

Mr. Chairman,

Allow me to congratulate you for the manner in which you have been conducting the work of the Council. The three round tables that prepared this year's high-level segment and the series of debates held earlier this week had productive outcomes that enriched our deliberations.

Mr. Chairman,

My delegation welcomes the consideration of this year's theme: "The contribution of human resources development, including in the areas of health and education, to the process of development". This issue has particular significance as the world faces the challenges of globalization and of controlling the spread of communicable diseases, in particular HIV/AIDS, malaria and tuberculosis.

The struggle against poverty requires a comprehensive approach that combines economic and social policies, and gives high priority to education and health. In Brazil, poverty eradication strategies are being articulated according to the principles of partnership, solidarity and decentralization. Special attention is given to reducing child mortality; improving food supply in public schools and amongst low income families; stimulating family agriculture and the settlement of rural workers; giving access to and improving basic education; providing adequate sanitation and improving worker qualification. Through different government agencies, the Community Solidarity Program, which also comprises a non-governmental component, Brazil's Administration has been committed to overcoming the historical legacy of social inequalities that are still before us.

In the area of education, significant progress has been achieved over the last ten years. Brazil has more than 54 million students, a figure that corresponds to almost a third of our population. 97% of the Brazilian children from the ages of 7 to 14 are now in school. Ten years ago, three million children in this age group could not attend school. Last year, this total was reduced to 810 thousand. Four million new children were incorporated in the school system during the period of 1996 to 1999.

The "Bolsa Escola" program – an initiative by which a monthly stipend is given to mothers to encourage them to keep their children in school - is a good example of how a project aimed at improving school attendance may have positive impacts in other areas, reinforcing its overall development benefits. "Bolsa Escola" involves resources of over US\$ 700 million every year, providing a 20% increase in the income of 5 million families already enrolled in the program. Since its launching, in February 2001, 9 million children have been helped. We hope to reach another 3 million boys and girls and another 800 thousand mothers in the near future. Through this initiative more children are being educated, citizens are being prepared to play a more active role in society and to fulfill their fundamental rights and freedoms. But women are also being empowered because the program gives them direct access to the family's income and stimulates them to participate in the education of their children and to take an active interest in what is happening in the school. It is also a means to take children out of the streets, thus contributing to the progressive elimination of child labor.

Mr. Chairman,

The improvement of health is of paramount importance in any development strategy. An efficient and equitable health system is a fundamental ingredient in building a more just and democratic society.

During the 58<sup>th</sup> Session of the Human Rights Commission, the Brazilian Delegation took the lead in presenting a draft resolution on the right to health. It was adopted by consensus. Amongst its provisions is the appointment of a Special Rapporteur. We are confident that ECOSOC will seize the opportunity of the ongoing debate to ratify during the current session that important resolution.

Since 1981, Brazil has significantly changed its health strategy by undertaking large investments in primary health care, through prevention oriented initiatives. A unified health system was established to restructure and decentralize health services and actions on the basis of the principles of universality, equity and integrality. As a result, Brazil was able to reduce by one third its infant mortality rate during the last decade; increase coverage of prenatal care and the use of contraceptive methods; and provide greater access to affordable and effective treatment and medicines through a strong generic medication program, among other initiatives.

Mr. Chairman,

Allow me a few words on the Brazilian HIV/AIDS program. In 1992, the World Bank estimated that Brazil would have 1,2 million cases of AIDS by the year 2000. Today, the figure is 600 thousand. The stabilization of the epidemics in Brazil was due to a program that combined prevention with treatment.

Since 1996, every Brazilian living with HIV or AIDS who needs therapy has had free access to antiretroviral drugs. Nowadays, more than 100,000 people are taking these drugs in Brazil. Our strategy has been paying off. The death rate was reduced by half. Hospitalizations had a 75% drop. Opportunistic diseases have substantially decreased. The epidemic has been stabilized and our public health services are much less overburdened. Actually, providing adequate treatment has even led us to upgrade them. The policy of ensuring free and universal treatment encourages the population to accept voluntary and confidential testing, improving notification of aids in earlier stages. Moreover, people living with HIV/AIDS are kept in close contact with the health system, having access to information, counseling and preventive supplies.

The reason for the affordability of our policy is the local production of drugs. Brazil produces 8 generic versions of non-patented antiretroviral drugs. The medicines provided by Brazilian laboratories are much cheaper than those imported. Their high quality is assured through the application of international standards, the inspection of pharmaceutical plants and the bio-equivalence testing.

Another essential factor in our HIV/AIDS policies is the respect for human rights. This approach is twofold. On the one hand, there is the combat to the stigma that unfortunately

still is associated with HIV/AIDS and to other forms of discrimination that contribute to the spread of the epidemic. On the other, there is the concept that access to medication is fundamental for the full realization of the human right to the enjoyment of the highest standard of physical and mental health. The role of education in the implementation of this approach cannot be overemphasized.

Mr. Chairman,

These are a few examples of what Brazil is doing to promote health and education aiming in particular the poorer and more vulnerable sectors of our society. The impact of these programs in terms of improving general well being and providing solid ground for a more just and participatory society are visible. Much of this is a direct result of many partnerships involving all levels of government, civil society, NGOs and the private sector. We are however convinced that the many obstacles that remain before us, as a developing country, to fully realize our potential and ensure development will not be overcome without a favorable international environment.

The international community, multilateral institutions and all interested stakeholders must assist developing countries in building their human resources. Most recent studies and reports issued by UN agencies, the World Bank and regional development banks point to the same direction. The report presented by the Secretary general that is before us is no exception. All evidence shows that even with appropriate policies and the efficient use of existing human and financial resources, many developing countries cannot offer to their population the basic health and education services necessary for their minimum needs. New partnerships need to be developed and the role of the United Nations System must be strengthened. We are convinced that this meeting can make an important contribution in that direction.

Thank you.