



**Statement by
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TO THE 43RD SESSION OF
THE COMMISSION FOR POPULATION AND DEVELOPMENT
New York, 12 April 2010**

Mr. Chairman, Distinguished Delegates, Ladies and Gentleman,

Speaking of death, George Bernard Shaw, the famous Irish playwright, said: “I want to be all used up when I die” and he was fortunate to see his wish realized: he lived to the ripe old age of 94.

We are here today to discuss ways of making sure that we all die only when we are “all used up”, that is, that we die of old age and not because of a random encounter with a microbe that overwhelms our immune system.

Most regions of the world have achieved impressive gains in longevity. Under current mortality conditions, 80 out of every 100 children born today in regions other than sub-Saharan Africa are likely to reach age 60. These high chances of surviving to old age result from our success in reducing mortality from communicable diseases, the major killers in childhood.

As communicable diseases recede, non-communicable diseases or NCDs gain ground. Today, except for sub-Saharan Africa, NCDs account for 68 per cent of the deaths in the rest of the world, where 88 per cent of the population lives. That is, the vast majority of people live in countries where the chances of living a long life are high and the main causes of illness and death are non-communicable diseases.

NCDs, which include cardiovascular diseases, all forms of cancer, respiratory and digestive diseases, diabetes and other metabolic illnesses, as well as neuropsychiatric disorders, usually strike at older ages and their prevalence increases with age.

The experience of high-income countries has shown that improvements in health status among older persons can be more rapid than the increase in longevity, thus producing a compression of morbidity, the hallmark of healthy ageing.

To achieve healthy ageing, it is not sufficient to focus on older people. There is growing evidence that health in old age depends on a person’s experience early in life. Not only are childhood and adolescence periods of life when habits, good and bad, are formed, they are also stages when key body functions are calibrated to the environment. At older ages, our bodies lose the flexibility to adapt. Malnourished children, for instance, are more likely to develop diabetes as adults, because the body systems that had adapted to nutritional scarcity in childhood become strained when higher food intake becomes the norm.

Health and mortality interact with demography. Fewer deaths mean more people surviving and, as they age and develop NCDs, demand for health care rises. Because of rapid population ageing, it is unlikely that a reduction in the risk of becoming ill will prevent the projected increase in the burden of non-communicable diseases.

Yet, most countries are ill prepared to face the looming increases in NCD prevalence. To address them, a multi-pronged strategy is necessary, involving concerted public health interventions, improved medical care, the strengthening and transformation of health systems, and ingenuity in developing equitable funding mechanisms to cover the costs involved.

A major challenge today is to reduce inequities in health outcomes. Regionally, the inhabitants of sub-Saharan Africa, who at birth today have no more than an even chance of reaching age 60, are racked by the diseases of poverty. Hence, the urgency of achieving the Millennium Development Goals, which constitute a comprehensive strategy to improve the lives of the poor.

The MDGs are mutually reinforcing. Reducing poverty, improving nutrition, providing clean water and sanitation, ensuring the safety of pregnancy and delivery for mothers and children, all contribute to reduce the risks of communicable diseases and maternal conditions. And effective interventions to combat the health threats associated with deprivation are well known. Fulfilling the commitments made to the poor must be a top priority.

Yet, inequities also arise within countries. In every country, whether developed or developing, health inequalities exist not only between the rich and the poor, but also among all those in between. In addition, in all regions, men are more likely to die prematurely than women. Men are particularly vulnerable in Eastern Europe, where they are three times more likely to die by age 60 than women. Social conditions that expose men to greater stress and occupational hazards or that prompt men to adopt unhealthy life styles and behaviours are at the root of such striking differences in survival.

It is important to stress that actions to reduce inequalities in health outcomes require more than health interventions. They involve changes in the tax and benefit systems; in education, employment and housing; in planning the urban environment and transportation systems; in regulating traffic and transportation; in combating pollution, and in promoting better nutrition. Interventions need to address the specific needs of mothers, girls and boys, young people, families, men of working age and older people. The objective should be to expand human capabilities for embracing healthy lifestyles by increasing autonomy, control and social engagement.

Nearly 2400 years ago, Hippocrates, the father of medicine, remarked that “if we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health”. This is wisdom for the ages. But put that way, people seem to lack agency. Yet, people everywhere want choices. Having options and control over our lives is essential to improve health outcomes.

It is the role of Governments to provide options and to promote the social and economic changes that permit people to exercise control. It is the role of each of us to make “health the primary duty of life”, as Oscar Wilde put it, especially if we wish to ensure that ageing societies thrive.

Lastly, Mr. Chariman, permit me to express my appreciation for Mrs. Obaid, represented here by Ms. Mane, and to her colleagues at UNFPA for their support and cooperation, and let me convey my deepest condolences to the Government of Poland for the tragic loss of its leaders.

Distinguished Delegates,

I wish you success in you deliberations.

Thank you, Mr.Chairman.