

As written



Commission on Population and Development

Thirty-second session

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World Health Organization

United Nations, New York

22-31 March 1999

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Mr Chairman, distinguished delegates

WHO attaches particular importance to collaboration with the United Nations system and has worked closely with the Population Division of the Department of Economic and Social Affairs, for example in the preparation of the annual *World Population Monitoring Reports*, the wall chart on *Basic Social Services for All*, the *Concise Report on Health and Mortality*, and the report *Charting the Progress of Populations*. In this regard, we have taken note of the work programme for the Division over the coming years and look forward to further collaboration, particularly in the area of reproductive rights and reproductive health, planned for the year 2003.

The five years since the International Conference on Population and Development have been marked by important changes in the way countries address population issues, some of which were described yesterday. The work of WHO has evolved accordingly, particularly since July 1998 with the election of Gro Harlem Brundtland as Director-General. The changes currently under way will have important implications for the way the Organization addresses population and development issues and their complex, interactions with health. I will use this opportunity to share with you a few examples of how the work of Organization will be adapted to respond to these challenges.

Changing patterns of population growth, structure and distribution are closely mirrored by epidemiological change and a major part of the work of WHO is to monitor such trends and evaluate their impact on health and mortality. For example, population ageing, is accompanied by altered patterns of mortality and morbidity, shifts in the relative burdens of communicable and non-communicable diseases, and new needs for health information and care. In order to draw attention to the health implications of ageing, World Health Day 1999 will be dedicated to **Healthy Ageing**.

Through its new programme on Evidence and Information for Policy, the Organization maintains a close vigilance on all aspects of mortality and morbidity and issues regular reports of the global health situation and trends through, for example, the annual World Health Report. WHO has embarked on a major programme to support national authorities in understanding the epidemiology, aetiology and determinants of disease. The analysis of sound, sustained and locally relevant health data and their translation into evidence-based action is a prerequisite for the successful implementation of promotive, preventive and curative health interventions.

An inescapable conclusion that emerges from this analysis is that ill health disproportionately affects the poor. A major focus of the work of WHO over the coming years will be to reduce the burden of excess mortality suffered by the poor and to focus on conditions such as malaria, tuberculosis and maternal mortality that impede economic development. At the same time, the Organization is reaching out beyond traditional health sector boundaries to address threats to health that arise from economic crisis, unhealthy environments and high risk behaviours such as tobacco use and unsafe sex. Through its new cluster Sustainable Development and Health Environment, WHO seeks to address and act upon the social, economic, nutritional, environmental, political and cultural dimensions of health.

Of key concern to WHO is the continuing difficulties that health systems face in coping with present demands, let alone those they will face in the future. Major institutional issues limit health sector reform. These include public sector pay and incentives, deployment of health care providers, unregulated private sector growth and the politics of priority-setting. WHO's newly established Partnerships for Health Sector Development will work with country partners as they restructure their health sector, making sure that people - particularly poor people - get a better deal from their health system.

WHO's internationally **recognised** objectivity, neutrality and scientific and technical expertise, enable it to provide the normative framework and technical support within which sensitive issues, such as adolescent sexual and reproductive health, can be addressed. Through the cosponsored Special Programme for Research, Development and Research Training in Human Reproduction, WHO coordinates global research on a broad range of reproductive health issues including the safety and efficacy of fertility regulation methods. In collaboration with UNAIDS, WHO undertakes normative and technical support activities in the area of HIV/AIDS, including, for example, the definition of policy on HIV and infant feeding, and the care of HIV-infected pregnant women. WHO, with its valued partnerships within the UN system and with NGOs around the world, has been at the forefront of efforts to reduce unacceptably high levels of maternal mortality and morbidity, identifying, disseminating and evaluating appropriate, sustainable and cost-effective interventions and best practices. WHO's guiding principles are those of human rights, user perspectives and gender sensitivity. In this regard, WHO particularly **welcomes** the attention to gender in the future work of the Commission.

In closing, Mr Chairman, WHO reiterates its commitment to the goals of the Cairo Programme of Action and pledges continuing collaboration in efforts to reach to Cairo goals. The Organization wishes to congratulate the UN Population Division and UNFPA for the quality of the documentation prepared for this session of the Commission on Population and Development and for their ongoing efforts to stimulate progress towards our common objectives and the achievement of the Cairo goals.