



PACIFIC SMALL ISLAND DEVELOPING STATES

United Nations Member States

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Statement by Pacific Small Island Developing States (PSIDS) OWG on SDGs Troika to the United Nations at the

Open Working Group (OWG) on Sustainable Development Goals (SDGs) Eleventh Session on Health and Population Dynamics and Education and Life-long Learning

5 May 2014, New York

"Check against delivery"

Co-Chair,

I am honoured to present this intervention on Focus Areas 3 on health and population dynamics and Focus area 4 on education and life-long learning, on behalf of the Pacific Troika in the OWG, namely, Nauru, Papua New Guinea and my own country, Palau. This statement also represents the nine other Pacific Small Island Developing States (PSIDS), represented at the United Nations; namely, the Federated States of Micronesia, Fiji, Kiribati, Republic of the Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

We again align ourselves with the Statement made earlier today by Nauru as AOSIS Chair on these two focus areas. Likewise, we also associate ourselves with the intervention on this cluster delivered by Bolivia as the Chair G77 and China but with the exception of PSIDS who are non- members of G-77 and China.

Both focus areas deserve primordial consideration as goalable.

On Focus Area 3 on health and population dynamics, we welcome and support the targets a, b, c, d, e and f as critically important game changers for improved lives and livelihoods.

On NCDs in particular, in this process last June, we highlighted the serious and growing concern in our region over the escalating NCDs epidemic, including obesity, diabetes, cancer, chronic respiratory diseases, heart diseases leading to hypertension and stroke, which are sickening and prematurely killing our people of all ages and increasingly the young people.

Changing lifestyles, lack of adequate education in this area, institutional and capacity constraints and lack of access to affordable and quality medication, sub-standard medical care and services are catalysts to this increasing epidemic. Communicable diseases such as typhoid fever, dengue, cholera, STIs, including HIV/AIDS further exacerbated the health concerns.

Noting this critical health challenges and observing that the current proposed target areas do not adequately address some of the key drivers of NCDs and their economic and social impact on the communities and countries, we would propose strengthening the proposed target c by advocating the provision by 2030 x% child and adult health education and training, especially preventive health care, including mainstreaming in the education curriculum from primary to tertiary levels and in non-formal settings.

We would further propose that by 2030 x% of basic national health infrastructure and workable and effective systems are established and complemented by existing and new global, regional and national partnerships for accessible, quality and affordable medicines, healthcare and wellness programmes that are supportive of enhanced health outcomes.

Another key concern is on the population dynamics, where there is a bulging youth population globally, including increasing urbanization and overcrowding and the implications for expanded pressures on ecosystem services and resources needed to meet the development needs of youth and adults. To this end, proposed target f on comprehensive sexual and reproductive health including modern methods of family planning It is therefore imperative to manage population growth.

Co-Chair, in the context of Focus area 4 on education and life-long learning, we agree that this is pivotal to any agreed SDGs success. A well educated population is a catalyst for national development. We therefore support the target areas noted in the Working Document. However, we would suggest the following for inclusion.

1. For proposed target "a" adequately resourced and qualified teachers and safe teaching facilities should form an integral part of this target.
2. Under target "b", we suggest that equal access to and affordability of quality education should not only be extended to persons with disabilities but also ethnic minorities, the poor, vulnerable and marginalized people.
3. Target "d" should also incorporate basic numeracy instead of just literacy.
4. For target "f" we call for life-skills inclusion in the education curriculum as a pillar for life-long self-reliance and purposeful living.

Possible Means of Implementation for education and life-long learning include:

- National policy, legislative and other regulatory frameworks to effectively and efficiently guide it;
- Investment in quality, affordable and accessible education that is sensitive to special circumstances;
- Appropriate level of partnership at all levels but with the national authorities and citizens taking equal ownership of a sustained quality education and life-long learning.

Thank you.