

denied access to information and services; 100 million of those would prefer to space the next birth or have no more children if they had access to the resources allowing them to do so. The Commonwealth needs to join with other groups trying to make it seem normal and natural that this happen for all women within and outside its realm.

- 3) We want *Health Systems* focussed on areas of major need and we need to bolster the policy processes likely to lead to that result. For example, maternal mortality, unnecessarily high in many Commonwealth countries, could be greatly reduced if Safe Motherhood techniques were globally available to all who seek this aid.
- 4) We want 'later babies' -- girls having babies at a later age in life (e.g., as women) leads to healthier babies and thus lower infant mortality. For mothers aged 17 and under, the risk of death during childbirth is 2-4 times higher than for mothers aged 20 and above. Even in the more affluent Commonwealth nations teenage pregnancy been on the rise. Britain has the highest rate in Western Europe and Canada's rate has increased more than 20 percent in over 10 years. We must give girls a chance to be educated, to find values and to find their own identity before they identify themselves exclusively as mothers. We want this because it would cause a decline in the maximum population the world will reach.
- 5) In terms of reproductive health issues, we want better quality of care because people, especially women, should be well-treated and given choices. This promotes more contraceptive prevalence, and therefore a better demographic outcome.
- 6) We want to meet unmet demand for family planning because it is wrong that women should have fertility which they do not want, which impedes them and their families from living better lives, and, most notably because there would be as much as 1.9 billion fewer people in our future forecasts if we started to address these needs seriously. For the sake of the planet and the health of the women and children (both born and unborn) on it, we have to act more earnestly about stopping the "too early, too often" birth pattern that still persists in many places.

I would like to conclude by saying there must be more engagement of these issues at all levels in the Commonwealth. There should be a real feeling of optimism for the task of bringing these issues forward into the Commonwealth agenda for future development. The doors to this path are swinging open -- we can push them further still and walk through to a better future. Quite worth the effort.

References:

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