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A Statement by Dr. Halfdan Mahler

Secretary-General

International Planned Parenthood Federation

at the

International Conference on Population and Development

Cairo, Egypt, 5-13 September, 1994

Mr Chairman, Madame Secretary-General of ICPD, Ladies and Gentlemen,

IPPF wholeheartedly supports the objectives of the ICPD, as the Plan of Action firmly endorses the concepts of family planning, women's rights, safe motherhood, reproductive health, universal education, particularly for girls and the elimination of unsafe abortion, and as it condemns any form of coercion in family planning programmes within a human rights and responsibilities perspective. Our main concern is that this admirable Plan of Action should be adopted in a spirit of ethical consensus for the common global good.

The goals of the Conference are very much in keeping with those IPPF has set for itself through its own strategic Vision 2000, which the leadership of our affiliates in 140 countries adopted in Delhi in 1992. The ICPD Plan of Action lends support to our objectives, and at the same time has acted as a catalyst for action within IPPF. I would like to share with you very briefly the IPPF action agenda that will be taken forward, as our contribution to meeting the challenges emanating from this Conference.

IPPFs first challenge is that of unmet demand. More than half of all fertile women and men in Asia, Africa and Latin America are now using safe and effective contraception, but with disturbing differences between regions and countries. Furthermore, the number of women of childbearing age in the developing world will rise from 1 billion in 1990 to 1.5 billion by 2010. In order to meet current and emerging demands for family planning the availability and accessibility of highquality reproductive health care will have to be massively expanded. Most current unmet need emanates from the 40 to 50 percent of people who are marginalized in the development process, who do not benefit from existing health, education and employment opportunities and who hardly know how to express their own demands in their existential situation of absolute poverty. Many of our affiliates are taking bold initiatives to reach people in need in remote rural areas in Asia, Africa and Latin America, as well as those without contraceptive services in Eastern Europe and the Former Soviet Union.

IPPFs second challenge is to move the promotion of reproductive health from rhetoric to practice. We are pleased to see the ICPD Plan of Action underscore the long-overdue reorientation of viewing family planning in the broader context of the health culture in its full significance of

physical, mental and social well being, and not just the absence of pregnancy, disease or injury. For its part, IPPF and many of its affiliates are now developing programmes with emphasis on reproductive health including the pressing issues of sexuality, AIDS and other sexually transmitted diseases. We believe these efforts will help people everywhere towards leading socially and economically productive lives and so taking control over their own destinies.

Concerns over reproductive health has heightened the need for quality of care - IPPFs third challenge. Quality of care means the right to informed choice, service sustainability and the maintenance of the highest possible programme standards. It is sometimes said that quality is a luxury, which has to be bought at the expense of quantity. In fact, it is a basic woman's right, and also a basic requirement of any service, to make it acceptable to users, to attract them, and to motivate them to continue and return for follow-up. Quality is not a waste of money, but in the end lack of quality is, because it inhibits women from trusting and properly using the programme. IPPFs affiliates are now actively involved in improving the quality of reproductive health services throughout the developing world.

IPPFs fourth challenge and one that has been particularly contentious for this Conference is the elimination of unsafe abortion. IPPF has made a powerful and bold commitment to speak out on this major threat to the health and lives of women. Each year, a significant proportion of the 500,000 maternal deaths that occur are due to unsafe abortion, and it is estimated that 99 percent of these deaths occur in developing countries. The only way to fight wanted and unnecessary abortion is to provide all women everywhere with quality reproductive health care including contraception and, if indispensable, safe abortion. At a recent IPPF conference, delegations from 20 African countries agreed in a final

declaration to "act now to end the tragic and needless suffering from unsafe abortion", by strengthening family planning programmes, working to liberalize restrictive laws, and ending "the conspiracy of silence that has kept the full extent of unsafe abortion out of the public eye and the public conscience for decades".

IPPFs fifth challenge is to address the needs of the world's young people. There are currently more than 500 million young women and men between the ages of 15 and 19 and their numbers will keep mounting for a long time to come. Many societies are not very sensitive or responsive to the needs of their young people. Adolescents often lack support to help them understand their sexuality, and lack education and information to enable them to make informed choices. A tragic expression of the failure to support young people in realizing their sexuality with care and responsibility is the high incidence of pregnancies, sexually transmitted diseases and abortions among teenagers worldwide. Many of IPPF's affiliates are now leading the way in working with adolescents, parents and community leaders to support youth in coming to grips with the complexity of their sexuality.

Our sixth challenge is in many ways the linchpin for the other five challenges I have just spoken of - that is the empowerment of women.

Women must be full participants in decision making at all socio-economic levels. Girls must have equal access to education, because from this will emerge a better understanding of the benefits of smaller families, better nutrition and child care and ultimately an improvement in the status of women. Without the formidable resource of womenpower, all plans we make and steps we take to improve the local and global community will largely be in vain. IPPF is helping its affiliates to speak out on behalf of women to ensure that women's viewpoints and

priorities are taken into consideration in all our plans and programmes. IPPF is in this context developing a Bill of Rights as an ethical framework for the human right to reproductive health. We are pledging affirmative action to gain equity, equality and overall empowerment for women. As an integral part of this pledge, IPPF's affiliates are now progressively committing themselves to work towards increasing men's individual and joint responsibility in all areas of reproductive health and sexuality, including fighting the boy preference syndrome and all its manifestations.

IPPF has decided to mobilize resources to help our affiliates translate the spirit of these six challenges into action. With the active cooperation of our donors, the Federation has set up a special fund which associations can draw on, on a competitive basis, to help finance programmes tackling any of the six challenges. I am convinced that IPPF's commitment to move strongly forward in meeting the challenges of its strategic Vision 2000 is perhaps the greatest contribution IPPF can give the ICPD. I see this process as part of a new-found complementary between the governmental and the non-governmental partners. I strongly urge governments, NGOs and the donor community to build on this new foundation of co-operation and goodwill by turning the words of the Cairo document into prompt action. What I am most concerned about is whether the national and international political will exists to mobilize the resources to bring about this perfectly do-able development miracle.