

As written

**UK NATIONAL STATEMENT BY MR FOULKES AT THE HAGUE FORUM:
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Distinguished delegates, we are here today because - while Cairo was a landmark in international development: in setting the right standards, in upholding individual rights, and in forging the right links between sustainable and human development, and most important of all in agreeing a set of **outcomes** which must be achieved if we are to improve the quality of life for millions of people by 2015 - we need to keep up the momentum which Cairo set in motion.

So I congratulate Dr Sadik and UNFPA for their excellent initiative in holding this Forum and the NGO, Parliamentary and Youth events. And I thank the Netherlands' Government for their generosity in hosting them.

Progress

Cairo has made a big difference to what we do and how we do it. Since 1994, an enormous reorientation of policy has taken place. And much progress has been made. For example, more people are using modern contraception now than ever before because more people have better access to it.

But we are also witnessing some awful negative trends - particularly the concentration of HIV in the poorest countries - and some persistent obstacles, such as the dismal failure to make progress in reducing maternal mortality.

There are still gaps in our understanding, gaps in our health systems and gaps in our political will to meet the Cairo challenges.

Priorities for Action

So what are our priorities for action?

. HIV/AIDS

Nowhere is support more needed than for HIV/AIDS, which threatens to single handedly wipe out the development gains of the last three decades.

UNAIDS latest figures predict that 40 million people may be living with HIV by 2000.

Prevention must be the priority for the global response. We now know more than ever before how prevent HIV and we must continue to do more of what works: information powerful enough to change behaviour; condoms; treatment for sexual infection and safe blood.

We must also intensify our efforts to get the science right and find both a vaccine and a female controlled protection product such as a microbicide. These products, as with condoms and contraception, will need to be subsidised - from government and donors funds - to ensure that poor people will be able to benefit from them.

• Maternal Health

Nowhere is the inequality and inequity between rich and poor, women and men more starkly illustrated than by the number of women who die every year as are result of pregnancy and childbirth.

Let's be clear what the challenge here is: it is the right to life of 8 million women between now and 2015 and the right to survival and quality of life of their dependants.

Maternal mortality statistics are the barometer for the extent to which health systems do or do not function.

We must work to ensure that health sector development delivers improved maternal and other reproductive health outcomes. We need standards for the care women should expect and authoritative guidance on the functions that health systems should perform. I am therefore delighted to learn that Dr Brundtland has pledged the maximum efforts of WHO to address maternal mortality.

- **Young People**

While the so-called “population explosion” may be over, we should not forget that over 1 billion young people - the largest generation in human history - are now entering their reproductive years.

It is the choices made by these young people that will determine the prospects for a fair, healthy and stable world fit for future generations. We must defend their right to be given a choice.

This includes helping them to make wise decisions, without coercion from others, about when to commence sexual activity.

It includes making sure that they have access to services and products to protect themselves against sexual infection and pregnancy if and when they do become sexually active.

- **Contraceptive Security**

In development, we talk about food security. With HIV prevalence as high as one in four in parts of urban Africa, reproductive health commodities, such as male and female condoms, are basic needs too. We know also that around 120 million couples are still unable to access the contraception that they want when they need it.

We need to make contraceptives and condoms - both male and female - easier to get hold of. If Coke Cola can be everywhere in the developing world, why not these essential commodities? { We think the notion of “contraceptive security” highly relevant to meeting people’s sexual and reproductive health needs in the next 15-20 years or so.

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So what does this mean for the way we work?

First coherence

International action directed to these priority actions must be coherent and it must be taken in concert. We need strong, strategic leadership. The UN system provides this, but we believe that its constituent parts could do more to work together as global champions on HIV, maternal health and contraceptive security. We believe that UNAIDS, WHO and UNFPA have key roles to play here.

Then counting

It is essential that we are able to effectively monitor the goals, the outcomes, agreed at Cairo.

We believe a new goal - to accompany the Cairo goals - and some intermediate milestones are urgently needed to intensify action to combat the progression of HIV. For example, what changes should we be aiming for between now and 2005, 2010 and 2015 in the proportion of young people infected with HIV?

We also think that there is a need for a set of intermediate “milestones” for spurring and tracking action related to other Cairo goals, for instance benchmarks related to care in pregnancy between now and 2015 - such as

births attended by skilled and trained health personnel - to support the maternal mortality goal.

And last but not least, cash

There is no "something for nothing". Overall resource commitments have not met the expectations of Cairo. Delivering the Cairo agenda does depend on Governments - both North and South - finding new resources for sexual and reproductive health. [But we must be focused on outcomes and driven by what works best.]

The UK's perspective on taking forward the Cairo agenda is set out in more detail in a paper which is available from our Delegation.

So, let's ensure that the report of the UN Secretary General on ICPD+5 agrees the kind of key future actions and practical measures needed to galvanise and intensify efforts to achieve the Cairo goals.

Let's make sure it acknowledges that we need to broaden the way we work. Improving people's reproductive health involves the health sector - and other sectors - in the widest coalition of public, private and civil society action.

Let's make sure it **recognises** that health sectors from which poor people benefit will not be built in three-year project cycles. We must adjust our horizons and our time-frames. We need to engage in partnerships over the next **10-20** years.

And finally, let's be clear that while knowledge, know-how and good practice from this review matter, at the end of the day progress is determined more by political choice and political will.