



**Commission on Population and Development
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**Statement by Dr. Eduardo Rios-Neto,
Delegation of Brazil to the Forty-third session of the Commission on
Population and Development**

(Check against delivery)

Mr. Chairman,

Allow me to congratulate you on your leadership at the helm of the Bureau of the 43rd Session of the Commission on Population and Development, which I have the honor to be part of. We are all confident that this year's session will be successful.

I would also like to take this opportunity to recognize the diligent work of the UN Population Division in all matters related to the implementation of the ICPD and, in particular, in the preparation for this Session.

Brazil aligns itself with the statement delivered by the G77/China and would like to make additional comments in its national capacity.

Brazil recognizes the importance of the Program of Action of the International Conference on Population and Development. Its goals and objectives are among the most significant internationally agreed commitments aiming at the promotion of social and economic development. They are particularly relevant, therefore, in the context of preparations for the September Summit on the MDGs, and should be adequately addressed in that process. We should make a clear recommendation to that effect during the course of this meeting of the Commission, taking into account the preparatory process underway in the General Assembly, and the additional opportunities provided by the Development Cooperation Forum and the Substantive Session of the ECOSOC, next June-July.

As we move towards 2014, it is also appropriate that we initiate discussions on the future of the Conference, in order to better advise the Council and the General Assembly on possible options ahead.

Mr. Chairman,

The world financial and economic crisis has increased the stakes of the UN in assisting developing countries in the attainment of the Internationally Agreed Development Goals, including the MDGs.

The UN as an Organization needs to redouble its efforts in terms of delivery of development cooperation. It also needs to focus on a more effective development cooperation agenda and to improve system-wide coherence and coordination. Aid is only a fraction of what can be done to improve conditions in the developing world for the attainment of our common goals.

There is a full range of substantive issues that need to be tackled under the development perspective which go beyond assistance. And one of the most pressing among them would be dismantling trade barriers which hamper access to affordable food and medicines for the poor and needy in the less fortunate corners of the world. These are places where access to health and medicines is substandard, unaffordable or simply out of reach for the local populations and their public health systems. More often than not, these are also the places where we see a persistence of pandemics and where the emergence of new epidemics causes the gravest consequences.

The opportunity to address health issues under a broader perspective in the ICPD is indeed very timely and of critical importance. It is encouraging to see that health issues has made it into the agenda of the Commission, thereby reflecting the central role it should have as a foreign policy, development and population concern.

Mr. Chairman,

Brazil has undergone substantial transformations in the last years whereby the causes of death are now preponderantly related to non-communicable diseases. Today, cardiovascular diseases represent the major cause of death (27.4%), followed by neoplasms (13%) and external causes (12.6%). Cardiovascular diseases, cancer, chronic respiratory diseases, diabetes and muscle-skeletal diseases consume about 75% of all spending on health care services.

Non-communicable diseases are related to behavioral risk factors, such as the use of tobacco, abusive consumption of alcohol, obesity, inadequate nutrition and lack of physical inactivity. Estimates by the World Health Organization (WHO) indicate that the NCD account for 58.5% of all deaths worldwide and 45.9% of the global burden of diseases, constituting both a serious public health problem and an increasing burden on public resources.

This new reality defies public health systems in many developing countries, as they struggle to cope with the added burden posed by NCDs on their national health systems.

The Brazilian Government has taken action to monitor risk factors and to ensure access to health services on a universal basis. Studies are being carried out to identify the social, economic and environmental factors that contribute to health risks, with a view to supporting preventive and control public policies.

External causes of death, including homicides, suicides and traffic accidents, have also grown considerably in their significance. In Brazil they accounted for about 9% of total deaths in 1980, but have risen to 13% of the total by

the year 2000. In these numbers we can see a clear gender bias against men, particularly young men, which are the main victims.

Morbidity by external causes adds to the burden on public resources and has broader negative consequences in social and economic terms. Public policy responses to external causes of death are complex and costly for developing countries, because they require a wide set of crosscutting and coordinated actions, such as long-term education and public awareness campaigns, job and income generation, the suppression of crime and organized crime, efficient and accessible health care services, and even the reduction in alcohol consumption.

Mr. Chairman,

Even though there has been a surge in non-communicable diseases in many developing countries, infectious diseases still pose a serious threat. In some regions of Brazil, for instance, they are responsible for up to 6% of all deaths registered.

Brazil has resorted to innovative policies in the area of HIV/AIDS, reaching out to over 320 thousand affected people, and making anti-retroviral treatment available free of charge to 180 thousand patients. Incidence of HIV/AIDS in Brazil has stabilized as a consequence, and is now following a declining curve. Despite this achievement, the country now faces the prospect of “feminization” of sexually transmitted infections, in particular of HIV/AIDS. The Second National Plan for Women’s Policies takes this new trend into account, and attempts to provide adequate policy responses.

Lack of access to female condoms and insufficient investments in their improvement remain huge obstacles to their widespread use. They are considered to be particularly relevant for women to take a more informed, independent and pro-active role in combating infectious diseases, particularly in areas where the incidence of these diseases is highest. Efforts at the global level must be supported to increase production of female condoms, to reduce their cost, increase their availability, and to make them more user friendly.

Incidence of tuberculosis in Brazil has been decreasing since 2004, following a small surge from 2000 to 2003. The proportion of patients with pulmonary tuberculosis, however, remains constantly above 50%. Another issue of concern is the association between TB and HIV/Aids. About 9% of the new cases of tuberculosis occur among HIV-positive patients. Reduction in rates of mortality is closely correlated with the timeliness of the diagnosis and the quality of patient care. In Brazil, decentralization of tuberculosis control through family healthcare assistance increased access to diagnosis and treatment, and improved data collection.

The decline in cases of malaria since 2006 has been associated with the expansion of health care services and the integration of disease control and basic care, especially in the Northern region of Brazil, which accounts for more than 99% of the registered cases.

Currently, dengue fever is one of the most serious infectious diseases in Brazil. It affects all continents in the Southern Hemisphere. International trade, migration, growing population density in urban areas with irregular supply of water and inadequate trash collection services facilitate the

proliferation of the epidemics. Climate change and the lack of global action may contribute to spreading the infection to non-tropical areas.

Mr. Chairman,

The Brazilian government and society have made great strides in tackling poverty, reducing inequality and promoting public health as a matter of priority for the last years. We have already achieved MDG 6, related to HIV/AIDS, malaria and other diseases, and we are on track to achieving MDG 4, on child mortality, before the 2015 deadline. Maternal mortality has been halved with respect to 1990 levels, and the achievement of MDG 5 is still within reach. Improvements in prenatal and neonatal care have proven to be the most effective tools for reducing child and maternal morbidity and mortality.

Access to health is a constitutional right in Brazil. The Universal Health System (SUS) was created in 1988 to serve Brazil's population of over 190 million. Today, SUS is one of the largest public health systems in the world and offers from simple health care services to complex organ transplants operations.

Access to universal health care is key to improving the quality of life of all peoples and to addressing global health threats. We therefore welcome recent initiatives undertaken by other governments in this regard, and we believe that the UN in general, and WHO in particular should more actively promote and support public universal health care systems, particularly in developing countries, where they are needed the most.

The effectiveness of health related South-South cooperation must be recognized and supported, considering the similarities of challenges faced by developing countries in general and the existence of positive experiences that can be drawn from in many of these countries. Brazil is among the founders of UNITAID, an initiative that has helped increase access to treatment for HIV/AIDS, malaria and tuberculosis, especially for low-income countries. Brazil also engaged in the construction of a plant for the production of generic antiretrovirals in Mozambique. We have supported the strengthening of national health-care systems in countries in Africa and in the Americas, such as Angola, Guinea-Bissau, São Tomé and Príncipe, Benin, Liberia and Haiti.

Access to medicines is a major challenge for many developing countries. Brazil's success in fighting the HIV/AIDS pandemic highlights the importance of universal access to prevention, treatment, care and support, including access to free/affordable medicines, generics in particular. It is vital, therefore, to uphold in developing countries the balance between public health objectives and the protection of intellectual property rights.

The UN and the WHO should condemn and work to avoid further encroachments upon this delicate balance by the misinterpretation or abusive interpretation of the internationally agreed IP framework under the TRIPS agreement and the Declaration on TRIPS and Public Health. The UN system should be more supportive of generics, backing up neutral and reliable quality-control regimes, as well as free and fair trade of generics. It should seek ways to facilitate early entry into the market of these lower cost alternatives to proprietary medicines in developing countries. Recent developments such as the imposition of trade barriers on generics through

border control measures -- which attempt to unfairly associate generics with counterfeit medicines --, is an extremely negative trend from the UN development perspective, as are the negotiations secretly being carried out by a group of like-minded countries on an Anti-Counterfeiting Trade Agreement (ACTA).

Pharmaceutical production in developing countries depends largely on Government incentives. Priority must be given to essential medicines for the treatment of the most common diseases affecting the populations of developing countries, as well as those necessary to combating specific pandemics. Developing countries also need support to develop national capacity in pharmaceutical production for tropical diseases. It is widely recognized that the current IP framework does not provide the necessary stimulus for innovation in neglected diseases.

Finally, Mr. Chairman, a discussion on global health and its implication in national development, especially in developing countries, may not be complete without a clear message on the role of biodiversity and traditional knowledge. Medicines derived from nature's bounty, as well as the associated knowledge of indigenous and traditional communities play a crucial role in our fight against disease and poverty. The fair and equitable sharing of benefits arising from such uses is a global imperative we cannot ignore.

Thank you.