

Rem

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SRI LANKA

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General debate on National experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Madam Chair,

Let me begin by congratulating you and other Bureau Members for the election to the 47th Session of the CPD.

Madam Chair,

Sri Lanka reaffirms the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation. At the same time Sri Lanka would like to endorse the regional outcome document of the Asia Pacific

Population Conference, which has clearly raised the bar for governments.

Further Sri Lanka Welcomes the Secretary-General's report, Framework of Actions for follow-up.

Since the adoption of the Programme of Action twenty years ago, Sri Lanka has taken a number of initiatives both at policy and at operational levels in accordance with the ICPD principles to improve the quality of life of its people. This is clearly demonstrated by the continuing decline in maternal and child mortality, increasing life expectancy, and increase in contraceptive prevalence rates. Yet, Sri Lanka needs to address the issues arising from regional disparities.

During the past two decades, Sri Lanka has continued to consolidate past achievements and accelerate the processes of population and socio economic change. The current population of the country is estimated to be 20.3 million which is growing at an average rate of 0.9 percent.

Sri Lanka is one of the few countries in Asia that has a sex ratio favorable to women at 94 males to 100 females as a result of longer life expectancy of women.

Sri Lanka has reached the highest life expectancy at birth in the region which is 78 for women and 69 for men. The lower life expectancy in some districts is a reflection of high disease burden of Non Communicable Diseases as a result of changing lifestyle patterns.

Madam Chair,

We observe the fastest ageing population in the Asia which has led to a variety of political, economic and social challenges. Therefore population dynamics must be given top priority in the post-2015 development agenda. Sri Lanka has continuously emphasized that Sustainable Development Goals (SDGs) must reflect this aspect adequately.

Madam Chair,

The introduction of family planning services to Sri Lanka by the Family Planning Association goes back to 1953. By the mid 1960s it was well integrated with maternal and child health services of

the Ministry of Health. It is observed that the total fertility rate in Sri Lanka has steadily declined over the last three decades. In 1953 the TFR was estimated at 5.1 and the current estimate is 2.3.

The latest available data indicates that life cycle approach to sexual and reproductive health needs to be further strengthened, as delivering comprehensive sexuality education, comprehensive care and necessary information to adolescents, youth and older women are still a challenge.

However the government of Sri Lanka would like to re-iterate that the new policies formulated recently, such as the 'National youth policy', the 'Health of young person's policy and strategy' and the 'Adolescent Health strategy 2013-2017' will address those challenges adequately so that the current demographic bonus will bring greater dividends to society.

Every successive government since the early 1930s has invested heavily in maternal and child health programmes which have provided benefits such as the steady reduction of MMR and IMR which are at 35 per 100,000 live births and 9.7 per 1000 live

births respectively. Another major factor that contributed to the improvements in maternal health in the country is the increase in the number of institutional births. According to published data, 98.6 per cent of the births in the country are attended by a skilled attendant and are taking place in a healthcare institution.

At this juncture let me acknowledge the contributions made by the WHO, UNICEF, UNFPA, FPA Sri Lanka and other agencies in this endeavor. As mentioned, the progress made by Sri Lanka in the field of maternal and child health through the well integrated primary healthcare system and the free healthcare services may be a model for other countries to follow. The government of Sri Lanka, Madam Chair, is willing to share our success stories with the global community for the betterment of humanity.

The most important factors that contributed to the success in maternal health services are the provision of free healthcare services distributed in an equitable manner with universal free education which led to higher female literacy. Further, the investments by the government on the introduction of high technological obstetric care also have contributed to this remarkable success.

Madam Chair,

It is impressive to note that Sri Lanka still remains a Low prevalence country for HIV/AIDS. The total number of reported cases of HIV since 1985 to date is 1845 by the end of 2013 and it is estimated that there are around 3,500 people living with HIV in Sri Lanka.

The GOSL with the support of Global Fund for HIV/AIDS, TB and Malaria has embarked further reducing mother to child transmission and strengthening the access to HIV prevention services for most at risk population, such as female sex workers, men who have sex with men, and drug users with a focus on reducing their individual risk behaviors while migrants and young people are also given strong priority. Another contributing factor for the low prevalence emanates from the high quality blood transfusion services with the state of the art facilities which have brought down HIV infection with zero reported cases from blood transfusion in the recent past. The Government of Sri Lanka has further facilitated the mitigation of HIV spread by providing access to services for marginalized populations and also by ensuring ARV treatment for those in need and will continue to commit further strengthening of these initiatives.

Madam Chair,

Sri Lanka ratified the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1981. Sri Lanka has achieved gender parity in primary education and over the last two decades the enrolment rates for females have increased over males in university admissions. Further, the Women's Charter addressing the issues of gender equality, women's empowerment and eliminating gender based violence has been adopted. Sri Lanka also has a domestic violence act as a supportive mechanism for survivors and victims of domestic violence.

Madam Chair,

The global community is facing the largest youth population in the history today which has created a strong demand for a more youth inclusive development agenda in the years to come. Reflecting this global surge of interest, Sri Lanka will host the World Conference on Youth in May this year. The Conference will bring together more than 1,500 youth and policy makers to Sri Lanka from 6th to 10th May 2014. The World Conference on Youth

2014, which is the first ever in Asia, will be the only global consultation of young people prior to the conclusion of the Post-2015 Development Agenda discussions.

Consistent with GA resolutions 66/121 and 68/130, the main objective of the World youth conference will be to provide an inclusive platform for young people from all over the world to come together, share their concerns and experiences and develop a consensus on how youth should be involved in designing, implementing and following-up the Post-2015 Development Agenda. The anticipated outcome document of the Conference, the "Colombo Youth Declaration", is expected to create the basis for an inter-generational dialogue through its joint endorsement by young people and policy makers. It enjoys wide support from member states, groups and the UN system.

I am sure that this will set the platform to discuss the global youth agenda in a more holistic and comprehensive manner to address the emerging issues in the years to come.

In conclusion, the delegation of the GoSL would pledge the fullest support in the implementation of the outcome document of this Commission which would support the ICPD beyond 2014.

Thank you.