Underlag UNECE

Excellencies, Ladies and Gentlemen,

Let me start by echoing what was said by the Ambassador of the Netherlands, that “ICPD is at the heart of Agenda 2030” and that this should be reflected in the summary of this meeting.

Next year we will celebrate the 25th anniversary of ICPD and of its Programme of Action. Much has happened since then, but more needs to be done.

To get there, we need to get better in showcasing and telling the story that investing in women’s and girl’s sexual and reproductive health and rights supports economic empowerment of women and of whole societies which is fundamental for successfully reaching the SDGs.

My own country, Sweden’s journey during the last century is an example of this. 100 years ago, social control over sexuality and childbearing was strict in Swedish society. Information about and sales of contraceptives was prohibited by law and abortion was a crime. In the 1930’s, partly as a reaction to low birth rates, a number of social reforms were introduced such as universal antenatal and child care. The ban on contraceptives was lifted and birth control services were
gradually introduced. In 1942 sex education was introduced into the school curriculum.

From 1938 abortion could be permitted on medical, humanitarian and eugenic grounds. The legislation developed gradually and it took until 1974 until Parliament approved an Abortion Act making abortion free on request. The changes introduced allowed Swedish women over time to better plan their pregnancies making it possible for them to enter into the labour market in a new unprecedented way. Thus, making better use of 50 percent of the nation’s work force, turned out to be a key driver of development both for the women and girls, boys and men as well as society as a whole.

Public health in Sweden has continually improved over recent decades, measured in increased life expectancy and reduced premature mortality. There are, however, still differences and inequalities in health, disease risk and expected life expectancy between different groups in society and between people living in urban versus rural areas.

Therefore the Swedish Public Health Agency is currently carrying out a population-based SRHR survey in Sweden. This will provide a useful baseline and a scientific basis for future prevention and promotion initiatives in relation to SRHR.

Our ambition is to create equal health and to end preventable health gaps within a generation’s time.

Thank you!