

As written

Statement by

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Your Excellencies, Ladies and Gentlemen,

**The Programme of
Action – a good result**

Almost five years have past since many of us met in Cairo. However, I still clearly remember the interesting but also difficult negotiations we had up to and during the conference. Especially with regard to the definition of the concept of sexual and reproductive health and rights.

It seemed and still seems to be very difficult to acknowledge world-wide that all of us are sexual as well as social and intellectual beings – girls, boys, adolescents, men and woman. Human beings that need to be respected as individuals with human rights. Discussing these issues openly, especially the sexual and very private aspects, in a UN Conference must give rise to agitated discussions reflecting differences in our societies and cultures.

Even so, I think we in Cairo ended up with a good result, - a Programme of Action with visions for the future. A programme that placed population policy within the framework of developmental policies and with a strong focus on reproductive rights. A programme which five years after still provides the best basis we have for guiding our work in

this area. However, the road from word to change is a very long and thorny one.

**Progress made since
Cairo**

The UNFPA's background document clearly states that progress has been made in many countries and many areas since the Cairo Conference. Especially impressive is the progress made in the area of policy. Winds of change have swept through the thinking on population and development since 1994. In many places UNFPA together with IPPF and NGOs have managed to sharpen both political and public awareness of the Cairo Programme of Action.

Changes in policies

Today, the concept of a broader and more comprehensive approach seems to have been well accepted in most countries. Danish journalists recently visited eight developing countries to assess the impact of the Cairo Conference. The studies confirmed that with the necessary political commitment it has been possible to bring about important changes in policies and programme approaches in many of these countries.

**Concrete changes
only for the few**

Concrete changes for the better have also taken place, improving the individual's sexual and reproductive health, access to health care and reproductive rights. However, it is our impression that many of these changes have come about only for a limited number of people, as a result of pilot projects carried out in one or two districts by NGOs and with support from bilateral or multilateral donors.

What is needed is a renewed and determined effort what will speed up the process of change. The translation of the Cairo programme into practice at country and local level should be the focus of our efforts.

The experience gained in innovative pilot projects must now be used in integrating sexual and reproductive health and rights into sector wide programmes, especially in the field of health and education.

Denmark's experience with the implementation of the Cairo Programme of Action:

Based on the experience gained through Danish bilateral development assistance, I would like to share with you important lessons learned during the **first** five years of implementation of the Cairo Programme of Action.

**Denmark's
population strategy**

Denmark's present population strategy for development co-operation was formulated up to the Cairo-conference and finalised in light of its recommendations. The overall objective was – in line with Programme of Action - broadly defined as “Improve the welfare and quality of life of the individual”.

This objective is to be achieved through assistance to: poverty alleviation, promotion of democracy and human rights, improvement of girls and women's educational and

social conditions, and finally by improving access to programmes for sexual and reproductive health and rights.

Let me be quite frank – it has not been easy to implement the strategy. The broad approach to reproductive health and rights has shown both strengths and weaknesses. The most important lessons learned are the following:

**Changes in social
behaviour require
continuous efforts**

Achieving sexual and reproductive rights for all require changes in local customs and social behaviour. We are dealing with an area which societies in various ways throughout all time have tried to regulate by making rules for our sexual and reproductive conduct. Giving men and women very different opportunities and responsibilities.

Norms and values are created by us and can therefore be changed by us. But such changes take place slowly. In societies where the majority of the population is poorly informed, illiterate and lives in poverty, experience has shown that a strong and continuous effort is required.

It seems like Governments in many countries have been concentrating on economic changes leaving the social and behavioural changes to the NGOs. I agree – NGOs have a special role to play in this area. Especially if the Government at the same time takes up its part of social change responsibilities.

Difficult to operationalise

The concept has been found to be difficult to operationalise. For many non-specialists working with Danish development assistance it has been hard to see the difference between mother and child health programmes and traditional family planning against the broad concept of sexual and reproductive health and rights.

Furthermore, in many sectors it has been unclear how in practice to integrate this new concept. With the result that sexual and reproductive health and rights are still not well integrated in many of the countries where Denmark supports sector programmes in health and education.

Guide to integrate sexual and reproductive health and rights

We are therefore now developing a guide to integrate sexual and reproductive health and rights in planning of Sector Programme Support. We hope this guide, which includes sector specific checklists, will prove useful and accelerate the process.

Cross-disciplinary in nature

It has also proved difficult to work in an area that in its activities are cross-disciplinary. In many countries family planning falls under one ministry with responsibilities related to population policy, while health and education fall under other ministries. The institutional barriers have been hard to overcome.

Also the co-operation required between the ministries and the relevant NGOs has often proved complicated. One reason may be that in many countries the NGOs are small but

high in number, making communication and administration extremely time consuming for the Government. We, and especially the NGOs, need to consider how to solve this problem

Priorities for the future:

While some progress has been made since Cairo there are areas where much remains to be done. Problems that we in the years to come need to focus on if we want to see results. Seen from the Danish point of view the following areas should be our immediate priorities for action:

- 1) Adequate access for adolescents to information and services on reproductive health and rights
- 2) Reduction of the all too high maternal mortality
- 3) Equality between men and women

Let me explain why we find these areas so important:

Reproductive health and rights for adolescents

Today, youth in many countries are at high risk of unwanted pregnancies followed by unsafe abortions and of contracting sexually transmitted diseases, including AIDS.

The reproductive health needs of adolescents have been largely ignored, in spite of the clear objectives and suggested actions in the ICPD-Programme of Action. It is high time to acknowledge that youth are sexually active and should have access to information and services on reproductive health and rights.

AIDS

The spread of AIDS is also a strong argument. So far the AIDS virus has infected 47 mill. people and around 14 mill. have died. Aids now ranks fourth among the worlds big killers – after respiratory infections, diarrhoea and tuberculosis – and can only be described as an unfolding human tragedy.

The Ugandan experience

Experiences show that adolescents are the most susceptible to the various preventive measures implemented. Results from Uganda are interesting and worth mentioning here. In Uganda religious leaders together with State leaders publicly have acknowledged the necessity to inform and service the youth.

This has resulted in changes in young people's sexual behaviour. They postpone their sexual debut, they have fewer partners and condoms are used at an increasing rate. The Government has supported this change in behaviour by distributing condoms, by treating young people with sexually transmitted diseases without intimidating them and by promoting sex and family life education as part of primary schooling and peer education.

Teen-age pregnancies

Another important reason for focusing on adolescents is the high risks related to teen-age pregnancies. To mention a few: 1) Adolescent girls make up only 28% of women in the fertile age, but in many poor countries they account for more than 70% of obstetric complications. 2) Over 50% of death

caused by unsafe abortions are related to young girls. 3) In many countries girls have to leave school when they become pregnant. These facts clearly show the urgent need for respecting the girl's right to say no as well as her right to means of protection.

In Denmark adults are not allowed to have sexual relations with girls under the age of 15, and the minimum age of marriage is 18. We find such regulations very relevant in our efforts to protect the young girls.

The Nordic experience

The Nordic experience shows that with consistent and committed actions many problems can be solved, and that young people do not become more promiscuous because they are aware of their own sexuality. Through extended provision of sufficient and reliable sexual education, confidential and high quality services, the Nordic countries have been able to achieve the following results:

1. the number of teen-age pregnancies in the Nordic countries among the lowest in the world
2. adolescents deliveries are rare
3. the number of teen-age abortions has decreased, but needs to be further decreased
4. no significant changes in age of first intercourse
5. the number of HIV/AIDS and STD cases low
6. use of contraception is high

These indicators clearly show that it is possible to solve the problems related to adolescent's sexual and reproductive health and rights. Firstly by accepting that young people are sexually active. Secondly by providing primary education on equal terms to both girls and boys. And thirdly by making a serious commitment to address their needs, putting great emphasis on preventing work, including sex education in the school curriculum and providing family planning training as informal youth/peer training.

Reduction of the too high maternal mortality

Maternal mortality remains unacceptable high. The ICPD target is to reduce the 585.000 maternal deaths in 1990 with 50% by year 2000. Despite the Safe Motherhood initiative we are no where close to reaching this goal.

The high maternal mortality and morbidity is a result of various conditions, including too many pregnancies together with poverty – too much physical hard work, malnutrition and perhaps most importantly lack of transportation, communication and access to skilled obstetric services.

We believe the numbers of maternal deaths can be cut if more resources are invested in a two stringed strategy:

1. promoting women's and men's reproductive knowledge and their access to family planning services
2. securing the availability of qualified midwives in the rural areas supported by adequate means of transportation,

supplies and equipment. Backed-up by a more sophisticated health facility to handle emergencies

Improve equality between men and women

Basic inequality between men and women within the family as well as in society continue to be a major problem. The inequality limits girls' access to education, their possibilities of making their own decisions and of influencing decisions being taken in society. Widespread violence against women is another serious result of the existing inequality.

Programmes to empower women on civil and marriage rights and entitlements have predominantly been implemented by NGOs. Government as well as the civil society must also support such initiatives. Likewise Government should make efforts to promote women's participation in local and national decision-making. The Indian Government has tried to promote this development by reserving 1/3 of the seats in the local government structure for women. I think this is a very interesting initiative. We are looking forward to see the results.

The need for male involvement

If we really are to make progress in this area, we believe that a stronger involvement of men is needed.

Male involvement has been on the agenda since Cairo, and at the same time a most neglected issue. One of the many reasons may be that it has been interpreted in different ways.

One is the empowerment of men to adopt responsible sexual behaviour through male-friendly services. The second interpretation aims at creating support among men of their partner's reproductive health and rights, and access to services. The latter involves the recognition and respect for the health and rights of women.

Most activities in the area of male involvement have only just begun and appear to have been launched by NGOs. Most of them fall into the first category. However as also noted by UNF'PA "where women suffer especially low status in society there is a crucial need to have men recognise and respect women's rights". Although NGO and civil society play a significant role in advocating and introducing projects on male involvement such programmes will require governmental commitment as well as international technical and economic support.

How can we strengthen our efforts and accelerate the implementation of the Programme of Action?

This question has to be dealt with in detail at the PrepCom in New York in March. I would, however, like to mention a few things that we feel should be considered carefully during this review process:

Co-ordination among relevant multilateral organisations

A number of multilateral organisations are involved in the implementation of the Cairo Programme of Action or are working in areas of relevance to reaching the goals of ICPD.

UNFPA has played an important role in advocating for the new approach and has through its support to various NGOs working in the area gained relevant experience for guiding the further implementation.

Today, we are at a stage where many countries are ready to start implementing new policies. The full involvement and commitment of organisations such as WHO, UNICEF, UNESCO, UNAIDS and the World Bank therefore is more crucial than ever for a successful outcome.

In light of the UNDAF process, and within the framework of the Co-ordinating Committee on Health, we would strongly recommend that an assessment of the comparative advantages of relevant multilateral organisations is undertaken. Their respective roles and responsibilities for the implementation of the ICPD-Programme of Action should be more clearly spelled out.

Need for additional financial resources

The provision of financial resources is a precondition for implementing the Cairo Programme of Action - no doubt! Many countries have indeed mentioned this as one of the most important barriers to achieving the goals of Cairo.

My own country, is and will also in the years to come be committed to a high level of development assistance for programmes in the area of population and development.

I hope this Hague Forum and other meetings in the preparations for the special UN session in June this year will promote international focus on population issues to such an extent that new and substantial human and financial resources are mobilised in favour of population programmes.

These efforts must go hand in hand with strengthened efforts towards the fulfillment of the agreed ODA target of 0.7 percent of GDP. Population assistance is broad based and is therefore affected by a stagnation or reduction in the overall ODA.

I believe an important way of ensuring additional resources for population programmes may be to build up systems and human capacity that can ensure that sexual and reproductive health and rights are well integrated in all relevant sector programmes at national level

Conclusion

In conclusion, let me repeat that Denmark is and will continue be a strong advocate and supporter of the Cairo Programme of Action. We are strongly committed in our development assistance - bilateral as well as multilateral - to help translate the Programme in to practical reality.

We propose that priority in the future is given to improve young peoples sexual and reproductive health and rights, reducing maternal mortality and increasing the acceptance of women's reproductive rights.

I hope this forum and later the PrepCom will contribute decisively to paving the way for making progress in these areas.

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