



SALA STAMPA DELLA SANTA SEDE
BOLLETTINO

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INTERVENTO DELLA SANTA SEDE ALL'ECOSOC 2009

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Pubblichiamo di seguito l'intervento che l'Arcivescovo Silvano M. Tomasi, Osservatore Permanente della Santa Sede presso l'Ufficio delle Nazioni Unite ed Istituzioni Specializzate a Ginevra, ha pronunciato il 9 luglio scorso davanti al Segmento di Alto Livello del Consiglio Economico Sociale delle Nazioni Unite (ECOSOC):

• INTERVENTO DI S.E. MONS. SILVANO M. TOMASI

Madame President,

1. The international community is struggling to find solutions to the financial and economic crisis that greed and lack of ethical responsibility have brought about. While analysts debate the causes of the crisis, the social consequences of new poverty, loss of jobs, malnutrition and stifled development, all impact the most vulnerable groups of people and therefore call for effective and prompt answers. The Delegation of the Holy See appreciates the fact that the focus of attention is directed in this High-Level Segment, in a most timely manner, on "Current global and national trends and their impact on social development, including public health." The global economic crisis continues unabated. It is exacerbated by the emergence of a previously unknown influenza virus, A-H1N1 already recognized at pandemic proportion with a future impact that cannot be projected with much certainty, and by the global food security crisis that endangers the lives of millions of people, particularly the world's poorest, many of whom already suffer from acute and chronic malnutrition. These examples show once again the link between poverty and health and the disproportionate burden on developing countries and even on the poor in the developed ones. Faced with such urgent global challenges, the future is mortgaged in a way that young people risk to inherit a severely compromised economic system, a society without cohesion, and a planet damaged in its sustainability as a home for the whole human family.

2. The Holy See Delegation notes with deep concern predictions by the World Bank that during 2009, an additional 53 to 65 million people will be trapped in extreme poverty and that the number of people chronically hungry will exceed one billion, 800 million of whom live in rural areas where public health is weakest and where innovative health care initiatives are urgent. We can reasonably conclude that significant numbers of those extremely poor and hungry people will be more at risk of contracting both communicable and chronic, non-communicable diseases. Moreover, if they are faced with cutbacks in international aid or if there is an increased

number of people seeking care, the already fragile public health systems in developing countries will not be able to respond adequately to the health needs of their most vulnerable citizens. In addressing this problem, even more than an expression of solidarity, it is a matter of justice to overcome the temptation to reduce public services for a short-term benefit against the long-term human cost. In the same line, aid for development should be maintained and even increased as a critical factor in renewing the economy and leading us out of the crisis.

Madame President,

3. Another key obstacle to achieving the internationally articulated goals in public health is to address the inequalities that exist both between countries and within countries, and between racial and ethnic groups. Tragically, women continue in many regions to receive poorer quality health care. This situation is well known to people and institutions working on the ground. The Catholic Church sponsors 5,378 hospitals, 18,088 health clinics, 15,448 homes for the elderly and disabled, and other health care programmes throughout the world, but especially in the most isolated and marginalized areas and among people who rarely enjoy access to health care provided under national, provincial or district level governmental health schemes. In this regard, special attention is given to Africa, where the Catholic Church has pledged to continue to stand alongside the poorest people in this continent in order to uphold the inherent dignity of all persons.

4. There is an increasing recognition that a plurality of actors, in the respect of the principle of subsidiarity, contribute to the implementation of the human right to primary health care. Among the civil society organizations assuring health care within various national systems, the programmes sponsored by the Catholic Church and other faith-based organizations stand out as key stakeholders. WHO officials have acknowledged that such organizations "provide a substantial portion of care in developing countries, often reaching vulnerable populations living under adverse conditions."¹ However, despite their excellent and documented record in the field of HIV service delivery and primary health care, faith-based organizations do not receive an equitable share of the resources designated to support global, national and local health initiatives.

5. The mere quantitative tracking of aid flows and the multiplication of global health initiatives alone may not be sufficient to assure "Health for All". Access to primary health care and affordable life-saving drugs is vital to improving global health and fostering a shared globalized response to the basic needs of all. In an increasingly interdependent world, even sickness and viruses have no boundaries, and therefore, greater global cooperation becomes not only a practical necessity, but more importantly, an ethical imperative of solidarity. However, we must be guided by the best healthcare tradition that respects and promotes the right to life from conception until natural death for all regardless of race, disability, nationality, religion, sex and socio-economic status. Failure to place the promotion of life at the center of health care decisions results in a society in which an individual's absolute right to basic health care and life would be limited by the ability to pay, by the perceived quality of life and other subjective decisions which sacrifice life and health in exchange for short-term social, economic and political advantage.

6. In conclusion, Madame President, the Holy See Delegation wishes to call attention to the need for more than financial solutions to the challenges posed by the economic crisis to global efforts aimed at assuring universal access to health care. In his new encyclical Pope Benedict XVI states:

Economic activity cannot solve all social problems through the simple application of *commercial logic*. This needs to be *directed towards the pursuit of the common good*, for which the political community in particular must also take responsibility.²

An ethical approach to development is needed which implies a new model of global development centered on the human person rather than profit, and inclusive of the needs and aspirations of the entire human family.

¹ DeCock. Kevin (2007), "Faith-based organizations play a major role in HIV/AIDS care and treatment in sub-Saharan Africa", as quoted in press release by the World Health Organisation, 9 February 2007, Washington,

