



Partners in Population and Development (PPD)
An Inter-Governmental Organization
Promoting South-South Cooperation

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Statement by:

Professor Joseph Akinkugbe Adelegan

Executive Director and Chief Executive Officer
Partners in Population and Development (PPD)
Dhaka, Bangladesh
Email: jadelegan@ppdsec.org

Chair,

Your Excellency, the Vice President of the Republic of The Gambia,
Distinguished Ministers, Excellencies, Colleagues and Partners,

I have the honour to speak on behalf of Partners in Population and Development, PPD, an intergovernmental alliance of 28 developing countries committed to advancing the Programme of Action of the International Conference on Population and Development through South-South and triangular cooperation.

Allow me to thank the Secretary-General for the reports before us on population, technology and research, on programmes and interventions, and on financial resource flows. They come at an important moment, as this Commission meets here at United Nations Headquarters in New York from 13 to 17 April 2026, and as intergovernmental organizations have been asked to keep statements within four minutes.

Chair,

The evidence is clear: progress has been made, but the gaps remain too wide. Globally, about 260,000 women died in 2023 from causes related to pregnancy and childbirth, and 92 per cent of those deaths occurred in low- and lower-middle-income countries. The global maternal mortality ratio was still 197 deaths per 100,000 live births in 2023, far above the SDG target of less than 70. At the same time, the share of births attended by skilled health personnel has risen to 87 per cent in 2024, showing that progress is possible when systems are financed and staffed.

In family planning, there has been meaningful progress, with 380 million women and girls using modern contraception in low-and lower-middle-income countries in 2024, nearly 100 million more than in 2012. Yet large unmet needs remain, and FP2030 warns that funding pressures are now putting hard-won gains at risk.

On technology, the opportunity is enormous, but access is unequal. In 2025, 74 per cent of the world's population was online, yet 2.2 billion people remained offline, most of them in low- and middle-income countries. That digital divide is now a development divide, because countries without connectivity also struggle to deploy digital health, civil registration, interoperable data systems and evidence-based planning.

Chair,

How do we close these gaps? First, we must invest in primary health care, midwifery, community health workers, commodity security and rights-based family planning. **Second**, we must close the digital gap by investing not only in infrastructure, but also in local research capacity, data governance, digital literacy and equitable access to technology. **Third**, we must close the financing gap with both traditional and innovative instruments.

Developing countries today face an annual SDG financing gap of around 4 trillion dollars. In sexual and reproductive health specifically, UNFPA estimates that an additional 79 billion dollars by 2030 to scale up essential family planning and maternal health interventions would generate about 660 billion dollars in economic benefits. Each dollar invested in family planning can yield nearly 27 dollars in health and economic returns.

This is where innovative and catalytic financing matters: blended finance, results-based financing, pooled procurement, social and impact bonds, and matched domestic co-financing can de-risk investments, crowd in private capital, and reward measurable outcomes. The UN system has already highlighted practical models, including results-based financing for adolescent reproductive health in Kenya.

Chair,

PPD member States offer practical lessons. In Egypt, a documented good practice combined community awareness with fixed and mobile family planning services, increasing visits by current and new contraceptive users, especially for long-acting methods. **In Thailand**, strengthening the safe abortion service system improved access and aimed to reduce complications and mortality from unsafe abortion. **In Bangladesh**, the national action plan for postpartum family planning integrated counselling into antenatal, postnatal, delivery and immunization contacts. **And Indonesia's** family planning experience shows the importance of high-level political leadership, local delivery systems and a strong village-level workforce, including 50,000 trained village midwives.

These are not isolated successes. They are transferable solutions. That is precisely where PPD adds value. PPD documents, validates and disseminates good practices across member States; convenes policy dialogue; supports South-South learning; and helps adapt successful approaches in countries with similar demographic patterns, fertility transitions, youth bulges, urbanization pressures, and health-system constraints. PPD has documented and shared best practices from multiple member countries and continues to use South-South cooperation as a practical strategy to scale results.

Chair, Excellencies,

The message from this Commission should be clear: the ICPD agenda is achievable, but only if we match political declarations with data, technology, financing and implementation partnerships.

PPD stands ready to work with Member States, the United Nations system and development partners to scale best practices, mobilize catalytic financing, and accelerate delivery in countries that face similar demographic realities.

I thank you, Chair.