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Held at the Palais des Nations, Geneva, on Monday, 6 July 2009, at 9.30 a.m.

President: Ms. Lucas . . . . . (Luxembourg)

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09-67303 (E)

The meeting was called to order at 9.35 a.m.

Opening of the session

The President declared open the 2009 substantive session.

Adoption of the agenda and other organizational matters (item 1 of the provisional agenda)
(E/2009/100 and Corr.1, E/2009/L.9, E/2009/CRP.1 and CRP.2)

The President said that she took it that the Council wished to adopt the provisional agenda as contained in documents E/2009/100 and Corr.1.

The provisional agenda was adopted.

The President said that the Council had before it the proposed programme of work for the Council's 2009 substantive session (document E/2009/L.9) and details of the status of documentation for the session (document E/2009/CRP.1). If she heard no objection, she would take it that the Council wished to adopt the programme of work, which would be kept up to date online.

It was so decided.

The President drew attention to document E/2009/CRP.2, which contained a list of non-governmental organizations (NGOs) requesting to be heard by the Council. At its 2009 resumed session, the Committee on Non-Governmental Organizations had decided to recommend that those organizations be heard by the Council under agenda item 2 (b), Annual Ministerial Review. She took it that the Council wished to approve the Committee's recommendation as contained in document E/2009/CRP.2.

It was so decided.

Opening of the high-level segment (agenda item 2)

Statement by the President of the Economic and Social Council

The President said that collective efforts had been made since the beginning of 2009 to raise awareness of development challenges in global public health. The world was experiencing the worst economic crisis since the Great Depression and it was no easy task to maintain momentum towards the public health development priorities contained in the Millennium Development Goals (MDGs). Social policies suffered most in times of crisis, with the poorest and most vulnerable populations the hardest hit. In such a context, the theme of the 2009 Annual Ministerial Review, "Implementing the internationally agreed goals and commitments in regard to global public health" was thus particularly relevant.

Innovative sources of financing and multiple stakeholder involvement had opened the way to novel structures and alliances that went beyond traditional health and development models. In early 2009, a Special Event on Philanthropy and the Global Public Health Agenda had highlighted the critical role of philanthropy in: addressing maternal health challenges; reducing child mortality; eradicating neglected tropical diseases; and identifying innovative financing for health systems. Another Special Event had focused on the often neglected role of traditional medicines.

Several key messages might be drawn from the regional meetings that had been held in preparation for the Annual Ministerial Review. Although Governments had the primary responsibility for developing effective health systems, equitable health outcomes depended on a range of stakeholders: local communities, civil society, philanthropists, the private sector, international organizations and international cooperation based on national priorities and systems. More sustained investments were needed to support the health agenda, including fair systems of financing, skilled and adequately remunerated personnel, and governance that ensured equity, participation and efficient use of resources. High priority must be accorded to tackling non-communicable diseases and injuries which were responsible for 60 per cent of global deaths. Cardiovascular diseases, diabetes, cancer and chronic respiratory diseases were shaving health budgets everywhere; while even modest investment in the fight against neglected tropical diseases would relieve the burden on the most vulnerable, especially in developing countries. The international community must also honour its commitments to combat communicable diseases. Although progress had been made in tackling AIDS, tuberculosis and malaria, vigorous action remained imperative. Synergies between the response to AIDS and the strengthening of health and social systems should also be furthered, with particular focus on eliminating mother-to-child transmission by the year 2015. Another key message that could be drawn from the regional meetings was that the information and communication technology

revolution offered tremendous potential for achieving significant health outcomes. Multilateral approaches were also key to tackling new health threats, such as the influenza A (H1N1) virus. Viruses knew no borders, nor should efforts to promote the global public health.

While measurable progress had been made by the international community in the areas of AIDS, tuberculosis and child mortality reduction, serious gaps remained. There was an urgent need for political will to eliminate the unacceptably high global rate of preventable maternal mortality and morbidity. It was vital not to ignore interlinkages between human rights, health and other urgent items on the development agenda.

Pervading inequities in health among and within countries must be addressed, as must the impact of social determinants and gender. Effective social protection systems were needed to ensure universal access to health care.

The Council offered a unique opportunity to maximize multi-stakeholder participation in promoting collaborative action on global public health. The improvement of health outcomes was linked not only to the provision of health services, but to the active involvement of decision makers in other sectors such as education, agriculture, finance and foreign affairs. Strong follow up, firm resolve and leadership were needed in order to sustain progress made in that regard. It was time to foster common development objectives and make the work of the Council count.

Statement by the Secretary-General of the United Nations

The Secretary-General said that the Council was meeting in difficult times. The energy, food and economic crises of the past year had caused widespread hardship and the recent influenza pandemic were a reminder of the world's vulnerability and mutual interdependence. The growing impacts of climate change were also a threat to all the MDGs, hence the importance of reaching a deal on climate change in Copenhagen in the context of the Seal the Deal Campaign. Renewed multilateralism must be based on universal principles and buttressed by resources, political will and respect for internationally agreed commitments. As was clear from the Millennium Development Goals Report 2009, the current economic environment made it all the more difficult to attain those goals. Higher food prices in 2008 had reversed the nearly two-decade trend in reducing hunger, while momentum to reduce overall poverty in the developing world was also slowing. Tens of millions of people had been pushed into joblessness and greater vulnerability and some countries now stood to miss their poverty reduction target. The goal of eliminating gender disparities in primary and secondary education by 2005 had already been missed, while for the sanitation target to be achieved, 1.4 billion people must gain access to improved sanitation by 2015.

Progress towards the MDGs had been too slow. However, the right policies, backed by adequate funding and strong political commitment, could still yield impressive results. Fewer people today were dying of AIDS and many countries were implementing proven strategies to combat malaria and measles, two major killers of children. The international community was also edging closer to universal primary education and was well on its way to meeting the safe drinking water target. In Africa and across the developing world, there was abundant evidence that aid could help transform lives. But delays in its delivery, combined with the financial crisis and climate change, slowed progress further. During meetings with world leaders, he had repeatedly called for solidarity and special attention to be accorded towards the poor. They were the least responsible for the crisis and the least able to bear its impact. The G8 and G20 had made specific commitments to increase financial and technical support to developing countries by 2010 to achieve the MDGs. Although those commitments included increasing official development assistance (ODA) to Africa, aid remained at least $20 billion below the Gleneagles targets. The G8 should thus determine, country by country, how donors might scale up their ODA to Africa over the coming year. The credibility of the international system depended on whether donors actually delivered.

The United Nations, for its part, would continue to speak up for those people most in need. The Global Impact and Vulnerability Alert System would allow for a better tracking of the impact of the economic crisis on the most vulnerable populations. Global public health was, after all, the foundation for peace and prosperity and investments in health represented investments in society as a whole. Not only did such investments save lives, they also resulted in improved

economic productivity. Prevention efforts could avoid huge future expense. Many determinants of health did, however, lie outside the health sector. Even in wealthy countries, factors such as ethnicity, gender, socioeconomic status and geographical area determined life expectancy, with gaps of more than a decade existing between different groups. The Millennium Development Goals Report 2009 and his own report on the theme of the Annual Ministerial Review provided further information in that regard.

Mixed results had been achieved on children's health. Some countries in sub-Saharan Africa had achieved significant success with key child-survival interventions. However, many countries in sub-Saharan Africa and South Asia had made little or no progress. Maternal health had seen the least progress, with one woman dying every minute in childbirth, mostly in the developing world. Maternal health was a barometer of how well a health system functioned, and an issue of particular concern.

More effective strategies were increasingly being adopted to combat malaria thanks to investments in health. There was also a welcome decrease in the global incidence of tuberculosis. Such progress was not, however, keeping pace with population growth, since the absolute number of new infections continued to rise. The health of 2.5 billion people was also threatened by lack of access to safe sanitation.

Lastly, multisectoral approaches were needed to achieve common goals. There must be a greater focus on reducing poverty, providing decent employment, promoting greater health literacy and shifting attitudes, including towards women and girls. New technologies also had an important role to play in promoting public health, as did ODA, including for basic infrastructure. In partnership with community leaders, faith-based organizations, charitable foundations and the private sector, Governments should take the lead in strengthening national health systems.

Statement by the President of the Swiss Confederation

Mr. Merz (Switzerland) said that it was in Geneva, Switzerland, that the multilateral system had been founded. The city was now a centre of global diplomacy where dialogue and mutual respect were cherished. His Government was also committed to those values, which must continue to inform the Council's efforts to respond to global challenges. At a time when the weakest were experiencing the brunt of the financial crisis, the international community must reaffirm its commitment to human rights-based development. Nor should the crisis in any way hamper pursuit of the MDGs as part of poverty eradication efforts. The Annual Ministerial Review provided an opportunity to assess progress in achieving the MDGs, particularly in the area of global public health. The current pandemic showed that health was a precious and fragile public good which the international community must do its utmost to protect. It also underscored the need for effective and equitable public health systems. While substantial progress had been made in recent decades, efforts must now be redoubled towards the commonly agreed goals. As had been stated, maternal health revealed the most striking inequalities between rich and poor. Switzerland, for its part, supported the concerted efforts being made by the World Health Organization (WHO), United Nations Children Fund (UNICEF) and United Nations Population Fund (UNFPA) in that regard.

Without the multilateral response embodied by the United Nations, the fight against poverty and inequality would remain a lost cause. It was thus in the international community's interests to strengthen the Council, which provided a political forum for global debate on emerging social and development issues as well as system-wide coordination.

Keynote statements on global public health

Princess Muna al-Hussein (Observer for Jordan) said that while childhood deaths and malnutrition among children under 5 years of age had declined significantly, and while commitments of official development assistance for health had doubled in recent years, the global maternity mortality ratio had barely changed since 1990. Powerful interventions would not buy better health outcomes in the absence of stronger health systems based on primary health care. Decades of poor planning, poorly coordinated aid and unbalanced investments were reflected in health systems that were unable to respond effectively to people's health-care and early detection needs.

Health in rich and poor countries alike was threatened by population ageing, unplanned urbanization and the globalization of unhealthy environments and behaviours. Eighty per cent of the resulting deaths from non-communicable diseases — 50 per cent of them premature — were concentrated in

developing countries. The same countries also accounted for over 90 per cent of the world's road deaths although they had only 48 per cent of the world's vehicles. The international community thus found itself promoting health as a poverty-reduction strategy at a time when health-care costs could themselves be a cause of poverty. Strong scientific evidence supported the effectiveness of policies to promote healthy living and incorporate disease prevention and control into primary health care, implemented in partnership with all sectors of government on a multisectoral basis.

Despite the magnitude of the problem in developing countries, and its devastating effect on socio-economic development, technical support from development agencies to build national capacities in those areas was virtually absent. The greatest burden of preventable death and disability was being caused by the very conditions for which the least assistance was being provided. Fortunately, the need to include non-communicable diseases and injuries in the development agenda was being increasingly recognized, including by the Economic and Social Council. She had been pleased to see the World Health Assembly adopt the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, and she appealed to all present to support the call of the World's Ministers of Health to raise the priority accorded to non-communicable diseases in development work at global and national levels.

Mr. Paet (Minister for Foreign Affairs of Estonia) stated that assured access to the best attainable health care — coupled with improvements in global health standards — was a fundamental right yet remained an unattainable privilege for millions of people. Progress towards health-related goals continued to be slowest in countries with severe social problems, high HIV rates or ongoing conflicts. Lagging progress in maternal and newborn health was the cause of great suffering worldwide, with half a million young women annually dying of complications during pregnancy and childbirth, 99 per cent of them in developing countries.

The current economic crisis, which had a disproportionate impact on developing countries, was placing a great deal of pressure on health systems, including in the areas of disease prevention and health promotion. Improved health contributed to social well-being, and well built health systems could underpin the dramatic scale-up of interventions needed to meet health-related Millennium Development Goals. The crisis made international cooperation in providing health-related activities even more vital, yet it could undermine that cooperation by encouraging protectionism and tempting Governments to economize on public health expenditures.

The two biggest threats to the global health system were insufficient international cooperation and a failure to see health and health systems as contributors to economic growth. To address those challenges, there was a need to coordinate the efforts of the United Nations, Governments, NGOs and the business community, and to foster the building of public-private partnerships. Secondly, the efficiency of existing health systems had to be improved by building partnerships with other sectors to deliver more affordable health services. Thirdly, there should be a focus on research and innovation in the medical field and on the development of new technologies.

In Estonia, electronic health initiatives were producing impressive benefits, and he called for support for ECOSOC's Texting 4 Health initiative to develop health-care knowledge and health information access through mobile communications.

Mr. Schmit (Minister Delegate for Foreign Affairs and Immigration of Luxembourg) said that the Economic and Social Council had an especially important role to play in building the global partnership for development. Implementation of international commitments in the health field — in particular Millennium Development Goals 4, 5 and 6 — was crucial to the achievement of sustainable development, but could not be divorced from many of the other Goals with a significant health impact.

Together with its European partners, Luxembourg had been at the origin of the initiative by the World Health Organization to have the World Health Assembly monitor progress towards the health-related Millennium Development Goals in support of the Council's systematic review of the MDGs as a whole.

Headway had been made towards some health-related goals, such as the reduction of infant mortality, but too little progress had been achieved in reducing maternal mortality. The Human Rights Council's recent resolution on maternal mortality and morbidity and human rights was important in its recognition that high

rates of maternal mortality were tantamount to a violation of women's rights to life, health, equality in dignity and non-discrimination. Progress in that regard clearly hinged on the political will of Governments to address the root causes of women's vulnerability and unequal status. His Government was convinced that all options for protecting women's health should be explored, that there should be a renewed commitment to universal action to promote their sexual and reproductive health and related rights, and that steps should be taken to involve women on an equal footing in decision-making on the functioning of society in general and access to health care in particular.

The situation regarding HIV/AIDS continued to give rise to concern — 2 million people having succumbed to the pandemic in 2007 and 2.7 million having been infected in the same year. However, some one third of those affected had benefited from treatment, and a determined effort could enable the rate to be stabilized by 2015. Three main challenges remained in the coming year: providing equal access to prevention and treatment services for all; improving the quality of integrated care for those suffering from HIV and co-infections, providing risk reduction services for drug users and establishing a clear separation between public health and impressive measures; and coupling strong political leadership with cooperation at all levels of civil society, NGOs and especially those living with HIV.

His country believed that the United Nations had a key coordinating and supporting role in combating HIV. The HIV pandemic was a global concern, but on a concrete level it affected the daily lives of millions of people in all the countries represented at the present meeting. Screening was entirely voluntary and confidential in Luxembourg and was accompanied by counselling. Treatment was actively encouraged, was not linked to nationality and was fully covered by social security. HIV tests could not be required for employment or immigration purposes, and HIV sufferers were not subject to any travel restrictions.

Progress towards achieving health-related Millennium Development Goals would be closely linked to the development of sustainable health systems, which should be aimed at establishing primary health-care systems, while taking account of the social determinants of health. Governments must have the necessary resolve to provide for the setting up of such systems and to ensure that they were funded at both the national and international level. Donor countries should play their part by allocating a greater share of their development aid for health related activities. Public policy ensuring access to health services and adequate social benefits should be reinforced as the only means of guaranteeing social cohesion. International cooperation could play a catalytic role in strengthening national systems, with particular regard to training health personnel. Budgets for social services, including health, must be maintained despite the global financial crisis.

Greater efforts should be made to ensure universal access to health care. Close coordination between international stakeholders and civil society was crucial. Developing countries, in particular, had to assume responsibility for implementing development strategies, including in the area of health. The World Health Organization had a role to play in that regard by helping those countries to train human resources and make their health systems more effective.

Luxembourg, whose development cooperation efforts were geared to the eradication of poverty, devoted over 15 per cent of its bilateral aid to the health sector, with the focus on infant mortality, maternal health and transmissible diseases, together with longer-term goals of reinforcing health systems, building health-sector capacities and ensuring access to primary care. In cooperation with the United Nations Population Fund (UNFPA), for example, his country was helping the Government of Viet Nam to implement its population and reproductive health strategy, with particular reference to improving the quality of life in marginalized communities by providing greater access to information and services in the field of maternal and neonatal health.

The international community must not allow the economic and financial crisis to undermine the achievements of the past decade. Health, which was a crucial factor in achieving sustainable development, as well as a basic human right, merited top priority on the international agenda. The lives, and quality of life, of millions of individuals worldwide were at stake.

Ms. Chan (Director-General of the World Health Organization) said that the multiple crises confronting the international community had some unprecedented dimensions, reflecting the interdependent and interconnected nature of our world. Mistakes made in one part of the world rapidly affected other regions.

Short-sighted policy decisions in one sector were likely to have a negative impact on other sectors. An increasing number of crises had global consequences that would unfairly penalize the countries least able to cope with them, thereby widening the gap between rich and poor. Nowhere was that more apparent than in the greed fuelled global financial crisis, which had spread contagiously from country to country, even affecting those that had not taken excessive financial risks. People in rich countries were losing their jobs and homes, but people in developing countries were losing their lives. The poorest countries were likely to be hardest hit by the consequences of climate change. The financial crisis and the world food crisis were contributing to a dramatic rise in diet-related chronic diseases, especially in the developing world. The recent influenza pandemic was yet another crisis which could have a devastating impact on developing countries.

Too many development models had assumed that living and health conditions would automatically improve as countries modernized, liberalized trade and experienced rapid economic growth. In fact, the differences within and between countries in income levels, social opportunities and health status were greater today than at any time in recent history. As a consequence, world leaders were calling for transformational changes in the policies governing the way the world worked. International systems needed to be re-engineered to include a moral dimension and transformed by policies reflecting social concerns and values.

What were the greatest challenges facing health systems? Firstly, the current momentum for achieving better health conditions, particularly those targeted by the Millennium Development Goals, must be maintained. Secondly, the strengthening of health systems must remain at the top of the global health agenda. Thirdly, fairness — as articulated by the values, principles and approaches of primary health care — must be an overarching goal. Fourthly, prevention and control of chronic non-communicable diseases and improvement of maternal health must become top priorities on the development agenda.

The Millennium Development Goals (MDGs) could be seen as a corrective strategy, aimed at giving a lopsided world greater balance with regard to opportunities, income levels and health care. They were also designed to compensate for international systems that created benefits yet had no rules guaranteeing their fair distribution. Yet while they represented our best chance of introducing greater fairness in the world, the MDGs failed to address the root causes of existing inequalities, which were the result of flawed policies. A focus on health as a worthy pursuit for its own sake was the surest route to that moral dimension so sadly lacking in international systems of governance, to a value system that put the welfare of humanity at its heart.

Mr. Marmot (Chairman of the Commission on Social Determinants of Health) said that the Commission on Social Determinants of Health, set up by the World Health Organization, was principally concerned with the issue of health equity. Dramatic differences in life expectancy existed not only between countries but within countries and within cities. There was no biological reason for such differences: it was the social determinants of health that impacted crucially on people's lives. Health followed a social gradient in both rich and poor countries. To focus only on the poorest countries was to miss the point: while action in that context was crucial, the problem was global and called for global solutions. In that connection, the Commission had identified three areas for action: the conditions in which people were born, grew, worked and aged; the structural drivers of those conditions at the global, national and local level; and monitoring, training and research.

A number of countries and regions were taking steps to achieve health equity. He himself had been invited to conduct a review concerning action that might be taken to reduce health inequalities in the United Kingdom, in light of the Commission's own findings. Elsewhere, Brazil had set up its own commission on social determinants of health; India and Sri Lanka had placed the issue on their agenda; Spain, when it assumed the Presidency of the European Union in January 2010, would be making social determinants of health and health equity a priority; and a region-wide commission on social determinants of health had been set up in South America. More needed to be done by health ministries and officials to promote universal access to health care and reorient health systems towards prevention and promotion. In that connection greater emphasis should be placed on the measurement of health conditions. It was to be hoped that the World Health Organization would take the lead in those areas.

The Commission's report, entitled "Closing the gap", was based on the assumption that the knowledge and financial resources needed to close the health gap were available. Closing that gap was a matter of social justice. It was an acutely moral issue, involving the material, psychosocial and political empowerment that would ultimately create the conditions for people to lead enrichening lives.

Ms. Blair (Cherie Blair Foundation for Women) underscored her commitment to women's rights and to lifting the barriers that prevented women from playing their full role in society. One of those barriers was ill health and inadequate health-care systems. While the right to health had been recognized by the international community, in many parts of the world even basic health-care standards were lacking. Furthermore, because women were still denied equal status in many societies, they were the main victims of poor health and inadequate health care, a situation which also had a negative effect on their families and communities.

Despite progress made in meeting many of the Millennium Development Goals, the mortality rates for mothers and newborn babies had remained largely unchanged; neither had there been any concerted action to prevent and treat fistula. Improving maternal and child health and care must be made an absolute priority.

Greater attention must also be devoted to combating the effects of non-communicable diseases, in particular on women. Non-communicable diseases were responsible for twice as many deaths as infectious diseases, were the principal cause of death in every region except Africa and would be the cause of three out of four deaths worldwide by 2020, yet received only a tiny fraction of national and development health funding. Diabetes, for example, the incidence of which was rising unlike that of HIV/AIDS, already killed as many people annually as HIV/AIDS.

Women's lack of status in many societies made them especially vulnerable to non communicable diseases. While women generally lived longer than men, those extra years were not necessarily healthy years. Women were also much more likely than men to live in poverty, which greatly affected their health. In societies where priorities were set by men, there was often less emphasis on the health needs of women. Even where early detection and treatment resources existed, women had to overcome traditional resistance to seeking treatment. She had witnessed for example how women in South Asia felt embarrassed about monitoring their own bodies, thereby preventing early diagnosis and treatment of breast cancer.

A major effort must be undertaken to reverse the tidal wave effect of non-communicable diseases. Reduced tobacco use, improved diet and improved physical fitness would for example have a major effect on heart disease, type 2 diabetes and cancer. Greater resources must be allocated to health care at the national and international levels and women must be educated about their own health needs. More female health professionals were needed to extend care and encourage women to seek treatment. Women must likewise have a voice in shaping health policies.

Such measures could only achieve their full effect if efforts to promote greater equality for women in every society continued. The world could not afford the social and economic costs of non-communicable diseases nor could it afford to continue to waste the potential of half its population. The current economic downturn must not be used as an excuse for inaction; on the contrary, it was more important than ever to increase rather than decrease international efforts in those areas.

Ms. Omega Kidangasi (Maternal health advocate, Kenya) said that she had become a maternal health activist following successful repair surgery for fistula in 2007. She noted that motherhood was risky: more than 500,000 women died every year from complications arising from pregnancy and childbirth, and 15 million others suffered severe health problems, including the devastating consequences of fistula.

Of all the Millennium Development Goals, the least progress had been made in the area of maternal health. While the technology and knowledge needed to make motherhood safe existed, it was heartbreaking that women continued to die while giving life, simply because society did not value the lives of women.

Conditions were the most serious in the developing countries, in particular sub-Saharan Africa. In those countries the sociocultural context of traditional customs, illiteracy and gender discrimination prevented women from taking decisions about their own lives, their only option being childbearing, irrespective of the risks. That situation must change so that women could make voluntary informed choices about whether to have children.

Women's right to health care, nutrition and life opportunities must likewise be promoted and protected. At the political and economic levels, poverty, civil war, lack of resources and infrastructure, insecurity and limited access to reproductive health care directly affected maternal health. Greater commitment to addressing such issues was needed and funding for universal sexual and reproductive health care must be increased.

She stressed that every woman had the right to live and laugh. Her commitment to women's rights was rooted in her own experience: born into abject poverty, orphaned at the age of 11, dropping out of school for lack of money to pay fees, pregnant at age 19 as a result of rape, pregnancy ending in obstetric fistula, and living with the devastating consequences of that condition for 12 years, until such time as she had corrective surgery.

While recovering from that surgery she had learned that she was just one of millions of women who died or suffered disabilities as a result of pregnancy or childbirth. She decided to work to prevent other women from dying or suffering as she had. With the help of the United Nations Population Fund (UNFPA) she had become an international advocate for safe motherhood, with particular emphasis on community outreach. She was committed to giving women a life and a genuine smile and called on the international community to make maternal health a priority and put an end to women's suffering.

Policy messages from annual ministerial review preparatory meetings

Mr. Sturchio (President and Chief Executive Officer, Global Health Council), speaking on the Economic and Social Council Special Event on Philanthropy and the Global Public Health Agenda, held in New York on 23 February 2009, referred delegates to the final report of that meeting, which had been distributed in the conference room. The report reflected discussion of the event's two main themes, maternal and girls' health and neglected tropical diseases, and contained suggested actions for implementation of the recommendations that had emerged from the meeting.

According to 2005 data, more than 500,000 women died every year of causes related to pregnancy and childbirth. Much remained to be done to remedy that situation. The participants in the special event had concluded that there was a need for a broad global initiative involving a common framework for participation by all stakeholders aimed at improving women's and girls' health outcomes. Existing frameworks, for example the Cairo Programme of Action, the Beijing Platform for Action, and Countdown 2015, provided the bases for coordinated actions in that regard. Enhanced incentives could likewise be used to increase private sector involvement in improving women's and girls' health. The roles that could be played by philanthropy, NGOs and local associations had also been highlighted. He cited the Partnership for Maternal, Newborn and Child Health and noted that the Global Health Council had worked with maternal, child and reproductive health partners to develop a Global Family Health Action Plan for the implementation of Millennium Development Goals 4 and 5. Copying the example of efforts in such areas as HIV/AIDS and malaria, partnerships among the philanthropic, corporate, NGO and public sectors would strengthen efforts to significantly improve women's and girls' health by 2015.

More than 1.2 billion people lived on less than $2 a day; many of them also ran the highest risk of contracting one or more neglected tropical diseases, parasitic and bacterial infections that kill 500,000 people annually and stigmatize and disable millions more, preventing them from caring for themselves or their families. Control of such diseases through the use of donated drugs and control strategies would alleviate poverty and increase development. Existing partnerships had contributed greatly to making drugs available and searching for new treatments.

Increased development resources must be mobilized to strengthen such efforts by, for example, establishing delivery systems, training local staff, coordinating supply chains and integrating such activities into national health systems. More research must also be carried out on the implementation, monitoring and evaluation of successful programmes and on how to ensure effective coordination.

The meeting's keynote speaker, former President Bill Clinton, had underlined the importance of strengthening health systems for continued progress in the areas of maternal and child health and neglected tropical diseases and called for continued engagement by the philanthropic community and the private sector, despite the financial crisis. The participants had agreed

on a number of recommendations: increase the number of community and mid-level health workers; build a global partnership or business coalition for maternal and child health aimed at guiding corporate and philanthropic involvement; devise new intellectual property policies to encourage needs-driven research and develop new tools to attack neglected tropical diseases and transfer such technology to developing countries; create a network of partnerships on neglected tropical diseases; and organize periodic dialogues under the auspices of the Economic and Social Council to coordinate the work of NGOs, the private sector and philanthropic organizations in meeting the Millennium Development Goals.

The Global Health Council would for its part engage its diverse constituency more actively in the important work of the Economic and Social Council with a view to achieving the Millennium Development Goals. It looked forward to continued cooperation on critical issues and would for example submit new ideas at the 2010 Special Event on Philanthropy and the Global Public Health Agenda, the theme of which would be gender and the empowerment of women.

Mr. Kahandaliyanage (Sri Lanka) underscored the importance of the Annual Ministerial Review process in monitoring progress toward the achievement of the internationally agreed development goals, including the Millennium Development Goals, by 2015. The current review focused on the health sector and he noted that Sri Lanka was on track to achieving the health-related Millennium Development Goals. His Government had therefore been pleased to host the South Asia Regional Meeting on Financing Strategies for Health Care, held in Colombo from 16-18 March 2009.

The meeting's four substantive sessions had been devoted to the issues of: financing strategies for health care, including external financing; health systems in crisis situations; initiatives and recommendations regarding best practices and new initiatives; and progress toward realization of the Millennium Development Goals. Discussions had taken place against the backdrop of the economic, financial and other crises. Participants had noted the diversity of the Asian region and the differences in national health expenditure, underscored the need to adapt solutions to the specific needs and circumstances of each country and reviewed the key challenges faced by countries, in particular low-income countries, in funding their health systems with a view to achieving international public health goals.

Participants had also discussed how the international community could support the goal of universal coverage by: increasing health funding; making funding more predictable; channelling funds to countries in ways that strengthened national funding systems; and ensuring better financing for health in crisis situations. While civil society and the private sector had important roles to play, and public-private partnerships must be developed, the public sector must nevertheless take the lead role in establishing effective and equitable health services.

A number of key messages and recommendations for consideration by the Council and regional stakeholders had emerged from the meeting and were contained in document E/2009/88. In the area of domestic financing of health care, increased funding must be found and resources must be used with greater efficiency if universal health coverage was to be achieved. Equitable access to health care would also require a move away from out-of-pocket payments. It was noted that despite the current economic situation, which had led to reduced growth rates, rising incomes provided an opportunity in many Asian countries to expand domestic health funding.

Participants had agreed that external funding must be increased, made more predictable and adapted to national priorities. Innovative forms of health financing should be in addition to and not a substitute for Official Development Assistance. Donors should likewise not focus on certain countries while neglecting others. Participants had stressed that it was possible to improve health care even in conflict situations and called for expenditure on health care to be given the same priority as other areas during the recovery and rehabilitation phases.

Mr. Chen Zhu (China) said that in April 2009 his Government, at the behest of the Council, had acted as host to the annual Ministerial Meeting of the Asia-Pacific region on the dissemination of knowledge about health. The concept of "health literacy" had been extensively discussed at the meeting because of its impact on the achievement of development goals for health. It stood for the individual's ability to gain access to health information and to understand and use it in order to improve his or her own health, and that of the community, through changes in personal lifestyles

and living conditions. It was one of the most effective weapons in preventing chronic non-communicable and infectious diseases, including A/H1N1 influenza. Delegates to the Ministerial Meeting had shared successful practices and experiences in improving health literacy on the part of governments, international organizations, non governmental organizations and the private sector.

The Ministerial Meeting had concluded, first, that health was a basic human right and that promoting health literacy was a cost-effective strategy for preventing disease, making effective use of health services, improving primary health care and promoting social development. More effective measures were needed to promote health literacy in the Asia-Pacific region as a whole. Secondly, the task of promotion called for partnerships among government departments, non governmental organizations, private-sector institutions and enterprises, the media and civil society, and the full involvement of medical and health institutions and professionals. Third, specific measures to promote health literacy should be based on each country's social and cultural background, while building international and inter-regional exchanges and dialogue and emphasizing the promotion and enhancement of women's health literacy. Lastly, methods of measurement and indicators for health literacy should be defined, and an index system developed to carry out evidence-based monitoring of health literacy levels. Global, regional and national action plans for health literacy should be developed as soon as possible.

Mr. Khalid Al-Qahtani (Qatar) reported on the outcome of the ECOSOC regional ministerial meeting on addressing non-communicable diseases and injuries, hosted by his Government in Doha on 10-11 May 2009. Non-communicable diseases and injuries accounted for 70 per cent of all deaths globally, with 80 per cent of the deaths occurring in low and middle-income countries. Many countries were looking for technical support to strengthen their capacity to deal with them, but such requests were being ignored by the international development community because the problems involved were not included in its development priorities and did not fit into the targets of the Millennium Development Goals. The meeting had adopted the Doha Declaration on Non-communicable Diseases and Injuries, calling for the inclusion of non-communicable diseases and injuries in global discussions on development. According to the report, every year almost one million people in the Middle East died prematurely from preventable heart disease, stroke, diabetes, cancers and asthma, as a result of increased exposure to the risk factors for those conditions and weak primary health care services which failed to respond adequately to their needs. According to WHO projections, deaths in the Middle East from non-communicable diseases would increase by 25 per cent by 2015. Another half million people in the region were dying in road accidents as a result of inadequate legislation or enforcement and shortcomings in emergency trauma care services. Non communicable diseases and injuries strained public budgets and impoverished families: in Sudan, for example, the cost of caring for a family member with diabetes was 23 per cent of the budget of a low-income household.

Premature deaths and chronic poverty resulting from non-communicable diseases and injuries could be prevented by reducing levels of exposure to the risk factors, especially tobacco use, unhealthy diets and physical inactivity; and through improved primary health care and the mapping of epidemics with their risk factors and determinants. Those interventions had been successfully piloted in the Middle East, but the many institutional reforms and investments required to sustain them were not part of national development strategies. Moreover, the one third of poor people who were dying prematurely from non-communicable diseases and injuries were not covered by the Millennium Development Goals. Technical support for addressing those problems had received less than one per cent of the US$ 21 billion allocated by the international development agencies in 2006 to improving health outcomes in developing countries.

The Doha Declaration called for the indicators on non-communicable diseases and injuries to be integrated into the core monitoring and evaluation system for the Millennium Development Goals. The participants at the Doha meeting were also recommending the Council to consider the question of preventing non-communicable diseases and injuries in its 2010 Coordination Segment.

Beyond the Middle East, a Special Summit of Heads of Government of the Caribbean countries, held in September 2007, had issued the Port of Spain Declaration, pledging to reduce the level of exposure to common risk factors for non-communicable diseases

and injuries, and to invest in primary health care to address the problem.

In conclusion, he emphasized that the MDG Review Summit in 2010 would be a powerful instrument for including in global discussions on development the question of non communicable diseases and injuries.

Mr. Spencer (Jamaica) presented the report of the Regional Preparatory Meeting on HIV and Development in Latin America and the Caribbean. The meeting, held on 5 6 June 2009, had been organized with the support of the United Nations Department for Economic and Social Affairs, the Economic Commission for Latin America and the Caribbean, the United Nations Joint Programme for HIV/AIDS (UNAIDS) and the Pan American Health Organization. Panel discussions had been held on the challenge of HIV/AIDS as a development concern and the response in Latin America and the Caribbean; on the problem of universal access to treatment; on best practices and policies in the region in responding to HIV/AIDS; and on the implications of the global financial crisis for HIV/AIDS and health. The key messages which emerged were that addressing HIV/AIDS was central to public health, development and human security, that the question must remain on national and regional agendas, that preventing infection was crucial, and that further investment and intervention was needed to support human rights and social justice programmes in each country and to address stigma and discrimination. A multisectoral approach to the epidemic was needed, to include the labour sector, as well as closer collaboration between the health and education sectors in addressing the needs of young people. In line with the Ministerial Declaration "Preventing through Education", adopted at the 17th International AIDS Conference in Mexico in August 2008, the Inter-sectoral Working Group had been placed on a formal footing and would be monitoring progress in implementing the 11 recommendations of the Declaration. Those recommendations included a balanced approach by Governments to HIV/AIDS, addressing the social and legal factors underlying risk taking and vulnerability; enhanced public health systems; a comprehensive approach to HIV/AIDS prevention in the workplace; the strengthening of primary health-care services; the active engagement of the media and civil society in promoting proper sex education and sexual health; addressing gender inequities in development; targeted interventions for the population groups most at risk; access to counselling, testing and comprehensive clinical care; making antiretroviral drugs available to all at lower cost; and basing policy decisions and programmes on high quality and timely research.

Mr. Yankey (Ghana) reported on the review meeting on e-health of African health ministers, held in Accra on 10-11 June 2009. The application of e-health could bring great improvements in the management and technical efficiency of the health workforce at all levels, through reliable systems for disseminating information and support for the decision-making process. Participants at the meeting had however expressed concern that e-health activities had not yet been integrated into health systems, and that national e-health plans and policies in Africa remained very weak. Standards and interoperability were important in ensuring the effective delivery of e-health services. For that reason, WHO had established an e-health Standardization Coordination Group to promote stronger coordination among key players. Financing e-health infrastructure and services also required strong collaboration between the public and private sectors. Concern had been expressed at the meeting at the inadequate level of investment planning for the medium to long-term in developing countries. The expansion of mobile telephony was however an asset in expanding health services, especially in developing countries. Participants at the meeting had noted the difficulty in communicating data and integrating solutions, and the cost of using proprietary solutions. More effort was needed to adopt open source software.

The meeting had urged the Economic and Social Council, in collaboration with WHO and other United Nations organizations, to develop a global framework to guide the development of regional and country specific policies on e-health; to undertake an inventory of e-health initiatives and design a common evaluation framework, in order to share lessons from different parts of the world; and to create a repository of information and knowledge on e-health initiatives. It had also urged countries to develop legal, policy and regulatory instruments for protecting health data; to develop appropriate infrastructure, in conjunction with the private sector, to support the use of information and communication technology (ICT) in implementing e-health solutions; to begin developing national plans and standards for e-health in conformity with

international standards; to explore ways of integrating ICT training into the curricula of medical training establishments; to set up centres of excellence in e-health to train health professionals and build a corpus of experts to expand country-specific e-health initiatives; and to enhance public-private partnerships to promote multisectoral use of e-health solutions. The adoption of e-health solutions must not be allowed to create a new divide between the developing and the developed world, but instead bring attention to bear on the need to improve the capacity of developing countries to improve the health of their populations.

The meeting rose at 12.40 p.m.