

Statement of the Islamic Republic of Iran's Delegation

ICPD+5 International Forum

The Hague, Netherlands

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In the name of God, the Compassionate, the Merciful

Mr. President, distinguished delegates, ladies and gentlemen:

At the outset, I would like to convey our congratulations to Mr. President on his election and wish him every success in conducting this very important Conference.

In the Constitution of the Islamic Republic of Iran, as well as the Government's programme, the family has always been considered as cornerstone of human community and the pillar of development. Benefiting from all available resources and facilities without any discrimination whatsoever and social justices for people from all walks of life have been accepted as policy principles. Political support for ICPD decisions observing national reservations existed in Iran prior to the Conference and has continued rigorously since.

I would like to reiterate that the Government of the Islamic Republic of Iran is highly committed to the recommendations of the ICPD-PoA and with UNFPA active support and assistance, has been quite successful in their implementation. To be noted is the fact that the budget allocated for the implementation of RH/FP programmes as per these recommendations was continuously increased over the past five years, reaching the total of 12 million dollars.

Subsequent to the ICPD, a national committee consisting of a number of sub-committees was established as the focal point for following-up ICPD related issues and ensuring the implementation of the Conference's PoA. The committee's mandate was to facilitate the adjustment of all national RH/FP programmes with the principles and objectives of the programme of action. Our achievements have been considerable. This has mainly been due to the presence of a well-organized primary health care (PHC) system in the country, covering over 85 percent of its population. This integrated PHC system enabled us to incorporate reproductive health care information and services into various other aspects of government supported activities such as the revision of training materials for community health workers, rural midwives, women health volunteers, and so on.

In service provision, priority was given to deprived regions, rural and semi-urban areas, as a consequence of which the health indicators for these regions were dramatically improved.

In line with the recommendations of the ICPD-PoA, the Government made special efforts to farther promote civil society and non-governmental organization (NGO) participation in the implementation of the RH/FP programme. The number of NGOs dealing with such matters doubled in the past five years, reaching a total of 106 organizations. In this respect, we have embarked on further expanding the Women

Health Volunteers programme, which began in 1991. Starting with only 200 volunteers, this programme now enlists the help of over 43,000 members in providing health education, RH/FP information and other health activities to the public.

We started to put more emphasis on family health; especially the health of women in general. Attention was also given to the concept of quality of care. Every measure was adopted to improve quality at different levels of the PHC network. Training programmes were organized for all health personnel involved in delivering RH/FP services to the public. In view of the importance of counseling in making voluntary and informed decisions on RH/FP matters, service providers received appropriate training.

In 1995, a nationwide counseling campaign on "Mothers' Health" was organized. Personnel all over the country were trained so as to be able to provide clients with advice and information on issues such as pre and post-natal care, nutrition during pregnancy and breastfeeding, prevention and diagnosis of breast and cervical cancers. In order to enhance the knowledge of newly married couples on RH/FP matters, 400 pre-marriage counseling centers were established nationwide. 600 breast-feeding promotion bases are operating throughout the country with collaboration of Women Basij.

Taking into consideration that approximately 50 percent of the population of the country is under 20 years of age, adolescents' RH/FP received due attention through the introduction of special programmes. In this respect, the Ministry of Health and Medical Education (MOHME) of the Islamic Republic of Iran has been working closely with Iranian NGOs. In addition, the formal and non-formal school systems made a breakthrough in the field of population education by incorporating population and development messages in their curricula.

Organization of information, education and communication (IEC) programmes for the public has received priority attention. Health and medical education personnel have also benefited from special professional training.

A wide variety of contraceptives are available to the populace free of charge. Presently, 72.9 percent of persons at the reproductive age are using some type of contraceptive method. Of these, 55.4 percent are practicing modern methods. It should be noted that over 90 percent of deliveries are attended by trained health personnel.

As to STDs and HIV/AIDS, there exists an expanded and active surveillance system, as a result of which over one million screenings have been performed. 1,473 HIV positive cases and 215 patients with symptoms have been detected, out of which only 47 and 18 were women respectively. Those infected or showing symptoms have access to specialized counseling centers. Educational facilities are available to at risk groups. Additionally, we have undertaken a number of measures, such as the supervision of blood transfusions and ensuring the provision of STD treatment services. Special TV programmes on AIDS have also been organized in order to promote public awareness on HIV transmission.

With respect to population and RH indicators, the nation's crude birth rate has been dropped from 38 per 1000 in 1984 to 17.7 per 1,000 in 1997, the annual growth rate from 3.2 percent to 1.41 percent and the maternal mortality rate from 90 per 100,000 live births to about 37.4 in the same years.

At present, Iran is hosting over two million refugees who benefit from the same RH/FP services available to Iranian citizens, despite insufficient International communities assistance.

Women's status in the Islamic Republic of Iran is encouraging. The female literacy rate reached 75 percent in 1997. As to higher education, 52 percent of those accepted to universities in the current academic year were women. Women's employment rate, compared to the statistics available from before

the Islamic Revolution, shows a 13 percent increase. The ground is paved for women's participation in social, political and economic arenas. For example, their presence in the Parliament has steadily increased from 6 to 14 members, 50 women have obtained newspapers and periodicals publication license and 240 women commissions have been established countrywide.

Following the ICPD, Iran made continuous efforts to further enhance women's participation in the implementation of RH/FP programmes. In the past five years, the Islamic Consultative Assembly (Parliament) adopted a number of legislatures, extending protection to the family and ensuring women's rights, particularly after divorce.

The Government has been quite keen in collaborating with the international community. In this regard, it has been cooperating closely with UN agencies such as UNFPA, UNICEF, UNHCR and WHO, which has been applauded by world bodies.

In view of Iran's rich experience in the field of population and RH/FP, many countries particularly Muslims have shown interest in studying its successful experiences. In collaboration with UNFPA, visits were organized for a number of delegations from Senegal, Gambia, Guinea-Bissau, Maldives, China, Indonesia, Pakistan and the Philippines.

Despite remarkable achievements towards sustainable development, our programmes still face a number of constraints. Some of these are:

- A high fertility rate in some areas of the country.
- Cultural and traditional constraints in some ethnic communities,
- Lack of full involvement of the private sector in RH/FP programmes,
- A high rural to urban migration rate,
- Shortcomings in the quality of service delivery, and
- Limitation of financial resources.

As we stated in Cairo meeting God gifted natural resources are in coordination with natural population growth. But human injustice in the distribution of the resources, ingratitude, and mismanagement in tapping and optimal use of these resource have brought about worldwide population disaster.

As it has been mentioned in the introduction to second chapter of ICPD document, cultural, religious and human values of all nation should be respected in development of POA.

We disapprove of premarriage sexual relations and believe that human social evolution is fulfilled within legal marriage framework.

Sexual education should be presented at a suitable age under the guidance of parents aiming at promotion of physical, psychological, social and spiritual health of the individual and the public.

It is again stressed that abortion should be avoided unless in cases such as incurable congenital defects of embryo as major thalassemia or serious danger to mother 's health.

At the end, I wish success to all those present. Thank you.