



# General Assembly

Twenty-first Special Session

2<sup>nd</sup> plenary meeting  
 Wednesday, 30 June 1999, 3 p.m.  
 New York

Official Records

*President:* Mr. Operti . . . . . (Uruguay)

*In the absence of the President, Mr. Ssendaula (Vice-President), took the Chair.*

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

## Agenda item 8 (continued)

### Overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development

**The Acting President:** The Assembly will now hear a statement by His Excellency Mr. Christon Tembo, Vice-President of the Republic of Zambia.

**Mr. Tembo (Zambia):** On behalf of the President and the people of the Republic of Zambia and, indeed, on my own behalf, I wish to commend the United Nations, particularly the United Nations Population Fund (UNFPA), for organizing this special session of the General Assembly.

Allow me to join other distinguished speakers in congratulating Mr. Operti on his deserved election. I have no doubt that he will guide the Assembly to a fruitful conclusion of its work.

Let me allude to the protracted negotiations that have preceded this special session of the General Assembly. The results of the negotiations among our experts, which have culminated in this session, should be seen not as mere semantics but as broad-based ideas encompassing the diverse cultural, religious and regional differences represented in the large negotiation groupings.

It is now five years since such a high-level gathering met in Cairo to formulate a 20-year Programme of Action for population and sustainable development. Zambia actively participated in that important conference because we realize that population is both the agent and benefactor of sustainable development.

Since the Cairo summit, Zambia has made progress towards the implementation of the population and development programme. This includes, first, the development of a socio-economic policy framework to foster broad-based economic growth through the development of infrastructure and the enhancement of social delivery mechanisms; secondly, the development of a poverty-reduction framework and a national plan of action for implementation by the Government, the private sector, non-governmental organizations and civil society; thirdly, the development of health sector reform programmes aimed at increasing access to quality health services at the community level; fourthly, the introduction of an integrated reproductive health policy and a national youth policy; and, fifthly, the establishment of a comprehensive data-monitoring framework to provide socio-economic indicators for programme formulation and overall economic management.

Populations with high growth rates, declining economic output and a high debt burden continue to impede the development efforts of many developing countries, Zambia included. Zambia's population is currently growing at 3.1 per cent, while the economic output has remained stagnant. The stock of debt as a ratio

of export earnings has continued to rise, resulting in Zambia's foreign debt burden becoming unsustainable. This has resulted in overall economic decline and inadequate resources for capital and human resource development.

High poverty levels, widespread illiteracy and inhibiting cultural and traditional value systems continue to be major obstacles to enhanced population development in Zambia. Currently, the country has a high incidence of poverty, estimated at 70 per cent, 89 per cent of which is in rural areas. In addition, 48.3 per cent of the population is under the age of 15. This obviously exerts enormous pressure on social services and on the ability of government to cater for the needs of the people.

Being a stable and peaceful country, Zambia has provided a natural sanctuary for displaced persons fleeing civil strife in their own countries. In addition, my country's involvement in resolving regional conflicts has put tremendous pressure on our meagre resources.

Despite these constraints, Zambia is fully committed to the implementation of a national population policy. To this end, Zambia has put in place various programmes aimed at uplifting the lives of its people. Such programmes and projects are aimed at increasing economic opportunities and generating employment and income. In addition, a number of social safety-net schemes have been put in place to address the needs of the core poor in both rural and urban areas.

Zambia supports a sustainable debt management strategy aimed at significant debt relief and cancellation. In this regard, I am making an earnest appeal to donor States, multilateral institutions and the private sector to support Zambia and other developing States in their efforts to eradicate poverty by direct investment and cancellation of debt, and by ensuring that structural adjustment programmes are humane and responsive to social and environmental concerns.

In order to successfully militate against these negative population dimensions and their manifestations, such as disease and poverty, we need to introduce universal basic education; promote the status of women and mainstream gender in all aspects of population and development; provide adequate information to couples and individuals on the need to have manageable family sizes; enhance an integrated reproductive health service system; reduce the high rate of infant and maternal mortality by improving health facilities and services; and establish a national institutional framework to address the HIV/AIDS epidemic.

In this regard, Zambia is revising the national population policy in order to accommodate the emerging issues of HIV/AIDS, environment, gender and the broader concept of reproductive health. Zambia has also established a monitoring institutional framework comprising an all-party parliamentary group on population and development, a gender division in the Office of the President and a gender focal point in each public institution. This is to ensure advocacy at the political and administrative levels alike.

At the international level, Zambia is to host the Eleventh International Conference on AIDS and STDs in Africa (Xi-icasa) in September this year, which I hope representatives of all countries and organizations represented here will attend. I therefore, in this regard, recognize and acknowledge the positive contribution that civil society has made in the formulation and implementation of population programmes and projects.

I would like to reaffirm my country's commitment to the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). Indeed, we are looking forward to seeing the Cairo vision become a reality as we approach and enter the new millennium.

**The Acting President:** I thank the Vice-President of Zambia for his statement.

I now give the floor to His Excellency Mr. Árpád Gógl, Minister of Health of the Republic of Hungary.

**Mr. Gógl (Hungary):** May I take this opportunity to congratulate Mr. Operti on his assumption of the presidency of the General Assembly at this special session. Let me assure him of the full support of my delegation in the discharge of his important duty.

My delegation fully subscribes to the statement made by the representative of Germany, who spoke on behalf of the European Union and its associated countries, including the Republic of Hungary.

Population and development are among the global issues of fundamental importance that humanity is facing at the threshold of the new millennium. As we approach the turn of the century, the international community is encouraged to take an honest and forward-looking inventory of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). It is by no means an exaggeration

to say that the well-being of humankind in the twenty-first century will, in many aspects, be contingent upon our ability to provide relevant answers to the interrelated challenges of such global issues as population and sustainable development.

The past five years have confirmed the correctness of the demographic trends and the Programme of Action put forward in the Cairo document. While we can be proud of the results achieved in addressing various aspects of these complex issues, further coordinated actions are needed. The unresolved problems of population growth, structure and distribution, and their impact on the everyday lives of people, including the inadequacy of education, health care and social security systems, require further efforts on the international, regional and national levels.

The Government of Hungary continues to be committed to the principles, goals and recommendations of the International Conference on Population and Development held in Cairo in 1994. I would like to take this opportunity to reaffirm our deeply felt political commitment to the ongoing implementation of the ICPD Programme of Action.

Hungary is among the countries where demographic processes have long been the focus of political and public attention. Over the past decade, low fertility and continuing high mortality rates have resulted — after a short and moderate population increase — in a steady decrease of the population, with serious economic and social consequences. My Government views the demographic situation of the country as a major national and social issue which calls for governmental responsibility and the joining of all forces of society. We are compelled to act now and not to leave unsolved problems to our grandchildren. Our immediate aim is to moderate and subsequently stop the process of population decrease and later to achieve a modest increase, resulting in a more favourable age structure of the population. Achieving increased fertility and improving mortality rates require continuous, wide-ranging and coordinated measures. They constitute an integral part of the Programme of my Government and we have the political will and determination to fully implement them.

Despite changing family formation patterns, family is and remains a basic unit of society and reproduction, among other things. My Government strongly supports and advocates measures to promote family cohesion and the ability of families to raise children. We encourage a moral renewal of society, in which family and children are considered to be of high ethical value, where bringing up

children wins respect and where the related costs and difficulties are mitigated by a family-friendly economic and social environment. Important measures have already been taken by the Government that are aimed at improving the situation of families with children through a reformed tax and social security system.

To ensure a coherent and effective framework for the implementation of these measures, the Government has initiated the elaboration of a new family policy. By the same token, we make efforts to strengthen equal opportunities and to help people with disabilities and other vulnerable groups, including ethnic minorities. To assist families as well as socially disadvantaged groups is an important consideration in improving our social security system.

Further steps are needed to strengthen our health services, including the improvement of prenatal care, childbirth conditions and the care of newborn babies. Our health improvement programmes should include actions aimed at changing widespread irresponsible behaviour patterns during pregnancy, such as smoking and alcohol consumption. We have to develop a complex set of measures to decrease the alarmingly high rate of induced abortion, taking into account the relevant decision of our Constitutional Court. The wider use of modern contraceptive methods and the development of a family planning network have to be ensured as well. Through these measures, a further decrease in premature births should also be achieved.

The high levels of mortality and morbidity in all age groups, but especially among the male population, require special attention in our country. In order to develop a better and more efficiently operating health care system, to make it more prevention-oriented, to promote a healthy lifestyle and to make it more attractive for the population are only some of the areas where a lot remains to be done in strong interaction between the Government and civil society.

Human dignity is a right belonging to all generations. This fundamental right can be enjoyed only in a well-developed system of care and support for elderly people. These challenges require joint efforts by the family, the local community and the Government.

Hungary has always considered that tasks of this magnitude call for effective international and regional cooperation. Based on these premises, Hungary hosted the European Regional Population Meeting in Budapest last

December to take stock of the regional experiences of the post-Cairo period. We are pleased to see the major conclusions of that meeting reflected in the document to be adopted at this special session. The United Nations, its programmes and specialized agencies should play an important role in monitoring and promoting the implementation of the Programme of Action, paying special attention to the differences in the situation of various regions. The Republic of Hungary is ready and willing to be part of these efforts.

**The President:** I now give the floor to Her Excellency Leonor Calderón, the Minister for Youth, Women, Childhood and the Family for Panama.

**Ms. Calderón (Panama)** (*spoke in Spanish*): On 7 September 1994, only six days after the Government of Ernesto Pérez Balladares came to power, the delegation that represented Panama in Cairo at the International Conference on Population and Development undertook to achieve implementation of the Programme of Action adopted by consensus on that occasion. Today, two months before the leadership of our country is handed over to a new Government, we are gratified to report that in these years we have adopted a series of measures relating to the recommendations of the Programme of Action.

The Government programme called "Public Policies for Comprehensive Development, Social Development with Economic Efficiency," aimed at tackling the country's main social problems, such as poverty, income distribution, structural unemployment, declining purchasing power, shortfalls in education and health and inefficiency of social expenditure. At present we have a public policy programme intended to harmonize efficiency and equity with an integrating approach. It is guided by a set of fundamental guidelines, such as legitimacy, legality, integrality, coordination, participation, regionalization, targeting and institutionalization.

In the political arena it should be noted that since the 1994 Conference, a Commission on Population, Environment and Development has been set up within the legislative assembly. This is supplemented by the creation

of the Social Cabinet, which acts as an advisory body to the executive organ in the social area and whose basic purpose is to recommend actions which will lead to the design and execution of social policies that fall within the principles of development.

Panama is a country with a population of 2.8 million people, of whom 54 per cent live in urban areas, which reflects the high level of internal migration in recent decades. It should be noted that the Interoceanic Region generates the greatest proportion of the population, given that 56 per cent of the people live in these areas. And in this particular regard, it is important to highlight that this year is special in the life of all Panamanians, since on 31 December the most treasured wish of the Panamanian people will be fulfilled with the transfer of the Panama Canal, which as of the first day of the next millennium will be fully administered by nationals who have been preparing for this for 22 years, since the signing of the Torrijos-Carter Treaties. For this reason, among the measures adopted by the Government have been some programmes and actions to discourage migration to the Interoceanic Region in order to protect the Canal basin.

Over the last five years, social expenditure by the Government has increased steadily; the average per capita is 250 dollars, and the ratio between social expenditure and the gross domestic product has remained around 10 per cent. Given the need to pay particular attention to the most vulnerable sectors, in 1997 the Ministry of Youth, Women, Childhood and the Family was set up with the general objectives of promoting human development through participation and promotion of equity, as well as through the organization, administration, coordination and execution of policies, plans and programmes designed to bolster the family, the community and groups requiring priority attention. Under the impetus of this Ministry, the National Council for the Family and Minors has been set up, together with the National Council for Women and the National Council for Youth, which will encourage organized and positive participation by civil society.

At present, the country has a low level of fertility, approximately two children per woman. However, there are significant differences within the national territory. In rural areas the average is almost double that of urban areas. This situation has led to the preparation of measures in the area of sexual and reproductive health, since it is clear that the country does need to give attention to the territorial differences in fertility rate.

In this respect, it is important to mention that the National Commission on Sexual and Reproductive Health has been set up with the participation of Government institutions, non-governmental organizations, indigenous groups, parents, organized young people and adolescents, adults, teachers, professional associations, unions, communications media, legislative bodies and religious groups at the highest level. At the same time, through a series of consultations and in consensus with these groups, the National Plan for Sexual and Reproductive Health has been developed through a process of mobilization and coordination of governmental actions and civil society, under the auspices of the United Nations Population Fund and the Pan American Health Organization, which marks a milestone in our history. This Plan promotes the development of integrated, high-quality services for better coverage of the population throughout the national territory.

The concepts of consultation and coordination define the approach for promoting sexual and reproductive health and offer an opportunity for society to play a responsible, active role in attaining health. At the same time, they channel the consciousness of governmental organizations and civil society in order to secure innovative, concerted, intersectorial and multisectorial actions designed to permit a satisfactory sexual and reproductive life at the individual, family and social levels in a climate of equity which promotes healthy and whole lifestyles.

Panama is one of the countries of the Latin American region with a large proportion of resources dedicated to education, a sector in which policies have been adopted and actions carried out to attain a higher level of instruction in order to raise the level of life of the population.

Among the actions taken in this period, it is important to highlight the coming into effect of the Family Code in January 1995, the approval of Law Number 2 establishing that a minimum of 30 per cent of candidates for popular elections should be women, Law Number 27 which deals with crimes of domestic violence and child abuse, Law Number 50 which promotes breastfeeding, and finally Law Number 4 of January of this year, which establishes equal opportunities for women.

In the area of information, I should note the preparations for the census of the year 2000, when for the first time we will be using modern techniques such as automated digital mapping, which will make it possible to move towards a geographic information system.

Finally, it is important to note that based on results of the latest surveys, a new strategic approach has been devised to tackle poverty for the 1998–2003 period. Panama thus reaffirms its commitment to the plans of the Programme of Action adopted in Cairo and reiterates its support for the efforts currently under way to meet the established goals and achieve a better quality of life for the world's people.

**The President:** I now give the floor to the Minister for Planning for Chile.

**Mr. Quintana** (Chile) (*spoke in Spanish*): An analysis of the processes established and the obstacles overcome during the first five years of implementation of the Programme of Action of the International Conference on Population and Development will show that our country has made significant progress and in turn faces major challenges. Chile is in a process of advanced demographic transition because of the decline in our fertility, birth and death rates since the 1960s, which has resulted in population growth rates which are also low, 1.4 per cent natural increase per year. The decline in fertility has been the variable with the greatest effect, having gone from five children per woman in the 1960s to 2.4 in the 1990s. If this trend continues, we estimate that in 2020 we will reach replacement level. The consequence has been a reduction in the population under 15 and a relative increase in those over 65.

Although our country has no explicit population policy, the population variable has been considered in formulating social policies and sustainable development programmes and in allocating public resources to them. The Government has adopted rights-based policies in which the fundamental aspect is to establish what people need and to involve civil society as much as possible in determining what those needs are and in assigning priority. Through public policy in the economic and social areas, we have managed to reduce poverty from 38.8 per cent in 1990 to 21.7 per cent in 1998.

In terms of its Cairo undertakings, the Government has acted principally towards attaining gender equality and ensuring the right to reproductive and sexual health. To reduce gender inequality, we would point to the creation of the National Women's Service (SERNAM), which ranks as a Ministry and has played a major role in the relevance of women's role in various areas. One major achievement was the Equal Opportunity Plan for Women, which establishes the gender dimension in defining all public policy so as to put to use women's enormous

potential and the contribution they can make in the various areas of national development. To ensure that women have a say in the design and implementation of public policy, a set of activities has been developed, including in particular the Women's Parliament for promoting women's participation in decision-making in private and public life in order to identify the principal social needs, find out what women's opinion is on social policies and define ways of finding solutions to their problems.

During this period, we have developed and promoted legal reforms, having to do with the inheritance regime for marriage; domestic violence; removal of the legal prohibitions on women doing jobs previously reserved exclusively for men; labour legislation on work done by women, including domestic service, retail trade, temporary rural work; parental leave for the birth, illness or death of a child or its mother; a body of law on equality of filiation, the draft law on sexual harassment; and the ban on pregnancy examinations in the hiring of women.

In terms of specific social programmes, we can point, first, to the programme carried out by SERNAM in coordination with the Ministries of Justice, Housing, Health, Labour and Education, which benefited 18,000 women heads of household by providing subsidies and job training. One relevant characteristic of this programme is the joint action between the various sectors of the State and the way it was channelled to women through the municipalities, which enabled us to strengthen decentralization in public activities.

Secondly, in the area of domestic violence, an interministerial domestic violence commission has been set up, coordinated by SERNAM. Various public and private bodies are participating in the commission. Public officials have been trained, centres to care for victims of violence have been established and institutional networks and special police units have been formed.

Thirdly, information centres on women's rights have been set up to provide information and identify women's problems and needs that require special attention. The centres are situated in every regional capital.

Fourthly, in the area of equal opportunities at the level of sectoral policy, for the education sector we have produced non-discriminatory texts that do not distort women's role and function, and training has been given in educational practices that promote gender equality. In the workplace we have managed to extend the hours during which child-care systems operate and we are carrying out

inspections of women's working conditions. In the area of women's participation, we have provided training for women in posts of responsibility in order to enhance their leadership, management and organizational capabilities. Also, we have developed information systems to promote women's rights. In terms of decentralization, we have incorporated equality of opportunity into regional development strategies and have set up regional follow-up committees for the national Equal Opportunity Plan for Women.

Among the challenges that remain in overcoming gender inequalities, we would point to the situation of women and paid work. Women face problems of access to the labour market and take jobs that are considered "women's work" in the service sector with low pay and few prospects for promotion. Having the same level of education is no guarantee of equality of access to decision-making posts, and the wage differential between men and women increases with years in education. The situation of women in families is such that in the domestic environment gender inequalities persist; under current legislation, women's rights over their children and family assets still do not equal those of men. In public life, although there has been progress, women's participation is low. Women currently make up 8.9 per cent of the legislature, 9.9 per cent of the various Government posts and 17 per cent of trade union leadership.

Despite our various successes, particularly in the field of preventing teenage pregnancies, we still need to implement much more aggressive programmes to this end and to reorient the health programmes managed by our Ministry of Health.

**The Acting President:** I now call upon The Right Honourable Clare Short, Secretary of State for International Development of the United Kingdom of Great Britain and Northern Ireland.

**Ms. Short** (United Kingdom): The Cairo Programme of Action was a landmark. It was based on the link between sustainable development and human development. It gave us the right agenda for population, an agenda focused on people and their health and on the need to improve health services to achieve the sustainable economic growth necessary to reduce poverty. At Cairo we agreed a set of important outcomes which must be achieved if we are to improve the quality of life and opportunities of millions of the poorest by 2015. We must focus today on progress towards these goals. We must

move forward and not backwards. We must not waste this opportunity. Let us decide today that we will do better than we have done over the past five years.

This is not just another meeting where we argue over texts in New York: the leadership we could give could improve the lives of millions, particularly millions of the poorest women and children. Much has been gained since Cairo, but we still have far to go to achieve the outcomes that were agreed in 1994, and we must be clear that it is not good enough if we agree on desirable ends at United Nations conferences but fail to will the means to deliver them.

I want to touch briefly on five areas, the first of which is HIV/AIDS. We measure, as we all know, the progress of nations in the life expectancy of their people. HIV has robbed 20 years of life from people in parts of Africa, taking with it 20 years of development gains and threatening the survival of large numbers of children. The prospect of the epidemic rampaging through Asia and Latin America is terrible and real. But we know how to prevent HIV. Examples are being set by countries such as Uganda and Thailand. They have shown the spread of AIDS can be reversed. In the text that we will agree on at this Conference we have agreed on the action necessary to reduce infection rates. But we must be more effective in taking this action everywhere, and this means acting together much more closely. I am delighted that the joint United Nations Programme on HIV/AIDS is coordinating our working partnership with a group of African countries. We in the United Kingdom will give all the support we can to this endeavour.

We must, of course, also get the science right. A vaccine would be a major breakthrough and is probably achievable. An effective microbicide that can be controlled by women could and must be found soon. These products, as with condoms and contraception, will need to be subsidized to ensure that poor people will be able to benefit from them.

The second area is young people. Half of the 16,000 people who are infected by HIV today and every day are young, and most of them are young women. We must ask ourselves why this is. The answer is that we have shielded young people from information about sex and excluded them from the services that exist while they grow up in a culture that bombards them with images of sexuality. We must stop ignoring the truth and pretending that sex does not happen to young people. We must start living up to our responsibility to tell young people what they need to know.

This does not mean encouraging early sexual relations; it is ignorance that does this. We must instead make sure young people have the knowledge and the confidence to say no until they are ready. Above all, it means that girls must have the confidence and ability to make sure that when they say no, their wishes are respected.

Loving parental guidance and support are, of course, fundamental. But we need to live in the real world and recognize that young people do have sex and that not all parents live up to their responsibilities. Indeed, one of those horrible truths is that some parents even sexually abuse their children.

If young people do have sex, they need confidential, non-judgmental services, and they need condoms. Condoms prevent unwanted pregnancy, and condoms prevent sexual infection, including HIV. So we need to make them much easier to get hold of if we wish to protect the 1 billion young people we have in the world, the largest generation there has ever been in human history.

The third area is reproductive rights. Let us ask how far women have come since Cairo and Beijing. Beijing and Cairo did not, of course, invent human rights for women, but they applied human rights to contexts and choices that matter to women in their everyday lives. It is very difficult to understand why some people find this truth so threatening. What else could have made some of our negotiations so difficult. Those who want to deny women's rights cannot hide behind culture, religion or tradition. None of the values of the great world religions or proper interpretation of any tradition or culture can possibly excuse the oppression of women.

The right to health is a fundamental human right. Reproductive health is an essential element of health. It is absolutely right that we have agreed that women refugees have a right to these services.

The fourth area is maternal health. Health systems must respond to people's needs. For women in particular, maternal health care is a priority. Nowhere is the inequality between rich and poor more starkly illustrated than in the number of women who die every year as a result of pregnancy and childbirth. At Cairo we promised to reduce pregnancy-related death, but we have made very little progress.

What have we learned from this failure? First, it is not good enough to focus on isolated safe-motherhood

projects. We need to strengthen health systems that reach all areas of the poorest countries in order to reduce the dangers of pregnancy. Secondly, it is not good enough to rely on traditional birth attendants. Research shows clearly that this does not save lives. We have to train enough skilled midwives to deliver all babies and to make sure that pregnant women can get to health facilities quickly when they need to do so. Thirdly, we need to lay down standards for the kind of care women should expect and authoritative guidance on the way that health systems should perform. I believe that these are areas where the World Health Organization must take a lead.

The last area is abortion. We cannot talk about safe motherhood and the commitments we made at Cairo if we fail to recognize that abortion is a reality in the lives of tens of millions of women. We do not like this, but it is the truth. I must say that I personally find it very hard to forgive those who deny women access to contraception and drive them into the arms of illegal abortionists and then claim to dislike abortion. The fact is that women regularly risk their lives for want of a safe abortion. The truth is that most women seeking an abortion are in stable unions. The horrible truth is that not all sex is consensual and that rape is a reality. It is also true that contraceptives sometimes fail.

Something is deeply wrong when countries that can spend only \$5 per head or less a year on all health needs, that battle to provide the most basic treatments for malaria and tuberculosis, have hospital wards full of women being treated for the complications of unsafe abortion. Something is wrong when we jail women who need care and compassion because they were so desperate they risked their lives in an illegal abortion. We must remember that we have already agreed at Beijing that in order to protect women's health we should all review our laws on these questions.

Let me be clear: abortion should never be promoted as a means for family planning, and we should all work to minimize abortion everywhere. This is one of the reasons we must do everything we can to reduce the rates at which unwanted pregnancy occurs. That is why the milestones for contraceptive choice in this document are so important and why we are right to have asked the United Nations Population Fund to take global leadership in helping countries achieve contraceptive security and give choices to the 200 million couples who still have no choice at all.

That is why emergency contraception should be more widely available. Emergency contraception does not cause

abortion. That is untrue. It ensures that fewer abortions happen. Surely we can all agree that that is desirable. But when a woman does decide that she does not wish to go through with an unwanted pregnancy, she needs services and care that are safe, accessible and respectful of her decision. She is the one who is best placed to make the moral decision that this involves.

In conclusion, at Cairo we agreed to put people's well-being and rights at the centre of our agenda. We agreed about the critical role of health, including reproductive health, in the relationship between population growth and poverty reduction. We know now that investment in health brings long-term development returns: healthier, better-nourished children, healthier women in control of their lives, national economies able to invest in improved services for their people because they have stopped living with a continuous growth of poverty as population growth outstrips economic growth — and a world that can properly feed and care for all its children.

The United Kingdom is doing its best to play an increasing part in this. We are seeking to work with countries that are committed to developing stronger, more efficient and effective health systems that care for all their people. United Kingdom development assistance is on the rise. We want to work in partnership with those who share our commitment to poverty reduction and social justice and who are committed to working effectively to achieve progress. This includes having enough respect for the poor of the world, most of whom are women, to ensure that they are able to control their own fertility, have healthy, wanted children and be able to live to see them grow up as educated and creative citizens.

**The Acting President:** I now call on the Minister of Family Affairs of Nicaragua, Mr. Max Padilla.

**Mr. Padilla** (Nicaragua) (*spoke in Spanish*): As I participate in this very important event, which unites us in our common aspirations for the well-being of all our nations, I wish to begin with a warm fraternal greeting from the people and the Government of Nicaragua.

Under our laws and in recognition of the inherent rights of every human being as set out in the Universal Declaration of Human Rights, in the American Declaration of the Rights and Duties of Man, in the International Covenant on Economic, Social and Cultural Rights, in the International Covenant on Civil and Political Rights, in the Organization of American States



(OAS) American Convention on Human Rights and in the Convention on the Rights of the Child, all of which are embodied in our Constitution and in our binding commitments, the Government of Nicaragua is determined to continue to implement the Programme of Action adopted at the International Conference on Population and Development.

A priority for the Government of Nicaragua, in which it is intensely involved, is to improve the living conditions of all Nicaraguans through social and economic development. We understand that our task is not an easy one. Our problems are great and their solutions are complex. I shall not enumerate all our ills, but it is important to mention the aftermath of a revolution, a decade of civil war and, more recently, the extensive damage caused by Hurricane Mitch — a misfortune we share with other countries of the Central American region. These make it difficult for us to fulfil our present and future commitments in the areas of education, health, nutrition and production.

Most of our population lives in poverty, yet in keeping with the Programme of Action of the International Conference on Population and Development, we want to continue to put people first. The Government of Nicaragua recognizes that its most valuable resource for development is its people: every girl, boy, man and woman, young or old. We know that each one of them, with his or her dignity and potential, given the proper access to education, health and work, can become an agent for greater development and for common well-being. It is for this reason that my delegation applauds all the objectives of this new stage of the Programme of Action in the fields of education, basic health and other social services.

We know that globalization presents great economic and social challenges for Nicaragua, and we acknowledge population issues as one of the important variables in development. Following the Cairo Conference, Nicaragua promulgated a national population policy as part of the Government's strategy for attaining social and economic development. This policy is being pursued in a responsible manner not only by the official sector, but also by civil society. Our population policy falls within the Government's commitment to reduce poverty through policies that make services such as education and basic health care more readily available to the poorest groups. That policy also encompasses all the components of population dynamics, such as mortality, fertility, internal and external migration, human settlements, urbanization and population distribution

within the territory as they relate to economic and social development, natural resources and environment.

Likewise, the general guidelines of our national population policy promote activities to put the family at the centre of programmes directed to specific population groups, taking into account gender, age, social status, ethnicity and vulnerability as well as placing a high value on education and training from infancy. The population in general, and fathers and mothers of adolescents and young people in particular, are encouraged to participate in integrated sex education activities and in education for family life, in keeping with their right to participate in determining the content of this education. This should be done in a way that promotes a climate of mutual respect and tolerance for the norms and values upheld by our society. Our integrated sex education programmes are also geared towards preparing young people so that when the time comes they will know how to live as responsible mothers and fathers. It also seeks to educate them concerning life within the family.

Our population policy promotes integrated sex education within the framework of our culture, our moral values and the exercise of self-control, self-care, self-esteem, fidelity and responsibility. It also takes the view that young people and adults of both sexes must be fully and truthfully informed if they are to make free decisions about methods of avoiding unplanned pregnancies and reducing the risk of contracting sexually transmitted diseases and HIV/AIDS.

Abortion is considered a criminal act in Nicaragua and is prohibited under the law. We recognize the moment of conception as the beginning of a new life.

With respect to the empowerment of women, our Constitution acknowledges the equal dignity of men and women and, thus, their equal rights. It also mandates equal pay for equal work under the same conditions. A greater awareness of a woman's right to equal opportunity in all spheres of society without gender discrimination is being promoted both by the Government and by civil society.

In short, our population policy comprises a set of measures aimed at influencing reproductive behaviour: education, training, promoting the sexual and reproductive health of our population, promoting the values of Nicaraguan society, the right to life from the moment of conception, access to education and basic health care, the irreplaceable role of the family and the social and cultural

survival of ethnic groups. Clearly, the family is an important element of our national population policy. That is why we do our utmost to promote dialogue between generations and to provide the necessary support for the family. For us, the family is still the “natural and fundamental group unit of society and is entitled to protection by society and the State”, in the words of article 16 (3) of the Universal Declaration of Human Rights, and as specified in our Constitution.

Our concern to preserve the family's value for society is shown by the initiative that our President, Arnaldo Alemán, took last year in creating the Ministry for the Family, which seeks ways to work with civil society to strengthen that institution against all that is weakening it. It is our belief that every child has the right to a father and a mother who will love, care for and provide a stable environment for it. The Declaration on the Rights of the Child, although not legally binding, was quoted in the preamble to the Convention on the same subject:

“the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth”. [Resolution 44/25]

The Nicaraguan delegation therefore regrets that a more relevant place was not given to this subject in the review and evaluation of the Programme of Action we have been working on since March.

Nicaragua knows what a delicate task it is to shape a common and effective path out of the ills afflicting developing societies. Once more, Nicaragua is rising to the challenge involved in the task of integrated human development, cleaving to the values that in the past have given our people the strength to overcome crises and other difficult circumstances. The integrity of the family, the right of a new life to reach its potential, personal moral development, the potential of women and girls, and the responsibility of men are some elements that will continue to guide Nicaragua in implementing of this new phase of the Programme of Action of the International Conference on Population and Development.

**The Acting President:** I now give the floor to Her Excellency The Honourable Georgina Te Heuheu, Minister of Women's Affairs and Associate Minister of Health of New Zealand.

**Ms. Te Heuheu** (New Zealand): “Listen to the North wind blowing from the great Hawaiki”. This saying reminds

New Zealand Maori, of whom I am one, that we sailed from other parts of the Pacific Ocean to locate in New Zealand, where we identify ourselves as *Tangata Whenua*, the people of the land.

The importance of identity in recognizing the needs of indigenous populations especially is one of the particular matters on which my Government places a high priority.

I am honoured to address the General Assembly today as the first Maori woman to do so as a member of my Government's executive. Today, I reaffirm New Zealand's commitment to the important goals of the International Conference on Population and Development (ICPD), as agreed in Cairo, and to the further advances made in Beijing in 1995.

New Zealand is a small country in size and population, compared with many of the countries represented here today. We have just over 3.5 million people, and women make up just over half the population. Maori women are currently 15 per cent of all women in New Zealand, and by the year 2046, they will make up 21 per cent of the population of women and 11 per cent of the total population. Their role as leaders in the future of our nation, therefore, is important to all our citizens.

The number of older people in New Zealand is increasing, and women form a larger proportion of the population over 65 years of age. These demographic trends present a challenge for New Zealand as we plan our future.

I am proud that in New Zealand we have a long history of innovative policies designed to enhance the status of women. We believe that the participation of women in all spheres of economic, political and cultural life must be achieved if women are to have full access to economic and social benefits and opportunities. The recent appointment of a female Prime Minister, The Right Honourable Jenny Shipley, to head our country's Government, gives additional impetus to that objective.

At home and on the international stage, New Zealand has sought to play an active role in the promotion of the human rights of women and to ensure their full participation in society as equal partners with men, in particular supporting and encouraging sexual and reproductive health rights and other rights of women, which are central to the Programme of Action. Recently, that support was evident in our taking a constructive

approach towards the development of an Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women.

We are also encouraged to look more closely at our domestic policies to ensure that they are consistent with the Programme of Action, and to consider where further enhancement could be achieved, such as continuing to focus on education and information for young people and targeting initiatives to ensure that Maori, Pacific island people and other minority groups can enjoy improved health.

Over the last five years, our key initiatives have included improved access to contraception through the removal of financial barriers to the purchase of contraceptives and free access to contraceptive advice and counselling for groups at high risk of poor sexual health; the implementation of national cervical and breast-screening programmes; the inclusion of comprehensive sexuality education within the school curriculum; resources for schools to assist them to implement sexuality education; and pilot programmes to improve the delivery of sexual health services for Pacific island people living in New Zealand. Our aim is to ensure that good sexual and reproductive health is achievable for everyone, irrespective of their sex, ethnicity or age or the place in which they live.

Strong families are at the heart of a strong nation, and our Government is committed to building a strong nation. In addition to the particular initiatives I have just outlined, the Strengthening Families programme is a strategy which joins together the health, education and welfare sectors of Government to improve life outcomes for children and families by reducing disparity. Strengthening Families aims to improve family health and educational attainment and reduce the incidence of persistent offending, abuse and neglect. This programme presents one of many opportunities for a partnership between the Government and communities.

For Maori people — as will be the case for all indigenous populations — our efforts are also designed to accommodate individuals as part of the group or collective, providing an added challenge for Governments when dealing with their indigenous populations. The desire of these groups is to develop in accordance with their collective values and tribal structures.

When families are healthy and able to support themselves, our nations will prosper. Sexual and

reproductive health is central to the development of healthy and productive nations. Poor sexual and reproductive health comes with a cost to our nations, our communities and our peoples.

New Zealand participates actively in international development activities. Population issues are at the very heart of balanced and sustainable development. The essential message of the Programme of Action is that population issues are development issues, and the Programme should be considered part of a global framework for sustained and sustainable development.

New Zealand is committed to the implementation of the Programme of Action in its official development assistance programmes, and has participated actively in a number of international population activities. We have substantially increased our contributions to the United Nations Population Fund and the International Planned Parenthood Federation. We are now also supporting the important work of the Population Council.

New Zealand is a Pacific nation, and I want to acknowledge my colleagues from the South Pacific who, like me, have travelled over the Pacific Ocean to be here for this gathering. In our development assistance programme, and especially within our immediate neighbourhood, the Pacific region, we take our lead very much from our country partners. This process of consultation underpins New Zealand's approach to partnership and development, and in this context we have supported projects in the sexual and reproductive health area and the related gender and development area, among others.

New Zealand places great emphasis on gender and development, which illustrates our integrative approach to the Programme of Action. New Zealand has for some time focused on the recognition of women's rights, choices and well-being; these are the cornerstone of the ICPD agenda and are critical to women's equitable access to development.

One of the clearest violations of women's fundamental human rights and freedoms, and a major obstacle in the achievement of equality and development, is violence against women. It is universal, and yet many countries have no policy or legislation on violence against women. In New Zealand we have recently introduced such legislation, and in addition we support programmes to combat domestic violence in other countries.

In conclusion, may I say that, as we come to the end of the twentieth century, we collectively face a significant challenge. Gathered here as the representatives of our nations, we must take this opportunity to renew our commitment to the Programme of Action and to further build on the gains we have made since then to ensure the future well-being of our global community. It has been a privilege to stand before the Assembly today and present New Zealand's message to this forum.

May peace be with us all.

**The Acting President:** I now call on Her Excellency Mrs. Mervat Tallawy, Minister for Social Affairs of Egypt.

**Mrs. Tallawy (Egypt)** (*spoke in Arabic*): Allow me to convey to the Assembly the greetings of our President, Mr. Hosni Mubarak, and to express the gratitude of the people and the Government of Egypt for the efforts of the United Nations, particularly the United Nations Population Fund (UNFPA) under the leadership of Mrs. Nafis Sadik, for their efforts since 1994. They deserve all of our appreciation and gratitude.

Cairo was honoured to host the International Conference on Population and Development (ICPD) in 1994. Egypt, in its belief in the historic and leading role of civil organizations in our country since 1821, cherishes its own authorship of the idea of convening a parallel conference for non-governmental, civil organizations in Cairo.

The conclusions we drew at the Cairo Conference were important landmarks on the road towards a new era of international cooperation and understanding of the issues of population and development, which we must sustain and maintain. Hence Egypt, as the host country of the Cairo Conference, is acutely interested in the results achieved over the past five year and in the remaining obstacles and challenges at the international and national levels.

At the international level, I wish to make certain observations on the role of the international community and its importance in consolidating States' efforts in the field of population and development. Among these is, first, the importance of the developed countries' meeting their commitments by providing assistance to implement the Cairo Declaration, since there remains an enormous gap between what was pledged and what has been provided. Indeed, some of this assistance has declined.

Second, the World Bank should rely on social indicators — and not on economic criteria alone — when it establishes the regulations of the International Development Association to provide soft and easy loans and assistance to developing countries. In this way, the developing countries can achieve the required balance between economic and social development. We all need to review development indicators as the World Bank lays down criteria for human resources development on the basis of gross domestic product. Scientific studies have shown that there is no automatic or inherent relationship between an increase in a country's income and its development. It was on the basis of this concept that Amartya Sen was awarded the Nobel Prize for economics.

Third, we must maintain the coordination and integration of the comprehensive social development programmes of international organizations and donors in order to enhance revenues for recipient countries and peoples.

Fourth, it is essential that the international community be prompted and encouraged to activate cooperation between the countries of the South.

Fifth, respect must be ensured for the concept of partnership between the parties to development — government, the private sector and civil society — in order to implement national programmes and policies for population and development without disrupting the balance between them or dividing developing societies into governmental and non-governmental sectors.

Sixth, the rights of migrant workers must be respected in those countries that require their labour because their own population is in decline.

Seventh, international attention should not be diverted from providing assistance to population and development programmes to contingent political issues raised by internal strife and civil wars. The needs of each programme should be addressed without affecting those of the other.

At the national level, Egypt believes that the issue of population and development requires a comprehensive approach to the multiple aspects of development. We are therefore striving to address development at all levels, including the building of new cities to alleviate population density and the transformation of the desert by large-scale projects that employ many workers and that create new employment opportunities for future generations, such as

the Toushki project in the western desert and the rehabilitation and repopulation of the Sinai and the Red Sea coast south of the Nile valley.

On this basis, Egypt is currently preparing to convene a national conference for social development aimed at formulating a new social contract based on full partnership and coordination among all concerned partners in the social development process. Indeed, Egypt has initiated a number of social reform programmes in the areas of education, health, environment, social affairs and even rural development in order to raise the standards of living of its citizens, the axes of development and its goal.

Egypt believes in promoting the welfare of the citizen. Since 1969, it has pursued a population policy to which it is committed. The Government has had a number of successes, among which are the following:

First, through the programmes implemented by the Ministry of Health and Population, the rate of use of family-planning methods has risen from 24.2 per cent to 54.5 per cent in 1997. Likewise, the birthrate has fallen from 31.8 per 1,000 to 27.5 per 1,000 in 1997. The rate of natural deliveries has fallen to 2.1 in 1997, and the general rate of fertility continued to decline from 4.4 to 3.3 children per woman in 1997. The maternal mortality rate fell from a record 535 per 100,000 to 96 per 100,000 in 1989.

Second, Egypt has undertaken a national campaign to eradicate illiteracy, particularly among women. We attach great importance to the education of girls and have thus established 3,000 new elementary schools in our belief that education is a factor in reducing early marriages, which lead to health problems.

Third, the five-year plan has increased the allocations to maternal and childhood issues in the general state budget.

Fourth, the Government has established a pilot programme for rural areas in Egypt and for population issues within the framework of a comprehensive development programme, which we call the Sunrise Programme and which has led to the decline of migration rates from rural areas to the cities.

Fifth, the Ministry of Social Affairs has tackled a number of issues related to special groups, such as those of female heads of households, widows and divorcees, in order to raise the standard of living of poor and disadvantaged families headed by women. The Ministry works through

these programmes to eliminate poverty by providing assistance, loans and training to women.

Sixth, the Government has decreed a new law on civil and non-governmental organizations that offers greater opportunities for volunteer work.

Seventh, the State is eager to issue an annual report on human development in Egypt that includes scales and indicators on population problems, to decision-makers and experts. The State is particularly interested in youth in all aspects of education, health, improved employment opportunities and housing. The State has also established a social fund for development to alleviate the effects of economic reform programmes and thereby to lower the unemployment rate, particularly among young people and to provide opportunities for entrepreneurial work. Social expenditures now account for 39 per cent of Egypt's general budget, thus achieving double the level recommended by the 20/20 initiative.

In conclusion, the issue of population and development will be with us for the next few years and well into the next century. It will constitute the real challenge for many countries and, indeed, the entire world, because increased population will entail the attrition of natural resources, which we are duty-bound to maintain for future generations, whose standard of living could well be affected if we fail. This will require close cooperation between North and South that must be translated into practical measures, including increased assistance, particularly since many developing countries — including Egypt and others — have conscientiously fulfilled their own responsibilities and more in order merely to maintain what they already have.

I take this opportunity to appeal to all countries, Governments and organizations to commit themselves to implementing the recommendations of the ICPD in this regard.

**The President:** I now give the floor to the Minister of Health for Brazil.

**Mr. Serra (Brazil):** Of the many provisions contained in the Cairo agenda, the first step to be implemented in Brazil was the creation, in 1995, of the National Commission on Population and Development (CNPD), composed of representatives from governmental bodies, universities and non-governmental organizations, to coordinate the implementation of the Programme of

Action of the International Conference on Population and Development in Brazil.

At the same time, the National Health System has been consolidated, particularly in the promotion of universal access to health care, basic care innovation and greater regulation of the private sector. This system is State-financed, universal and free of charge. It provides for about 75 per cent of the outpatient and hospital care in Brazil, accounting for more than 20 billion dollars of the public budget. The Ministry of Health plays a regulatory role in this system. Priority has been given to decentralization, family health care programmes, national vaccination campaigns and enhanced accountability mechanisms.

Reproductive and sexual rights are fully recognized as basic human rights in Brazil. Initiatives in this area include safe delivery and neo-natal assistance, cervical and breast cancer prevention, voluntary access to contraceptive methods, regulation of surgical male and female sterilization, assistance within the public health system for legal abortion and adequate treatment of incomplete abortion. The number of free pre-natal care visits in Brazil increased almost threefold in the last four years. However, major challenges still remain in that area. Further collaboration with civil society organizations will be required to guarantee information, counselling, services and follow-up on the full range of safe and effective contraceptive methods, including male and female condoms and emergency contraception.

The Ministry of Health launched the Adolescent Health Care Programme, with the goal of promoting youth health. Among the main priority concerns of this programme are early motherhood, AIDS, sexual violence, as well as tobacco and alcohol. The Brazilian Government recognizes the importance of an increased participation of non-governmental organizations, including youth organizations, in order to achieve this objective. Since 1996, the Ministry of Health has been providing free and universal access to all approved anti-retroviral medications against AIDS. Nowadays, about 58,000 men and women receive these drugs. The rapid increase in the rate of female infection recently made it necessary to give special attention to women in the fight against AIDS. As a result of the national HIV/AIDS programme, mortality rates declined about 50 per cent between 1994 and 1999.

With regard to gender equality, relevant legislative steps have been taken in Brazil. In 1997, for example, the Government enforced a federal bill stipulating that a minimum share of 30 per cent of candidates for elections

at all levels must be female. Women's organizations played an important role in extending the regulation for the four-month maternity leave to rural and domestic workers. We have also prohibited the requirement of pregnancy tests or sterilization certificates in recruitment for work.

Brazil has traditionally been an immigration country, and our policies have always reflected this feature. The Government recently adopted a comprehensive amnesty for non-documented immigrants and has established the National Council for Refugees to implement the international Refugees Statute of 1951. The United Nations High Commissioner for Refugees has a seat in the National Council. Actions also have been taken in the consular area, to protect around 2 million Brazilians who live abroad, including the establishment of citizen councils.

Unfortunately, in many countries women are still unable to exercise their rights because of legal provisions. The international community must press for the removal of any obstacles against the empowerment of women arising from poverty, intolerance, illiteracy, limited access to education, inadequate remuneration, patriarchal mentality and the dual burden of domestic tasks and occupational obligations. The girl child in particular should be protected against practices and cultural attitudes that in so many countries promote sexual servitude and the low value of girls. The international community must also adopt a humanitarian approach to the issue of the AIDS pandemic. More affordable prices should be ensured for all drugs related to HIV prevention, testing and treatment.

Before concluding, I wish to call upon the international community to promote an enabling international economic environment in support for the quest of developing countries for sustainable human development. Development assistance resources are also necessary for the implementation of the cumulative agenda emanating from United Nations development conferences. An adequate volume of financing will be required from all available funding mechanisms in order to promote sustainable development, poverty eradication and the advancement of women.

**The President:** I now give the floor to the Minister for Population, Status of Women and Childhood from Madagascar.

**Ms. Jaotody** (Madagascar) (*spoke in French*): It is an honour for me to take the floor at this special session of the General Assembly on the review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

My delegation and I myself would like to take this opportunity to congratulate you, Mr. President, as well as all the other members of the Bureau, who are leading so effectively the work of this conference. Moreover, I would like to thank the Secretary-General for providing his various concise and instructive reports which have served as basic documents for the proper conduct of the preparatory committee's work. I would also like to express the sincere thanks of the delegation of Madagascar for the contribution of various groups as well as for the flexibility they have shown during this lengthy period of negotiations, one which has enabled us to come up with a consensus.

While we reaffirm our complete association with the Group of 77 and China, the delegation of Madagascar, which I represent, hopes that this special session of the ICPD +5 will serve as a reference point for the well being for all our populations and above all as a reference point for further, greater development.

*Mr. Ampal (Brunei Darussalam), Vice-President, took the Chair.*

My Government attaches great importance to implementing the Programme of Action of the ICPD. That is why it has taken all necessary measures to implement resolutions that should result in equality and equity between men and women, empowering women and improving maternal and child health. In 1998, we set up an institutional mechanism, the National Population Office, to coordinate, supervise and evaluate all activities in implementation of our national population programme. The Office is supported by the National Population Commission, which proposes national priorities in the population and development field on the basis of information from consultative bodies, namely, the Interregional Population Commissions at the regional level and the Specialized Technical Task Forces on Population in the various Government departments. Each of those bodies is responsible in its own area for defining population problems and integrating those definitions into development programmes and policies.

In terms of the advancement of women, progress has been made towards equality and equity between the sexes

since the Fourth World Conference on Women, in Beijing. Indeed, my department has noted a degree of complementarity between the recommendations of the various international conferences: the ICPD, the World Summit for Social Development, the Beijing Conference and the ratification of the Convention on the Elimination of All Forms of Discrimination against Women confirm my Government's political will and the importance it attaches to the advancement of women and to article 8 of our Constitution, which guarantees equality for all without gender discrimination.

Allow me to provide a brief survey of the complementarity between the recommendations of the various conferences I have mentioned. To combat poverty, my department has set up a cooperative relationship with its technical and financial partners, such as the Cultural Cooperation and Action Service, the United Nations Population Fund, the United Nations Development Programme, the United Nations Children's Fund, the Agency for Cultural and Technical Cooperation and a social fund. The vulnerable members of the population — women, men, young people — can draw on this fund to establish microbusinesses. The objective is to contribute towards increasing their incomes so that they can pay their own way and so ensure that they have their independence. However, for this approach to be positive and produce tangible results, training in education for family life is given them with the aim of controlling fertility and planning pregnancies.

The result we seek is a better balance between mouths to feed and grains of rice available to feed them. The various strategies implemented to this end involve functional literacy, a gender-specific method of socio-economic analysis, the creation of economic interest groups, mobilization of resources and implementation of the 20-20 initiative.

I could not conclude without expressing my delegation's satisfaction concerning the new measures set out in the documents that this session will produce in following up the Cairo Programme of Action. However, it is always worth remembering that sustainable development is conditional upon a rapid stabilization of the world's population, which keeps on growing, particularly in the poor countries, where growth rates are highest, and requires, despite the progress that has been made in the last five years, the mobilization of sufficient resources from the international community, and from the donor countries in particular, to enable the poor countries to overcome their financial limitations. In this connection,

we appeal also for resolute action by Governments to strengthen their political will in respect of establishing effective and transparent partnerships, both at the national level with civil society and at the bilateral level.

I must stress again the need for an increase in international assistance, which we, as a developing country, need if we are to reduce the death rate from the HIV/AIDS pandemic, from infectious or parasitic diseases such as tuberculosis, malaria and cholera, and most of all to meet the needs of young men and women for reproductive and sexual health.

I would like also to take this opportunity to address the problems of international migration. My delegation considers these to be an integral part of any discussion bearing on population and development. In this regard, my delegation supports the viewpoints on future policy directions arrived at during the 1998 Technical Symposium on International Migration and Development. Madagascar, which is especially concerned by South-South migrations, urges that an international conference be held on international migration.

Before closing, I should like to hail the relevance of the statements made by all delegations that have come to this special session to honour their commitments, and I should like to reiterate Madagascar's will to implement, to the best of its ability, the measures to be set forth in the final document of this session. We should like to see tangible results in establishing harmony between the economy, population and finance so that we can achieve sustainable human development.

**The Acting President:** I now call upon the Minister of Health of El Salvador, Mr. Francisco López Beltrán.

**Mr. López Beltrán** (El Salvador) (*spoke in Spanish*): In speaking for my country in this Assembly, I bring a fraternal message of optimism and hope from the President of El Salvador, Mr. Francisco Flores. I bring greetings to all and embrace all in solidarity.

Our participation in this special session of the General Assembly to review and assess the Programme of Action of the International Conference on Population and Development is a very pertinent matter for the current Government of El Salvador, given that the matters under discussion are of great value in their recognition that the human being is the centre of development. This is a fundamental principle with which El Salvador is in complete agreement.

Since the Programme of Action was adopted five years ago, many countries have made significant progress in achieving the targets set. In El Salvador, we have made progress in implementing the actions recommended in the Programme of Action. We have passed and implemented public policies in favour of children, adolescents and women and on caring for older persons. All this helps strengthen the family, which is the foundation of our society. Also, we have established the Salvadoran Institute for the Development of Women and have formulated a national policy on women. We have coordinated and implemented a programme to treat and prevent domestic violence. We have implemented a national reproductive health plan that includes prevention of sexually transmitted diseases and HIV/AIDS. We are applying standards for health care for adolescents, which include training for health-sector personnel at all levels. We have carried out a far-reaching educational reform that involves promoting moral and cultural values in the school curriculum. These advances, which we have presented in a very summary form, encourage us to continue working in favour of population and development.

A wide survey was carried out in El Salvador at all levels, including all the municipalities of the Republic. This served as the basis for the development of the New Alliance plan, which the current Government of the Republic will be pursuing during the period 1999–2004. This Government programme, in a climate of participation and transparency, will seek to create conditions and opportunities for sustainable development, peace, democracy and the rule of law and to reinforce the values of national identity, thereby seeking to secure the well-being, the progress and the personal development of all Salvadorans. In this regard, the country's objectives are compatible with and in accordance with those generated by various international summits and conferences and in particular, the International Conference on Population and Development (ICPD).

Guided by the recommendations of the ICPD Programme of Action, and taking into account the progress made and the recommendations of key measures to continue carrying out the programme of action that we shall be adopting at the end of this session, the Government of El Salvador proposes to share responsibly and to work with the participation of pertinent sectors of the civil society to revise and update the national population policy to adapt it to the country's new needs and realities, thus working to promote strategic components in the framework of the New Alliance.



These components include, among others, strengthening the decentralization policy at the State level through participatory decentralization at the local level with policies, strategies and measures that will enable the State to be more effective in its delivery of public services, especially in the areas of health, drinking water and sanitation.

We are creating opportunities to advance by improving the educational level of the population, continuing educational reform, expanding coverage and enhancing quality at all levels, particularly in rural and suburban areas. We are strengthening curricular content, including that relating to population and development and sexual and reproductive health, with emphasis on education for girls.

Included also is the promotion of personal development and family integration, creating equal-opportunity conditions for women's development, which at the same time will bolster families by reinforcing programmes to facilitate their productive involvement and strengthening the measures generated by implementation of the National Policy for Women.

An additional component is promotion of and follow-up to the National Plan for Reproductive Health, with particular emphasis on facilitating access to information, education and communication on these matters by the Salvadoran population in the area of family planning, so that they may take free, conscious and well-informed decisions concerning the number and spacing of children and be sure of access to services to prevent unwanted and high-risk pregnancies and to avoid abortion. Securing the right to safe motherhood is also emphasized, along with infertility services and comprehensive care for adolescents in order to promote and develop appropriate sexual and reproductive health and the prevention of cervical, uterine and breast cancer in women and prostate cancer in men, while continuing with the national plan for prevention and control of sexually transmitted diseases and HIV/AIDS.

With regard to vulnerable groups, such as boys and girls, adolescents and young people, we will increase measures which will include care for children's growth and development, for prevalent childhood diseases and for the integrated development of adolescent boys and girls with emphasis on the prevention of pregnancy at that age. Plans will also include the design and implementation of a national policy specifically directed towards youth to promote technical and vocational training, recreational and cultural facilities and the fostering of moral and civic

values that will enable them to take an active part in Salvadoran society.

Attention to the disabled and the elderly will be given in order to facilitate their participation in the family and in the community in accordance with the national policy for care of the elderly and the equal opportunity policy for the disabled.

The Government of El Salvador attaches particular importance to the study of and search for solutions to population problems — with freedom as a basis, recognizing the right to life from the moment of conception, and recognizing also values and cultural traditions, individual and social needs and the inequality of opportunity for development for men and women — in order to harmonize the demographic variables with the economic and social ones so as to promote comprehensive development of the nation.

I wish to reaffirm my Government's readiness to continue to work to fulfil the recommendations set forth in the ICPD Programme of Action, as well as the recommendations from the General Assembly. Lastly, we reaffirm that for developing countries international cooperation, both financial and technical, is vitally important in order to supplement national endeavours designed to secure full compliance with our objectives in the area of population and development.

**The Acting President:** I now call on the His Excellency the Honourable Misa Telefoni, Minister of Health of Samoa.

**Mr. Telefoni (Samoa):** May I congratulate you most warmly on your election and express to you on behalf of my Government our confidence and support for your presidency.

Samoa is an independent sovereign State in the South Pacific. Our country is committed to the principle, and the issue recognized as crucial in Cairo, that it is not the number of people that is the crucial factor but rather the standard of living of those people. A corollary to this is that the emphasis should not only be on the number of people in any country but on whether the resources of that country are equitably distributed among those people. We recognize that the best means of achieving such a grandiose objective is to work to ensure free access to education and health by all our people. We are close to achieving that objective.

Samoa is unique in the Pacific region because our strong culture is central to our way of life and impacts on our Westminster system of government. Our people's affinity with the land and the sea is based on this love of tradition and strong Christian principles which motivate and sustain us both spiritually and physically.

Samoa has, with our partner Pacific island countries, fully embraced the Healthy Islands concept promoted in our region by the World Health Organization (WHO). Healthy Islands recognizes that sustainable development in island States is vastly different from that in any other entities, and is comparable to concepts such as Healthy Cities only in its nomenclature. We have reinforced our commitment to the Healthy Islands principles by acceding to the treaty obligations in the Rarotonga Agreement of 1997 and its predecessor the Yanuca Declaration of 1995. We believe that most of the objectives of the Programme of Action are embodied in these initiatives.

Samoa believes that the main lesson from Cairo and The Hague is that people-first development means what it says: putting people first. Sustainable economic growth must focus not only on the speed of that growth, but on equitable access to it by the poorest sector of the economy. We also recognize that there can be only so much growth, for despite technological advances the Earth and its resources are finite, while the appetites of human and other life systems are not. What is needed is proper management of the important but necessary coexistence of populations, resources to ensure food security, the environment and development.

Samoa accepts and is promoting all the Cairo principles, including eradicating poverty, safe reproductive health, equal access to health services and the promotion of human rights, but most important, Samoa believes that the essential ingredient of any successful initiative is the empowerment of women. Samoa is not just a signatory to the Convention on the Elimination of All Forms of Discrimination against Women; it has integrated its principles into the implementation of Government and private-sector initiatives at all levels.

Our women are better educated; indeed, the majority of scholarship holders are women. While we still need to improve access to secondary education by women, those women who reach the top are joining the cabinet and heading the largest Government departments, and have headed overseas diplomatic missions. We believe that the proof of the pudding is in the eating; we also are the only country in the world that has a national holiday for women:

the Monday after Mother's Day, in May. Our women are asserting their God-given right to control their bodies, and are making the decisions concerning the number of children they have, in keeping with their ability to shelter and school those children and with the reliability of their menfolk in helping to provide these things.

With a more educated, assertive and politically active female population, the stage is now set for Samoa to achieve progress in attaining Cairo's goals. We have close to 100 per cent access to health services. Reproductive health and family planning are integral components of our primary health care system. Our immunization coverage, at 99 per cent, is one of the highest in the world. All our maternity hospitals are baby-friendly, and generally only women who cannot breast-feed their children do not do so. Samoa recognizes that prevention is the only long-term formula for curtailing burgeoning health costs, and prevention is the key to our national health plan. We have declared war on tobacco use, and are targeting non-communicable diseases such as diabetes and hypertension as a national priority.

With a significant part of our population, some 42 per cent, under 15 years of age, a national youth policy giving priority to education is in the forefront of Government policy planning. We are working in close collaboration with non-governmental organizations in partnership strategies to promote good health for all. We are striving to provide the best health services our resources can afford, including an overseas treatment scheme for serious cases; this scheme is accessible to all.

Samoa's HIV-AIDS Council has so far kept incidence to a minimum. However, we realize that we cannot rest on our laurels, so an aggressive awareness campaign is ongoing. We have reached a workable partnership with our religious clergy on family planning and HIV-AIDS strategies. We embrace their basic principle that sexual intercourse should take place only in wedlock. However we promote the practice of safe sex, such as the use of condoms, when this spiritual goal is unachievable. Such a strategy is not only workable; it is successful. We realized early that to go against the Church's moral premise would result in a negative impact on all our campaigns for safer sex.

On 24 November 1998, Pacific island health ministers gathered in Fiji to assess the successes and failures in achieving the Cairo objectives. From this meeting, a comprehensive report was published setting out the Pacific response to the Programme of Action of the

International Conference on Population and Development. This document indicates that we have all learnt much and have achieved a great deal in terms of the stated objectives. Samoa is grateful to the United Nations Population Fund, the World Health Organization, the United Nations Development Programme, the United Nations Educational, Scientific and Cultural Organization and indeed all our development partners for their assistance as we strive to achieve our main objective of making our people the primary and main focus of all development initiatives.

It is indeed a privilege and an honour to address the Assembly; we look forward to sharing our ideas for making this world a better place for all our peoples as we await the dawning of a new millennium.

**The Acting President:** I now give the floor to His Excellency Mr. Olexander Chalyi, First Deputy Minister for Foreign Affairs of Ukraine.

**Mr. Chalyi (Ukraine):** Let me begin by congratulating Mr. Didier Operti on his election as President of the Assembly at this special session. He can rely on the full support of the Ukrainian delegation as he carries out his responsible mission.

The twenty-first special session of the General Assembly is being held at the time when mankind is about to enter the twenty-first century. On the threshold of a new millennium, we turn back to sum up what has been done and to consider what more should be done. We can state without any doubt that the International Conference on Population and Development (ICPD) will always stand in the history of the twentieth century as a milestone in promoting international cooperation and action on demographic issues.

The consensus reached in Cairo provided the international community with ample opportunities to introduce new strategies and to change our priorities in the field of population at the national, regional and international levels. The Programme of Action approved at Cairo five years ago is aimed at integrating demographic issues into the global agenda. We welcome the positive results achieved thus far in implementing that important document, in particular incorporating population policies into national development programmes, enhancing gender equality for women, promoting reproductive health and establishing effective partnerships. We should continue our joint coordinated efforts aimed at supporting the countries in need with the objective of full implementation of the decisions of the Cairo Conference.

At the same time, while identifying new strategies, we should take full account of the new tasks and challenges that have emerged in the world since the Cairo Conference. Globalization and the liberalization of the international economy and increasing integration and interdependence, as the defining trends of the 1990s, cannot but influence the demographic situation in the world. Having recognized the value of open economies, we should, however, be ready to address emerging population problems such as increasing migration including transit migration, outflow of the most productive young strata of society from the less developed economies to the more prosperous ones, drug trafficking and the spread of AIDS and other dangerous diseases, to name but a few.

The global financial crisis which severely affected many countries, including Ukraine, once again highlighted the need for integrated strategies aimed at achieving the prosperity of nations and sustainable development. We strongly believe that the United Nations has to play a central role in addressing this evolving framework. From the Ukrainian delegation's perspective, the United Nations is well placed, in cooperation with the relevant agencies of the United Nations system, to work out an international mechanism that would prevent the weakening of human potential in countries experiencing temporary economic problems.

Speaking about my own country, Ukraine, I must emphasize that we inherited from the former Soviet Union not only our well-known economic problems, but also a completely unbalanced population structure and an unfavourable situation in the areas of public health and ecological environment, including the demographic consequences of the Chernobyl disaster. All these factors caused the natural decline of the population of Ukraine, which during the last five years has dropped by almost 2 million.

By sharing these domestic problems with delegates, I have no intention of creating an impression that Ukraine needs more attention than any other country; rather, I wish to prove why my country considers the Cairo Programme of Action to be an extremely vital strategy of survival.

Proceeding from that premise, the Government of Ukraine has taken decisive measures to translate the ICPD Programme of Action into its national population strategy, that is, to make it an integral part of social and

development policy, with a special emphasis on the most acute demographic problems.

The Parliament of Ukraine has reviewed the national legislation in the population field, adopting a wide range of specific laws aimed at the strengthening of public health, the encouragement of youth, the prevention of AIDS and the social protection of the people most affected by the Chernobyl disaster. The next steps will provide for introducing a system of medical insurance in Ukraine, improving infection prevention and increasing protection for the rights of patients.

Let me stress that, as Ukraine has to allocate over \$1 billion each year merely to minimize the aftermath of the Chernobyl catastrophe — to say nothing of social spending — we are experiencing significant difficulties in meeting the goals set forth in Cairo. The national reproductive health and other indicators still require considerable improvement if they are to match international standards. Therefore, we would more than welcome further international assistance to this end, including through the implementation of the relevant United Nations Population Fund programmes.

The famous English novelist, George Eliot said, “The strongest principle of growth lies in human choice”. We have to recognize that the ICPD was an important step; but it is still not enough. As many previous speakers underlined, our forum is meant to give new, additional ideas to international cooperation in the field of population and development.

I am convinced that by adopting the proposals for key actions for the further implementation of the Programme of Action of the ICPD, we will all be contributing to the implementation of this very important task.

**The Acting President:** I now give the floor to Her Excellency The Honourable Margareth Mensah, Vice-Chairperson of the National Council of Namibia.

**Ms. Mensah (Namibia):** Half a decade ago, world leaders assembled in Cairo, the capital city of Egypt, to address the challenges of population and development. They agreed on measures and actions to be taken by Governments and the international community as a whole in order to enable all the people of the world to benefit in a sustained manner from development and thus lead healthy and prosperous lives. Today, we are gathered here to reflect on the achievements we have made in implementing the Programme of Action adopted at the International

Conference on Population and Development (ICPD) and to decide together how to overcome the remaining challenges so as not to leave any country behind as we prepare to enter the new millennium. It is in this spirit that Namibia participated at the ICPD then, and that it is doing so today at this special session.

The major national development goals of Namibia are to sustain economic growth, create employment, reduce inequalities and eradicate poverty. However, the realization of these goals continues to be hampered by, *inter alia*, the population growth rate, estimated at about 3 per cent. Thus, based on the social, economic and demographic characteristics of the population and future prospects, estimates and projections of the population suggest that the high growth rate is likely to increase further and to continue for some time.

The 1994 International Conference on Population and Development was convened barely four years after Namibia's independence, at a time when Namibia did not have a comprehensive national population policy in place. However, my Government had been taking actions to influence interrelationships between population and development in the form of population-related programmes and projects, which in turn have led to the formulation of the National Population Policy for Sustainable Human Development. This now serves as a guide to all population and development activities in the country.

The success of the Government's policy formulation is largely attributed to the wider consultations with the different groups on the nature and direction of Namibia's population policy, as well as to its acceptability and feasibility for the population at large.

In accordance with the population policy, the Government established a National Advisory Committee on Population and Sustainable Development, which serves as the highest advisory body to the Government on all matters pertaining to population and development. The Government also reviewed the composition of the Inter-Agency Technical Committee on Population, which now serves as the technical body of the National Advisory Committee, and is coordinating the five sectors of the population policy: health; gender; population development and education; population dynamics; and research and development.

In addition to the population policy, the Government has put in place a number of other policies and laws that

have direct bearing on the Namibian population, particularly women, young people and children, as well as people with disabilities and other formerly disadvantaged groups. However, the availability of the financial resources needed has been a formidable challenge to effectively implementing these policies and programmes. Notwithstanding that, the budgetary allocation of our Government is a clear indication of the importance Namibia attaches to the social development of our country. For example, the allocation of total resources through the State Revenue Fund during the current financial year, 1999–2000, gives priority to education, which is allotted 26 per cent, and health, 16 per cent. This has been the pattern since independence.

In this connection, let me acknowledge the important role played by our development partners in Namibia by expressing my Governments sincere appreciation for their continuous assistance of our efforts. We also wish to express our gratitude to the United Nations Population Fund, as well as to other United Nations funds, programmes and agencies. Their role was not confined to complementing Government resources; they also supported the priority sectors set by the Government.

One of the specific objectives of the Namibia population policy is to improve the health and welfare of all Namibians. Though we have made notable strides in the process to achieve this, there are still indicators of various high mortality rates. Maternal mortality is 225 per 100,000 live births, which is quite high by international standards. Diarrhoea, malnutrition, acute respiratory infections, immunizable diseases, tuberculosis, malaria and sexually transmitted infections, including HIV/AIDS, account for the majority of deaths. HIV/AIDS is rated the number one killer in Namibia, followed by malaria. According to recent statistics, Namibia rates third among countries with the highest HIV/AIDS prevalence rates.

With an increased number of women of childbearing age infected with HIV and a prenatal transmission rate of up to 35 per cent, childhood AIDS is expected to be a serious problem. At the same time, an increase in the number of orphans, which is concomitant with accelerated mortality among adults, will require increased efforts in providing social services by government and other sectors.

As in many other countries, another crucial area that needs urgent attention in Namibia is adolescent reproductive and sexual health. The high incidence of teenage pregnancy in Namibia remains a serious development constraint. Furthermore, it has also been noted that high rates of early sexual activities lead to sexually transmitted infections,

including HIV/AIDS. Most Namibian adolescents are exposed to sexually transmitted infections, including HIV/AIDS. It is therefore not surprising that the Namibian Government attaches great importance to the reproductive and sexual health of adolescents.

The major challenge to the implementation of Namibia's population policy and programmes is the lack of financial resources coupled with inadequate capacity. Simply put, no developing country can successfully implement the Cairo Programme of Action on its own. It is in this spirit that the Southern African Development Community member States have been coming together to address common population and development issues. Namibia will continue to support regional and international efforts on population and development.

Increased solidarity within the international community and the allocation of the necessary financial resources are indispensable for the full implementation of the commitment our leaders made at the International Conference on Population and Development. This calls for developing countries to be provided with both development assistance and investment in productive sectors to support employment creation and economic growth using available resources.

It is in the interest of humanity that those who are affluent today support the majority who are more disadvantaged now. Only thus can we ensure a better tomorrow for all.

**The Acting President:** I now give the floor to His Excellency Mr. César Hermida Bustos, the Under-Secretary-General for Health of Ecuador.

**Mr. Hermida Bustos** (Ecuador) (*spoke in Spanish*): Population and development are priority components of general national policy, particularly that on health. The significant internal and outward migration for economic reasons of young men — particularly to the United States — and young women — particularly to Europe, especially Spain in recent times; high rates of maternal mortality; and the undoubtedly limited sexual and reproductive rights and the rights of women call for specific measures. For these reasons, the Ecuador State has incorporated recognition of these sexual and reproductive rights into the constitutional reforms in force since 10 August 1998.

It has also recognized the duty to guarantee the opportunity for people to decide for themselves the

number of children they may have, adopt, support and educate. The Government undertakes the commitment to promote a culture that favours health and life, emphasizing food and nutrition education for mothers and children, and to recognize the right of indigenous and Afro-Ecuadorian peoples to apply their traditional systems, knowledge and practices of traditional medicine.

In the sphere of health, special emphasis has been placed on establishing a decentralized national system of universal health coverage based on the principles of equity, universality, solidarity, quality and efficiency. A few weeks ago, the Ministry of Public Health issued standards and procedures for reproductive health care, based upon the National Maternal Mortality Reduction Plan, which has received the highest level of inter-agency political support.

We are currently implementing a National Programme of Maternal Health, which includes free prenatal, natal and post-partum care, as well as care for children under the age of five. It also includes all the components of the programmes on maternal mortality reduction and other control and prevention programmes, such as that for cervical cancer.

Adolescents are the focus of the Law on Education in Sexuality and Love through the Ministry of Education, whose strategy is to incorporate a multidisciplinary approach to the sex education curriculum for young people, parents and teachers into the curricular reform. For its part, the Ministry of Health has issued a handbook of standards, procedures and conceptual bases for integrated health care for adolescents, with emphasis on reproductive health.

The Ecuadorian State has determined that violence against women is a public health problem. It has acted accordingly through the Law on Violence against Women and the Family, as well as through the National Council of Women and 17 Women's Commissioners, who act in accordance with the reform of the penal code classifying sexual harassment as a crime.

The gender component is an ever-present consideration in the design of national policies and of national, regional and local plans and programmes.

In the sphere of sexual and reproductive health, the participation of social organizations — including indigenous, women's and youth organization — highlights significant differences in ways of approaching the needs of reproductive health and the role that the various factors play in meeting such needs. The experience and contributions of

the academic world and non-governmental agencies in the areas of sexual and reproductive health have been useful to the locally developed state proposals in which they have participated.

Ecuador is making progress on specific measures aimed, generally speaking, at enhancing the quality of life. This is being carried out through inter-agency work in which external multilateral and bilateral cooperation is playing and, we hope, will continue to play an extremely important role.

My country hopes that all people, particularly women, shall be able to choose in perfect freedom, in the context of their rights, the alternatives that will enable them to develop their physical, mental and social capacities to the full, both as individuals and as members of the family and society.

**The Acting President:** I now give the floor to His Excellency Mr. Moses Mathendele Dlamini, Chairman of the delegation of Swaziland.

**Mr. Dlamini** (Swaziland): It is a great pleasure and an honour for me and my delegation to present this statement on behalf of the Government and the people of the Kingdom of Swaziland.

The twenty-first special session of the General Assembly provides us with another opportunity to review the population and development situations in our respective countries, and to further seek collective approaches in an effort to strengthen our commitments adopted at the Cairo International Conference on Population and Development (ICPD) in 1994. In our view, the initial review of the ICPD is timely in that, despite the commitments and efforts, as well as programmes, that have been engaged, both at the national and international levels, our countries continue to face serious difficulties as a result of a wide range of negative factors. Thus, there continues to be a need to bring about a balance between population growth and the capacity of our countries to provide for at least the basic needs of all our people and to ensure that people of all age groups are included — from children to youth to older persons — in order to enhance our efforts to achieve our ultimate goal of sustainable development.

For the Kingdom of Swaziland, the rate of population increase, given the fixed supply of land and limited resources, is one of the most serious threats to the future of the Swazi people. According to the 1997

population census, the population growth rate was calculated at 2.8 per cent. While this figure represents a reduction from the previous growth rate of 3.2 per cent, our economic performance still does not match our population growth. Evidently, this situation should not be allowed to continue if sustainable development is to be realized. It is for this reason that the Kingdom of Swaziland is in the process of developing a national population policy and a comprehensive reproductive health programme with the participation of representatives of religious leaders, traditional and community leaders, non-governmental organizations, academic institutions, youth and other special groups as well as experts, policy makers and planners. This is subsequent to the official launching of the National Population Council in 1998, which has since produced a national agenda.

We strongly believe that the integration of population concerns into development, environment and poverty-reduction strategies, and resource allocation at all levels with the objective of meeting the needs and improving the quality of life of current and future generations, will promote social justice and eradicate poverty. It is, however, regrettable that to a large extent, the progress made in these areas in most developing countries remains modest. This status quo is largely due to limitations in financial capacity rather than the lack of political will. This situation emphasizes the importance of international cooperation and support for the development process of these countries, particularly in Africa.

The delegation of the Kingdom of Swaziland is grateful to the Secretary-General for his report to this special session of the General Assembly contained in document E/CN.9/1999/PC/4, which provides an overview of the constraints encountered thus far in the implementation of the ICPD Programme of Action and provides useful recommendations for further action. Furthermore, we value the important preparatory processes at the United Nations for this special session, as well as the regional preparatory meetings and the experience of the International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the ICPD, which was held in The Hague, the Netherlands, in February 1999. The issues discussed, such as reproductive rights, reproductive health, the implementation of reproductive health programmes and women's empowerment, are viewed by my delegation as pertinent if we are to attain success.

At the subregional level, the Southern African Development Community also held a meeting from 11 to

14 May 1999 in Lusaka, Zambia, to further harness and emphasize our collective concerns and strategies for the implementation of the ICPD Programme of Action.

The ICPD Programme of Action stresses that all countries should ensure that reproductive health services are accessible to all individuals through the primary health care system by the year 2015. This is a realistic goal that Governments should meet, and they should ensure that family-planning facilities and means of contraception are provided.

At the national level, the Reproductive Health and Reproductive Rights Programme has been reviewed by the Government of the Kingdom of Swaziland to be in line with the ICPD Programme of Action, offering comprehensive and integrated services. Our reproductive health services are participatory, pragmatic and public-health based.

This programme also seeks to address the new challenges posed by sexually transmitted diseases, and HIV/AIDS in particular, which could significantly undermine the improvements recorded in the past. It is regrettable that the Kingdom of Swaziland should be one of the countries with a high incidence of HIV/AIDS. To this end, His Majesty the King has declared HIV/AIDS a national disaster, thus warranting an allocation of additional resources for fighting the disease. In view of the financial limitations we are faced with, however, the pace of response is slow, even though the situation obviously requires an urgent response. We continue to appeal for support. We are encouraged by the recent visit of Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS to the Kingdom, where he met with the Chairpersons of the Cabinet Committee on HIV/AIDS and the Crisis Management and Technical Committee on HIV/AIDS.

Within the context of overall hardship, the Kingdom of Swaziland has not been an exception in the quest for advancing the status of women and girls, who have been consistently marginalized. Gender issues are lately being progressively integrated into the process of development planning, bearing in mind the promotion of their economic, social, and reproductive rights.

I must point out that the six priority areas for Swaziland which were identified include feminization of poverty; reproductive health; education; women's rights; women in power and decision-making; culture, family and socialization; and the girl-child. The education sector has

made major achievements in raising awareness and thus addressing the problem of gender stereotypes and negative attitudes.

While the Kingdom of Swaziland has recorded some achievements five years after the Cairo Conference, we are still faced with a lot of challenges. The formulation of the national population policy by May 2000 will usher in the real task of implementing programmes such as the Poverty Alleviation Strategy and addressing the HIV/AIDS problem and its negative socio-economic impacts, such as the increasing number of orphans and female- and children-headed households.

These and many other issues are urgent and require financial support. Inadequate financial and human resources to implement these programmes, particularly in the immediate areas of advocacy, awareness creation, service provision and shortage of commodities, pose very severe constraints. The other constraints are a consequence of lack of resources, such as reliable, adequate, timely data in support of the programmes.

It is for this reason that the Government and the people of the Kingdom of Swaziland value the assistance rendered by United Nations agencies, in particular the United Nations Population Fund, in advocating, assisting and financing, to an extent, the implementation of the Cairo Programme of Action. We are also grateful for the invaluable support of donor countries and appeal for their continued assistance.

**The Acting President:** I now call upon Mr. Ali Hachani, Chairman of the delegation of Tunisia.

**Mr. Hachani** (Tunisia) (*spoke in Arabic*): I would like at the outset to convey to you, Mr. President, my thanks for the valuable efforts you are making to ensure that this special session of the General Assembly to review and evaluate the implementation of the Programme of Action of the International Conference on Population and Development is a success. We are fully confident that your great experience in this field and your commitment will bring success to our work. I should like also to commend the preparatory committee and its chairman, the Ambassador of Bangladesh, Mr. Anwarul Karim Chowdhury, on their work; Ambassador Chowdhury and the committee have contributed directly and positively to the achievement of a consensus on the document submitted to us by the preparatory committee. The valuable and praiseworthy work that is being undertaken by the United Nations Population Fund (UNFPA) and its leader, Mrs.

Nafis Sadik, is also worthy of all our gratitude and thanks.

The programme of the International Conference on Population and Development has come to occupy a special position in terms of the importance our peoples attach to it. Indeed, the Cairo Conference related population issues to development issues and has entrenched international awareness of how important that linkage is. In its commitment to the recommendations of the Cairo Conference, Tunisia profoundly recognizes that the Programme of Action of the Conference is a very important framework for improving standards of living for all citizens and achieving sustainable development. We should like to put on record the important and encouraging progress achieved over the past five years by the international community, especially by developing countries, in implementation of the recommendations of the Conference; this progress has led to dropping mortality rates worldwide, the integration of population issues into development strategies, a position of importance and recognition for reproductive health, the provision of family planning services and measures towards equality between the sexes.

Nevertheless, we do have some concerns about the deteriorating situation in some parts of the world in regard to the spread of sexually transmitted diseases, including HIV/AIDS, stubbornly high maternal and infant mortality rates, increasing poverty and the lack of basic health care and obstetric services and the equipment needed to provide them. We believe that over and above the well-known individual crises in some countries, the decline in bilateral and multilateral financial assistance for population issues and the continuing burden of debt, and the harm inflicted on many countries as a result of the global financial crisis, are having an adverse impact on implementation of the Cairo recommendations. We have great hope that this special session will provide an opportunity for us to deal with some of these shortcomings and enable us to determine why implementation has been so slow and incomplete. In this context, Tunisia would like to emphasize the need for an intensification of international cooperation in population issues, for solutions to be found to the problems and for support for South-South cooperation in the population field.

Since its independence, Tunisia has adopted a development policy according special importance to population issues. This has been supported since the change of 7 November 1987 by the adoption of many



comprehensive reforms based on humanitarian principles and a deep belief in the organic relationship between population issues and development. Tunisia has integrated the recommendations of the Cairo Conference into its ninth plan for social and economic development for the years 1997 to 2001. President Zine El Abidine Ben Ali has attached great importance to this vital issue by concentrating on a social strategy aimed at eradicating poverty and deprivation and providing basic services and facilities for all citizens, including drinking water, electricity, sanitation, a sound environment and basic health care for all citizens.

The population situation in our country has undergone profound changes: developments have occurred in all the economic, social, cultural and health care aspects of Tunisian life that have changed the Tunisian way of life and standard of living completely. Behaviours have changed, and particularly the behaviour of parents, in respect of family planning and the voluntary decline in the number of pregnancies in order to provide a better future and well-being for generations to come.

The health care sector in Tunisia has witnessed a great renaissance in its services. This resulted in our winning the World Health Organization Health for All Gold Medal in 1996, thanks to our policy on health. We have also established a reproductive health programme covering all aspects of motherhood before, during and after pregnancy to ensure safe motherhood and safe infancy. The State also encouraged women to delivery under hospital care, and has provided family planning services, and encouraged a reduction in the number of pregnancies. As a result, the maternal mortality rate had dropped to 69 per 100,000 and infant mortality was down to 28.9 per 1,000 in 1997; the overall fertility rate was down to 2.38 children per woman in 1997, which is very close to the replacement rate of 2.1 children per woman. Our health care programme also covers sexually transmitted diseases and ensures early detection of breast and cervical cancer. Among its other areas of coverage are health care for women after menopause, basic services for sterile couples and intensive health programmes for young people. Tunisia has built and equipped many medical centres throughout the country, giving us a medical centre for every 700 women of reproductive age. These centres provide basic reproductive health care and family planning services. The State also provides mobile medical units to provide health care services to its citizens in rural areas and conducts public mass media campaigns to raise health awareness. All these health services are State-subsidized and are offered free of

charge in the public sector and almost free of charge in the private sector.

In the area of education the State has also attached great importance to children at various stages of their growth and has adopted compulsory and free education for all children between the ages of six and sixteen. The school attendance rate of males and females has reached 99 per cent. The school attendance rate of girls in primary education has reached 47.3 per cent and has exceeded 50 per cent in secondary education. At the social level, the State has intensified social development programmes in order to eradicate poverty. In 1997, the poverty level fell to 6 per cent, compared to 33 per cent in 1966. The per capita gross domestic product increased from 119 dinars in 1966 to 2,270 dinars in 1997.

Tunisia has established many mechanisms to bring about these objectives. One of them was the establishment of a national solidarity fund to provide soft loans for the poorer classes as a means of providing them with a decent livelihood, improving their standard of living.

The positive results we have mentioned in the area of population would not have been achieved in Tunisia without granting women their full rights, which opened active participation in society and in the economic cycle.

In conclusion, I would like to reaffirm Tunisia's commitment to the Programme of Action of the Cairo Conference and its obligation to take into consideration what will be adopted during this special session and the recommendations contained therein.

**The Acting President:** I now call on Her Excellency, Mrs. Lois Wilson, Chairperson of the delegation of Canada.

**Mrs. Wilson (Canada):** Almost five years after the Cairo Conference, the issues before us are even more important than they were in 1994. The term "population and development" encompasses matters which touch upon the most personal aspects of an individual's life. At the same time, Canada sees these issues as having a direct and critical impact on the state of our global community.

We must do more to understand how population and development issues are interlinked, and we must act on those linkages. This requires open minds and a breaking down of barriers between experts, between experts and non-experts and between cultures and religions. Even if we fully implement all our International Conference on

Population and Development (ICPD) +5 commitments, we will not have completed our task if we do not strengthen our capacity and our resolve to address these linkages.

At the national level, Canada believes that its vision of a sustainable health system corresponds closely to the principles and objectives of the Programme of Action. It emphasizes a comprehensive, community-based and client-driven approach to meeting people's reproductive health needs, including family planning and sexual health needs.

Within the context of our universally accessible and publicly funded health care system, Canada has adopted a population approach that strives to improve the health status of the entire population and reduces inequalities in health status between and within all groups. Our approach also recognizes that the health care system is but one factor that keeps and makes people healthy. There is a wide range of factors which influence health, such as income and social status, education, employment and working conditions, physical and social environments, and gender and culture.

In practice, Canada's commitment to meeting health needs has entailed the development of effective policies and programmes that are responsive to the diverse needs of its population. For example, a \$42.2 million domestic strategy on HIV/AIDS, launched in May 1998, was developed in close collaboration with stakeholders at various levels.

The Government's Aboriginal Head Start Programme and the Canada-wide Brighter Futures Child Development Initiative assist First Nations on reserves and Inuit communities in developing and managing community-based programmes in areas such as mental health, substance abuse and childhood injury prevention.

Preparing for the health needs of an ageing population and working towards the full participation of women in economic, social, cultural and political life are two priorities for Canada. Our aim is to promote the well-being, and to strengthen the contributions, of older people in all aspects of society.

Turning to our international activities, the purpose of Canada's overseas development assistance is to support sustainable development in developing countries, to reduce poverty and to contribute to a more secure, equitable and prosperous world. The Canadian International Development Agency pledges 25 per cent of its budget to basic human needs, of which primary health care, family planning and nutrition are specifically mentioned. We accord top priority to strengthening national health systems and to improving

women's health and reproductive health. We seek to address the large unmet demand for family planning and to mitigate the adverse circumstances that prevent women from having access to health care.

Central to achieving these goals is the promotion of gender equality and women's empowerment. In this area, Canada recently announced a new Policy on Gender Equality, which emphasizes gender-mainstreaming, human rights and results-based management. Its aim is to support the achievement of equality between women and men to ensure sustainable development.

In the area of migration, many developments have been positive, but there have also been horrendous crises resulting in the massive flow of refugees. We must take on the often difficult challenge of recognizing and addressing the intimate but complex links between both international and internal migration and other population and development issues. Canada is committed to continuing an active multilateral approach to migration which has as its cornerstone protection of the human rights of all migrants. Among our priorities we will be addressing the root causes of migration flows so as to make the option of remaining at home a viable one for all people.

We continue to urge the international community to respect the right of asylum and uphold the principle of non-refoulement, as well as to meet the needs of refugee women, including the recognition of gender-based persecution. We will promote the adoption of effective approaches to the integration of documented migrants into their host society, including the recognition that naturalization should normally be the long-term goal. We will play an active role with regard to concerted international action on migrant smuggling. Finally, we will call for greater attention to the protection and assistance needs of the internally displaced.

At home and abroad, Canada works closely with civil society and has widened its partnerships with non-governmental organizations, the private sector and parliamentarians. We firmly believe that relationships with civil society are critical and the five civil society representatives on our delegation have made a significant contribution to these deliberations.

Canada has also had to deal with several challenges, such as the decline in our overseas development assistance budget. In the next fiscal year this budget will be increased slightly to allow Canada to stabilize funding

levels for the aid programme and indicate a return to growth in the years ahead. We will continue to work closely with our international partners to help provide higher quality health care and more comprehensive services for women.

With respect to indigenous peoples of the world, there is a degree of commonality regardless of where they live. Therefore, the development of international networks and strategies should be encouraged.

*(spoke in French)*

In conclusion, the review process is an excellent opportunity to review our objectives and priorities in relation to the needs of our country and the objectives of the international community. However, we must admit that we are disappointed at our collective international failure to achieve concrete goals throughout this five-year process.

Canada remains determined to cooperate with the international community to ensure that our efforts culminate in concrete and measurable achievements towards the goals of the Cairo Programme of Action. We want to ensure that all sectors of society, particularly those in the poorest and most neglected parts of the globe, realize tangible benefits from this process in which we are so actively engaged.

**The Acting President:** I next give the floor to His Excellency Mr. Jānis Priedkalns, Chairman of the delegation of Latvia.

**Mr. Priedkalns** (Latvia): Latvia took an active part in the International Conference on Population and Development (ICPD), held at Cairo in 1994, and in the subsequent global review process. In December 1998 a conference was held in Latvia to assess the implementation of the Conference's Programme of Action. The conference was attended by State officials, national experts and representatives of non-governmental organizations. Trends in economic development, the demographic situation, reproductive health and rights, gender equality, and education were discussed. The conclusions of this conference contributed to the production of a report which gave an excellent overall view of Latvia's follow-up to Cairo and proposed further initiatives.

Latvia attaches great importance to the implementation of the objectives of the ICPD Programme of Action, which aims to promote the physical and mental health and well-being of people around the world. We should like to underscore the importance of the interrelationship between

the Cairo Programme of Action and the programmes of other United Nations conferences and summits.

Latvia's birth rate has been steadily declining. The natural increase last year was minus 6.4 per 1,000 population. Latvia's fertility rate of 1.1 is one of the lowest in Europe. To deal with these demographic challenges for a small population of 2.5 million, the Cabinet of Ministers, in the spirit of the ICPD Programme of Action, set up a demographic committee in 1994. In 1998 a national programme entitled "Latvia's Population", which provides for a systematic approach to compiling information on the entire social protection system, was developed. The programme analyzes and assesses activities in this field, and defines those problems which remain to be solved. However, Latvia still lacks resources fully to implement the activities it has envisioned.

A major achievement was the setting up of the National Health Promotion Centre to meet the goals of the ICPD Programme of Action, with an emphasis on reproductive health. Several project groups are collaborating with international organizations in this field. Many social organizations and non-governmental organizations are involved in promoting healthy-lifestyle education and have become active at the local-government level. The National Human Rights Office of Latvia is also involved in addressing the needs of the country's vulnerable groups, such as children and youth, the elderly, and persons with disabilities.

Since Cairo, reasonable progress has been achieved in the field of reproductive health. We should like to emphasize the fruitful cooperation between the Government, non-governmental organizations and international bodies, which has resulted in increased public awareness about modern methods of family planning and an increased use of effective contraception. The number of induced abortions has decreased by one third over the past five years.

The positive trends and the gaps that still exist in the field of reproductive and sexual health are evident in the results of the survey on attitudes towards reproductive health in Latvia carried out as part of a joint project of the Ministry of Welfare and the United Nations Population Fund (UNFPA) with the close collaboration of several non-governmental organizations. The mass media also have played a substantial role in promoting public awareness about general, sexual and reproductive health issues.

Families have been affected by the sweeping changes in society since the reestablishment of Latvia's independence eight years ago. As more and more women enter the work force, especially at top levels, traditional family roles change. More responsibility for the upbringing of children is assumed by men. This fends off role-stereotyping, as children see a more balanced pattern in relations with their parents.

A number of events to promote public awareness about gender equality issues have taken place in Latvia in the last three years. The most important were the Nordic-Baltic conference held in the city of Valmiera in 1997, entitled "Women and Men in Dialogue", and the international seminar on the promotion of the status of women held in Riga this year. The latter was initiated by two outstanding female politicians: Tarja Halonen of Finland and Madeleine Albright of the United States of America. These conferences gave considerable impetus to further work both by governmental institutions and by non-governmental organizations.

At the Government level, adequately addressing gender equality issues is fundamental to Latvia's integration into the network of European institutions and to the

implementation of the decisions of the Cairo Conference and of other United Nations conferences.

On the eve of the new millennium, Latvia wishes also to be seen as a country that promotes family values and the belief that strong, healthy families are the backbone of strong, healthy societies. The family unit remains an integral factor in the development of physically and mentally sound human beings and their communities.

The Latvian Government continues to design other national programmes to reach the goals of the ICPD Programme of Action. We hope that five years from now we will be ready to analyze the results of implementing our strategies and will see a tangible outcome of the Programme of Action. Here we would like to thank our partners — the United Nations Development Programme, the United Nations Population Fund, the United Nations Children's Fund, the World Health Organization, the International Labour Organization, the World Bank, the International Planned Parenthood Federation and other international bodies, as well as numerous partner countries — for their awareness of the problems typical of our region and for their unfailing support. The European Union has been instrumental in helping Latvia reform its legislation to bring Latvia closer to membership of the Union, and has been providing invaluable assistance in many other fields directly and indirectly related to the welfare of the population and to its development.

We endorse the statement of the European Union as a forward-looking document which promotes the issues of health and well-being and the rights of people everywhere. Like many other countries around the world, Latvia is hoping for a forward-looking outcome of the twenty-first special session. Much remains to be done by Latvia within its own borders, but Latvia looks forward to this session facilitating the attainment of our common goal: a healthier and better-educated world population.

*The meeting rose at 6.05 p.m.*