Health Ministry Launches Janani-Shishu Suraksha Karyakram JSSK to Benefit more than one Crore Pregnant Women and Newborns

The UPA Chairperson Smt. Sonia Gandhi launched the national initiative of Ministry of Health and Family Welfare, Government of India—the Janani—Shishu Suraksha Karyakram (JSSK). Addressing the gathering near Al-Afia Hospital, Mandi Khera, District Mewat in Haryana, Smt. Gandhi noted that tremendous improvement in health care services has occurred under the initiative of National Rural Health Mission started since 2005 and the new initiative of Janani—Shishu

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India Calls for Collective Action Against Trade and IPR Barriers
UN Summit Resolves to Set Specific Targets to Eliminate HIV/AIDS

India has called for proactive and collective action from the international community to dismantle trade and intellectual property right barriers and improve the availability of accessible, affordable and quality drugs for the needy and impoverished. Speaking at the High Level Meeting of the General Assembly on HIV/ AIDS in New York, the Hon’ble Minister of Health and Family Welfare, Shri Ghulam Nabi Azad underscored India’s efforts on prevention, treatment, care and support of HIV/ AIDS. He noted that India has been able to contain

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Indian Parliamentarians and Civil Society Leaders to Address RfH Challenges

New Delhi, 10-11 June, 2011

12 parliamentarians and civil society leaders joined experts and media representatives totaling approximately 45 participants at the “Consultation with Parliamentarians and Civil Society Leaders on Family Planning and Reproductive Health in India – Addressing the Challenges” on 10-11 June in New Delhi was organized jointly by the IAPPD and the International Council on Management of Population Programmes (ICOMP), Malaysia and supported by the David and Lucile Packard Foundation.

Report on page 6 ....

Sri Lanka President opens 27th Asian Parliamentarians’ Meeting on Population and Development
Colombo, Sri Lanka, July 18-19, 2011

Sri Lankan President Mahinda Rajapaksa inaugurated the 27th Asian Parliamentarians’ Meeting on Population and Development in Colombo on 18 July, 211. The two-day event was organized by the Asian Population and Development Association (APDA) along with Sri Lanka’s Ministry of Health. The IAPPD delegation consisting Prof. P.J. Kurien, MP and Chairman, Standing Committee, IAPPD; Mr. Bhausheb Wakchaure, MP; and Mr. Mamohar Sharma, Executive Secretary, IAPPD; attended the meeting.

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Group photo of participants.

Prof. P.J. Kurien, MP, India greeting the Sri Lankan President Mahinda Rajapaksa.
In 1994 in Cairo, at the International Conference on Population and Development (ICPD), industrialized and developing countries forged an inspiring and farsighted Plan of Action (PoA) that integrated a wide range of population, development and human rights issues into a blueprint for 20 years of action.

The Cairo Consensus placed individual human beings at the very heart of the development process. It argued that if needs for family planning and reproductive health care are met, along with other basic health and education services, then development and population stabilization will occur naturally, without coercion or control. And it made commitments for meeting those needs, so that individuals would have genuine choices about the spacing, timing and number of their children. The plan also acknowledged the central role of women and young people in the development process.

It looked at the question of population from the aspect of sustainable development, reproductive health and reproductive rights. While the new language of rights and choice has gained greater acceptance among policymakers and programme implementers, just beneath the surface of new labels persists the old fear of galloping numbers. This fear is based on lack of understanding about the built-in population momentum in India’s population due to its young age structure.

Despite clear evidence about this momentum, there is still a reliance on the old argument that targets, incentives and disincentives will work in bringing down the population numbers to a manageable level.

A paradigm shift has taken place in the language used in the policy and programme documents, but it will take a long time to bring about a real paradigm shift in thinking. There are still some diehard population control exponents among politicians, bureaucrats, demographers and some sections of the elite, who have not reconciled to the paradigm shift and who feel more comfortable with an authoritarian policy regime of quantitative targets for the sake of achieving soft and quick-fix options. They often deride the “target free” approach as one which leads to complete lack of accountability and lack of quick and visible results on the ground. Such mindset is prominent among the present generation of bureaucrats and scholars, who have been trained and oriented in neo-Malthusian studies of population.

Against this backdrop, serious advocacy efforts are required on a sustained basis in order to change attitudes and mindsets. It also requires conscious attempts to continue informed public dialogue and debate among policymakers including elected representatives at various levels i.e. Members of Parliament (MPs), Legislative bodies (MLAs), Panchayat and Urban Municipal Bodies, Planners, Administrators, Judiciary, Media and Civil Society Organizations (NGOs, CBOs and activists).

In an effort to foster strategic dialogue and partnership between political leaders, policy planners and civil society, on critical family planning and reproductive health issues, a two day consultation was held in New Delhi during 10-11 June 2011. The national consultation was organized by the International Council on Management of Population Programmes (ICOMP) in collaboration with the Indian Association of Parliamentarians on Population and Development (IAPPD) and supported by the David and Lucile Packard Foundation, USA.

Manmohan Sharma
Executive Secretary, IAPPD
Health Ministry Launches Janani-Shishu Suraksha Karyakram - contd. from page 1

Suraksha Karyakram is but a step further in ensuring better facilities for women and child health services. She hoped that the benefits under JSSK would reach every needy pregnant woman coming to government institutional facility.

The new initiative of JSSK would provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Government health institutions in both rural and urban areas. The new JSSK initiative is estimated to benefit more than one crore pregnant women and newborns who access public health institutions every year in both urban and rural areas.

The Free Entitlements under JSSK would include: Free and Cashless Delivery, Free Caesarean-Section, Free treatment of sick-new-born up to 30 days, Exemption from User Charges, Free Drugs and Consumables, Free Diagnostics, Free Diet during stay in the health institutions – 3 days in case of normal delivery and 7 days in case of caesarean section, Free Provision of Blood, Free Transport from Home to Health Institutions, Free Transport between facilities in case of referral as also Drop Back from Institutions to home after 48 hrs. stay. Free Entitlements for Sick newborns till 30 days after birth similarly include Free treatment, Free drugs and consumables, Free diagnostics, Free provision of blood, Exemption from user charges, Free Transport from Home to Health Institutions, Free Transport between facilities in case of referral and Free drop Back from Institutions to home.

Speaking on the occasion the Union Health and Family Welfare Minister Shri Ghulam Nabi Azad stated that the number of institutional deliveries, a key determinant of maternal mortality, has increased from seven lakhs (2005-06) to more than a crore (2010-11). One of the significant activities for saving the lives of the mother and also the infant is provision of quality ante-natal and post-natal services, he noted. The Minister informed that more than Rs 1100 crores have been provided to the States for drugs, diet and ambulances under NRHM during 2011-12. He asked the States to widely publicize the new JSSK entitlements, display them prominently in all Government facilities, put entitlements in public domain, and institute a grievance redressal mechanism for ensuring that the commitments are fulfilled in letter and spirit.

JSSK supplements the cash assistance given to a pregnant woman under Janani Suraksha Yojana and is aimed at mitigating the burden of out of pocket expenses incurred by pregnant women and sick newborns. Besides it would be a major factor in enhancing access to public health institutions and help bring down the Maternal Mortality and Infant Mortality Rates. Presently it is noted that, out of pocket expenses and user charges for transport, admission, diagnostic tests, medicines and consumables, caesarean operation are being incurred by pregnant women and their families even in the case of institutional deliveries.

India Calls for Collective Action Against Trade and IPR Barriers - Contd. from page 1

the epidemic with a prevalence of just 0.31%. India’s focus has been on high risk groups, expanding services and improving access to Anti Rétroviral Therapy.

The Minister called on the international community to vigorously scale up actions to provide resources in the global effort to combat HIV/AIDS. Shri Azad highlighted the active role of pharmaceutical companies from India in providing high quality affordable generic drugs all over the world and noted that these drugs are not cheap in quality.

The Indian delegation was led by the Union Health & Family Welfare Minister Shri Ghulam Nabi Azad. The other members included - Shri Oscar Fernandes and Shri J.D. Seelam, Hon’ble Members of Parliament, Shri Sayan Chatterjee, Secretary, Department of AIDS Control, Ms. Aradhana Johri, Additional Secretary, Department of AIDS Control and senior officers from National AIDS Control Organisation. More than a dozen representatives from civil society and NGOs participated in the deliberations.
The 27th Asian Parliamentarians’ Meeting on Population and Development was inaugurated by President Mahinda Rajapaksa in Colombo on 18 July, 2011. Speaking at the occasion, Speaker Chamal Rajapaksa said that as the world population is nearing the 7 billion mark, the rapid population growth poses a serious challenge to all the countries alike. He added stabilizing the growth of human population is vital for sustainable development.

The Asian Forum of Parliamentarians on Population and Development was formed in 1981 at the Asian Conference of Parliamentarians on Population and Development held in Beijing with the aim of encouraging and promoting parliamentary initiatives to improve the living standard and welfare of the people of Asia.

AFPPD currently has twenty-four National Committees and has full-time office support in Afghanistan, Australia, Bangladesh, Cambodia, China, India, Indonesia, Iran, Japan, Lao PDR, Malaysia, New Zealand, the Philippines, Republic of Korea, Sri Lanka, Thailand and Vietnam.

Hosted by the Ministry of Health, the 27th Meeting was organized by the Asian Population and Development Association. The Minister of External Affairs Prof. G. L. Peiris, Minister of Health Mr. Maithreepala Sirisena, Secretary to the President Mr. Lalith Weeratunga, Secretary to the Ministry of External Affairs Mr. Karunaratne Amunugama, Former Prime Minister of Japan Mr. Yasuo Fukuda MP, and Director of UNFPA Ms. Nobuko Horibe attended the inaugural session. From India, Prof. P.J. Kurien, MP and Chairman, Standing Committee, IAPPD; Mr. Bhausaheb Wackchaure, MP; and Mr. Manmohan Sharma, IAPPD, represented IAPPD in the meeting.

The Colombo Declaration

Preamble

The international parliamentary movement on population and development was initiated in 1979 when the First International Conference of Parliamentarians on Population and Development was held in Colombo, Sri Lanka, where the Colombo Declaration on Population and Development was adopted. Following this, the Asian Conference of Parliamentarians on Population and Development (ACPPD) was held in Beijing in 1981 which decided to form the Asian Forum of Parliamentarians on Population and Development (AFPPD) and the Asian Population and Development Association (APDA). This year marks the 30th anniversary of ACPPD, and the launch of AFPPD and APDA.

This year, 2011, the world population will exceed 7 billion. Global population growth and the expanded economy accelerated by globalization have been placing an environmental burden on the earth, resulting in environmental degradation such as climate change and shortage of fresh water resources. The concerns over sustainability that the founders of this parliamentary movement are becoming a reality.

There has been substantial progress in addressing population issues through efforts made in close coordination among
governments in respective countries, International Organizations, parliamentarians’ activities and NGOs. There are still, however, challenges that need to be overcome and there are new issues emerging from the progress in demographic transition.

We, parliamentarians from Asian and Pacific countries, declare that we identify the challenges we face, discuss measures to tackle them, and reaffirm our commitments to achieve sustainable development that is harmonious with economic growth in respective countries.

Fact

1. This year the world population will exceed 7 billion. Through our efforts over the past years, countries have experienced demographic transition. Population growth remains a critical issue in our region, population dynamics vary widely among countries in the Asian region. In some countries fertility rates remain elevated due to a range of issues owing to inadequate access to quality primary health care and reproductive health services. In some other countries, fertility has fallen to- or below the replacement level and the population is rapidly aging. As a result, population issues are becoming more and more diversified among countries and regions.
2. Stabilizing the population through concerted effort is a prerequisite condition of achieving sustainable development.
3. Measures to stabilize the population were described in the Cairo Declaration and in the Programme of Action of the 1994 International Conference on Population and Development.
4. Population issues should be addressed by improving individuals’ health and deepening people’s understanding on these issues.

Actions

1. We strongly advocate to our fellow parliamentarians, the media and other stakeholders to continue to highlight the critical impact and consequences of the ever-growing world population.
2. We request international aid agencies to provide parliamentarians with evidence for the public — including stakeholders — both in developed and developing countries, on the impact of the growing world population on the earth’s future.
3. We recognize the importance of advocacy activities in developed countries to maintain and augment aid budgets.
4. Based on the Asian Parliamentarians’ Statement on Population and Adaptation to Climate Change, which was adopted at the 26th APDA Meeting in Vientiane, we reaffirm that addressing population issues constitutes an integral part of adaptation measures for climate change. In this regard we continue to draw attention to this for parliaments, governments, International Organizations, and the public.
5. We urge the international community to prioritize food and water security, and environmental sustainability in international trade agreements.
6. We call upon our governments to plan, implement and monitor rights-based population and development programmes in collaboration with International Organizations. These programmes must respond to diverse situations and people’s needs, and be reported to parliaments and national committees on population and development.
7. We urge that special attention be given to gender issues, including sexual and reproductive health and rights.
8. We recommit to the engagement with our youth and the importance of their role in future actions, development, especially in population issues.
9. We, the parliamentarians, pledge our efforts to promote public understanding in our constituencies regarding the close interlinkages between population issues and development tasks.
10. We encourage international aid agencies to develop strategies of population programmes to incorporate them into PPP schemes, CSR activities, and Base of Pyramid (BOP) business.
11. We pledge to ensure there are proper measures in place to guarantee “healthy aging” in our societies.
12. We pledge to work with our governments and other stakeholders to devise new planning and governance structures to accommodate growing urban populations. South-South cooperation in improving urban management should be promoted.
13. We recognize the impact of urbanization in a globalized society and we need to reflect changes in social policy.
14. We urge the United Nations to declare a day to mark the world population at 7 billion people and support the organization at the parliamentary level of this issue on a global scale.
15. We reaffirm the spirit of the 1979 Colombo Declaration on Population and Development and the role that parliamentarians have to play in population and development issues.
In an effort to foster strategic dialogue and partnership between political leaders, policy planners and civil society, on critical family planning and reproductive health issues, a two day consultation was held in New Delhi during 10-11 June 2011. The national consultation was organized by the International Council on Management of Population Programmes (ICOMP) in collaboration with the Indian Association of Parliamentarians on Population and Development (IAPPD) and supported by the David and Lucile Packard Foundation, USA.

The overall objective of the consultation was to increase the engagement of parliamentarians, policy community and civil society leaders in providing effective leadership, with genuine commitment, on FP and RH programmes. The aim of the meeting was to enable them to conduct evidence based advocacy for raising funds for FP and RH programmes in order to address the unmet needs with specific focus on the most deprived and marginalized populations in selected states/districts of India.

Welcoming the participants to the national consultation, Mrs. Viplove Thakur, MP and Vice-Chairperson, IAPPD Standing Committee, gave a brief overview of the current Indian scenario with regard to FP and RH. In her welcome address she emphasised the importance of the consultation as it was one of the first country level initiatives which will culminate into a regional meeting of South Asian countries on family planning and reproductive health. The objective of the initiative was to bring together elected leaders, policy planners, family planning experts and civil society leaders on a common platform which will promote positive dialogue for improvement in the management and service delivery of FP/RH programme (including ARSH and HIV/AIDS prevention) to young people and other marginalized group of population.

Mr. Manohar Nadendla, Speaker of Andhra Pradesh, stressed that “it is the responsibility of every elected representative to talk about the importance of the family planning and reproductive health issues at every public forum to spread awareness and motivate people.” He urged elected representatives to take the National Rural Health Mission of the Indian government which is already working on these issues as a challenge and see how it can be taken to the people at the grass root level. He felt that the service for nation for the elected representatives begins with the service to their constituency and they are best suited for identifying pockets within their constituencies which require attention and work towards achieving the MDG goals.

Focusing on the need to organize this consultation, Dr. Wasim Zaman, Executive Director, ICOMP, Malaysia, stressed that although there is a growing awareness among elected representatives about FP and RH issues, often the strategic information available on these subjects are not used for policy planning and implementation.

Illuminating why the Packard Foundation continued support in population and development works especially in Bihar and Jharkhand states in India since 2000, including the national consultation, Mr. V. S. Chandrashekhar representing the Packard Foundation, reiterated that challenges of
family planning and reproductive health in India were enormous and stressed the need to find innovative ways of working to meet these challenges. He emphasized on a need to refocus the efforts towards birth spacing methods that have direct impact on reducing maternal and infant mortality rates and meeting the needs of young population.

Providing the views of the government, Mr. K.N. Desiraju, Additional Secretary, Ministry of Health & Family Welfare, Government of India, suggested that family planning and reproductive health issues need to be discussed in the Parliament on a sustained basis.

Elected representatives should utilize lessons learned from NRHM - the role ASHAs are playing at community level in communicating with people and providing primary health care services. He highlighted the need for communication to reach out to people and within this process it is critical that the communication be designed in accordance with the needs of the target population.

Prof. P.J. Kurien, Member of Parliament, and Chairman, IAPPD Standing Committee, emphasised on the critical need for partnership between elected representatives and civil society for the success of programmes like family planning. According to him “health care and education especially for girls is critical for moving forward in the area of family planning and reproductive health,” and has proved successful in states like Kerala and opined that it should be taken up in the EAG states as well. He quoted, “...Instead of blaming darkness, lighten a candle and give some light”.

The first session on Status of Family Planning and Reproductive Health In India: Issues And Challenges was chaired by Ms. Mabel Rebello, Member of Parliament.

In his presentation on Status of Family Welfare Program in India and Future Challenges, Mr. M.E. Khan, Population Council, New Delhi, gave an overview of the current status and future challenges of the Family Planning program in India. The presentation focused on three critical issues- namely the need to strengthen family planning delivery services to meet unmet need; understanding that young and adolescents reproductive and contraceptive needs are special and that the benefits of health sector’s improvement is not reaching to marginalized groups as it should be.

In a comprehensive presentation of current statistics on FP and RH indicators including highlight of the latest Census report 2011, Dr. S. K. Sikdar, Assistant Commissioner, F. P. Division, MOH&FW, reiterated that the main challenges remain to be early marriage of girls, unmet need for contraception and lack of awareness and education. According to him evidence shows that if the current unmet need for family planning in India could be fulfilled over the next 5 years, we can: reduce maternal mortality by 35% and avert 1,500,000 maternal deaths; reduce abortion related deaths by 50% and save more than Rs.44.5 billion; more than Rs.65 billion can be saved if safe abortion services are coupled
with increased family planning services and more than 75% of the maternal deaths can be prevented with stepwise investments to improve access to pregnancy-related health services and to high-quality facility-based intrapartum care.

The session on Rights of Adolescents and Young People for Sexual Reproductive Health Services was chaired by Mr. Avinash Rai Khanna, Member of Parliament from Punjab and moderated by Mrs. Suneepta Mukherjee, Member, Technical Advisory Committee, IAPPD.

Mr. Chaitanya Prasad, OSD and Director, Information and Broadcasting, Bharat Nirman, Government of India, in his comprehensive presentation on Strategic Approach to Adolescent Reproductive and Sexual Health, highlighted why India needs to focus on adolescents. Generally adolescents are considered to be healthy; however, they face several problems that are unique to their age group. Urbanization/emigration; cross cultural exposure; information explosion, wars and conflict etc. have effect on adolescent behavior and health. Some specific problem areas highlighted were early pregnancy leading to high maternal mortality and high infant mortality; early marriage; increasing premarital sexual activity; nutritional problems like under nutrition and anemia; STIs/HIV: 35% of new HIV infections in young people; mental health problems and increasing substance abuse. He also highlighted the critical need for convergence between ARSH and HIV programs.

Dr. Indu Capoor, CHETNA Ahmedabad, in her presentation on Empowering Adolescents to Secure their Reproductive and Sexual Health and Rights, started her presentation by defining reproductive health, reproductive rights, sexual health and sexual rights. While 10-19 years constitute 22.8 per cent of India’s population, there are less adolescent girls than boys and they lack essential information and services. Interviews with the adolescents revealed that girls often become victims without having the life skills on how to say no. Adolescents should have a right to information, the right to choose, right to access quality Reproductive Health services. Dr. Capoor also emphasized the role of elected representatives in advocating on the issues in their own constituencies.

Mrs. Vasanthi Stanley, Member of Parliament from Tamil Nadu, chaired the session on Linkages between Reproductive Health and HIV Programmes.

Dr. T.L.N. Prasad, Technical Expert, NACO, in his informative presentation on Sexual and Reproductive Health Services under NACP, discussed the linkages between SRH and HIV, global and Indian scenario, youth and SRH morbidity, and STI and HIV link. Mr. Prasad also gave a brief outline of the programmes related to STI/RTI Control and Prevention, the vision of NACP III and convergence with NRHM. According to him the key lessons learned were: need for participatory planning—bottoms up approach with multi stake holder involvement; positive attitudes and good practices among providers and staff built and sustained through handholding and mentoring process; simple add-on’s to existing services; non-stigmatizing services; strategies for inclusion of male partner; and engagement of key populations.

The discussion saw Mrs. Stanley presenting in brief the facilities available in Tamil Nadu and how Tamil Nadu could achieve family planning and reproductive health goals. Issues of drugs in north-eastern states and tribal states were raised by Ms. Rebello and discussed in detail by Mr. Prasad. Ethics regarding making HIV tests mandatory was discussed and Dr. Prasad clarified why India had chosen the tests to be voluntary rather than mandatory.

The session on Development of Future Road-Map for FP: Network of Political Leaders, Policy Community and Programme Implementers was chaired by Dr. Ram Prakash, a senior Member of Parliament.

This session was a panel discussion which aimed at developing future road-map for family planning. The panelists for the session were Dr. Anup Saha, MP; Dr. S. Natchiappan, MP; Dr. Wasim Zaman, Executive Director, ICOMP; Dr. Amarjit Singh, Joint Secretary, MOW&CD and Dr. Ratan Chand, Chief Director, MOH&FW. The objective
of the session was to draw a draft road-map for revitalizing the FP program.

The first speaker of the session, Dr. Anup Saha stressed the fact that the main aim of the family planning and reproductive health in India is population stabilization. He laid stress on designing evidence-based interventions, and advocating for the issues on a sustainable manner. He also emphasized that education and awareness generation are the two key which will result in delaying age at marriage, better reproductive and child health. Hence the focus of family planning and reproductive health programme should be on education of women and dissemination of relevant and correct information.

Speaking on the occasion, Dr. S. Natchiappan said that political leaders should have commitments to meet the goals of family planning and reproductive health. He recalled the period of 1976-77 when forced sterilization were implemented and it boomeranged in such a way that since then no political leaders ever discussed any population issues in parliament. He suggested that RH and population issues should not be made a political issue, rather it should be dealt as a human rights issue.

With the highlights of some of the preliminary results from recently released Census 2011 data, Dr. Amarjit Singh tried to present the success and failure of the population and development policies, including family planning policies in India. According to him the current focus should be on Uttar Pradesh, Rajasthan, Bihar, Jharkhand, Madhya Pradesh and Chhattisgarh. Improvement of status of women in the society, according to him, is the key to the success in family planning and reproductive health in India.

Dr. Ram Prakash while giving his remarks said that religious groups should be used in advocating the family planning and reproductive health issues and cited examples from Kerala and Punjab to validate his arguments. He was also of the opinion that Dai and Anganwadi workers should be trained to facilitate skilled delivery as still more than fifty percent of the population lives in village and many of them can't afford to go to any nearby hospital for delivery. Dr. Ram Prakash suggested having a 'delivery hut' in every village complete with basic infrastructure which would be manned by skilled dais, ANMs and Anganwadi workers.

Dr. Rattan Chand informed the august gathering about the different kind of data sets that the Ministry of Health and Family Welfare were striving to generate. Ministry has initiated Annual Health Survey which will provide district level health related data annually. Besides, there are several evaluation studies the data for which are uploaded on the Ministry website.

On this occasion, Dr. Vallabh bhai Kathiria, ex-Minister, Health; Shri Lachhu Ram Kashyap Chairman, Zilla Parishad, Bastar; Shri Pradeep Gandhi, Ex-MP and Shri Rajesh Dharmani, MLA; also addressed the gathering.
South Asia Regional Consultation on Family Planning and Reproductive Health

27-28 July, 2011, Kathmandu, Nepal

A Regional Consultation with South Asian Parliamentarians and Policy Makers on Family Planning & Reproductive Health was held on 27th and 28th July in Kathmandu. This was organized in collaboration with the SAARC & Population Association of Nepal (PAN). The consultation was supported by David & Lucile Packard Foundation, U.S.A and Asian Forum of Parliamentarians Population and Development (AFPPD). All the eight SAARC countries were present in the meeting.

The main objective of the two day program was to enhance the engagement of the parliamentarians and policy makers of South Asia along with the government representatives, policy makers, program managers and technical experts from the countries of the SAARC region. The program focused on addressing the needs of men, women and young people from the region, so that concerted efforts could be made and interventions be implemented towards achieving the ICPD and Millennium Development Goals (MDGs). During the deliberations there were varied substantive interactions with the parliamentarians to better understand the needs of the young people, especially so in re-visiting the areas related to family planning services and reproductive health.

Mr. K.P. Dhanapalan, MP; Mr. Rajesh Dharmani, MLA, Himachal Pradesh; Ms. Sonia Samant, Chairperson Zilla Parishad, Jamshedpur, Jharkhand; Ms. Baby Bhagat, Member Zilla Parishad, Gumla, Jharkhand, Mr. Deepak Gupta, UNICEF; Ms. Anisha Agarwal, Journalist; and Mr. Manmohan Sharma, IAPPD, represented the IAPPD in the consultation.

The participating elected leaders, technical experts from the civil society and the representatives of the NGOs deliberated on the use of evidence (relevant data) in making decisions on the FP, RH and Youth programmes in the South Asia region. Dr. Mashiur Rahman, Minister from Bangladesh pointed out the need for “easy-to-comprehend” data-presentation by the research community, which would help elected leaders, policy makers and programme managers to decipher it and make maximum use of the available evidence.

The Consultation specifically echoed the urgent need for pro-active engagement of media at all levels into the FP/RH programmes in the region. One delegate pointed out, “we should not only expect media to cover news on our programmes; instead, we need ensure that media community is an equal partner. Therefore, building their technical skills in these issues is equally important, when we expect friends from media to cover human-interest stories on our issues”.

Group photo of participants.
An interactive session with the participating young people and the elected leaders from the South Asia region flagged many concerns, which included: (i) lack of clear-cut national policies which should enable easy and affordable access to sexual health information and services for young people; (ii) despite the provisions made by the education & health system in providing for a counsellor/ombudsmen, most of the times neither such a service is made available nor is it confidential or trustworthy; (iii) complete lack of or slow implementation of laws and policies which deal with dignity of girls/women, especially those addressing violence against women/girls. Most South Asian leaders supported the observations made by the young participants, while some leaders acknowledged the gaps therein due to constraints, both political and faith-based.

During the concluding session, the leaders and the civil society participants reaffirmed their commitment to the FP/RH Programmes in their respective countries and thus, promised their relentless support for taking the current dialogue between the Parliamentarians, Civil Society and the Policy Makers to a next level. Speaking during the Concluding session, Dr. Wasim Zaman, Executive Director ICOMP said, “South Asia region has progressed in many ways in the social & health sector; however, there is still a lot of unfinished work. This is specifically so when compared with the MDGs target, as there are still many islands of success and yet many pockets requiring a great deal of relentless work in the area of family planning & reproductive health for women, men and young people”.

The two days regional consultation ended with a promise and a ray of hope, with all the participants committing their support in taking it forward to the national levels.

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**Demographic State of South Asia**

Out of ten populous countries in the world, South Asia has three: India 1,224,614,000, Pakistan 173,593,000, and Bangladesh 148,692,000. According to an estimate, even Nepal has over 28 million population. Bhutan with over 700,000, the Maldives with over 400,000 and Sri Lanka 212, 83,913. According to an estimate, Sri Lanka has an estimated growth rate of 0.934 with infant mortality at 9.7 in 1000 and total fertility at 2.2.

Afghanistan has one of the highest fertility rates with 5.39 and growth of 2.375. Infant mortality rate is 149.2 deaths in 1000. Bhutan’s growth rate is 1.201 with total fertility 2.2 and infant mortality 44.48 per 1000. The population growth of Bangladesh is 1.566 with 2.6 fertility and infant mortality 50.73 in 1000. Pakistan’s growth rate is 1.573 with 3.17 fertility and children and infant mortality 66.56 per 1000. Nepal’s growth is at 1.596, fertility 2.47 children, infant mortality 44.54 and the Maldives has growth at 0.151 and infant mortality 27.45, with total fertility 1.81. India’s population growth is 1.344, infant mortality 47.57 and fertility 2.62 children.

According to the data, the Maldives has 400,000 estimated population of the country. Similarly, Afghanistan, 298, 35392, has the highest maternal mortality rate and high fertility rate. Sri Lanka is one of the countries in the region which is heading to negative growth. All these countries have been facing similar problems. The world population will hit 7 billion this year and will add 2.3 billion more by 2050, according to US researchers. As the population management becomes a major challenge, there is the need of strong political commitments and adequate funding to tackle it. Recent studies point out that nearly all of the 2.3 billion projected increases will be in the less developed regions, with nearly half in Africa.

These sizable increases represent an unprecedented global demographic upheaval, according to David Bloom, Clarence James Gamble Professor of Economics and Demography at the Harvard School of Public Health, in a review article published in Science on July 29, 2011.
India likely to eradicate polio by 2011-end

Country has made remarkable progress in fight against the disease, reported only one case so far this year, say experts

India has made remarkable progress in the fight against polio and is on track to eradicate it by the end of 2011, a group of international health experts has said.

"In the first six months of this year, there has been only one case in the entire country, in Bengal," the Independent Monitoring Board of the Global Polio Eradication Initiative (GPEI) said in its latest quarterly assessment of worldwide progress against polio released Wednesday.

Noting that the country was now entering the traditional high season of polio transmission, the report warned against complacency, although it admits that the scale of India’s response to has been immense.

Though polio cases have declined by 99 percent worldwide since GPEI was set up in 1988 — from 350,000 in 1988 to around 1,000 in 2010 — the disease would strike back if it was not completely eradicated, the report warned.

"Tackling the remaining one per cent of polio is the greatest challenge yet but it can be achieved if funding and political commitment is there," said Sir Liam Donaldson, former Chief Medical Officer of England who heads the board. "Achieving this goal will be an immense triumph, making polio the second disease ever to be wiped from the planet. Failure would be a global health catastrophe."

Reflecting on the latest successes and challenges in four polio-endemic nations - Afghanistan, India, Nigeria and Pakistan - the report said that India has been the most successful in the fight against polio: just one case has been reported this year. Pakistan, on the other hand, has been the least successful: it reported 54 cases this year, double the number in the first half of 2010. “Pakistan risks becoming the last global outpost of this vicious disease,” the report said.

The report listed a $590 million funding gap, “weak political leadership in some countries” and persistent problems in quality of key polio vaccination campaigns as hurdles in the fight to wipe out the disease.

The Independent Monitoring Board was set up last year to “monitor and guide progress” of Global polio Eradication Initiative’s 2010-2012 Strategic Plan. It publishes quarterly reports “to provide an honest and transparent external assessment of the progress being made towards polio eradication.”

Source: The Indian Express, 21.7.2011