Summary of the Global Preparatory Meeting for ECOSOC 2009 Annual Ministerial Review on Global Public Health

31 March 2009

MORNING PANELS

Presentation – *"Where do we stand on achieving the international health goals?"*

Professor Hans Rosling first demonstrated that the main determinant of health is income. Child mortality rates have decreased considerably from 1959 to 2006 as countries have become richer. While the majority of countries have moved forward, inequalities in income and child mortality rates have increased over the same period. Professor Rosling then pointed out that the use of new medicines and technologies has allowed developing countries to decrease their child mortality rates at a higher speed than it was done by developed nations.

He then highlighted the problem of **aggregation,** for example, lumping low-income and middle-income countries together in 'developing countries', noting that progress on child mortality has differed hugely among countries in that group. Since 1990 middle-income countries were largely on track to achieve the goal of reducing child mortality by two-thirds by 2015, while the countries with the lowest income levels had the least success.

Professor Rosling warned that **averages over long time periods** to assess whether countries were on track in meeting the Millenium Development Goals (MDGs) can be misleading. For Tanzania, for example, the message that the country has not made sufficient progress to reach the MDG 4 (reduce child mortality) is not an adequate reflection. While there were no improvements in child mortality rates during the first 9 years, it has decreased at a rate of 10% pre year in recent years. That progress can be attributed to an increased health budget, greater immunization, the use of bed nets and improved nutrition.

Professor Rosling also highlighted the **uncertainty in health data** and welcomed the creation of an Inter-Agency Group by WHO in March 2008 to improve data collection and measuring methods. He recommended that the methodology through which raw data is used to provide indicators, should also be used for the other MDGs. He said that the international community needs to find a different way of looking at data, to **enable wider diffusion and use of data,** including the use of the internet.

Regarding MDG 5, he observed that while the **maternal mortality rate** is generally linked to levels of income, some countries with similar levels of income have differing maternal mortality rates. The greatest concern regarding maternal mortality rates is low income countries that are facing special challenges in remote rural areas.

On MDG 6, he noted that globally we have reached a steady **state of the number of HIV/AIDS** affected people, an average of 1 per cent of the world population. Professor Rosling pointed out that HIV should not be perceived as mainly an African problem as many countries outside of Africa are affected. Additionally most of the African countries are at or lower than the 1%

threshold. He also warned against measuring progress by the lowering of HIV/AIDS incidence (the number of people newly affected) because countries (e.g. Botswana) that have made tremendous progress in providing treatment to its population show a higher number of affected people because of the efficacy of the treatment. Professor Rosling also showed that levels of incidence can vary enormously within regions of a same country. This follows how we have to be careful in saying that countries are not reaching the MDGs: the MDGs can be achieved but we will need greater transparency of data and a more forceful use of data in countries. Furthermore analysis of data reveals that the levels of HIV/AIDS are not correlated to income or conflict.

Panel discussion: *"The impact of the world financial crisis on the achievements of the international health goals"*

Dr. Andrew Cassels (WHO, Director of Strategy) emphasized that the economic and financial crisis strikes at a critical time for health in all parts of the world since the impact on people's health is direct. In his presentation, Mr. Cassels outlined challenges as well as reasons for guarded optimism for the international community to respond adequately.

One of the challenges is the expected rise in mental health and suicide rate in addition to a possible increase in smoking, drinking and junk food consumption. Behavior change now will affect health in the future therefore many of the direct effects on health are long-term. If the crisis leads to social unrest there will be violence and injury.

The economic crisis is putting multiple pressures on people. For many, unemployment means loss of health insurance cover. A fall in remittances, often used to meet health care costs, can contribute to indebtedness. When local currencies are devalued the cost of imported medicine can become unaffordable. In such cases, treatment may be deferred for some and not sought at all by others.

As incomes fall people turn to public sector services at the very time that government revenues to finance them are under greatest pressure. Many high-income countries with ageing populations are facing additional pressures with an anticipated increase in spending on health and pensions. Unless extra efforts are made to sustain funding for public services, their quality and availability will fall. This places the most vulnerable groups at risk of being excluded from care.

The impact of the financial crisis on other aspects is not well understood. In Europe as in the US, the health sector is one that is not shedding jobs, yet there is no data available on whether this has had an effect on the migration of health personnel. To sustain progress, improved real time monitoring is vital as the crisis is unfolding. This requires the monitoring of process oriented indicators.

Dr. Cassels noted that among the bad news, there are some positive signs. Several countries said that they intend to increase public funding for health and increase coverage of vulnerable groups (e.g. Eastern Europe). Also some developing countries are in a better fiscal position than in previous crises and many donors have committed to maintain levels of aid. Impact is likely to vary among countries. If the decreased costs faced by oil importers are factored in, the importance of carefully analyzing impact country-by-country becomes very evident.

Professor Jeffrey Sachs (Earth Institute Director, Columbia University) established a direct link between aid and success in improving health. He estimated that low-income countries are between one third to halfway where they are supposed to be and cannot close the financial gap on their own. They need the financial support of donors. ECOSOC's responsibility is to ensure

accountability by establishing the link between the inputs that are needed and the available solutions.

Professor Sachs reminded the Council that health for all was promised in several documents, such as the WHO Constitution of 1948, the Universal Declaration of Human Rights, the Alma Ata Declaration and the MDGs. This decade has seen a number of global initiatives with positive results, such as the Global Alliance for Vaccination Immunization (GAVI), Global Fund to Fight AIDS, TB and Malaria, and the very promising m-Health.

The overseas development assistance for health has increased from $3 billion in 2000 to $10 billion in 2007 with related improvements in health. However between $35-40 billion are needed every year to ensure health for all. Most deaths in Sub-Saharan Africa are linked to malnutrition, infectious diseases and child mortality.

What is needed is a holistic approach, a lesson learned from the Millennium Villages. The core interventions in the Millennium Villages include clinical health services; community health workers; prevention programmes; mobile health services; emergency care; safe delivery; family planning and additional services; such as eye, dental and cardio vascular diseases.

Professor Sachs presented what he considers to be the ten necessary steps to reach the health-related MDGs by 2015:

- Devote 0.1% of rich countries' GNP to health in low-income countries
- Channel half of this money through the Global Fund to Fight AIDS, TB and Malaria
- Low-income countries should devote 15% of their budget to the health sector. Even if it is not enough to reach the threshold of $50 per person per year needed to provide basic health services, it would show their commitment to the health agenda.
- Focus on the adoption of a plan for comprehensive malaria control by 2010 with an end to death from malaria by 2012.
- Keep the commitment to provide universal access to anti-retroviral treatments by 2010 and, in this regard, ensure that scientifically proven projects of the Global Fund are funded.
- Close the financial gap of the Global Plan to Stop TB, which amounts to $3 billion per year
- Fund access to sexual and reproductive health services
- Establish a window for the seven neglected tropical diseases under the Global Fund Fight AIDS, TB and Malaria
- Create a window for health systems and the Global Fund to Fights AIDS, TB and Malaria to support local clinics, including the mass training of community health workers
- Introduce primary health care of non-communicable diseases

Professor Sachs concluded by emphasizing that the scientific base for saving lives is stronger than ever. We know how to cure basic diseases and decrease suffering and we have had a successful decade in improving health. There is no financial or management related obstacle for all countries to reach the health related MDGs.

Interactive discussion

There was support for Professor Sachs' call for increased support from wealthier nations to developing countries on health. There was a recognition that the need for increased aid was both urgent and long term. On building viable health systems, **Professor Sachs** noted that evidence had shown that public finance was needed for the bulk of the expenditure.

Noting that many companies are willing to do much more, **Professor Sachs** supported the proposal of **Algeria** for the Global Compact to move beyond its ten principles and explore how the private sector could actively contribute to the achievement of the MDGs. The **Global Alliance for Vaccine and Immunization (GAVI)** stated that it attributes the positive results of the last 9 years to a collaborative work with all partners.

On **health data**, **Dr. Cassels** stated that at this time of crisis a different type of reporting was needed. **Professor Rosling** called for the greater use of process indicators, close monitoring of health budgets and food prices to get a better understanding of the immediate effects of the financial crisis. The suggestion that WHO, IMF and WFP should work together to allow for some real time monitoring of the impact of the financial crisis on the health status of the population, was supported by **Professor Sachs** and **Dr. Cassels**. **Norway** stressed that all available data should be made available to ECOSOC for the July meeting in Geneva.

With regard to the role of **health literacy and education** in improving public health, **Professor Sachs** noted that improved information on how to care properly for newborns and on malnourishment could go a long way to decrease child mortality and the rapid increase in the incidence of cardiovascular diseases. He also cited m-health literacy as a powerful tool to extend health services to underserved areas. Noting that integrated approaches were needed to promote health he said that health literacy is an issue which should appeal to a broad group of stakeholders.

In relation to the question on other **contributing factors to child mortality rate** besides income, such as population, **Professor Rosling** noted that the experience of some countries had shown that the countries with relatively low incomes have achieved good child mortality rates when compared with more advanced economies. This demonstrates that developing countries do not necessarily need to follow the same steps as advanced economies to achieve the same health outcomes, hence making it difficult to provide advice. Reiterating this point, **Dr. Cassels** noted that today dialogue between developing countries is as important as the distribution of advice from international organizations.

The **Holy See** stressed the **role of faith-based organizations** and welcomed that the discussion seemed to endorse the principle of respect for dignity of the individual, solidarity and subsidiarity. **Professor Jeffrey Sachs** suggested that with the large network of churches, including in areas which are difficult to reach, the Holy See and other faith-based organizations could play a vital role in the distribution of malaria bed nets.

Key messages of the morning session:

- **The main determinant of health is income.**
- **Urgent and long-term commitment for increased assistance to low-income countries on health is needed. Rich countries should devote 0.1 per cent of their GNP to health in low-income countries.**
- **Low-income countries should devote 15 per cent of their budget to the provision of basic health services.**
- **Data collection and measurement methods need to be improved. There is a problem of aggregation, interpretation of averages over long period of time and data quality.**
- **The analysis of the impacts of current financial and economic crisis on health is urgently needed as the economic downturn may increase the incidence of mental health and suicide as well as smoking, alcoholism and junk food consumption, which may affect health in the long term.**