



United Nations

**Statement
by**

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for the Least Developed Countries, Landlocked Developing Countries
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at the

**Sixty-Third Session of
the Economic and Social Commission
for Asia and the Pacific**

**Ministerial Round Table
“Development of Health Systems in the context of enhancing economic
growth towards achieving the MDGs in Asia and the Pacific”**

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Mr. Moderator,

Distinguished delegates and colleagues,

The theme of this session is “The development of health systems in the context of enhancing economic growth towards achieving the MDGs in Asia and the Pacific”. Indeed three of the eight MDGs – reducing child mortality, improving maternal health, and combating HIV/AIDS, malaria and other diseases – are health-specific. Other three MDGs – on poverty and hunger, environmental sustainability and global partnerships for development – are health related in that they both influence and are influenced by health outcomes.

Surely, the economic and social transformation achieved in the Asia-Pacific region has been striking, leading to major health improvements, including in the Least Developed Countries. Life expectancy has risen significantly in most countries and there are signs of both maternal mortality and child and infant mortality declining. Yet, when we look at the MDG targets to be achieved by 2015, the absolute and relative numbers depict a less promising picture.

The trends outlined in the ESCAP study introduced earlier by Executive Secretary Kim Hak-Su in an effective and perceptive presentation, underscore the vulnerability of Least Developed Countries, with the lowest ranking health outcomes in the region. LDCs continue to have the highest rates of child and maternal mortality. They are also off track on all other indicators with the exception of two tuberculosis measures. As to HIV/AIDS, prevalence rates are still fairly low, but risks of higher prevalence continue. If prevention and care programmes are maintained at current levels, it is estimated that people living with HIV could reach 18 million people in the region by 2010.

Mr. Chairman,

The Brussels Programme of Action for the Least Developed Countries has been crafted to address the challenges of the most vulnerable countries.

The multiple challenges faced by these countries constrain their capacity to develop quality health systems and universal service coverage. Full and effective implementation of the Brussels Programme can substantively assist LDCs to secure the level of economic and social development required for poverty reduction and meeting of the basic needs.

People-centred approaches represent a strategic resource in developing the kind of tools that leverage community resources to strengthen health services and broaden both the coverage and access to health services. This is especially important in rural or remote areas.

Attitudes towards gender are another major factor in the lack of progress on many MDGs. Discriminatory practices against women that affect health outcomes begin with sex selective abortions, and continue throughout childhood with access to food, education and medical care. Implementing measures that strengthen women's empowerment, especially through education, health literacy and income generation, can bring about tremendous breakthroughs, including measurable results in maternal and infant mortality.

Supply side constraints related to infrastructure and finance represent additional challenges for improving the availability and coverage of health services in LDCs. Low levels of spending on health, poor regulatory environments and weak infrastructure negatively impact service coverage, especially in remote areas.

To address these constraints and build quality universal healthcare systems, governments and their development partners need to follow a holistic approach to health policy. While interventions targeting specific diseases are valuable and important, they should not take place at the expense of improvements in the overall functioning and delivery capacity of health systems in LDCs.

Considerable investments will be required to have a clear impact. It has been estimated that Asia-Pacific LDCs require investment levels of USD 3.6 billion annually, or USD 32.4 billion from 2007 to 2015 to move towards universal coverage and achieve the MDGs. Innovative forms of partnership between governments, their development partners and the private sector can be instrumental to open new financing opportunities. Regional investment mechanisms can also help mobilize the resources necessary to tackle additional constraints faced by LDCs. Here I would commend particularly the parts of the ESCAP study relating to aid effectiveness in the social sector. "A substantial portion of aid is consumed by large infrastructure costs in urban areas and it is often the case that only a small proportion of aid money filters down to those who need it most. To reduce inequity, aid allocated to social services must be spent in ways that strengthen local systems and reach the most marginalized communities."

Finally, we should not forget the centrality of affordable access to drugs to secure the health MDGs. Without ensuring that essential drugs are affordable and available to all segments of the population, it is unlikely we can reverse the incidence of key diseases.

Mr. Chairman,

Unless substantial progress is made in Asia-Pacific's most vulnerable countries, we will not be in a position to achieve the MDGs by 2015. To this end, we cannot shy away from the investment necessary for universal coverage through quality health systems across Asia Pacific's LDCs. Given that a healthy population is the bedrock for sustainable economic growth and poverty reduction, our efforts in this direction will go a long way in achieving the goals and targets we committed to in the Millennium Declaration.