



PAKISTAN

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Statement

By

**Mr. Shaukat Hayat Durrani,
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**at the 43rd Session of the Commission on Population and
Development**

**New York
13 April 2010**

**Pakistan's Statement at the 43rd Session of the
Commission on Population and Development
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Mr. Chairman,

My delegation wishes to align itself with the statement made by Yemen on behalf of G-77 and China earlier in the session.

I would like to congratulate the members of the Bureau on their election.

We would like to thank the Secretary-General for his reports for the Commission. The reports on the priority theme provide useful background for discussion on the changing nature of health, morbidity, mortality and development.

I would like to take this opportunity to appreciate the role of United Nations Population Fund (UNFPA) in the advancement of goals and objectives of the Commission.

The United Nations Population Fund (UNFPA) is also an important partner of Government of Pakistan and provides financial and technical support for the population programmes. Our long lasting partnership with UNFPA dates back to 1971. Since then we have with the help of UNFPA implemented seven country programmes.

Mr. Chairman,

Pakistan is the sixth most populous country in the world. We are a country undergoing demographic transition with 41% of population below the age of 15 and only 4% over the age of 65. We will have 50 million people in the economically productive age group by 2030. While our demographic transition has provided an opportunity, it has raised our stakes for health, morbidity mortality and development.

We are in the process of finalizing our latest National Population Policy in consultation with all stake holders. Pakistan's Population Policy seeks to attain a balance between population and resources. Its goals are set out in three major areas of the ICPD which includes expanded access to education, particularly for girls, reduced mortality rates and increased access to quality reproductive health services and family planning. In formulating our Population Policy 2010 we have relied on best practices and experience gained in the past. The Policy lays down a broad framework to provide futuristic vision to achieve the aim of economic development and raising the quality of life of the common people by focusing on family planning under the umbrella of reproductive health especially in rural areas. The Government will concentrate on raising awareness, strengthen advocacy, build alliances and renew commitment at the country level, as well as to strengthen national capacity for monitoring and evaluation of goals and targets and to encourage national debate on specific priority areas.

Our National Health Policy provides equal attention to communicable and non-communicable diseases. The policy has an all inclusive approach and has been shaped in collaboration with our civil society partners. The Ministry of Health in Pakistan is actively pursuing several targeted programs including immunization, control of Hepatitis, AIDS, Tuberculosis Control and a special National Maternal, Neonatal and Child Healthcare Programme.

The latest Demographic and Health Survey in Pakistan shows that there has been a substantial rise in knowledge about different Family Planning methods and 96% of currently married women are aware of at least one method of contraception as compared to 78% in 1991. The Contraceptive Prevalence Rate has increased to 30% from 12% which needs further improvement. The Total Fertility rate per woman has been reduced to 4 from 5.4 and the Population Growth Rate has come down to 1.8% from 2.63%. In spite of these achievements, the result is still not encouraging when compared with other countries of the region and this compromises the economic growth and standard of living of the people.

Mr. Chairman,

In the context of priority theme of 'Health, Morbidity, Mortality and Development' based on Pakistan's experience we would like to highlight the following elements:

First, there is a need for concerted and continued focus on family planning and provision of quality reproductive health.

Second, eradication of poverty and the need to build better primary health care systems are important in achieving the Millennium Development Goals (MDGs). The rising population in the developing countries including Pakistan will not only face shortage of food, utilities, housing, education and health facilities but also limited access to clean drinking water and proper sanitation.

Third, the challenges of health, morbidity, mortality and development require international cooperation and increased development assistance. There should be continued international commitment in this field to ensure achieving all the Millennium Development Goals (MDGs).

Fourth, while communicable diseases remain a major cause of concern in many parts of the world, the impact of non-communicable disease on mortality requires detailed analysis and a comprehensive policy response. There is a need for equal focus on prevention of communicable and non-communicable diseases and we need to continue with our shared efforts in this regard

Fifth, there is a need to promote research and development, knowledge-sharing and provision of information technology for equitable access to health care services and medicines by all especially in the developing countries.

I thank you.
