

**Statement by Hon'ble Smt. Preneet Kaur,
Minister of State for External Affairs of India,
at the High Level Segment of the 2009 Substantive Session of the
Economic and Social Council of the United Nations
during the thematic discussion "Current global and national trends and their impact
on social development, including public health"
8 July 2009, Geneva**

**Madam President (of the ECOSOC),
Excellencies,
Distinguished Delegates,**

Permit me to begin by congratulating you on your leadership of the Economic and Social Council.

This year's substantive session of the ECOSOC takes place in exceptional times. There is now a general acceptance that not since the 1930s has the world seen such a deep and far-reaching economic slowdown. What started off as a financial crisis is some major financial centres is no longer limited to either the financial sector or its countries of origin.

Developing countries, which had nothing to do with the causes of the crisis, are facing its brunt. Falling export revenues, reduction in foreign investment, remittances, and capital flows, foreign exchange pressures, slowdown in economic growth and rising unemployment are common experiences. The food and fuel crises of last year have further exacerbated the impact of the ongoing crisis, and threaten overall efforts to eradicate poverty and achieve the Millennium Development Goals and other Internationally Agreed Development Goals.

We are encouraged that various efforts are underway to address the crisis. We are actively engaged in the G-20 process. Last month's UN conference on the crisis was a landmark event, bringing together all countries to collectively respond to the crisis. We look forward to early implementation of the measures agreed to in the Conference.

In this context, I would like to briefly focus on the ECOSOC, which we believe has a particularly important role to play in coordinating global responses to this crisis. The UN charter provides the ECOSOC with a wide ranging mandate to comprehensively address international economic, social, cultural, educational, health, and related matters. These have been further elaborated and strengthened through subsequent UNGA resolutions, particularly Resolution 61/16.

The recent UN conference also specifically mandated actions to the ECOSOC, including on coordinating the response of the UN development system, strengthening the Monterrey Consensus follow-up, looking at the agreements between the UN and the Bretton Woods Institutions, and considering the establishment of a panel of experts.

It is important that ECOSOC considers these issues on priority and suggests concrete ways and mean forward.

Madam President,

The impact of the economic and financial crisis on social development is perhaps the most pernicious and least-visible manifestation of this global crisis. Governments in developing countries are faced with shrinking fiscal space that adversely impacts their allocation of resources to key social sectors like education and health. Unfortunately, this is happening precisely at a time when social nets need to be enlarged and strengthened to include the millions who are in danger of being pushed back into poverty by the crisis.

We must collectively promote actions to ensure that gains made in areas like education, health, social inclusion and gender empowerment are not reversed, and that the Millennium Development Goals [MDGs] and other Internationally Agreed Development Goals are achieved on time.

Foremost among these is the need for developing countries, despite their fiscal pressures, to be able to enhance social sector investment through counter-cyclical measures, which will also assist global economic recovery. Necessary resources for these efforts must be made available through bilateral and multilateral channels, and ODA commitments must be fulfilled. However, onerous conditionalities associated with the use of these resources must be softened.

We must also ensure that developing countries have the necessary policy space to pursue policies tailored to their own individual circumstances and requirements. Responses to the crisis must not create problems for the future, nor halt development. In this regard, we must eschew protectionist tendencies in any form.

Longer term measures must also be undertaken, that necessarily include a comprehensive reform of the international governance structures, including at the UN and at the BWIs, to reflect current realities and enhanced the voice and participation of developing countries in international institutions.

Madam President,

It is timely and apt that this year's high-level segment of the ECOSOC has a special focus on health. Public health is critical not only in directly ensuring human well-being, but also is a key determinant to overall productivity and economic growth. Further, three of the eight MDGs are health related.

Global efforts, including provision of resources, have tended to concentrate on some communicable diseases. However, we must not neglect other widespread communicable diseases, especially those with a high prevalence in developing countries, as well as non-communicable diseases. And, we need to re-double our efforts to collaborate so that we effectively deal with pandemics that have the potential to adverse impact all countries.

We must also remain cognizant of the fact that millions still do not have access to basic health services and the need to address affordable access to medicines. In this context, it is important that developing countries fully utilize public health related flexibilities in the Agreement on Trade Related Aspects of Intellectual Property Rights [TRIPS].

Madam President,

The health sector has been an area of particular focus of the Government of India. In April 2005 Prime Minister Dr. Manmohan Singh launched one of the most ambitious national programmes in the health sector world-wide, the National Rural Health Mission. The Mission's multi-pronged strategy seeks to provide quality health care in rural areas by making health services accessible, affordable and accountable to the people. The Mission is an articulation of the commitment of the Government to increase public spending on Health to 2-3% of GDP by 2012.

As part of the National Rural Health Mission, this year we will be introducing a number of new vaccines, including a new pentavalent vaccine for children. This will cover disease like Hepatitis B and Hemophilus Influenza type B, in addition to the Diphtheria, Pertussis and Tetanus vaccine that is being used.

India is also implementing the Integrated Child Development Services (ICDS), which is the worlds' largest early child development programme, reaching out to over 78 million young children and pregnant and lactating mothers. Our interventions emphasize an integrated approach to issues like health, early childhood education, nutrition and safe drinking water.

We are encouraged by the impacts of our policies. There has been significant increase in institutional deliveries and in full immunization coverage. The Infant Mortality Rate has come down from 58 per 1000 live births in 2005 to 55 in 2007. The Maternal Mortality Rate has come down from 301 in the triennium of 2001-2003 to 254 in the triennium 2004-2006.

I am also happy to note that the India has a low adult HIV prevalence of 0.36%, and this is showing signs of reaching a plateau, thanks to a multi-sectoral response involving participation of the private sector, civil society and key government departments. Further, we are at the last and final stages of Polio eradication in our country.

Yet, we remain acutely cognizant of the challenges India faces in reaching the health MDGs by 2015.

Madam President,

International cooperation has a key role to play in achieving the health related goals, be it provision of resources, transfer of technology or capacity building. We call on the developed countries to urgently increase their assistance, particularly in the context of the ongoing crisis.

In the spirit of South-South cooperation, India has been privileged to share its development experience, including in the health and related sectors, with fellow developing countries. The pan-African e-network project, which *inter alia*, is linking major hospitals in Africa with super-specialty hospitals in India for providing quality tele-medicine is a good example of this.

India is also uniquely positioned as a source of cost-effective generic medicines, which are critical to public health strategies in many developing countries by ensuring easy and ready availability of affordable vaccines and medicines to vulnerable people, particularly in countries that do not have adequate production capacity.

Regrettably, there have been instances in the recent past when some countries have detained consignments of generic drugs manufactured in developing countries while they were transiting through their ports to other developing countries. These drugs are neither counterfeits nor substandard drugs, and were perfectly legitimate generic drugs in both the country of manufacture and the destination countries. We are concerned that actions appear as emerging trends to disrupt and create barriers to legitimate trade of generic drugs and to challenge Doha Declaration on Public Health.

Permit me to emphasize that while India attaches the highest importance to protection and enforcement of IPRs in accordance with the TRIPS Agreement, the TRIPS agreement cannot be separated from its Articles 7 & 8 on its Objectives and Principles. We call on all countries to respect the concept of 'territoriality' as per the TRIPS Agreement and not to create barriers to legitimate trade, which in turn, will hinder achievements in the field of global public health.

Thank you.
