

2010 SUBSTANTIVE SESSION COORDINATION SEGMENT

Informal Summary Panel I

“Towards a United Nations comprehensive response to global health challenges”

Tuesday, 6 July 2010

In the first panel of the Coordination Segment of ECOSOC’s substantive session on 6 July 2010, Mr. Anthony Lake, Executive Director of UNICEF, Ms. Thoraya Obaid, Executive Director of UNFPA, Mr. Michel Sidibe, Executive Director of UNAIDS and Dr. Carissa Etienne, Assistant Director-General, WHO, took stock of efforts undertaken by the UN system in follow up to the 2009 Ministerial Declaration on global public health.

Key Messages

The following key messages emerged from the panel and discussion:

- the need for integrated approaches to achieve the MDGs and to put stronger emphasis on their linkages rather than tackling them individually;
- the importance of considering the health cycle of an individual, including reproductive health, *inter alia*, in addressing the inseparable link of the health of the mother and of the newborn.
- better integration of national priorities into UN system activities at the country level since national and community ownership and engagement for sustainable results;
- integrated monitoring and evaluation systems of UN agencies to assess successful strategies in order to improve coordination of the UN system;
- recognition by donors that their activities in the health sector, including HIV/AIDS, go beyond the health sector;
- closer partnerships with civil society, including with the private sector are needed since they provide a huge percentage of health care in many developing countries;

- the need to pay attention to the most vulnerable and poorest communities, in particular by increasing the number of community health workers – 350,000 were needed globally.
- better use of technologies, such as cell phones for data collecting and information sharing, could help improve community health care;
- the need to look to future and the expected impact of globalization and urbanization on the health of populations. The target date of 2015 should become only a benchmark in the process—planning for after 2015 should be taken seriously.

Summary of presentations

Ms. Thoraya Obaid, Executive Director of UNFPA, recognized that maternal mortality was decreasing, but ensuring universal access to reproductive health care still needed more attention because it directly affected maternal and infant health, which was inseparable. Ms. Obaid underlined that sexual and reproductive health should be looked at through a life cycle, including family planning, sexual education for adolescents, care during pregnancy and delivery and post-delivery care for mothers and newborns. Comprehensive strategies should engage communities and key stakeholders to reduce maternal, newborn and child deaths by providing key data, improving human resources and building on best practices. UNFPA had focused on the prevention of mother-to-child transmission of HIV but that prevention needed to be increased, with a focus on the health of mothers and women. It was further necessary to provide women with age appropriate sexual and reproductive health information, skills, services and commodities tailored to the specific country. Ms. Obaid emphasized the need to integrate human rights, gender equality and cultural sensitivity in the programmes. Although global health was increasingly visible on the international agenda, greater and more predictable financial resources were still required. Efforts of UN agencies, funds and programmes must be better harmonized at the country level, with countries leading the process. In addition, engagement with the civil society, private sector and individual communities was imperative in order to strengthen national health systems.

Mr. Anthony Lake, Executive Director of UNICEF, emphasized the importance of coordination of the UN system to improve women and child health due to the strong linkages between the MDGs. To save a child's life it was crucial to address the health of women through community based care. An innovative, integrated, community-based approach for maternal and child health care would best confront challenges along the process. Integrated strategies must provide more skilled birth attendants, training for basic life saving medical services, and the scaling up of innovative financing mechanisms to make all health care more freely available. The increased and more efficient use of new technologies was deemed important. Mr. Lake also highlighted conditional cash transfers, as practiced in Latin America, as a good practice. He also strongly emphasized that initiatives can only succeed with the active engagement of the communities. With

regards to the coordination of the UN system, Mr. Lake underlined that the UN should first look at the needs of the communities and then decide at UN headquarters in NY how those could be best served. Finally, he warned not to try to only reach the “easy goals” by 2015, but to begin working in the toughest areas as early as possible.

Mr. Michael Sidibe, Executive Director of UNAIDS, highlighted the importance of integrated responses that reach beyond the health sector. He underlined that there must be a closer coordination of the UN system with civil society and other stakeholders to ensure strategic use of resources and contributions. Integrated responses of mother-to-child transmission of HIV were critical for a number of reasons: firstly, the continuum of care was crucial. One cannot address mother to child transmission without addressing the need for access to reproductive health care. Secondly, antenatal care must be a part of a global health plan, and the integration of responses to prevent mother to child transmission. It was important to engage men in this process. Also, maternal and childcare were interlinked; services must be integrated to adequately address health and safety of both the mother and the child. There must be care before and after childbirth, which focuses on the needs of both parties. In addition, by focusing on the child in pre-delivery care diagnostics of HIV was achieved earlier and can be addressed more effectively. It was important to integrate ending sexual violence into the maternal health perspective of healthcare. Finally, by reinforcing the health delivery system, the benefits could reach more people. The challenges facing the UN system and international community today were: a better integration of national priorities, issues of affordability for communities and obtaining medicines, eradicating the stigma and discrimination associated with HIV/AIDS, and ensuring sustainable and predictable funding.

Dr. Carissa Etienne, Assistant Director General, WHO, noted the goal of the UN and international community needs to be not only to achieve all MDGs, but also to address all global health concerns. In order to achieve both, it was necessary to work horizontally, across sectors, not in a top to bottom fashion, but through partnerships with countries leading the process. For example, WHO and the World Bank coordinated the International Health Partnership Plus (IHP+), which created a framework with 47 development partners, countries and agencies committed to work together in a process that was country-led, country-owned and aligned with national priorities and capacities. These partnerships were creating working relationships with more partners outside the health sector, social, environmental and economic factors in addition to effective health systems also contributing to the health situation of a country. Dr. Etienne noted that there should be a renewed focus on more effective and efficient ways to utilize resources. She also noted that countries had gaps in evaluation mechanisms. WHO was working with partners to strengthen national health information systems at the district level, and create a common monitoring and evaluation programme. Member states needed assistance with rebuilding infrastructure and scaling up their training for health care workers and human resources because these were critical factors in strengthening health care systems. WHO was advocating for a primary health care system that would be developed in an inclusive manner and based on the principles of universal access, integrated, comprehensive, people centred strategies. The international community needed to be aware of current and future needs. As there will no doubt be shifting political realities, attention must be paid

to the increase in Non-communicable Diseases (NCDs). WHO had established a network of key stakeholders who will support low and middle income countries in implementing a resolution on prevention and control of NCDs. For the future, it was crucial to tackle the unfinished MDG agenda, plan for after 2015, and create a comprehensive response to the health agenda that does not compartmentalize health issues, but rather addresses all global health challenges. Finally, she expressed strong support for an international panel on global health.

After the presentations, a representative of the Food and Agricultural Organization (FAO) made a statement from the floor on behalf of the Director-General, focusing on the inter-relationship between agriculture, food and health. She underlined that hunger and malnutrition increase both the incidence and the fatality rate of the conditions that cause up to 80% of maternal deaths, and were the underlying cause of more than half of all child deaths. As a consequence of the recent global food crisis, one in every three children under the age of five in developing countries – a total of 178 million – suffered from stunting due to chronic under-nutrition. FAO highlighted that there was an urgent need to adopt healthier and more sustainable practices along the whole food chain to guarantee food quality and safety to minimize risks of diseases, disability and deaths.

Interactive discussion

During the interactive discussion, Member States highlighted the impact of the economic and financial crisis, which will have long-term consequences in particular in the health sector of affected countries. It was noted that there seems to be a shift in the focus from child to maternal health, and the question was raised how maternal health could be closer linked with NCDs, which were a specific concern for the Caribbean region. Also, the links between NCDs and the achievement of the MDGs should be closed examined as well as the impact of climate change on health. The EU underlined its priority of strengthening health systems through strengthening capacities in partner countries, and including civil society and the private sector in the process. The EU further expressed concerns about the impact of social determinants of health and underlined that policy coherence had to go beyond the health sector, using a holistic and rights based approach. The multidimensional nature of health makes requires also attention in the areas of gender, food security and nutrition, water and sanitation, education, and poverty. The EU considered the International Health Partnership (IHP+) preferred framework for international collaboration. Brazil highlighted the need for training for health workers, better access to drugs by dismantling trade barriers, and the importance of supporting national policies of developing countries and recognizing the existing local systems. The US asked how the new gender entity might help to improve coordination and Israel was interested to learn more about how the UN cooperates with other development actors, such as the private sector and civil society.