

STATEMENT ON BEHALF OF THE ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC (ESCAP) TO THE UNITED NATIONS AT THE FORTY-THIRD SESSION OF THE COMMISSION ON POPULATION AND DEVELOPMENT

13 April 2010

Your Excellency Mr. Chairman,
Excellencies,
Distinguished delegates,
Ladies and Gentlemen,

On behalf of the Economic and Social Commission for Asia and the Pacific or ESCAP, I thank you for giving me the opportunity to address this distinguished gathering. The theme of this session is critical and will gain in importance in the years to come.

Keeping in mind the limited time available, and taking into account all that has been said on this subject, I would like to highlight three key issues for your attention drawing upon the experience of countries in the Asian and Pacific region.

First, as has been stressed by many speakers previously, despite good overall progress on reducing poverty in the region, progress on health-related Millennium Development Goals and ICPD-related goals has been slow and variable. A large part is due to inadequate public investment in health systems which has resulted in poor infrastructure, inadequate human resources and high out-of-pocket expenditures on health care. In many countries in the region, high out-of-pocket expenditures on health care are a significant cause of impoverishment. Therefore, it is critical that developing countries in the region increase public investment on health so as to deliver a basic package of health services, and make concrete progress against health-related goals. This is possible even with lower levels of GDP as has been demonstrated by some developing countries in the region. What is required is the political commitment to accord prominence to health, and realizing the value of providing a strong social foundation for sustained economic growth. Recognizing the value of universal health-care coverage for ensuring sustainable and inclusive development, ESCAP member States adopted a resolution during the 63rd Commission Session in 2007, which acknowledged the need to move towards the goal of universal health-care coverage as a fundamental part of a framework for comprehensive social protection.

Second, no matter how good the infrastructure and human resources, the full value of such investments can only be realized if the economic, social and cultural barriers to accessing health care are addressed. Gender inequality, social exclusion and poverty all act as critical barriers to accessing health care in the region. The situation is further compounded by population ageing in some countries in the region, which are getting older before becoming rich. Hitherto, ageing was a phenomenon associated with rich and developed countries. This demographic shift has created a triple burden on health systems-

1. The unfinished agenda of communicable diseases;
2. The increasing load of non-communicable diseases; and
3. The threat of newly emerging diseases such as avian influenza and H1N1.

Even developed countries in the region with established health systems are struggling to find resources under these demanding conditions, therefore the problems faced by developing and least developed countries can be imagined. The existing revenue base is too narrow in many countries to generate the sort of resources required. Innovative financing mechanisms, including making better use of existing resources will be critical. There is also a need to invest in prevention and health promotion for health system financing to be sustained at affordable levels.

Investing in prevention and health promotion is the only way to keep health-care costs manageable in the future and to promote active ageing.

Last but not least, in an increasingly globalized and interconnected world, with large scale internal and international migration and large scale tourism, health systems are increasingly acquiring cross-border dimensions. Issues such as disease surveillance, ensuring affordable access to drugs and even human resource utilization are becoming cross-border issues. There is a growing realization in the region that building strong health systems in one country may not protect the health of the citizens if the neighboring country is also not protected. Clearly, one can protect the health of the citizens in long term only if the lives of the people living in the neighboring/bordering countries are also protected. This amplifies the need for cooperation on a global, regional and subregional basis. The acknowledgement of this new reality is already evident in the way the world came together to fight the threat of H1N1. This is only the beginning and much more needs to be done.

As the regional arm of the United Nations in the Asia-Pacific, ESCAP is committed to working closely with all UN agencies at the regional level, to implement the mandates given by the member States through the resolutions adopted at this session of the Commission on Population and Development.

I thank you.