REPUBLIC OF
BOTSWANA

PERMANENT MISSION OF THE REPUBLIC OF
BOTSWANA TO THE UNITED NATIONS

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STATEMENT BY

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AMBASSADOR AND PERMANENT REPRESENTATIVE OF THE REPUBLIC OF BOTSWANA TO THE UNITED NATIONS

AT THE

43RD SESSION OF THE

COMMISSION ON POPULATION AND DEVELOPMENT

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Mr. Chairman,

1. I thank you for giving me the floor. Let me take this opportunity to congratulate you and other Members of the Bureau on your assumption of the Chairmanship our Commission. I am confident that you will steer the activities of the 43rd Session to a successful conclusion. My delegation stands ready to support you in the discharge of this important mandate.

2. My delegation associates itself with the statement delivered earlier by Cape Verde on behalf of the Africa Group and also the one delivered by Yemen on behalf of the G77 and China.

Mr. Chairman,

3. Over the years, Botswana has benefited significantly from sustained investment in the health and well being of her people. More than 90% of the population has access to safe drinking water while about the same proportion is currently using improved and sanitary means of excreta disposal. More than half of females use modern methods of contraception thanks, in a large measure, to the development of health infrastructure and accessibility health services and clinics to which are 15 kilometer radius of every community in the country. This has led, in part, to drastic reduction in the average number of children that a woman had in her reproductive life from 4.3 in 1996 to 2.9 in 2007.

4. Despite the limited success recorded so far in Botswana, maternal health continues to be one of the major public health challenges today with an estimated 193 out of every 100,000 mothers dying during or immediately after birth. This is despite the fact that 95 per cent of pregnant mothers attend antenatal care and subsequently receive professional assistance during delivery.

5. The country's investment in the health sector around the 80s and 90s had also seen an increase in the life expectancy of the population from 55 years in 1971 to the height of 65 in 1991. Infant mortality also declined from 97 deaths per 1000 live births in 1971 to 37 in 1996.

6. However, the emergence of the scourge of HIV/AIDS pandemic presented fresh challenges to the country's efforts to improve the well being and health of its people. Life expectancy declined to 55 years in 2001 and further to 54 years in 2006 owing to increased mortality occasioned by HIV/AIDS related illnesses.

Mr. Chairman,

7. The Botswana Government has continued its unrelenting fight against HIV/AIDS. As one of the first countries in Africa to step out of denial, the political leadership declared AIDS a national crisis and proceeded to commit substantial budgetary resources to the fight against the disease. The country was among the first in Africa to provide free anti retroviral therapy to those living with HIV/AIDS. This has not only prolonged the lives of those concerned, but it has also ensured that they continue to live productive lives and effectively contribute to the country's development efforts.

8. This however, is being undertaken at a major opportunity cost in that it has diverted important resources earmarked for other development priorities. We therefore remain indebted to the outpouring of international support which we greatly value, selected bilateral resources, assistance through PEPFAR, the Global Fund, the Merck and the Bill and Melinda Gates Foundation among others, whom we would encourage not to tire from the live-saving good work they continue to do and the offer of hope to those maligned by the devastating effects of HIV/AIDS.

9. The Government of Botswana has also implemented a programme of prevention of mother to child transmission. Today, no less than 90% of pregnant mothers receive treatment to reduce chances of

transmission of the deadly virus to the unborn child. This programme has successfully ensured that fewer children are born with the disease. Of, course the burden of 10% remains and we would all agree that the numbers were quite staggering. However, we are optimistic that in spite of the effects of the financial crisis which has crippled many well intended programmes, the largeness of the human heart and the goodwill of the international community will not be deterred to enable us to close the remaining gap.

Mr. Chairman

10. Along with the challenges of HIV/AIDS, the country has experienced an increase in the number of reported cases of tuberculosis. Equally disturbing has been the emergence of multiple drug resistant strain of tuberculosis owing to poor or lack of adherence of individuals to treatment schedules. This has seriously militated against the country's efforts to fight against both strains of TB though success was realized at the beginning. The Government of Botswana with the assistance of development partners is implementing a directly observed treatment (DOT) strategy to improve adherence to treatment. In addition, a number of isolation wards have been constructed to deal with the increasing multiple drug resistant cases.

11. It is also disturbing that of late, Botswana has experienced a rise in the incidence of non-communicable diseases such as diabetes, cancer, heart diseases, and hypertension. Treatment for these ailments is often highly sophisticated, prolonged and requires the expertise and resources which are not at our disposal, hence, the need to expand the focus of development assistance in this area.

12. Botswana, like most developing countries still has significant levels of poverty, with an estimated 30 per cent of the population living below the poverty datum threshold. The income poverty is more common as a direct result of high unemployment and indirectly due to the impact of HIV/AIDS. However, a number of initiatives have been put in place to fight poverty both at community and national level. Among these are the community based labour intensive programmes, which not only provide short term employment, but also improve food security at household and community levels.

Mr. Chairman

13. The poverty indicators and the high level of unemployment I just outlined is a demonstrable fact that, in spite of her middle income status, Botswana like other developing countries in the same category, is still far from escaping the poverty trap and needed much more assistance than they were currently receiving. This is also not helped by fact that classification of countries as upper middle income has often led to decline in the amount of development assistance from our partners and as well as increase in the cost of borrowing for this group of countries when such assistance is given. This has the risk of further eroding the gains that the country made in the last decades.

14. In conclusion, I would like to reiterate my appeal to the international community that while extending development assistance to the least developed countries, due consideration should also be given to countries with special situations like landlocked developing countries, small island developing states and as well as middle income countries. This is a *sine qua non* for achieving the Millennium Development Goals by 2015.

I thank you for your attention.