

**Statement to the Commission on Population and Development
Acting as Preparatory Committee for the Special Session
of the General Assembly**

As written

Mr. Chairman,

At the outset, we would like to associate ourselves fully with the statement delivered by Guyana, Chairman of the Group of 77. In view of time constraints a more detailed statement is being circulated and I would refer to only some areas.

2. India's policy on population has been contextual and broad-based. It has never treated population as a number game. It has aimed to stabilise population of the country at a level consistent with requirement of social and economic development of the country. The poor and underprivileged have been the object of prominent attention. An extensive three tier system of health care has been developed all over the country which provides all primary health care and much of specialised health care free of cost to all those who need it. Primary health care is delivered through Rural Sub-Centres (one for every 5000 population) and the Primary Health Centres (one for every 30,000 population). Citizens have the choice to approach either the Government Health System or the Non-Government Health System, which is even larger than the Government system.

3. India has been developing a liberal policy framework for both health and population issues. As early as 1971, India enacted the Medical Termination of Pregnancy Act that balances right of foetus with that of the mother. It must be ensured that abortions do not become a method of contraception. We are attempting to address illegal and unsafe abortions through competently trained and qualified medical personnel. We have also enacted a law to ban sex determination to prevent female foeticide.

4. We have initiated several programmes for promoting child survival and safe motherhood, education of girls and women's empowerment. In this context, we welcomed the ICPD outcome, which concretised international consensus on the way we had been ourselves trying to develop. India is a party to ICPD recommendations and continues to support them strongly.

5 The ICPD consensus has helped us to strengthen efforts for according primacy to the choice of citizens, central role to women's perspective and prominence to the quality of care.

6. Our present programme for Reproductive and Child Health is based on a three pronged strategy addressing maternal health, child survival and contraception issues, concurrently and in an integrated manner. Although we have achieved notable progress in ensuring maternal safety, child survival and couple protection rate, a lot still remains to be done. We are presently seeking to maximise institutional deliveries for reducing maternal and neonatal deaths. We are emphasising **counselling** and IEC through local organisations so that citizens can make informed choices in matters relating to contraception.

7. We have tried to improve transparency and objectivity in monitoring of services availed of by citizens, by networking 16 professional institutions, many outside the Government to determine which services are reaching citizens and to what extent. Such objective assessment at **district** level would help the system to reorient itself and address weaknesses as they manifest themselves. In this perspective we are connecting all district medical establishments, Population Research Centres and State as well as national level institutions through E-mail and

Internet so that they can mutually support each other.

8. With regard to education, the **District Primary Education Programme (DPEP)**, initiated in our country in 1994 responds to the call for universalisation of primary education which is one of the basic principles laid down by the ICPD. It focuses on improving access to, enrolment in and retention by the school system of the girl child through educational incentives, flexible timings, gender sensitive curricula and text books, more female teachers etc. On the incorporation of a gender perspective in population, reproductive and sexual health and overall development programmes and the empowerment of women, which are benchmarks for achievement of the goals of ICPD POA, over the years India has, moved from **women's welfare to women's development to women's empowerment, with** clear results.

9. One of the important reforms of the Family Welfare Programme in India was the **policy decision to withdraw the system of monitoring family welfare programmes with a method specific target system.** This Target Free Approach was later replaced by a Community Need Based approach. It has resulted in a major shift in the programme with a focus on **decentralised**, need based, participatory planning and a monitoring system which emphasises the quality of care and delivery of essential reproductive health services. This approach is fully reflected in the ongoing RCH Programme, being implemented nation-wide.

10. We strongly believe that the Special Session of the General Assembly for the Review and Appraisal of the Implementation of the **PoA** of the ICPD should provide us clear guidelines and direction regarding future actions to be taken to

enhance our achievements in implementing the POA.

11. My delegation is committed to constructively and actively participating in these discussions. Allow me to briefly refer to some of the items in the Report of the Secretary General on Proposals for Key Actions for the further Implementation of the Programme. We believe that the further Implementation must be guided by the development imperative and perspective, as imbuing the Cairo PoA, in addition to a rights-based perspective. The two indeed are complementary and supportive of each other. This caveat would apply to several key actions and paragraphs like 52, 68, 83 and 85 of the Report.

12. We strongly believe that further work by Governments to improve the understanding of the links between globalisation, poverty and migration is required, as indicated in paragraph 23 of the Report. At the same time, such studies should not become a mechanism for further restricting the flow of immigrants. After all, in a truly globalised world, the free movement of labour as a factor of production must be encouraged and facilitated. Governments should therefore review legislations that result in inordinate and excessive Government control in this area, even when all other areas are being significantly liberalised and deregulated.

13. We support the measures by the Secretary General for eradication of poverty and ensuring sustained economic growth and development. Concerted efforts are required to ensure that the international economic environment is favourable and supportive of the efforts of developing countries in this regard. The macro-economic policies of a country do not function in a vacuum but are informed and greatly influenced by the prevailing international scenario. Similarly, we believe that there

is an urgent need for the developing countries, with the assistance of the international community, to develop and implement programmes to guarantee a minimum level of consumption for their citizens, specially the poor and the disadvantaged.

Mr. Chairman,

14. As a democratic country, devoted to social uplift, India is committed to increasing social sector spending in its budget and plan outlays. The total plan expenditure on social services in the Central Plan outlay, taking into account the expenditure on development of rural areas, exceeds 23%. However, we continue to see the 20:20 Initiative as a voluntary initiative among interested donor and recipient countries, as agreed during the World Summit on Social Development and not as a prescriptive formulation or even the most important factor in additional resource mobilisation. In fact, the clear need is for meeting the commitments towards the “costed package” in a timely manner. There is also the imperative to arrest and reverse the steady decline in ODA.

Thank you, Mr. Chairman.