

PARTNERS IN POPULATION AND DEVELOPMENT

Office of the Permanent Observer at the United Nations Uganda House, 14th Floor, 336 East 45th Street, New York 212- 286-1082, Fax: +1-212-286-0260, www.partners-popdev.org

Statement by Sethuramiah L Rao, Permanent Observer
On item 2 of the agenda of the Seventeenth Session of the High Level Committee on South-South Cooperation
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Madam Vice-President, Distinguished Delegates, Ladies and Gentlemen,

Madam Vice-President,

Thank you very much for giving me this opportunity to make brief remarks on the agenda item of South-South Cooperation, 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, accounting for close to seventy percent of the developing countries' population. PPD is dedicated to the promotion and strengthening of South-South cooperation in population, family planning, HIV/AIDS, reproductive health and development. Through advocacy, policy dialogues, exchange of information and experience, capacity building, training and technical cooperation, PPD assists both its member and other countries in implementing the ICPD Programme of Action, within the broader framework of the MDGs. Its activities and programmes, which have received increasing financing from member countries themselves, have also enjoyed the long-standing support of the United Nations Population Fund (UNFPA) and other donors and foundations. The Government of Bangladesh continues to host and support the secretariat of the PPD in Dhaka. PPD gratefully acknowledges these supportive actions.

As the UN Report on Review of Progress made in implementing the Buenos Aries Plan of Action (SSC/17/1) has noted, the potential for South-South cooperation has never been greater, with many developing countries now having strengthened technical and institutional capacity to deal with many of the developmental challenges confronting them. According to the PPD experience, this observation is equally valid in the area of population and reproductive health. As the UN report further notes, there exists a great promise for South-South cooperation among those countries making rapid advances, including Bangladesh, Colombia, Egypt, Indonesia, Iran, Mexico, Nigeria, Pakistan, the Philippines, the Republic of Korea, South Africa, Turkey and Vietnam. It is heartening to point out here that ten of these countries are all members of the PPD Alliance of 25 countries.

Madam Vice-President,

According to the latest projections by the United Nations, the world population will continue to increase to 9.3 billion by the year 2050. To put these numbers in perspective, the world population did not reach one billion until the year 1804. It then took 123 years to reach 2 billion in 1927, 33 years to reach 3 billion in 1960, 14 years to reach 4 billion in 1974, 13 years to reach 5 billion in 1987, 12 years each to reach the 6th billion in October 1999 and the seventh billion in late 2011. That is phenomenal growth in historical perspective.

Equally significant is the fact that population dynamics has become more divergent around the world, like for example, high fertility and rapid population growth in many Least Developed Countries (LDCs), a preponderance of young people in a large number of developing countries, rapid population ageing in

many other developing countries, and accelerated migration and urbanization in most developing countries. These divergent trends, in the face of poverty, lack of robust economic growth and sustainable development, are posing serious and varied social, economic, environmental and other consequences among the different countries of the world.

Against this backdrop, it should be welcomed that several countries in the South have successfully formulated and implemented population-related policies and programmes relevant to their needs and requirements. In these countries, use of modern contraceptives has gone up significantly, fertility rates have come down and population growth rates have declined dramatically. Some have succeeded in reducing poverty levels and some have achieved impressive growth, in concert with relevant socio-economic policies and programmes. Yet, in many other developing countries, several of the key elements of the ICPD Programme of Action have not been effectively implemented and some of the MDGs are still far from being met. The Least Developed Countries and many of the Sub-Saharan African countries in particular continue to face the challenges of population, reproductive health and poverty. Given this diversity, population, reproductive health and development are a particularly suitable theme for South-South cooperation. PPD has been doing its little part since 1994, when it was established at the time of the International Conference on Population and Development in Cairo.

Madam Vice-President,

PPD has put in place a system for collecting and analyzing South-South cooperation activities within member countries on exchange of expertise, experience, technologies, commodities, materials and capacity building opportunities in population, family planning and reproductive health and makes available such useful information online for use by member countries to plan, implement, and monitor South-South cooperation efforts.

Under the aegis of PPD, several South-South exchange activities are already going on for the last many years in the developing countries. During 2009-2011, for example, the number of individuals, who have benefitted, from such exchanges are 947 through short-term training, 123 through long-term training, 736 through study tours and 1,259 through fellowships. It should be noted that, among others, the Governments of Egypt, India and Morocco have offered long-term fellowships for graduate education in population and public health; China, India, Thailand, Egypt, Morocco, Tunisia, and South Africa are offering short-term fellowships to train demographers and population and health experts; and China, Indonesia, Thailand, Kenya, Egypt and Tunisia have hosted a large number of familiarization tours of their population and reproductive health programmes for member country professionals. The Alliance has also promoted exchange of RH/FP commodities. One such notable exchange is that of China providing commodities to Bangladesh, Egypt, Kenya, Mali, Nigeria, Pakistan, Senegal, Uganda and Yemen.

In addition to such exchanges, PPD has also undertaken documenting and sharing of policy and programmatic knowledge and experiences. As part of the efforts of the Special Unit for South-South cooperation at UNDP to facilitate the identification of southern development solutions through its signature publication *Sharing Innovative Experiences*, PPD has collaborated with the Special Unit and the United Nations Population Fund (UNFPA) in cataloguing innovative experiences that have led to success in its member countries in addressing population, reproductive health and development challenges. That compilation (as volume 19 in the *Series on Sharing Innovative Experiences*) was launched in Pretoria in South Africa on the margins of the International Conference on Population Dynamics, Climate Change and Sustainable Development held in November 2011. PPD greatly welcomes and appreciates this collaboration with the Special Unit and UNFPA.

PPD has also been organizing advocacy and policy dialogue activities on urgent topics in population, reproductive health and development in the form of international conferences and workshops for member and non-member countries. The outcomes of those conferences in the form of Declarations have served as useful guide for participating countries in addressing their population, reproductive health and development

issues. Such declarations adopted during the last decade include Beijing Declaration in 2000, Kochi Declaration in 2001, Jakarta Declaration in 2003, Yangtze Declaration in 2004, Agra Declaration in 2005, Rabat Declaration in 2007, Kampala Declaration in 2008, Yogyakarta Declaration in 2010 and the Pretoria Declaration in 2011. These conferences have provided an excellent opportunity to advocate for political, financial and technical support for addressing population, reproductive health and development issues in PPD member and other countries.

Madam Vice-President,

Before closing, PPD notes with appreciation the growing involvement of the UN system in promoting and supporting South-South and triangular cooperation in their operational activities, as documented in the UN Report (SSC/17/2). However, as the Joint Inspection Unit Report on "South-South and triangular cooperation in the United Nations system" (JIU/REP/2011/3) has noted, while this trend is very encouraging, more needs to be done within the UN system to put in place a coordinated and systematic approach to South-South cooperation by , among other things, mainstreaming the approach in programming and other frameworks, as well as in making financial provisions to support South-South cooperation efforts at national, regional and global levels.

In closing, PPD experience in South-South cooperation in population and reproductive health indicates that South-South is an effective approach, and countries of the PPD alliance value very much its horizontal partnership, the principle of sharing and learning, the sense of solidarity and its sensitivity to cultural diversity and its lack of conditionality, while at the same time recognizing that South-South cooperation is not a substitute for North-South cooperation but a complement to it.

PPD would therefore like to express its fervent hope that the great potential that exists for South-South cooperation in many developing countries would be utilized and supported by all concerned to channel its contribution to the achievement of the ICPD Goals and the Millennium Development Goals (MDGs) by 2015 and beyond, as well as to the implementation of recommendations that will be adopted at the United Conference on Sustainable Development to be held in Rio next month.

Thank you very much Madam Vice-President, for your attention.