

Draft ministerial declaration
2009 high-level segment of the Economic and Social Council
presented by the President of the Council

Implementing the internationally agreed goals and commitments in regard
to global public health

PP1 *We, the Ministers and Heads of Delegations, participating in the high-level segment of the substantive session of the Economic and Social Council, held in Geneva from 6 - 9 July 2009,*

PP2 *Having considered* the themes of the high-level segment, “Implementing the internationally agreed goals and commitments in regard to global public health” and “Current global and national trends and their impact on social development, including public health”,

PP3 *Recalling* the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health,

PP4 *Recognizing* the leading role of WHO as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate,

PP5 *Recognizing* that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health,

PP6 *Recalling* that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,

PP7 *Having considered* the reports¹ of the Secretary-General and the deliberations held during the high-level segment,

PP8 *Taking note* with appreciation of the voluntary initiatives of the Governments of China, Ghana, Jamaica, Qatar and Sri Lanka to host regional preparatory ministerial meetings for the annual ministerial review in Beijing, Accra, Montego Bay, Doha and Colombo,

PP9 *Welcoming* the voluntary national presentations made by Bolivia, China, Jamaica, Japan, Mali, Sri Lanka and Sudan,

PP10 *Expressing concern* at the adverse impact of the global financial and economic crisis on the realization of the IADGs, including the MDGs, particularly the health-related MDGS, and on the ability of developing countries to gain access to the financing necessary for their development objectives, in particular those related to public health,

PP11 *Recognizing* that the MDGs are interlinked, and expressing our concern that progress on some of them is lagging, and reiterating our commitment to continue reinvigorating and strengthening the

¹ E/2009/81 and E/2009/53

global partnership for development, as a vital element for achieving these goals, in particular the health-related goals,

PP12 Have adopted the following declaration:

1) We reaffirm our commitment to the achievement of the Internationally Agreed Development Goals (IADGs), including Millennium Development Goals (MDGs), particularly those related to health, in a timely manner; we reiterate our resolve to expedite realization of the United Nations (UN) development agenda.

2) We recognize that health and poverty are interlinked and that achieving the health-related goals is central to sustainable development.

3) We reaffirm that good public health is better achieved through a combination of good public health policies including multisectoral policies that stress better nutrition, safe drinking water, hygiene, sanitation and sustainable urbanization, and effectively combat major risk factors.

4) We reiterate that each country has primary responsibility for its own economic and social development and that national policies, domestic resources and development strategies cannot be overemphasised. We are determined to develop and strengthen comprehensive, multisectoral, integrated people-centred and result-oriented approaches to achieving the internationally agreed development goals, including the MDGs, in order to achieve improved health outcomes and health equity for all among and within countries. We call for political leadership, empowerment of communities and engagement of all stakeholders, including individuals, for attaining these goals with renewed vigor and in the spirit of global solidarity.

5) We emphasize the need for urgent and collective efforts to improve public health and address the public health challenges exacerbated by the current and emerging global “inter-related” challenges, in particular:

- a) the global financial and economic crisis which is undermining and slowing or reversing the development gains of developing countries, in the achievement of the IADGs including the MDGs.
- b) the food crisis and the continuing food insecurity in many countries which has affected global health especially overall nutrition levels of populations in developing countries and the social and economic consequences which have direct negative impacts and impair nutritional status.
- c) climate change that poses serious health risks and challenges to all countries, particularly to developing countries, especially the least developed countries, landlocked developing countries, small island developing States and countries in Africa, including those that are particularly vulnerable to the adverse effects of climate change.

6) We emphasize the need for further international cooperation to meet emerging, new and unforeseen threats and epidemics, such as the current H1N1 pandemic, H5N1 and other influenza viruses with pandemic potential, and acknowledge the growing health problem of antimicrobial resistance.

7) We recognise the need for a fair, transparent, equitable and efficient framework for the sharing of H5N1 and other influenza viruses with human pandemic potential, and for the sharing of benefits, including access to and distribution of affordable diagnostics and treatments, including vaccines, to those in need, especially in developing countries, in a timely manner. We call for strengthening surveillance and response capacity at the national, regional and international levels through the full implementation of the International Health Regulations.

8) We emphasize the need for strengthening health information systems and the need for the timely transmission of relevant data to WHO and similar bodies, when novel infection emerges, to generate essential knowledge about the characteristics of the disease and call for increased preparedness, as well as capacity building for risk assessment and technology transfer for risk response in developing countries.

9) We reaffirm our commitment to strengthening health systems that deliver equitable health outcomes as a basis of a comprehensive approach. This will require appropriate attention to inter alia, health financing, health workforce, procurement and distribution of medicines and vaccines, infrastructure, information systems, service delivery and political will in leadership and governance.

10) We recognize the role of social determinants in health outcomes and take note of the conclusions and recommendations formulated by the WHO Commission on Social Determinants of Health which aim to improve living conditions, tackle the inequitable distribution of resources, and measure, understand and assess their impact. We call upon the international community to support efforts of States to address the social determinants of health and to strengthen their public policies aimed at promoting full access to health and social protection for, inter alia, the most vulnerable sectors of society including through, as appropriate, action plans to promote risk-pooling and pro-poor social protection schemes, including to support the efforts of developing countries in building up and improving basic social protection floors.

11) We reaffirm our commitment to eliminating hunger and to securing food for all, today and tomorrow, and reiterate that relevant United Nations agencies should be assured the resources to expand and enhance their food assistance and support safety net programmes to address hunger and malnutrition, when appropriate, through the use of local or regional purchase.

12) We emphasize the importance of the promotion and protection of all human rights for all and their important interrelation with global public health, development, poverty eradication, education, gender equality and empowerment of women.

13) We call for action to promote gender equality and the empowerment of women and concerted action for equal access of women and girls to education, basic services, including primary healthcare, economic opportunities and decision making at all levels.

14) We stress the importance of addressing stereotypes and eliminating all harmful practices which constrain the achievement of gender equality and empowerment of women, including concerted efforts to counteract violence against women and girls, which constitutes a severe threat to physical and mental health. We further stress the importance of strengthening the participation of women in decision-making processes and development of gender-sensitive multisectoral health policies and programmes in order to address their needs.

15) While noting some progress made in the past decade in advancing global health, we express concern at the lack of overall progress in improving global health, with across the board inequities in health persisting among and within countries. In particular, we are deeply concerned that maternal health remains one of the largest health inequities in the world and by the slow progress in achieving MDGs 4 and 5 on improving child and maternal health. In this context, we call on all states to renew their commitment to prevent and eliminate child and maternal mortality and morbidity, at all levels, which is occurring globally at an unacceptably high rate. We call for health system strengthening as a key component of an integrated approach to achieving rapid and substantial reduction in maternal morbidity and mortality, including through:

- a) Increased political will, commitment and engagement at national level supported by international cooperation and assistance to ensure accessibility, availability, acceptability and affordability of health care services, skilled health workers, facilities, infrastructure and nutritional support for all women and children, with special attention for Sub-Saharan Africa;
- b) Achieving universal access to reproductive health by 2015, through increased political leadership at all levels, allocation of domestic and donor resources and emerging innovative financing and by strengthening basic infrastructure, and specific health interventions, including voluntary family planning, emergency obstetric care and skilled birth attendance;
- c) Scaling up efforts for integrated management and care of child health, including actions to address the main causes of child mortality including newborn and infant mortality inter alia, pneumonia, diarrhoea, malaria and malnutrition and by developing and/or implementing appropriate national strategies, policies and programmes for child survival, including prevention measures, vaccinations, medicine, improved nutrition, drinking water and sanitation;
- d) Integrating HIV/AIDS interventions into programmes for primary health care, sexual and reproductive health, and mother and child health, including strengthening efforts to eliminate the mother-to-child transmission of HIV.

16) We call for the full and effective implementation of the Beijing Platform for Action, the International Conference on Population and Development (ICPD) Programme of Action and their review conferences including the commitments relating to sexual and reproductive health, and the promotion and protection of all human rights in this context. We emphasize the need for the provision of universal access to reproductive health, including family planning and sexual health and the integration of reproductive health in national strategies and programmes.

17) We recognize that communicable diseases which have been prioritized by the Millennium Development Goals such as HIV/AIDS, malaria and tuberculosis, as well as other communicable diseases and neglected tropical diseases (NTDs) pose severe risks for the entire world and serious challenges to the achievement of development goals. In this regard, we emphasize the urgency to:

- a) significantly scale up efforts towards meeting the goal of universal access to HIV prevention, treatment, care and support by 2010 and the goal to halt and reverse the spread of HIV /AIDS by 2015. We commit ourselves, with support of international cooperation and multisectoral partnerships, to maximize synergies between HIV/AIDS response and strengthening of health systems and social support;
- b) enhance policies to address the challenges of malaria by strengthening effective prevention and treatment strategies, including availability of affordable, good quality, and effective medicines, including artemisin based therapy, as well as long-lasting insecticide-treated bed nets. And in this regard, we welcome the RBM Global Malaria Action Plan which provides for the first time a comprehensive plan for combating malaria in the short, medium and long term and the Affordable Medicine Facility for malaria;
- c) sustain and strengthen the gains made in combating TB, and develop innovative strategies for TB prevention, detection and treatment, including to deal with new threats such as co-infection with HIV/AIDS, multidrug resistant TB (MDR TB) or extensively drug resistant TB (XDR TB);
- d) cooperate and further strengthen efforts to control and eliminate neglected tropical diseases (NTDs) including by accelerating further research and development, developing innovative medicines and adopting prevention strategies;
- e) eradicate polio worldwide and intensify immunization activities and country-specific strategies to address the remaining barriers to stopping polio transmission, including in developing countries;
- f) halve by 2015 the proportion of the population without sustainable access to safe drinking water and basic sanitation as a means of fighting against waterborne diseases.

18) We also recognize that non-communicable diseases are emerging as a heavy burden on society with serious social and economic consequences and the need to respond to cardiovascular diseases, cancers, diabetes and chronic respiratory diseases which represent a leading threat to human health and development. In this regard, we:

- a) Call for urgent action to implement the WHO Global Strategy for the Prevention and Control of NCDs and its related Action Plan;
- b) Recognize that diabetes is a chronic, debilitating and costly disease associated with severe complications;

- c) Stress the need to scale up care for mental health conditions, including prevention, treatment and rehabilitation;
- d) Reaffirm the importance of the WHO Framework Convention on Tobacco Control within the global public health and call upon State Parties to the Convention to fully implement it.

19) We express concern at the continued increase in road traffic fatalities and injuries worldwide, in particular in developing countries and draw the attention to the need to build public awareness and to improve and implement legislation to prevent such accidents. We call for the implementation of existing United Nations General Assembly Resolutions and welcome the recent initiatives aimed at addressing global road safety issues and strengthening international cooperation in this field.

20) We note with concern the lack, as well as the imbalanced distribution of health workers within countries and throughout the world, in particular the shortage in Sub-Saharan Africa, which undermines health systems of developing countries. In this regard, we emphasize the need for countries to review policies, including recruitment policies and retention policies that exacerbate this problem. We underline the importance of national and international actions, including the development of health work force plans which are necessary to increase universal access to health services, including in remote and rural areas, taking into account the challenges facing developing countries in the retention of skilled health personnel. We encourage the finalization of a Code of Practice on International Recruitment of Health Personnel.

21) We reaffirm the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, transparency, accountability and community participation and empowerment, as the basis for strengthening health systems and recall in this regard the Declaration of Alma Ata. We recognize the importance of comprehensive primary health care services including health promotion, and universal access to disease prevention, curative care and palliative care and rehabilitation that are integrated and coordinated according to the needs, while ensuring effective referral systems.

22) We stress the importance of multisectoral and interministerial approaches in formulating and implementing national policies that are crucial for promoting and protecting health. We reiterate that governments will play the central role, in collaboration with civil society organizations, including academia, and the private sector, in implementing national strategies and action plans on social services delivery, and in making progress towards more equitable health outcomes.

23) We recognize the close relationship between foreign policy and global health and their interdependence, and in that regard also recognizes that global health challenges require concerted and sustained efforts by the international community. We look forward to continuing discussions on this issue.²

24) We underline the health and rehabilitation needs of victims of terrorism, including both physical and mental health.

² A/Res/63/33

25) We underline our commitment to develop and implement national strategies that promote public health in programmes or actions that respond to challenges faced by all populations affected by conflict, natural disasters and other humanitarian emergencies, and acknowledge that inequities in access to health care can increase during times of crises, and that special efforts should be made to maintain primary health care functions during these periods, as well as ensuring that the needs of the poorest and most vulnerable are met during the post crisis, post conflict, peace building and early recovery stages.

26) We underline the need of people living in situations of armed conflict and foreign occupation for a functioning public health system including access to health care and services.

27) We call upon all countries to strengthen institutional capacity to pursue longer-term health and development goals and the need to discharge essential public health functions as part of the broader post humanitarian assistance crisis recovery strategy.

28) We underline the importance of establishing effective financial strategies for healthcare, including allocating to government health budgets increased resources and/or using resources more efficiently.

29) We acknowledge the contribution of aid targeted towards the health sector, but much more needs to be done. We call for the fulfilment of all ODA commitments, including the commitments by many developed countries to achieve the target of 0.7 per cent of gross national income (GNI) for ODA by 2015 and to reach at least 0.5 per cent of GNI for ODA by 2010, as well as the target of 0.15 to 0.20 per cent for least developed countries, and urge those developed countries that have not done so to make concrete efforts in this regard in accordance with their commitments.

30) Welcoming increasing efforts to improve the quality of ODA and to increase its development impact. The Economic and Social Council Development Cooperation Forum, along with recent initiatives such as the high-level forums on aid effectiveness, which produced the 2005 Paris Declaration on Aid Effectiveness and the 2008 Accra Agenda for Action, make important contributions to the efforts of those countries which have committed to them, including through the adoption of the fundamental principles of national ownership, alignment, harmonization and managing for results. We should also bear in mind that there is no one-size-fits-all formula that will guarantee effective assistance. The specific situation of each country needs to be fully considered.

31) We urge further strengthening of international cooperation in the area of health, inter alia, through exchange of best practices in the areas of health systems strengthening, access to medicines, training of health personnel, transfer of technology and production of affordable safe, effective and good quality medicine and we welcome in this regard South-South, North-South and triangular cooperation and recognize that the commitment to exploring more South-South cooperation does not substitute but complements North-South cooperation.

32) We stress that international co-operation and assistance, in particular external funding, needs to become more predictable and should be better-aligned with national priorities and channelled to recipient countries in ways that strengthen national health systems. We acknowledge the progress

made on new, voluntary and innovative financing approaches and initiatives. We take note of the work and the recommendations of the Leading Group on Innovative Financing for Development as well as the findings of the High Level Task Force on Innovative International Financing for Health Systems. We acknowledge that innovative financing mechanisms should supplement and not be a substitute for traditional sources of finance.

33) Although the financial and economic crisis has affected all countries, it is important to take into account the varying impacts and challenges of the crisis on the different categories of developing countries. The crisis is further endangering the achievement of their national development objectives, as well as the internationally agreed development goals, including the Millennium Development Goals. We are particularly concerned about the impact on countries in special situations, particularly least developed countries, Small Island Developing States and landlocked developing countries, and on African countries and countries emerging from conflict. We are equally concerned about the specific development challenges of middle-income countries and low-income countries with vulnerable and poor populations.

34) We recall the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property and urge States, the relevant international organizations and other relevant stakeholders to support actively its wide implementation

35) We reaffirm the right to use, to the full, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), the Doha Declaration on the TRIPS Agreement and Public Health, the decision of the World Trade Organization's General Council of 30 August 2003 and, when formal acceptance procedures are completed, the amendment to article 31 of the Agreement, which provide flexibilities for the protection of public health, and in particular to promote access to medicines for all, and encourage the provision of assistance to developing countries in this regard. We also call for a broad and timely acceptance of the amendment to article 31 of the TRIPS Agreement, proposed by the WTO General Council Decision of 6 December 2005.

36) We encourage all States to apply measures and procedures for enforcing IPR in a manner so as to avoid the creation of barriers to the legitimate trade of medicines and to provide for safeguards against the abuse of such measures and procedures

37) We recognize the impact working conditions can have on health status, health equity and general well-being. Improving employment and working conditions at global, national, and local levels, in particular to reduce exposure to work related physical and psycho-social hazards, would help to reduce negative health effects deriving from the environment in which people work. We emphasize the need to devise and implement policies to ensure the health and safety of workers in line with relevant ILO standards.

38) We further recognize that pollution and other relevant forms of environmental degradation have serious implications for public health.

39) We reaffirm our resolve to address the adverse impact of climate change on global public health and call for successful conclusions of the intergovernmental negotiations on climate change under the United Nations Framework Convention on Climate Change (UNFCCC).

40) We recognize traditional medicine as one of the resources of primary health care services that could contribute to improved health care services that could contribute to improved health outcomes, including those in the MDGs. We urge states, in accordance with national capacities, priorities, relevant legislation and circumstance to respect and preserve the knowledge of traditional medicine, treatments and practices, appropriately based on the circumstances in each country, and on evidence of safety, efficacy and quality.

41) We stress that health literacy is an important factor in ensuring significant health outcomes and in this regard call for the development of appropriate action plans to promote health literacy.

42) We reaffirm the need to develop, make use of, and improve national health information systems and research capacity, and as appropriate with the support of international cooperation, in order to measure the health of national populations, with disaggregated data so that health inequities can be detected and the impact of policies on health equity measured.

43) We are committed to promoting research and development, knowledge sharing and provision and use of information and communication technologies (ICTs) for health, including through facilitating affordable access to all countries, especially developing countries.

44) We express our unwavering resolve to implement this declaration.