



**Permanent Mission of the Kingdom of Swaziland
to the United Nations**

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KINGDOM OF SWAZILAND

AT THE 43rd SESSION OF THE
COMMISSION ON POPULATION AND DEVELOPMENT

AGENDA ITEM 4 – NATIONAL EXPERIENCE IN POPULATION
MATTERS: HEALTH, MORBIDITY, MORTALITY AND
DEVELOPMENT

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**Excellencies,
Distinguished Delegates,**

My delegation wishes to align itself with the statement delivered by Yemen on behalf of the Group of 77 and China and that of Cape Verde on behalf of the African Group. We pledge our full support to the work of this important Commission.

We further thank the Secretary-General for his reports submitted under this Agenda Item.

**Excellencies,
Distinguished Delegates,**

It is now more than 15 years since we agreed on a forward looking programme of action on population and development. The ICPD Programme of Action shifted emphasis from numbers to putting people at the centre of development by promoting and protecting the right of every man, woman, girl and boy to equal treatment, education, health including sexual and reproductive health, amongst others.

The Kingdom of Swaziland is cognisant of the fact that the ICPD-PoA, with its strong emphasis on human rights, particularly reproductive health rights, gender equality and women's and youth empowerment is still as relevant today as when it was crafted fifteen years ago. Indeed we recognize that the Millennium Development Goals (MDGs) cannot be achieved unless these critical issues are squarely addressed. As long as large segments of our population remain marginalized, we will not make any meaningful headway towards the achievement of our national development goals and aspirations as well as to reduce poverty.

As a country we have made major strides in implementing the ICPD Programme of Action. Most notably we have developed the requisite policy and strategy frameworks including the National Development Strategy, Poverty Reduction Strategy and Action Programme, National Population Policy, National Health Policy, National Youth Policy and Sexual and Reproductive Health Strategic Plan. However the fully fledged implementation of these policies remains a major challenge due to human and financial resource constraints.

**Excellencies,
Distinguished Delegates,**

Let me share with you our experiences in relation to the theme under discussion. The population of the Kingdom of Swaziland is estimated at 1.02 million having modestly increased from 0.98 million in 1997. The population growth rate declined significantly from 2.9 percent to 0.9 percent per annum in the last 10 years and this may be attributable to the increase in HIV and AIDS related mortality and the decline in fertility. Total Fertility Rate declined from 6.4 in 1986 to 4.5 in 1997 and to 3.8 in 2007. Life expectancy at birth has also declined from 60 years in 1997 to 53 years in 2007.

Maternal, child, and infant mortality rates are on the increase. Under-five mortality increased from 106 in 1997 to 120 per 1,000 live births in 2008 of which 70 per cent occurs among infants below one year. Maternal mortality ratio doubled from 229 to 589 per 100,000 live births between 1995 and 2007 respectively. This may be attributable to HIV related complications. Approximately 42 per cent of women attending antenatal care are HIV positive. 26 per cent of teenagers attending antenatal care are HIV positive.

Our country is categorized as a lower middle income country with a human development index of 0.572 in 2007. Over the last two decades, the country suffered poor economic performance. Real gross domestic product growth declined from an annual average of 8 per cent in the 1980s to 3.5 per cent in 2007. Although the country has a relatively high gross domestic product per capita of \$2,415, wealth distribution is skewed; approximately 20 per cent of the population control over 54 per cent of the wealth.

To this end, there is a need to re-classify the country from a lower middle income to a more appropriate and relevant economic grouping as this deprives the country of necessary international assistance. For example, access to the Global Alliance on Vaccines and Immunization (GAVI) and others.

Excellencies, Distinguished Delegates,

The Kingdom of Swaziland has made significant progress in relation to MDG IV and V including: integration of reproductive health services within all levels of the health system, improved sexual and reproductive health commodity security, integration of prevention and treatment of STIs in the health care delivery system, expanded Prevention of Mother-to Child Transmission (PMTCT) to cover over 80 percent of health facilities in 2009 from 2 percent in 2003, increased coverage in the distribution of Anti-Retroviral Therapy medication, implementation of integrated management of childhood illnesses to promote child survival, introduction of male involvement in programming and up-scaling of efforts to reduce maternal mortality as part of the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA).

Despite these achievements, the country finds itself in the unenviable position of having the highest HIV prevalence rate in the world. Our over-riding goal is to combat and reverse the spread of HIV and AIDS within the immediate future. Challenges observed include among others increase in HIV infections, long term sustainability of HIV and AIDS programmes, increased demand for health care, weak follow-up systems between facilities and communities as well as inadequate human resources for health. There is a need to strengthen research, monitoring and evaluation of HIV and AIDS including TB programmes. There is need for strengthening the coordination of the response and effective HIV programme management.

**Excellencies,
Distinguished Delegates,**

In conclusion let me point out that Swaziland remains fully committed towards implementing the ICPD Programme of Action and has joined hands in recent times with other countries at regional level to agree on a set of resolutions to fast track its implementation in the five years that remain. In this regard, we appreciate the strong co-operation we have with our development partners and therefore call for their renewed commitment to the fulfilment of all official development assistance-related commitments.