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**47<sup>th</sup> Session of the  
Commission on Population  
and Development**

**Statement by**

**Prof. Fasli Jalal**

**Chairperson of the National Population and Family Planning Board of  
the Republic of Indonesia**

**On**

**Agenda item 4: General debate on national experience in population  
matters: assesment of the Status of Implementation of the  
Programme of Action of the International Conference on Population  
and Development**

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**PERMANENT MISSION OF THE REPUBLIC OF INDONESIA TO THE UNITED NATIONS**

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**Mr. Chairperson,  
Distinguished Delegates,  
Ladies and Gentlemen**

Indonesia would like to reaffirm its commitment to the ICPD Programme of Action. We would like to share a few highlights of our national experiences in implementing the Programme of Action in the last 20 years.

We are pleased to share the following progress: poverty level has considerably decreased from 17 percent to 11.4 percent since 2007 to 2013 due to pro-poor, pro job and pro rural development policies, education and practical skills training, as well as the provision of micro credits and financial literacy training; target for primary and junior secondary education and literacy, including gender parity in all level of education, is on track. Indonesia has also managed to reduce the infant mortality rate from 57 to 32 for every 1000 live births in 1994 and 2012 respectively.

Although much has been achieved, some challenges pertaining to maternal mortality; youth and adolescents; and unmet need for family planning continue to loom as obstacles in Indonesia's population and development objectives.

To address **the maternal mortality rate**, we have improved people's access to reproductive health services, including maternal health services by providing universal healthcare coverage for all Indonesians. This innovative health system will cover 86 million poor and nearly poor people in Indonesia where premium are paid by the Government. Therefore, there is no barrier for them to have access to quality health services, including family planning services. By 2019, all Indonesian will be covered by this national social health insurance.

We also recognize the nexus between **education and family planning**. Our effort to expand compulsory education from a period of 9 years to 12 years we believe will delay early marriage and childbearing. I also wish to highlight that we are addressing certain unmet family planning needs through a rights-based strategy. Through this strategy we have been able to maintain a contraceptive prevalence rate of 60% in 2012.

For **youth and adolescents**, we deem it necessary to optimize their role in development. We believe it is important to prepare our youth, particularly on the pitfalls of life and orient them towards healthy lifestyles. We have therefore launched the "Generation With Plan (GenRe)" programme, to provide comprehensive information on family planning, sexual health, reproductive health and rights for young people. We established the Center for Information and Counseling on Reproductive Health, where young people can address the reproductive health related issues among their peer groups. This youth counseling centers will gradually reach over 9 million high school students and 6 million university students. This programme has also been providing

premarital counseling on reproductive health issues. So far most of 2.3 million newlywed couples have benefited from the programme.

**Mr. Chairperson,**

With those few highlights on Indonesia's efforts for the ICPD, I would like to conclude by once again reaffirming Indonesia's commitment to the ICPD Programme of Action. My delegation stands ready to work together in a spirit of mutual respect and cooperation, in accordance with the mandate of the Commission, in order that we reach an agreeable and comprehensive outcome document this year.

**Thank you.**