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STATEMENT BY

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AT THE
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OVERALL REVIEW AND APPRAISAL OF THE IMPLEMENTATION OF
THE PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE
ON POPULATION AND DEVELOPMENT DEBATE

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ALLOCUTION DE

LA TRÈS RÉVÉRENDE L'HONORABLE MME LOIS WILSON
DE LA DÉLÉGATION DU CANADA

À L'ASSEMBLÉE GÉNÉRALE
VINGT ET UNIÈME SESSION EXTRAORDINAIRE

EXAMEN ET ÉVALUATION DE L'APPLICATION DU PROGRAMME D'ACTION
DE LA CONFÉRENCE INTERNATIONALE SUR LA POPULATION
ET LE DÉVELOPPEMENT

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Mr. President,

Almost five years after Cairo, the issues we have gathered here to consider are even more important to the world than they were in 1994. The term "Population and Development" encompasses matters which touch the most personal aspects of an individual's life. At the same time, Canada sees these Cairo issues as having a direct and critical impact on the state of our whole community, that is, the entire planet.

If we fail, collectively, to fulfil our commitments, peace and human security, economic stability and growth, and indeed our children's futures are at stake. We are here to talk about providing adequate health care, including reproductive and sexual health care and family planning, about coming to terms with aging societies or changes in mortality, about managing international and internal migration, and about the empowerment of women. These are not easy issues, and I know that the negotiations over the 'past months, days and hours' have been challenging, to say the least. But in Canada's view, an additional challenge remains.

We must do more to understand how population and development issues are interlinked, and to act on those linkages. This requires open minds, and sometimes a breaking down of barriers between experts, or between experts and non-experts, as well as barriers between cultures and religions. Even if we fully implement all our ICPD+5 commitments, we will not have completed our task if we do not at the same time strengthen our capacity, and our resolve, to address these linkages.

Mr. President,

In 1994, the International Conference on Population and Development made reproductive health an important focus of population and development goals. We recognized the need to improve the quality of life for all people, for example, by ensuring better access to quality reproductive health care, including family planning.

The Programme of Action also renewed international commitments to reducing infant and maternal mortality, and placed further emphasis on issues such as education, migration, and sustainable development.

At the national level, Canada believes that its vision of a sustainable health system corresponds closely to the principles and objectives articulated in the Cairo Programme of Action:

- it emphasizes a comprehensive, community-based and client-driven approach to meeting people's health needs, including in the area of sexual and reproductive health;

- 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 reduce inequalities in health status between and within all groups;
- our approach also recognizes that the health care system is but one factor that makes and keeps people healthy. There are 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 people's health needs has entailed the development of policies and programmes that are effective by being responsive to the diverse needs of its population. For example, a \$42.2 million Canadian Strategy on HIV/AIDS, launched in May 1998, was developed in close collaboration with stakeholders at various levels.

The Government is also working on early childhood development programmes aimed at supporting parenting skills. These have helped to counteract many of the risks associated with poverty, and to increase the likelihood of positive child and maternal health outcomes. One important example of this is Canada's national prenatal nutrition programme to support and deliver community services to low-income women.

We have held cross-country consultations, developed national guidelines on sexual and reproductive health education, and established teen pregnancy prevention as a priority for the Government of Canada's Community Action Programme for Children.

With respect to Aboriginal communities, the Government of Canada is working to strengthen partnership approaches to Aboriginal health, as well as supporting Aboriginal communities in achieving greater autonomy over their own health programmes and services.

The Government's Aboriginal Head Start Programme, the Community Action Programme for Children, and the Canada-wide Brighter Futures Child Development Initiative assist First Nations on reserve, Métis and Inuit communities in developing and managing community-based programmes in areas such as child and maternal health, mental health, substance abuse and childhood injury prevention. A recent Aboriginal roundtable on sexual and reproductive health was held as an important step in identifying Aboriginal concerns and possible strategies to address them.

Preparing for the health needs of an ageing population is also a Government priority. A fair and equitable society is a fundamental Canadian value. Our aim is to promote the well-being and contributions of older people in all aspects of life. For example, we are examining ways to integrate services that provide for both the acute and long-term needs of the ageing population.

In Canada, we are aware that, now more than ever, the full participation of all women in economic, social, cultural and political life is the key to the future. Indeed, without consideration of the concerns and contributions of half of the world's population, sustainable economic and social development in the 21st century are elusive goals.

A key component of the Government's approach to gender equality in Canada is the mainstreaming of a gender perspective in all government activities. This was one of the key commitments made by the Government of Canada in the Federal Plan for Gender Equality, first presented at the Fourth World Conference on Women.

We continue to make progress in advancing gender-based analysis through the development of guides and brochures on gender-based analysis for policy makers, the development of gender-sensitive statistics and indicators, and the development of gender-based policy research.

Consistent with Canada's commitment to gender equality, five centres of excellence for women's health were established across the country to enhance understanding of women's health needs and to respond more appropriately to them.

Mr. President,

Turning now to Canada's international activities, the purpose of Canada's overseas development assistance is to support sustainable development in developing countries, in order to reduce poverty and contribute to a more secure, equitable and prosperous world. The Canadian International Development Agency (CIDA) pledges 25% of its budget to basic human needs, of which primary health care, family planning and nutrition are specifically mentioned. In its Strategy for Health, released in 1996, CIDA accords top priority to strengthening national health systems and to improving women's health and reproductive health. Through our development assistance we strive to share our positive Canadian experiences - a health system based on equity, universal access, primary health care and public administration. As such, we seek to address the large unmet demand for family planning within the context of comprehensive reproductive health services, and to mitigate the adverse circumstances that prevent women from accessing health care, such as poverty, gender and other inequalities.

Our largest initiative in population and family planning is the Bangladesh Health and Population Sector Project which is entering an exciting new phase. Our previous support to Bangladesh, in collaboration with other donors, has contributed significantly to fertility reduction by increasing access to family planning services for the poorest segment of the population. We are also looking at ways to reduce the unacceptably high rate of maternal mortality, and to improve the nutritional status of the population, especially that of pregnant women and children.

In Africa, Canada continues to support quality reproductive health and family planning programmes. New initiatives in this area are being developed in Malawi, Zambia and Tanzania, and new opportunities for programming are also being explored in Latin America and the Caribbean.

Considerable work is also underway in the area of sexually-transmitted diseases (STDs) and HIV/AIDS. New projects are being planned in South Asia, as well as the continued surveillance of epidemics in the Caribbean and Central America.

Canada continues to put particular emphasis on the issue of HIV/AIDS in Western, Eastern and Southern Africa. In these regions, we have focused on capacity-building for prevention of HIV, prevention through syndromic management of STDs, and locally-acceptable communication strategies, such as peer education among female and male target groups, as well as peer counselling among adolescents.

In Kenya, for example, Canadian researchers have been working for several years with high risk groups to promote safe sexual practices, and to explore reasons for low rates of HIV infection among some sex workers in Nairobi.

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 (March 1999). This policy emphasizes gender-mainstreaming, human rights, and results-based management, and 'aims to support the achievement of equality between women and men to ensure sustainable development.

Mr. President,

Let me now turn to the subject of migration. A good deal has happened in the world since Cairo in the area of migration. Many developments have been positive, such as the growth of intergovernmental consultations on migration matters, greater commitment on the part of governments to combating migrant smuggling, and increased attention to the needs of refugee women. But there have also been horrendous crises resulting in massive flows of refugees. As we reaffirm our

commitment to implement the Programme of Action over the next five years, we cannot simply reiterate what was said in Cairo, but must learn from the negative events, and build on the positive achievements.

We must also 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 such as health, reproductive rights, sustainable development, poverty reduction and the empowerment of women.

The Key Future Actions on migration call for individual governments to act; they also require initiatives on the part of the international community. 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 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 will 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 a 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.

Mr. President,

To enhance its impact, Canada works closely with civil society and its United Nations partners. The Government has also widened its NGO and private sector partnerships by establishing new linkages with other Canadian associations that have become active in the area of population and development since the Cairo conference. These partnerships are critical since non-governmental actors play such an important role in the implementation of the ICPD objectives and in reaching ICPD goals.

In October 1997, the Canadian Association of Parliamentarians for Population and Development (CAPPD) was established with the goals of raising national awareness of population and development issues and influencing Canadian policy decisions in this area. The CAPPD has been participating in study tours, and organizing media events and special interest sessions on topics such as population structure and ageing, environment, HIV/AIDS, and food security.

With respect to Indigenous peoples of the world, there is a degree of commonality, regardless of where they live. Therefore, the development of networks and strategies should be encouraged whereby Indigenous communities in various countries can learn about each other's health problems. They should also be given opportunities to share their countries' policies, programmes and projects as a way of addressing universal concerns about population and development.

As part of our preparations for this Special Session, the Government of Canada initiated a series of consultations with Canadian civil society actors that are interested and active in Cairo-related issues. We gained valuable insight from regional meetings and a national consultation, as well as from including civil society participants in the Canadian delegation to the Preparatory meetings, and to this Special Session.

Given the diversity of views on Cairo-related issues, and the wide range of disciplines covered, dialogue between government and civil society is often animated. However, we firmly believe that it contributes to better policy development and transparency. To better ensure the full implementation of the Programme of Action, governments should work in close partnership with civil society.

Mr. President,

Despite progress in implementing the Programme of Action, Canada has also had to deal with several constraints and challenges. Among the most important constraints has been the decline in our overall ODA budget. However, Canada's ODA budget will be increased slightly in the fiscal year 2000-2001. These additional resources mark a step towards meeting the Government's target of allocating 0.7% of GNP to ODA. They allow Canada to stabilize funding levels for the aid programme and clearly indicate a return to growth in the years ahead.

We also recognize that more work needs to be done to sensitize Canadians to population and development issues, and how they relate to the national interest and the well-being of people in the developing world. Education and awareness raising about issues such as rapid population growth and its impact on access to basic health care services among other things, and the problem of HIV/AIDS is critical. AIDS has already started to reverse the gains made over previous decades in child survival, life expectancy and development.

Let me assure you that Canada will use every opportunity to increase awareness, at home and abroad, of the issues and goals of the Cairo Programme of Action. We will continue to expand our NGO partnerships and increase our dialogue with researchers and others, including the private sector.

We must also remember that many people do not have access to basic health care services, particularly women in developing countries. Many still lack access to even the most rudimentary reproductive health care and contraceptive choices. In the coming months and years, we will work closely with our partners, both at the international and country levels, to strengthen health systems in order to help provide higher quality and more comprehensive services, especially for women. We will also continue to address the conditions which prevent women's free access to and use of these services, including poverty, human rights, governance and gender inequalities.

In conclusion, Mr. President,

The review process leading up to this Session has allowed for a critical examination of the ways in which population and development issues are viewed by the international community. -From the Canadian perspective, it has enabled us to share experiences with other countries and to reflect on how we might better work together towards a more concerted and measurable impact in the years to come.

However, we must also confess to a certain frustration at our collective international failure to achieve concrete goals throughout this five-year review process.

Canada remains determined to co-operate with others 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.

Thank you, Mr. President.