

**COMMISSION ON POPULATION AND DEVELOPMENT  
FORTY-THIRD SESSION**

**HEALTH, MORBIDITY, MORTALITY AND DEVELOPMENT  
E/CN.9/2010/3**

**REPORT OF THE SECRETARY-GENERAL**

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Mr. Chairman, distinguished delegates, ladies and gentleman,

The report of the Secretary-General on the theme of this session, *Health, Morbidity, Mortality and Development*, E/CN.9/2010/3, presents an overview of trends in mortality globally and in different regions and groups of countries. It reviews our current knowledge about the burden of disease in different parts of the world and differences in the major causes of death by region. It summarizes the main approaches to understanding the interrelations between health and development. It highlights the role of primary health care in addressing the health needs of populations at different levels of development and underscores the necessity of expanding the health workforce in order to achieve a better distribution of health services both among countries and within countries. Lastly, it reviews the well-known and effective ways of preventing and treating communicable diseases and maternal conditions and of reducing the incidence of non-communicable diseases and injuries.

Clearly, a report covering so many aspects of health, morbidity and mortality in relation to development cannot be exhaustive. In particular, it does not cover with as much detail as the report presented to the Commission last year, the important interconnections between development, population and the achievement of the health-related MDGs.

From its overarching perspective, the report reaches a number of important conclusions:

- Life expectancy has increased in all countries of the world between 1950 and today, rising globally from 47 years in the early 1950s to 68 years currently.
- Life expectancy has increased the fastest in developing countries as a whole, thus reducing the gap between them and the developed world.
- Globally, females expect to live 5 years longer than males (70 vs. 65 years) and in all world regions female life expectancy exceeds that of males.

- The improvements in life expectancy have gone hand in hand with a shift in the causes of death from infectious and parasitic diseases to non-communicable, chronic diseases.
- In 2004, non-communicable diseases already accounted for 60 per cent of the deaths occurring worldwide and if the MDGs are achieved as planned, the reduction of the number of deaths due to communicable diseases and maternal conditions will produce an even greater shift of the burden of disease toward non-communicable diseases in the future.
- Among non-communicable diseases, cardiovascular diseases, cancer and respiratory illnesses exact major death tolls in most regions.
- Because many non-communicable diseases are chronic, their treatment and management requires a comprehensive and coordinated response by the health system. Therefore a comprehensive primary-health care approach should guide the strengthening of health systems in order to meet the increasing demand for health services.

Mr. Chairman,

Not all regions have shared equally in the major advances just described. Africa and the group of low-income countries lag behind the rest of the world in reducing mortality and eliminating communicable, parasitic and maternal conditions as major causes of illness and death.

In Africa, 64 per cent of all deaths are still caused by communicable diseases or maternal conditions and 38 per cent of all deaths occur among children under five, whereas in developed countries scarcely one per cent of all deaths occur before age five.

Most children dying in low-income countries lose their lives because of preventable causes. Poverty and malnutrition are closely intertwined with the vulnerability of children to infectious disease.

Yet, we know what needs to be done to reduce child mortality and prevent or treat the major communicable diseases that cut lives short in the poorer countries of the world. Vaccines, nutritional support, better hygiene, access to effective antibiotics, the use of insecticide-treated bednets, effective utilization of anti-malarial and other anti-parasitic compounds, improved access to clean water and sanitation are all measures that can prevent mortality early in life.

Controlling the spread of HIV remains a challenge. Although the increasing coverage of anti-retroviral treatment has reduced the annual number of deaths caused by AIDS to 2 million, 2.7 million new cases of the disease still occur annually. Both low-income and some medium-income countries are highly affected. Efforts to prevent healthy, young people from acquiring the disease need to be strengthened while, at the same time, expanding treatment for those infected needs to be pursued.

Mothers, particularly those in low-income countries, are still bearing an undue burden of morbidity and mortality for lack of appropriate healthcare both during the prenatal period and, crucially, at delivery. Advances made in training and deploying birth attendants are still falling short of the mark and in too many countries, women wishing to delay their next pregnancy or stop having children altogether still lack access to the means to do so. In those countries, strengthening the family planning component of reproductive health programmes must be given a similar priority to the training of birth attendants and increased access to emergency obstetric care.

Mr. Chairman,

Clearly, achieving the health-related MDGs is essential to improve the health of people in low-income countries and in a few middle-income countries. But for the rest of the world, the major health challenges lie elsewhere. Success in controlling the communicable causes of death increases survival and lets most people reach advanced ages, but does not necessarily reduce the burden of disease. To do so, the onset of chronic, non-communicable conditions must be postponed.

The report underscores the importance of reducing the prevalence of the risk factors associated with the most common chronic non-communicable diseases. Reducing tobacco use, promoting healthy diets and physical activity to prevent overweight and obesity, and preventing the excessive use of alcohol all contribute to produce longer and healthier lives.

Cost effective measures to achieve those outcomes exist and involve action in sectors other than health. Better health education must be imparted in schools, to children and young people, in ways appropriate to their level of maturity. Agricultural policy and the regulation of food products are means to ensure that healthy products are available at reasonable prices for the benefit of all. Other effective measures involve regulating trade, using taxation judiciously and improving urban planning to produce environments that are safe and promote physical activity.

There are also effective measures to reduce the number of traffic accidents and injuries that take a major toll in many countries, particularly middle-income countries. Those measures include imposing strict speed limits, enforcing the use of seatbelts and combating the use of alcohol.

It is also crucial to strengthen health systems to ensure that they are able to deliver the services that communities require, including not only curative care and the treatment of acute conditions, but also preventive care, health promotion and the long-term management of chronic conditions.

Increasing the supply of health workers is necessary for the strengthening of health systems. Shortages of health workers are severe in many low-income countries but they also exist in middle-income and high-income countries where the burden of chronic disease is increasing as the population ages. Concerted efforts at both the national and the international levels are needed

in order to train health workers, ensuring that training produces the variety of skills required and that it is oriented to the contexts in which health workers are needed.

Lastly, Mr. Chairman,

The report underscores the need to promote equity of health outcomes. To do so, it is essential to provide all people access to primary health through financing methods based on risk-sharing.

Recently, the “health economy” has been growing faster than GDP at the world level. Because investing in health is investing in human capital, that disparity in growth may not in itself be a cause of concern unless it continues to deliver grossly inequitable outcomes both within and among countries.

The positive association between increasing socio-economic status and better health has been remarkably persistent. Health disparities are stronger in countries with high levels of inequality. To improve health outcomes, therefore, efforts to reduce social disparities, through education, improvements in working conditions, and targeted welfare, also need to be pursued.

In sum, it is better to prevent than to treat and it is best if both are supported by societies that are committed to equitable outcomes for all.

Thank you, Mr. Chairman.