Statement
by
Mr. Zahid Maleque
Hon’ble State Minister
Ministry of Health and Family Welfare
People’s Republic of Bangladesh

At the 48th Session of the Commission on Population and Development (CPD)
13-17 April 2015
United Nations, New York

Madam Chair, Excellencies, Distinguished participants,

It is a great pleasure for me to address the 48th session of the Commission on Population and Development on behalf of the People’s Republic of Bangladesh.
Bangladesh is one of the most densely populated countries in Asia, having over 150 million people in a small area of 156 thousand square kilometer. Bangladesh got its independence in 1971 under the leadership of our Father of the Nation Bangabandhu Sheikh Mujibur Rahman. After the independence, all economic, health and other social indicators were extremely poor compared to the world. However, indomitable will of our people and the leadership of our Prime Minister Sheikh Hasina, daughter of the Father of the Nation, have gradually led Bangladesh to achieve several targets of the MDGs 1to 6. Bangladesh is now regarded in the global arena as role model for development particularly in the field of health, education, women empowerment, food security, migration, climate change adaptation, social safety nets including for elder people, and elimination of discrimination against women, race, religion, culture etc.

Health:
Bangladesh has done extremely well in ensuring proper health care to its citizen irrespective of social position, location, cast etc. Health care starts from grass root level through 13000 community clinic. Then patients are referred to union health care centres, the sub-district and district level hospital and then to tertiary level hospital. At present the MMR is 172 which was around 600 in early 80’s, Child mortality rate is 45 which was 155 for which we have got global recognition, TFR is 2.3 which was 6.3 in early 80’s, CPR is around 62% which was below 5%, longevity was below 50 years now it is around 70 years. Immunization rate was less than 2% in early 70’s now it is over 85%. This speaks of tremendous achievement, which continue to progress. HIV/AIDS are well controlled in Bangladesh, which is less than 0.13%. However, still we have shortages of midwives, trained nurses, and skilled birth attendants and we are encouraging and trying to have birth in clinics and hospitals.

Education:
Bangladesh has also done well in education. In early 80’s the literacy rate was only 20% now it is over 60%. Primary education is compulsory. Up to secondary level tuition fee is free, books are free and stipend is provided. As a result 100% enrollments in primary school are ensured.
Gender and women empowerment:
Gender equality has been given extreme importance in Bangladesh though there has been disparity. Women and man have equal opportunity in all areas of the country. Now the ratio of education is more or less same among boys and girls students. In case of opportunities there are quotas in job for woman and disabled. Women are working in armed forces, judiciary, and civil service. We have got 65 seats in parliament reserve for woman. In local administration women representation is mandatory to ensure women empowerment the decision making process at all levels.

Poverty Reduction & Social Security:
Bangladesh is providing social security to its 24% poverty stricken people through financial assistance to people over 60 years, widow, physically disadvantaged people, and autistic child - to give them a decent life. Government has arranged old home, cluster villages and food for vulnerable people.

Population dividends:
Presently we have got advantageous situation in population matrix. Over 30% of our population is aged between 15-35 years and 50% population is up to 50 years, and over 60 years is 6.8%. Bangladesh can derive dividends from its young population by providing them health services, educations, and food and job opportunities.

Urbanization:
Bangladesh is rapidly getting urbanized. Around 32% people live in urban areas. These urban populations are expected to grow in coming years. Poor living condition in slum areas poses health risk through spreading of contagious diseases and illegal use of drugs. Government is trying to develop facilities like offices and commercial facilities in undeveloped areas in order to control migration of rural people to urban areas.

Food security & Nutrition:
Bangladesh is proud to become a food sufficient country. At present, Bangladesh has 350 million tons per year food production, which was only 200 million ton per year. Still proper nutrition is a problem for Bangladesh and over 40% of its young people are stunted and 50% women are overweight.

Conclusion:
ICPD Program of Action adopted by 179 governments including Bangladesh at the 1994 International Conference on Population and Development (ICPD) in Cairo. Yet 20 years after Cairo, these goals have not been fulfilled for many, especially for those who are poor, young, female, disabled, or displaced. Nations have to have cooperation and work together to help each other in order to achieve those targets. I would like to emphasize that Bangladesh remains committed to the core principles of ICPD. Bangladesh needs adequate and appropriate support and resources from its own sources, development partners, and donor agencies to fulfill the targets.

The population dimensions and issues must be addressed in a comprehensive manner as outlined in the ICPD Programme of Action and should be placed at the center of the post-2015 development agenda. Flow of fund should not be reduced and effective utilization of resources should be ensured. People want to see our commitment fulfilled which we have made to our people and the world. Under the leadership of our Prime Minister Sheikh Hasina we are determined to achieve the target and expect to give a better life to our people.

Thank you.
Joy Bangla, Joy Bangabundhu.