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Hillary Rodham Clinton

Secretary of State

Washington, DC

January 8, 2010

Thank you very much. (Applause.) Thank you all. Thank you. Thank you all very much. My goodness, thank you. Wow, this is a wonderful occasion. Several of us were quite nervous when we saw the snow start last night, so I'm delighted the sun is out and shining on all of you here as we gather for this commemoration of the 15th anniversary of the groundbreaking gathering and agreement in Cairo.

When I think about that and the thousands of people who were part of it who came together to declare with one voice that reproductive healthcare is critical to the health of women, and that women's health is essential to the prosperity and opportunity of all, to the stability of families and communities, and the sustainability and development of nations, it makes me nostalgic for conferences that are held that actually produce results – (laughter) – and give us a framework for moving forward. There is no doubt in my mind that the work that was done and the commitments that were made in Cairo are still really the bulwark of what we intend to be doing and are expected to do on behalf of women and girls.

The year 2015 is the target year. Part of the reason we wanted to have this commemoration is not only to look backwards, but to look forward. What is it we will do between now and 2015? Remember what was expected of us. All governments will make access to reproductive healthcare and family planning services a basic right. We will dramatically reduce infant, child, and maternal mortality. We will open the doors of education to all citizens, but especially to girls and women.

It is somewhat hard to believe in retrospect that Cairo was the first ever global forum that recognized the connection between women's health, the quality of women's lives, and human progress on a broader scale. So I am delighted to join you in marking this landmark event, but more importantly, to asking you to join with us in rededicating ourselves to the goals that we embraced 15 years ago. They remain critical and they remain unfilled.

I've had the honor and privilege as I look around this audience of knowing many of you, some of you for a very long time. And I know how committed many of you have been and continue to be. We have made measurable progress since 1994 in improving the health and the lives of women and children, especially girls. For example, the use of modern contraceptives worldwide has increased from under 10 percent in the 1960s to 43 percent in 2008. We have greater access to neo-natal care, including medicines that prevent the spread of HIV from mother to child. We've significantly increased child survival rates. The number of girls enrolled in schools around the world has gone up. And we've come closer to a less measurable but still critical goal: The integration of gender into a range of global programs, including our efforts through the United Nations to bring an end to sexual and gender-based violence in places of conflict.

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However, vast inequities remain. Too often, still today in 2010, women and girls bear the burdens of regional and global crises, whether it's an economic downturn or climate change or political instability. They still are the majority of the world's poor, unschooled, unhealthy, and underfed. They are rarely the cause of violent consequences, but increasingly – of violent conflicts, but increasingly they bear the consequences of such conflicts. We've seen that from the Congo to Bosnia to Burma. And 15 years after the Cairo conference, far too many women still have little or no access to reproductive health services, including family planning and maternal healthcare.

When we look at this deficit in healthcare for women, we can see what it means in terms of lost productivity, lost resources, and lost lives. Nearly half the women in the developing world deliver their babies without a nurse, a midwife, a doctor, or access to crucial medical care. Global rates of maternal mortality remain perilously high; one woman dies every minute of every day in pregnancy or childbirth, and for every woman who dies, another 20 suffer from injury, infection, or disease every minute.

More than 215 million women worldwide lack access to the modern forms of contraception, and this contributes to the nearly 20 million unsafe abortions that take place every year. Sexually transmitted diseases, of course including, but not limited to, HIV and AIDS, claim millions of lives annually among women. Fistula destroys the lives of millions, and it is often the result of pregnancies that occur when a girl is too young. An estimated 70 million – that is 70 million women and girls worldwide – have been subjected to female genital cutting, a procedure that is not only painful and traumatic but is also the source of infections and increased risks of injury during childbirth.

Now, as those of us gathered in the Ben Franklin Room on the eight floor of the State Department know very well, the topic of reproductive health is subject to a great deal of debate. But I think we should all agree that these numbers are not only grim, but after 15 years, they are intolerable. For if we believe that human rights are women's rights and women's rights are human rights, then we cannot accept the ongoing marginalization of half the world's population. We cannot accept it morally, politically, socially, or economically. (Applause)

So we're here today to examine the distance that remains to be traveled before the world fully realizes the ICPD goals. This is a journey that the Obama Administration and the United States Government will travel with you. But we need to travel quickly, because we only have five years to meet our original goals.

For the health statistics that I just mentioned point to a broader impact. There's a direct connection between a woman's ability to plan her family, space her pregnancies, and give birth safely, and her ability to get an education, work outside the home, support her family, and participate fully in the life of her community.

When a girl becomes a mother before she becomes literate, when a woman gives birth alone and is left with a permanent disability, when a mother toils daily to feed her large family but cannot convince her husband to agree to contraception, these struggles represent suffering that can and should be avoided. They represent potential that goes unfulfilled. And they also represent an opportunity to extend critical help to women worldwide and the children who depend on them.

Investing in the health of women, adolescents, and girls is not only the right thing to do; it is also the smart thing to do. That is why we are integrating women's issues as key elements of our foreign policy agenda and in, especially, our Global Health Initiative and our Global Food Security Initiative. That is why we saw the first appointment of an ambassador for global women issues, and it didn't take me long to decide who should fill that position. It is why we are launching women's entrepreneurial efforts through Pathways to Prosperity in Latin America, to ensure that prosperity is spread more broadly, including to women. It is why we are working with religious leaders in Afghanistan and Pakistan to increase access to information about family planning and preventive healthcare.

We are doing all of these things because we have seen that when women and girls have the tools to stay healthy and the opportunity to contribute to their families' well-being, they flourish and so do the people around them.

Consider this one story from Uganda, where USAID works with the International Planned Parenthood Federation to provide reproductive health services, education, and skills training to low-income women. Among their clients are a group of teenage girls who call themselves the "Moonlight Stars." Their parents are dead, leaving them the sole providers for their younger brothers and sisters, without any other options, they were working as prostitutes. Through this USAID-funded program, they gained access to condoms and comprehensive sex education to protect themselves from disease and pregnancy. They also began taking classes in sewing and knitting and other kinds of skills that could be used to help support their siblings without endangering their physical or emotional well-being. And thanks to this job training and the support that accompanied it, many of the Moonlight Stars have left prostitution behind and embarked on a new path of opportunity for themselves and their families.

While investing in women lifts many lives, the inverse is also true. In societies where women's rights and roles are denied, girls are forbidden from attending school or they pay a very heavy price to try to do so. Few have the right to decide whether or when to get married or become mothers. Poverty, political oppression, and even violent extremism

often follow.

Maternal and child health are particularly important indicators of broader progress. In recent years, we've learned more about the conditions that accompany political unrest. It turns out that one of the most constant predictors for political upheaval is the rate of infant mortality. In places where the rate of infant mortality is high, the quality of life is low because investment in and access to healthcare are often out of reach. And that breeds the kind of frustration, hopelessness, and anger that we've seen. We also know that child mortality is closely connected with maternal mortality. When a mother dies, her children are at much greater risk of dying as well.

These struggles can't be separated, and neither can their solutions. In the Obama Administration, we are convinced of the value of investing in women and girls, and we understand there is a direct line between a woman's reproductive health and her ability to lead a productive, fulfilling life. And therefore, we believe investing in the potential of women and girls is the smartest investment we can make. It is connected to every problem on anyone's mind around the world today. (Applause.)

So we are rededicating ourselves to the global efforts to improve reproductive health for women and girls. Under the leadership of this Administration, we are committed to meeting the Cairo goals. We're committed to working in partnership with all of you. One of President Obama's first actions in office was to overturn the Mexico City policy, which greatly limited our ability to fund family planning programs. (Applause.)

We have pledged new funding, new programs, and a renewed commitment to achieve Millennium Development Goal Five, namely a [three-fourths] reduction in global maternal mortality, and universal access to reproductive healthcare. This goal is, again, critical to and interconnected with every other millennium development goal. But the world has made less progress toward fulfilling that goal than any other.

This year, the United States renewed funding of reproductive healthcare through the United Nations Population Fund, and more funding is on the way. (Applause.) The U.S. Congress recently appropriated more than \$648 million in foreign assistance to family planning and reproductive health programs worldwide. That's the largest allocation in more than a decade – since we last had a Democratic president, I might add. (Applause.)

In addition to new funding, we've launched a new program that will be the centerpiece of our foreign policy, the Global Health Initiative, which commits us to spending \$63 billion over six years to improve global health by investing in efforts to reduce maternal and child mortality, prevent millions of unintended pregnancies, and avert millions of new HIV infections, among other goals. This initiative will employ a new approach to fighting disease and promoting health. It will address interrelated health challenges together, for example, by integrating family planning, maternal health services, and HIV/AIDS screening and treatment, so that women receiving reproductive care will also receive HIV counseling, and will be referred to an HIV clinic if they need one.

We're now seeing the rise of the largest youth generation in the history of the world. They need and deserve to know how to stay healthy, and through this initiative, we will be providing critical information to them. The Global Health Initiative will also focus on helping countries strengthen their own health systems. We want to build sustainable health systems in countries. And it will ensure that all of our global health programs, including nutrition, malaria, TB, HIV/AIDS are designed to meet the needs of women and girls, including by taking into account the many social and economic factors that have an impact on their health from sexual coercion to domestic violence to pervasive gender inequities.

You know that HIV/AIDS is now morphing into a women's disease, and increasingly younger and younger women in many, many poor countries are infected. We know that expanding access to contraception helps only if women are empowered to use it, that protecting oneself from HIV is harder when one's life depends on staying in a man's good favor, and that all the prenatal care in the world won't protect a mother and child from an abusive home. Promoting women's health and children's health means improving the quality of their lives on many levels, and it also means reaching out to men and boys to encourage them to become advocates and allies.

So we have our work cut out for us, but we have an excellent roadmap in the Cairo program of action and a worthy target in the Millennium Development Goal Number Five. And we're going to need your help. In everything that we're doing in the Department and at USAID, we are injecting the needs and the roles of women and girls. We're asking for how women and girls can play more of a role in their societies, be more involved in peacemaking and peacekeeping, assist in mitigating against and preventing climate change. Just across the board, we are making it clear that there has to be special attention paid to the needs of women and girls. It's in America's national security interests to do so.

I want to close with the story of one woman whose life was transformed by the work that the people in this room do every single day. Caroline Ditina is a young woman from the Democratic Republic of Congo who for years endured the shame and ostracism caused by obstetric fistula. Eventually, she found her way to a clinic supported by the UN Population Fund, and she finally received the surgery, care, and emotional support she needed to heal. Then she started speaking out

about her experience to fight the stigma and to let other women know that even in isolated places, treatment is possible.

Her message has traveled the world. Two years ago, she came to Washington and urged members of Congress to support maternal health programs worldwide. And today, the United States is proud once again to support the work of the UN Population Fund. But one advocate, even one with such passion and commitment, can only do so much. Every woman everywhere deserves high-quality care not only at her most vulnerable hour, but at every single stage of life. That's our goal and that's our responsibility.

It is also a matter of simple equity and fairness. I've been in many places in many parts of the world where the rich, the educated, the well off, the connected, the powerful, the elite had access to every single form of healthcare. And yet it was denied – denied by law, denied by culture, denied by taboo, denied by regulation, denied by resources to the vast majority of women in the same societies. That is unacceptable.

So part of what we need to do is not only provide services to those who need them, but to change the minds and attitudes of those who can be responsible for delivering those services in countries around the world. I have said in many different settings on, I guess, every continent except Antarctica that the rights that women who have a position in society are able to command cannot, therefore, be denied to the women who live down the street or care for their children or clean their homes or plant their crops, and that we have to do a better job of making the equity argument on behalf of girls and women, and particularly on behalf of the Cairo agenda.

I'm very optimistic and very committed that we can do this together, and I am very grateful for what so many of you have done for so many years. You have ridden the ups and you have survived the downs. You have worked in favorable political environments and unfavorable ones. You have seen the Mexico City policy come and go, and you have stayed true. You've stayed true to your commitment, your passion, your belief that every single child in this country – boy or girl – deserves a chance to live up to his or her God-given potential.

I just want to urge that we do not grow weary. I don't about you, but sometimes it can seem a little bit hard to take. It is also self-evident; it seems so obvious to the rest of us that this needs to be done, and we keep encountering obstacles of every shape and size. But please, stay with us and let's try to create institutional and structural change that does not get wiped away when the political winds blow. Let's try to create markets for these goods and ways of funding them and educational and instructional programs along with our commitment to serve that will give women everywhere a chance to take their own lives and their own futures into their own hands.

It is now my great pleasure – you've met two of my wonderful team members. I want to introduce two more whom I see. One is Raj Shah, Dr. Raj Shah, our new superb Administrator of USAID. (Applause.) Raj, come here. Come here, Raj. (Applause.)

We want you to get to meet him if you don't know him. We want you to support him as he makes the changes that are necessary to put USAID back in the forefront of world development agencies.

And now it's my honor to introduce our Under Secretary Maria Otero. And maybe, Maria, you and Raj could say a few words to close out the program. (Applause.)

PRN: 2010/027



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