## OPERATIONAL REVIEW AND ASSESSMENT AT THE COUNTRY LEVEL OF THE IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION IN INDONESIA

## STATEMENT BY PROF. DR. IDA BAGUS OKA, MD

## STATE MINISTER FOR POPULATION AND CHAIRMAN OF NATIONAL FAMILY PLANNING COORDINATING BOARD REPUBLIC OF INDONESIA

HEAD OF INDONESIAN DELEGATION TO THE INTERNATIONAL FORUM FOR THE OPERATIONAL AND APPRAISAL OF THE IMPLEMENTATION PROGRAMME OF ACTION THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD)'94

## THE HAGUE 8-12 FEBRUARY 1999

Mr. President, Members of the Commission.

Country Delegates, Ladies, and Gentleman

First, let me thank to the UNFPA and The Government of the Netherlands for your invitation to address in the Hague Forum today.

I would like to offer my personal compliments and congratulations to the members of the Commission and Organizing Committee for your very constructive work over the last few months.

This meeting is the keystone of to maintain the momentum of the International Conference on Population and Development. As such, it has become the primary arena for discussion of progress in implementing the ICPD Programme of Action and issues arising from experience.

We are expected to succeed beyond expectations in focussing both national and international attention on population and development issues.

This is a very important forum of us, because it will begin the process of preparation for the Special Session of the General Assembly scheduled for 30 June - 2 July 1999.

I am very happy to know that UNFPA have set up a working group at this session for make recommendations on the Special Session of the General Assembly and we look forward to our close cooperation.

I know that all of us eager to discuss a substantive. action-oriented meeting, and that its outcomes should

reflect a frank assessment not only of the progress made in implementing the ICPD Programme of Action

We also eager to discuss the challenges and obstacles that still remaining, and ways to overcome them, including mobilizing the resources required to implement ICPD.

Mr. President, Members of the Commission.

Country Delegates, Ladies, and Gentleman.

I will begin to share our experience with you all the great strides has been made by the Indonesian towards implementing ICPD Plan of Action.

Indonesia has set targets and priorities in formulating and implementing population policies and programmes.

The overall objective of the Indonesian population policy is to enhance population quality, control the size and growth of the population, direct population mobility, and improve population education and information systems.

Mr. President, Members of the Commission,

Country Delegates, Ladies, and Gentleman.

Family planning is an integral part of the country's overall reproductive health agenda and its programmes address the full range of reproductive health dimensions, including safe motherhood. The programme addresses such critical areas as quality of care in reproductive health care services, the demand-fulfilment approach, prevention of sexually transmitted diseases and HIV/AIDS, education of youth regarding reproductive health and family well-being, research and data collection on reproductive health, and promotion of women's empowerment.

Since the International Conference on Population and Development (ICPD) in 1994, Indonesia's population policies have shifted their emphases to that of a 'people and family centered' approach emphasizing poverty alleviation as a central challenge for development efforts.

Rather than concentrating solely on demographic objectives, policies now emphasize the importance of human and family development, changing attitudes towards reproduction, and client-centered provision of high-quality family planning information and services.

Governments and non-governmental organizations (NGOs) are working hand in hand to address these issues. There is a rapidly growing number of NGOs dealing with health and family planning services.

The health and family planning sectors are quite vulnerable to social and economic fluctuations. Since women and children are the most common users of these services they are often hardest hit in times of economic hardship when prices rise. Thus, gender - and age-specific concerns are increasingly important in the design and implementation of developmental programmes.

In many areas of the country, there seems to be awareness of the need to integrate men into all aspects of reproductive health programmes, and some programmes are specifically directed at male involvement.

Mr. President, Members of the Commission,

Country Delegates, Ladies, and Gentleman.

Suddenly my country is being hardly hit by economic crisis just three years after we were optimistically agreed to achieve all ICPD goals in Indonesia.

We are not alone.

During the Asia-Pacific Regional High Level Meeting, held at Bangkok from 24 to 27 March 1998 to review the implementation of the Program of Action of the ICPD and the Bali Declaration on Population and sustainable development, country in the ESCAP region had already indicated the seriousness of economic crisis.

The meeting called upon the international community to substantially increase support to meet the pressing needs of the region of Asia and Pacific in population and development and to provide additional resources to those States which were facing a major economic crisis.

I will stress it once again: "we need additional resources to those States which were facing a major economic crisis, including my country Indonesia!".

We also pointed out that while the States in the region had been meeting their part of the financial commitments made at the Cairo, there was a considerable shortfall in the proportion of resources expected to be made by the international community.

Before the economic crisis all international assistance was only contribute less than 11 percent of the total budgets for population and development in Indonesia. This budget is mostly used to be a catalyst for advance development on population and development programmes.

The economic crisis changes the course of history in my country. For example, the UNFPA country representative estimated that Indonesia needs additional resources for contraceptive more than US\$20 million a year from the international community

This external fund is required if we will commit to full-fill demand of more than 27,7 million couples across the country.

As you might aware, the country's economic crisis continues to unfold the scale and magnitude of its consequences on the well being of million of people is becoming increasingly apparent.

Job losses, rising prices and declining real purchasing power have led to major increase in poverty levels and people living just above the poverty line.

Before the economic crisis the percentage of people living below the poverty line had been declining drastically: from 60 percent or 70 million in 1970 to 15 percent or 27 million in 1990, to 13.7 percent 25.9 million in 1993.

After the economic crisis in Indonesia, the ranks of impoverishes increased approximately four folds from 22 million to 80 million (17 million families) last year.

Many now lack access to basic social services and receiving sub-standard of services.

The crisis has affected the affordability and quality of basic social services, including health, family planning and educational services.

The attainment of the goals and objectives of the Programme of Action of the ICPD, as well as those of other UN Conferences has become increasingly uncertain.

An international community is fully aware that the success of the Indonesian population as the fourth most populous country in the world is a global concern. I believe there are concern about us on how should we implement ICPD plan of action during the crisis and the future.

I give an example, as Chairman of BKKBN I have been receiving a lot of help from international community to guaranty that contraceptives are always available since these are becoming a basic need in our society. We should full-fill their demand on obtaining contraception. It is their right to decide to have or not to have the children and means to do so. The Government has responsibility to full-fill these demands.

We want an international community to help us to avoid the situation that has come to constitute an international emergency.

Mr. President, Members of the Commission,

Country Delegates, Ladies, and Gentleman.

What are negative impacts of economic crisis which can be prevented by giving more additional resources in Indonesia?

I will give you some examples on what ICPD recommendations could not be achieved by Indonesia due to the economic crisis; and additional funds from international community will prevent these matters to be happened in my nation.

*First*, on the issues of the linkages between population, economic growth and sustainable development.

We did not do enough on this issue.

We learn after the economic crisis hit us. We have not done an appropriate implementation of ICPD recommendation on these issues.

My country is very week in a social safety-net system to protect the poor population.

At the same time we were actually committed to put population at the center of development process as stated in the ICPD Recommendation.

This economic crisis pushed to work harder to pursue this issue.

**Second,** on the achievement of quantitative goals to reduce maternal mortality by half from the 1990 level, and by 2015, by another half. Namely by 75 per 100,000 birth at the year 2015.

We had done so much efforts on this matter. But there are complex issues which can be solved when funds are available. The political commitments to reduce MMR has been so strong but Indonesia is a big country and funds are really matters. We are having smaller funds to up-lift our work on preventing maternal death.

*Third*, on the male participation on contraceptive uses. We need more IEC and programme development as well as policy instrument in this matter.

*Fourth*, on the issues of improving quality of care on health and Family Planning in Indonesia.

Efforts to improve quality is being maintained but economic crisis suppressed the training, certain type of contraceptives demanded (i.e.: implant and injection), lack of IEC material, reduce supervision, and other efforts to improve quality of care.

*Fifth,* research and development are in danger, including efforts to manufacture contraceptive methods and device in Indonesia.

Before I conclude my remarks, I would to reiterate that: there is no reason to postpone the implementation of ICPD since to do otherwise will give serious impacts on social economic development as well as the achievement of sustainable development.

The impact of population programmes is a long last whether good or bad.

However due to the economic crisis we would like pledge an international community to fulfill our duties to fully implement ICPD Plan of Actions.

We need assistant from the international community to implement ICPD, especially during the economic crisis. We pledge an international community to seek their helps since population is a global problem.

As the General Assembly resolution on the Special Session (A/C.2/52/L.43) states, there should be no renegotiation of agreements reached in Cairo during the process which led to the Programme of Action.

Once again ICPD Plan of Action is not for renegotiation until the year 2015.

We and an international community should commit our-shelves to implement ICPD recommendations, even during the economic crisis.

We can modify our strategies by implementing more coordinated, effective and efficient intervention to achieve the ICPD goals.

I thank you.

The State Ministry of Population

Chairman NFPCB

Prof. Dr. Ida Bagus Oka, MD