



Statement by

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Health, Morbidity, Mortality and Development

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Mr. Chairman,

My delegation congratulates you on your election as Chairman of this Commission and is confident that under your leadership we can develop a productive session. I extend this greeting to the other members of the Bureau.

Colombia joins the statement made by Yemen on behalf of the Group of 77 and China.

Mr. Chairman,

In its report on Health, Morbidity, Mortality and Development, the Secretary-General notes that there has been an unprecedented decline in mortality in the world. My delegation agrees that a better socioeconomic status is related, consistently, with better health. Likewise, Colombia agrees that it is necessary to adopt a holistic approach that goes beyond health policy and help reducing social gaps by adopting sound employment, educational, housing and welfare policies.

Colombia reaffirms the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Therefore, since 1993, through Law 100, the Colombian government established the Social Security System, which seeks to ensure that all Colombians have access to health services and improve their quality of life, particularly for the less fortunate. Within the system, social security is achieved through mechanisms of health insurance, pensions and occupational risks. The health system provides access for all through two modalities: For those with sufficient income, a payroll tax; and for those with insufficient income, the State subsidizes insurance through various sources. The later, benefits the unemployed, people working in the informal sector, people living in poverty, indigenous people, and displaced persons, among others.

By December 2009, 95% of the population, nearly 42 million of Colombians, had health insurance, 53% of them affiliated to the subsidized regime. Currently, the Government is advancing a reform in the health sector in order to ensure sustainability of the system, universal coverage and unify the benefits for the two regimes.

Mr. Chairman,

Colombia is undergoing a demographic transition typical of a society in a modernization process, with decreasing mortality, fertility and growth rates. Colombia is also undergoing an



epidemiological transition with a reduction of communicable diseases and an increase of chronic Non- Communicable diseases.

In a short period, the dynamics of population growth has shown great changes. Between 1985 and 2005 the total fertility declined from 3.2 children per woman to 2.5. Child mortality rate dropped from 42 to 15.5 per thousand live births in the period 1995 to 2005. However, these changes were not uniform across the country. While in urban areas the total fertility rate is 2.1 children per woman, in rural areas is 3.4.

Among the 10 leading causes of mortality in Colombia, 8 correspond to chronic and degenerative diseases, including, *diabetes mellitus* and *hypertensive disease*. Non - Communicable diseases play an important role in morbidity and mortality of Colombians, and are a critical public health problem as they represent a high cost to the health system. Some risk factors are smoking, lack of physical activity, unhealthy diet and harmful use of alcohol. The incidence of these diseases tends to increase as a result of population ageing.

Increasing levels of risk factors have encouraged the Government to join international efforts to promote healthy lifestyles, incorporating prevention and control of chronic diseases and risk factors as a priority in the National Public Health Plan.

Colombia, like many countries, is working to achieve a more equitable health system, with greater coverage and quality. To achieve this is necessary to develop multi-sectoral public policies that change the socioeconomic, cultural and environmental factors that create health or disease. The National Public Health Plan promotes the development of strategies, plans and projects to prevent and control chronic diseases and establishes guidelines for: improving the health of the population, ensuring wellness, and promoting financial protection to the risks posed by disease.

Mr. Chairman,

In addition to national efforts, it is necessary to strengthen international cooperation, technical assistance and technology transfer, and promote access to medicines. It is essential that all governments, both from donor countries and developing countries, and international organizations reinforce their commitment to give priority to social investment aimed at reducing inequities in access to health care, and establish mechanisms for universal coverage based on the distribution of risks.

Achieving the health – related Millennium Development Goals, prevention and treatment of Non- Communicable diseases, and treatment of neglected tropical diseases, should be central objectives of the actions taken by the international community. Although during the last decade the resources devoted to health have increased, poverty remains one of the main factors contributing to health deficiencies of vulnerable groups. It is not enough to mobilize resources. We must ensure that these resources are used to benefit all, especially the most vulnerable populations.

I thank you, Mr. Chairman.