



**United Nations Commission on
Population and Development**

*Cairo at 10:
Moving Forward*

Statement

by

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gender, reproductive health and rights, education, fertility, mortality and population growth rates, age structure, migration, urbanization, and the environment.

All of these population issues are dynamic forces shaping our world, which cannot be ignored. The Cairo agenda puts all of these issues together and connects the dots. And it recognizes that in the end, population is about people. It is about enabling people to take charge of their own lives, to advance economic growth, to reduce poverty, to participate fully and achieve sustainable human development. The Cairo agenda shows us the way forward in addressing all of these complex and interacting forces, in a framework that is firmly grounded in human rights, with respect for national sovereignty and due consideration given to cultural diversity.

Mr. Chairman,

We are moving forward. In his report reviewing progress, which is before the Commission (E/CN.9/2004/3), United Nations Secretary-General Kofi Annan states, and I quote: “The decade following the adoption of the Programme of Action has been one of substantial progress. The world is beginning to see the end of rapid population growth, couples are closer to achieving their desired family size and spacing of children, mortality is declining in most countries, and there is evidence that many countries are taking the necessary steps to confront HIV/AIDS...” Unquote.

A girl born today in the developing world faces better prospects than a girl who was born ten years ago. School enrolment rates are increasing, mortality is declining, and life expectancy is rising. But let us not look only through rose coloured glasses. The reality is that progress is uneven, and in some cases there is a back peddling. At the 20-year mid-point

Ten years ago, the chances of a refugee or a displaced person getting basic reproductive health services were slim to none. Today, minimum standards, guidelines and protocols have been agreed upon and put into place, and services are increasingly being provided.

Ten years ago, the issue of migration was considered important. Today, it is viewed as critical. There is increasing acknowledgement that greater cooperation is needed at all levels to manage migration in a positive and sensitive manner, with full respect for human rights and greater transparency.

Ten years ago, there was only one hospital devoted to the treatment of fistula, a dreadful but preventable condition caused by obstructed labour. Today there is increased awareness and action, and the two million women and girls awaiting surgical repair now have real reason for hope.

Ten years ago, violence against women and girls was very often a matter shrouded in secrecy and shame. Today, gender-based violence in all its forms is routinely condemned. There is far greater awareness and far less tolerance for female genital cutting and other human rights violations.

Ten years ago, it was still considered radical, and even taboo, to talk about adolescent sexual and reproductive health. Today, the issue is an emerging worldwide concern.

Ten years ago, the full impact of AIDS was yet to be felt. Today AIDS is recognized for what it is—a threat to health, and a grave threat to development. Progress has been made to reduce stigma and discrimination and to galvanize greater action for prevention, care, treatment and support. But far greater efforts are needed. And HIV/AIDS prevention and treatment must be fully integrated into reproductive health services.

Mr. Chairman, distinguished delegates,

We have come a long way since 1994, and we have done it together.

All over the world, the Cairo agenda is guiding policymaking and legislation to address

There is still a great need for quality reproductive health services, including family planning. Some 200 million women in the developing world continue to have an unmet need for effective contraception. There is still a tremendous need for information and services to prevent and treat HIV/AIDS. Every minute, 10 more people are newly infected. Today, the shortage of contraceptives and condoms in many countries has begun to reach crisis proportions.

At the same time, the persistence of high rates of maternal mortality remains a global scandal. Over half a million women still die each year from complications of pregnancy and childbirth, one every minute, making it a leading cause of death for women of reproductive age. In 2008, 14.5% of all deaths were due to maternal mortality, a 11% decrease from 2000.

and the private sector. We need women and young people, and men. And we need religious leaders who believe in saving souls...*and* saving lives, especially the lives of women.

It is heartening that developing countries themselves have put their own resources into these programmes. It reflects the importance they attach to these critical issues. This funding must now be matched by funding from donor nations and non-traditional funding sources. And, of course, we must ensure that it is used wisely, with good management and good results.

Today the developed world has met just half of the financial commitment promised in Cairo. There is a \$3 billion funding shortfall among donor countries for population and reproductive health programmes. And this shortfall is one of the reasons we are not making greater progress.

It is clear from our global field survey and from the regional review meetings, that the Cairo agenda is totally owned by the countries themselves and by dedicated and committed supporters within all countries. Now that the groundwork has been laid—and many laws and policies are in place—we must reinforce action to achieve greater results.

We must work together to ensure that the promises that we made in Cairo are promises that we keep.

Thank you.