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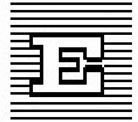

ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

Committee on Emerging Social Issues

Second session
1-3 November 2005
Bangkok

HEALTH AND DEVELOPMENT: SELECTED ISSUES

(Item 6 (a) of the provisional agenda)

REPORT OF THE SUBCOMMITTEE ON HEALTH AND DEVELOPMENT ON ITS FIRST SESSION, 1-3 DECEMBER 2004

SUMMARY

The present document contains the report of the Subcommittee on Health and Development on its first session, held in Bangkok from 1 to 3 December 2004.

Health is a basic human right. It is essential for economic and social advancement. A major transition is under way in the ESCAP region, which now faces a double burden of communicable and non-communicable diseases. Solutions to many health problems lie outside the purview of the health sector. Pivotal to addressing the root causes of ill health is a shift from a biomedical to an inclusive, societal and developmental approach to public health.

The present document contains the Regional Framework for Strategic Action: Promoting Health and Sustainable Development, which aims to establish a common ground for increased regional and subregional cooperation, and for developing viable policies and programmes for national implementation, in the following priority areas:

(a) Strengthening health systems;

(b) Enhancing multisectoral action for health;

(c) Managing the health implications of globalization;

(d) Promoting sustainable environmental development to improve health;

(e) Increasing the effectiveness of the response to HIV/AIDS.

At its sixty-first session, in May 2005, the Commission broadly endorsed the Regional Framework. The Committee is invited to consider and endorse the Regional Framework. The Committee is also invited to consider follow-up action that the secretariat could pursue as part of its role in advocacy and the promotion of regional cooperation concerning health and development issues.

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I. PROCEEDINGS OF THE SESSION

A. Special address-cum-commemoration of World AIDS Day 2004

1. ESCAP and the Joint United Nations Programme on HIV/AIDS (UNAIDS) co-organized a special session on "Women, girls, and HIV and AIDS", the theme of World AIDS Day 2004. The special address and personal testimonies highlighted the need to strengthen and expand prevention and care programmes for all vulnerable groups, especially women and girls, and including injecting drug users, men with multiple partners and men who have sex with men. All efforts to address HIV/AIDS should ensure realistic access for women and girls to information, essential services and opportunities for advancement.

2. The Subcommittee noted that, for responses to HIV/AIDS to be successful, especially in the case of youth, awareness-raising and information dissemination had to be reinforced by political commitment at the highest levels, as well as civil society leadership, and the full participation of people living with HIV/AIDS and affected communities.

B. Selected issues concerning the promotion of health and development in the ESCAP region

3. The Subcommittee had before it three documents on health and development issues, namely, health and development: the development determinants of health (E/ESCAP/SHD/1); increasing investment for health in development (E/ESCAP/SHD/2); capacity-building for public health (E/ESCAP/SHD/3). It expressed appreciation for the analytical and comprehensive nature of the documents.

4. Presentations were delivered by Dr. K. Srinath Reddy, Coordinator, Initiative for Cardiovascular Health Research in the Developing Countries, Dr. Douglas Bettcher, Coordinator, Tobacco Free Initiative and Dr. Suwit Wibulpolprasert, Senior Advisor (Health Economics), Ministry of Public Health, Thailand.

5. Dr. Reddy focused on ways in which the socio-economic determinants affected health status, with particular reference to non-communicable diseases. He stressed that multisectoral public health interventions could be highly effective when policy interventions created an enabling environment and communities were empowered.

6. He stressed that, in the twenty-first century, health would be a major determinant of development, with other development sectors influencing the health status of populations. Furthermore, capacities needed to be built across all sectors to protect health as a human right and to harness it for development.

7. Dr. Bettcher presented tobacco consumption as an example of a major health risk that led to non-communicable diseases. Half of the deaths caused by smoking occurred in middle age (35-69)

and increasingly in developing countries. He informed the Subcommittee that the top five cigarette-consuming countries in the world were ESCAP members. Furthermore, the tobacco epidemic was spreading through a complex mix of factors that transcended national borders. At the same time, the globalization of the tobacco epidemic hampered national efforts to control tobacco consumption. The World Health Organization Framework Convention on Tobacco Control was presented as an unprecedented example for addressing the multifaceted dimensions of supply and demand. He also expressed concern that non-communicable diseases, and specifically the tobacco epidemic, were not addressed by the Millennium Development Goals.

8. Dr. Wibulpolprasert highlighted Thailand's experience in strengthening health promotion initiatives and expanding its health care coverage. Thailand had succeeded in significantly improving health outcomes even in a period of economic downturn. He demonstrated that economic growth and health outcomes were not necessarily positively correlated. Evidence-based policy-making and a strong social movement, the engagement of political leadership and the equitable distribution of international trade benefits were more important than economic growth per se in strengthening the health system and improving the status of health of the population.

9. He also highlighted the importance of the primary health care approach and the prioritization of health services for the poor.

10. The Subcommittee expressed concern over evidence that investment in health was being offset by the increased cost of treating smoking-related diseases, which currently accounted for 3-5 per cent of annual national health expenditure in some countries. Country studies showed that lung cancer was increasing at an alarming rate, mainly due to smoking.

11. The Subcommittee recognized that tobacco control efforts exemplified multisectoral actions, which were critical to tackling public health issues. It welcomed the steps taken by Governments of the region on tobacco control.

12. The Subcommittee recognized the importance of the development determinants of health for their impact on health outcomes. It also recognized the double burden of non-communicable and communicable diseases that the ESCAP region faced. Furthermore, it noted the risks posed by new and re-emerging communicable diseases, such as HIV/AIDS, SARS and avian influenza.

13. The Subcommittee noted the importance of the Millennium Development Goals. Three of the eight Goals directly addressed health concerns, while the others were also health-related. That strengthened the case for integrating health concerns into development. In that regard, the Subcommittee also noted the importance of intergovernmental and multisectoral approaches for addressing the determinants of health that involved diverse government departments, civil society and the private sector.

14. WHO welcomed ESCAP's initiative in working on health and development issues and reiterated its commitment to working with ESCAP in multisectoral actions to tackle public health issues.

15. With regard to cooperation between ESCAP and WHO, the Subcommittee recognized the value of strengthened inter-agency collaboration, which was based on the biomedical and public health, including health promotion, expertise of WHO and the multidisciplinary competencies and multisectoral reach of ESCAP.

16. The Asian Development Bank (ADB) stated that it was ready to work closely with ESCAP to integrate health into development and to ensure access for all to essential services, prioritizing the poor and women.

17. The Subcommittee welcomed the strengthening of ESCAP-ADB cooperation through a new memorandum of understanding signed in May 2004 between the heads of ESCAP and ADB, and expressed appreciation for the mutual commitment of ESCAP and ADB to operationalize that cooperation in advancing the regional health and sustainable development agenda.

18. The Subcommittee requested the ESCAP secretariat to continue to highlight health and development as a critical issue on national and regional agendas, in exercising its role as an intergovernmental channel in the Asian and Pacific region, and in supporting capacity-building for public health.

19. The Subcommittee expressed appreciation for the ESCAP-WHO cooperation in health and development and requested that the outcome of the deliberations of the Subcommittee, including the regional framework for strategic action: promoting health and sustainable development, be forwarded as a contribution from the ESCAP region to the WHO Commission on Social Determinants of Health, which was scheduled to meet in January 2005.

20. The Subcommittee requested ESCAP, WHO and other international agencies to maintain close working relations in order to provide practical assistance to countries and areas of the ESCAP region in strengthening their public health systems and establishing a solid foundation for health security systems.

21. The Subcommittee urged that, in the 2005 review of the progress on the Millennium Development Goals, action on non-communicable diseases, such as tobacco control, be integrated into the Goals.

22. The Subcommittee requested the ESCAP secretariat to assist ESCAP members and associate members in implementing the regional framework for strategic action and, in that regard, highlighted three areas of particular importance: capacity-building for public health, health for poor and marginalized groups and gender dimensions of health.

C. Draft regional framework for strategic action: promoting health and sustainable development

23. The Subcommittee considered document E/ESCAP/SHD/4 and commended the secretariat for a comprehensive and succinct draft framework that constituted a major step in promoting health and development in the ESCAP region.

24. The Subcommittee recognized the significance of the draft regional framework for strategic action in establishing a common ground for increased regional and subregional cooperation and for developing viable policies and programmes for national implementation.

25. The Subcommittee's specific suggestions were incorporated into the revision of the draft regional framework for strategic action.

26. The Subcommittee adopted the draft regional framework for strategic action: promoting health and sustainable development, as amended (see annex II).

D. Programme matters

1. Review of programme performance for 2002-2003

27. The Subcommittee observed that a results-based approach had been introduced in the review of programme performance for 2002-2003 in the area of social development, including emerging social issues, as contained in document E/ESCAP/SHD/5. It noted with appreciation that the secretariat had successfully implemented its programme of work in that area, especially in contributing to a greater ability of national and local personnel to plan and deliver more effective health and social services for socially marginalized groups, and to the greater commitments of Governments to further mainstream gender, HIV/AIDS and disability concerns in national policies and programmes. Lessons learned from the biennium 2002-2003, particularly those relating to replicating effective in-country training workshops, ensuring appropriate selection and participation in conferences and seminars, and identifying civil society organizations that could strategically work with Governments, were all considered significant in helping to determine the future course of direction for the subprogramme on social development, including emerging social issues.

2. Priority areas for inclusion in the programme of work for 2006-2007

28. The Subcommittee reviewed document E/ESCAP/SHD/6, which contained the biennial programme plan for the work of ESCAP for the period 2006-2007 with regard to subprogramme 8, Social development, including persistent and emerging issues. It noted that the draft strategic framework for the period 2006-2007 had been endorsed by the Commission at its sixtieth session in April 2004.[1] It also noted that, at United Nations Headquarters, the proposed strategic framework (A/59/6 (Prog. 15)) had been considered by the Committee for Programme and Coordination at its

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[1] See *Official Records of the Economic and Social Council, 2004, Supplement No. 19* (E/2004/39-E/ESCAP/1330), para. 257.

forty-fourth session, in June/July 2004,[2] and was being considered by the General Assembly at its fifty-ninth session. The Subcommittee took note of the biennial programme plan, including the objectives and expected accomplishments for the social development subprogramme, and in particular the intermediate results presented for the health and development component of the programme plan. The Subcommittee expressed support for the biennial programme plan for 2006-2007 which reflected the priorities of the ESCAP members and associate members, especially in the area of health and development.

29. The Subcommittee endorsed the overall approach of the Health and Development Section and the priority areas of work as contained in document E/ESCAP/SHD/6.

E. Other matters

30. The Subcommittee was informed of the Sixth Global Conference on Health Promotion, which was scheduled to be held at the United Nations Conference Centre, in Bangkok, from 7 to 11 August 2005.

II. ORGANIZATION OF THE SESSION

A. Opening and duration

31. The first session of the Subcommittee on Health and Development was held in Bangkok from 1 to 3 December 2004.

32. The Executive Secretary of ESCAP, in his opening statement, stressed that health was determined not only by individual choice and biomedical factors, but also by policy decisions on a range of economic, social and environmental determinants. He noted with concern the major health transition and health inequality in the ESCAP region.

33. He highlighted the following actions that could be taken to address those concerns: (a) multisectoral action to tackle the economic, social and environmental factors that had an impact on health; (b) integration of health concerns into the overall development process; (c) optimization of the utilization of available funds for health; and (d) management of globalization to protect public health.

34. Dr. Vichai Tienthavorn, Permanent Secretary for Public Health, Government of Thailand, delivered a statement in which he informed the Subcommittee of Thailand's many endeavours towards health for all and sustainable development. He expressed confidence that the draft regional framework for strategic action: promoting health and sustainable development, before the Subcommittee for deliberation and subsequent adoption, would provide a valuable contribution to the preparation of a draft Bangkok charter for health promotion that would be considered by the Sixth Global Conference on Health Promotion, to be held in Bangkok from 7 to 11 August 2005.

[2] See *Official Records of the General Assembly, Fifty-ninth Session, Supplement No. 16* (A/59/16), para. 241.

35. H.E. Mr. Kyung Tae Moon, Minister for Planning and Management, Ministry of Health and Welfare of the Republic of Korea, delivered a keynote statement. He noted the importance of exploring strategies to seek a win-win relationship between health and development. He commended the efforts of ESCAP in establishing a new health and development programme and in organizing the first session of the Subcommittee on Health and Development.

36. He drew attention to several key issues, including the need for a collective international response to address the transnational dimensions of modern health issues, including obesity, tobacco smoking and environmental pollution, as major causes of many chronic diseases; as well as the importance of according priority to the new face of health issues in national policies and the international agenda. He informed the Subcommittee that the Republic of Korea had signed the Framework Convention on Tobacco Control and was pushing ahead with anti-tobacco policies. Furthermore, in partnership with ESCAP and WHO, it had initiated in 2004 a series of social health insurance training courses, based on the country's experience in providing every citizen with affordable health insurance plans.

B. Attendance

37. The session was attended by representatives of the following members and associate members of ESCAP: Bangladesh; Bhutan; Brunei Darussalam; Cambodia; China; Fiji; France; India; Indonesia; Iran (Islamic Republic of); Japan; Lao People's Democratic Republic; Malaysia; Mongolia; Nepal; Papua New Guinea; Republic of Korea; Russian Federation; Sri Lanka; Thailand; Viet Nam; and Hong Kong, China.

38. Representatives of the following United Nations bodies attended: United Nations Development Programme, United Nations Development Fund for Women, United Nations Population Fund, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS and Office of the United Nations High Commissioner for Human Rights.

39. Representatives of the following United Nations specialized agencies attended: International Labour Organization, Food and Agriculture Organization of the United Nations, United Nations Educational, Scientific and Cultural Organization, World Health Organization, United Nations Industrial Development Organization and World Bank.

40. The following intergovernmental organization was represented at the session: Asian Development Bank.

41. Representatives of the following non-governmental organizations attended the session: Asian Forum of Parliamentarians on Population and Development, HelpAge International, Asia-Pacific Resource and Research Centre for Women and Family Health International.

42. Representatives of other entities included those from the following: All-China Youth Federation, Canada/International Development Research Centre, Christian Conference of Asia,

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Community Health Promotion Group, ECPAT International, Medicins Sans Frontières, Sahara Centre for Residential Rehabilitation and Care, People's Health Movement and Yayasan Rumah Damai.

43. Observers from the following attended: China Youth University for Political Sciences; Dhaka Ahsania Mission; Ministry of Education, Youth and Sports, Cambodia; Lao Youth AIDS Prevention Programme; and Oxygen Research and Development Forum, Nepal.

C. Election of officers

44. The Subcommittee elected Dr. Marzukhi Mhd. Isa (Malaysia) Chairperson, Mr. Asoka Malimage (Sri Lanka) and Mr. Hee-Joo Choi (Republic of Korea) Vice-Chairpersons and Mr. Jiang Yu (China) Rapporteur.

D. Adoption of the agenda

45. The Subcommittee adopted the following agenda as contained in document E/ESCAP/SHD/L.1:

1. Opening of the session.
2. Election of officers.
3. Adoption of the agenda.
4. Special address-cum-commemoration of World AIDS Day.
5. Selected issues concerning the promotion of health and development in the ESCAP region:
   (a) Health and development: the development determinants of health;
   (b) Increasing investment for health in development;
   (c) Capacity-building for public health.
6. Draft regional framework for strategic action: promoting health and sustainable development.
7. Programme matters:
   (a) Review of programme performance for 2002-2003;
   (b) Priority areas for inclusion in the programme of work for 2006-2007.
8. Other matters.
9. Adoption of the report.

E. Documentation

46. The documents that were before the Subcommittee at its first session are listed in annex I to the present report.

F. Adoption of the report

47. The Subcommittee adopted the report on its first session on 3 December 2004.

ANNEXES

Annex I

LIST OF DOCUMENTS

E/ESCAP/SHD/L.1	Provisional agenda
E/ESCAP/SHD/L.2	Annotated provisional agenda
E/ESCAP/SHD/1	Health and development: the development determinants of health
E/ESCAP/SHD/2	Increasing investment for health in development
E/ESCAP/SHD/3	Capacity-building for public health
E/ESCAP/SHD/4	Draft regional framework for strategic action: promoting health and sustainable development
E/ESCAP/SHD/5	Review of programme performance for 2002-2003
E/ESCAP/SHD/6	Priority areas for inclusion in the programme of work for 2006-2007

Annex II

REGIONAL FRAMEWORK FOR STRATEGIC ACTION: PROMOTING HEALTH AND SUSTAINABLE DEVELOPMENT

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INTRODUCTION

1. The Asian and Pacific region, with two thirds of the world's population, is undergoing a major health transition that demands urgent policy attention. Persistent and re-emerging health issues, such as tuberculosis, malaria and kala-azar, coexist, even as non-communicable diseases, injuries and newly emerging health challenges, such as HIV/AIDS, cast a lengthening shadow over much of the region. The emergence of new epidemics, such as severe acute respiratory syndrome (SARS) and avian influenza, wrought widespread panic that affected economic performance, underscoring the critical importance of public health to development. The lessons learned from the efforts to contain the spread of the epidemics highlighted the need for coordinated multisectoral collaboration and regional cooperation.

2. People have a right to health, wellness and freedom from disease, disorder and premature death, just as they have a right to security that safeguards their assets and the physical integrity of their lives. It is the joint responsibility of all, Governments, civil society, the private sector and the international community, to protect the peoples of the region from public health threats to their safety and security.

3. It is 25 years since the landmark Declaration of Alma-Ata (1978) on health for all. Since then, globalization, trade liberalization, urbanization and industrialization have gathered momentum, sweeping across Asia and the Pacific to penetrate the remotest communities. These forces have a profound impact on the socio-economic structures and conditions of life and work in the region, which, in turn, influence the safety and well-being of societies of the region. Furthermore, with the high rate of mobility, vulnerability to disease in one population group can easily spread to affect that of all population groups. There is a need for new systemic understanding of the determinants of health.

4. Economic globalization has a critical influence on the status of health. Managing globalization, with a deeper understanding of its complex impact on social transformation, could lead to significant health gains. To improve the health of the region, it is necessary to ensure that the globalization process, in all its dimensions, contributes to health promotion rather than to its deterioration.

5. The poor and the marginalized bear a disproportionate burden of avoidable morbidity, disability and mortality. Much of this results from social, economic and environmental determinants. The lack of equitable access to quality health services is a major barrier for the poor. To achieve the goal of "health for all", the root determinants of ill health, rather than its symptoms as and when they emerge, must be tackled in a strategic manner. It is necessary to strengthen policies and programmes that promote the good health of populations, with particular focus on narrowing the widening health divide between the affluent and the poor.

6. The right to health and access to health care is recognized in the United Nations Universal Declaration on Human Rights (1948), as well as in commitments contained in the International Covenant on Economic, Social and Cultural Rights (1966) and the Declaration of Alma-Ata. Recently, health has been recognized as fundamental to the achievement of the internationally agreed development goals contained in the United Nations Millennium Declaration.

7. Commission resolutions 57/1 of 25 April 2001 on a regional call for action to fight the human immunodeficiency virus/acquired immunodeficiency syndrome in Asia and the Pacific, 59/1 of 4 September 2003 on regional action in follow-up to the Declaration of Commitment on HIV/AIDS, 60/1 of 28 April 2004, the Shanghai Declaration and 60/2 of 28 April 2004 on the regional call for action to enhance capacity-building in public health articulate the commitment of the 62 Governments of ESCAP members to:

(1) Fight hunger and poverty.

(2) Increase access to safe drinking water.

(3) Develop comprehensive responses to HIV/AIDS and other serious illnesses.

(4) Increase the availability of affordable quality drugs.

(5) Enhance capacity-building in public health.

(6) Mainstream health into development.

8. Furthermore, the present framework for strategic action is strongly supportive of international conventions and protocols and treaties pertaining to health, the environment and the right to development (see appendix), whose ratification and implementation would have positive implications for health outcomes in the region.

9. The present framework builds on the complementary document entitled “Health and development: the development determinants of health” (E/ESCAP/SHD/1), supplemented by secretariat documents pertaining to investment in health for development and capacity-building for public health submitted to the Subcommittee for consideration.

10. In response to the analyses contained in those documents, the secretariat has developed the present framework in order to provide a regional reference source to support endeavours that reflect more strongly in policy and planning a paradigm shift to tackle the systemic determinants of health in diverse development sectors. It proposes a shift from a medical, curative approach to an inclusive societal, developmental and community health approach to addressing public health problems. It calls for increased investment of financial and human resources through a multisectoral approach to improving health.

I. PRINCIPLES

(1) Health is central to sustainable development.

(2) Health, encompassing both mental and physical dimensions, is a basic human right.

(3) Health security that ensures protection of the right to wellness and freedom from disease of poor and marginalized groups is the primary responsibility of the State.

(4) Social justice and equity are prerequisites for universal access to health care.

(5) Mainstreaming gender perspectives into all policies and interventions that have an impact on health is essential in addressing the development determinants of health.

II. GOAL, OBJECTIVES AND APPROACH

Goal

To promote and improve the health of all people in the Asian and Pacific region.

Objectives

11. The objectives of the present framework for strategic action are to promote health and sustainable development initiatives in the Asian and Pacific region that:

(1) Include in all development policies and programmes an explicit focus on addressing the key economic, social and environmental determinants of health.

(2) Strengthen health systems towards the achievement of affordable, equitable and universal access to quality health services.

(3) Harness the resources of communities, the public sector, civil society organizations and the private sector to address the key economic, social and environmental determinants of health and scale up investment.

Approach

(1) Encourage all policy makers to address the health implications of economic, social and environmental determinants in policies and plans.

(2) Urge high-level political commitment to health-related issues that are reinforced by higher budgetary allocations and regulatory initiatives.

(3) Foster government-civil society-private sector partnerships, and more effective collaboration between such partnerships and the United Nations system, to enhance synergy and effective collaboration in addressing the development determinants of health.

(4) Encourage community participation in the design, implementation and review of health policies and programmes.

(5) Strengthen cooperation on transboundary health issues, using, wherever feasible, subregional, regional and interregional mechanisms and initiatives.

III. PRIORITY AREAS FOR STRATEGIC ACTION

12. This Framework covers five priority areas for strategic action:

(a) Strengthening health systems;

(b) Enhancing multisectoral action for health;

(c) Managing the health implications of globalization;

(d) Promoting sustainable environmental development to improve health;

(e) Increasing the effectiveness of the response to HIV/AIDS.

A. Strengthening health systems

13. Health systems have undergone change and reform, including the formation of national health-care systems and the extension of social insurance schemes. Despite such efforts, the health systems in many countries are unable to deliver basic health care. This results in large numbers of preventable deaths and disabilities, as well as denial of the basic right to health.

14. It is essential to rebuild health systems by refocusing on primary health care, in consonance with the Alma-Ata principles of equity, universal access, community participation and intersectoral collaboration. There is also a need to create conditions for effective health service provision that benefit poor and marginalized groups.

15. Poorly funded health systems have a disproportionate impact on the poor, whose out-of-pocket expenditure on health is relatively higher. Many Governments are not able to meet the levels of expenditure required for universal coverage even of basic health interventions. There is an urgent need not only for additional expenditure in the health sector but also for more effective utilization of expenditure on health.

16. It is difficult to estimate health-related expenditure and evaluate its efficacy. A considerable proportion of public expenditure with implications for health is covered under budget lines outside the purview of health ministries, for example, water and sanitation.

17. The following strategic actions are proposed:

(1) Promote the strengthening of health systems as a key element of economic and social development strategies, as well as the integration, in poverty reduction strategies, of health and access to health services.

(2) Establish systems for national health accounts, to assess:

(a) The nature and quantum of expenditure across health and health-related systems;

(b) The impact in terms of equity and efficiency of contributions to, and expenditure on, health.

(3) Significantly increase public sector funding for health systems and activities within the health sector, as well as those activities within other sectors that benefit health.

(4) Introduce and strengthen publicly financed health schemes to achieve universal coverage, including social health and community-based insurance.

(5) Harness private sector resources through viable public-private partnerships that protect the interests of the poor adequately.

(6) Mobilize and manage funding resources for health promotion by:

(a) Subjecting items that have an adverse impact on health, such as tobacco and alcohol, to a punitive rate of tax, which would serve the twofold purpose of generating revenue for health promotion and other health-related expenditure and reducing the consumption of items that have harmful effects on health;

(b) Establishing health promotion funds, using revenue from punitive taxes on items that have harmful effects on health;

(c) Increasing expenditure on preventive and promotive health actions, including those that curb behaviours and lifestyles that predispose to illness, injury and disability;

(d) Ensuring that investment in safety measures is proportionate to that for infrastructure development, to reverse rising trends in injuries, including in the transport and industrial sectors.

(7) Increase substantially the funding for integrated approaches that focus on health determinants, healthy settings and vulnerable groups, in accordance with the crucial importance of such approaches.

(8) Strengthen public health education through, inter alia, the following:

(a) Improving orientation on public health in the education and training of all health professionals;

(b) Continuously upgrading knowledge and skills in public health among professionals and decision makers in health and health-related sectors, including through distance learning and the wider use of information and communication technology;

(c) Strengthening existing institutions and, where needed, creating new institutions for the training of public health professionals.

(9) Institutionalize systems for the accreditation of private health service providers and mechanisms for regulating the quality of public and private health service providers, to ensure the responsiveness of care.

(10) Strengthen the primary health-care system as a vital means of improving access to health care, giving particular attention to the following:

(a) Meaningful community organization and community participation;

(b) Infrastructure and human resources;

(c) Equity and quality of care;

(d) The promotion of effective gender-sensitive services for maternal and child health, including antenatal and post-natal monitoring and care, family planning information and resources, and general reproductive health care;

(e) Antenatal and post-natal care;

(f) Responsiveness to the health-care needs of ageing populations;

(g) Physical and information accessibility of the primary health-care system for older persons and persons with diverse disabilities;

(h) The integration of reproductive health services that address population groups over the course of their life span, with attention to the prevention of reproductive tract infections, sexually transmitted infections, HIV/AIDS and reproductive cancers, problems that occur in older ages as well as to the reproductive health needs of young men and women, and adolescent boys and girls.

(11) Develop mental health policy, plans and programmes, with the integration of mental health services into general health services.

(12) Strengthen national health-care systems by providing adequate financing, encouragement and support for complementary and indigenous systems of medicine so that they may help to expand the choice, availability and accessibility of health care and treatment modalities.

(13) Build capacity for epidemiological and related community-based health research to better inform policy-making.

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(14) Build community capacity for public health by such measures as the following:

(a) Improve citizen access to information on all aspects of health;

(b) Demystify public health to strengthen community awareness and responses to public health issues;

(c) Encourage community initiatives and organization on a wide range of health issues amenable to community and household action;

(d) Establish policy structures, training systems and resources to enable communities to engage in self-determined community development on a sustainable basis.

(15) Involve communities in safeguarding public health through mechanisms for their participation in monitoring the performance of health systems and proposing corrective measures, through health committees at the local levels to oversee local-level surveillance and reporting of diseases, and implementation of other public health programmes.

B. Enhancing multisectoral action for health

18. Health is influenced by diverse economic, environmental and social factors. Solutions to many health problems lie outside the purview of the health sector. Increased investments in diverse sectors, which secure the entitlements of the poor and marginalized sections of society to the basic necessities of life, such as food, safe drinking water, sanitation, shelter, education services and livelihoods, would have an enormous positive impact on the health status of populations.

19. Behind the region’s impressive economic performance are hidden costs borne by those exposed to unsafe working and living conditions. Many settlements and workplaces lack facilities for hygiene and sanitation, safe waste disposal, clean drinking water, ventilation and lighting, and proper training in the safe handling of hazardous chemicals and equipment. It is crucial that safety and health issues be adequately addressed, along with measures to improve productivity and competitiveness.

20. Forces that uproot people from their physical, social and emotional moorings, such as urbanization, disasters or conflict, subject population groups to high stress levels. Deprivation, loss, fear and uncertainty are highly stressful. Prolonged stress disrupts immune systems. Many people plunge into depression, alcohol- and drug-related disorders and suicide. Others respond to stress with physical disorders.

21. The following strategic actions are proposed:

(1) Pursue multisectoral actions to tackle health problems by establishing mechanisms for action on the macroeconomic, social and environmental determinants of health, as well as occupational safety and health.

(2) Incorporate explicit health impact assessments into government decision-making for all development programmes, schemes, project proposals and activities, in the private and public sectors, by such actions as the following:

(a) Develop guidelines for incorporating health impact assessments into the approval and regulation of investment, including that in development schemes and projects, for example, for factories, bridges and dams, as well as in investment proposals;

(b) Develop guidelines for incorporating health impact assessments into government decision-making;

(c) Provide ministries of health with the mandate and authority, across the jurisdiction of other ministries, to conduct health impact assessments.

(3) Strengthen health promotion capability at all levels, and undertake targeted campaigns to provide information on, and foster behaviour change in favour of, good health.

(4) Set specific targets and indicators for tackling important risk factors for non-communicable diseases, such as through tobacco control, and integrate these targets into internationally agreed development goals such as the Millennium Development Goals.

(5) Promote effective stress management through the provision of time, space and facilities for recreation, and the encouragement of indigenous approaches to health promotion, such as meditation, yoga and traditional therapeutic massage.

(6) Strengthen knowledge, attitude and skill development to improve community-based responses to mental health needs, including the development of networks of community-based support services that harness indigenous resources, including complementary medicine and other appropriate forms of support, as affordable local options that complement psychiatric services and institutions, or where those are absent.

(7) Promote better understanding and support concerning mental health in the workplace.

(8) Strengthen comprehensive and rights-based interventions on drug abuse, including through such actions as:

(a) Develop data collection and analysis tools to inform evidence- and rights-based prevention and treatment programmes;

(b) Develop and implement prevention, treatment and rehabilitation programmes that respond to the needs of target groups, especially young people;

(c) Extend intervention programmes to include the participation of families, communities and civil society organizations;

(d) Improve the cultural appropriateness of community-based treatment and rehabilitation services.

(9) Strengthen occupational safety and health information, awareness-raising, training and related services for those in the formal and informal sectors, including home-based enterprises, and the self-employed.

(10) Develop and enforce legislation on occupational safety and health to cover both formal and informal sector workers, and to protect families and communities from exposure to hazardous workplace conditions, including those in crowded settlements, that could lead to disease and injury.

(11) Strengthen policy and societal measures to address discriminatory practices that undermine the health of girls and women, as well as promote male support for the health empowerment of girls and women.

(12) Encourage ESCAP members that have not yet become contracting parties to the World Health Organization Framework Convention on Tobacco Control (2003), to consider ratifying, accepting, approving or acceding to the Convention at the earliest opportunity.

(13) Advocate, enact and enforce comprehensive legislation, in line with the WHO Framework Convention on Tobacco Control, to protect everyone from the pervasive harmful effects of tobacco use.

(14) Strengthen regulatory frameworks covering such areas as advertising, sponsorship, supply and quality of items and processes that:

(a) Have adverse health implications, for example, tobacco and alcohol;

(b) Make dubious claims of health benefits, for example, those pertaining to physical beauty and rejuvenation.

(15) Disseminate accurate and complete information on the actual efficacy, contents and safety of food, as well as cosmetic and pharmaceutical products, to enable consumers to make informed choices.

(16) Improve the availability, quality and social relevance of health-related information through the strategic use of information and communication technologies and culturally appropriate communication modes.

(17) Develop institutional support mechanisms to strengthen the capability of mass media practitioners in critically examining and covering linkages between health and its development determinants.

(18) Strengthen policies to improve food security and equitable access to nutritious food, including through school meals for children in poor communities, giving special attention to food for girls.

(19) Provide knowledge, skills and technical inputs to poor communities to support the local production, preparation and consumption of a wide variety of nutritious foods.

(20) Develop effective interventions that minimize the health impact of violence, crashes, evictions and natural disasters, including measures for disaster preparedness, as well as emergency first-aid responsiveness to traumatic injuries, care, rehabilitation, psychosocial support and reintegration.

(21) Pursue mine clearance, the destruction of stockpiled antipersonnel mines, and assistance to mine victims.

C. Managing the health implications of globalization

22. The volume of cross-border movement of people, money, goods and information has increased exponentially with the inexorable process of globalization. International agreements governing trade in goods and services have brought new dimensions to this process. Agreements such as the World Trade Organization (WTO) General Agreement on Trade in Services (GATS) and the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) have a direct impact on the structure of national health systems, policies on the price and availability of essential medicines and the movement of health personnel. The direct impact of globalization on health at the population level is evident in the rapid cross-border transmission of infectious diseases, such as HIV/AIDS and SARS.

23. To manage globalization so that it benefits health, the following actions are proposed:

(1) Commission studies on the impact of trade and investment agreements (such as TRIPS, GATS), as well as the privatization and commercialization of health service delivery, on health status as well as on health-care access and equity.

(2) Hold consultations with stakeholders, including communities, disadvantaged groups and civil society groups, to identify the appropriate action required for safeguarding health concerns with regard to trade and investment agreements.

(3) Improve access to essential medicines by inter alia:

(a) Strengthening collaboration between the health and trade sectors in preparing national legislation related to patents on pharmaceutical products;

(b) Building government capacity in creating adequate health-related safeguards in national legislation;

(c) Strengthening intercountry cooperation in such areas as price negotiation, import-export of essential medicines, reducing regulatory barriers and assuring quality.

(4) Develop and strengthen policies to mitigate the negative health impact of globalization, including by such actions as the following:

(a) Strengthen national mechanisms for developing and enforcing standards for food, to ensure the wide availability of safe and nutritious food, keeping in view food security and livelihood issues;

(b) Support consumer participation in the process of establishing national standards for food;

(c) Ensure the meaningful participation of developing and least developed countries and areas in the Codex Alimentarius process, to facilitate fair food trade;

(d) Undertake the effective implementation of programmes for the iodization of salt, including through legislative and quality control measures;

(e) Regulate advertising and sponsorship which promote diets, tobacco consumption and other lifestyle habits that increase vulnerability to non-communicable diseases;

(f) Encourage population-wide stress management and physical activity to reduce the risk of contracting the non-communicable diseases associated with continuous and high levels of stress, bad diet and insufficient exercise;

(g) Support self-determined community development and capacity-building to increase the resilience and health of entire communities;

(h) Encourage community inputs into government policy-making processes and support community engagement in and ownership of action to address the wider determinants of health.

D. Promoting sustainable environmental development to improve health

24. Current industrial and agricultural production systems involve the increasing use of chemicals that threaten local, regional and global ecosystems and public health. Intensive animal husbandry in densely populated areas breeds infectious diseases.

25. Air pollution has toxic effects on human health. Some air pollutants, such as sulphur dioxide and nitrogen oxides, descend as acid rain, while greenhouse gases, such as carbon dioxide, contribute to global warming and climate change. These environmental changes have an adverse impact on ecosystems and increase health hazards.

26. Unsafe water and poor sanitation are among the biggest health threats in the region. While waterborne diseases are still major problems, chronic arsenic, cadmium and fluoride poisoning is a growing public health problem. Over 200 million, mostly rural, people in the region are at risk of arsenicosis, cancer and eventual death through long-term consumption of contaminated water.

27. The health of slum-dwellers is undermined by a host of factors. These include unsafe housing, overcrowding, poor sanitation, inadequate supplies of safe drinking water, bad ventilation and inadequate provision for waste disposal and storage of hazardous waste and inflammable materials in slums.

28. Huge amounts of waste are produced in the region. In addition, hazardous substances and discarded products are shipped to the region for recycling and disposal. Plastic and electronic waste contains toxic chemicals that could leach into the food chain. Non-degradable waste causes severe disposal problems.

29. The following strategic actions are proposed:

(1) Undertake measures to promote universal and equitable access to safe drinking water, and sanitation, including through adequate financing and development of the necessary infrastructure, with mechanisms for community involvement in monitoring quality.

(2) Develop, through evidence-based research, viable means of ensuring water supplies that are contaminant-free, especially from fluoride, arsenic and cadmium, including through household water harvesting, community-based water supply systems and watershed management.

(3) Reduce environmental conditions for diarrhoeal, respiratory and other infectious diseases that are associated with poor housing, inadequate ventilation, overcrowding, inadequate sanitation and drainage, interrupted water supply and inadequate food and water storage.

(4) Mitigate, in close cooperation with the users of solid fuels, the health impact of indoor air pollution, particularly on women and children, and provide knowledge and skills for cleaner options, for example, efficient stoves, as well as biogas and other renewable energy sources, for cooking and heating, and ensuring better ventilation.

(5) Regulate and monitor industrial and transport emissions, according to international standards.

(6) Introduce measures for responsibility sharing and active participation in reducing the volume of waste generated by industrial and commercial enterprises, institutions and households.

(7) Regulate the level of noise in the everyday environment to reduce noise pollution as a major source of disabling hearing difficulties, reduced performance, aggressive behaviour and anxiety.

(8) Encourage the wider use of biodegradable packaging materials.

(9) Promote and reward more eco-friendly waste disposal measures, including waste separation, recycling and composting at the level of enterprises, office blocks, institutions, communities and households.

(10) Reduce the amounts of waste imported for recycling or disposal and regulate and monitor the management of this waste to minimize the health and environmental effects.

(11) Minimize the negative impact of unsustainable agricultural practices on ecosystems.

(12) Regulate animal husbandry to reduce the risk of diseases spreading among animals and from animals to humans.

E. Increasing the effectiveness of the response to HIV/AIDS

30. The commitment of top leadership to addressing HIV/AIDS is growing in some countries and areas of the region. However, there is still an urgent need for stronger political will, as well as leadership from all levels of government and society, for a concerted and effective response to the HIV/AIDS pandemic.

31. Over 9 million people are living with HIV/AIDS in the ESCAP region, which is fast becoming the new epicentre of the pandemic. Every minute, two people are newly infected with HIV in the region.

32. The low national prevalence rates in most countries of the region have lulled many into a false sense of security. The existence of localized epidemics, often ignored, could explode and exact a grave toll on countries.

33. Without effective intervention programmes, 10 million new infections are projected to occur in the ESCAP region by 2010. The number of new infections could be reduced to 4 million if comprehensive responses could be in place very soon. In 2003, less than 20 per cent of the total financial resources needed for comprehensive responses were raised from all public sources combined, including donor and government sources.

34. The majority of those who need treatment lack access to it. Modalities for expanding treatment are known, and immediate action is needed to improve the quality of life for all those who are infected, in support of the global WHO ‘3 by 5’ Initiative on access to treatment for 3 million people by 2005.

35. The following strategic actions are proposed:

(1) Scale up the current response to HIV/AIDS in the Asian and Pacific region, to reach the respective targets in the internationally agreed development goals in the Millennium Declaration, and to fulfil the Declaration of Commitment on HIV/AIDS adopted by the General Assembly at its twenty-sixth special session in 2001.

(2) Support the "Three Ones" initiative, which promotes the establishment of a national HIV/AIDS policy framework, a national multisectoral HIV/AIDS coordinating authority and a national monitoring and evaluation system.

(3) Urge enhanced political commitment and leadership in all sectors to fight the spread of HIV/AIDS, and strengthen partnerships among Governments, civil society, religious institutions, communities, business and labour, and affected communities, for more effective responses to the HIV/AIDS pandemic.

(4) Step up multiministerial responses by establishing, in key ministries, an HIV/AIDS budget for interventions on prevention, care and support, targeting specific groups.

(5) Scale up targeted prevention programmes with and for vulnerable population groups (including sex workers and their clients, injecting drug users, men who have sex with men, young people, and migrant and mobile populations) and involve them in programme implementation, as well as monitoring and evaluation.

(6) Review laws and regulations regarding drug use and access to effective evidence-based interventions, sex work and sexuality that are barriers to HIV prevention among vulnerable groups.

(7) Provide more opportunity for young people to acquire knowledge about HIV/AIDS and life skills through the following means:

(a) Integrate life skills and HIV/AIDS prevention into school curricula;

(b) Promote life skills training for young people in non-formal education settings, to enhance their coping skills and reduce high-risk behaviour.

(8) Promote, in collaboration with civil society organizations and the private sector, workplace interventions on HIV/AIDS prevention, treatment, care and support, as well as the reduction of stigma and discrimination.

(9) Provide all people in need of anti-retroviral treatment with access to that treatment through such actions as the following:

(a) Improve access of poor and vulnerable communities to treatment through pricing policies, flexible patent laws, procurement initiatives and investment in primary health-care delivery systems;

(b) Develop guidelines on informed consent and privacy safeguards in HIV testing and treatment;

(c) Involve communities in education about HIV testing and treatment;

(d) Promote community-based care, including medical and psychosocial counselling and support, for people living with HIV/AIDS.

(10) Recognize the role and contributions made by older persons as well as provide support to those who shoulder the financial and emotional burden of care-giving in families whose younger members have acquired HIV or are orphans of parents who have died from AIDS.

(11) Address the gender dimension of the HIV/AIDS epidemic, including through the following:

(a) Make female-controlled prevention methods, such as female condoms and microbicides, acceptable, affordable and available;

(b) Give priority to women and girls to expand their access to treatment;

(c) Protect women and girls from all forms of violence, including sexual violence and exploitation;

(d) Involve men in prevention, care and support.

(12) Tackle, as a human rights issue, the widespread stigmatization of and discrimination against people living with HIV/AIDS, through such actions as the following:

(a) Establish comprehensive legal frameworks to tackle discrimination;

(b) Address discrimination in health-care settings;

(c) Support the full and equal participation of people living with HIV/AIDS, and the active participation of families and communities affected by HIV/AIDS, in mainstream society.

(13) Strengthen cooperation, through such forums as ASEAN, the Pacific Islands Forum and the South Asian Association for Regional Cooperation, in the procurement of medicines and diagnostics, as well as exchange of good practices in prevention, harm reduction and treatment strategies.

IV. RESPONSIBILITY FOR ACTION

36. For a region as large and diverse as that of Asia and the Pacific, this document provides a framework that signposts priority areas for detailed elaboration at the country and local levels.

37. Commitment from leadership at the highest levels is critical to bringing about the necessary changes in policies, plans and government directives, as well as following through with implementation mechanisms and enforcement measures.

38. Civil society groups and institutions could support this process by articulating the ground-level realities of health and development issues so that higher priority may be accorded to those issues in political and development agendas at all levels.

39. The private sector, multinationals and national corporate enterprises have a responsibility to ensure that they safeguard the rights of consumers and workers to freedom from disease, disorder, injury and premature death.

40. Everyone shares responsibility for illness and injury prevention and for maintaining as high a level as possible of well-being and "immunity" from disease and disorder.

41. All actors involved in promoting health and sustainable development have a responsibility to maintain dialogue with each other, and to focus on the common goal of health and sustainable development.

42. Development agencies can play an important role in facilitating the process of multisectoral dialogue and collaboration towards systemic action on the determinants of health. In this regard, among the modalities of providing such support are the following:

- Dissemination of up-to-date information
- Capability-building
- Support for experimental initiatives of demonstration value
- Technical assistance on policy, regulatory measures and legislation
- Support for the sharing of experiences from good practices and lessons from failed endeavours

43. ESCAP, as the Asian and Pacific arm of the United Nations Secretariat and regional focal point for knowledge management, is intensifying its transdisciplinary strength in the three areas of health and sustainable development, poverty reduction and globalization management to enable it to serve its members and associate members more effectively. With its new mandate to work on health and development issues, the ESCAP secretariat will focus on developing three areas of comparative advantage:

- *In-house transdisciplinary programming in selected areas of demonstration value for regional advancement in priority areas identified in this Framework.* The secretariat will assist Governments in strengthening the comprehensiveness of their approaches to health in decision-making, towards fulfilment of the internationally agreed goals in the Millennium Declaration.
- *Multiministerial and multisectoral advocacy.* In fulfilment of its convening role, the secretariat will use the avenues that are open to it to urge that more policy attention be given to the determinants of health, as well as to the benefits of including health promotion in diverse development sectors, and the costs of neglecting to do so.

- *Support for intermediation on health and development issues.* The secretariat will organize forums to facilitate a dialogue process among actors in diverse development sectors, aiming at cooperation on issues that would lend themselves to such intermediation.

44. In pursuing the above, the secretariat will harness the creative energy of young people, the wisdom of older persons and the region's rich indigenous health resources. Progress will be reviewed at regular intervals for further evolution of the Framework for Strategic Action.

> Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
>
> *The International Bill of Human Rights,*
> *Universal Declaration of Human Rights*

Appendix

INTERNATIONAL MANDATES PERTAINING TO HEALTH, THE ENVIRONMENT AND THE RIGHT TO DEVELOPMENT

The present Framework is strongly supportive of international conventions and protocols, and treaties whose ratification and implementation would have implications for health outcomes in the region, including the following:

- Convention on the Rights of the Child (1989)
- Protocol to Prevent, Suppress and Punish Trafficking in Persons (especially women and children), supplementing the United Nations Convention Against Transnational Organized Crime (2000)
- Single Convention on Narcotic Drugs (1961)
- Convention on Psychotropic Substances (1971)
- United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)
- World Health Organization Framework Convention on Tobacco Control (2003)
- General Comment No. 15 (2002), on the right to water (articles 11 and 12 of the International Covenant on Economic, Social and Cultural Rights [1966])
- Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal (1989)
- Stockholm Convention on Persistent Organic Pollutants (2001)
- Vienna Convention for the Protection of the Ozone Layer (1985)
- Montreal Protocol on Substances that Deplete the Ozone Layer (1987) and the Copenhagen Amendments (1992)
- United Nations Framework Convention on Climate Change (1992) and the Kyoto Protocol (1997)
- Convention on Biological Diversity (1992)
- Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Antipersonnel Mines and on Their Destruction (1997) (Mine Ban Treaty)
- ILO Prevention of Major Industrial Accidents Convention, 1993 (No. 174); Chemicals Convention, 1990 (No. 170); and Occupational Safety and Health Convention, 1981 (No. 155)

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