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Statement by H.E. Mr. Gyan Chandra Acharya, Permanent Representative of Nepal, at the Forty-third session of the Commission on Population and Development on Agenda item 3 : Actions in follow-up to the recommendations of the International Conference on Population and Development (New York, 12 April 2010)

Mr. Chairman,

I have the honour to deliver this statement on behalf of the Group of Least Developed Countries (LDCs).

I would like to congratulate you on your assumption of the chair of the forty-third session of the Commission on Population and Development. We would also like to thank the Secretary-General and his staff for the preparation of excellent reports on this agenda item.

My delegation aligns itself with the statement made by the distinguished Permanent Representative of Yemen on behalf of G-77 and China.

Mr. Chairman,

The International Conference on Population and Development (ICPD) addressed broad issues of and interrelationships between population, sustained economic growth, health, education, economic status and empowerment of women. The Programme of Action adopted in Cairo is forward looking and calls for action at various levels, including strategic action at the national level. The objectives and goals of the Programme of Action comprise among others, education, especially girls; gender equity and equality; infant; child and maternal mortality reduction; and the provision of universal access to reproductive health services, including family planning and sexual health. The full implementation of the Programme would contribute directly to the achievement of the internationally agreed goals including Millennium Development Goals (MDGs).

There is no doubt that the goal of Cairo remains as relevant as it was then. Despite progress on many fronts, more than a billion people still live in miserable poverty. Population and development issues are inextricably linked, as the people are both the means and end of development. Moreover, the least developed countries (LDCs) among them have been facing formidable challenges to delivering population and health care services.

Mr. Chairman,

Educated, healthy and skilled human resources along with appropriate families constitute bedrock to sustainable development. The lives and physical well-being of those living in extreme poverty is continuously threatened by lack of food, the risk of disease, hazardous work and precarious living conditions. Diseases like HIV/AIDS, tuberculosis, malaria

and other infectious diseases, have a debilitating effect on the overall health of the people as well as social and economic wellbeing. In spite of the significant efforts undertaken by developing countries and some achievements in that regard, education and the empowerment of women which could significantly contribute to the improvement of maternal health and a decrease in child mortality, have yet to be substantially enhanced.

Poverty is inseparably linked to a lack of access to, or loss of control over, resources, including land, skills, knowledge, capital and social connections. Without those resources, people normally have limited access to institutions, markets, employment and public services. Hence, the reduction of poverty has an overarching impact on all social and human development issues.

Mr. Chairman,

This brings us to the availability of resources. Mobilization of resources, particularly through full market access of goods and services of LDCs, full debt relief, 0.2 percent GDA, increased FDI; technology transfer and capacity building and fairer terms of trade, among other factors, will further enable LDCs to make greater progress in meeting the goals and targets of ICPD. The UN and other international organizations should also enhance their support to developing countries, particularly to LDCs to fully implement the Programme of Action.

The impact of international crises, including the financial and economic crisis, the energy crisis and food security coupled with climate change is far from over. It is true that the least developed countries (LDCs) are now facing the delayed impacts due to reduction in exports, remittances and tourism and as a result have been forced to cutback their public and private spending on social services such as health-care, education and poverty reduction programs.

Accessibility and affordability of medicines and treatment are crucial to provide better care to the poorer segments of population. Access by women to health care would increase their productivity and help to reduce maternal, as well as child mortality rates.

Mr. Chairman,

I also take this opportunity to acknowledge the important role of UNFPA in promoting and ensuring access and utilization of health services and rights including voluntary family planning programs, promoting gender equality and empowerment, eliminating gender based violence, strengthening integrated health management information system and support to the conclusion of population census for production of quality socio-demographic data.

We are acutely aware that the present global financial crisis makes our task of providing better health care to our citizens much more difficult. Resource gaps are especially large in poor countries. Unless new, additional and sustained resources are provided, it is unlikely that most of the goals and targets of the Program of Action (POA) will be met. Instead, there will be a worsening of the population and overall health situation in many poor countries. Therefore, long-term and predictable financing is a must to developing countries, especially the least developed and countries emerging from conflicts for complementing their national endeavors to meet the population related goals.

I thank you Mr. Chairman.