



**STATEMENT
DELIVERED BY
DR. THE HONOURABLE DAVID ESTWICK, M.P.
MINISTER OF ECONOMIC AFFAIRS, EMPOWERMENT,
INNOVATION, TRADE, INDUSTRY AND COMMERCE
OF BARBADOS AT THE 2009 SUBSTANTIVE SESSION OF
THE UNITED NATIONS ECONOMIC AND SOCIAL
COUNCIL**

**GENEVA, SWITZERLAND
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(CHECK AGAINST DELIVERY)

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Madam President,
Colleague Ministers,
Excellencies,
Delegates,
Distinguished ladies and gentlemen,

I would like to begin by thanking the UN Secretary-General for his report on the theme for the high level segment “Current global and national trends and their impact on social development including public health”, and UN Under-Secretary-General Mr. Sha Zukang for presenting it. The report provides us with a number of key policy messages and sets the framework for fruitful dialogue.

We are all gathered here at a time that marks a period of global economic and financial distress. The worsening global economic environment is giving rise to unemployment, a reduction in government revenues and the diminution of social services. The concomitant effect from declining global GDP growth threatens the economic and social gains of developing countries, including the small high income economies such as Barbados. This in essence can lead to social unrest and further social deprivation, particularly access to good quality health care.

In the midst of grappling with such harsh realities, one of the questions that must be asked is “How can developing countries and their development partners use the crisis as an opportunity to expand access to quality health, education, social and other key social services which are vital to developing countries efforts to achieve the 2015 millennium Development Goals?”

In fact, the thrust of my intervention here today is to promote the need for urgent inter-governmental cooperation and policy coordination as well as improved capacity building and knowledge sharing between developing and donor countries in order to mitigate any further social fallout from the current economic and financial crisis.

Global Crisis: Possible impact on Barbados’ health services.

The Government of Barbados continues to place priority on developing an equitable, efficient, and accessible health care system that contributes to national development. In an effort to mitigate the impact of the global economic crisis, the Ministry of Health has prioritized its goals and designed policies to ensure that all Barbadians achieve optimum physical, mental and social wellbeing.

The Government of Barbados has crafted a multi-sectoral response to the economic crisis in an effort to ensure that the broader social and economic determinants of health are addressed. In addition, the Government of Barbados recognizes the need for close monitoring and analysis of specific aspects of health care in order to provide the basis for effective contingency planning, particularly in relation to services for the most vulnerable

population groups. Within such a context, the government's commitment to safeguard progress made in the health service is reflective in expenditure patterns in the health budget which remains around 4.0 percent of our GDP.

This multi-sectoral response, Madam President, has been framed by the Barbados Strategic Plan for Health for the period 2002-2012 (BSPH) which has provided the strategic direction of Barbados' health sector. Through the BSPH, the Ministry of Health has sought to introduce orderly and systematic reform of the healthcare system, scale-up investments in the health sector, and improve the health status of Barbadians. The Plan's ten priority areas reflect an integrated approach to securing the national vision for health and wellness and speaks specifically to: 1) health systems development; 2) strengthening institutional health services at the main hospital, the Queen Elizabeth Hospital; 3) family health; 4) food, nutrition and physical activity; 5) chronic non-communicable diseases; 6) HIV/AIDS; 7) communicable diseases; 8) mental health and substance abuse; 9) health and the environment; and 10) human resource management. These priorities are consistent with the strategic framework and priorities identified at the sub-regional level, and are listed in the Caribbean Cooperation in Health (CCH II).

Epidemiological Trends

Madam President, the most significant epidemiological trend in Barbados for some time has been the increasing prevalence of overweight, obesity, and chronic non-communicable diseases (CNCDs). Thus, systems for measuring and monitoring the CNCDs and their risk factors are a priority for Barbados. Given that CNCDs continue to

be the major cause of morbidity and mortality in Barbados, and recognizing that the burden of CNCDS can be reduced by comprehensive and integrated preventative and control strategies at all levels, (ie at the individual, family, community, national and regional levels), the Government of Barbados has undertaken, through collaborative programmes and partnerships, a number of multi-sectoral initiatives to reduce the incidence rate of these diseases and to control and manage effectively their effects on individuals.

The Government of Barbados in 2007 established the National Chronic Non-Communicable Diseases Commission to develop and implement policies and programmes to reduce the occurrence of CNCDS, and to improve the management of these diseases when they occur. Following this initiative, the Government in collaboration with the Chronic Disease Research Centre of the University of the West Indies launched the Barbados National Registry for Chronic Non-Communicable Diseases in 2008. This registry has been the first of its kind in the Caribbean.

It is also important to note that Barbados has enacted legislation prohibiting smoking in public places. Legislation prohibiting the sale of tobacco products to minors is currently being drafted. These initiatives are also consistent with the objectives of the CARICOM Port of Spain Declaration of 2007.

Madam President while the profile of the health sector indicates that Barbados has reached and excelled in some of the goals and targets of the Millennium Development

Goals, the Government of Barbados has remained cognizant of the fact that CNCDs remain a threat to the social well being of its citizens.

In this regard, my intervention here today is also to promote actively the point that noncommunicable diseases should be included in the global discussions on development, and to lend support for the call that concretely proposes that ECOSOC recommend to the General Assembly that:

- **There be a UN General Assembly Special Session (UNGASS) on noncommunicable diseases;**
- **Special attention be paid to addressing noncommunicable diseases in low, middle-income and small high income countries such as Barbados during the 2010 ECOSOC Coordination Segment and that;**
- **Indicators on noncommunicable diseases be included into the core monitoring and evaluation system of the MDGs (as part of overarching efforts to end all poverty by 2015).**

This request is consistent with similar calls from other Global institutions such as the World Health Organization which has already developed a Global Action Plan for Noncommunicable Diseases (2008-2013) that was endorsed by the World Health Assembly in May 2008.

Madam President, despite the negative effects of the global financial and economic crisis on our health sector in Barbados, the Government is committed to maintaining a high level of investment in health, with major emphasis on the most vulnerable in our society, particularly the poor and the elderly. Indeed, we believe that investing in health is an important basis for our further development, given the strong positive influence that health can have on some of our more productive sectors. Also, in addition to our efforts at the national level, Barbados seeks to strengthen horizontal cooperation among countries of the CARICOM region in order to improve cost efficiencies of our preventive and treatment efforts.

We further believe that the multilateral process remains the most effective institutional arrangement to tackle issues such as public health. In this regard, the concerns and recommendations that were ventilated in these great halls must be embraced. What is therefore required is a serious call for reciprocal responsibility between donor and programme countries. For it is only with this spirit and understanding that we, developed and developing countries alike, can match our responses to the nature and scale of health challenges that we all face.

‘Let us not say that we are doing our best’ in terms of our efforts to effectively tackle NCDs and other diseases but ‘let us do what is necessary.’

I THANK YOU