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United Nations Commission on Population and Development

A World Fit for all Ages

Statement

by

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> 9 April 2007 New York

Mr. Chairman, Members of the Commission, Ladies and Gentlemen,

It gives me great pleasure to address the opening of this fortieth session of the Commission on Population and Development.

Let me begin, Mr. Chairman, by commending you and the members of your Bureau on your work to prepare this session. We at UNFPA look forward to working closely with you and Member States on the issues before the Commission.

I would also like to express my sincere appreciation to my dear colleague and friend, José Antonio Ocampo

Changing Age Structures

Let me begin by focusing on changing age structures. As the reports point out, a

So, needless to say, there is much to be gained by planners and policymakers taking a hard look at population's age structure and dynamics. As they calculate their spending, officials need to know how many and what percentage of their population are young, in their prime working years, and how many people are older. Countries will need to respond to the new realities revealed by changing age structures with appropriate policies and programmes to meet the needs of all groups in society without compromising on the rights of individuals to decide for themselves the size and timing of their

In order to demonstrate the importance of investing in young people and their healthy transition to adulthood, UNFPA is pleased to be co-organizing, together with the Swiss Government and the Guttmacher Institute, a side event on this topic tomorrow.

Mr. Chairman,

As I said earlier,

Today population ageing is well advanced in Europe and parts of Asia. Many governments are currently re-examining their policies recognizing the valuable and important contributions the elderly make - which many times cannot be quantified in economic terms. Indeed, older persons not only provide a valuable social safety net in many communities but also their experiences are invaluable in preparing the future work force.

UNFPA seeks to ensure that the elderly, especially elderly women, are not forgotten and that their needs including their sexual and reproductive health needs are adequately met. Aligned with the Madrid International Plan of Action on Ageing, UNFPA encourages countries to incorporate the issues of older persons in national development frameworks and poverty reduction strategies. UNFPA also encourages the involvement of older persons in the decision-making process. And UNFPA works to bridge the generation divide between the young and old through support for intergenerational dialogue, understanding and solidarity. I firmly believe that more dialogue between generations will build a strong society for all ages.

ICPD Financial Flows

Mr. Chairman,

Allow me to turn now to the issue of financial flows for the implementation of the Cairo Programme of Action. The good news is that the flow of resources for population assistance is on the rise. However, I would like to caution that even if estimates and projections hold and the financial targets are surpassed, the resources mobilized will not be sufficient to meet current needs, which have grown dramatically since the targets were agreed upon in 1994.

At that time, the population and health situation in the world was much different from what it is today. For one thing, no one had foreseen the escalation of the AIDS pandemic, from 14 million people living with AIDS in 1994 to 40 million people today. Since 1994 health care costs have increased substantially while the value of the dollar has gone down.

As a result, the ICPD financial target of \$18.5 billion in 2005 will not be sufficient to meet current developing country needs in the areas of family planning, sexual and

reproductive health, sexually transmitted infections and HIV/AIDS, and basic research, data and population and development policy analysis.

For example, there is a large funding gap between what is needed and what is currently being mobilized for family planning. In fact, donor assistance for family planning as a percentage of all population assistance has decreased considerably since Cairo, from 55 per cent in 1995 to 9 per cent in 2004. In dollar terms this is from \$723 million in 1995 to \$442 million in 2004.

The victims of this funding gap have been poor women in poor countries who cannot exercise their reproductive rights and plan their families. It is a serious problem that needs to be urgently addressed. Today there are 200 million women in the developing world with unmet need for effective contraception. The result is increasing numbers of unwanted pregnancies, rising rates of unsafe abortion, and increased risks to the lives of women and children.

Mr. Chairman,

The benefits of reproductive health care including family planning cannot be overstated. We will not attain the Millennium Development Goal, especially MDG 5, if we do not ensure universal access to reproductive health. Sexual and reproductive health is essential to women's empowerment and gender equality. Family planning is key to maternal and child health. It is estimated that ensuring access to family planning alone would reduce maternal deaths by 20 to 35 per cent and child deaths by 20 per cent.

One of the key messages here is that if not reversed, the trend towards less funding for reproductive health will have serious implications for the ability of countries to address unmet need for such services and could also undermine efforts to attain universal access to reproductive health by 2015.

The bottom line is that money invested in sexual and reproductive health services will be repaid many times over in direct savings on other health and social services. It will also promote economic growth, poverty reduction and gender equality, and will help to fight the economic and social devastation caused by HIV/AIDS. These benefits will come in addition to the gains in healthier lives and reduced human suffering that cannot really be quantified.

Today I call on countries to increase investments for all areas of the ICPD population package including in support for reproductive health commodity security.

And in closing, I would like to reiterate that to have a healthy and productive ageing population we must ensure that we have a healthy and productive young population. Together they will make development of societies a reality.

I thank you.