



## BANGLADESH

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Statement by

**H.E. Dr. A K Abdul Momen, Ambassador and Permanent representative of Bangladesh to the United Nations at the General Debate on national experience in population matters: fertility, reproductive health and development (agenda item 4) at the forty-fourth session of the Commission on Population and Development (CPD)  
New York, 12 April 2011**

Mr. Chair,

I would like to begin by thanking the Secretary-General for his comprehensive 3 reports (*contained in documents E/CN.9/2011/3, E/CN.9/2011/4 and E/CN.9/2011/5*) on this year's theme "fertility, reproductive health and development". I also thank Mr. Sha Zukang, the Under Secretary General of DESA for his statement delivered yesterday. My delegation aligns itself with the statement made by the distinguished Permanent Representative of Nepal on behalf of the LDCs.

Mr. Chair,

At the MDG Review Summit held last September, the world leaders expressed their grave concern over the slow progress being made in reducing maternal mortality and improving maternal and reproductive health. They re-iterated their commitments and stated in clear terms that MDGs are achievable within the given time frame provided resource flows are adequate, predictable and guaranteed.

Mr. Chair,

Several references to Bangladesh have been made in Secretary General's Report. In one of the reports Bangladesh has been mentioned as an intermediate-fertility country where the mean age at first birth is still very low (17.7 years). The Government is aware of the situation and is taking appropriate measures to address this issue. You would be happy to note that in Bangladesh, fertility has declined markedly - from 4.00 children per women in 1995 to 2.4 children per women in 2009 even though the simulate mean age at marriage has remained low (18.7 years in 2005). Considering the resource constraints, this is no small achievement. However, there is no room for complacency as the population of Bangladesh is now over 160 million with a population density of over 1,100 persons per square km, more than 35 times that of USA.

In our part of the world, when I grew up, child marriage was pervasive. Years back, the Government promulgated laws that set the minimum age at 18 years for a girl to get married. In addition, it started providing nearly \$1.30 a month to a family for each of their female offspring to attend school and they are eligible to get this stipend as long as they remained unmarried. Due to increased social awareness and myriad programs

regarding the adverse effects of early marriage and substantial increase in girl education, the incidents of child marriage is declining. However, abject poverty at times forces parents to give marriage of their young girls evading laws. We could not agree more to the argument that the inverse relationship between years of schooling and the rate of child mortality and also maternal mortality. Good news is; without any mandatory program, Bangladesh owing to public awareness has been successful to reduce its birth rate significantly, by over 50%.

Mr. Chair,

The maternal mortality ratio was 570 per 100,000 live births in Bangladesh in 2005. However, in 2008, this ratio reduced to 340 per 100,000 live births. Although our maternal mortality rate reduced by 40% and child mortality rate by 67%, i. e. we have made good progress in achieving MDG-4 and 5 targets, we still have a long way to go to reach the targets. To address this, the Government has taken measures to establish 18,000 community clinics; 10,000 of them are almost operational now. From SG's report, we are happy to note that in order to address persistently high maternal and neonatal mortality, UNFPA, UNICEF and WHO, with financial support from the DFID of the UK and the EU, joined hands with the Government of Bangladesh to implement a comprehensive initiative to improve the utilization of quality maternal and newborn health services, especially among the poor and socially excluded groups. As a result, the number of deliveries in public health facilities has increased, as has the treatment of complicated cases in hospitals.

Mr. Chair,

In the area of family planning, there are huge unmet needs. The figure stands at 17% while the LDC average is 23%. In Bangladesh, till today nearly 33% of the population live below the poverty line. Needless to say, they are the most vulnerable and bringing them under the family planning programs is a daunting task. As mentioned in one of SG's reports, governments in LDCs, which are faced with many competing development priorities in addition to menace of erratic climatic changes, often cannot afford to make the necessary investments in population programs. They rely heavily on external funding from donors. Unfortunately, over the past decade, per capita donor funding for family planning dropped by over 50% in 42 of the 48 LDCs. Looking at the reproductive health more broadly (including family planning and maternal health), in 2009 donor assistance for population covered only an estimated 11% of actual cost. The global financial and economic meltdown which is further aggravated by world food crisis, increasing energy and food prices, is threatening to diminish the achievements that we have made since the adoption of the Millennium Declaration in 2000. This calls for furthering our efforts. As I have already mentioned, we cannot do it alone. In this connection, I would like to once again urge the donor countries to follow-up on their commitments made earlier.

We look forward to the outcome of the 4<sup>th</sup> LDC Conference (to be held in Istanbul in May this year) that will address the pathetic plights of the millions of poor people living

in 48 LDCs and would once again call for the attention of the donor community to renew their commitments to ameliorate the situation of the poor people. Unless serious efforts are undertaken, 'business-as-usual' is not going to help them to graduate nor would allow them to reach their MDG targets. If we cannot check the population growth rate in the LDCs and adequately face the bad consequences of climate change, most of our development efforts are likely to fail and doom to collapse. Fact is, if we look at the percentage figures, few countries might be able to report success in few of the MDGs, but if we do the headcount, most of our achievements are feared to be well short of the targets.

However, there is good news. Today is the 12<sup>th</sup> of April. It is the Global Day of Action on Military Spending and it is being organized by International Peace Bureau and the Institute of Policy Studies to coincide with the April 12<sup>th</sup> release date of the Stockholm International Peace Research Institute's or SIPRI's new Annual Report on World Military Expenditures.

Dear Friends,

In 2009 alone, as per SIPRI, the world spent \$1.5 trillion on military adventures. In this case, are we looking for 'value-for-money' or 'strong demonstration of results or impacts' that we rightfully always attach to funding for development, poverty alleviation, reproductive health, imparting basic education, or such other social programs? The leadership at the MDG Summit in last Fall while stock-taking pointedly mentioned the shortage of adequate financing as the key bottlenecks to reach MDG goals. In addition, case studies show that achievements are on tract for those programs that have reasonable funding. Those who are shy of increasing their contribution or even to meet their own commitments to reach MDG goals of the poorer countries either in the name of financial meltdown, or 'value-for-money' or any other pretext, is it time, for them to review and reflect? Is it time to act, show your commitment rather than tall talks?

I thank you Mr. Chair.