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**STATEMENT**

**BY**

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TO THE UNITED NATIONS**

**On**

**AGENDA ITEM 4: GENERAL DEBATE ON NATIONAL  
EXPERIENCE IN POPULATION MATTERS: FERTILITY,  
REPRODUCTIVE HEALTH AND DEVELOPMENT**

**AT THE 44TH SESSION OF THE  
UN COMMISSION ON POPULATION AND DEVELOPMENT**

**NEW YORK**

**APRIL 12, 2011**

Mr. Chairman,

Let me begin by congratulating you and other members of the Bureau on your election and assure you of our delegations full support and cooperation in the deliberations of the Commission.

We would like thank the UN Secretary-General for all his reports to the Commission. I would also like to express our appreciation to all the distinguished keynote speakers who have made exceptional and insightful presentations during this session.

Mr Chairman,

The 1994 International Conference on Population and Development, held in Cairo marked an unprecedented global consensus and agreement of diverse perspectives of population, development and human rights.

The fact that implementation of ICPD Programme of Action has a direct implication on the realization of the MDGs cannot be overemphasized. The international community needs to be seized of this priority and further deepen its efforts in order to achieve the targets which it has set forth itself.

The Government of India continues to attach highest importance to the realization of these goals, by a strong inclusive growth philosophy, i.e., promoting development with social justice.

In this regard, this year's theme of "fertility, reproductive health and development", is relevant as well as important.

Mr Chairman,

More than a quarter million women die every year from largely preventable complications related to pregnancy or childbirth. Failure to prevent maternal mortality and morbidity is among the most significant barriers to the empowerment of women and girls in all aspects of life.

The need for global partnership to address this issue was best captured in Secretary-General's initiative of Global Strategy for Women's and Children's Health, which was launched in September last year.

This comprehensive strategy stresses on strengthening health systems and integrating efforts across diseases and sectors, including health, sanitation, water & sanitation and education as key to achieve health related MDGs.

In India, in fact, this strategy was the basis of our flagship National Rural Health Mission (NRHM), launched in 2005. This Mission was formulated to provide accessible, affordable, accountable, effective and reliable healthcare facilities in the rural areas, especially to the poor and vulnerable sections of the society.

The key features of the Mission are:

- Comprehensive Maternal Health strategies including antenatal and post-natal care, family planning services, counseling services, emergency obstetric and new born care, skilled care during pregnancy and safe abortion services,
- Child Health strategies including, exclusive breastfeeding for children up to six months, immunizations, oral rehydration therapy and nutritional supplements,
- Convergence of various programmes like AIDS control, Tuberculosis and Malaria etc with the Reproductive and Child Health Services,
- Convergence with wider determinants of health like safe drinking water & sanitation, nutrition, & education,
- Strengthening of infrastructure of health systems by providing funds for physical infrastructure, human resources, drugs and equipments to provide reproductive and child health services to the rural population especially the vulnerable sections,
- Boosting health capacity building of medical, paramedical and Programme management staff.

NHRM is being implemented through various strategies, including

- a) Appointing **Community Health Workers** commonly known as ASHA (Accredited Social Health Activist) to serve as a link between community and health facility,
- b) **Referral transport service** for mother and child commonly known as EMRI Ambulance service in many of the States,

- c) **Janani Suraksha Yojana**- a conditional cash transfer scheme aimed to promote institutional delivery,
- d) **un-tied** funds for local health action at all levels,
- e) **Village Health and Nutrition Days** an integrated effort health care and nutrition services.

Apart from these, various States have specific strategies such as:

- sms based service for tracking pregnant mother and child for immunization services in some parts of Uttar Pradesh,
- mobile phones to health workers in areas having difficult topography; for easy access by client in Uttarakhand,
- voucher scheme for promotion of institutional delivery in Uttar Pradesh, Uttarakhand, Andhra Pradesh, Jharkhand
- Mobile Medical Units to provide diagnostic and outpatient care closer to villages in remote areas in most of the States,
- Public private Partnerships with Private hospitals and Medical colleges for providing technical trainings.
- Incentives to ASHA (community worker) to facilitate institutional delivery under Janani Suraksha Yojana; and
- Results Based Financing.

Recently, new initiatives have been added under this Mission. These include:

- **Name Based tracking** of every pregnant woman for provision of timely antenatal care, institutional delivery, and post-natal care along with immunization of the new- born.
- **Maternal Death Review (MDR)** by creating MDR Committees at district level and a task force at State Level to identify gaps in the service delivery
- **Adolescent Reproductive & Sexual Health** to promote menstrual hygiene among the adolescent girls and women by providing low cost sanitary napkins
- **Differential Planning** to accelerate the achievement of the MDG goals in 264 districts which are lagging behind in order to reduce regional disparities and to fast track improvements
- **Annual Health Survey** to study the impact of the maternal and child programmes at the district and regional level and to prepare District Health Profile annually.

So far, NRHM has benefited more than 10 million women and has emerged as a major successful intervention in reducing maternal and infant mortality.

Moreover, the Union health budget is also steadily increasing. In the 2011-12, US \$ 5.9 billion has been allocated for health. This is 20 % more than last year, with a substantial expenditure on services aimed towards women's and children's health.

While there are indications that some of the health related MDGs may not be achieved by 2015; that should not deter us from reinforcing political will as well as national, regional and global efforts to attain them.

Mr Chairman,

Let me conclude by reaffirming our strong committed to the realization of the ICPD's Programme of Action as well as the MDGs.

Thank you, Mr Chairman.