

Madam President,
Mr. Secretary-General,
Excellencies,
Ladies and Gentlemen,

I am particularly pleased to be speaking to you here today, for several reasons.

The first is that the theme of our Annual Ministerial Review is one that is close to my Government's heart.

The second is that the Economic and Social Council, as the Organization's central coordination and consultation mechanism for economic and social development, has an especially important part to play in ensuring that the global partnership for development is achieved.

The third is that a representative of my country is President of the Economic and Social Council this year.

The translation into action of internationally agreed health-related objectives and commitments – the theme of our upcoming discussions – and, particularly, of Goals 4, 5 and 6 of the Millennium Development Goals is crucial to achieving sustainable development. At the same time, it is obvious that the other Millennium Development Goals, particularly those addressing extreme poverty and hunger, malnutrition, education, gender equality and environmental sustainability, have a considerable impact on health. Any progress towards those goals will undoubtedly facilitate the implementation of the goals more directly associated with health.

I am proud to recall that Luxembourg, along with its European partners, was the author of the World Health Organization initiative to conduct an annual follow-up in the World Health Assembly of progress towards the health-related Millennium Development Goals. That exercise complements the routine review of the Goals conducted by the Economic and Social Council.

Excellencies,
Ladies and Gentlemen,

There has been progress concerning some of the health-related MDGs, which we welcome. According to the World Health Organization, child mortality rates have thus improved, with the rate for the under-fives having fallen by 27 per cent since 1990. We are also on our way to win the battle to stabilize, and even reduce, the spread of tuberculosis.

However, it is most worrisome that we have made little - indeed far too little - headway in reducing maternal mortality.

Every year, over 500,000 women die of complications during pregnancy and childbirth. Given this appalling situation, the recent involvement of the Human Rights Council in this vital matter is most welcome. Its resolution on maternal mortality, morbidity and human rights is significant in its recognition that such a high rate of maternal mortality amounts to a violation of women's right to life, health, equal dignity and non-discrimination. Clearly, any progress we make will depend on our political will to attack the underlying causes of women's vulnerability and inequality. We firmly believe that we must look at all avenues to improve women's situation and protect their health. One prerequisite in that connection is to reaffirm our commitment to universal advocacy of sexual and reproductive health and associated rights. We will also need to find ways of making women equitably involved in deciding how society is to function, particularly in connection with fair access to health care.

Concerning the fight against HIV/AIDS, the situation remains despite some improvement worrying. In 2007, there were two million deaths from the pandemic, and 2.7 million new infections. However, thanks to considerable effort, approximately one third of those infected with the virus now have access to treatment. With a determined further effort, we may be able to come close to stabilization around 2015.

We now need to act worldwide to set up and consolidate efficient response structures. In our view, there will be three main challenges to address in the coming years:

- (1) Access to both prevention and treatment services on an equal and fair basis for men and women, sexual minorities, intravenous drug users, sex workers and prisoners;
- (2) The quality of services offered – integrated services that are not separate for HIV and the co-infections of tuberculosis, hepatitis C and hepatitis B; services that offer risk reduction for drug users and clear separation between public health measures and preventive measures.
- (3) Strong political leadership combined with cooperation at all levels with civil society, non-governmental organizations and, above all, those living with HIV/AIDS.

My country strongly believes that the United Nations have a leading role to play in coordinating, strengthening and overseeing the fight against HIV/AIDS. The main international partners of Luxembourg's cooperation programme in this field are WHO, UNAIDS, UNFPA, UNICEF and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

While the progression of the HIV/AIDS pandemic is a worldwide concern, it affects concretely, on a day-to-day basis, the fate of millions of people in each of the countries represented here.

Although Luxembourg has a low incidence of HIV, the annual rate of new infections has doubled since the 1990s. The virus is mostly sexually transmitted. Depending on the year, between 5 and 15 per cent of new infections are by intravenous drug use.

Luxembourg has put in place a harm-reduction programme using drug substitutes and needle and syringe exchange facilities. The programme also operates in prisons.

Screening is performed on a voluntary basis, and requires informed consent. It is confidential and includes support in the form of counselling. Testing cannot be required on recruitment or while on an employment contract. No HIV test is required in connection with immigration formalities and there are no travel restrictions for those with the virus. Access to treatment is actively encouraged. It is not linked to citizenship and is fully covered by social security.

Ladies and Gentlemen,

Any future progress towards achieving the health-related Millennium Development Goals will depend heavily on the establishment of sustainable health care systems. The aim should be to put in place primary health care, making sure that account is taken of social influences on health. We urgently need to develop a roadmap to enable us to work single-mindedly towards this goal.

How do we get there? First and foremost, our governments must have the necessary will to set up and find national and international funding for such a system. Donors should be attuned to this, and set aside more official development assistance for health.

Public policies aimed at providing full access to health care and suitable social protection should be reinforced. There is no alternative if we are to work towards greater social cohesion. International cooperation can help to propel the strengthening of national systems, particularly when it comes to training health care staff who often seeks better opportunities abroad. Although investment in health has increased substantially in recent years, the financial and economic crisis must not be allowed to reverse the gains made. Social spending, including on health, must be maintained.

The World Health Organization should support developing countries to enable them to train staff and restructure their existing systems to make them more efficient. A renewed effort should be made, in cooperation with entities such as the International Labour Organization, to ensure universal access to health care for all inhabitants of all countries.

As many parties are involved in the area of global public health within the United Nations, in the international arena and within civil society, there must be close cooperation between them. In line with the principles of the Paris Declaration, it is up to developing countries to take individual responsibility for establishing their development strategies, including in the area of health.

Ladies and Gentlemen,

Luxembourg has focused its development cooperation policy squarely on poverty eradication, in particular in the least developed countries. Its efforts are consistent with the

goal of sustainable development in its social, economic and environmental aspects, with men, women and children at its centre.

In 2008, Luxembourg devoted 0.95 per cent of its GNI to official development assistance, putting it second in the world. It allocates over 15 per cent of its bilateral aid to health, making that field its primary focus for development cooperation.

The priority areas in this regard are child mortality, maternal health and combating infectious diseases, and, in the longer term, strengthening health care systems and access to primary services and care, as recommended by the World Health Organization.

Accordingly, in Viet Nam, Luxembourg's development cooperation programme, together with the United Nations Population Fund (UNFPA), has been supporting the authorities' efforts to implement the national population and reproductive health strategy. In that connection, assistance has been provided for programmes to improve quality of life, particularly in neglected and marginalized communities, by stepping up access to information and services in maternal and neonatal health, with particular attention being paid to gender equality and to preventing domestic violence. It is a long term effort which Luxembourg has been backing since 2001.

Madam President,
Mr. Secretary-General,
Excellencies,
Ladies and Gentlemen,

As the Secretary-General highlighted in his report, the economic and financial crisis risks to wipe out the gains of the last decade.

We are currently performing “stress tests” on our banks to make a better determination of threats to the stability of the financial system. Should we not also be performing “stress tests” concerning poverty and the enormous risks that it carries with it? Can we accept the risk that, according to recent World Bank forecasts, another 46 million people may shortly sink below the poverty threshold ?

This is the international community's greatest challenge.

In keeping with the decisions of the G8 and G20, which should be implemented rapidly, there should be no let-up in international efforts. The countries left most vulnerable by the financial and economic crisis are the poorest of the developing countries. Millions of men, women and children risk falling victim to malnutrition, disease and lack of education. Malnutrition and inadequate nutrition are a direct threat to health, and therefore to development.

The 1966 International Covenant on Economic, Social and Cultural Rights recognizes, I quote, "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health".

Health, as a vital consideration in sustainable development, but also and above all as a human right, must be placed at the centre of our efforts.

By facing the major challenge of health in a brave, lucid and determined manner, we will be able not just to consolidate the gains of the last several decades, but also to make significant improvements in the years to come. The life and quality of life of millions all over the world depend on such a commitment of solidarity.

Thank you.
