



**Partners in Population and Development  
A South-South Initiative**

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**Statement by  
Jyoti Shankar Singh  
Permanent Observer to the United Nations**

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Mr. Chairman,  
Distinguished Delegates,  
Ladies and Gentlemen

Thank you very much for giving me this opportunity to offer brief comments under item 4, on behalf of the Partners in Population and Development (PPD). The Partners, as most of you know, is an intergovernmental organization of 25 developing countries dedicated to the promotion and strengthening of South-South cooperation in population and development. Through policy dialogues, exchange of information, research, training and technical assistance, it assists both member states and many non-member states in implementing the Programme of Action of the International Conference on Population and Development (ICPD).

After the adoption of the Millennium Development Goals (MDGs) in 2000, and, particularly after the inclusion of universal reproductive health care under MDG-5 in 2005, the PPD has given special attention, in its programme of activities, to issues relating to maternal mortality, family planning and reproductive health.

As various UN reports have noted in recent years, there has been little progress in reducing maternal mortality since 1990. Most of the maternal deaths occur in Southern Asia and Sub-Saharan Africa; and access to obstetric services, and providing family planning options to women could substantially reduce maternal mortality and morbidity. A recent UNFPA report points out that nearly 53 million unintended pregnancies and 150,000 maternal deaths could be averted annually if the unmet need for family planning were satisfied.

In this context, it is disappointing to note that support for family planning has declined from 55 per cent of international population assistance in 1995 to less than 5 per cent in 2008. Allocations to HIV/AIDS programmes have grown several fold during the same period of time. While nobody would argue in favour of reduction in support for HIV/AIDS

programmes, there is a clear case for a much larger allocation to family planning, in order to meet the unmet need for family planning and to support the integrated implementation of MDGs 4, 5 and 6.

As the Secretary-General's report on Health, Morbidity, Mortality and Development (E/CN.9/2010/3) points out, in the least developed countries one out of every four women aged 15 to 49 who are married or in a union have an unmet need for family planning. By preventing mistimed or unwanted pregnancies, family planning can contribute to reducing maternal mortality by 28 per cent and, by extending inter-birth intervals, it can contribute to reducing child mortality. For every dollar spent in family planning, 2 to 6 dollars can be saved in interventions to achieve other MDGs, including women's empowerment and eradication of extreme poverty.

Many of the members of PPD (especially those in Southern Asia and Sub-Saharan Africa) who have spoken during the general debate have reported on their continuing efforts to reduce maternal mortality and increase access to family planning and other reproductive health services. Increased international support for such programmes will help them to accelerate progress towards achieving the ICPD goals as also the MDGs by the year 2015. We fully endorse the appeal made by Ms. Thoraya Obaid, Executive Director, United Nations Population Fund (UNFPA) that countries double the funding for family planning and pregnancy-related care so we can achieve MDG-5 to improve maternal health.

Thank you, Mr. Chairman.