STATEMENT BY MR. A. GOPINATHAN, DEPUTY PERMANENT REPRESENTATIVE, ON AGENDA ITEM 3: FOLLOW-UP ACTIONS TO THE RECOMMENDATIONS OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT IN THE 38TH SESSION OF THE UN COMMISSION ON POPULATION & DEVELOPMENT ON APRIL 4, 2005

Mr. Chairman,

We congratulate you and the other members of the Bureau on your election. We wish you a productive session of the Commission and assure of you of our full cooperation. We thank the Secretary-General for the reports presented under this agenda item. We also welcome the new Director of the Population Division of Department of Economic and Social Affairs and wish her every success. We associate ourselves with the statement made by Jamaica on behalf of the Group of 77.

Mr. Chairman,

More than ten years ago, 179 Member States agreed on a programme of action that revolutionised international population policy. The Cairo Programme of Action endorsed a strategy which sought to place emphasis on establishing linkages between population and development and focus on meeting needs of individual women and men, rather than on achieving merely demographic goals.

Over the past decade, Member States have undertaken several initiatives to translate promises made at Cairo into policy and programmatic actions. ICPD goals were to be achieved by year 2015. A review of achievements made, and constraints during the mid points of programme will help in identifying key future actions to guide policy and programmes over the next decade.

Mr. Chairman,
India has been broadening steadily the scope of the National Family Planning programme, initiated way back in 1952. Since its inception, the programme has been fully voluntary, and the main efforts of the Government have been directed towards provision of services and encouraging citizens to avail of them, through information, education and communication. The guiding objective of our programme has been to stabilise the population at a level consistent with the needs of national development. In keeping with the democratic ethos, the individual’s freedom for decision-making has been a hallmark of all our initiatives in this field.

During the Seventies, the programme was renamed as the Family Welfare programme, to emphasise that it did not aim at birth control alone. In the Eighties, the inclusion of initiatives such as the Universal Immunisation Programme (UIP) and the Safe Motherhood Programme (CSSM) further widened the outreach of our efforts. The close linkages between the health of the mother and young children saw the programme coalesce into the Maternal and Child Health Programme (MCH). These had preceded the Cairo conference. The conference led to the evolution of a holistic approach to child survival, maternal health and contraception issues. India responded by developing and implementing the present Reproductive and Child Health programme (RCH), formally inaugurated in 1997.

Mr. Chairman,

Post-Cairo, there has been steady progress towards achieving reproductive health and child health goals. Based on a public health approach, the RCH programme aims at maximum coverage and promotes equity by improving accessibility and providing choices, especially for women, adolescents, socio-economically backward groups, tribals and slum dwellers. Our reproductive and child health programme seeks to be participatory by involving all stakeholders, supporting decentralisation and area-specific planning. An objective monitoring system, employing professional agencies, to ascertain the extent to which these services are actually reaching our citizens has also been put in place.

Given the scale and diversity of India’s population, decline in both mortality and fertility is a significant achievement. Fertility has fallen for women at all ages both in rural and urban areas. Further, fertility has fallen under a wide range of socio-economic and cultural conditions. Rising levels of education, influence of mass media, economic changes, continuing urbanisation and declines in infant and child mortality have all contributed to fertility decline and will continue to be movers in continuing the fertility transition. The National Population Policy, 2000 has set the goal of achieving TFR of 2.1 or replacement level of fertility by 2010. Many states will attain that demographic goal or would be very close to attaining it within the time horizon. However, some states, especially those in the northern region, will need much more investments not only in the provision of family planning services but in overall development, especially in the health care for children and women, in order to hasten the pace of fertility transition.
The decline in infant mortality rate has also been significant. However, post-neonatal mortality has fallen at a faster rate than the neonatal mortality, implying that availability and utilisation of antenatal and obstetric services are limited. New programmes for increasing access to skilled birth attendance at birth should give positive results.

India has succeeded in combating some of the communicable diseases and is on the verge of eradicating poliomyelitis. At the same time, communicable diseases such as measles, tuberculosis, and malaria, continue to exist by the side of life-style induced illnesses such as heart diseases, cancers that are linked to use of tobacco, alcohol, and pollution that are becoming important killers. The National Health Policy clearly recognises the changing epidemiological scenario and the programmes are being recast accordingly.

Since inequality of income is often combined with inequality in access to public services including education, nutrition and health, the Government of India’s commitment to step up public spending on health and education is expected to help improve their access and quality for the poor who rely largely on the public sector for accessing these basic services.

Mr. Chairman,

While reviewing the efforts made in the implementation of the Cairo Programme of Action, we need to ensure the maintenance of its holistic approach. Furthermore, the provision of additional resources is essential to meet these goals, through the strengthening of delivery and other attendant systems. While giving details of the positive trends with regard to funding, the report reminds us that some of the increase is on account of a favourable exchange rate vis-à-vis the US dollar. The report reveals that the proportion of total population assistance for family planning services declined from 55 per cent in 1995 to 13 per cent in 2003 and is not expected to increase in 2004 and 2005. It cautions that if not reversed, the trend towards less funding for family planning will have serious implications for countries’ ability to address unmet needs for such services and could undermine efforts to prevent unintended pregnancies and reduce maternal and infant mortality. The report also cautions that the real concern is whether the amounts currently anticipated will be sufficient to meet the family planning and reproductive health needs, given that most of the increase would be due to increases in HIV/AIDS funding.

We agree with the report that the international community’s commitment to achieving the Millennium Development Goals needs to incorporate the universal reproductive health services target of the International Conference on Population and Development appropriately so that funding for family planning and reproductive health services is secured along with increased funding for HIV/AIDS.

We further agree with the report’s recommendation on the need to continue mobilising sufficient resources to fully implement the Programme of Action of the International Conference on Population and Development, ensuring that the percentage increase for family planning and reproductive health is in line with agreed percentages.
As stated in the report, it needs to be ensured that family planning and reproductive health issues receive the attention they deserve at a time when the increased focus is on combating HIV/AIDS that addressing population and reproductive health issues is seen as an integral part of the achievement of the Millennium Development Goals.

Thank you, Mr. Chairman

BACK TO TABLE OF CONTENTS