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## **Harmonious Cities: Music, Technology, Culture and Health**

### **High-Level Working Session**

**New York, Tuesday 3 February 2009**

### **Opening remarks for the President of ECOSOC**

Excellencies,

Ladies and Gentlemen,

It is a great pleasure for me to be with you here today. I wish, at the outset, to thank the International Council for Caring Communities for inviting me to address this meeting in my capacity as President of the Economic and Social Council and to reflect on the work of the Council on issues of common interest.

As you may know, the Economic and Social Council will devote its Annual Ministerial Review (AMR) this year to the issue of global public health. The AMR is one of the most important events held within the Council annual substantive session as it assesses progress made towards the international development goals and targets agreed at the major UN conferences and summits including, of course, the Millennium Development Goals. The selection of health as the topic for this year's review testifies to the increased importance of this issue on the international agenda. It is also noteworthy that the General Assembly adopted a resolution last December on health and foreign policy in which it urged Member States to consider health issues in the formulation of foreign policy.

At this time of renewed interest by the international community on health matters, I cannot but warmly welcome the work carried out by civil society actors such as ICCR to connect the urban *problématique* to health issues. We all know that *only* a multidimensional approach will enable us to bring sustainable solutions to complex contemporary challenges.

Health authorities in many countries are aware that progress towards improved health outcomes is too slow and unequal. Health inequalities are increasing both within and between countries. We should all keep in mind this daunting figure: a gap in life expectancy of more than 40 years exists between the richest and poorest countries. In addition, gross inequities in health status divide social groups within countries, both developed and developing ones. In Europe, according to various studies carried out in several countries of the continent, there is a 10 year difference in life expectancy between a manual worker and an executive officer. Such health inequities at all levels mostly point to the failure of policies to ensure decent living conditions for all and access to resources, power and participation in society.

In this context, the Economic and Social Council will pay great importance to the “social determinants of health” as the factors of a major part of health inequities. According to the Commission established by the World Health Organization on these matters, these determinants include the distribution of power, income, goods and services and the circumstances of people’s lives, such as their access to health care, schools and education, leisure and cultural opportunities, their conditions of work, as well as the state of their housing and the environment. Health is therefore related to a variety of factors. I am interested to note that many of these factors will be addressed during today’s panel in the discussions on access to culture and technology in the overall search for ‘harmonious cities’. I also welcome innovative approaches such as the contribution of arts and music and their related therapies.

Cities and urban municipalities are increasingly the key drivers of growth, modernization and social change. Integrating health considerations in urban policies with a

view to ensuring access to services by all is an increasingly important policy objective. As I said in previous remarks made at the panel discussion organized by WHO and UN-Habitat entitled “*The Irreversible Trend of Living in an Urbanized World: Health Matters*”, we are in dire need of better policies, greater investments to ensure adequate urban infrastructure, and stronger health systems to deal with the challenges faced by the trend of increasing urbanization. All relevant actors should converge towards developing strategies, assessing their applicability and strengthening capacities at the local level to make sure that health policies reach those who need it most, among them specific population groups such as the poor, the elderly, women, children, migrants or disabled people.

Excellencies,

Ladies and Gentlemen,

Your discussions today will contribute to the policy discussions that I have briefly outlined. They are therefore of high relevance to the work of the Economic and Social Council. The Annual Ministerial Review is not limited to the three day meeting of the high-level segment in July. The AMR is a process that starts many months before and takes various forms, including preparatory meetings on selected issues of particular relevance. Among them, I would like to mention the panel discussion on traditional medicine and health to be held on 12 February, during the Council’s organizational session, and a global preparatory meeting to be held in the spring.

The contributions that non governmental organizations can make in this process are not only welcome but also vital. The success of the AMR and more broadly of the “renewed ECOSOC” will also depend on the capacity to mobilize civil society actors and to take fully into account their knowledge of the field, thorough analysis and advocating capacity. This is particularly at a time when global economic and financial turmoil challenge international development assistance and the funding of social policies within countries.

I therefore wish to reiterate my gratitude for linking your efforts to the programme of work of the Council and to invite you to keep us informed of the outcome of your undertakings, for example through a written statement by ICCC submitted to the Council's high level segment in July. I also hope that you will be able take part in the variety of ECOSOC events to be organized from now up to July.

Thank you and I wish you success in this meeting.