippines associates itself with the statement just made by the Permanent Representative of the Republic of the Sudan as Chairman of the Group of 77 and China. Allow me to highlight some issues from the perspective of my delegation.

The incidence of poverty and malnutrition among children under five declined significantly to 32.9 per cent and 24.6 per cent, respectively, in 2006, as compared to 45.3 per cent and 34.5 per cent in 1991. Population also decreased, by 2.04 per cent in the period from 2000 to 2007 and by 2.36 per cent in the period from 1995 to 2000, and it is projected to decline by a further 1.8 percent by 2015. If these downward trends continue, that will allow the Philippines to accelerate its economic growth and development.

An important factor contributing to that accomplishment is the advocacy of my Government for population management as an avenue for poverty alleviation. Funds are allocated in the national budget to ensure universal access to services in reproductive health and family planning, including maternal, newborn and child health and nutrition programmes and other reproductive health services. Also, the Local Government Units enacted reproductive health and family planning ordinances with the concomitant allocation of resources as part of their Contraceptive Self-Reliance initiative.

A strategy designed to strengthen the Responsible Parenthood Programme was implemented to empower couples and families and assist them in achieving their fertility goals through responsible parenthood and effective parenting, fertility awareness, responsible sexuality, birth spacing and scientific natural family planning. However, the unmet need of couples for family planning has to be addressed more comprehensively.

Key policy reforms were instituted to reduce maternal mortality. We aim to establish facilities to

reduce maternal deaths from the current figure of 162 for every 100,000 live births to 52.

There has been considerable improvement in the status of women in my country, as reflected in their enhanced political participation, employment, education, health and decision-making power. Several key laws and programmes were enacted to empower women and promote gender equality, such as the Gender and Development Budget Policy, which allocates at least 5 per cent of national and local government budgets for women and development initiatives. The Magna Carta of Women is a law signed on 14 August 2009 to ensure women's equitable participation and representation in government, political parties, international bodies, civil service and the private sector.

The Philippines is taking strides to address all aspects of human development, especially among our children, by, among other measures, arresting the decline in basic education enrolment. Another measure is the adoption of the reform agenda for health, which has four components: first, more, better and sustained financing, second, regulation to ensure equality and affordability, third, ensured access and availability of service delivery, and fourth, improved performance in governance.

The health of Filipinos has improved over time, as evidenced by recent data. Lifespans are longer — 67.8 years for males and 72.5 years for females. The infant mortality rate declined from 30 infants per 1,000 live births in 2003 to 24 in 2006. In the same period mortality rates for children under five declined from 42 children per 1,000 surviving children to 32.

I will conclude my statement by addressing the issue of international migration and development.

Last year, the Philippines had the singular honour of hosting the second Global Forum on Migration and Development, which was graced by the presence of Secretary-General Ban Ki-moon. The event was an opportunity for the participants and stakeholders to renew their international commitment to ensuring the protection, welfare and human dignity of migrant workers. The report on the second Forum was circulated to all Member and Observer States and other stakeholders and to the Secretary-General for consideration.

The Philippines continues to be engaged and will actively participate in various processes and forums to foster cooperation among all stakeholders in order to underscore the positive consequences that migration brings to both sending and receiving countries and expresses the hope that international migration and development remains high on the United Nations agenda.

The Acting President: I now give the floor to the representative of Sri Lanka.

Mr. Chandra (Sri Lanka): I thank the Secretary-General, His Excellency Mr. Ban Ki-moon, and the Executive Director of the United Nations Population Fund (UNFPA), Ms. Thoraya Obaid, for organizing this series of meetings to commemorate the fifteenth anniversary of the International Conference on Population and Development (ICPD) and for their statements.

We have only five more years ahead of us to complete the 20-year ICPD Programme of Action that was agreed 15 years ago. Today, I take the floor with mixed feelings. On the one hand, I am pleased to report on the significant achievements that my country has made over the past several years in the key areas set out at the ICPD. On the other hand, regrets naturally come to me when I think of the millions of human beings around the globe who are not fortunate enough to have a decent life free from poverty, hunger, illness and fear.

The modest ambitions envisaged in the Cairo Consensus of 1994, following Economic and Social Council resolution 1989/91, were based on the fundamental principles of individual freedom. The Cairo Consensus essentially has a futuristic and individual-centred approach to redressing major social issues such as population management and sustainable economic growth and development, with a special focus on the status of women and their health and education. Additionally, the goals of the ICPD clustered around guaranteeing universal education and reducing infant, child and maternal mortality. Access by 2015 to reproductive health care, including family planning, assisted childbirth and prevention of sexually transmittable diseases such as HIV/AIDS is another prime objective of the ICPD.

The ICPD marked a significant shift from the traditional focus on setting demographic targets and managing population numbers to an approach built on

meeting the needs of individuals and families with the aim of improving their quality of life.

My country, which has enshrined in its Constitution the core values of human freedom and development, became a co-signatory to the ICPD Programme of Action (see A/CONF.171/13/Rev.1) at its inception. That significant step reaffirmed our commitment to the fundamental right of men, women and youth to have access to information and support services and the opportunity to exercise their rights to the highest attainable standards of reproductive health.

By recognizing gender equality and the empowerment of women, the process has enabled young couples to make informed decisions in planning their own families. The current population figures in my country prove that the personal choice given to individuals to decide on their family size yields desirable results. The annual average population growth in the period from 2000 to 2007 in Sri Lanka was 0.4 per cent, which made an immense contribution towards achieving the Cairo principles. Investments in reproductive health have thus improved prospects for sustainable development and poverty reduction.

The Millennium Declaration adopted by our leaders in 2000 (resolution 55/2) re-energized the ICPD principles and Programme of Action. It is the firm belief of my delegation that the foundation laid by the ICPD played a complementary role in accelerating the progress towards achieving the Millennium Development Goals (MDGs) by 2015. Therefore, it would not be irrational to assume that the full implementation of the 20-year ICPD Programme of Action will undoubtedly help in realizing the MDGs.

Permit me to shed some light on the success story of my own country, Sri Lanka. To explain with figures, our prevalence rate for use of modern contraceptive methods has increased from 20 per cent to 70 per cent since 1975, most significantly over the last 15 years. More than 96 per cent of childbirths are attended by skilled health practitioners, thus minimizing the health risks and complications associated with childbirth. The mortality rate of children below five years of age has reached the lower end — from 32 per thousand in 1990 to 13 per thousand in 2006. The percentage of the population between 15 and 49 years of age infected with HIV remains at a very low figure, below 0.1 per cent.

We have not only achieved the universal primary education targets but also ensured gender equality. The ratio of girls to boys in primary education remains high. The adult literacy rate complements that figure by exceeding an average of 94 per cent among both males and females, and the female literacy rate exceeds 92 per cent. Life expectancy at birth remains as high as 72 years for males and 78 years for females.

Despite these impressive achievements, challenges relating to fulfilling the MDGs remain. The relatively high child malnutrition rate remains at an alarming 22.8 per cent, which demands urgent attention. Additionally, the per capita expenditure of the poorest quintile remains at 7.0 per cent.

The Government of Sri Lanka has therefore given special attention to those areas and has already launched several empowerment projects at the grass-root level. President Mahinda Rajapaksa, in his Government's policy document "Mahinda Chintana", has proposed pragmatic solutions. The measures being implemented include a free midday meal for students, women's empowerment through providing village-level microcredit, and special health-care and poverty alleviation programmes for the poor.

The commitment demonstrated by our political leadership has yielded positive results in changing the poverty map in Sri Lanka, particularly in the Eastern Province, which suffered from the scourge of brutal terrorism for over three decades. Under the Eastern Reawakening programme the region is currently experiencing rapid development.

Since the Cairo Conference, the Government of Sri Lanka, with the generous assistance of UNFPA, has implemented the agreed Programme of Action by adhering to the Population and Reproductive Health Policy. Currently, an advanced phase of this policy, which includes the training of reproductive health-care service providers, is being implemented. In addition, management of sexually transmitted infections, HIV/AIDS prevention and cancer screening have been added to the range of health-care services provided under the policy's agenda.

In those efforts, the Government has worked hand in hand with all multilateral and bilateral stakeholders to reach the current status regarding ICPD targets in our country. In particular, the United Nations country team, with the support of UNFPA — which is the implementing agency for the ICPD — has worked

tirelessly at the grass-roots level. We thank partner Governments and non-governmental agencies for their assistance. On behalf of my Government, I wish to express my gratitude for all those partners for their continued dedication and tremendous contributions.

The Acting President: I call next on the representative of Israel.

Mr. Carmon (Israel): We are gathered here today to commemorate the fifteenth anniversary of the International Conference on Population and Development (ICPD). Its Programme of Action (see A/CONF.171/13/Rev.1) has guided numerous initiatives, policies and programmes in the field of population at the national, regional and international levels for the past 15 years.

Although I am addressing the Assembly today in my national capacity, allow me to reflect on my role as Chair of the Commission on Population and Development. The Commission has played a key role in the work of the ICPD process. Indeed, as early as 1989, the Commission proposed that an international conference be held in 1994, and it served as its preparatory committee. After the Cairo Conference, the Commission was strengthened through the decision to increase its membership and meet in annual sessions, each focused on a specific theme related to population and development.

Thanks to ongoing efforts to improve its methods of work, the Commission conducts a thorough annual review of progress made in the implementation of each of the chapters of the Programme of Action. The Commission has thus been effective in providing additional guidance to Member States on how to accelerate the implementation of the Programme.

Mr. Mohamed (Maldives), Vice-President, took the Chair.

The Commission's resolutions have allowed for a realignment of priorities as challenges and developments arise. In particular, given that several of the key ICPD goals and objectives became part of the Millennium Development Goals (MDGs) in 2000, the Commission has focused on their implementation. In addition, its deliberations have succeeded in ensuring that all relevant indicators of achievement are included in the MDG framework.

Since 1994, the ICPD Programme of Action has provided a blueprint for a holistic approach to

population issues. It deserves our support because it puts individuals and human rights at the centre of population and development issues, and it provides comprehensive guidance in all aspects of population development while considering the important principle of sustainable development.

Israel is particularly appreciative of the direction that the Programme of Action provides regarding the integration of gender and the empowerment of women into development and population policies. The importance of those issues in my country is demonstrated by the fact that the Israeli Authority for the Advancement of the Status of Women is part of the Prime Minister's Office. It promotes policies and programmes to enhance the status, health, safety and equality of women, as we consider such initiatives to be essential for the general well-being of society.

Israel fully supports the right of couples and individuals to freely decide the number and spacing of their children. Today, Israel's total fertility rate is high for a developed country: an average of 3 children per woman. That national average results from very different family sizes, decided upon by persons with varied religious and cultural values. Extreme fertility gaps between different population groups — a leading indicator of socio-economic inequality — are diminishing as the distribution of, and access to, social and health services and opportunities increase throughout all segments of society. At the same time, Israel is proud of its achievements regarding the high educational attainment of women and their high levels of participation in the labour force and of income.

Israel considers that the health of its population is a crucial public good. Our health system covers every resident in the country.

A particularly successful aspect of the system is the Mother and Child Health Clinics, known in Hebrew as *Tipat Chalav*. Those clinics provide prenatal, post-partum and reproductive health services to women. They also administer vaccinations and maintain records on the physical and mental development of children. The clinics have been recognized by UNESCO as a successful model of public health and education, and Israel now partners with developing countries in order to assist them as they replicate the Israeli model.

As a country that has absorbed millions of immigrants and refugees, Israel has developed comprehensive programmes to assist those particular

populations. Since the Programme of Action was adopted in 1994, Israel has successfully integrated immigrants, who account for nearly one sixth of our population. Throughout that period of exceptionally high population growth, the level of employment has remained stable, while life expectancy, educational attainment and income levels have steadily increased. As we move forward, Israel stands ready to share its successful experience in that respect with other countries that could benefit from the lessons we have learned.

In the area of development cooperation, our Centre for International Cooperation — MASHAV — works to, inter alia, empower women around the world and improve their health. Israel has also partnered with many United Nations bodies in the global effort to achieve the MDGs. Those partnerships have led to various programmes relevant to population goals, including those addressing migration and health, early-childhood education and the prevention of HIV/AIDS in Africa.

Israel is committed to the full implementation of the ICPD Programme of Action, and we stand ready to share ideas and experiences, confront challenges, expand our partnerships and collaborate in developing further initiatives. In that respect, the interlinkages between climate change, population dynamics and global health are becoming increasingly important. Those issues are of great concern and are directly related to the issues of population and development.

Furthermore, Israel recognizes the major contributions that the United Nations Population Fund has made to the implementation of the Programme of Action and considers that the Fund's assistance to and support for reproductive health programmes can make a major contribution to the achievement of the MDGs.

As a representative of the State of Israel, but also as Chairman of the Commission on Population and Development, I look forward to the activities of the Commission and to collaborating with all relevant partners to increase the number of improvements in the area of population and development.

The Acting President: I now call on the representative of Poland.

Mr. Herczyński (Poland): On behalf of Poland, I am honoured to address the General Assembly on its commemoration of the fifteenth anniversary of the

International Conference on Population and Development (ICPD). At the outset, let me underline that Poland associates itself with the statement delivered by the representative of Sweden on behalf of the European Union (EU).

The Cairo Conference, held in 1994, has played an essential role over the past 15 years in the process of improving the quality of life and access to health. In addition, by putting human beings at the heart of all activities, the ICPD was a great step forward in the process of promoting full respect for human dignity worldwide.

I would like to stress that the ICPD Programme of Action (see A/CONF.171/13/Rev.1) was adopted by 179 countries. Since then it has been implemented in all continents and in countries representing various cultures and historical experiences and facing different social and economic problems. That illustrates a great common understanding within the international community of problems pertaining to population, development, gender equality, the shared responsibilities of men and women and reproduction-related health issues.

The ICPD was also a reaction to the HIV/AIDS epidemic, a great global threat and a challenge that the international community continues to face today. With regard to the response to the HIV/AIDS epidemic, as mentioned in the EU statement, Poland has high hopes for progress in research and development of other forms of prevention, namely, microbicides that could significantly reduce HIV infections worldwide.

Poland shares the view that the right to attain the highest standard of health, including sexual and reproductive health, is a basis for action. The incorporation of the ICPD agenda into national development strategies — especially in national health policies, strategies, programmes and budgets — is a prerequisite for achieving the Millennium Development Goals (MDGs). At the same time, while we support the statement made on behalf of the EU, we would like to stress that in our understanding any reference made to sexual and reproductive health and rights does not constitute encouraging or promoting abortion on request.

At the beginning of the twenty-first century, we have become more and more conscious of the fact that global economic and social development still faces many impediments. Both the economic downturn,

which affected developing as well as developed countries, and, in the field of health, the A(H1N1) flu pandemic, which crossed borders with lightning speed, proved that common efforts by all members of the international community are fundamental to coping with and overcoming crises of a global nature.

Looking back on the 15 years that have elapsed since the Cairo Conference, we can say that, although much has been done, many problems still require urgent collective efforts. The cooperation of the international community is essential to attaining all internationally agreed development goals, including the MDGs. It is our belief that we should focus on fighting poverty and enabling universal access to education. The family, as a basic unit of society, should be at the heart of our actions. In the field of maternal health, where progress towards the achievement of the relevant MDGs remains slow and even unsatisfactory, the main problem to be solved is how to enable access to health and obstetric care.

I would like to reconfirm Poland's commitment to the effective implementation of the ICPD Programme of Action. Poland expresses its strong support for the activities of the United Nations system in that regard, in particular those of the United Nations Population Fund. We are ready to actively participate in discussions and actions leading to the attainment of the ICPD goals.

The Acting President: I now give the floor to the representative of New Zealand.

Ms. Graham (New Zealand): New Zealand fully aligns itself with the joint Pacific island members' statement delivered earlier today by The Honourable Vita Skilling, Secretary of Health and Social Affairs of the Federated States of Micronesia.

New Zealand is regarded internationally as a steadfast advocate of the goals agreed at the International Conference on Population and Development (ICPD), held in 1994 in Cairo. The agreement forged at the ICPD and the Programme of Action that came out of the Conference (see A/CONF.171/13/Rev.1) were significant in addressing some of the most sensitive aspects of sexual and reproductive health and for promoting a rights-based approach to dealing with population issues.

New Zealand has vigorously pursued the ICPD goals over the past 15 years — from supporting

practical initiatives in the Pacific region, such as in the areas of adolescent sexual and reproductive health, to increasing our core contributions to the United Nations Population Fund and the International Planned Parenthood Federation, as well as through contributions to the global policy dialogue, including most recently in the Human Rights Council. In June of this year, New Zealand co-led a successful initiative through the Council that resulted in the consensus adoption of a resolution on preventable maternal mortality and morbidity and human rights. The wide support it received from 72 members forms a strong foundation for further progress on these issues.

However, this anniversary reminds us that there are only five years remaining to fulfil our commitments made in 1994, and much work remains to be done. The current global financial and economic crisis is having an impact on the lives of people in developing countries in particular. That makes it all the more important to remain focused on our goals. If we do not, there will be long-term consequences for population issues and sexual and reproductive health. We will continue to see gender inequality, high rates of unintended teenage pregnancy and maternal mortality, as well as increasing social and economic disparities. We must continue to promote universal access to reproductive health. We must continue to reduce maternal deaths. And we must continue to support programmes that invest in women's economic empowerment.

New Zealand is very conscious that — after sub-Saharan Africa — the Pacific, and more specifically Melanesia, is the area of the world second least likely to meet the targets set by the Millennium Development Goals. As the Assembly is aware, the Goals are inextricably linked to those of the ICPD Programme of Action.

Perhaps most critically, the adverse effects of climate change will have direct consequences on human welfare, food security and sustainable development. How we address climate change in Copenhagen will hopefully signal a renewed effort to achieve the goals of the ICPD. New Zealand wants to see any future international agreement on climate change include responses to mitigation and adaptation that take into account population dynamics.

There is also a need to make progress on those issues outside the climate framework, such as

increasing access to sexual and reproductive health and voluntary family planning services. Those services must incorporate a rights-based approach to lowering fertility, slowing population growth and empowering women. All those efforts will contribute to climate change mitigation and will build resilience for adaptation.

In conclusion, New Zealand wishes to restate our commitment to these goals and our focus on sexual and reproductive health, HIV and AIDS and gender equality. We intend to do so through continued collaboration with our partners, particularly those in the Pacific region.

Mr. Webb (United States of America): The United States would like to share its condolences with the families of the 11 United Nations workers who recently died in a plane crash in Haiti.

It is my great honour to be here today to commemorate the fifteenth anniversary of the Cairo Programme of Action (see A/CONF.171/13/Rev.1) of the International Conference on Population and Development (ICPD). We appreciate the thoughtful remarks of other delegations today. I would like to recognize all of the other Governments and organizations represented here, and others around the world, for their support of the ICPD Programme of Action over the past 15 years. The United States strongly supports the goals and ideals of the ICPD and, under President Obama's leadership, has renewed our commitment to work with the international community to implement the ICPD Programme of Action.

The ICPD represented a turning point in the world's perspective on population and development. The international community recognized the importance of the voluntary decisions made by individuals and couples about the number, timing and spacing of their children and the importance of ensuring that information and services were available to make and implement informed decisions. It also clearly recognized the importance of population and development objectives critical to achieving the goals of sustained economic growth in the context of sustainable development; education, especially for girls; gender equity and equality; infant, child and maternal mortality; and the provision of universal access to reproductive health services.

We stand here today, 15 years on, with many accomplishments, but with daunting challenges still

ahead. I want to highlight some of the accomplishments, note some of the continuing obstacles and describe some of what the United States plans to do, moving forward.

The international community has made significant progress towards fulfilling the Cairo Programme of Action in the past 15 years. According to a report published by the United Nations Population Fund (UNFPA), more births are now attended by skilled health personnel. In East Asia, the percentage of infants delivered with the assistance of skilled personnel has risen from 71 per cent in 1990 to 98 per cent in 2006 — a tremendous accomplishment. In Latin America and the Caribbean, the increase over the same period was from 68 per cent to 86 per cent, and in North Africa, from 45 per cent to 79 per cent. More women and couples are choosing to plan the size of their families, space their pregnancies and choose the number of their children. The use of modern contraception has increased worldwide, from about 47 per cent of women of reproductive age in 1990 to 56 per cent in 2007.

Infants and children are also healthier. Infant mortality has declined in every region. In South and Central Asia, there were 80 deaths per 1,000 live births in the period from 1990 to 1995. UNFPA estimates that this rate declined to 56 deaths per 1,000 live births for the period from 2005 to 2010. In sub-Saharan Africa, the decline was from 109 to 89 deaths per 1,000 live births over the same period.

The United States was heartened that so many delegations took a strong interest and actively participated in the forty-second session of the Commission on Population and Development last March, which focused on the ICPD and produced a highly substantive outcome document. That document reaffirmed the commitment of Member States to the ICPD Programme of Action without qualification and provided clarity on important commitments. The document included an unprecedented emphasis on human rights and a new commitment to comprehensive education on sexuality and gender equality, a call for access to reproductive health commodities and services for adolescents, an assertion of the importance of integrating programmes that address HIV with sexual and reproductive health and a strong multilateral statement that the ICPD Programme of Action is integrally related to the achievement of the Millennium

Development Goals. We look forward to working towards the implementation of these commitments.

The United States was particularly pleased by the outcome document's strong focus on youth education and services. Many developing countries, including those struggling to meet their Millennium Development Goal commitments, are grappling with unprecedented surges in their youth populations. This is putting tremendous new strains on health and education infrastructure, including that related to family planning and maternal and child health and survival.

Much work remains to be done to realize the promise of Cairo. It is also clear that much more progress needs to take place in fulfilling Millennium Development Goal 5, which calls for a two-thirds reduction in maternal mortality by 2015.

Every minute of every day, a woman dies from conditions related to pregnancy or childbirth. This amounts to 530,000 deaths annually. Women, girls and their babies still die every day as a result of pregnancies that are too early, a lack of skilled medical personnel, inadequate spacing of births or insufficient post-natal care. For every death, 20 or more women suffer from injury, infection and disease. The dire problem of maternal mortality is particularly grave in certain regions where, according to the United Nations Development Fund for Women (UNIFEM), as many as one in 10 women die from pregnancy-related causes. As I have just mentioned, infant mortality in sub-Saharan Africa remains at an unacceptably high rate of 89 deaths per 1,000 live births.

UNFPA data shows that pregnancy is the leading cause of death in teenage girls in developing countries. Girls ages 15 to 19 are twice as likely to die from pregnancy-related complications as women in their 20s, while girls under 15 are five times more likely to die. These deaths of mothers occur even though the means for preventing maternal mortality are cost-effective and well-known, including skilled birth attendance, birth spacing and prenatal care and nutrition. The world needs to take additional action to provide that life-saving care. President Obama, Secretary Clinton and Ambassador Rice have made it clear that the United States strongly supports human rights, women's rights and reproductive rights, as well as universal access to reproductive health and family planning.

The United States has a strong history of supporting family planning as part of its foreign assistance programmes. Through the United States Agency for International Development (USAID), the United States provided family planning assistance to over 50 countries in 2009, including 35 to 40 per cent of donor-supplied contraceptives to the developing world. USAID also supports the Demographic and Health Surveys Project, which provides essential information about family planning and health dynamics in many countries. United States Government programmes have also trained more than half a million medical professionals, including clinic supervisors and administrators, physicians and community-based workers, so that the advances in reproductive health will belong to, and remain in, the host country. Modern contraceptive use prevalence rates increased from 24 to 38 per cent on average in 36 countries receiving assistance from the United States. From 1990 to 2000, the percentage of contraceptive users increased in every region. The United States is also funding UNFPA and strongly supports its life-saving work.

In May of this year, President Obama announced the United States Global Health Initiative — a six-year, \$63 billion effort that emphasizes global health as an essential element of United States foreign policy. In his announcement, President Obama said that we cannot fix every problem, but that we have a responsibility to protect the health of our people, while saving lives, reducing suffering and supporting the health and dignity of people everywhere. Reproductive health and family planning are essential aspects of that effort.

As the United States moves forward on this initiative, we are pleased to join with the international community in commemorating the fifteenth anniversary of the ICPD and re-endorsing its Programme of Action.

The Acting President: I now give the floor to His Excellency Mr. Praveen Mishra, Secretary for Health and Population of Nepal.

Mr. Mishra (Nepal): I should like to make this statement on behalf of The Honourable Khadka Bahadur Bashyal, Minister of State for Health and Population of the Government of Nepal, whose presence here I would like to recognize.

First of all, I would like to extend my special thanks to the President of the General Assembly for organizing this commemorative meeting on the

fifteenth anniversary of the holding of the landmark International Conference on Population and Development (ICPD), held in Cairo in 1994.

The Conference addressed broad issues concerning the interrelationships between population, sustained economic growth, health, education, economic status and the empowerment of women. The Programme of Action (see A/CONF.171/13/Rev.1) that was adopted in Cairo is a forward-looking plan that calls for action at various levels, including a strategic focus at the national level.

The implementation of the Cairo Programme of Action would contribute directly to the achievement of the Millennium Development Goals (MDGs) to reduce poverty, hunger, poor health and HIV/AIDS and promote gender equality.

Some successes have been achieved in translating the commitments we made into policies and action programmes, but much remains to be done. At this point in time, we believe that the best way to commemorate the ICPD is to carry out a pragmatic and constructive analysis of achievements, constraints and lessons learned so as to enrich and accelerate the implementation of the Programme of Action.

There is no doubt that the goal of Cairo remains as relevant now as it was then. Despite progress on many fronts, more than a billion people still live in extreme poverty, which is generally associated with large family size, low use of family planning methods, low educational levels and poor nutrition. All of these factors work against the goals of the ICPD.

Least developed countries such as Nepal are facing formidable challenges to delivering population and health-care services. Nepal has undertaken various measures to implement the commitments undertaken in Cairo, including the adoption of a national population policy to reduce the population growth rate and regulate migration. In addition, Nepal has focused on increasing income-generating activities and improving women's status and easy access to basic education and reproductive health and family planning services. We have increased our health budget by about 15 to 20 per cent each year over the past three years. We are enhancing the governance of the health sector so that quality health care reaches the people of the remote mountains and villages of Nepal.

We have integrated the ICPD Programme of Action and the MDGs into our poverty reduction strategy paper. Similarly, our three-year interim development plan also continues to address poverty reduction goals, with a focus on social inclusion and women's empowerment, equity and access to and utilization of health-care services, thus complementing the goals of the ICPD.

Some positive indicators have emerged in Nepal. Overall poverty and human development have improved significantly in the recent past. The percentage of people living below the absolute poverty line has fallen to 31 per cent from 42 per cent. This has been possible due to an increase in wages, urbanization and the inflow of remittances from migrants. Furthermore, Nepal's human development index has slightly improved, although it still remains very low.

Despite various challenges, including the decade-long internal conflict that we are now resolving peacefully, Nepal is making steady progress in health care. We are on course to meet the Millennium Development Goals related to child survival and reducing maternal mortality. In the past decade, we have halved both the number of maternal deaths and deaths of children under the age of five.

The ICPD Programme of Action recognized that education for girls is a best practice for development. Various literacy campaigns and scholarship programmes, especially for the poor, dalits and vulnerable and marginalized people, has helped to improve the literacy rate to some extent, although the school dropout rate is still high. There has also been a substantial reduction in the country's fertility rate in the past decade. The Nepal Demographic and Health Survey showed a total fertility rate for Nepal of 3.1, although in rural areas it is still very high.

Safe motherhood is one of the most important components of reproductive health, and the ICPD accorded it high importance. Three major strategies have been adopted in Nepal in that regard, namely, promoting birth preparedness and the availability of transportation and blood supplies; encouraging institutional delivery; and expanding 24-hour emergency obstetric care devices at select public health facilities in every district.

The maternal mortality ratio is still very high, at 281 per 100,000 live births. In order to solve problems associated with complications from pregnancy, the

concept of basic and comprehensive emergency obstetric care is being implemented at primary health-care centres, health posts and hospitals. There has been a progressive reduction in the child and infant mortality rates during recent years. However, the neonatal mortality rate remains high.

The Government has given priority to reproductive health services and rights in our three-year interim plan and in Nepal's Health Sector Programme-Implementation Plan. It has announced free health-care services up to district-level hospitals and free maternity care in all health institutions. The Government has recognized uterine prolapse as a major health problem and devoted resources to prevent it through specialized camps in select districts that have a high prevalence rate of this condition.

In Nepal, the pace of change in demographic indicators is slow. The country's population is largely rural, illiterate, poor and young. There is an urgent need to build national capacity to ensure that young people benefit from the development process. Addressing young people's issues through the ICPD by making the most of their potential is a challenging issue.

We have been implementing the Beijing Declaration and Platform for Action, as well as our national action plans on the Convention on the Elimination of All Forms of Discrimination against Women and on combating the trafficking of girls. Discriminatory laws have been amended. Gender focal points have been established in ministries and at the National Women's Commission. Support has been provided in skill development for single women for their social and economic empowerment. Mechanisms relating to gender budgeting have been initiated. The involvement of women in the formulation and implementation of local development programmes has been institutionalized. The Parliament has passed a resolution stating that women's participation must be at 33 per cent in all State mechanisms. Currently, one third of Nepal's 601 National Constituent Assembly members are women.

Nepal has achieved a lot in terms of human development and gender indicators. The gender development index has improved and female-male disparities have been reduced. The progress in increasing women's access to literacy education and health-care services has been significant, yet disparities

between men and women, castes and ethnic groups remain. The Government has prepared a long-term population perspective plan for the period 2010 to 2031, which will serve as a key guide for mainstreaming ICPD issues in sectoral plans, policies and programmes.

I take this opportunity to acknowledge the important role of the United Nations Population Fund in promoting and ensuring access to and utilization of reproductive health services and rights, including by providing voluntary family planning programmes, promoting gender equality and empowerment, eliminating gender-based violence, strengthening integrated health management information systems, and supporting the carrying out of population census for the production of quality sociodemographic data.

We are acutely aware that the present global financial crisis makes our task of providing basic reproductive health care to our citizens much more difficult, but long-term and predictable financing is a must to help developing countries, especially the least developed and those emerging from conflict, complement their national endeavours to meet the health-related Millennium Development Goals.

The Acting President: I now give the floor to the representative of Switzerland.

Mr. Maurer (Switzerland) (*spoke in French*): Fifteen years ago, the International Conference on Population and Development marked a historic break with the traditional discourse on population issues. In placing individuals and their rights at the centre of the analysis of population dynamics, the Cairo consensus endorsed a paradigm change, thus opening the way for an approach based on the dignity and general well-being of human beings.

In many respects, the consensus embodied in the Cairo Programme of Action (see A/CONF.171/13/Rev.1) remains a model of vision and justice, in terms not only of analysis, but also of action. Whoever takes the time to reread the Programme of Action cannot help but be inspired by the deeply humanistic spirit of its contents.

I should like, in this connection, to return to what, in the view of my Government, constitutes the principal achievements of Cairo. In terms of reproductive rights and health, the Programme of Action recognizes the fundamental right of all couples and individuals to freely and responsibly decide on the

number of children they desire and on the spacing of their births. This recognition of the freedom to choose as a fundamental determining factor of reproductive health represents a historic breakthrough.

The Programme of Action highlights the need to ensure universal access to basic health services, to involve communities in health-care policy planning and to develop maternal health services within the scope of primary health-care services. Finally, with regard to gender equality, the Programme of Action recognizes that the empowerment of women and the improvement of their status in political, social, economic and health-care terms constitute essential conditions for sustainable development.

Those are the central elements, and we believe that no new element has emerged since consensus was reached on this text that would justify reopening the debate on its comprehensive and ambitious contents. That is why we must protect the achievements of Cairo from the erosion wrought by time.

I have spoken of a text that is ambitious; is it, perhaps, too ambitious? This question is justified in view of the difficulties encountered in meeting its objectives and of the intensity of the efforts that we will have to make if we are determined to reach them in due time. Given the limited time and means at our disposal, what should our priorities be?

Today, we know that responding to the unmet needs for family planning would be sufficient to reduce by one third the global rate of maternal mortality by avoiding unwanted pregnancies and the dangerous abortions in which they often result. This is why we must provide the 200 million women who, at present, would like to delay or avoid another pregnancy with the assurance that they can avail themselves of effective and safe methods of contraception.

In some regions of the world, the complications that arise during pregnancy or delivery are still the most frequent cause of death among women. That is why we must guarantee access to primary health-care services for women, with the possibility of obtaining emergency obstetrical care if needed.

Finally, despite some apparent success, for instance in school enrolment, glaring disparities persist between the sexes when it comes to the decision-making power of women and the quality of their sources of income. That is why we must strengthen the

judicial, political and socio-economic mechanisms for guaranteeing the participation of women in decision-making processes and ensuring that their work is adequately remunerated.

In conclusion, I should like, on behalf of my Government, to take this occasion to applaud the unique and irreplaceable work of the United Nations Population Fund in favour of the principles and objectives of the Cairo Programme of Action. Be it on the level of promotion, acceptance of or support for the implementation of the Programme, the Fund has always excelled in its role as the primary partner of Governments. Switzerland would like to reiterate its support for the United Nations Population Fund and to assure it of our continued commitment to the Cairo Agenda.

The Acting President: I now give the floor to the representative of Kazakhstan.

Mrs. Aitimova (Kazakhstan): As we gather today to commemorate the fifteenth anniversary of the International Conference on Population and Development (ICPD), the relevance and topicality of that Conference seem as evident as when the States Members of the United Nations made their unanimous pledge to progress on population, development, gender equality and the empowerment of women in the 20-year ICPD Programme of Action (see A/CONF.171/13/Rev.1).

On behalf of the Republic of Kazakhstan, I should like to begin with some words of appreciation to the Executive Director of the United Nations Population Fund (UNFPA), Ms. Thoraya Ahmed Obaid, and to UNFPA staff, both at headquarters and in the field, for their devoted work in assisting Governments, civil society and local communities worldwide to achieve the Millennium Development Goals (MDGs) and further implement the ICPD.

We highly appreciate UNFPA assistance to Kazakhstan in ensuring universal access to high quality reproductive health care, HIV prevention, sexual health education and youth-friendly services. UNFPA technical assistance in mainstreaming data related to population census and dynamics, reproductive health and gender equality into the national Human Development for All agenda has helped my Government to ensure adequate demographic and other development strategies. UNFPA policy advocacy and public awareness-raising on reproductive health care — including family planning, equal gender rights,

support for emergency preparedness, gender budgeting and resource mobilization — are interlinked with Kazakhstan's national development strategies and competitiveness agenda targeting the most vulnerable.

Although Kazakhstan has entered the tier of middle-income countries, access to certain health and social services for our population remains at a lower level than that required to meet all current needs and costs and to attain long-term population and development objectives. As elsewhere, Kazakhstan has adopted and gradually implemented various national policies, laws and programmes in full compliance with the MDGs and the Cairo consensus.

Strengthening the progress made on three MDGs — eradicate extreme poverty and hunger, achieve universal primary education, and promote gender equality and empower women — and mainstreaming environmental sustainability and socially oriented development policies in all national, sectoral and local strategies and processes are the cornerstones of our State policy. Results-oriented and people-centred programme interventions are being carried out throughout the country — especially in the notorious Semipalatinsk Nuclear Polygon area, in eastern Kazakhstan, and in the Aral Sea basin, in southern Kazakhstan — with a particular focus on the comprehensive recording of childhood diseases, reducing maternal and child mortality and achieving universal access to sexual and reproductive health education and services.

Stable economic growth, social development, environmental protection and an optimal balance among them are important preconditions for the implementation of international and national commitments in the economic, social and related fields. However, the ongoing world financial and economic crisis has had an adverse impact on national development trends and on the ability of countries to strengthen and adequately fund their social protection systems. This undoubtedly raises valid concerns about possible deterioration across all development indicators, particularly social determinants.

Kazakhstan regards unacceptably high maternal and child mortality rates — two interrelated MDGs in the area of health — as its highest priorities. Since 2008, Kazakhstan has applied the World Health Organization definition of live births. Despite the fact that this measure is aimed at improving infant

mortality data, our country is seeking to improve monitoring and to bring its health-care system in line with internationally agreed standards. This step is being taken to help us achieve MDG 4: reduce child mortality. Kazakhstan already has evidence of positive trends in that area.

Understanding the importance of sustainable investments in women and children, Kazakhstan solicits donor funds and financial assistance from development partners to help cover programme costs in order to meet the country's new development needs.

The timely realignment of programme interventions and the redirection of adequate State funds have proved to be keys to the successful implementation of health-related national programmes and strategies. In recent years, the Government has redoubled its efforts to support women and children, providing one-time benefits for childbirth and other child-care benefits. The system of compulsory social insurance to cover pregnancy, childbirth and health care for children less than one-year old was introduced in 2008. Moreover, beginning on 1 July 2009, the revised national budget for 2009-2011 provides for sustained increases in all social benefits and guarantees for the population. A 9-per cent annual increase in State social benefits is scheduled. In total, the allocations for pensions and other benefits will have nearly doubled from 2008 to 2011.

The Government of my country attaches great importance to the recently adopted resolution 63/311, on a more effective and relevant United Nations entity focused on gender equality and women's empowerment. We strongly believe that the new composite entity, with adequate institutional capacity, will be able to become a stronger advocate for gender rights and interests and women's empowerment, to promote effective system-wide gender mainstreaming, and to be a better fund-raiser for this key aspect of development.

The poor and vulnerable worldwide are more powerless than ever, and therefore should remain the focus of national poverty reduction strategies and interventions. In that context, the legal empowerment of the poor — especially women — in the community and workplace is becoming essential for the effective strengthening of national strategies aimed at poverty reduction and sustained economic growth. Each country has primary responsibility for its own

development and for the strengthening of its social sector, and increasing opportunities for citizens is directly linked to effective poverty eradication.

In the context of the transition towards the principle of global responsibility for the promotion of development, Kazakhstan shares the view of many that it is important to honour all previously announced international commitments in the area of financing for development, including the ICPD Programme of Action. Global, regional and subregional response measures should include the strengthening of international cooperation and the establishment of innovative forms of partnership in the area of development financing — especially now, on the eve of the 2010 MDG summit.

In conclusion, I would like to emphasize that the current pressing challenges to the international community require ever greater political will and flexibility on the part of all United Nations Member States in engaging in truly global and regional cooperation that benefits all. Kazakhstan therefore reaffirms its commitment to the ideals of the International Conference on Population and Development, as well as to their implementation. We look forward to continuing our fruitful work with UNFPA through its newly opened subregional office in Almaty, as well as at the bilateral and multilateral levels.

The Acting President: I call on the representative of Cuba.

Mr. Núñez Mosquera (Cuba) (spoke in Spanish): Today, we recall the efforts of the international community 15 years ago, when we set ourselves commendable goals to improve the lives of all people and to pursue development. The 1994 International Conference on Population and Development was a turning point in international debates on population. It addressed social, political and cultural issues having a major impact on humankind, and changed the way we think about controlling countries' population growth as a way to achieve development.

We wish to refer today to the Cuban heroine Vilma Espín Guillois, prominent advocate for women's rights, who headed the Cuban delegation at the meeting in Cairo and whose efforts were crucial to the inclusion of the universal right to reproductive health, safe motherhood and gender equality in the outcome

documents of the Conference. Fifteen years ago, the Cuban fighter stated:

“We attempt to blame poor people for overpopulation, the depletion of essential resources, environmental contamination and global climate change. Are poor people the cause? Obviously, it is unsustainable modes of irrational production and consumption that have unleashed the global climate change and huge ecological problems that threaten life on the planet.”

Her words remain as valid as ever today.

This could have been a day for congratulation, but it is not. As we meet here, the right to development is still an illusion for poor countries. The world's population includes 1.02 billion who are starving. HIV/AIDS affects more than 36 million people. Climate change, resulting from misguided policies seeking economic growth and consumerism at any price, is causing an increasing number of disasters.

According to the most recent report of the International Labour Organization (ILO), in 2009, global unemployment could increase by between 18 and 30 million workers owing to the economic crisis, and by over 50 million if the situation continues to deteriorate. The ILO report also maintains that, in the latter scenario, nearly 200 million workers, mostly in developing economies, could join those living in extreme poverty. The ILO message is realistic, not alarmist.

Maternal mortality remains disproportionately high in the countries of the South. Although not necessarily predictable, all complications can be prevented. Every minute, one woman dies; 100 women have pregnancy-related complications; and 300 conceive without wanting or having planned their pregnancy. The goal, set out in the Cairo Programme of Action, is that

“[t]he international community should strive for the fulfilment of the agreed target of 0.7 per cent of the gross national product for overall official development assistance and endeavour to increase the share of funding for population and development programmes commensurate with the scope and scale of activities required to achieve the objectives and goals of the Programme of Action” (A/CONF.171/13/Rev.1, Chapter I, annex, 14.11).

That goal remains unfulfilled, while the tendency to allocate vast resources to war and destruction continues. In 2008, spending on military weapons and forces was \$1.4 billion.

The global crisis is not limited to the financial sector. It is economic and social. It is a global phenomenon with deep structural roots that negatively affect the rise in unemployment and poverty, and thus the lives and well-being of billions of human beings, in particular women, who already represent the majority of the poor. Globalization has not reduced poverty. On the contrary, poverty has increased in recent years and will continue to do so.

The cause of the current economic and social imbalances is the lack of political will to reach a fair and balanced international economic order that resolves the largest and most complex problems of the world's people, above all those of developing countries. Although, in terms of demographic transition and human development indices, some Latin American countries are in advanced demographic transition, they still need international support and cooperation. The Latin American region has not escaped the scourge of poverty. We note with regret that the Latin American region remains the most unequal in the world. According to data of the Economic Commission for Latin America and the Caribbean, the current global crisis will result in a 15-per cent increase in poverty this year. It is almost predictable that women and girls, who today are the poorest of the poor, will continue to see their health deteriorate.

In talking about population and development, I cannot fail to note the impact of the unilateral coercive policies of the imperial Power. My country's development has been hampered and, for over five decades, its population has suffered the negative impact of the commercial, economic and financial embargo imposed against Cuba by the United States of America. That hostile policy is inhuman and contravenes international law and the Charter of the United Nations.

Cuba's population policies are based in a vision of development as a comprehensive economic and social process. That policy is founded on the principle that economic growth without progress and social justice does not lead to real development or to full equity and social justice. With great effort and the support of its population, Cuba has made progress in

reducing maternal and infant mortality, ensures reproductive rights for all citizens without distinction, and continues to strive to prevent and control HIV/AIDS, while consistently elevating the cultural footing of the Cuban people.

The Cairo Programme of Action remains relevant as a basis for achieving the population goals on which development depends. Once again, we reiterate the will of the Cuban Government to meet its international commitments on population and development and to foster South-South cooperation. We appeal for an end of hegemonies and for the elimination of obstacles that hinder the equal development of all.

The Acting President: I now call on the representative of the People's Republic of China.

Mr. Zhang Yesui (China) (*spoke in Chinese*): Fifteen years ago, the International Conference on Population and Development (ICPD) was convened in Egypt. Representatives of 179 countries gathered in Cairo to sign the Programme of Action (see A/CONF.171/13/Rev.1), which identified goals and established timetables. ICPD was a milestone in the history of population and development, setting the direction of our efforts.

Today, we are holding this plenary meeting to commemorate the fifteenth anniversary of ICPD, review the path that we have trodden over the past 15 years, exchange our experience in population and development, and jointly explore ways to respond to challenges in the field of population. This meeting is of great significance. It will certainly give a strong impetus to the effort to achieve the goals contained in the Programme of Action and the Millennium Development Goals (MDGs).

Since the convening of ICPD 15 years ago, in an aim to realize the goals set by the Programme of Action, Governments have formulated plans for population development in accordance with their specific economic, societal, resource and environmental situations, and have registered significant achievements in these fields. We are pleased to note that the past 15 years have witnessed a decline in the global birth rate, an increase in life expectancy, a decrease in maternal mortality, and growing literacy. People now have more choices in their access to reproductive health care, and the principles and the spirit advocated by ICPD have been widely disseminated and supported.

The United Nations Population Fund (UNFPA) has done a remarkable job to promote and achieve the goals of the ICPD Programme of Action and the MDGs. I take this opportunity to express our sincere appreciation for the great contributions of UNFPA Executive Director Thoraya Obaid and her staff.

While celebrating our achievements to date, we must not lose sight of the fact that many difficulties and challenges remain to be overcome in order to realize the goals contained in the Programme of Action and the MDGs. Problems such as poverty, disease, ageing and gender inequality still plague the development of the world's people, especially those in developing countries. The financial and economic crisis has severely stricken many developing countries anew, seriously hampering their capacity to address population and development issues.

The international community should seize the opportunity offered by the commemoration of the fifteenth anniversary of the ICPD to step up its population efforts and strengthen international cooperation in that field. Developed countries should honour their commitments and provide more assistance to help developing countries overcome their difficulties in achieving the ICPD goals and the MDGs. In that way, people in every country and every region of the world can enjoy equal opportunities for development, thus creating conditions conducive to the common prosperity of humankind.

The Chinese Government has always conscientiously implemented the ICPD goals and the MDGs, and has included efforts to implement those goals in its work in the field of population and development. After years of unremitting effort, China has realized rapid economic growth and the comprehensive development of its population, thus contributing positively to the stabilization of world population growth. As a developing country with a population of 1.3 billion, China wishes to take this opportunity to share its experience in the field of population and development, as its contribution to the joint efforts of the international community to realize the ICPD goals and the MDGs.

First, we have adhered to our basic national policy of family planning and sought to address the question of population in an integrated manner. Based on its specific national situation, the Chinese Government has steadfastly implemented its national family-planning

policy. After many years of hard work, China's population growth rate has fallen to 5.08 per thousand in 2008; the maternal mortality rate has been reduced to 36.6 per 100,000; and there has been marked improvement in health care, education and social security.

Secondly, we have always worked to promote gender equality and to meet people's needs for family planning and reproductive health care. Gender equality is an important policy of the Chinese Government, and we take an integrated approach in trying to rectify the unbalanced sex ratio of babies through initiatives such as "Caring for Girls". We are providing regular prenatal and perinatal care to pregnant women and new mothers, and well-baby care to children under three. The Chinese Government also places great emphasis on combating HIV/AIDS and has effectively curbed the spread of the AIDS pandemic.

Thirdly, we have endeavoured to facilitate orderly movements and a reasonable distribution of the population and to enable migrants to have equal access to public services. In recent years the number of migrants in China has reached 147 million annually. In areas with large concentrations of migrants, we have established effective forms of regional cooperation, organized various methods for providing care for migrant workers from rural areas, continuously expanded free family planning services for migrants and effectively protected their legitimate rights and interests.

Fourthly, we have always pursued a strategy of sustainable development in an effort to achieve coordinated development of population, resources and the environment. The Chinese Government has always tried to address the question of population in an integrated manner and in a way that suits our country's specific situation.

In realizing the ICPD goals and the MDGs, China also faces numerous difficulties and challenges. In response to those challenges, the Chinese Government will implement the concept of rational development in a comprehensive manner. It will continue to maintain a low birth rate; take an integrated approach to addressing the sexual imbalance of newborns; strengthen management of and services for the migrant population; take active measures to respond to the question of an ageing population; drastically increase its inputs into education, health care, employment, social security and urban and rural housing; and

reinforce efforts to improve people's lives so as to ensure happiness for our people. At the same time, the Government will continue to strengthen exchanges and cooperation with other countries in the field of population and development, support the work of UNFPA and contribute to our common effort to promote the realization of the ICPD goals and MDGs.

The Acting President: I now give the floor to the representative of the Islamic Republic of Iran.

Mr. Al Habib (Islamic Republic of Iran): I would like to begin by associating myself with the statement made by the representative of the Sudan on behalf of the Group of 77 and China.

The 1994 International Conference on Population and Development (ICPD) was a turning point in global health-care discussions, especially in promoting the issue of reproductive health. Participants committed themselves to a new approach regarding health and population development at the national level and took into account its Programme of Action (see A/CONF.171/13/Rev.1) in developing their national policies. Fifteen years have passed since then, and I can proudly report on the progress my country has made so far towards achieving the goals of the Conference, while fully observing our cultural and religious values. And here I would like to mention briefly some of our achievements in the area.

We have seen a significant drop in illiteracy, particularly among women and people in rural areas. The growing number of working women is paralleled by the number of girls entering university, which has outstripped the number of boys for a number of years. Dissemination of public health information, especially in remote and rural areas, has helped increase public awareness and has considerably eased implementation of health policies. A system of organized information gathering is in effect and is being utilized in policy development.

There has been a significant improvement in the children's health-care index, while free school food programmes have been adopted and are being implemented. Coverage of reliable birth control methods has reached 60 per cent, and unmet family-planning needs stand at less than 5.9 per cent. Significant progress in improving maternal health care has been made, and the MDG target for maternal health is within reach. In that regard, we have recorded a 50 per cent drop in the number of unwanted

pregnancies. Policies based on the principles for preventing HIV/AIDS are being developed and implemented, and care for the elderly and healthy living for senior citizens are now on the working agendas of the relevant ministries. Last but not least, close to universal health insurance coverage, free to poor and needy families, is now in sight.

In conclusion, and based on such success stories, we are of the view that a development-based approach to population issues, rather than one simply focused on rights, would be more conducive to our common efforts to implement the ICPD objectives.

The Acting President: I now give the floor to the representative of the Russian Federation.

Mr. Maksimychev (Russian Federation) (*spoke in Russian*): The International Conference on Population and Development (ICPD) linked fully, for the first time, the dynamics of population with questions of sustainable development. The Cairo Programme of Action, which was the outcome of the Conference, has served as a powerful incentive for countries of the international community, including Russia, to produce comprehensive national policies for resolving demographic issues in the context of the needs for long-term economic growth and social development.

We are convinced that achieving the ICPD goals will make a substantial contribution to attaining the internationally agreed development objectives. In particular, we view the role of the Cairo Programme as one of encouraging policies designed to improve people's well-being, broaden access to educational and health-care services and lower infant and maternal mortality. Over the last 15 years, considerable progress has been achieved in implementing the ICPD Programme of Action. At the same time, this progress has not been steady, either in terms of key indicators or in terms of various groups of countries.

In that regard, we believe we need to prevent, despite the current financial and economic crisis, a decrease in the amount of resources for programmes in the field of population, particularly in the neediest countries. We highlight the special roles in implementing the Cairo Programme of Action played by the United Nations Population Fund and the United Nations Commission on Sustainable Development.

Regarding the demographic development of our country since the beginning of the 1990s, there has

been a sharp decline in population, which has assumed a steady and long-term character. That decline was caused by changes in families' reproductive behaviour, manifested in a considerable reduction of population renewal and a very high mortality rate, the reasons for which are, in a number of cases, preventable.

In order to stabilize the size of the population, the Government of the Russian Federation has taken active steps to develop a national population policy. In 2007, we adopted a draft demographic policy for the period up to 2025. That policy established a programme of comprehensive measures to support the population in such fields as health care, housing and migration. Demographic policy has become a central pivotal link in the chain of our social policies.

In 2006, we adopted a federal law that provides for State support to families with children. On 1 January 2010 it will be three years since the beginning of work on the programme to promote maternity and larger family size, including promoting the birth of second and subsequent children. Reducing the high mortality rate is the focus of a national project called "Health", aimed at developing primary health care. It seeks to obtain wage increases for doctors and lower- and middle-ranked primary medical service personnel and to improve equipment and logistics for emergency medical assistance services. We have also begun building high-tech medical and perinatal centres. We have strengthened our preventive care and immunization services and have considerably improved assistance for childbirth.

Additionally, last year marked the start of special programmes for combating heart disease and road transport accidents, which are the main culprits in premature deaths.

Thanks to those measures, we have achieved considerable progress in reducing natural population loss. In the light of migration growth, natural loss in 2008 constituted 122,000 persons, which is a lot less than in previous years. After two years of implementing the draft demographic policy, the birth rate in Russia has increased from 10.4 to 12.1 per thousand. In August this year, for the first time in 15 years, the number of births in the country exceeded the number of deaths.

Considerable progress has been achieved in lowering infant and maternal mortality rates. Over the last two years, infant mortality has dropped by 14 per

cent and maternal by 10 per cent. In 2008, Russia celebrated its Year of the Family. The measures held to mark that year were primarily aimed at improving the legislative basis of our social policy, which made it possible to consolidate positive trends in supporting families with regard to births and raising children, carry out preventive work with regard to family welfare, orphans and unsupervised children, and strengthen social support systems for children in difficult life situations.

Considerable attention was also devoted to measures promoting healthy life styles, organizing family holidays, stays in health centres and harmonious family development.

An important element in the review and evaluation of progress achieved in implementing the ICPD Programme of Action is a comprehensive analysis of international migration. For many reasons, migration plays a particular role in the achievement of Russia's strategically necessary demographic growth. Today, an important task is to establish an overall national migration policy that will, through legislation and institutions, meet the demands of the times.

Among the priorities of the Russian migration policy is State regulation of labour migration, aimed at stimulating a migratory influx of Russian speakers within the framework of the Government programme to provide assistance to promote voluntary resettlement in the Russian Federation of our compatriots living abroad and at establishing an effective system for promoting the adaptation of migrants and their integration into Russian society.

Remaining work that needs our attention includes agreements on readmission, as the most important instrument in combating illegal migration, as well as the establishment of the infrastructure necessary for implementing those agreements.

The Russian Federation actively supports developing international dialogue on the problem of international migration. We are convinced that the forum established as a result of the General Assembly's High-level Dialogue on International Migration and Development is an important platform for an exchange of experience and for giving further momentum to the work on resolving problems in the area of the international migration and development.

The meeting rose at 5.55 p.m.