



**Opening remarks at the 2009 ECOSOC Regional Ministerial Meeting
Beijing, China, 29 April 2009**

by

Dr Ala Alwan

Assistant Director General of the World Health Organization

Honourable Ministers, President of the Economic and Social Council, Under-Secretary for Economic and Social Affairs, leaders of civil society, colleagues in public health, colleagues from sister organizations of the UN, ladies and gentlemen,

First and foremost, I would like to thank the Economic and Social Council and the Chinese Ministry of Health for organising this important meeting on health literacy. It is an honour and a privilege to address you on this issue which is a priority for the WHO.

And thank you, Ambassador Sylvie Lucas and Under-Secretary General Sha, for your encouraging words.

Let me give you a brief historical perspective on today's health challenges.

In the 1990s, health was struggling for a place on the development agenda.

Things changed in the year 2000 when the power of health to drive socioeconomic progress was reflected in the Millennium Declaration and the MDGs.

WHO will report in May of this year during the World Health Assembly that, in 2007, there were an estimated 9 million child deaths, which is significantly fewer than the 12.5 million estimated in 1990. This is a 27% decline in the under-five mortality rate over that period, from 93 deaths per thousand live births in 1990 to 67 in 2007. However, progress has been uneven. While in some countries, under 5 mortality fell by more than 50% , in 16 countries in Africa, there was no evidence of progress. The leading causes of childhood deaths - pneumonia, diarrhoea, malaria and measles, are preventable through proven interventions. However, because the availability and use of these interventions at the community level remain low, pneumonia and diarrhoea still kill 3.8 million children under the age of 5 each year.

Improved health literacy can change the picture and will have a major impact. And the same is true for maternal health where unfortunately the maternal mortality ratio has barely changed since 1990.

Progress in relation to tuberculosis has been positive but slow. The estimated prevalence and death rates have declined and detection and treatment success rates have improved. However, multi-drug resistance and HIV-associated tuberculosis pose particular challenges in some regions.

The percentage of adults living with HIV/AIDS globally has remained stable since 2000. An estimated 2.7 million were newly infected during 2007 bringing the total number of people living with HIV to 33.2 million. Use of antiretroviral therapy has increased; in the course of 2007, about one million more people living with HIV received antiretroviral therapy. However, despite this, of the estimated 9.7 million people in developing countries who need treatment, only three million were receiving the medicines.

And for malaria, coverage and interventions for prevention and treatment have increased. There has been significant growth in the production and use of insecticide-treated mosquito nets although global targets are still not being met.

Ladies and gentlemen

Commitments and donor funding alone are not enough. We know that investment in technology, implementing powerful interventions and the money to purchase them will not buy better health outcomes in the absence of investment in human capacity and when equitable systems for health delivery are lacking. There needs to be a shift in approach towards a higher priority given to capacity building for individuals and communities, higher priority given to better information, and to creating stronger health systems. The World Health Report 2008 highlighted the need for health reforms to strengthen health systems based on primary health care.. The World Health Report also identified what needs to be done to manage and deliver health care and to achieve the MDGs. A primary health care approach is the most efficient, fair, and cost-effective way to strengthen a health system. Empowerment of communities and increased health literacy are key priorities.

But today, in addition to the problems targeted by the MDGs, we have another equally important challenge where health literacy has a major role. A growing burden which was referred to by Undersecretary Sha. Noncommunicable diseases mainly heart disease, stroke, diabetes, cancers, and chronic lung diseases, long considered the companions of affluent societies, have changed places. These are today the leading causes of death worldwide and in this region, they are responsible for 60% of global deaths, more than 70% if we also include deaths due to injuries. About half of these deaths occur prematurely, with a negative impact on productivity and a serious threat to socioeconomic development. Globally, 80% of deaths and the burden of diseases like stroke,

heart disease, hypertension, cancer and diabetes is now concentrated in low- and middle-income countries.

The rise of noncommunicable diseases creates an enormous burden on health systems. But this is not just a health challenge; it undermines economic growth and acts as a chronic poverty trap for the poorest, derailing international efforts in poverty reduction.

The main risk factors responsible for these diseases are tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol. These shared life-style and behavioural risks can be prevented. Smoking for example which kills 5 million people every year, is the greatest and most preventable cause of death today. However, we must recognize that preventing noncommunicable diseases and their risks and determinants require interventions in sectors beyond the direct control of public health. This is why "Health in All Policies" and a whole of Government Approach, is one of the key reforms highlighted by the World Health Report 2008.

Ladies and gentlemen,

Let me congratulate the organizers of this forum for putting together an outstanding agenda. By selecting the promotion of health literacy as the focus of this regional ministerial meeting, you have captured today's leading health challenges, and they are enormously complex. They are health problems that affect every walk of life. The most recent example are today's outbreaks of swine influenza in an increasing number of countries. An example of a very serious issue that requires intensive global action.

As Under Secretary-General Sha said, health literacy is not only the ability of an individual to gain access to health information but also to understand and use health information.

A health literate person can navigate the health system, engage in self-care and participate in community action for prevention, which leads to better health.

Many challenges in child and maternal health, in communicable and noncommunicable disease prevention can be successfully addressed.

We do not need to change directions to address today's challenges, but we do need visionary, innovative thinking and leadership to address these new dimensions. As is stated in the documentation before this Meeting, increased health literacy at the community level is integral to the successful achievement of international commitments to prevent unnecessary death, to improve health and to contribute to poverty reduction.

Ladies and gentlemen,

In just the past decade, health has received unprecedented support from a growing number of partnerships, implementing agencies, foundations, and funding mechanisms.

If we want increased health literacy to work as a strategy to achieve quicker routes to better health outcomes, and to address emerging diseases and the new dimensions of the global health burden, then we must act now and come up with concrete recommendations to realize the aims that we have set for ourselves

You are health leaders in a part of the world that reflects the global stage.

Shared responsibility, solidarity, and a commitment to fairness and social justice are a great policy asset of this region, and no doubt one reason why you give us so many worthy models for managing complex – and diverse – health problems.