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STATEMENT

BY

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Mr. President,

The Cairo Programme of Action has caused a major shift in thinking on population issues. We are now seeing an approach to population and reproductive health based on the rights of the individual. We must put people first. We must respect human dignity and the inherent worth of every single human being.

We all know that the discussions leading up to this special session have not been easy. The UNFPA, led by Dr. Nafis Sadik, is to be commended for its preparations. I would furthermore like to thank the chairman of the Preparatory Committee, Ambassador Chowdhury, for his tireless efforts in helping us to renew our commitment and to reach consensus on key actions. Also the numerous NGOs should be given credit for their contributions.

Greater investment in the social sector is a key to address the population problems. This means investing in human capital. The broader support given to the 20/20 compact is a step in the right direction. No investment is more important than that in primary health and education. No investment yields a higher return. Norway is acting on this understanding. This is a question of both money and of focus -- of political priorities.

Studies show that educating girls is the single most profitable investment of all. Investing in girls' education means lower infant and maternal mortality, lower fertility and higher productivity. Educating girls will give women more control over their own lives. In addition to safeguarding a fundamental human right, educating girls and women means educating the whole family. Investing in education leads to "expanding people's choices" to use the UNDP defmition of human development.

Indeed, women must be given wider choices. Although there is still a long way to go, there are noticeable changes in a positive direction. The individual human being and her needs have increasingly become the focus of policies and, gradually, also of health services. Legislation in this field has become much more favourable in many countries. This is evidence that we are going in the right direction. The quality of care is also receiving more attention. Health services are being expanded to cater for a broader set of needs in reproductive and sexual health. Training and advocacy are being implemented. Civil society has played a vital role in promoting change and providing practical solutions. Abortion rates are going down in areas where family planning is made available. This is, indeed, a positive development.

Mr. President,

There are still, however, serious problems to be solved. Among the most urgent challenges are: far too high maternal mortality, the growing evidence of gender-based violence, lack of appropriate information and services for youth, and finally, a steep increase in HIV/AIDS. All these developments are deeply worrying. They call for

renewed action, for stronger and more coordinated efforts. By all donors, by all countries, by all those with the power to set priorities.

Firstly, the figures for maternal mortality show unacceptable differences between regions. There are several reasons for this: the general health and nutritional status of women, early marriage, lack of access to family planning, and the general economic and legal status of women. But if we know the causes, we also know what measures and efforts are urgently needed to eliminate them. Safe motherhood should be promoted as a human rights issue.

Secondly, gender-based violence throughout women's life cycle is a problem of global dimensions. And not only is it widespread, it is severe.Violence against women even kills. And rape, domestic violence, mutilation and sexual abuse cause serious health problems. These infringements of women's right to health can be avoided. They are preventable. They should be prevented. In my country, as in all other countries.

The new health sector programmes represent a golden opportunity to ensure that integrated reproductive health services are given sufficient priority. Indicators of maternal mortality and morbidity should be used to monitor whether sufficient priority is being given to reproductive and sexual rights. Professional assistance in connection with childbirth is a key issue. We must keep up our efforts to support these programmes.

Sexual violence is becoming a weapon in armed conflicts. Refugee women are in a particularly vulnerable situation. They are often subject to sexual violence and abuse. Maternal mortality among refugee women is often very high. In spite of this, there are numerous examples that reproductive and sexual rights have been largely ignored in times of crisis. This is unacceptable, and has to be addressed.

Thirdly, adolescents are another urgent concern. This group has high figures for sexually transmitted diseases, not least HIV infection, and large numbers of teenage pregnancies and maternal deaths. This clearly shows how vulnerable adolescents are and how insufficient the response is to their needs. Teenage pregnancies carry a particularly high risk. Maternal mortality in this age group is two to five times higher than in other age-groups in developing countries.

The Norwegian Government has recently presented a new plan of action for the reduction of abortions. Action targeting teenagers is given priority. A more sensitive approach and more appropriate information and services are needed if we are to reach youth. The most successful Norwegian programmes so far have involved young people, parents and the community in the planning process. Such involvement is essential if we are to reach this group effectively. We acknowledge that the question of youth is difficult for many countries, but we are confident that we will resolve the outstanding issues in this area.

Finally, the HIV/AIDS pandemic has reached a level that is reversing the favourable mortality trend of the last decades. The disease is having a devastating impact on both

demography and general socio-economic development in many countries. Here, too, girls and women are the most vulnerable groups. Teenage girls are in fact the group which is most at risk for HIV/AIDS. Women need to be in a stronger negotiating position for safe sex if their health is not to be permanently damaged. Information alone is not enough. We need to bring men on board in the fight for safe sex. Men must be convinced that this is their struggle, too. This is a question of life and death for whole communities.

The spread of HIV is placing a heavy burden on the health and educational systems. There is an urgent need to reverse this trend. In this regard, international coordination is essential. What we need most, however, is strong political commitment by national governments at the highest level. This is vital if the support is to be effective. We have seen that the trend can be reversed in countries such as Uganda and Senegal. We must put these lessons to good use. The spread of HIV can be stopped. We must make a difference.

Mr. President,

Development and demography is closely interlinked. Insufficient financial resources continue to be an important obstacle to implementation of the Programme of Action. Donor countries as well as developing countries have a shared responsibility to live up to their commitments, not only from Cairo, but from the other UN conferences. Donor countries have to ensure that the trend of shrinking ODA is reversed, and that the agreed target of 0.7 per cent of GNP for development purposes is met. Coordination is the key word to maximize the impact of our efforts.

It is our challenge to translate words into action, to make it happen. As Secretary General of the UN, Kofi Annan said this morning, “The stakes could hardly be higher.”

Thank you.