



INDIA
भारत

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Statement
by
Mr. Lov Verma,
Secretary, Ministry of Health & Family Welfare,
during the General Debate on Agenda Item 4
“National experience in population matters:
Assessment of the status of implementation
of the Programme of Action of the
International Conference on Population and Development”
at
the 47th Session of the
Commission on Population & Development

New York

April 9, 2014

**CPD General Debate
National Statement of India**

Mr. Chairman,

At the outset, let me congratulate you and other members of the Bureau on your election and assure you of our full cooperation in the deliberations of the Commission.

We would like to thank the Secretary General for his reports to the Commission and the distinguished keynote speakers for their insightful presentations.

Mr. Chairman,

This year, we mark the 20th Anniversary of the International Conference on Population and Development, held in Cairo in 1994, that resulted in the global consensus on integration of diverse aspects of population, development and human rights.

India's commitment to the ICPD consensus as well as its subsequent reviews and outcome documents, which recognize the dynamic inter-linkages amongst economic and sustainable development with issues of population, gender equality and empowerment of women, human rights, urbanization and migration, remains firm and is evident in our policies and programmes – where much progress has been recorded during the last two decades.

The Panchayati Raj (elected local councils) initiative of early 1990s, the largest global effort towards decentralizing governance in a democratic framework, as well as the landmark Right to Information Act of 2005, are reflective of Government's endeavor to advance inclusive participatory approach to governance – also a key recommendation from Cairo Conference that population and development issues be addressed in a participatory manner.

Mr. Chairman,

Greater investments in universal quality education, skill development and health would provide a firm basis for the children and youth to participate in and benefit from development. In education, our current focus is on improving quality, expansion of secondary and tertiary education, improving equity and accessibility for girls and women, and skills development for improved employability.

With substantial declines in infant and maternal mortality rates, our focus is currently on expanding healthcare to meet the challenges both due to shifts in demographic

profile and gradual shift of burden from communicable to non-communicable diseases as well as expanding healthcare for all.

Our maternal and child health programme incentivizes institutional deliveries and guarantees every woman delivering in public health institution free and cashless services, which include free drugs, diagnostics, diet and transport. These entitlements also cover all sick infants accessing public health institutions. I am happy to share with you that the proportion of institutional births has increased from a pre-programme average of 40.7% in 2005 to 85% with more than 16 million women delivering in public health facilities in a single year.

India has rolled out a new programme for its 250 million strong adolescent population. The Rashtriya Kishor Swasthya Karyakram (RKSK) is a non-discriminatory, adolescent-friendly programme that reaches out to all adolescents - urban, rural, in communities and in schools. Through RKSK we have expanded our focus to include reproductive health, nutrition, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse.

Gender-based violence remains a major public health, gender equality and human rights challenge. Our new Criminal Law (Amendment) Act of 2013 broadens the definition of rape and criminalizes a greater set of violations. The Sexual Harassment of Women at Workplace Act which came into force on 9th December, 2013 has been enacted to protect women from sexual harassment at all workplaces both in public and private sector. As part of a multi-sectoral approach to violence against women, we have brought out Guidelines and Protocols for Medico-Legal Care for Survivors of Sexual Violence.

Mr. Chairman,

The Secretary General's report on the 'Framework of action for the follow-up to the PoA of the ICPD beyond 2014' notes that while progress has been achieved on many counts, it remains unequal and fragmented. It identifies several challenges and opportunities. But its section on 'financing the programme of action' makes for worrying reading.

The international community must enhance its cooperative and mutually supportive role. Provision of financial resources, transfer of technology, technical assistance, access to medicines and capacity building clearly has not reached optimal levels. The Report points out that the financial assistance stood at USD 11.4 billion in 2011 nearly USD 9 billion short of the level agreed in 1994.

India has been proactive in sharing its development experience with other developing countries. To illustrate, one significant initiative is the linking of major hospitals in Africa with specialized hospitals in India through a pan-African e-network project for

providing quality tele-medical services. India is also a major source of cost-effective, good quality generic medicines, which are critical to public health strategies in many developing countries, by ensuring easy availability of affordable vaccines and medicines to vulnerable people.

Mr. Chairman,

In conclusion, let me reiterate our firm commitment to the International Conference on Population and Development and its Programme of Action and to taking forward the agenda of ICPD beyond 2014 to tackle current challenges both nationally and globally.

Thank you