STATEMENT

BY

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ON

COMMEMORATION OF THE FIFTEENTH ANNIVERSARY OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD+15)

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(Please check against delivery)

Mr. President,

Mr. Secretary-General

Excellencies

Distinguished Delegates

Allow me to begin by congratulating you for holding this important commemorative function of the 15th anniversary of the International Conference on Population and Development and its Program of Action. My delegation aligns itself with the statement delivered by Sudan, on behalf of the Group of 77 and China, and allow me to make a few remarks from Malawi's perspective.

Mr. President,

The 1994 Cairo consensus was indeed a milestone in the history of population and development, as well as in the history of women's rights since it placed individual human beings at the very heart of population growth and other areas of development. Right after the adoption of the PoA for ICPD in Cairo, Malawi joined the other 178 countries around the world by committing itself to the implementation of the ICPD Plan of Action, thereby agreeing to improve the standard of living and the quality of peoples' lives through measures that target fertility, mortality, sexual and reproductive health rights, gender and education, among many other rights-based concerns. Among the new insights on the issue of population, the PoA argued that when the needs for family planning and reproductive health care, along with other basic health and education services are met then development and population stabilization will occur naturally, without coercion or control.

Mr. President.

Let me point out that, fifteen years down the road, Malawi has made some significant achievements towards the attainment of the ICPD mandate. The Malawi Government developed and revised several strategies, policies and guidelines to address reproductive health issues namely the Reproductive Health Strategy, the Reproductive Health Policy, the Reproductive Health guidelines, the Community Initiatives for Reproductive Health which stipulates the redefined roles of the Traditional Birth Attendant (TBA), and the Youth Friendly Health Services (YFHS) Standards and Monitoring tools for YFHS.

Furthermore, there have been increased levels of assistance from the Government and donor partners through increased funding for reproductive health from US\$22 million in 2004 to US\$26 million in 2006/07 (National Health Accounts 2007).

This increase enabled the Government to conduct a national Emergency Obstetric Care (EmOC) assessment in 2005 to determine the capacity of the health care delivery system in an effort to reduce maternal and neonatal mortality and to propose an action oriented plan. The results of the assessment showed poor service delivery of the EmOC services with only 2 percent of facilities providing Basic Emergency Obstetric Care (BEmOC) and low staffing levels in all facilities making it difficult to offer services on a 24 hour basis. The case fatality was at 3.4 percent, which is much higher than the UN recommended level of less than 1 percent.

Mr. President,

In response to the EmOC results, a National Road Map for accelerating the reduction of maternal and neonatal mortality and morbidity was developed and launched in March 2007. The road map has nine strategies that guide all stakeholders in government efforts towards the attainment of MDGs related to maternal and neonatal health. The road map is being implemented within the context of the Programme of Work, Sector Wide Approach (SWAp).

All Malawi Government-owned health facilities provide health services free of charge. Additionally, since 2004, my Government introduced 66 Service Level Agreements (SLAs) to remove user fees for women and children in faith-owned health facilities. In the next five years Malawi will expand these SLAs to remove user fees in all faith-based facilities to ensure free access of maternal and child health services especially to the rural poor. This has resulted in several remarkable achievements in this sector with reductions in Infant Mortality, Child Mortality and Maternal Mortality.

Coupled with these reduced rates, are the improvements in enrollment rate in schools, especially among girls in the primary education level, reduction in poverty levels and improved food and nutrition security. In June 2008, Malawi conducted Population and Housing Census. It is expected that the report, which is not yet out, will provide updates on some of these indicators.

Mr. President,

Turning to Gender equality and equity, my Government acknowledges the important role these plays in fostering social and economic development. However, gender disparities exist in many indicators of our human development. Malawi is beset with several socio-cultural, political, legal, and economic challenges in this sector. Some of them are persistent unequal power relations between men and women, boys and girls due to strong patriarchal attitudes, increasing cases of gender-based violence and high HIV and AIDS infection rates especially among women and girls. These disparities reflect the generally lower status of women compared with men. There are inequalities in accessing productive resources, development opportunities and decision making affect economic growth and development. Government's priority is gender mainstreaming in all the development programmes, projects and activities and processes to bring about gender equality and the empowerment of women.

My Government has taken a number of actions to create a supportive environment to all gender groups including women and children. The National Gender Policy (NGP) is being revised to provide guidance in the attainment of gender equity, equality and the empowerment of women. Other measures adopted include the enactment of Domestic Violence Law, Ratification of Convention for the Elimination of all forms of Discrimination Against Women (CEDAW) and

its implementation through the NGP, signing of the Southern Africa Region for Development Cooperation (SADC) Gender and Development declaration and its addendum on prevention and eradication of violence against women and children.

Several achievements have been made. These include the appointment of women in high positions in public offices. I might add that following the recent Presidential and Parliamentary elections in May this year, Malawi now has its first female Vice President; and in this regard has achieved the 50-50 in the highest level of decision-making level.

Mr. President,

Malawi's population is youthful, with 58 percent aged below 20 years. The youth are facing a cross section of problems. Almost 3 million youths of Malawi are faced with the prospect of early marriage, teen age pregnancy, incomplete education, orphan hood, unemployment, violence, abuse, defilement and the threat of HIV and AIDS. About 22 percent of maternal mortality ratio occurs among young people.

In this sector, my Government has laid out strategies and programmes aimed at promoting youth development in areas such as participation of the youth in the formulation, implementation and review of policies has been institutionalised; creation of more educational and training opportunities for the youth at all levels.

The Malawi Government has revised the 1996 National Youth Policy, whose goal is to develop the full potential of the youth and promote their active participation in national development. Other development frameworks and policies that have been adopted to contribute to youth empowerment are Malawi Growth and Development Strategy (MGDS), National Gender Policy, Reproductive Health Policy and HIV and AIDS Policy.

Mr. President,

In closing, this record of achievement in the implementation of the ICPD Program of Action has put Malawi on the right path towards the promotion of sustainable socio-economic development

as envisaged in the national and international development frameworks such as the Malawi Growth and Development Strategy (MGDS) and Millennium Development Goals (MDGs). Malawi therefore reaffirms its commitment to redouble efforts and will continue to work with cooperating development partners to implement the ICPD Program of Action.

I conclude by saying thank you.