



As WRITTEN



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**Press Release**  
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*Twenty-First Special Session of the General Assembly of the United Nations. Statement by the Rt Hon Clare Short, MP Secretary of State for International Development of the United Kingdom of Great Britain and Northern Ireland.*

**Speech by the Rt Hon Clare Short, MP  
UK Secretary of State for International Development**

The Cairo Programme of Action was a landmark. It was based on the link between sustainable development and human development. It gave us the right agenda for population. An agenda focused on people and their health, poverty elimination and the sustainable economic growth necessary to reduce poverty.

At Cairo we agreed a set of important outcomes which must be achieved if we are to improve the quality of life and opportunities of millions of the poorest by 2015. We paid particular attention to reproductive health and rights because reproductive health is fundamental for people's health and their quality of life.

We must focus today on the progress towards these goals. We must move forward not backwards. We need to be clear about the actions that we need to take to improve life for 1 billion people who are presently excluded from the benefits of health and development; whose poverty denies them choices and opportunities; who suffer ill health that mires them in suffering and deep poverty.

We must not waste this opportunity. Let us decide today that we will do better than we have over the

past five years. This is not just another meeting where we argue over texts in New York. The leadership we give could improve the lives of millions, particularly millions of the poorest women and children.

We must be clear that although much has been gained since Cairo we still have far to go to achieve the outcomes that were agreed in 1994, and that it is not good enough if we agree on desirable ends at UN conferences but fail to will the means to deliver them.

I want to touch briefly on five areas.

***HIV/AIDS***

First HIV/AIDS.

We measure the progress of nations in the life expectancy of their people. HIV has robbed twenty years of life from people in parts of Africa, taking with it twenty years of development gains and threatening the survival of large numbers of children. The prospect of the epidemic rampaging through Asia and Latin America is terrible and real.

There is no cure for AIDS. We hope there will be a vaccine but we do not have it yet. Prevention remains the most important weapon to fight the spread of the disease and the deepening and self-perpetuating poverty and misery it causes.

But we do know how to prevent HIV. Examples have been set by countries like Uganda and Thailand. They have shown the spread of AIDS can be reversed. In our document we have all agreed the action needed to reduce infection rates by doing more of what works: information, education and improved services.

But we must be more effective and this means acting together more closely. I am delighted that UNAIDS is working in partnership with a group of African countries, UN agencies and bilateral donors to intensify **the** response to HIV/AIDS in sub-Saharan Africa. We will give all the support we can.

We must also get the science right. A vaccine would be a major breakthrough. An effective microbicide that can be controlled by women could and must be found soon. These products, as with condoms and contraception, will need to be subsidised - from government and donor funds - to ensure that poor people will be able to benefit from them.

### *Young People*

Second, young people.

Half of the 16,000 people who were infected by HIV today and every day are young. And most of them are young women. We should ask why this is?

The answer is that we have shielded young people from information about sex and excluded them from the services that exist. For too long reactionary forces have denied them the knowledge they need to protect their health.

We must stop ignoring the truth and pretending that sex does not happen to young people. We must start living up to our responsibility to tell young people what they need to know. This does not mean encouraging early sexual relations. It is ignorance that does this. We must instead make sure young people have the knowledge and confidence to say "no" and above

all it means girls must have the confidence and ability to make sure that when they say no, their wishes are respected.

That is why sex education is important. The reactionaries are wrong when they say sex education encourages young people to have sex. It does not. It teaches them about relationships and it helps them to control their sexuality. The effect is to delay the onset of sexual activity. It is ignorance, not knowledge, that encourages irresponsible and destructive sexual activity.

Loving parental guidance and support is fundamental. But we need to live in the real world and **recognise** that young people do have sex and that not all parents live up to their responsibilities. Indeed, some parents even sexually abuse their children.

If young people do have sex, they need confidential, non-judgmental services and they need condoms. Condoms do prevent unwanted pregnancy. And condoms do prevent sexual infection, including HIV. So we need to make them much easier to get hold of if we respect, care for and wish to protect the one billion young people we have in the world - the largest generation there has ever been.

### *Reproductive Rights*

Third reproductive rights. Let us ask how far have women come since Cairo and Beijing?

Beijing and Cairo did not, invent human rights for women. But they applied human rights to contexts and choices that matter to women in their every day lives. Why do some people find this so threatening? What else could have made some of our negotiations so difficult? Those who want to deny women's rights cannot hide behind culture, religion or tradition. None of the values of the great world religions or proper interpretation of any tradition or culture calls for the oppression of women.

The right to health is a fundamental human right. Reproductive health is an essential element of health. And we are absolutely right to have agreed that women refugees have a right to these services.

## **Maternal Health**

Fourth, maternal health.

Health systems must respond to people's needs. For women in particular maternal health care is a priority.

Nowhere is the inequality and inequity between rich and poor more starkly illustrated than by the number of women who die every year as a result of pregnancy and childbirth.

At Cairo we promised to reduce pregnancy related death. If we do not act on our promise, 8 million women will die as a result of pregnancy before 2015. Many more will suffer grave injuries. Many infants who could live will die and many families will lose their mother.

What have we learnt?

It is not good enough to focus on isolated safe motherhood projects. We need to strengthen health systems that reach all areas of the poorest countries in order to reduce the dangers of pregnancy.

It is not good enough to rely on traditional birth attendants. The research is clear, this does not save lives. We have to train enough skilled midwives to deliver all babies and to make sure that pregnant women can get to health facilities quickly when they need to.

We need to lay down standards for care women should expect and authoritative guidance on the way that health systems should perform. We need effective global leadership to make sure pregnancy is properly dealt with in all health services. I believe that these are areas where WHO must take a lead.

But most of all we have learnt that these are not principally issues of science; they are matters of political and moral choice, and of will.

## **Abortion**

Finally, abortion.

We cannot talk about safe motherhood and the com-

mitments we made at Cairo if we fail to **recognise** that abortion is a reality in the lives of tens of millions of women. We do not like this but it is the truth. And I must say I personally find it hard to forgive those who deny women access to contraception and drive them into the arms of illegal abortionists and then claim to dislike abortion. The fact is that women regularly risk their lives for want of a safe abortion. The truth is that most women seeking an abortion are in stable unions. The horrible truth is that not all sex is consensual and that rape is a reality. It is also true that contraceptives sometimes fail.

Something is deeply wrong when countries that spend \$5 or less a year on all health needs - that battle to provide the most basic treatment for malaria and TB - have hospital wards full of women being treated for the complications of unsafe abortion.

Something is wrong when we jail women who need care and compassion because they were so desperate they risked their lives in an illegal abortion. We must remember that we have already agreed at Beijing that in order to protect women's health we should each review our laws on this.

Let me be clear. Abortion should never be promoted as a means for family planning and we should all work to minimise abortion everywhere. But those who refuse to support women's access to effective contraception should consider the consequences of their actions.

We must do everything we can to reduce the rate at which unwanted pregnancy occurs. That is why the milestones for contraceptive choice in this document are so important. That is why we are right to have **asked** UNFPA to take global leadership in helping countries achieve contraceptive security and give choices to the 200 million couples who still have no choice at all. That is why we need to take family planning beyond the women at the clinic and make it available in a variety of forums including the private sector. We must **find** the best way of reaching men and encouraging them to behave responsibly.

And that is also why emergency contraception should be more widely available. Emergency contraception does not cause abortion. It ensures that fewer **abor-**

tions happen. Surely we can all agree that that is desirable.

But when a woman does decide that she does not wish to go through with an unwanted pregnancy, she need services and care that are safe, accessible and respectful of her decision. She is the one best placed to make the moral decisions this involves.

### ***Conclusion***

At Cairo we agreed to put people's well being and rights at the centre of our agenda. We agreed about the critical role of health, including reproductive health, in the relationship between population growth, poverty reduction and sustainable development.

We know now that investment in health brings **long-term** development returns: healthier, better nourished and nurtured children; healthier women in control of their lives; national economies able to invest in education and improved services for their people because they have stopped living with a continuous growth of poverty as population growth outstrips economic growth. A world that can properly feed and care for all its children.

It goes without saying that we must work together to overcome all the health challenges that blight the lives of poor people and hold back development.

The **UK** is playing an increasing part in this. We are working **with** governments to develop stronger, more efficient and effective health systems that care for all their people including the poorest. We are backing efforts to control malaria and re-emerging health threats like TB. We are concentrating on a last push needed to eradicate polio. We are doing our utmost to reduce debt and support governments that are serious about reducing poverty.

UK development assistance is on the rise. We want to work in partnership with those who share our vision of poverty reduction and social justice and who are committed to working effectively to achieve progress.

And that includes having enough respect for the poor of the world - most of whom are women - to ensure that they are able to control their own fertility, have healthy wanted children and be able to live to see them grow up as educated and creative citizens.