

**Statement by Dr. Asad M. Khan, Minister, Permanent Mission of
Pakistan to the United Nations, during the General Debate of the High
Level Segment of the ECOSOC Substantive Session 2009**

(Geneva, 8 July 2009)

Madam President,

We greatly value this opportunity to engage in a dialogue on achieving internationally agreed goals and commitments in regard to global public health. It comes at an opportune time, as the world is faced with a development emergency triggered by multiple crises of finance, food and energy.

2. As the financial crisis deepens and the food and energy prices escalate again, the development emergency is rapidly turning into a human catastrophe with health care suffering major adverse impacts.

3. It is truly unfortunate because global health already faced immense challenges that warranted urgent and immediate attention. Regrettably, the crises have only exacerbated the situation.

4. During our discussions over the past few days, we have had a rich exchange. Several important messages have come out of our deliberations this year:

First, the challenge of meeting global health goals and commitments has become ever more daunting in the wake of the present economic crisis.

Second, there is clear political will and determination to address health related challenges globally.

Third, there are a number of good practices in many countries that others can learn from and emulate.

Fourth, while communicable diseases remain a challenge, there is an urgent need to tackle the prevention, control and cure of non-communicable diseases particularly in the low income countries.

Fifth, an integrated, coordinated, system wide effort both at the national and international levels is needed to effectively advance the achievement of global public health goals and commitments.

Sixth, ever greater north-south collaboration through enhanced financing flows and technology access and capacity building support is needed to help developing countries deal with the health related challenges.

5. A central objective of bringing some of the key development challenges to this Council through the Annual Ministerial Review was to accord system wide attention to issues that may need such attention. Health issues, as we can see, need such treatment more than ever before.

6. While we have been successful in securing proactive national participation, engagement by international economic and development institutions including UN system agencies, could be further intensified.

7. This is one aspect that we may further reflect upon in terms of how international institutions including the UN system agencies could be engaged more closely in our discussions.

8. The whole idea behind the launch of AMR was to bring together the developed as well developing countries and the international economic and development institutions including UN agencies to collectively reflect on the key development challenges. Let us think creatively to see how that vision could be realized.

9. Let me also avail of this opportunity to briefly share with you our experience in dealing with global public health goals and commitments.

10. The present government has taken several policy initiatives to fulfill its commitments to meet the healthcare needs of the people of Pakistan. We view health as an integral part of human development. Healthy population is an asset of a country, which in turn contributes efficiently to economic and social development.

11. Pakistan's Health Policy 2009 has been constructed on the key principles of equity, universal access to essential healthcare, timeliness, results, accountability, strong leadership and strategic coordination of the overall effort.

12. The Strategy envisages addressing special needs of the vulnerable populations, especially women and children particularly in the rural areas. To this end, the policy is geared towards aggressive investments in new health

infrastructure, better human resources and services, education and awareness at community level.

13. Importantly, the policy seeks to provide an overall vision for public health development, based on the "Health for All" approach. It pays critical attention to the issues of accessibility, affordability and acceptability of health services by the general population. The focus is being shifted to expand curative care to embrace preventive care; from high-tech, cost intensive health care to Primary Health Care; and from investments in the urban to rural areas.

14. Despite having made some important advances, Pakistan still has a long way to go in realizing its vision of "Health for All". There is, undoubtedly, a renewed vigor and political commitment to bring visible change in the health status of the country. A number of care programmes are being implemented with much sharper focus on poor and under privileged segments of the society, which are as follows:

- Expanded Program on Immunization (EPI)
- National Aids Control Program (NACP)
- National Program for Malaria Control (NPMC)
- National T.B. Control Programme (NTCP)
- Prime Minister Programme for Prevention and Control of Hepatitis in Pakistan (2005-2010)
- Cancer Treatment Programme

15. In addition to the direct health actions and measures listed above, the Government is also taking a number of supportive measures to improve the health sector in Pakistan. These include maintaining adequate food supplies, a National School Nutrition Programme, Nutrition through Primary Health Care, Micro Nutrient Deficiency Control Programme and integration of Food Support Programme for poor households into Benazir Income Support Programme to ensure wider coverage.

16. The health sector also remained the focus of attention of the elected Government during the current fiscal year and received a particular boost in terms of enhanced PSDP allocation and initiation of a number of new projects aimed at improving health in Pakistan. Allocations for health under the PSDP have increased by 66 percent, from Rs.13.99 billion in Fiscal Year 2008/09 to Rs.23.15 billion during Fiscal Year 2009/10.

17. National programmes for Family Planning and Prime Healthcare; and Expanded Programme of Immunization continue to receive top priority with respective allocations each of Rs. 7 billion as Rs. 6 billion.

18. The Prime Minister's Emergency Action Plan for disease has been launched and will cost Rs. 11 billion in the next five years.

19. In the context of challenges, a growing menace in Pakistan is the rising incidence of non-communicable diseases including cancer, diabetes, mental and heart related ailments that need urgent attention to prevent, control and cure their rapid expansion.

20. Pakistan is also faced with an increasing challenge of addressing the health related needs of around two million internally dislocated persons in Pakistan. These are in addition to over three million Afghan refugees present in Pakistan. Among the major problems facing the dislocated persons is the hot climate and the shortage of drinking water and health facilities.

21. The Government of Pakistan is trying its best to provide these dislocated people with basic facilities of shelter, food, health care, clean water and sanitation. We are also committed to rehabilitate each and every dislocated person in his/her home with honour and dignity at the earliest.

22. We are following a 3 R (Relief, Rehabilitation and Reconstruction) approach. All dislocated families will be provided with a cash grant of Rs.25,000 (US \$ 300 approx.) on return. The return package also includes free medical check-up, two months foods supplies, free transportation and reconstruction tools.

I thank you Madam President.
