



The same holds true for life expectancies. Major improvements in longevity have come about due to advances in public health, infrastructure, education and medicine. In developed countries, 13 per cent of children born today are likely to die before age 60 compared to 41 per cent in the least developed countries.

Health improvements and medical advances are not reaching huge swaths of the developing world. While we celebrate the miracles of modern science and medicine, we must focus on connecting the most vulnerable people to these advancements. In your deliberations I ask that you focus on the least developed countries and ways in which they can reduce their staggering mortality rates and improve their life expectancies.

Mr. Chair,

These striking differences in life expectancies are closely related to different disease profiles among countries. Communicable diseases and maternal conditions cause most deaths in the least developed countries.

As we all know, most of those deaths are preventable or treatable with low-cost interventions. The prevention, control and treatment of the major killers - HIV/AIDS, malaria, tuberculosis, maternal conditions and the major childhood diseases such as pneumonia and diarrhoea – are addressed as part of the Millennium Development Goals. There are other communicable diseases, however, which are not well addressed by the MDGs. Neglected tropical diseases, for example, are endemic in the developing world and cause suffering to millions. Efforts to prevent, treat and control them are not getting enough support. What can the Commission do to bring additional attention to them? Where are the gaps that you can highlight to Member States?

Ladies and gentlemen,

In developed countries and increasingly, middle-income developing countries, non-communicable diseases are the major killers: cardiovascular disease, chronic respiratory diseases, cancer, diabetes and mental disorders.

While these diseases lie beyond the scope of the MDGs, they cause 60 per cent of deaths worldwide. With life expectancies increasing, they pose major economic and social burdens because most are chronic and require long-term treatment. Yet most countries today, especially those with middle and low incomes, are ill-prepared to cope with them.

It is urgent, therefore, that your deliberations address ways to reduce the burden of both communicable and non-communicable diseases. Non-communicable diseases can be prevented or delayed by eliminating risk factors like tobacco use, unhealthy diets and physical inactivity. Governments can take simple and effective measures to address them. Outlawing the use of tobacco in public places, fo

I ask that you think carefully and strategically about how to galvanize maximum support from Member States on these measures. The collaboration of countries from all rungs of the development ladder is needed in combating non-communicable diseases. It is our responsibility to bring attention to them - while delicately balancing attention to the communicable diseases outlined in the Millennium Development Goals.

In every country, those at the bottom of the social scale have poorer health than those at the top. A holistic approach is needed to address the disparity among social groups. The Commission on Population and Development, therefore, should focus on the linkages between health, development and population dynamics.

Ladies and gentlemen,

I pose this question to you: what is the most important linkage in this regard?  
Comprehensive primary health care.

We know that when people have access to doctors and medicine as a fundamental right of citizenship, they are closer to achieving success on all fronts. Their life expectancy increases and their societies advance.

In this light, I draw your attention to the recent health care legislation in the United States, one of the most prosperous countries in the world. After decades of political debates about health care reform, the US has decided to expand the ways in which Americans can secure health care. The legislation represents a major step toward ensuring that all Americans have access to better health care coverage - a fundamental need for a good, productive life.

Let us use this historic turning point, then, as a way of inspiring and moving other nations to follow suit. I ask that this Commission blend its technical expertise – your deep research reserves and statistical analysis - with the political commitment of its Members to advance the cause of universal health care.

Mr. Chairman,

Last year, the Commission achieved its goal. It produced a comprehensive resolution on how the Programme of Action from the International Conference on Population and Development will help achieve the Millennium Development Goals. TB

focus, along with the growing problem of non-communicable diseases and the case for comprehensive primary health care.

Of course, the backdrop for your discussions should be the Millennium Development Goals. Three of them relate directly to health – child health, maternal health and the fight against HIV/AIDS, tuberculosis and malaria. In what ways can the Commission push for change and actions by Member States in achieving them? Your guidance will further inform and educate us in advance of the High-Level Plenary Meeting on MDGs.

I am sure that, as usual, you and your colleagues in the Commission will succeed in moving the population and development agenda forward. Let me wish you, all Members of the Commission and all committed Observers a successful and productive week of deliberations.

Lastly, Mr. Chairman, permit me to thank my colleague, Mrs. Thoraya Obaid, Executive Director of the United Nations Population Fund, for her steadfast collaboration with our Department. I have known Mrs. Obaid not only as a very able leader of UNFPA but also as someone deeply committed to the improvement of the lives of women all over the world. Thank you for your commitment, dedication and the great contributions you have made to this field.

Thank you, Mr. Chairman.

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