

**Informal Summary**  
**General Debate for the High Level Segment**  
**2009 Economic and Social Council**

**Key Messages:**

- **The multiple crises - food, energy and financial and economic crises, climate change and H1N1 pandemic - may delay the achievement of the Millennium Development Goals (MDGs) or jeopardize the results already achieved. The impacts on the levels of hunger, poverty, malnutrition and health are of particular concern.**
- **Delegations expressed great concern over the unacceptably high levels of maternal mortality rates and the need to focus on improving maternal and newborn and child health.**
- **Non-communicable diseases (NCDs) and injuries are becoming an increasing concern, including in developing countries, and may become a threat to the achievement of the MDGs.**
- **Member States concurred that clear political will and determination to address public health related challenges globally was essential. The MDGs would not be achieved without global partnership and solidarity.**
- **Member States urged the international community to especially commit to protect social spending, in particular in the area of health, during the economic crisis.**
- **Facilitating access to low-cost medicines and pharmaceutical products is critical in reducing health inequalities and ensuring health for all.**
- **The global response to the H1N1 influenza pandemic demonstrated the vitality and benefits of cooperation at regional and international levels. It also called for great international collaboration to respond to global public health challenges.**
- **The ECOSOC was recognized as an important player in proposing a global platform for discussion and cooperation, in particular in response to crises.**

**Mr. Sha Zukang**, Under-Secretary-General for Economic and Social Affairs, introduced the report of the Secretary-General (E/2009/53) on the theme of “Current global and national trends and their impact on social development, including public health”. He highlighted some of the key messages of the report. First, the financial and economic crises have exacerbated the effects of the food and energy crises, which constitute a major setback in efforts to achieve the Millennium Development Goals (MDGs). As food shortages are likely to resurface, it is imperative that the commitments made to address the food crisis – including the impetus for strengthening the agricultural sector – are kept by all. Mr. Sha also highlighted the need for bold collective actions to reduce greenhouse gas emissions and for a comprehensive agreement at Copenhagen in December 2009.

Further, rising unemployment and levels of poverty, and a general sense of despair, can potentially fuel social conflicts. An intensified effort must be made to maintain or increase resources for public investments in the social sector. The current efforts to stimulate economies should also include a strong focus on generating productive employment and decent work for all. As the current crises are set to have profound implications for public health, we need to pay special attention to the negative impact on health outcomes, especially for vulnerable populations. Mr. Sha concluded by emphasizing that in our interdependent world, many of the threats and challenges cannot be met by independent actions and need

global and long-term perspective. There should be no backtracking on commitments to the developing world.

**H.E. Ambassador Sylvie Lucas**, President of the Economic and Social Council (ECOSOC), opened the general debate for the high-level segment of the ECOSOC substantive session of 2009. Ambassador Lucas focused on the current challenges of meeting the MDGs, especially in the area of global public health. There is a strong concern for protecting those who are currently bearing the brunt of the financial crisis and Lucas called for a recommitment by developed countries to refocus efforts on the developing community. She requested an increase in partnerships and innovative approaches to further her main concerns: that governments take the lead in developing effective health systems, more substantive investments are needed to support the health agenda, the growing challenges of non-communicable diseases needs to be a high priority, a need for a commitment of a relatively modest investment to combat neglected tropical diseases, commitments made to fight communicable diseases should be honored, an expansion of e-health into a comprehensive national development strategy and health program to make health care accessible and multilateral and multinational agreements must be honored, especially during times of health crisis such as with the current H1N1 pandemic. An international and strong government approach is needed to follow through on these goals and commitments to improving global health for all.

**Mr. Ricardo French-Davis**, Chairperson of the Committee for Development Policy (CDP) presented the relevant parts of the Report of the 11<sup>th</sup> session of the CDP for the issue being addressed in the 2009 ECOSOC High-Level Segment. First, the CDP recommends that targets and indicators relating to health inequalities within countries are included as part of the official MDG targets, as improving health equality would make it easier to achieve the MDGs. The CDP report also concluded that health policies need to be better financed, in particular through improved tax collection in developing countries and tax evasion. Another key recommendation of the CDP was that Global Health Partnerships should strengthen national health systems.

The CDP report also pointed out the urgent need to reform existing mechanisms of compensatory financing and assistance in response to external shocks. Conditionality were of particular concern to the CDP as they limit the policy space of developing countries to undertake effective counter-cyclical policies. Finally, the CDP supports the decision of making significant allocations of SDRs and strengthening the role of SDRs as a global currency reserve.

### **Progress towards the development goals**

Delegations highlighted the progress in the realization of the MDGs in their countries. However, they cited concerns about the multiple crises (food, energy and financial and economic crises, climate change and H1N1 pandemic) that may delay the achievement of the MDGs or jeopardize the results already achieved of their development activities. There is a set back in hunger and poverty reduction and a global increase in unemployment. Another central point was the issue of gender disparities, especially with regard to access to health care and education. Maternal health care is a main concern: there has been little or no progress made in this area and it is a topic that must be carefully monitored.

### *Global Financial and Economic Crisis*

Delegations expressed concerns on the effect of the global financial and economic crisis on the progress of the MDGs, including hunger, poverty and health, malnutrition and maternal mortality in particular. As a result, resources allocated to health and social spending are under tremendous pressure and are likely to decrease. **Uruguay** underlined that the numerous crises undermine the international community's ability to meet the challenges of social justice. The **European Union (EU)** noted that women and girls would likely be the first hit by these reductions as they have less job security and are

often kept home from school in times of budget restraints. **Iran** emphasized that the human costs of the crisis could be exacerbated if developed nations resorted to protectionist measures and decreased levels of assistance. There must be a committed effort to protect social spending, in particular in the area of health, during the economic crisis. Many delegations actually saw the current crisis as an opportunity for a renewed commitment and leadership of the international community towards development. **Morocco** stressed that the economic crisis might be an opportunity to enhance solidarity between countries of the north and south. Morocco appealed for (a) greater structural reforms favouring governmental participation in the allocation of resources and the management of the economy, (b) developed countries and donors to continue holding their promises to contribute to the development of developing countries and (c) all countries to put in place a partnership for development, and respond to the particular needs of less advanced countries.

### *H1N1*

**Chile** stressed that the recent outbreak of the H1N1 influenza pandemic demonstrates the vitality of international cooperation and regulation for an appropriate response to the crisis. It also called for greater collaboration to respond to global public health challenges. In this regard, the **United States** is working with international partners to address H1N1. **Malaysia** is implementing the National Influenza Pandemic Preparedness Plan (NIPPP), which takes a comprehensive and multi-sectoral approach to tackling a pandemic influenza, such as H1N1. **Chile** suggested that all countries should have access to the necessary medication and vaccination for protection against H1N1.

### **Progress towards the health-related MDGs**

Delegations underscored the importance and timeliness of the focus of the session on health. Health was seen by several delegations as a fundamental right and foundation for achieving economic and social development and the MDGs. However, while progress was acknowledged, the world is still off track to achieving the health MDGs by 2015. The **Group of 77 and China (G77)** observed that huge inequalities exist across and within countries.

Many delegations called attention to inadequate health care services and financing for health. Importance of primary health care was underscored by several delegations. Primary health care should be community-based and should have the capacity to integrate prevention, treatment and control. Many delegations have taken steps towards ensuring universal health-care services. As an example, the **Maldives'** health care financing mode is still fee for service with out of pocket payments. The new government is committed to provide universal health insurance by 2010 through Social Health insurance and social security ensured through National Pension Scheme.

### *Maternal and Child mortality*

Delegations expressed concern over the unacceptably high levels of maternal mortality rates and the need to focus on improving maternal and newborn and child health. While some countries have reported some progress in their own countries, **Bangladesh** on behalf of the LDCs cited that “the average lifetime risk of a woman in a least developing country dying from complications related to pregnancy or childbirth is more than 300 times greater than for a woman living in an industrialized country” (State of the World’s Children Report 2009, UNICEF). **The Russian Federation** reminded the Council that no region has reached the necessary 5.5% annual decrease to reach the target. **Liechtenstein** highlighted that there are human rights implications to be taken into account in addressing maternal mortality. In particular, **Liechtenstein** pointed out that the Human Rights Council, at its last session, called for action by adopting a resolution on preventable maternal mortality and morbidity, which Liechtenstein had co-sponsored. Along the same vein, the **Netherlands** and the **Republic of Korea** also stressed that health should be seen as a fundamental human right and effective policies should focus on health inequalities.

Many countries have undertaken actions to improve maternal and child health. **Kazakhstan** for instance has recently doubled efforts to support women and children, providing them one-time benefits for child birth and other child care benefits and **Malaysia** indicated that it had already achieved the MDG related targets. The **United Kingdom** reminded the Council that the Global Consensus on Maternal and Newborn Health, launched at the Secretary-General High-Level Forum on Health held in New York on June 15<sup>th</sup> 2009, offered a powerful framework for better results on these critical issues. **Guyana** also suggested that global access to Human Papilloma Virus (HPV) would reduce cervical cancer among women in developing countries. **Brazil** stated that cross-cutting social programs, such as the “Bolsa Família” conditional cash transfer, are being enhanced and will contribute not only to achieving MDG 1, but also to the promotion of maternal health and the reduction of child and infant mortality.

#### *Non-communicable diseases and injuries*

Many delegations noted with concern that non-communicable diseases (NCDs) and injuries were becoming an increasing concern including in developing countries and may become a threat to the achievement of the MDGs. The NCDs of major concern include cardiovascular diseases, cancer, diabetes and obesity. **Mauritius** suggested that NCDs should be dealt with globally, given their high incidence on the socio-economic fabric of all nations. Without intensive global action, NCDs will attain unsustainable proportions, if they haven't already, especially in rapidly changing societies. **The European Union** stressed that prevention is better than cure and can be very cost-effective. In addition, **Peru** highlighted that 3,500 people die every year in Peru from traffic accidents and 118,000 are disabled for life.

#### *HIV/AIDS, Malaria, & Tuberculosis*

There has been substantial progress with regard to the fight against HIV/AIDS, malaria, and tuberculosis. As an example, **Malaysia** is on its way to achieving the MDG on HIV/AIDS and has achieved its targets on malaria. **Liechtenstein** noted that these gains have been realized because of an exemplary engagement by the international community in terms of partnerships and resources as well as a coherent involvement of UN programs and funds and of those directly affected by the disease. In this regard, the **United States** is including the educational and agricultural sectors in the fight against HIV/AIDS to expand the network and delivery of accessible vaccines, especially to the most vulnerable. The **G77** noted, however, that most of the progress on this goal has been in the most affluent countries, underlying thereof inequalities across countries.

#### *Sexual and reproductive health*

Ensuring sexual and reproductive rights were seen as being critical for some delegations. According to **Switzerland**, investing in sexual and reproductive health is necessary to reduce maternal mortality, improving the health of mothers, reducing infantile mortality and combating HIV and AIDS. Furthermore, the **Netherlands** stressed that universal access to sexual and reproductive health is a very important separate target that should be recognized as a central condition and would safeguard the integration of sexual and reproductive health services into health systems and strengthen gender perspectives. In this light, the **EU** expressed strong support for the full implementation of the Cairo Programme of Action and the ICPD Programme of Action and the Copenhagen Declaration and Programme of Action.

#### *Multi-sectoral partnerships*

Delegations expressed support for partnerships to realize the health-related MDGs. **Brazil** stated that given that the issue of health is interwoven with all aspects of society, an integrated and multi-sectoral approach is required in order to address the complex nature of global health. In this context,

stakeholders across sectors should work in partnership to ensure ‘health for all’. The **EU** and **Norway** stated that partnerships are imperative for enhancing well-functioning health systems.

### **Access to medicines, intellectual property rights and traditional medicines**

Several countries mentioned the importance of facilitating access to low-cost medicines and pharmaceutical products. **Brazil** stressed the critical role that intellectual property plays as a determinant of access, affordability, innovation, local production and trade in both brand name drugs and generics and called for its recognition at the political level within the UN system. The **G77** underscored that the right to health should not be denied by intellectual property rights violations in the field of medicines and transfer of technology relating to health products. In that regard, **India** called on all countries to respect the concept of “territoriality” as per the TRIPS agreement and not create barriers to legitimate trade, which in turn will hinder achievements in the field of global public health. **Malaysia** believed that the international trade regime can and should do more to promote public health interests as there is a need for the production and distribution of essential medicines in developing countries, while encouraging those with production facilities to actively cooperate with others. **Switzerland** stressed that in negotiations for an international trade and intellectual property system, due consideration should be given to public health in accordance with TRIPS principles and as defined by the WHO.

**Brazil** stressed the importance of medicine developed by indigenous and traditional communities in fighting against disease and poverty. In that context, the adoption of a legally-binding international regime on access and benefit-sharing under the Convention on Biological Diversity is urgent. **Bolivia** also stressed its support for the revival of traditional knowledge and values in medicine, protection of patients’ rights, incorporating transparency, social responsibility and including civil society in overseeing public policy to make health a right of all and not a privilege.

### **Sustainable Development**

**Kenya** stressed that the rise in food and non-commodity prices had led to widespread hunger, malnutrition and declining productivity in many developing countries. Some of the factors of the food crisis were climate change, use of cereals for production of bio-fuels and volatile oil prices. The crisis had led governments to divert budgetary resources from development priorities to humanitarian assistance.

The effects of climate change were mentioned by several delegations. The **Maldives** raised its concern on climate change, which could lead to the extinction of major industries, such as tourism and fisheries. The country itself plans to make the Maldives carbon-neutral within a decade. Scarce water resources are a major issue for **Kazakhstan** that needs it for effective water management as drought and desertification are deeply rooted in the country’s geographical and climate factors.

Natural disasters can pose serious threats to public health. According to **Bolivia**, the crisis generated by climate is as problematic as the financial and economic crisis and has short-term consequences in diseases, death, epidemic caused by heat waves, floods, droughts that will affect the developing countries. **Namibia** recently experienced floods in parts of the country that have destroyed transport and sanitation infrastructures, thereby exposing the populations in those areas to health hazards. Addressing these challenges requires additional efforts and resources for both reconstruction and disaster management.

### **Global partnership for development**

Delegations recognized that the MDGs cannot be achieved without global partnership and solidarity. The **G77** expressed concern that the crisis could result in reduced official development assistance (ODA). Developing nations called upon developed countries to abide by their commitments in terms of ODA and strengthen north-south collaboration, through financing flows and capacity building.

**Bangladesh** said that the LDCs with high initial poverty and low fiscal capacity are in most critical need of external assistance. South-South cooperation was also seen as relevant for providing targeted expertise, technical cooperation and support developing countries in addressing health issues. Additionally, **India, Bangladesh and Morocco** stated that developing countries should have the necessary policy space to pursue policies tailored to their own individual circumstances and requirements.

The **EU** concurred that more resources allocated to development are needed and reiterated its commitment in that regard, along with **Liechtenstein, the UK and Turkey**. On the other hand, the **UK** stressed that recipient countries on their part will need to live up to their commitments to increase allocation of national budgets to health. Many countries supported new and innovative financial mechanisms either to fill the financial gap or to supplement traditional official development assistance. The **UK** said that the Task Force on Innovative Financing for Health Systems estimated that US\$36-45 billion is needed annually in low-income countries to meet the health-related MDGs. In that regard, the **UK** recommended implementing the recommendations made by the Task Force, such as the International Financing Facility for health systems, voluntary solidarity contributions on airline ticket purchases or mobile phones and a second Advance Market Commitment. Among these, **France** mentioned the tax on the airline tickets, which has enabled UNITAID to buy medications to treat HIV/AIDS, tuberculosis and malaria.

The **EU, United States and Turkey** also emphasized the need for a more efficient use of financing for development. In that regard, the **EU** reiterated its commitment to the Paris Declaration on Aid Effectiveness, the Accra Declaration and the Maputo Plan of Action.

### **The Role of the United Nations and ECOSOC**

Delegations mentioned the crucial role of the United Nations in addressing the challenge posed by public health. **Switzerland** highlighted that in light of the need to achieve the MDGs and the long standing challenges, such as the global financial crisis, the United Nations must take the forefront in organizing and guiding international efforts towards a freer, fairer and safer world. Many delegations recognized the important role ECOSOC played in proposing a global and integrated platform for discussion and cooperation, in particular in response to crises. **Kenya** said that the 2009 high-level segment will help create the much needed awareness and build momentum towards addressing the current economic crisis and its link to public health. The importance of the role of the AMR in this regard was reasserted. **Pakistan** invited reflection around how the engagement of international economic and development institutions, including the UN agencies, could be further intensified within the context of the AMR.

**India** suggested that longer-term measures must also be undertaken that include a comprehensive reform of the international governance structures, including the UN and the Bretton Woods Institutions (BWIs), to reflect current realities and enhance the voice and participation of developing countries in international institutions.

### **Initiatives and specific proposals**

- **Bangladesh** suggested that one percent of the bail-out package should be earmarked to the developing countries to support food security, human development and social protection in LDCs.
- **Barbados and Guyana** proposed that there should be a UN General Assembly Special Session (UNGASS) on NCDs. More attention should be paid to addressing NCDs in low and middle-income countries during the 2010 ECOSOC Coordination Segment.

- **Oman** and **Qatar** suggested that an official indicator on deaths from NCDs be added to MDG 6 during the upcoming 2010 MDG Review process. **Guyana** proposed that an additional MDG should be developed to address the issue of affordability and accessibility to diagnostics and medicines for NCDs.
- **China** will host international scientific symposium on Influenza Pandemic Response and Preparedness on 21-22 August 2009, in Beijing, to strengthen scientific research and exchanges about the disease.
- **Malaysia** stressed that despite the advancement of global cooperation, the H1N1 pandemic requires that the international community urgently adopt the Pandemic Influenza Framework to ensure the timely access to adequate and affordable vaccines, diagnostics, and other medical products required in a pandemic, especially for developing countries. Attention must be paid, however, that the Framework does not put commercial interests and profits before public health and must ensure the global needs and interests are reflected and prioritized.
- The **United States**, through the President's Malaria Initiative (PMI), along with partner organizations has distributed more than 6.5 million free insecticide-treated nets around the world.
- The **United States** is working towards a new integrated approach to public health. President Obama has requested \$63 billion over six years to support a holistic approach through the New Global Health Initiative, which will work to combat infectious disease, reduce the mortality of mothers and children, avert millions of unintended pregnancies and address previously neglected tropical diseases. This program will offer a full range of family planning and reproductive health services for women and it will expand the efforts to fight AIDS, malaria and TB.