



**Statement**

**by**

**H.E. Dr. Nawaf Salam  
Permanent Representative of Lebanon  
to the United Nations**

**at the  
General debate**

**of the  
Commission on Population and Development  
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*Check Against Delivery*

*Permanent Mission of Lebanon to the United Nations  
866 United Nations Plaza, Suite 531, New York, NY. 10017*

Madame Chairperson,

As has already been highlighted many times during this week, the 50<sup>th</sup> Session of the CPD comes 70 years after the Commission held its first ever meeting here in New York, and while “population” continues to be the basis of the Commission’s discussions, the areas of focus have shifted from issues such as population growth, towards others related to fertility and mortality rates, sexual and reproductive health and rights, education, employment, migration and human rights which have progressively dominated the population discourse and priorities of member states in recent years.

This year’s chosen theme “Changing population age structures and sustainable development” is befitting to our era where “population ageing” is gradually becoming both an opportunity and a challenge for the policy makers in many governments around the world, particularly for those on the higher spectrum of development. Lebanon is one of those countries which are gradually approaching the circle of “population ageing” (the percentage of over 65’s is projected by UNFPA to be around 14.1% by 2030 and 23.3% by 2050). As a result, an increasing proportion of policy discussions within our ministries and other government bodies are concentrating around areas such as public support systems for older persons, including pensions and healthcare systems, and the statutory age of retirement.

Today, Lebanon ranks among the top countries in the Arab region that met MDG 5 on maternal health. As a result, the maternity mortality ratio decreased from 101.4 per 100,000 live births in 1990 to 18.1 in 2013. Attended births account today for 98% of deliveries, and 96% of pregnant women receive medical care during pregnancy. However there is still more room for improvement in other areas such as postnatal care (only 50.3% currently), and contraceptive prevalence rate which currently stands at 53.7 %, and even less among Syrian refugee women (45%). In the last 23 years, Lebanon, in cooperation with UNFPA and other relevant agencies and civil society, has achieved a considerable progress in the implementation of the objectives of the ICPD Programme of Action, by adopting a series of laws and programs in the fields of sexual and reproductive healthcare, family planning, combating HIV/AIDS, incorporating population concerns into school curricula, and regulating the conditions of the ageing and persons with disabilities. The highlights of those achievements were the adoption in 2012 of the National Youth Policy and the National Strategy for Women 2011-2021 and its plan of action, and most recently the adoption in 2014 of the Law on Domestic Violence.

In this regard, I would like to reaffirm Lebanon’s commitment to the full implementation of the ICPD Programme of Action, including those areas related to the respect, protection and promotion of human rights, including the right to development, protecting the environment, promoting gender equality and the empowerment of women and girls, ensuring their universal access to sexual and reproductive health and rights, the elimination of all forms of violence against women and girls, and ensuring universal quality health-care and education for all.

Madame Chairperson,

Since 2011, Lebanon has been heavily impacted by the massive influx of more than 1.2 million refugees as a consequence of the ongoing crisis in neighbouring Syria.

This has placed immense social, environmental, and economic pressures on host communities, exacerbating vulnerabilities, overstressing limited resources and basic social services such as health, education, water, sanitation, housing capacities, energy, aggravating unemployment, and affecting stability and security. It has also had a significant demographic impact causing a sudden increase in the country's population by around 30%, and also potentially affecting the country's population age structure with possible increases in fertility rates. Failure to address this serious situation could derail further implementation of the ICPD Programme of Action in Lebanon, with even the possibility of reversal in some areas.

In this regard, the Lebanese Government continues to emphasise, while addressing the refugee crisis in Lebanon, on the need to move beyond short-term humanitarian assistance towards contributing to longer-term development gains. There is also a need to enhance coordination and coherence between the development and humanitarian activities of the United Nations entities and operations at the country level, and in accordance with national plans, needs and priorities, in order to meet the needs of both the refugees and their host communities.

I thank you for your attention.