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Statement

by

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the High Representative for the Least
Developed Countries, Landlocked Developing
Countries and Small Island Developing States
(UN-OHRLLS)**

at the

**Commission on Population and Development
(CPD)**

**United Nations, Conference Room 3
4 April 2005**

Mr. Chairperson

Under-Secretary-General, Mr. José Antonio Ocampo

Executive Director of UNFPA, Ms. Thoraya Obaid

Director Ms. Hania Zlotnick

Distinguished delegates

Ladies and gentlemen

Mr. Chairperson,

Allow me to join previous speakers in congratulating you on your assumption of the Chair and other members of the Bureau of the 38th session of the Commission on Population and Development. My congratulations also go to Ms. Hania Zlotnick, the new Director of the Population Division.

Under-Secretary-General and High Representative Mr. Anwarul Chowdhury could not be present here today as he is attending meetings abroad. I will therefore speak on behalf of the United Nations Office of the High Representative for Least Developed Countries, Landlocked Developing Countries and the Small Island Developing States (UN OHRLLS).

This intervention of the Office is to primarily draw the attention of this Commission on Population and Development to the plight of the 50 Least Developed Countries. Our Office thanks the Population Division for providing relevant statistics pertaining to the LDCs. The information will be an important input and also be most useful for productive discussions in this Commission and other forums.

When it comes to population statistics and the projections for the LDCs till 2050, we hear loud alarm bells.

Population in these countries is projected to more than double from about 800 million to 1.5 to 1.7 billion by 2045, with the population even tripling in 11 of them.

Though the currently high fertility rates in the LDCs are expected to decline, they will remain higher than the rest of the world. In developed countries as a whole, fertility is currently 1.56 children per woman and is projected to increase slowly to 1.84 children per woman; whereas in the least developed countries fertility is 5 children per woman and is expected to drop by about half, but that still comes to 2.57 children per woman by 2045-

2050. Again, as USG Mr. José Antonio Ocampo mentioned – “Maternal mortality continues to be unacceptably high, especially in the LDCs”.

The population dynamics in the LDCs will also undergo changes due to an increase in life expectancy from 50 to 66 years. At the same time its relation to economic productivity will depend on the implementation of effective programmes to prevent and treat HIV/AIDS, malaria, tuberculosis and other debilitating diseases.

On the other hand, in Southern Africa, the region with the highest prevalence of HIV/AIDS, life expectancy has fallen from 62 years to 48 years in 2000-2005, and is projected to decrease further to 43 years over the next decade. As a consequence, population growth in the region is expected to stall between 2005 and 2020. In Botswana, Lesotho and Swaziland, the population is projected to decrease as deaths outnumber births. In most of the other developing countries affected by the epidemic, population growth will continue to be positive, as their high fertility rates more than counterbalances the rise in mortality.

Another critical demographic feature that will impact socioeconomic development in the LDCs is that by 2050 they will have larger youth populations. This can be a highly productive resource provided LDCs can contain HIV/AIDS, provide the requisite health and welfare facilities, education and training with appropriate employment opportunities to this group. An increase in the number of youths will occur especially in those countries whose median ages are projected to be at or below 23 years. They include Angola, Burundi, Chad, the Democratic Republic of Congo, Equatorial Guinea, Guinea-Bissau, Liberia, Niger and Uganda.

The alarm bells are indeed becoming louder as population growth, HIV/AIDS, malaria and other diseases, and bleak economic prospects make it increasingly difficult for the LDCs to achieve the Millennium Development Goals, and the goals and targets set out in the Brussels Programme of Action for LDCs – a Programme that has its basis in the MDGs but increases its development focus to deal with the special circumstances in these countries.

As part of the solution to the growing population problem in the LDCs, the Brussels Programme firstly called for appropriate health care to be available to all individuals no later than by 2015. Secondly, the Programme called for making available the widest achievable range of family planning and contraceptive methods. These provisions and targets in the Programme are intended to cater to a healthier population and reduce population growth rates.

On their part, LDCs have committed to strengthen population policies and strategies consistent with the expectations of the international

community. The LDCs have also agreed to strengthen basic health care systems and increasing access to, and availability of, the widest range of quality health care. They have agreed to promote reproductive rights as defined in the ICPD Programme of Action with particular emphasis on maternal and child health.

But as is well known, LDCs face severe capacity constraints, lack technology and know-how and the financial means to effectively undertake these commitments. This implies that they inevitably require strong support from the international community.

The UN OHRLLS urges both the LDCs and their development partners to strengthen their plans and programs to fulfill these objectives of the MDGs and the Brussels Programme. These can be achieved through making available the already internationally-committed resource and technology flows, through debt cancellations for all LDCs, through the successful elimination of subsidies and unfair trade practices wherever the products of the LDCs have to face unfair competition. All these steps must be taken by the international community in order to help the LDCs achieve the MDGs and the Brussels Programme of Action.

Thank you for your patience.
