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- **RINUNCIA DELL'ARCIVESCOVO DI ZARAGOZA (SPAGNA) E NOMINA DEL SUCCESSORE**

In data 12 marzo 2005 il Santo Padre ha accettato la rinuncia al governo pastorale dell'arcidiocesi di Zaragoza (Spagna), presentata da S.E. Mons. Elías Yanes Álvarez, in conformità al canone 401 § 1 del Codice di Diritto Canonico.

In data 12 marzo 2005 il Santo Padre ha nominato Arcivescovo Metropolitano di Zaragoza (Spagna) S.E. Mons. Manuel Ureña Pastor, finora Vescovo di Cartagena.

[00395-01.01]

● **RINUNCIA DELL'ORDINARIO PER GLI ARMENI CATTOLICI DELL'EUROPA ORIENTALE E NOMINA DEL SUCCESSORE**

Il Papa ha accolto le dimissioni di S.E. Mons. Nerses Der Nersessian, dall'ufficio di Ordinario per gli Armeni cattolici dell'Europa Orientale, in conformità al canone 210 del CCEO.

Il Santo Padre ha nominato Ordinario per gli Armeni cattolici dell'Europa Orientale S.E. Mons. Nechan Karakéhyán, trasferendolo dall'Eparchia di Ispahan degli Armeni e assegnandogli nello stesso tempo la sede titolare di Adana degli Armeni, con il titolo di Arcivescovo *ad personam*.

[00393-01.01]

● **RINUNCIA DEL COADIUTORE DELL'ORDINARIATO PER GLI ARMENI CATTOLICI DELL'EUROPA ORIENTALE**

Giovanni Paolo II ha accolto le dimissioni di S.E. Mons. Vartan Kechichian, dall'ufficio di Coadiutore dell'Ordinariato per gli Armeni cattolici dell'Europa Orientale, in conformità ai canoni 218 e 210 del CCEO.

[00394-01.01]

● **NOMINA DEL NUNZIO APOSTOLICO IN EL SALVADOR**

Giovanni Paolo II ha nominato Nunzio Apostolico in El Salvador S.E. Mons. Luigi Pezzuto, Arcivescovo titolare di Torre di Proconsolare, finora Nunzio Apostolico in Tanzania.

[00391-01.01]

● **NOMINA DEL NUNZIO APOSTOLICO IN PANAMA**

Il Santo Padre ha nominato Nunzio Apostolico in Panama il Rev.do Mons. Giambattista Diquattro, finora Consigliere della Nunziatura Apostolica in Italia, elevandolo in pari tempo alla sede titolare di Giromonte, con dignità di Arcivescovo.

○ **Rev.do Mons. Giambattista Diquattro**

Il Rev.do Mons. Giambattista Diquattro è nato a Bologna il 18 marzo 1954.

È stato ordinato Sacerdote il 24 agosto 1981.

È stato incardinato a Ragusa.

È Laureato in Giurisprudenza e in Diritto Canonico.

Entrato nel Servizio diplomatico della Santa Sede il 1° maggio 1985, ha prestato la propria opera presso la Rappresentanza Pontificia nella Repubblica Centrafricana, presso la Missione Permanente all'O.N.U. a New York, nella Sezione per i Rapporti con gli Stati della Segreteria di Stato e presso la Nunziatura Apostolica in Italia.

Conosce le seguenti lingue: spagnolo, francese e inglese.

[00392-01.01]

## **È INTERVENTO DELL'OSSERVATORE PERMANENTE DELLA SANTA SEDE PRESSO L'UFFICIO DELLE NAZIONI UNITE A GINEVRA DURANTE LA 61<sup>ma</sup> SESSIONE DELLA COMMISSIONE DEI DIRITTI UMANI**

Il 29 marzo scorso, durante la 61<sup>ma</sup> sessione della Commissione dei diritti umani delle Nazioni Unite, che si svolge a Ginevra dal 14 marzo al 22 aprile corrente, e in occasione del dibattito sull'accesso ai medicinali necessari per combattere le pandemie dell'HIV/AIDS, malaria e tubercolosi, S.E. Mons. Silvano Maria Tomasi, C.S., Osservatore Permanente della Santa Sede, ha pronunciato l'intervento che pubblichiamo di seguito:

### **● INTERVENTO DI S.E. MONS. SILVANO MARIA TOMASI, C.S.**

Mr. Chairperson,

The threats to human life and dignity, to economic and social development, and to global security that are posed by the illnesses of HIV and AIDS, tuberculosis, and malaria, all of which have reached pandemic proportions, require the urgent attention of this Commission and of the entire global community.

The current estimates related to the dimensions of these diseases are sufficiently alarming to warrant the dedication of more focused and expanded financial, professional, research, and community resources in all parts of the world, but most especially in low-income countries. Denial, stigmatization, discrimination, and complacency cannot be tolerated in the face of some forty million adults and children currently living with HIV and AIDS, of six thousand HIV-related deaths per day, in the face of twelve million orphans who have lost one or both parents to HIV-related illnesses; in the face of some two billion people infected with tuberculosis (TB), of whom, each year, eight million become sick with infectious TB and two million die; and in the face of at least one million, and possibly three million, deaths caused by malaria each year. Future projections concerning the impact of these diseases are even more compelling: the population of countries hard-hit by AIDS is expected to be 14% less than predicted in the absence of this syndrome; lost productivity due to TB may range between 4% and 6% of Gross Domestic Product in many countries; presence of malaria in epidemic proportions blocks progress with development in the world's poorest countries.<sup>1</sup>

These statistics, however, do not adequately portray the human rights dimensions of these three major epidemics. First and foremost, the Holy See Delegation is concerned with threat posed by HIV and AIDS, tuberculosis, and malaria to the most fundamental and sacred right – that of human life itself. This exercise of this right to life is most tenuous among populations in the least developed countries of the world, among those ravaged by war, wide-scale conflict and violence; those oppressed by racial or ethnic discrimination, forced migration; those who are victims of human trafficking and domestic violence. These same persons often find themselves equally vulnerable to infection with or the broader-based family-related, social, and economic impact produced by these three major pandemics.

These diseases also interfere with the realization of the well-recognized right to development, a right which the Holy See delegation has promoted and defended on many occasions. A concomitant responsibility to this right is that of promoting the common good. Thus the residents of high- and middle-income countries cannot be satisfied with preventing the spread of HIV, tuberculosis, and malaria in their own more “privileged” environments, or at least of benefiting from improvement in the quality of life and decrease of life-threatening effects from these diseases on those already infected, without mobilizing concern and effective action with and for those in low-income countries who currently are deprived of access to such medical and scientific interventions.

While profit may be an accepted motivation for those developing the medications and diagnostic tools to address these diseases, it cannot be sole factor determining or blocking access for all in need of such technology. Thus the Holy See delegation recalls the words of Pope John Paul II to the Jubilee 2000 Debt Campaign with regard to the existence of “a ‘social mortgage’ on all private property, a concept which today must also be applied to ‘intellectual property’ and to ‘knowledge’”. The law of profit alone cannot be applied to that which is essential for the fight against hunger, disease, and poverty.”<sup>2</sup>

The Holy See delegation is convinced that the right to health, which is recognized and protected by various international bodies, including this Commission, by national governments, and by faith- and community-based groups, will be more adequately realized only when concern for the protection of intellectual property rights, while legitimate in itself, is seen within the wider perspective of promoting the common good, building global solidarity, and prioritizing the life and dignity of the world’s most vulnerable people, many of whom can be counted among those struggling the illnesses and deep socio-economic impact of HIV and AIDS, tuberculosis, and malaria.

While encouraged by recent global efforts to make accessible and “scale up” provision of affordable medications and diagnostic tools to address these three diseases, much of which will be facilitated in collaboration with health and development services sponsored by faith-based organizations, the Holy See delegation notes with much regret:

- that only some 7% of people living with HIV and AIDS in developing countries and in need of combination anti-retroviral therapy currently are benefiting from it<sup>3</sup>;
- that only some five percent of HIV-infected pregnant women have been able to avail themselves of medications to prevent the transmission of the infection to their babies and that far less can benefit from the ongoing anti-retroviral treatment they themselves need in order to keep them alive and capable of caring for their children<sup>4</sup>;
- that TB is on the rise in many developing countries and in those with transitional economies and that drugs for multi-drug resistant TB remain unaffordable for many;
- that taxes and tariffs imposed by some countries even on such essential items as donated insect-treated mosquito nets often deprive the most needy populations from protection against malaria.

In conclusion, the Holy See delegation urges continued attention and effective action, on the part of this Commission and of the entire global community, in order to reach the health and development goals that will address the needs and human suffering produced by the three pandemics of HIV and AIDS, tuberculosis, and malaria.

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<sup>1</sup> Cf., *HIV/AIDS, Tuberculosis, and Malaria: The Status and Impact of the Three Diseases*, The Global Fund to Fight AIDS, Tuberculosis, and Malaria, 2005.

<sup>2</sup> John Paul II, Message to the Jubilee 2000 Debt Campaign (23 September 1999) *L'Osservatore Romano*, 25 September 1999, 5.

<sup>3</sup> Cf., *HIV/AIDS, Tuberculosis, and Malaria: The Status and Impact of the Three Diseases*, The Global Fund to Fight AIDS, Tuberculosis, and Malaria, 2005.

<sup>4</sup> “3 by 5” *Progress Report*, World Health Organization and UNAIDS, 2005.