

Address by

H.E. Mr. Ghulam Nabi Azad
Minister of Health and Family Welfare
Government of India
& Chair, Partners in Population and Development (PPD)

Opening Session of
**5th Asia Pacific Conference on Reproductive and Sexual
Health and Rights (APCRSHR)**
Beijing, China, 18-20 October 2009

Distinguished Chair, H.E. Prof. Li Bin, Dr Thoraya Obaid, Dr Gill Geer, Mr. Chunyun Jiang and Ms Melrose Dingal, Ladies and Gentlemen

It gives me great pleasure to address you this morning at the opening of the 5th Asia Pacific Conference on Sexual and Reproductive Health. I would, at the outset, like to congratulate the Government of the Republic of China for the successful arrangement of this conference and express my gratitude and thanks for the warm welcome and hospitality extended to me, my delegation and all participants.

To organize a Conference of this magnitude requires determination, cooperation, commitment and the pooling of resources, expertise and experiences. I understand, that various stakeholders have come together to plan for this Conference. I extend my sincere thanks to all donors, academicians, health care professionals, Members of Parliament, advocates, youth representative and non-government organizations (NGOs); and especially to the Government of China for the strong support extended by them. As chair of PPD, it is my pleasure welcoming you all, especially my colleague Ministers and PPD Board Members to this conference and I wish you comfortable stay and fruitful deliberations.

Distinguished Guests and Participants:

The ICPD held in Cairo in 1994 was a landmark triumph in the history of international cause of population and family planning. At the ICPD the delegates from all over the world and numerous NGOs reviewed the global population and family planning situation, and participated in heated debates on the issues and challenges in the area. The final document, the program of Action, was based on the consensus generated from the discussions among 179 countries representing different political systems and religions.

The Program of Action became the guiding principles for population and family planning programs for the entire world. The success of the ICPD and its output were the results of the collective efforts of all the countries. It was also an extraordinary contribution of the United Nations to the international endeavor in population and family planning.

As we look back over the last 15 years following the Cairo Conference, we can clearly see two scenarios emerging - one of inspiring successes and the other of formidable tasks ahead. It cannot be denied that the ICPD Programme of Action has a direct bearing on the achievement of the Millennium Development Goals (MDGs). The MDGs would not be achieved unless we invest in Sexual and Reproductive Health. We have made inroads in

sexual and reproductive health and rights, but we also need to chart a course on where we are going and what should be our priorities over the coming years to secure sexual and reproductive health and rights for all. Experiences have showed that where politics, budgets and programmes reflect ICPD priorities, progress has become a reality.

Distinguished Guests, Ladies and Gentlemen:

India has made impressive progress in the implementation of the Programme of Action as well as in addressing the challenges ahead, especially ensuring sexual and reproductive rights of women, men and young people and special groups like single mothers and people living with AIDS. In conformity with the PoA, India adopted the National Population Policy in 2000. It "reflects the paradigm shift from the earlier approach, which emphasized population control and demography, to the sustainable development and reproductive and child health approach".

Though India has made rapid economic strides in the recent past, we are aware that the burden of maternal and child mortality is still very high in our country. The areas that require redoubled efforts include literacy, nutrition, maternal and neonatal mortality. Therefore, a major task for us right now is to rejuvenate the health delivery system, at district and local levels, in order to provide universal access to affordable and quality health care. It was with this in view that the Prime Minister of India Dr. Manmohan Singh launched the National Rural Health Mission in April, 2005.

To ensure safe motherhood and to reduce maternal mortality, we have launched the "Janani Suraksha Yojna" or "Safe Motherhood Scheme" in 2005. This provides for a conditional cash transfer to generate demand for and to promote institutional delivery and thereby ensure safe motherhood.

The success of the scheme can be gauged from the fact that the number of beneficiaries has risen from approximately 700,000 in 2005-06 to nearly 8.4 million in 2008-09. Along with this demand side intervention, on the supply side, the National Rural Health Mission (NRHM) also seeks to upgrade and strengthen the rural public healthcare infrastructure in order to provide quality health care and service guarantees. Particular emphasis is placed on making Community Health Centres (CHCs) and Primary Health Centers (PHCs) run on 24x7 basis with adequate provision of trained manpower, equipment, drugs and diagnostics.

The biggest cause of maternal mortality is post partum hemorrhage. The mission therefore, seeks to provide expert gynecological and obstetric care along with provision of safe blood transfusion services at all block level CHCs and District hospitals.

We are taking several similar steps to address the problem of child mortality in our country. We have recently launched a new initiative on neonatal mortality called the Navjaat Shishu Suraksha Karyakaram (*Basic New Born Care & Resuscitation Programme*). This is a large skill upgradation programme for healthcare providers to handle birth asphyxia, hypothermia, infection prevention and prematurity. We are simultaneously expanding the infrastructure for specialized newborn care.

In India strong political commitment to our programmes is assured at the highest level. The National Rural Health Mission is a flagship programme of our government and ever since it was launched in 2005, there has been a quantum increase in public funding for the health

sector. Since "Health" is a State subject under our constitution, all health programmes are implemented through the agencies of State Governments. I am happy to say that as far as NRHM is concerned, State Governments have shown equal commitment and we have fostered state ownership of the programme by allowing them sufficient flexibility in designing district and state plans and laying down their priorities.

Distinguished Guests and Participants:

Turning to the new century, let me elaborate on some grave challenges which confront us, particularly in developing countries. The foremost among these is the growing threat of climate change and the inability of the comity of nations to reach an acceptable solution to deal with this threat.

We in the developing world are not responsible for the concentration of Green House Gases in the atmosphere. Our per capita emissions are still very low when compared to those of developed countries. And yet we are the most vulnerable to the impacts of climate change. Some of these impacts are already in evidence in our countries in the form of extreme weather events, extension of vector borne diseases to new areas and altitudes, disruption in the water balance etc. These impacts are already creating distress and impoverishment which has a direct relationship with universal access to affordable healthcare.

The United Nations Framework Convention on Climate Change has specifically recognized that, "Parties should take action to protect the climate system ... on the basis of equity and in accordance with their common but differentiated responsibilities and respective capabilities. Accordingly, the developed country Parties should take the lead in combating climate change and the adverse effects thereof" we, the countries of the "South" should maintain steadfast unity to ensure that these obligations are met by the developed countries.

Secondly, civil conflict, in Africa and elsewhere contributes to extreme poverty, displacement of population and cross border migration. This also has a severe impact on the healthcare scenario in general and sexual and reproductive health and rights in particular. Universal access to contraceptives, anti-retroviral treatment for HIV/AIDS, immunization etc. is therefore, still a challenge in these areas.

Thirdly, the global economic downturn and recession, particularly in most developed countries, has in the recent past had a significant impact on the availability of resources with international aid agencies in the health sector, such as the Global Fund, the World Bank, etc. On the other hand it has also affected the income from exports in developing countries leading to unemployment. In such a situation it is imperative that governments ensure that their domestic budgets provide adequately for the public healthcare system. The funding gap can at least partially be met by ensuring more efficient utilization of domestic resources. We would like to, at this conference, strongly urge the international community, the governments of the developed countries in particular, to fully understand the difficulties of developing countries on resources and technologies, and to honour their pledges made at the ICPD to increase the investment on population, family planning and reproductive health programmes and to strengthen technology transfer, information exchange, personnel training and financial assistance, so as to promote global sustainable development.

There are some countries in the Asia Pacific region that have witnessed rapid socio-economic growth and technological advancement in recent times. They are

experiencing steady decline in fertility rate also and an ageing population. Initiatives and interventions are being undertaken to address these emerging issues, particularly the problems of health of the elderly with ageing. Hence, we do have enough material and experiences to share and learn and engage more actively in south-south cooperation.

Distinguished Guests and Participants:

*You have congregated here today, at the **5th Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCSRHR)** because you are deeply and truly concerned about sexual and reproductive health and rights. You will be deliberating a comprehensive and well-thought out agenda where you will take stock of progress made in sexual and reproductive health and rights, assess the challenges and emerging issues, share best practices and identify realistic strategies and actions to reach out to all communities.*

Distinguished Guests and Participants:

The North has an obligation to fulfill its commitment through North-South cooperation. A strong partnership of South should also complement our relationship with the North and vice versa. Triangular cooperation is therefore a useful and cost effective tool for furthering our objectives. New partnerships among countries of the South, supported by our development partners, will help to unlock the economic potential of the developing countries to the benefit of the entire international community. The challenge, therefore, is for all partners in the South as well as from the North, to translate the new dynamism of the South into a force for the realization of an equitable and universal development paradigm.

Distinguished Guests and Participants:

Much hard work and many challenges lie ahead, but I am confident that working as a team through South South Cooperation alongside other stake holders and the North, we can make a difference for the better. I wish you all the best for very fruitful deliberations during the conference here which, I am sure, will throw new light on the problem that we face. I wish the conference a grand success.

Thank you very much.

...