

Statement by Thomas Stelzer ASSISTANT-SECRETARY-GENERAL FOR POLICY COORDINATION AND INTER-AGENCY AFFAIRS

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Mr. Chairman,
Distinguished Delegates,
Ladies and Gentleman,

Good health and long lives are essential for the well-being of populations. During this week you have focused your efforts on ways to improve health and reduce mortality in all corners of the globe. Your statements on national experience have provided a rich and detailed panorama of the variety of approaches your societies have been pursuing in order to improve health, prevent disease and make death rare. You have also identified the challenges that your Governments have been addressing and, in so doing, have shown that some challenges are universal while others are specific.

Countries where large segments of the population lack the resources to live without want are especially vulnerable to the diseases associated with poverty. It is precisely to combat those diseases that redoubling our efforts to accelerate the achievement of the MDGs is

necessary. This week, you have taken one more step toward the attainment of those goals but, if you felt the pressure mounting during this period of hard work, please remember that the pressure is still on after you leave this chamber. The risk of missing our targets is very real and there is no time to lose. Each and every one of us knows what actions have to be taken. Now is the time to take them.

Crucially, during this week's deliberations, the Commission has gone beyond the MDGs. It has therefore given attention to the major health challenges facing countries where the diseases of poverty have receded. When communicable diseases and maternal conditions no longer cause most deaths, the burden of disease shifts to the other type of diseases: degenerative, chronic, non-communicable. The causes of those diseases vary, but the way we live and work influences the timing and prevalence of those ailments. As you have underscored, the majority of deaths today are caused by these diseases and many can be prevented or delayed by improving lifestyles. Eating less, running more, not smoking, not drinking, building supportive and inclusive societies are all conducive to better health. The challenge is to convince people that these things matter and to enable them to achieve and maintain healthy lifestyles. You have considered these questions and provided useful guidelines to effect change, a key one being that health depends on much more than access to health care. Promoting health demands a holistic and purposeful approach. And Governments have many useful tools at their disposal to effect change. Enlightened regulation buttressed by political commitment can go a long way in changing attitudes and achieving results.

Nevertheless, prevention is not the whole answer. We will all need health care sooner or later, and we all want and deserve the best. Another critical challenge is to shape healthcare systems so that they can respond to the increasing demands for disease management in ageing populations. All societies face this challenge and already many are finding innovative ways of addressing it. Your deliberations this week have allowed you to share experience and distil some of the best practices around. But this is an ongoing task and the guidance emerging from this session will likely need important revisions in a few years, as more countries learn how best to adapt to their evolving demographic and epidemiological realities.

In sum, you have worked diligently in considering how best to improve health and delay death, and the Commission's attention to these issues has been particularly timely.

To conclude, Mr. Chairman, let me commend you and all members of the Bureau for your commitment to the work of the Commission and for your able preparation of this session, and let me thank especially Mr. Shoji Miyagawa for taking on the difficult task of facilitating the informal consultations and therefore contributing in a major way to the [work/success] of this session.