

Ladies and Gentlemen,

Firstly, I wish to express my gratitude to UNECE for having invited me to this Forum. I am sure that the coming three days will provide many interesting views on demographic trends, the challenges they present and possible solutions.

The European Commission works on population issues within and outside Europe from many angles. For my part, I will focus on our policy and work with respect to sexual and reproductive health and rights in developing countries.

The 1994 International Conference on Population and Development (the ICPD) was a watershed event that gave us a new, comprehensive approach to sexual and reproductive health and rights. In Cairo, for the first time ever, the global community declared that women must be the centre of our efforts to address reproductive health, population and development issues. The EU fully endorsed the Cairo commitments at the time. This endorsement continues as does our support for their full implementation.

Six years after the Cairo Conference and one year after the clarification of the ICPD at Cairo plus 5, the adoption by the UN of the Millennium Development Goals brought renewed focus to many ICPD concerns and offered the opportunity to reinforce efforts and undertakings around ICPD.

However, now in the year of the 10th anniversary of Cairo, several factors are threatening the achievement of the ICPD goals. In particular, I note that

- development aid funds are not increasing sufficiently to improve reproductive health services,
- the HIV/AIDS pandemic is devastating social and economic structures, and the
- global political climate is hampering progress in reproductive health. In this context, I am referring

in particular to the GLOBAL GAG RULE or MEXICO CITY POLICY as reinstated by President Bush.

I am deeply concerned about the risk that the global commitments to provide reproductive health services to all by 2015 may not be realised, thereby resulting in the loss of millions of lives.

Indeed, the need for universal access is even more urgent now than in 1994 given the dramatic increase in numbers of people infected and affected by HIV/AIDS.

Maternal mortality also remains far too high in too many countries with 600,000 women world wide dying prematurely each year due to pregnancy-related causes. Figures show that in some countries, like Malawi, maternal deaths are even increasing.

Reproductive health services including family planning are in the front line of HIV/AIDS prevention and maternal health. With an expected 3 billion people entering their reproductive age between 1994 and 2015, the HIV/AIDS pandemic and the large youth segment of the world population provide challenges to achieving the broad aims of the MDGs.

Without access to reproductive health information and services and the freedom to make reproductive decisions, significant poverty reductions will not be possible. Part of our programmes is specifically aimed at young men and women including adolescents and their specific problems and needs. Earlier sexual and reproductive health and family planning have mainly targeted married women – now the group of adolescents which is one of the largest segments of the world population, shall be provided the same services.

Since the beginning of the 1990's, the EC has spent a total of about 650 million Euros on sexual and reproductive health in developing countries. Recent evaluations show that the EC provides approximately 5-10% of global support to the broader ICPD goals.

The policies underpinning EC actions in reproductive health in developing countries are:

- The EC *Communication on Health and Poverty reduction in developing countries* which spells out clearly the need to invest in health, AIDS and population and to concentrate on alleviating the plight of the poorest in society, with a strong commitment to the Millennium Development Goals
- The principles and policies adopted at ICPD in 1994 and Cairo + 5
- A Regulation for a thematic budget line on “*aid for policies and actions on reproductive sexual health and rights in developing countries*” aims to renew and strengthen the EC’s commitment to ICPD. This regulation has generated much discussion and debate within the European Parliament and Council and has been the focus of attention for an anti –ICPD campaign last year.
- A regulation for a thematic budget line on gender which once approved by the European Parliament and Council will enter into force in the coming months.

With over 5 million new HIV infections in 2002 and an estimated 42 million people living with HIV/AIDS, the pandemic is now the leading sexual and reproductive issue of our time. Despite some good examples in reducing HIV prevalence cases given by Uganda, Cambodia and Thailand, HIV continues largely to spread uncontrolled. The factors enabling HIV spread are remarkably similar world wide and include poverty, lack of education, economic insecurity, lack of female empowerment, social exclusion, sexual exploitation, discrimination and lack of information and commodities for self protection. The poor and disempowered are disproportionately affected while imbalanced gender relations further limit the ability of people to protect themselves. The realisation of sexual and reproductive health rights and a broad human rights agenda including gender are therefore central to successful HIV prevention.

¹ COM (2002) 129 final

² Regulation (EC) No 1567/2003 of the European Parliament and of the Council of 15 July 2003 on aid for policies on reproductive and sexual health and rights in developing countries; OJ 6.9.2003 L 224/1

It is clear that policies on HIV, sexual and reproductive health and gender have to be interlinked and mutually supportive in order to achieve the best results. When the European Commission is funding the purchase of condoms, it is for the purpose of serving reproductive health needs as well as preventing the spread of HIV. Equally, I believe that information and education on sexual and reproductive health made available to young boys and girls will serve to improve gender equality and HIV awareness as well.

Despite all the difficulties and population concerns at hand we must not be distracted from the real issue at hand; improving health, increasing choices and preventing the unnecessary deaths of women in the prime of their lives. We have to fight the challenges and ensure the expansion of the high quality reproductive work that is being done.

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With these words I wish you the best of luck and wisdom with your proceedings.

Thank you!