

Partners in Population and Development: International Inter-Ministerial Conference
Session II: South-South Cooperation for Population and Development in Post ICPD and post MDG era
Dr. Carole Presern, 22 October 2013, 14:00-15:30

Thank you Honorable Secretary Desiraju.
Your Excellencies and Distinguished Participants,
It is a great honor for me to participate in PPD's 10th *International Conference on Population and Development*.

PPD and the Partnership for Maternal, Newborn and Child Health (or PMNCH) share a common commitment to the ICPD Programme of Action, which is critical in the run up to the MDGs and beyond 2015.

- Universal access to family planning and sexual and reproductive health services and reproductive rights;
- Gender equality, empowerment of women and equal access to education for girls;
- Connecting the social, economic and environmental dimensions of health and sustainable development.

These principles are enshrined in health and development work, but the challenge to translate these principles into action cannot be underestimated. I learned this lesson first hand .

In 1981, I worked as a midwife in a refugee camp on the border of Thailand and Cambodia, just 50 km away from the base of Pol Pot. Political, economic, social factors led to many young women and girls being in these camps. Denial of their sexual and reproductive rights severely influenced their health and well-being, their ability to choose when to get pregnant, and the chances of them and their babies surviving childbirth.

In war and in peace, women, adolescent girls and children from the poorest communities inequitably bear the greatest burden. In addition to the vicious cycle of poverty and ill health; and the onslaught of communicable and non-communicable diseases; women, adolescent girls and children are at an additional risk from reproductive, maternal, newborn and child health problems. Gender inequalities in sexual and reproductive rights, and in political and economic opportunities, further compound these problems.

Unless women, adolescent girls and children from our poorest communities are at the centre of health and development efforts, we will not make meaningful progress. Healthy populations are at the heart of sustainable development. How can we make sure this focus is maintained in the lead up to the MDGs and beyond 2015? I would like to discuss 5 points:

1. Investing in women's and children's health
2. Family planning and the demographic dividend
3. A multi-sector, multi-actor approach
4. Local data for transformative change
5. Coordinated advocacy to ensure that healthy people are at the heart of sustainable development efforts in the post-2015 era.

1. Investing in women's and children's health yields high returns

There is an urgent need for increased investment in women's and children's health. Despite maternal and child mortality having reduced by almost 50% since 1900, and significant increases in access to reproductive health services, of all the MDGs, MDGs 4 and 5 are the least likely to be achieved.

We know much more now than we did in 1990 about how to drive progress. A key lesson is that effective measures and stronger health systems demand more investment -- and smarter investment.

A new Global Investment Framework for Women's and Children's Health will be published in the Lancet later this year. This framework, based on a rigorous analysis of cost-benefits by a distinguished panel of experts, including some in this room, shows that targeted investments in women's and children's health growth can not only improve health outcomes, but can also boost GDP, improve domestic savings and increase economic productivity through an expanded workforce -- in addition to the positive social impact of healthier families and communities. Investing in women's and children's health can generate up to a nine-fold return in social and economic benefits worldwide.

2. The demographic dividend of family planning

Family planning is a highly cost-effective investment in health and socio-economic terms. But, more than 222 million women globally lacked access to family planning in 2012. The Investment Framework shows that fulfilling this unmet need for family planning in 74 high-burden countries by 2035 would have a positive effect across the

entire Continuum of Care for reproductive, maternal, newborn, child and adolescent health. It would prevent 54 million unintended pregnancies, 26 million abortions, 79,000 maternal deaths and 1.1 million newborn deaths.

Favorable family planning policies also help countries benefit from the 'demographic dividend'. The demographic dividend as you all know refers to opportunity for accelerated economic growth that results from favorable changes in a country's age structure combined with associated favorable social and economic changes.

Economies can benefit from this demographic dividend. As the population of people aged 15-45 grows in relationship to other age cohorts, fertility rates decrease, the dependency ratio decreases, and life expectancy (including that of children) is increased. As the age structure shifts, the substantial rise in the share of the working age population can result in positive social and economic gains if the policy environment supports high rates of savings, investment and gender equity.

In the past 30 years, over 500 million women worldwide have joined the workforce in the past 30 years thanks to strides in female education, access to contraception and gender equity. Healthy children and adolescents are tomorrow's workforce, and could help ensure the continuity and sustainability of our development efforts today.

3. We need a joined-up approach to health and sustainable development

In addition to investments in health, governments must invest in human capital through education, health, and workforce training to prepare for the window of opportunity that the demographic transition presents.

Understanding the multi-sector determinants of population health and sustainable development will help us frame some vital policy decisions.

- How can we keep girls in school? Education, particularly girls' education; persistently emerges as the single most powerful predictor of demographic behavior. Investments in girls' education are crucial for achieving lower family size and fertility decline, as evidence shows that education delays marriage and first pregnancy. Although adolescents aged 10-19 years account for 11% of all births worldwide, they account for 23% of the overall burden of disease (disability-adjusted life years) due to pregnancy and childbirth.

Other multi-sector questions for population health and sustainable development are:

- How many more doctors, nurses and hospital beds will rural and urban areas need?
- How will current infrastructure such as roads, water and sewers adequately serve a growing population?
- How will environmental degradation and land pressure, influence food and nutrition security?
- How can we manage conflicts and violence resulting from struggles over increasingly scarce resources?

Harnessing the demographic dividend will mean that we must expand our health and development efforts. We are seeing a shift into a multi-sector, multi actor approaches in which women become increasingly active in education, politics and the labor force. It is this approach that will ensure that the benefits of effective solutions (such as access to education) can be enjoyed across the continuum of care from pre-pregnancy through to childhood and adolescence. Investing in women and children now can help break intergenerational cycles of poverty and enable all countries to maximize the productivity of their populations.

4. Local information to drive policy and transformative change

The Millennium Development Goals have shaped global health and development priorities. Global initiatives such as Un Secretary General's Global Strategy for Women's and Children's Health, the related Commission on Information and Accountability, and the Countdown to 2015 help monitor progress towards achieving Millennium Development Goals (MDGs) 4 and 5, and promote accountability for resources and results.

However, truly transformative change can result from local information. The importance of local information is highlighted in this story about a brave young woman from Tanzania. Her name is Mereso. When she was 13, she was married off to a man who was 71 and had five children before the age of 30 suffering, from fear, pain and lack of knowledge and power to make a change. But Mereso was one of the lucky ones, and by working with development partners in her village, today she is an activist working with the YWCA and other organizations to ensure that other adolescent girls have more choices than she did.

To improve local evidence, babies need to be registered when they are born. When people die, their deaths need to be recorded and audits conducted so that preventable deaths can indeed be prevented. For this we also need to data to monitor the implementation and quality of health and development policies and services. The Countdown to 2015 helps monitor essential sexual, reproductive, maternal, newborn, child and adolescent health services. Information is also required to make sure girls go to school, and boys too, and that they stay there till they graduate. Laws and policies need to ban child marriage, but importantly community attitudes also need to change to promote women's and children's health, and to ensure that they are empowered in their

sexual, reproductive and health rights as well as in their economic, social and cultural rights. The UN Secretary General set up the Commission on Information and Accountability because information is the key to accountability for resources and results for women's and children's health.

5. Coordinated advocacy to ensure that healthy people are at the heart of sustainable development in the post-2015 era.

Together, we must continue to work hard towards a transformative development agenda (post 2015). An agenda that prioritizes the world's most marginalised people, who are often women, children and adolescent girls in our most underserved populations. This equity-based approach has multiple benefits, not only for health and human rights. There is evidence that this approach will also yield the greatest economic and social benefits for our countries. We must come together and have a strong voice to ensure that sexual health and reproductive rights are a strong commitment in the post 2015 agenda. Unfortunately, these issues are still not secure in the Post-2015 framework. It is clear that we will require strong collaborative international efforts to do this.

Existing partnerships, such as, Partners in Population and Development and the Partnership for Maternal, Newborn & Child Health, provide a model that has worked to ensure that healthy people are at the centre of development. This collaborative effort now needs to extend to the many sectors and actors involved in health and sustainable development. South-South cooperation can help promote the opportunities to share knowledge and resources, to promote what works and to learn from what does not work. The ICPD post 2014 review has the potential to be a landmark guide on the way forward, much as the Cairo plan of action was in 1994.

Today as we gather here at the PPD Inter-Ministerial Conference, we have the opportunity to renew our collective strength as we prepare for a future that is transformative for health and sustainable development.

The face of that transformative future is an adolescent girl. And she is thirteen years old.

Thank you for your kind attention.