



**Statement by**

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**ECOSOC ANNUAL MINISTERIAL REVIEW  
REGIONAL MINISTERIAL MEETING  
ON FINANCING STRATEGIES FOR HEALTH CARE**

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Honourable Prime Minister,  
Honourable Ministers,  
Excellencies,  
Ladies and Gentlemen,

I would like to join Ambassador Ali in congratulating the Government of Sri Lanka for hosting this Regional Preparatory Meeting of the ECOSOC Annual Ministerial Review. Our congratulations to the Government for volunteering to make a national presentation at the 2009 AMR.

I am honored for the opportunity to participate in this important event.

We are meeting at a time when the world is in the midst of its most severe financial crisis and economic downturn since the Great Depression of 1929. At the same time, we are in the midst of a historic venture to halve poverty, combat disease and improve the well being of millions of people.

Since the 2000 Millennium Summit, countries have made great strides towards the achievement of this ambitious agenda. Now, the financial tsunami sweeping through global markets is putting much of the hard earned progress in developing countries at risk and may jeopardize future progress.

At a time of shrinking health budgets, we must not waver. We must live up to our commitments by all learning to do more with less. Against this backdrop the topic of *“Financing of health care”* could hardly be timelier.

Ladies and gentleman,

Both sustained economic growth and nearly a doubling of health aid from public and private sources between 2000 and 2006 have helped countries make headway towards the achievement of the health-related MDGs.

We have made progress on reducing child mortality, though we must do better, including in East Asia where child mortality rates continue to be approximately four times higher than in developed regions. Progress has also been made in the fight against HIV/AIDS and malaria. Owing to improvements in prevention programmes and the expansion of antiretroviral treatment, both the number of people newly infected with HIV, and the number of people who die from AIDS have started to decline. On the other hand, maternal health is the health goal where we have made least advances. Every year more than half a million mothers around the world die during childbirth or in the six weeks after delivery.

Some of the progress I mentioned was the result of a string of innovations. The Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI initiative were set up and Government leaders and private philanthropists got personally involved in advancing their goals.

But strong commitment and increased funding proved not enough. At the current pace, health-related goals would only be achieved half way through this century – 35 years after the agreed 2015 target date for their achievement. As we learnt, specific targeted health interventions alone cannot buy better health outcomes in the absence of equitable health systems and proper coordination mechanisms for the multitude of initiatives. Targeted health interventions need to be complemented by several other measures. I would like to use the remainder of my time to expand on five areas which I believe deserve high priority.

A first lesson which we have learned is that we need better health delivery systems. At the domestic level this means strengthening national health systems. This a particularly urgent task at a time of economic crisis, where people tend to forego private health care and make more use of public providers. In several countries where public health systems were already overstretched and under funded the onset of the economic crisis is bringing them to a breaking point.

A second lesson is that more needs to be done by both partners-developed countries and programme countries to make health aid more effective. Programme countries must be in the drivers' seat. Developed countries must strive to better align aid for health with countries' priorities. Moreover, whenever possible, aid should be channeled through national health plans. The key principles of donor coordination and aid predictability should be respected. As the resource channels for health financing have multiplied over the last couple of years, this has become ever more important.

A third lesson is that countries in crisis need our special attention and support. Of the countries farthest from reaching the Goals, 22 are in or emerging from conflict and 9 out of the 10 countries with the highest infant and child mortality rate have experienced conflict in recent years. Successful health reconstruction requires coordination and planning, as well as infrastructure and other resources.

A fourth lesson learned is that we need to give more attention to newly emerging health challenges. In the years to come demographic aging will exacerbate the shortage of health workers and the related problem of brain drain, if we do not take preemptive action such as a massive scale up in training and retention programme for health workers in developing countries. The rapid globalization of unhealthy lifestyles is another issue that needs our urgent attention. In 2005, non-communicable diseases caused an estimated 35 million deaths, representing 60 per cent of deaths globally. 80 per cent of these deaths occurred in low- and middle-income countries. This is why today many experts see non-communicable diseases as the major health challenge to global development in the 21st century.

A final lesson which I would like to mention is the importance of the social determinants of health to meet the health and development goals. We need to integrate equity within health-related MDGs and all other MDGs, given the increasing evidence that ignoring the distribution of health will make it impossible to reach the MDGs and might even exacerbate health inequalities.

All of these lessons point to the fact that in order to achieve the health goals by their 2015 target date we need multisectoral approaches which bring together a broad set of stakeholders. The United Nations' Economic and Social Council has a long tradition of looking at issues in an integrated manner and of bringing people from different constituencies to the same table. I am confident that the Annual Ministerial Review on Health, including through these multistakeholder regional consultations, can serve as a catalyst for the achievement of our health Goals.

I look forward to two days of stimulating and productive discussions where we will further explore many of the issues which I just touched upon. I am confident that this meeting can provide concrete ideas to take head on the challenges we face.

Thank you for your kind attention.

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