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SOCIAL COUNCIL

H.E. MS. SYLVIE LUCAS (LUXEMBOURG)

ECOSOC GLOBAL ANNUAL MINISTERIAL REVIEW
PREPARATORY MEETING

NEW YORK, 31 MARCH 2009

Excellencies,
Ladies and Gentlemen,

It is a great pleasure for me to welcome you all here to this preparatory meeting which will help us to identify key issues for Ministers to act upon when they convene at the 2009 Annual Ministerial Review of the Economic and Social Council on global public health in July in Geneva.

Delegations may recall that we began the preparatory process for this year's annual ministerial review with an enriching discussion on the role of traditional medicine, which was followed by a special event on philanthropy and the global public health agenda. Today's meeting will focus on yet another facet of our theme, which is "Moving from commitment to action – meeting the internationally agreed goals and commitments in regard to global public health".

We will have the opportunity to reflect in particular on the impact of the world financial crisis on health systems and to investigate the challenges involved in providing healthcare to countries following a crisis situation.

Ladies and Gentlemen,

Health is an issue which lies at the centre of the Millennium Development Goals. Indeed, three of the eight Millennium Development Goals focus on health.

To date, our progress on the health MDGs has been mixed. While we have made progress on child mortality and the fight against HIV/AIDS and malaria, maternal health of all the MDGs is the one that we have made least progress on.

It is difficult to imagine that we will be able to achieve the other MDGs without achieving the three health-related goals. This was recognized by our Heads of State and Government who have made health a priority. By galvanizing support for the global public health-related agenda ECOSOC can ensure that health stays at the top of the agenda.

One of the major strengths of the AMR is that it can help rally people around the theme of global public health at all levels – global, regional, and national, since it is not only a one off event but a process of global, regional and national consultations which engages a wide group of stakeholders.

Preparations for the 2009 AMR are now in full swing. I would like to use this opportunity to recall how each of the individual preparatory meetings contributes to the overall picture by addressing a key issue of the global public health agenda, before saying a few words about how this meeting, the AMR global preparatory meeting, fits into the picture.

The AMR e-discussion, which attracted more than 5600 subscribers, focused among other issues on the challenge of the health worker crisis. We received valuable inputs on how to address the problem, including the related problem of brain drain, through preemptive action such as a massive scale up in training and retention program.

At the AMR regional meeting in Sri Lanka in mid-March, “*Financing Strategies of Health Care*”, was the main theme. Against the backdrop of a rapidly worsening international economic environment, experts discussed “how to do more with less” while ensuring equal access to health care.

The next upcoming AMR regional meeting will be held at the end of April in Beijing, China. It will focus on “*Promoting Health Literacy*” - the ability to gain access to, understand and use health information to promote and maintain good health.

The AMR regional meeting foreseen in Qatar is expected to focus on “*Preventing and Controlling Non-Communicable Diseases*”, an issue which many experts today see as the major health challenge to global development in the 21st century. In 2005, non-communicable diseases caused an estimated 35 million deaths, representing 60 per cent of deaths globally. Eighty per cent of these deaths occurred in low- and middle-income countries.

The proposed regional AMR meeting in Jamaica, likely to be held at the beginning of June, is going to focus on HIV/AIDS and the challenges in implementing MDG 6 whereas an envisaged regional preparatory meeting for Africa, in Ghana, is expected to concentrate on e-health and m-health.

In addition to the regional meetings, several of the countries that have volunteered to make a National Voluntary Presentation this summer, have already held their national workshops in preparation for

their presentation. As you know, the 7 participating countries will be Bolivia, China, Jamaica, Japan, Mali, Sri Lanka, and Sudan.

I would also like to pay tribute to the functional Commissions and the expert Committees reporting to ECOSOC who have responded favorably to our invitation to contribute actively to the Annual Ministerial Review.

Ladies and Gentlemen,

Today's global preparatory meeting will make an important contribution to all these preparatory processes. We will start off with a presentation by Mr. Rosling, who is Professor at the Karolinska Institute in Sweden and co-founder of Gapminder. He will tell us where we stand on the MDGs in particular those on health and his assessment on the areas where we should focus between now and 2015. We will then hear from Mr. Cassels, on the impact of the world financial crisis on the achievement of the Millennium Development Goals. He is the lead person in the WHO on this issue.

In the afternoon, we will focus on health challenges in post-conflict situations. The Council will hear the views of a wide range of distinguished representatives. I am pleased that the Council will be in a position to hear Ambassador Heraldo Munoz, Chairman of the Organizing Committee of the Peacebuilding Commission, at the beginning of the afternoon session.

The Peacebuilding Commission is no doubt one of the bodies with which the Council has most in common and where synergies should be effectively sought.

Following this interaction, the Council will hear a panel discussion from an interesting mix of Government, United Nations and civil society representatives, all very active in the field. They will reflect on their experience and views on the role of health in post-conflict stabilization efforts and how the variety of development actors can work more effectively to rehabilitate this sector in countries emerging from conflicts.

Ladies and Gentlemen,

One of the key messages of the preparatory process so far is that the health community alone will not be able to solve key challenges on the global public health agenda. Providing finance for health care,

addressing the health worker crisis, promoting literacy for example cannot be achieved by the health community on their own. Multisectoral approaches developed across ministries are needed. The key contribution which ECOSOC can make in July is to bring the different communities together.

It is in this same spirit that I would like to encourage you to use this meeting to engage in a discussion with the leading experts from various fields.

I thank you and look forward to our discussion.