



ISSUES PAPER
2009 ECOSOC High-Level Segment Thematic Debate

Dialogue 1

**“Social trends and emerging challenges and their impact on public health:
Renewing our commitment to the vulnerable in a time of crisis”**

Thursday, 9 July 2009
10:00 a.m. to 1:00 p.m.

**Dialogue 1: Social trends and emerging challenges and their impact on public health:
Renewing our commitment to the vulnerable in a time of crisis**

The social implications of the financial crisis and the current outlook

1. The worst economic and financial crisis since the Great Depression of the 1930s has had major impacts on social well-being across all regions. More than half way to 2015, some of the gains countries had made to attain internationally agreed development goals, including the MDGs, are being threatened. The current economic and financial crisis is locking millions of poor people and their families in long term poverty traps. And to compound the situation, this crisis is coming on the heels of the food and energy crises of 2008, which according to the World Bank, threatened to push 100 million people into poverty.
2. With contractions in economic activity likely to result in between 24 and 52 million people unemployed worldwide, the social dimensions of this crisis are likely to get worse.¹ The ranks of the working poor could swell by 40 million, while those living on less than two dollars a day could increase by over 100 million. In addition, millions of workers have not only lost their wages but have also lost their employer provided health insurance. In countries with high healthcare costs, the loss of employer provided health coverage can be very devastating on families.
3. While the economic downturn will take a considerable toll on employment throughout the world, certain groups such as youth, older persons, indigenous peoples, persons with disability and women are particularly vulnerable. It is imperative that special attention be devoted to addressing the intergenerational transmission of vulnerability, poverty and exclusion, particularly for those population groups. For example, the MDGs will not be achieved if policies, programmes, monitoring and evaluation are not inclusive of persons with disabilities.

¹ ILO. 2009. Global employment trends, January 2009. ILO: Geneva

The economic crisis is projected to increase the number of unemployed women by up to 22 million in 2009.² Consequently, the depth, severity and duration of poverty spells are more likely to be more pronounced among women and their children. And with some 370 million people spread throughout some 90 countries around the world, indigenous peoples are also interacting with the larger world more than ever. Indigenous peoples are therefore feeling the impact of the economic crisis primarily because they have fewer possibilities and opportunities to excel, and have limited or no access to national social protection programmes.

4. Therefore, with millions of people losing jobs at an alarming pace in both industrialized and developing economies, countries need to put in place sound macroeconomic policies that not only foster strong growth, but also underscore the need to create full employment and decent work opportunities for all as well promote the need for social safety nets that protect the most vulnerable members of society from external shocks.

5. It is clear that the demand for resources to provide social support and assistance to vulnerable groups is great at this time of crisis. It is an imperative to safeguard social spending in order to preserve the gains made in many social areas, including in the MDGs.

6. The following questions could be considered:

- What are the implications of the current financial and economic crisis on the public health challenges of developed and developing countries?
- Which are the key public health areas and priorities for action that Governments should be focusing on while coping with the challenges posed by the current financial and economic crisis?
- How can we safeguard social expenditure in these times of reduced revenues? What are some of the innovative ways of helping the most vulnerable groups to cope, particularly with regard to maintaining or improving their health status?

Changing age structures and the consequent implications for social development, including in terms of public health expenditures

7. Due to declines in fertility rates and rising longevity, the world is ageing rapidly, with the median age projected to rise from its current 28 years to 38 years by 2050. In 2005, there were 672 million older persons; by 2050, that figure will have nearly tripled to about 2 billion. By the middle of the century, for the first time in human history there will be more people over age 60 than under age 15.³ The ageing of the population has been accompanied by a shift in the predominance of infectious diseases to that of non-communicable diseases, particularly chronic ones. Over time, an increasing number of older persons will be susceptible to chronic diseases than younger ones. However, analysis has shown that although ageing contributes to rising health care costs, it does not appear to be the predominant “cost driver”.⁴

² ILO. 2009. Global employment trends for women report, March 2009. ILO: Geneva

³ UNDESA, World Population Prospects, the 2006 Revision

⁴ UNDESA, World Economic and Social Survey 2007, Development in an Ageing World

8. Although the proportion of children and youth in the world population will show steady decline throughout this century,⁵ it is important that investments be made in ensuring their adequate access to primary health care and health education. By investing in the health of young people now future health care costs can be significantly curbed. Although the onset of many non-communicable diseases happens later in life, the precursors to their development include habits of consumption, and lifestyle that start much earlier. Diabetes mellitus, heart disease, and some cancers, are attributable to patterns of substance use, levels of physical activity, and dietary preferences, which are usually developed in adolescence and young adulthood. These diseases are projected to dominate global health issues as the century progresses,⁶ but by reducing youth exposure to the risk factors a brighter outlook is possible.

9. Young people also carry a disproportionate burden of infection by some communicable diseases, especially HIV/AIDS, and unless this trend is curbed, this could mean significant long-term costs. HIV/AIDS is not a curable disease, and those who contract it will need access to expensive medication throughout the course of their lives. Exposure to HIV reduces human ability to ward off otherwise preventable diseases, and despite progress, HIV/AIDS continues to place young people's well-being at risk. New infections are concentrated among youth, with those aged 15 to 24 years accounting for 45 per cent of all new infections worldwide.⁷ The burden is especially high in those developing regions that have been hard hit by the recent crises. Africa has the highest rate of infection, with South and South East Asia, and Latin America and the Caribbean also showing relatively high incidence.

10. Questions for consideration could include:

- What would be the long-term trends in ageing that have been observed in many parts of the world and how will these impact on the patterns of public health expenditures?
- What are the possible alternative courses of action Governments should consider in light of this trend?

Trends in urbanization and the implications for unemployment

11. Today, more than half of the world population lives in urban areas. Large disparities remain in the level of urbanization attained in different countries and regions: Africa and Asia are mostly rural, while three quarters of the population in Latin America live in urban areas. However, by the middle of this century, all regions will be predominantly urban. Large differences exist as well in the speed of urban population growth. While urban populations are stabilizing or even shrinking in developed countries, they are growing rapidly in developing countries. Virtually all population growth will take place in urban areas of developing countries in the coming decades.

12. Urban areas in developing countries must create enough employment to absorb new workers entering the labour force because of natural population growth on site as well as workers coming from rural areas. So far, employment creation has lagged far behind this

⁵ UNDESA, World Population Prospects, the 2006 Revision

⁶ World Health Organisation, World Health Statistics 2008

⁷ UNAIDS, Report on the Global AIDS Epidemic 2008

demand, and the current economic crisis has hit hardest those sectors that employ the most vulnerable, including migrants from rural areas. Since neither urban population growth nor rural to urban migration are expected to decline significantly in the least developed countries, the burden on these economic sectors to absorb more labour will continue growing in the near future. The need to adopt integrated employment strategies becomes yet more pressing in the current economic context.

13. While urban residents have, on average, better access than rural residents to a number of social services, including health services, urban populations are very diverse socially and economically. In a majority of developing countries, the health status of the urban poor differs little from that of rural villagers and so does the quality of care received. In this era of rapid urbanization, health policies cannot be based on averages alone.

14. With the world population ageing at an accelerated pace, and worldwide unemployment projected to increase by an additional 40 million by the end of 2009, more people than ever before will be in need of social protection, either in the form of old age assistance or unemployment insurance. Yet the reality is that only one in five people have adequate social security coverage, and half of the world's population lacks any type of social security protection.⁸ Without unemployment insurance, for example, people either have to survive without any income if they become unemployed, or accept jobs that are undesirable due to low pay and/or poor working conditions. Without pensions, which offer economic protection to those who are too old to work, older persons will be left in increasingly vulnerable positions, especially since changing family structures and migratory patterns mean that growing numbers of older persons are left without traditional familial support. There has, however, been some progress in introducing social pension schemes in developing countries in recent years; nonetheless, overall only 30 per cent of the world's older persons are covered by pension schemes.⁹

15. Questions for discussion could include:

- What kind of monitoring and evaluation mechanisms can be put in place to keep track of the impact of unemployment on the health status of the most vulnerable populations?
- In light of the rapid trend towards urbanization, what will be the impact on unemployment and what policy measures should be adopted to meet this upcoming challenge?
- How can we best respond to the combined changing demographic trend of ageing and unemployment? How can we ensure adequate social protection in the face of this twin challenge?

Migration and public health

16. The movement of people, whether within countries or internationally, has implications for global public health. As the recent spread of the flu epidemic has shown, temporary mobility of people, both within and across borders, can lead to the rapid spread of infectious disease. However, because migration involves a longer-term change of residence and people who relocate voluntarily usually need to be in good health to do so, migrants are less likely to transmit disease than other travelers. In fact, international migrants are often required to

⁸ ILO, Fact sheet on social security

⁹ WHO, World Report on Violence and Health, 2002

provide medical proof of good health before they are admitted by the receiving country and the evidence confirms that international migrants are often healthier than people of similar age in both sending and receiving countries.

17. However, some migrants are more vulnerable to health risks than others. Migrants in an irregular situation and asylum-seekers, who often have to undertake dangerous journeys to get to their desired destinations, are more likely than regular migrants to be exposed to health risks during the journey. In addition, international migrants, in general, face barriers in accessing health care, if only because of their lack of familiarity with the health system of the country of destination or because of language and cultural barriers. Irregular migrants and those with temporary status are unlikely to enjoy full health care coverage and migrant workers who perform physically demanding tasks in dangerous conditions face increased risks of health problems, injury or even death. Temporary migrant workers who migrate alone and cannot be accompanied by their families are also at increased risk of contracting sexually transmitted infections, including HIV. Because those migrants often lack the support of social networks at destination, they are more likely to engage in behaviour that adversely affects their health and, upon their return to the country of origin, they may jeopardize the health of other close family members.

18. On the positive side, international migrants generally earn more in the country of destination than they would have in the country of origin and may gain access to a health care system of higher quality. In addition, migrants often acquire health-enhancing knowledge and healthy habits. Studies indicate that better health practices and knowledge are part of the “social remittances” that migrants transmit to their families at origin. In addition, financial remittances help defray the costs of health care and treatment of family members left behind and, as the evidence shows, they contribute to improve the health status of family members remaining in the country of origin, particularly of children.

19. The migration of skilled personnel can affect the functioning of health systems. In 2006, WHO estimated that one in every four doctors and one in every 20 nurses trained in Africa were working in developed countries. Yet many countries in sub-Saharan Africa, Southern and South-Eastern Asia, have been experiencing a severe shortage of health-care professionals. This loss is only partially counterbalanced by the remittances migrants send to countries of origin. To prevent any further deterioration of health care systems in low-income countries, receiving countries have been taking measures to promote the ethical recruitment of health personnel, which means curtailing or stopping recruitment from low-income countries.

20. The integration of the world economy implies that the current economic and financial crisis is already having detrimental effects on the health of migrants and recent evidence suggests that, in many contexts, there has been a deterioration of migrants’ working and living conditions. As a consequence, affected migrants are less likely to afford proper nutrition or preventive care for themselves and, in cases where remittances decline, families at origin may also have to curtail their expenditure in health care and prevention.

21. Although the current recession may slow down the expansion of the health sector in high-income countries and reduce the demand for health personnel over the short-term, in the medium term that demand is expected to increase significantly, particularly as the population of high-income countries ages rapidly. Consequently, health-care professionals from developing countries will continue to find work opportunities in developed countries. To stem

the flow, both improvements in working conditions and wages in countries of origin and effective constraints on recruitment by receiving countries need to be pursued.

22. In view of the varied and pervasive impacts of international migration on public health, cooperation between sending and receiving countries is needed in order to address the negative aspects of those impacts and to enhance the positive aspects of migration in relation to health.

23. Possible issues for discussion could include:

- What are the good examples of how countries are adjusting to the return of migrants to the country/place of origin? Can these policies be replicated?
- How can we meet the challenge of large scale migration of skilled health workers especially from Africa?

Impact of Climate Change on Public Health through intertwined issues of Water and Food Security

25. To a large extent, public health depends on safe drinking water, sufficient food, secure shelter, and good social conditions. Inadequate food consumption, including consumption of unsafe water, heightens vulnerability to infectious diseases, which, in turn, can keep the body from absorbing adequate food. Malnutrition reflects and contributes to inequity, disproportionately affecting poor people and vulnerable groups. Currently 1.1 billion people (17% of the global population¹⁰) lack access to safe water resources and nearly two-thirds of the people without access are in Asia. In sub-Saharan Africa, 42% of the population is without access to improved water. Over 820 million people in developing countries have calorie-deficient diets; over 60 percent live in Sub-Saharan Africa and South Asia. As a direct consequence of this deficit in development the WHO estimates that diarrhea, malaria and protein-energy malnutrition alone caused more than 3.3 million deaths globally in 2002. Public health requires particularly (i) sufficient hydraulic infrastructure capable of providing adequate access: to safe drinking water; to sufficient clean water for hygiene and to safe sanitation; as well as (ii) consumption of nutritious, safe food. These depend on sufficient household income and sufficient public resources to make the needed infrastructure investments. Sustaining adequate food production depends on sound development and management of land and water.

25. On-going changes in patterns of seasonal rainfall distribution, frequency and intensity, including droughts and flooding, and of ambient temperatures and sea level, will affect more and more the stability of, and access to, water supply and to critical food supplies, in particular in vulnerable areas like tropical countries, arid and semi-arid areas as well as in low lying areas¹¹. Scientists predict that crop yields could drop significantly on average with temperature increase and other factors, while the most recent scientist assessment (Denmark, 2009) alerts us that the warming of the earth is more significant than anticipated by the last IPCC report (2007): a long term increase of more than 2°C is highly possible and should be considered with all its associated risks. In addition, food production in small islands and coastal areas will be particularly affected by the loss of both cultivated land and coastal fish nurseries as a result of inundation and coastal erosion, while, their vital and limited groundwater resources, already

¹⁰ The World Health Organization (WHO) and UNICEF Joint Monitoring Programme.

¹¹ Technical paper on Climate Change and Water – 37th Session of IPCC –WMO-UNEP- April 2008

vulnerable to saline intrusion and pollution, will be at risk. More than two billion people live in the dry regions of the world, and these people suffer already more than others from malnutrition, infant mortality and diseases related to contaminated or insufficient water. In semi-arid Africa, pastoralism is the main economic activity, with pastoral communities including trans-national migrants in search of seasonal grazing. In aggravated or prolonged drought situations, such pastoralists may come into conflict with settled agrarian populations. The increased risk of conflicts over land and water as a result of climate change has consequences for health, especially if conflicts cause people to be displaced. In addition many important diseases are highly sensitive to changing temperatures and precipitation. These include common water vector-borne diseases such as malaria and dengue. Measurement of health effects from climate change can only be very approximate. Nevertheless, a WHO quantitative assessment, taking into account only a subset of the possible health impacts, concluded that the effects of the climate change that has occurred since the mid-1970s may have caused over 150,000 deaths in 2000. It also concluded that these impacts are likely to increase in the future. Health outcomes related to water supply and sanitation, as well as to food insecurity and related migrations are a focal point of concern for climate change in many countries¹².

26. Human health, incorporating physical, social and psychological well-being, depends inter alia on adequate water resources, which in turn depends on an adequate supply of rainfall as well as on the hydraulic infrastructure for water storage, treatment and conveyance. According to IPCC due to the very large number of people that may be affected, *additional malnutrition and water shortages may be the most important health consequences of climate change*. Populations with high rates of disease and disability cope less successfully with stresses of all kinds, including those related to climate change. Poor health increases vulnerability. Climate change is a significant and emerging threat to global public health, and consequently to economic and social development. This suggests that the international community needs to address climate change as a serious public health threat, especially to vulnerable countries and populations. The economic and human costs of inaction are considerable as billions of human beings will be affected. There are two billion rural smallholder farmers and they can be part of the solution. For that, they will need to employ the best methods for soil and water conservation and management. The key policy challenge is how to multiply more quickly than anticipated efforts to insure water security and food security in all vulnerable countries and for the most vulnerable groups of poor people, in particular children, women, elder, small farmers, worldwide. Accelerated sustainable development is fundamental for the public health of our current and future generations. In the short term, and at the country level, adaptation to climate change is clearly a development issue and *the best response to mitigate future climate change effects on public health is to act now in order to accelerate and to scale up, especially in vulnerable areas, harmonized and aligned actions for water security and food security through (i) proper water infrastructure, (ii) sustainable water and agriculture management and (iii) local empowerment of farmers, especially women farmers, and rural communities with knowledge to adopt sustainable practices for boosting agricultural productivity*.

27. There must be an acceleration of international efforts on Climate Change through mitigation, adaptation, technology and finance for better public health for all, especially for the

¹² Ninety per cent of all natural disasters are related to weather and water variability (extreme droughts and floods) which are clearly linked to climate change with an observed increased of events. This additional impact on public health is not the purpose of this issue note but it confirms the key importance of water development and management in adaptation to Climate Change.

most vulnerable countries and vulnerable poor people. Urgent efforts need to be made to incorporate climate variability into macro-economic analysis and into water and land related management in order to strengthen capacity in adaptation to future climate change through increased resilience. Priority must be given to enhancing the efficient use of existing water resources through effective water demand management, and developing appropriate infrastructure investments to better regulate water resource variability, including coordinated long-term planning and new norms for infrastructure design, including in agriculture. Moreover, the development, as appropriate, of safe non-conventional sources of water (e.g. desalination) associated with renewable energy (wind, solar) in Small Islands, coastal areas and other vulnerable zones should be pursued. Developing countries need to accelerate and scale-up sustainable solutions for (i) local access to safe and reliable drinking water and to sufficient water for household hygiene; (ii) local access to basic sanitation and (iii) urban development of adequate sewerage and treatment. In addition, low-cost innovative solutions (e.g., rainwater harvesting for domestic needs of grey water or re-use of treated waste-water) as a way of averting increased costs of access to water resources due to climate change need to be adapted, as well as a better administration of water resources. Institutional and legal frameworks should be reviewed to assure coordination, including management of information and knowledge, and to facilitate adaptation measures.

28. Countries must sustain safe, nutritious food production and access to affordable food for all people. Also, policy options for action, such as those recently negotiated during CSD-17 in New York between 4 and 15 May 2009, must be considered, including the need to strengthen capacity-building initiatives that assess health and environmental linkages, especially for vulnerable groups and empower communities, especially small farmers and rural women through effective participation. Steps should also be taken to build institutional capacity in Africa and SIDS, promote the role of local authorities, harmonize modern technologies with traditional and indigenous knowledge for sustainable agriculture and rural development, and support rural communities for effective adaptation programmes to climate change at the local level.

29. Some questions for discussion:

- What will be the impact of climate change on social development? How can the global response be tailored to mitigate these social impacts?
- What can be done to better highlight the seriousness of the threat of climate change to global public health and consequently to economic and social development so that urgent measures to mitigate its effects can be instituted without delay?
- What are the innovative measures that could be put in place to monitor malnutrition and other health impacts and to establish a social protection floor?