



SRI LANKA

Statement

by

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Let me at the outset to congratulate you, Mr. Chairman, and the members of the Bureau, on your election.

I take this opportunity to express my delegation's deep condolences to the delegation of Poland and the members of the families of the dignitaries, including President Lech Kaczynski, who lost their lives in the tragic air accident last Saturday.

My delegation affiliates itself with the statement made by Yemen on behalf of the G-77 & China.

Mr. Chairman,

The ICPD Plan of Action echoed a pragmatic approach to redress major social issues such as population management, sustainable economic growth and development with a special dimension for the status of women, their health and education. By recognizing gender equality and the empowerment of women, the ICPD process permitted women to make informed decisions on family planning. The universal access to reproductive healthcare, including family planning, assisted childbirth and the prevention of sexually transmittable diseases, such as HIV/AIDS, were among the core objectives of the ICPD. The ICPD advocated the promotion of universal education with a view to eliminating infant, child and maternal mortality. This approach marked a significant shift from the traditional focus on achieving demographic targets and managing population numbers to meeting the needs of individuals and families while respecting their individual human rights.

Mr. Chairman,

The Millennium Declaration had re-energised the ICPD principles and the Programme of Action. We believe that the ICPD POA was a catalyst in accelerating progress in realising health related MDGs. However, the vast disparities emerging among and within developing countries send strong signals for global stocktaking. The notable lack of progress in MDG-8, to develop a global partnership for development, portrays discouraging prospects for developing countries. We therefore call all the stakeholders to take appropriate measures to fulfill their commitments.

Based on our acceptance of human freedom and development as core values, Sri Lanka became a co-signatory to the ICPD POA from its inception. This reaffirmed our commitment to preserving access for citizens to information, support services and opportunity to exercise their rights to the highest attainable standards of reproductive health. We have implemented the Programme of Action by consistently advocating the 'Population and Reproductive Health Policy', which has reached a mature phase in Sri Lanka, currently focused on training the experts in reproductive healthcare. This agenda spans from the management of sexually transmitted infections, HIV/AIDS prevention to cancer screening. Our prevalence rate for modern contraceptive methods recorded a significant increase from 20% in 1975 to 70% in 2009. More than

96% of child-births are currently attended by skilled health practitioners, thus minimizing the risks and complications. The mortality rate of children below age 5 has been reduced to around 10 per thousand in 2006 from 32 in 1990. The infant mortality rate has been reduced from 18 per thousand in 1990 to 11 in 2008. The maternal mortality rate has been reduced from 27 in 1990 to 19 in 2007 per 100,000 live births. The HIV prevalence rate among the young remains at 0.1%. Life expectancy at birth remains at 72 years for males and 78 years for females. All this was achieved while the country was in the grip of an all consuming terrorist challenge that required vital resources. We annually allocate an average of 4.5% of the GDP for healthcare services, while the healthcare system is financed essentially by the government, private facilities are becoming increasingly important.

Our large investments in human resources, gender equality and social development, have given us considerable leverage for achieving sustainable development and poverty reduction. My country is fully committed to share those positive experiences with other developing countries through South-South and triangular cooperation programmes.

Mr. Chairman,

Despite these positive achievements, challenges relating to fulfilling the MDGs in their entirety remain equally high. The country's child malnutrition rate remains at 22.8%. Additionally the per capita expenditure of the poorest quintile remains at 7.0%. There are emerging new challenges from tropical diseases such as dengue that claim the lives of many. With the increasing incidence of non-communicable and chronic diseases, we are seeking improvements in the primary care physician network to provide individual centered coordinated healthcare over a period of time.

We have therefore given special attention to address these areas and launched several economic and social empowerment programmes and health projects. President Mahinda Rajapaksa, who was given a renewed mandate at the recently held elections, has pledged pragmatic solutions in his pro-poor visionary policy statement. Among the measures being implemented are the provision of a free mid day meal to students and a nutritional food package for expecting mothers. Women empowerment is advanced by providing rural micro credit, special healthcare and poverty alleviation programmes. The commitment demonstrated by the country's leadership has yielded positive results in changing the poverty map in Sri Lanka in the past few years. Absolute poverty has dropped to 13.5%.

I assure you, Mr. Chairman, my country will continue to actively engage in the ICPD process, essentially with our own resources and other multilateral action in effectively addressing the matters we discuss today under the Agenda on the table.

I thank you Mr. Chairman.