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*Five-year review of the implementation of the Programme of Action from the Cairo Conference on Population and Development*

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Mr. President,

The changes that have taken place since the Cairo Conference are impressive. There is no doubt that the consensus reached on the Programme of Action has caused a major **shift** in thinking. In spite of this, however, we must not be complacent

In Norway the integrated approach to reproductive health preceded the Cairo conference by many years. Our experience of this approach has been very favourable, but not all the issues have been resolved. We are still grappling with the problem of how to provide appropriate assistance for adolescents and for services following gender-based violence. The situation in Norway is, however, much better than the situation in many parts of the world.

At the global level the data on reproductive health are very worrying. We are still far **from** achieving the goals that were set in Cairo. A total of nearly 600 000 maternal deaths per year is unacceptable. 4.4 million teenagers undergo unsafe abortions every year, and nearly 60 000 die as a result. . Female genital mutilation is still widely **practised**. Over thirty million people are already infected with the HIV virus. 6 million of these were new cases in 1998. The fact that young people are the fastest growing group with HIV-infection is deeply troubling.

Yet, we have seen progress. The reproductive health approach has been widely adopted. Legislation has become much more favourable. Much of the groundwork has already been done through training and advocacy. Civil society has played a vital role in promoting change and providing practical solutions. In areas where access to family planning has improved, abortion rates are going down. This is of vital importance. Our knowledge of how to achieve our goals has increased substantially.

These developments represent major steps towards the people-oriented agenda **from** Cairo, focusing on health, development, equality and human rights

Mr. President,

The Cairo Agenda is a broad development agenda as well as a human rights agenda. Social sector investment is given high priority in Norwegian development co-operation. Support for initiatives such as 20/20, development

of the health sector and provision of good quality education for all is crucial. Girls' education has been especially supported to ensure equal access for girls and boys.

Insufficient financial resources and appropriately trained personnel continue to be an important obstacle for implementation. Donor countries must live up to their commitments from Cairo. The UN and the development banks must work towards the common goals from Cairo in a more unified and co-ordinated manner.

All women, who experience complications related to pregnancies, must have access to well functioning health services. A golden opportunity, at this point in time is to ensure that integrated reproductive health services are sufficiently taken into account in the new health sector programmes.

Key areas for action for the health sector is maternal mortality, provision of information and services for young people, and the HIV/AIDS pandemic.

The figures for maternal mortality show the widest gap between regions. The general health and nutrition status of women, early marriages, gender-based violence, access to family planning, the economic and legal status of women; All of these issues impact on maternal survival.

Complications from unsafe abortions contribute substantially to the high figures for maternal mortality. The most efficient way of reducing such cases is to reduce unwanted pregnancies. In addition the health sector must **also** provide medical care for such complications in terms of lifesaving intervention and **also** reliable information and compassionate **counselling** on family planning and sexual health. In this area progress has been too slow.

There is a need to take new look at the focus and content of pre-natal services and traditional birth attendants. Too little attention has been paid to the health and nutritional status of the expecting mother as well as access to professional assistance in connection with childbirth.

Refugee women are in a particularly vulnerable situation, **often** subject to sexual violence and abuse. In spite of this situation, reproductive health services have been hugely ignored in times of crisis. We therefore welcome the initiatives by UNFPA and others in increasing the attention to reproductive ill health in emergencies.

Mr. President,

Adolescents represent another urgent concern. The figures for **STDs**, including HIV infection, teenage pregnancies and maternal deaths continue to rise and are clear evidence of their vulnerability and insufficient response.

Information is becoming more available to young people, but this is not yet universal. Reproductive health services for youth have come off to a very slow

start. The integrated services must become more youth friendly and services specifically targeting youth are needed. Teenage pregnancies need special attention.

Schools must take their responsibility seriously. This is not just a question of providing technical information, Information should be provided within a context of ethical values and responsibilities. Appropriate and timely information does change behaviour, especially amongst young people. Information leads to more responsible behaviour and even delayed sexual debut rather than increase of promiscuity, as many seem to believe. But in order for information to be effectively translated into safer sex and reduction of unwanted pregnancies, it must be accompanied by appropriate services.

Teenage pregnancies represent 10 per cent of total fertility. Teenage pregnancies carries a much higher risk. In developing countries maternal mortality in girls under 18 is two to five times higher than in women aged 18 - 25.

Young people, parents and the community have all been involved in designing successful programmes. The importance of such participation cannot be overemphasised.

The HIV/AIDS pandemic has in some countries reached proportions that will reverse the **favourable** figures for mortality achieved during the last decades. This will have an impact on both demography and socio-economic development. Girls and women are the most vulnerable groups, in this respect as well. The urgent need to prevent new infections places a heavy burden on the health and educational system. This epidemic alone is a sign of the urgency with which the Cairo Agenda must be treated.

The Programme of Action from Cairo is a people-oriented agenda with a focus on health, development, equality and human rights. For this we need the active participation of civil society, governments and multilateral agencies.

Thank you.