

**ECOSOC High Level Segment
Opening Session
Geneva, 6 July 2009**

Summary

Opening of the High-level Segment

The high-level segment of the substantive session of the 2009 Economic and Social Council (ECOSOC) was opened by **H.E. Ambassador Sylvie Lucas, President of ECOSOC**. In her opening remarks, she highlighted the current challenges of meeting the Millennium Development Goals, especially in the area of global public health. Ambassador Lucas expressed her concern that the poorest and the most vulnerable were bearing the brunt of the economic crisis.

Ambassador Lucas gave a brief account of the thorough preparatory process at the global, regional and national levels that preceded the Annual Ministerial Review which is focused on “Implementing the internationally agreed goals and commitments in regard to global public health”.

- First, at the global level, the important role of partnerships and innovative approaches to financing was highlighted. The critical role of philanthropy in health, in particular in the areas of maternal health, reducing child mortality, neglected tropical diseases as well as finding innovative ways of financing health systems to reduce the global burden of these diseases were stressed.
- Second, preparations at the regional level reflected the unique circumstances of each region and their priorities in public health. Regional meetings focused on five themes, namely, financing strategies for health (South Asia), promoting health literacy (Asia and the Pacific); non-communicable diseases and injuries (West Asia), HIV and development (Latin America and the Caribbean) and e-health: information and communication technologies for health (Africa). These meetings not only highlighted specific regional challenges but also presented ideas for actions in those areas.
- Third, at the national level, volunteering countries through their NVPs, over the next two days, will offer their unique national perspectives on the MDGs, in particular health. She welcomed the NVPs of Bolivia, China, Jamaica, Japan, Mali, Sri Lanka and Sudan.

Highlighting the positive trends in HIV/AIDS, TB and malaria, she expressed her concern at the negligible progress made in reducing maternal mortality, which could have grave consequences for the health of the newborn child. She emphasized that in order to truly address the challenges of health we have to address the pervading inequities in health among and within countries. Underlying problems of gender

inequality, are a crucial part of these inequities, reflected in the great differences in the health of women and girls who are often lagging behind men and boys.

Ultimately, accomplishing the health goals remains a daunting task for many countries since improving health outcomes depends on the provision of health services and the active involvement of decision makers in all sectors: education, agriculture and finance to name a few. Some progress in promoting a “whole-of-government” approach is seen. But, strong follow-through, firm resolve and leadership are needed to keep the momentum.

The Secretary-General of the United Nations, Mr. Ban Ki-moon stated that the current economic environment makes achieving the health-related goals even more difficult. The crises of the past 12 months –the energy crisis, the food crisis and the current economic crisis have caused widespread hardship and grief. Moreover, the growing impacts of climate change are a major impediment to the accomplishment of the MDGs. Therefore, it is imperative that we must “Seal a Deal” in Copenhagen in December.

Highlighting some trends in progress towards the MDGs, the Secretary-General pointed out that higher food prices of 2008 had already reversed the nearly two-decade trend in reducing hunger and the momentum to reduce overall poverty in the developing world is also slowing. If the sanitation target has to be achieved, 1.4 billion people must gain access to improved sanitation by 2015. Yet, it cannot be denied that with right policies, backed by adequate funding and stronger political commitment, actions can yield impressive results. Trends in the area of AIDS, malaria and measles are proof of this fact. Similarly, we are well on our way to achieving universal primary education.

Aid can transform lives, as is evident in Africa. But, delays in aid delivery, combined with the financial crisis and climate change is slowing progress. The Secretary General thus called for solidarity and special attention for the poor. He informed the Council that he will further request follow-through of commitments, in particular by G8 and G20 countries, to increase financial and technical support to developing countries by 2010. At present, aid remains at least \$20 billion below the Gleneagles targets. The UN on its part will continue to do its utmost to speak up for those in utmost need. The UN is establishing a Global Impact and Vulnerability Alert System to be able to better track the impact of the economic crisis on the poorest and the most vulnerable populations. The Secretary-General would formally launch the system in September at the General Assembly.

In the area of health, while progress towards the health goals remains mixed, of particular concern is the negligible improvement in maternal health. Maternal health is the barometer that determines how well a health system is functioning. He emphasized that this area needs to be carefully monitored. Governments must continue to expand their commitments to global health advancement by strengthening their own domestic health care systems.

The Secretary-General urged for better investments in health, better health literacy, and the use of technologies for improving health outcomes. Multi-sectoral approaches to addressing health concerns were key and partnerships among key stakeholders was critical.

H.E. Mr. Hans-Rudolph Merz, President of the Swiss Confederation, emphasized that the Millennium Development Goals must remain at the center of the poverty reduction discussion along with the need for effective and equitable public health systems. It is because of the need to achieve these goals, and the long standing challenges such as the global financial crisis, that the United Nations must assume the lead role in organizing guiding international efforts towards a freer, fairer and safer world. He noted that the Annual Ministerial Review is an opportunity to assess the state of progress in achieving these goals.

He agreed with the Secretary-General that maternal health was a barometer of the functioning of public health systems. He noted that it is why Switzerland supports the concerted efforts of the WHO, UNICEF and UNFPA in spearheading the United Nations' efforts to fight against this scourge.

He emphasized that ECOSOC is a political forum for global debate on new trends in the field of economic and social development. At the same time, ECOSOC needs to ensure the coherence and efficiency of United Nations operations. He, therefore, concluded that in time of multiple crises, it is in the interest of all to strengthen ECOSOC.

Keynote addresses

H.R.H. Princess Muna Al-Hussein of Hashemite Kingdom of Jordan underlined the need not only to focus on the MDGs in the fight against poverty, but also to address the threat of non-communicable diseases and injuries. Between 2005 and 2015, deaths from non-communicable diseases is forecast to increase by 17 per cent globally. Universal trends, such as population ageing, rapid unplanned urbanization, and the globalization of unhealthy environments create conditions that cause the most death and disabilities. Non-communicable diseases and injuries are responsible for 70 per cent of all deaths around the world, affecting developing countries disproportionately.

Even though health has never before enjoyed such attention, the progress has stalled and stronger health systems based on primary health care are needed. Decades of poor planning, poorly coordinated aid and unbalanced investments in basic health infrastructures, services and health workforce has lead to weak health systems, which are now slowing progress and blocking effective interventions.

She underlined that the current financial crisis forces many households to turn to less expensive foods, which are typically high in fat and sugar and low in essential

nutrients. Enacting tobacco control policies, encouraging healthy diets and physical activity, reducing the harmful effects of alcohol, and enforcing road safety legislation would help to lift households from extreme poverty. It would be essential to incorporate prevention and control of non-communicable diseases into primary health care, schools and workplace. Finally, she called upon governments to work with all sectors to achieve these goals and to pay particular attention to the 2008-2013 World Health Assembly Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases as well as to the outcome of the Western Asia Regional Ministerial Meeting on “Preventing and Controlling Non-Communicable Diseases” held in May in Qatar.

H.E. Mr. Urmas Paet, Minister of Foreign Affairs of Estonia, highlighted the importance of universal access to the highest attainable health care, as contained in the founding constitution of the WHO. He noted that the current situation is far from satisfactory and there are major and often growing health inequalities also within countries. He praised the efforts of the WHO and some other entities of the UN system for promoting global health.

He then focused on the effects of the financial crisis on the health sector, underlining the link among health, social wellbeing and its impact on economic development, competitiveness and productivity. He stated that insufficient international cooperation and failure to see health and health systems as a contributor to economic growth are the two biggest threats on the global health system today. He suggested firstly to promote international cooperation in coordinating the efforts of the United Nations, governments, NGOs and the business community, and to foster public-private partnerships. Secondly, the efficiency of the existing health systems would have to be improved and demonstrated. Thousands of lives could be saved when health systems are run and financed more effectively. Thirdly, the international community should focus on research and innovation in the medical field as well as on the development of new technologies. He explicitly called upon member states to support the ECOSOC mHealth initiative that aims to develop health care knowledge and health information access through mobile phones.

As many other speakers, **H.E. Mr. Nicolas Schmit, Delegate Minister for Foreign Affairs and Immigration of Luxemburg** highlighted the worrisome developments in the area of maternal health. He explicitly pointed out the link of maternal health and women’s rights and underscored that maternal morbidity is related to violations of women’s right to live, right to health and equality in dignity as well as non discrimination. He asked for a renewed commitment to universal action in favor of sexual and reproductive health and the rights in this area.

Mr. Schmit mentioned that Luxemburg spends 0.95 per cent of its GDP on development aid, ranking second worldwide, and prioritizing the areas of child mortality, maternal health and the fight against infectious diseases. He elaborated on Luxemburg’s policies regarding HIV/AIDS and mentioned that primary health care systems should take into account the social determinants of health. Donor countries should help finance

the establishment of health care systems and direct larger proportion of their development aid towards health.

He called upon the international community not to slowdown the global efforts to fight the economic and financial crisis and quickly implement the decisions taken by the G20 and G8. Mr. Schmit underlined that health is both an important factor for sustainable development as well as human rights and therefore should be at the center of the attention of the international community.

Lead speaker

Dr. Margaret Chan, Director General of the World Health Organization, spoke on the subject of public health in an increasingly interconnected world. The world faces multiple crises on multiple fronts. However, today's crises are unprecedented in their scale and reveal the ominous implications of an interconnected world. Dr. Chan suggested that there are two global contemporary crises: the financial and environmental. The first, a result of greed and risk mismanagement, the second of prioritizing growth at the expense of sustainability. She noted that increased interdependence of the global system has meant that even countries that took few economic risks have suffered in the financial crisis. Similarly, countries that contributed least to environmental degradation are those that might suffer the most.

Dr. Chan described how an increasingly interconnected world posed a major global challenge as the number of global crises increased. The WHO announced in June the start of the 2009 influenza pandemic, which has had a moderate impact on developed countries but may have a more severe impact on developing countries. Many models of development have assumed that modernization and trade liberalization should result in rapid economic growth. However, inequality between countries is as great as ever. Furthermore, Dr. Chan noted, the globalization and industrialization of food production, exacerbated by the financial and food crises tends to lead to a low-nutrition diet, high in sugar and fat – linked to a rise in chronic diseases.

Four major challenges were outlined:

- (1) maintain the current momentum for better health. The current crisis increases the price of failure;
- (2) strengthen health systems as weak health systems reduce the impact of other health goals;
- (3) fairness as the overarching goal articulated through universal access to primary healthcare; and
- (4) the prevention and control of chronic and non-communicable diseases (NCDs).

Dr. Chan argued that the Millennium Development Goals aim to compensate for a global imbalance. However, she concluded, the root cause of inequality lies in flawed policies. Public healthcare provision requires a moral dimension and value system. To achieve this, she proposed that health must be seen as a worthy pursuit for its own sake.

Guest speakers

Sir Michael Marmot, Chair of the Commission on Social Determinants of Health, spoke on the topic of social determinants of health. He invoked the experience of two districts in Glasgow, Scotland, with a life expectancy difference of forty years, to emphasize that healthcare services alone are not the only cause of health disparity. He noted that social, political and economic factors are also primary determinants of health as such that every sector is a health sector.

Sir Marmot referred to the World Health Assembly's resolution calling on the World Health Organization to consider the social determinants of health. He also highlighted success in the area. In particular, the increased emphasis placed on social determinants of health by Spain and South America.

Recommendations for Health Ministries

- (1) Provide universal access to health with particular focus on prevention;
- (2) The health ministry should act as advocates across different sectors of government.

Sir Marmot emphasized the need for coordination between different policy sectors to influence all the social determinants of health.

The address by **Ms. Cherie Blair, Cherie Blair Foundation for Women**, focused on the subject of women and non-communicable diseases. Ms. Blair addressed the relationship between women's health and their capacity to play a full role in society. She invoked the inclusion of health in the preamble to the Universal Declaration of Human Rights in arguing that ill health and poor health care systems are a major barrier to the realization of women's potential.

Where basic standards of healthcare are lacking, the main victims are girls and women. She argued that in societies where women are denied equal status, their health suffers. The mortality rates of mothers and new born children have remained constant and there has been little real action to combat and treat fistula.

Ms. Blair identified that the major challenge for those involved in public health would be dealing with the increase in non-communicable disease related deaths in low and middle income countries. She reported that non-communicable diseases are the primary cause of death in every region except Africa and will be the cause of 75 per cent of deaths by 2020. Ms. Blair recommended increasing efforts to combat non-communicable diseases. In particular, she noted that non-communicable diseases pose a disproportionate risk to women.

Ms. Blair concluded that two global challenges – the social and economic costs of non communicable disease and the wasting of women’s potential should be tackled together.

Six recommendations were made:

- (1) Increased national and international resources for health care;
- (2) Improved health education for women;
- (3) Better use of female health professionals to encourage women to seek treatment;
- (4) Use of non-professional but persuasive voices to encourage women to seek treatment;
- (5) Enable women to contribute towards setting health priorities;
- (6) Ensure equality for women in every society.

Ms. Sara Omega Kidangasi, a fistula advocate from Kenya, spoke on the topic of maternal health. She suffered from obstetric fistula for 12 years until she received successful reparative surgery in May 2007. Ms. Kidangasi addressed the question of safety in motherhood. More than 500,000 women die every year from complications in childbirth. Of all the Millennium Development Goals, maternal health is the area that has made least progress.

Ms. Kidangasi outlined the context for assessing maternal health: a social-cultural context and the political and economic conditions. She argued that maternal health is not an issue of incurable disease but one of the value society places on women. The social context – beliefs, harmful traditional practices and gender discrimination - prevent women from making voluntary informed choices. Ms. Kidangasi argued that women must be able to make choices about pregnancy and that women’s right to access life opportunities should be protected. Political and economic conditions such as poverty and civil war directly impact maternal health. Ms. Kidangasi noted that universal sexual and reproductive healthcare requires increased funding.

Ms. Kidangasi described her own experience of obstetric fistula, the result of rape, which led to a life threatening birth complication. Obstetric fistula symptoms are both physical and psychosocial.

Ms. Kidangasi concluded that the community has great influence if it can be involved in advocating safe motherhood.