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INTERVENTO DELLA SANTA SEDE ALLA 43a SESSIONE DELLA COMMISSIONE SU POPOLAZIONE E SVILUPPO DEL CONSIGLIO ECONOMICO E SOCIALE "SALUTE, MORBILITÀ, MORTALITÀ E SVILUPPO"

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Pubblichiamo di seguito l'intervento che l'Osservatore Permanente della Santa Sede presso l'Organizzazione delle Nazioni Unite, l'Arcivescovo S.E. Mons. Celestino Migliore, ha pronunciato il 12 aprile scorso a New York al Consiglio Economico e Sociale, in occasione della 43a Sessione della Commissione su Popolazione e Sviluppo, sul tema: "Salute, morbilità, mortalità e sviluppo":

● INTERVENTO DI S.E. MONS. CELESTINO MIGLIORE

Mr. Chairman,

As this Commission on Population and Development convenes in the midst of an ongoing economic and financial crisis, we would do well to listen to a growing opinion among economists that demographic trends are part of the problem and cannot be overlooked as an important part of the solution. The demographic crisis that in a few decades has brought down annual population growth rates from 7% to below 1% in many parts of the world, in tandem with the aging of the population, has resulted in devastating effects for the economy and governance. The correction of the population deficit with constant immigration does not seem to resolve the problems even in the short term. The same demographic policies that caused population growth rates to plunge to unsustainable levels need to be reviewed and re-designed along with appropriate social policies to encourage births.

Among the topics assigned to this year's CPD session, global health, morbidity, mortality and development, the preparatory documents focus mainly on maternal mortality.

According to UN statistics there are some half-million maternal deaths annually of which approximately ninety-nine per cent occur in developing countries. Not only do the lives of these mothers end in tragedy but also the lives of their babies begin in turmoil. In the aftermath, the chance of survival of their young children decreases dramatically resulting in the disintegration of their families and hindrance to local development.

Sadly, these deaths represent only the tip of the iceberg. It is estimated that for every mortality, thirty more women suffer long-term damage to their health, such as from obstetric fistulae. The physical devastation caused by fistulae makes them complete outcasts and isolated by family and society. They suffer pain, humiliation, and lifelong disability if not treated. World-wide perhaps two million of these poor, young and forgotten mothers are living with the problem, most of whom are in Africa. These deaths of mothers and babies are all the more shameful especially since they are readily preventable and treatable.

The consensus of the obstetrical community is that mothers need essential prenatal care, skilled attendants at all deliveries and specialist care for life threatening complications. And yet, programs focused on providing the services that ensure mothers and their babies survive pregnancy are badly underfunded.

Investments in education and long-term development programs can provide communities with the means for improving their own health. However, the emigration of individuals with medical knowledge and skills from developing countries results in the loss of the very expertise and people necessary to improve the health-care systems in those countries.

In addition, governments must continue to address the urgent health needs of children around the world. In 2008 alone, there were over 243 million cases of malaria leading to over 800,000 deaths. Similarly, treatable and avoidable respiratory infections, digestive diseases and illnesses resulting from inadequate nutrition continue to be the main causes of death for children in the developing world. Diseases which long have been eliminated in developed countries continue to devastate children in the developing world and global solidarity is necessary to ensure that poor children have access to necessary medication and nutrition.

Mr. Chairman,

In extending health care to all, civil society, including faith-based organizations, must be an engaged partner. In many corners of the globe, Catholic hospitals and clinics continue to be the front-line providers for primary health care, in particular to the most marginalized of society. These nonprofit organizations provide care to those whom society has left behind or for whom offering services is too difficult or too dangerous. By living with and amongst those they serve these organizations promote solidarity within the community and contribute a unique understanding of the community's needs.

Thank you, Mr. Chairman.

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