

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
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**AT THE 44TH SESSION OF THE COMMISSION ON POPULATION
AND DEVELOPMENT**

New York, 12th April, 2011

Please check against Delivery

Mr Chairman,

1. Let me start by congratulating you for the assumption of the Chairmanship of this important Commission which I believe is a fitting tribute to you personally and the Government of Malawi. My delegation has full confidence and trust in your abilities to steer the business of the 44th Session to a successful conclusion. I also wish to commend your predecessor for the excellent manner in which he guided the Commission through the 43rd Session.
2. Botswana welcomes the theme of this year's Session of "**Fertility, Reproductive Health and Development**". The theme of the present Session is timely and relevant to the prevailing demographic trends where the world was experiencing gradual decline in fertility rates accompanied by generally high but declining population growth rates.
3. We thank the Secretary General for his report; document E/CN.9/2011/3, which captures the existing dichotomies between the developing countries and developed countries in relation to fertility, reproductive health and development. The report indicates that by far, poorer countries account for most high fertility even though in some cases it is not the result of limited access and lower contraceptive prevalence that is responsible for more children per mothers. Many variations abound in the explanation of contraceptive prevalence of lower fertility counties as well.
4. It is quite possible that the effectiveness of contraceptive methods employed could be seriously compromised leading to high fertility rates. However, the steep variations of fertility rates amongst countries with similar developmental challenges can only lead to a conclusion that other factors are at play such as liberalization of policies giving rise to a variety of options and choices like abortion, prevalence of marriage and divorce syndrome, and the prolific incidence and acceptability of bearing children outside the institution of marriage.
5. Even though all countries face challenges in ensuring reproductive health for all, the correlation between high fertility and negative development indicators of poorer countries is alarming. For this group of countries, the daunting challenges brought about by rapid population growth are manifested in their overall low performance in meeting the Millennium Development Goals.
6. The report of the Secretary General on "**the Flow of Financial resources for assisting in the implementation of the Programme of Action of the ICPD,**" document E/CN.9/2011/5, lays emphasis on the interrelatedness of direct implications of reproductive health issues on the

achievement of health related MDGs, including child mortality, maternal health and HIV/AIDS prevention care and support as well as the policy initiatives of addressing social and economic inequalities in the developing world. For developing countries, the burden of resource mobilization necessary for the implementation of ICPD has been made more heavier by the crippling effects of the 2008/2009 global financial crisis which reversed all the gains and progress that was made over the years.

7. For this reason, even countries such as my own, with middle income status, will continue to rely on the goodwill of the international community and private individuals to provide funding for many life saving HIV/AIDS programmes and much needed population activities.

Mr. Chairman,

8. Botswana, like most developing countries, is experiencing transition in its demographic outlook. The country has experienced a rapid decline in fertility since 1971. From a high of 6.5 children per a mother of reproductive age, the rate declined to 4.2 in 1991 and 3.3 in 2001 before declining to a further 2.9 in 2007.
9. The decline corresponded with the increasing literacy rates among women, their participation in the work force as well as more use of contraception as well as the rapid urban population growth. The rate of overall population growth also declined considerably in tandem with falling levels of fertility from an estimated 3.5% per annum between 1981 and 1991 to 2.4% between 1991 and 2001. The implication is that the population of the country can only double in 20 years time.
10. Although the country is not in immediate danger of a population decline, the continued decline in fertility may pose a challenge in the future as the population threatens to reach below replacement level in the years to come. The Revised National Population Policy calls for monitoring of the fertility to keep it above replacement level. The policy calls for wider investment on health and well being of the people, especially children to ensure continuation of their survival. With only 1.8 million people, Botswana cannot afford to have its population dropping below replacement levels given the detrimental effects of a small population on both the internal market and sustained economic growth.
11. Botswana continues to accord maximum attention to the reproductive health of its population. Thanks to the revenue accruing from diamond exports, it has been possible to roll-out extensive health infrastructure ensuring that 84 percent of population lives within a 5km radius from the nearest health facility. In 2007, 94.6 percent of delivering mothers were attended to by a trained

health professional, while 95 per cent of pregnant mothers receive some type of antenatal care from a skilled health professional.

12. Despite these encouraging statistics, the country is still experiencing unacceptably high number of mothers who lose their lives during and after delivery. In 2009, 189 mothers out of every 100,000 live births died during or immediately after delivery. These mothers died mostly from preventable causes including; haemorrhage (28%), hypertension (16%), abortion (13%), sepsis (12%) among others. As a response to this unpleasant turn of events, Botswana Government adopted a National Road Map for Accelerating the Reduction of Maternal and New Born Mortality to ensure universal access to quality health care for mothers and their new born babies.
13. The road map addresses a range of issues including supply chain management, efficiency of system communication and referral, community empowerment to ensure continuum of care between households and the health system. In addition, the country recently launched the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA).The campaign will strengthen the existing strategies towards reducing maternal and newborn mortality as it advocates for multi-sectoral response to maternal and new born health by accelerating implementation of high impact interventions.

Mr Chairman,

14. Botswana is one of the countries worst affected by the HIV and AIDS scourge. The pandemic reversed major gains that the country had made in the health of children and mothers. More than 40% of children born to HIV positive mothers were infected in 2005, developing complications later on and dying. In 2003, Botswana Government introduced the programme of Prevention of Mother to Child Transmission (PMCT) to minimise the transmission. The programme yielded encouraging results over the years. To-date, only 2.2 per cent of children born to HIV positive mothers are infected, and more than 90 percent of illegible HIV patients are accessing Anti retroviral therapy.
15. The country, however, still experiences high levels of infant and child mortality rates. These rates have stagnated at 57 and 75 deaths per 1000 live births respectively over the last decade after declining to the low of 37 in 1996. The major causes of child mortality include acute respiratory infections and diarrhea and gastroenteritis, which are preventable. The Government has also adopted the Accelerated Child Survival and Development Strategy, which is aimed at improving the coverage and quality of high impact interventions on the health and wellbeing of women and children.

Mr. Chairman,

16. Botswana, like most countries of the world, is emerging from a severe economic crisis, which started in 2008/09. The crisis had several negative consequences on the country's economy, with the overall GDP contracting by 3.7% in 2009 as compared to a growth of 3.1% in 2008. A significant number of businesses closed down and triggered job losses. The mining sector, in particular, was most directly affected. By 2009, employment in the mining had declined by 9.3%.

17. These adverse developments have had a negative impact on the welfare of a majority of our citizens including the poor and vulnerable groups in Botswana. The erosion of the modest achievements we made as a country, including Government's capacity to implement reproductive health programmes, and ability to eradicate poverty remains in jeopardy unless special measures are adopted at international level to assist countries in special situations.

18. Botswana, Mr. Chairman needs help!

I thank you.