



Second Plenary Meeting of the Leading Group on Solidarity Levies
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INTERVENTION

by

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Mr. Chairman,

We welcome the initiative of the Government of Norway in hosting this meeting of the Leading Group. We also appreciate the efforts of France, Brazil and others to increase international consensus for innovative financing for development and for establishing UNITAID. India is a member of the Leading Group on Solidarity Levies and is engaged actively in studying the modalities of implementing a levy on airline tickets in India to raise finances for combating HIV/AIDS, Tuberculosis, Malaria and other deadly diseases. Our delegation to this meeting includes an officer from our Ministry of Civil Aviation.

We are especially gratified that this important meeting is taking place in capital of Norway, with which India has had a longstanding and fruitful health co-operation. This has been undertaken both bilaterally as well as through multilateral fora such as GAVI. Following extensive discussions at political and techno-economic levels during the past year, India and Norway have evolved collaborated Norway-India Partnership Initiative (NIPI) aimed at achieving Millennium Development Goal No. 4 pertaining to under-five infant mortality. The project, initially being implemented in five large states in India, is likely to serve as the role model for replication in a number of developing countries. The two countries are also collaborating in vaccine bio-technology.

Mr. Chairman,

While health-related expectations and aspirations of their people are high, the developing countries face problems of not only limited availability of resources but also of limited means, whether technical, financial or availability of trained personnel.

Finance is the critical component to development and a global partnership to augment funding can go a long way in helping the developing countries, most of which face serious financial constraints. This situation is exacerbated by low level of Official Development Assistance [ODA], the most important source for financing development. The ODA continues to remain 0.25% of Gross National Income (GNI) for developed countries as a whole, instead of the target of 0.7%. This gap in ODA can seriously affect global capacity to meet the Millennium Development Goals. Consequently, we need to explore various mechanisms for innovative financing. These proposals have to face several challenges. There is a need to ensure that new mechanisms and new financial sources should not lead to greater burdens on developing countries, intended

beneficiaries. Further, such innovations should not have adverse impact on the existing level of resource flows but only supplement them.

There exists a strong correlation between poverty, malnutrition and pandemic diseases such as HIV/AIDS, Tuberculosis and Malaria. Constrained by limited resources, poor infrastructure and large population, the developing countries face very serious challenges in preventing pandemics or in providing treatment and care. Even as primary responsibility for dealing with such pandemics rests with the respective national governments, international solidarity and burden sharing is certain to help developing countries to cope with them.

It is heartening to note that there is greater acknowledgement of these pandemics being global challenges and the failures being unlikely to stay local for long. This realisation has led to increased bilateral and multilateral contributions by donor countries. However, the resources required for a comprehensive and effective response is also increasing. This escalating spiral calls for innovative financing to supplement traditional sources.

Mr. Chairman,

Ensuring Public Health is very much fundamental to improving the quality of life and bringing about socio-economic as well as human development. We have made substantial progress in India in this area. However, we still have much to do, especially in areas such as under five mortality rates and nutritional deficiencies. Our disease burden is also likely to rise on account of resurgent as well as newly emerging communicable diseases amid increasing prevalence of non-communicable diseases placing new strains on health infrastructure and resources.

Although we have a very low prevalence rate, the problem of HIV/AIDS is acute in India. We have a comprehensive National Aids Control Programme covering the entire country. The Programme seeks to put in place a regime to not only prevent but also for treatment and support. It also disseminates information and provides anti-discrimination units and human rights protection for HIV infected people. These efforts have recently been assisted by UNITAID through the Clinton Foundation for pediatric anti-retroviral treatment.

Mr Chairman,

In the recent years, India has become world's fourth largest producer of pharmaceuticals. India has come to be recognized as a highly cost effective and quality source for medicines for the pandemics the instant Initiative aims to combat. While Indian pharmaceutical industry initially made its name in supplying the generics at substantially low costs, it is now beginning to have its own intellectual property. These attributes would enable our products to add much higher value on the ground to the funds generates through innovative financing.

We hope that the deliberations in Oslo will add to the fund of knowledge on innovative sources of financing for development and also provide more detailed information on the airline tickets levy and UNITAID. We look forward to the same.

Thank You.
