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President: Mr. Ali (Vice-President) . . . . . (Malaysia)

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In the absence of Ms. Lucas (Luxembourg), Mr. Ali (Malaysia), Vice-President, took the Chair.

The meeting was called to order at 10 a.m.

Annual Ministerial Review: implementing the internationally agreed goals and commitments in regard to global public health (*continued*)

General debate on the theme of the Annual Ministerial Review (*continued*)

Mr. Al-Humaimidi (Iraq) said that the poor and developing countries were those most seriously affected by the recent financial, political, economic, health, food and energy crises. The repercussions of those crises included low growth rates, uncertainty, job losses, reduced investment in development and the promotion of democracy, hunger and fewer resources for health care. With decreased demand from the developed world for their products as a result of the crisis, the developing countries had less revenue to invest in development and subsidize food supply and basic services. The drop in the price of oil had likewise reduced Iraq's revenues, affecting investment in development and reconstruction.

The current financial crisis threatened the achievement of internationally agreed development goals, in particular that of halving poverty by 2015. The Council had an important role to play in ensuring that the international community devoted sufficient resources to overcoming current obstacles, promoting sustainable development and providing assistance to the developing countries, for example in the area of information and communications technologies. The Annual Ministerial Review provided an opportunity to reassert the urgency of promoting effective programmes for the realization of the Millennium Development Goals and the United Nations Development Agenda.

The Review also provided an opportunity to tackle the suffering and human and economic losses caused by non-communicable diseases, for example cancer, diabetes or heart problems, which were largely ignored by donors. The Council should promote disease-prevention strategies, many of which could easily be implemented even by low-income countries. Increased taxes on tobacco products, for example, had a deterrent effect and provided additional resources that could be allocated to public health. In that context, he noted that Iraq had ratified the World Health Organization (WHO) Framework Convention on Tobacco Control.

Water was the key to life but water supplies were increasingly threatened by climate change, decreased rainfall and desertification. His Government wished to collaborate with neighbouring countries in the management of water resources, in particular the Tigris-Euphrates basin, the principal source of water for agriculture in the region. Problems should be resolved in a spirit of friendly cooperation and in accordance with international law and relevant treaties. The marshlands of Iraq were one of the largest wetlands in the region and provided a livelihood to thousands of people, but were threatened by drought, dams and irrigation projects. Many people had been left homeless by reduction of the wetlands area. He looked forward to ensuring the survival of the marshes in cooperation with neighbouring countries, in accordance with the Ramsar Convention on Wetlands.

He recalled that Iraq was currently trying to overcome the effects of more than 30 years of totalitarianism, 3 wars, 13 years of sanctions that had most affected ordinary people and the social fabric of the country, and the destruction caused by the overthrow of the previous regime and the ethnic violence that had followed. Those events had made Iraq a breeding ground for terrorism, but thanks to the heroic efforts of the current Government, supported by friendly nations, the tide had been reversed.

He noted that Iraq had signed numerous international conventions relating to such issues as torture, enforced disappearance, the environment and women's rights. He looked forward to continued and increased assistance from the international community in Iraq's reconstruction efforts and urged donors to honour their pledges as Iraq resumed its place in the regional and international communities.

Mr. Kahandaliyanage (Observer for Sri Lanka) said that the annual ministerial review process gave increased visibility and momentum to development goals and was in keeping with the Council's role in bringing together stakeholders to discuss economic and social issues, including the current topic of implementing the internationally agreed goals and commitments in regard to global public health. Health was a precondition for progress on most of the Millennium Development Goals and he was concerned that the current economic crisis might lead to a reduction in the resources available for public health, and that the food crisis and climate change would likewise adversely affect human health.

The concept of development had evolved to include such concepts as well-being, freedom, empowerment, equitable distribution and environmental sustainability. While that broader, less materialistic definition of development might add to the challenge of promoting development, it was in keeping with Sri Lanka's democratic tradition and commitment to people-centred development and internationally agreed development goals.

Health promotion improved well-being and was an investment in productivity, growth and success for individuals and States. Sri Lanka's experience demonstrated the socio-economic benefits of improved health. While in other countries improved health had followed growth, Sri Lanka had invested first in its population's health, with very positive results despite limited resources. Infant mortality had dropped from 19.8 per 1,000 live births in 1990 to 11.2 in 2005, one of the lowest rates for developing countries. Maternal mortality had declined from 4.23 per 10,000 live births in 1991 to 1.97 in 2003, on par with the developed countries. Under-five mortality in 2005 was less than half the 1990 rate.

All vaccine-preventable diseases had been effectively controlled or eliminated, and life expectancy was 71.7 years for men and 76.4 for women. Debilitating diseases like filariasis, leprosy, polio and measles as well as iodine deficiency disorders had been eliminated. Malaria was expected to be eliminated by 2015 and HIV/AIDS rates were low. Such statistics were rather exceptional for a country with per capita GNP of US$ 1,970.

Progress in the health sector had been facilitated by progress in other areas of human and social development. The literacy rate was 89 per cent for women and 92 per cent for men and there was near universal primary-school enrolment for boys and girls. Empowerment of women, equality, literacy and equal access to economic resources had had a beneficial effect on maternal and infant health.

Improvement of health infrastructure had been the primary factor in improved health indicators. Health care was provided free of charge and services were provided close to the patient. There was 1 doctor per 1,300 people; that ratio would drop as new doctors were trained. The combined public/private health system offered universal health coverage. Free health services, especially hospital services, were guaranteed to the poor, including in rural areas. Private facilities were also available for those who could afford them. Health expenditure was low, at only 2 per cent of GNP, or US$ 50 per capita, of which the Government paid US$ 23. Sri Lanka's population nevertheless enjoyed health outcomes comparable to more developed countries spending far more on health per capita.

The long-term sustainability of the efforts of developing countries to achieve the Millennium Development Goals depended on resources generated by economic progress. There must therefore be an enabling global environment for the expansion of trade, and economic development. Barriers to trade, including protectionism and lack of access to concessionary financing, must be addressed as an integral part of the global partnership to improve the lives of millions, as embodied in the Millennium Development Goals.

Mr. Abusabiaa (Observer for the Libyan Arab Jamahiriya) said that the Organization's efforts to find the most effective means of promoting development testified to the international community's recognition of the importance of development issues. The current stress on public health likewise showed awareness of the consequences of poor health and health care. The recent bird and swine flu outbreaks had exacerbated the effects of the economic crisis; it was important to find ways to deal with and prevent such outbreaks in the future. It was essential that there be transparent exchange of information about, for example, swine flu and access to remedial measures and treatment. Furthermore, intellectual property rights should not be used to protect commercial advantage, especially with regard to the developing countries.

While the current crises had economic costs for the developed countries, for example job losses, in the developing countries the effects were more likely to be hunger or even loss of life, especially in Africa, already labouring under the burden of lack of education, poverty, disease and the looting of its natural resources. The financial and economic crises, which had originated in the Western capitalist world but affected all countries, underscored the need to reform the international financial system, especially in the light of the fact that the developing countries had not benefited from globalization. The solution was to ensure universal and democratic participation by all countries in international financial institutions, with monitoring by the Economic and Social Council.

Climate change could likewise hinder development or even undermine progress already made in the developing countries. The international community must undertake coordinated and effective efforts to address the issue of climate change, as had been highlighted at the 1992 United Nations Conference on Environment and Development held in Rio de Janeiro in 1992. Emissions of greenhouse gases must also be reduced.

The financial and economic crises had led to a food crisis in the developing countries. That situation underlined the need to promote policies to guarantee food security worldwide. His Government had for example allocated 5 billion dollars for development projects in the countries of the Sahara. At the tenth summit of the Community of Sahelo-Saharan States (CEN-SAD) it had also announced initiatives to increase food supplies in Africa, promote self-sufficiency and the use of modern agricultural techniques and provide assistance for the purchase of new agricultural equipment and the development of new farmland.

He expressed concern at the lack of progress in the area of women's rights; one woman in three in the world was still a victim of violence. States must adopt legislation to prevent violence against women. While violence against women was not a problem in the Libyan Arab Jamahiriya, his Government had nevertheless adopted legislation to guarantee equality for women, including equal opportunities for education and public office.

Lastly, he recalled the catastrophic human rights situation of Palestinians living under foreign occupation in the West Bank and Gaza Strip. He opposed any attempt to change the status of Jerusalem, said the apartheid wall should be removed and called for the return of the Syrian Golan to Syria. He urged the international community to prevail on the occupying Power to abide by international law in the occupied territories.

Mr. Safouesse (Republic of the Congo) expressed his agreement with the statement made by the representative of Sudan on behalf of the Group of 77 and China, and with the recommendations contained in the report of the Secretary-General (E/2009/81). In the present global crisis, only a multilateral approach could succeed in reducing poverty and improving health services in the developing countries. Human, technological and financial resources must be mobilized in order to achieve the health-related MDGs. His own country's plans for economic and social development and for poverty reduction had been affected by the loss of revenue, especially in the forestry sector, caused by the global crisis. Its development programme for the health services aimed especially at protecting vulnerable groups and women and children. In seeking to achieve the health-related MDGs, it had focused on the systematic distribution of impregnated mosquito nets, free malaria treatment for pregnant women and for children aged up to 15, free examinations and antiretroviral treatments for HIV/AIDS, and better disease surveillance. Health personnel received continuing professional training in the prevention and treatment of infectious diseases. There were also plans to train health professionals in implementing the national road map for reducing maternal, neonatal and child mortality. Emphasis would be placed on ensuring the availability of quality reproductive health products. There were still however constraints in the provision of essential health care and in the development of traditional medicine. Many countries like his own were looking for enhanced global partnerships to overcome the setbacks they were experiencing in working towards the MDGs for health.

Mr. Sung-Joo (Observer for the Republic of Korea) said there were unmistakable signs that the economic crisis was turning into a human crisis. The health dimension of the crisis was especially important, because good health and quality health services were not merely fundamental human rights but also the cornerstones of sustainable human development. Global health challenges, including epidemics, did not respect national borders, so global health risks could only be overcome by working together. Women, children and the elderly were especially in need of protection during the economic downturn.

The current crisis was an opportunity for the international community to put in place systems and programmes that could provide enhanced social protection, including public health services for the poorest. Developing countries should maintain existing budget allocations to health, education and social protection, and should extend social protection coverage to include the growing numbers of people living in poverty. The developed countries must keep to their previous commitments to scale up official development assistance. They should provide technical

assistance to develop appropriate policies and services, and should coordinate and harmonize development assistance programmes to make them more effective and maximize their impact. The Republic of Korea was now incorporating the lessons learned in its own economic crisis of the late 1990s into its development cooperation. It was endeavouring to meet its ODA commitment of 0.15 per cent of GDP by 2012, and was seeking to ensure that the bulk of it went to the least developed countries. In 2007 it had introduced a special "global poverty eradication contribution" to address global health challenges such as HIV/AIDS, malaria and tuberculosis, in partnership with UNITAID and other agencies. Its own domestic health priorities were the provision of primary health care, disease prevention and maternal and child health.

Mr. Üzümcu (Observer for Turkey) said that in many developing countries the unemployment resulting from the financial crisis was reaching record levels, and according to an ILO estimate more than 50 million people would lose their jobs over the coming two years. Remittances, a key source of revenue for many developing countries, were expected to fall in 2009. The food crisis had increased to 1 billion the total number of people suffering from hunger. Falling revenues posed a threat to all public and private spending, and therefore to all the MDGs. The principles of action recommended by the Commission on Social Determinants of Health — improving living conditions and addressing and measuring the inequities in society — offered some of the answers to the problems facing the developing countries.

In April 2009 Turkey had hosted the 12th World Public Health Congress, attended by delegates from 142 countries. The declaration adopted by the Congress referred to health as the first human right, and underscored the importance of achieving equitable access to effective health-care systems, the protection of vulnerable populations, better health research and education to improve public health systems, and the connection between social determinants and health. Over the past three years, Turkey's official development assistance, coordinated by the Turkish International Development and Cooperation Agency (TIKA), had run at an annual average of US$ 650 million. TIKA's activities included assistance for the provision of health and sanitation facilities, infrastructure investments, exchanges of know-how, the training of skilled health personnel and emergency humanitarian assistance. Turkey was now assisting African countries to combat poverty, and TIKA had opened regional field offices in Ethiopia, Sudan and Senegal. In 2008 it had also doubled its voluntary contributions to United Nations organizations, up to US$ 17.5 million. He welcomed the fact that in 2006 the global level of assistance for health from all sources, including the private sector, had reached US$ 16.7 billion. Donor countries and private entities should do their utmost to sustain that momentum, while emphasizing the need for more efficient use of the funds available.

Mr. Loschinin (Russian Federation) said that in spite of progress in improving infant health care and combating malaria, none of the world's regions had yet achieved the MDG 5 target for reducing maternal and infant mortality rates. He agreed with the Director-General of the International Labour Organization that a new system of values was needed for a post-crisis world, one which would seek to preserve jobs, pursue active labour policies, uphold labour standards and protect workers' rights to health care. Economic growth could not of itself resolve social contradictions; it could in fact increase poverty and instability. In the Russian Federation, notwithstanding the global crisis no priority health projects had been cancelled or suffered cuts in their funding. In the health sector, the emphasis was placed on efficient medical assistance based on modern technologies and on priority health-care programmes in fields such as tuberculosis and cardiovascular pathology. The Russian Federation had also continued to provide donor assistance for achieving the health-related MDGs. It had recently signed a framework partnership agreement with the World Health Organization, in recognition of the leading role of WHO in health and especially in combating infectious disease. The Russian Federation also attached great importance to combating non-communicable diseases and accidental injuries; in the developing countries, the latter cost US$ 100 billion a year. In November 2009 the Russian Federation would convene the first Global Ministerial Conference on Road Safety, with the help of WHO and the regional commissions of the United Nations. It was also proposing to organize in 2011 a special international conference on non-communicable diseases and injuries.

Mr. Gutierrez (Peru) said the goals for improving health must be linked to those for combating poverty and hunger, eradicating illiteracy, improving

educational standards, promoting gender equality and working for a sustainable environment. In Peru, improvements were being made to primary health care, and legislation had been introduced to secure universal access to health services. Infant mortality was already down to one third of the level in the 1990s. In May 2009 Peru had launched a national strategic plan for the period 2009-2015 to combat the negative factors associated with maternal deaths during pregnancy and childbirth and neonatal deaths among infants, especially in the most vulnerable population groups. It was pursuing a multisectoral strategic plan to reduce deaths from HIV/AIDS, and in June 2009 it had hosted the IVth Community Forum and Vth Latin American and Caribbean Forum on HIV/AIDS and Sexually Transmitted Diseases. Many highly prevalent diseases such as cardiovascular diseases, cancer, chronic respiratory infections and diabetes were a serious problem in Peru, although not included in the health-related MDGs. Moreover, traffic accidents claimed 3,500 lives a year, and had disabled 117,900 people over the past four years. Pneumonia was a leading cause of death among children under five, and other infectious respiratory conditions were aggravated by the climate in the mountainous regions of Peru. The current A(H1N1) pandemic drew attention to the kind of challenges likely to arise in future, and which called for a collective response at the global level. Responsibilities and treatments, including vaccines, must be equally shared so that the neediest populations, especially in the developing countries, would not be the worst affected. Low-cost medicines were essential in those countries, including Peru, and access to them must be facilitated by reviewing the TRIPS Agreement and observing the Doha Declaration on the TRIPS Agreement and Public Health. More assistance was needed from developed countries to improve health information systems in developing countries so as to quantify health indicators and gaps in provision.

Mr. Portales (Observer for Chile) expressed his agreement with the statement made the previous day on behalf of the Group of 77 and China. Chile was committed to achieving Goals 4 and 5 of the MDGs. Success in achieving them was bound up with the effective enjoyment by women and children of their human rights and a reduction in persisting inequalities in society. International cooperation and solidarity was crucial in dealing with health emergencies, and the current A(H1N1) pandemic had shown the value of applying the new WHO International Health Regulations. Ways must be found of securing access for all countries to health products so as to check the spread of infection. He welcomed the recommendation by WHO that during the current global crisis the developed countries should resist the temptation to cut back their development assistance. Strategic alliances between countries at different levels of development were a necessary additional means of meeting global health challenges and achieving MDGs 4 and 5. Other valuable initiatives were the Partnership for Maternal, Newborn and Child Health, which had helped to focus attention on the need for national policies to achieve those goals, and the UNITAID initiative for promoting access to medicines to combat malaria, tuberculosis and HIV/AIDS. An international project to reduce maternal and infant mortality in Bolivia, Chile, Ecuador and Paraguay had been launched in September 2008, in the framework of the "Deliver Now for Women and Children" initiative.

For the sake of having adequate human resources at all levels of health systems, steps must be taken to ensure effective regulation of the recruitment, training, deployment and retention of qualified health personnel, as recommended by the fifty-third session of the Commission on the Status of Women.

Mr. Djani (Indonesia) said that the current financial and economic crisis, the food and energy crises, climate change and the risk of a communicable diseases pandemic posed new challenges for the achievement of health-related MDGs, with particular regard to maternal and newborn health. A special global effort — including the identification of new forms of health financing — was needed to ensure that social goals were not neglected as resources shrank. International measures should be taken to support a strong role for the United Nations in spearheading global social development. Greater coordination between health-related United Nations agencies and other international institutions and stakeholders was crucial in analysing recent health trends, identifying priorities for immediate and long-term attention, and devising ways to ensure progress at national and global levels. National plans providing for strong health systems and revitalized primary health care were also urgently required and should be integrated in poverty alleviation programmes. Indonesia supported all measures to achieve the health-related MDGs in line with recommendations such as those made at the fifty-third session of the Commission on the Status of

Women. While the international community should continue to focus on combating transmissible diseases, the increasing non-communicable disease burden was a major challenge for development in the twenty-first century.

Priority should be placed on ensuring access for developing countries to affordable medicines and health care, capacity-building and technology transfer for risk assessment and response. Discussions on global public health should also address the role of traditional knowledge and medicines as well as the equitable sharing of their benefits. The issue of migrant health workers warranted attention in the search for ways to remedy the global shortage of primary health care.

While Indonesia had so far been spared the most damaging effects of the economic crisis, higher drug and medical supply costs could further strain the country's public health system. At the same time, rising food prices could compromise food security at a time when access to health care was becoming more difficult, particularly for the most vulnerable in society. To mitigate the effects of the crisis and maintain its pro-poor, pro-employment and pro-growth policies, the Government of Indonesia had allocated around $7 billion to strengthen poverty alleviation efforts. It had also raised its 2009 health allocation to $70 million, particularly for maternal, newborn and child health, with the aim of tackling the principal causes of child mortality. In addition, the Desa SIAGA ("alert village") programme encouraged communities to share responsibility for health promotion and disease prevention by monitoring the nutritional intake of pregnant women and taking steps to ensure the safe delivery of babies.

The challenges associated with the multiple crises affecting the international community had to be addressed by all stakeholders — Governments, private sectors and civil society. Foreign policy actions in many forums must support efforts to improve global health, and Indonesia was working actively within the Foreign Policy and Global Health Initiative to help ensure that the MDG targets were reached.

Mr. Servansing (Mauritius) said that non-communicable diseases had become an issue of global governance, since they would attain epidemic proportions unless concerted international action was taken especially in rapidly changing societies. Such diseases, particularly diabetes, cardiovascular disease and cancer, had been on the rise in Mauritius over the past two decades and in recent years had accounted for 80 per cent of its total disease burden and for 85 per cent of all deaths annually. The National Service Framework for Diabetes, developed in partnership with WHO-Afro and the African Union, provided for prevention measures, including the setting of standards and key interventions. Its targets were to: (i) reduce new cases of blindness due to diabetes by one third or more; (ii) reduce end-stage diabetic renal failure by at least one third; (iii) reduce limb amputations for diabetic gangrene by one half; and (iv) reduce morbidity and mortality from coronary heart disease. In addition, action plans on nutrition, tobacco use, physical activity and cancer control and prevention were being implemented or prepared. The Government had introduced a legal framework to control the consumption of food items in schools and established stringent regulations on the sale of alcohol and tobacco products.

The country's experience illustrated the serious implications that non-communicable diseases had for poverty reduction and economic development in terms of both government spending and economic productivity losses. However, devising sound policy measures posed major capacity and resource problems for small and vulnerable economies. Drawing attention to non-communicable diseases at the international level had become imperative. Since only a coordinated approach for mainstreaming action at the international, regional and national levels would produce positive results and the incentives for elaborating the right strategies.

His Government therefore called upon the international community to: (i) initiate and sustain a dialogue on non-communicable diseases in the United Nations system through the Economic and Social Council and the General Assembly; (ii) consider the need to convene a high-level meeting on the subject; (iii) integrate the issue into the MDGs based on a credible set of indicators; (iv) encourage regional organizations to prioritize the issue; and (v) assist national authorities to put in place sound strategies.

Mr. Mattéi (France) said that in a world beset with major crises, public global health was a key concern for France. The spread of influenza A(H1N1) called for individual and collective responsibility, vigilance and coordination. The economic crisis only deepened inequalities in the face of disease, with the world's vulnerable the most affected. In unstable and

uncertain times, it was incumbent on the international community to define austerity measures and reaffirm its solidarity. Health must remain a major component of both national and international investment so that universal and equitable health systems could be built to manage health risks. France was actively promoting innovative financing for health, including in the context of the sixth ministerial meeting of the Leading Group on Solidarity Levies to Fund Development, held in Paris in May.

Efforts must focus on combating the explosion of non-communicable diseases in developing and middle-income countries and on fully integrating health in the international diplomatic agenda. The global health diplomacy initiative, which brought together Ministers of Health from several continents, sought to raise awareness of the importance of global health to foreign policy. There was also a need for international coordination to help countries deal with the proliferation of global health initiatives; France had begun discussions on global health governance with WHO and would welcome input from other countries.

Mr. Artucio (Uruguay) said that the global economic, financial, food and climate crises were threatening developing countries' ability to address the challenges of social justice. Rising unemployment, poverty and hunger could impact malnutrition significantly, on infant mortality and maternal health. To ensure universal health services for the entire population, regardless of ability to pay, the Government of Uruguay had established the National Integrated Health System. Uruguay placed special emphasis on the health and well-being of children and its child health programme was directed towards reducing infant morbidity and mortality and contributing to the integral physical, mental and social development of the child. The impact of the economic crisis on women's and girls' health could prejudice the development of future generations, and programmes focusing on women's sexual and reproductive health had been put in place. Gender mainstreaming in public policy was imperative, and Uruguay had recently established a national council to coordinate policies on gender equality.

Access to drinking water and basic sanitation was essential to avoid the spread of disease, and access to those services was recognized as a fundamental human right in the country's Constitution. Uruguay saw the promotion of collective action to combat health problems such as tobacco abuse as a matter of foreign policy at the international level, and in 2006 it had become the first tobacco-free country in Latin America.

The speaker called upon major donor countries to fulfil their commitments with regard to the provision of aid for health and development and said that Uruguay wished to associate itself with the statement made at the meeting on the previous day by the Group of 77 and China.

Ms. Gallardo Hernandez (El Salvador) said that her delegation endorsed the statement made by the representative of the Sudan on behalf of the Group of 77 and China. Her Government shared the concern at the human cost of the present crisis, which had increased the number of poor and vulnerable people, particularly women and youth, increased the prevalence of malnutrition and preventable diseases and impacted negatively on employment, education and health provision, including the objective of "health for all" framed by WHO. As developing countries would be forced to cut public health spending, it was all the more important for donors to maintain their development aid commitments and for the partnership with the United Nations system, regional and subregional development banks and the World Bank to be strengthened.

Health being recognized as a fundamental human right under the Salvadoran Constitution her Government was developing an integral health policy involving all government sectors and based on the strengthening of community organization and social participation. Legislation was being prepared to guarantee access to essential medicines, regulate fees and ensure service quality; voluntary health-care fees had been abolished; and a new approach to primary care would focus on nutrition and on provision for women, children and the elderly. Steps were being taken to integrate progressively all the services in the public health sector, and the possibility of undertaking a comprehensive reform of the health system, leading to a single system, universal coverage and regulation of private sector participation, was being studied.

El Salvador had achieved laudable advances in HIV/AIDS prevention. Sex education was helping to delay first pregnancies and reduce behaviours that put women's lives at risk. Reductions in maternal mortality were a major objective, and importance was placed on women's increasing participation in family planning.

El Salvador joined other delegations in underlining the importance of the Doha Declaration on the TRIPS Agreement and Public Health, as well as the WTO position on access to medicines for all. It also shared the concern about the link between climate change and health. El Salvador was highly vulnerable to the effects of climate change, which was a factor in rising malnutrition and injury rates and in the spread of malaria and other communicable diseases, such as dengue fever. The link between migration and health was another public policy concern.

The global financial crisis, as well as threatening social cohesion through an increase in social tensions, violence and crime, could compromise health provision and called for renewed international solidarity to safeguard social gains in the developing world. The Economic and Social Council had an important role to play in promoting a coordinated effort by the United Nations system to evaluate the short- and long-term impact, especially in the field of health, of the global crisis on developing countries.

Mr. Jazaïry (Algeria) said that over the past five years, Algeria had invested significantly in transport, health and other basic infrastructure, and in the reform of its banking and social sectors, with a positive impact on its human development indices. The goal was to reduce disparities within the country and with industrialized countries. Plans were also under way to establish a health monitoring system in line with WHO standards. All possible precautions were also being taken by the country in response to the influenza A(H1N1) pandemic.

The countdown had begun to 2015, yet the global economic downturn threatened to erase progress on the MDGs, particularly in the field of health. A strengthening of global partnerships was imperative to ensure an honouring of commitments. Past mistakes in response to similar crises must not be repeated and investments in the health and social sectors must be prioritized. Cooperation should also be enhanced to assess the public health impacts of the crisis on least developed countries (LDCs), with the WHO, the Joint UN Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunization working together to propose effective solutions. The Council, for its part, should advocate the creation of an ad hoc panel of experts on the crisis and its impact on development, in line with the outcome document of the United Nations Conference on the World Financial and Economic Crisis and Its Impact on Development, held in New York in June.

Mr. Bhattarai (Observer for Nepal) said that since the previous session, the world had been engulfed by successive food, fuel, financial and economic crises and further threatened by the impact of climate change and spread of the influenza A(H1N1) pandemic. The implications for economic and social development were not confined to geographical boundaries. The deepening financial crisis continued to exact a heavy toll on employment opportunities, trade and development prospects, grossly undermining States' capacity to protect their people's rights, including to health. Tragically, the hardest hit were the poor, whose vulnerability and marginalization were being further aggravated by the crises. Political as well as social stability were being threatened.

In its post-conflict period, Nepal had made significant gains on the health-related MDGs, however those risked being undermined by the vulnerability of a health budget that relied heavily on donor funding.

Human dignity must not be allowed to be overshadowed by flawed financial architecture. The crisis had dealt a severe blow to poverty-eradication, hence the importance of prioritizing the needs of the world's most vulnerable people, including migrant workers, wage earners, children and older persons. It was high time that the world delivered on fair trade and demonstrated solidarity to prevent vulnerable economies from sliding further into chaos and instability. The crisis must not be used as a pretext to dilute the flow of aid to the developing world.

Mr. Chipaziwa (Observer for Zimbabwe) joined with previous speakers in highlighting glaring inequities in health access. Developing countries, particularly in Africa, bore the heaviest burden of diseases. The global crises had driven millions further into poverty, increasing unemployment and reducing countries' ability to deliver on social security, education, health and hunger. The underlying causes of weak public health systems should be addressed and concerted efforts must be made to achieve the MDGs now under threat. National commitments to adequately fund public health systems should be honoured, as should the commitments of the Group of Eight and Group of 20 to increase aid and technical support. New initiatives such as the Global Fund to Fight AIDS,

Malaria and Tuberculosis, the Global Alliance for Vaccines and Immunizations, and the International Drug Purchase Facility (UNITAID) had contributed to the mobilization of new resources for health-related expenditures in developing countries, however improved coordination with other key players was essential.

Mr. Wetland (Norway), noting that a healthy and educated population was a country's most valuable resource and most essential requirement for economic growth, welcomed the seriousness and openness with which difficult situations had been acknowledged in the national presentations. Norway was committed to helping other countries to reach the health-related MDGs, with a special emphasis on goals 4 and 5. To that end, it had tripled its international contributions to health since 2000 — health now accounting for 15 per cent of Norway's development assistance efforts.

While the current economic and financial crisis posed a serious challenge, which some countries were ill-equipped to meet, it would be unwise, from a macroeconomic perspective, to scale back efforts to improve health care and work towards health-related MDGs. The cost of neglecting those goals would outweigh any temporary financial relief gained. The overall health situation must be carefully monitored and agencies must work together, with WHO taking the lead and ILO contributing health data. Another crisis looming on the horizon was the influenza A(H1N1) pandemic threat, the seriousness of which was still unknown. That threat could test the strength of international solidarity and demanded collective vigilance.

Despite those crises, the international community must remain steadfast and continue working towards internationally agreed goals. Trends in the health situation must be monitored so that international assistance could be provided where it was most needed. Results-based management systems should be further developed to make the most efficient use of health services, and benchmarks — particularly for the sectors of greatest concern such as maternal health — should be set to ensure the provision of robust health services for all, which were essential to other levels of development.

Mr. Baeidi Nejad (Observer for the Islamic Republic of Iran) said that the world faced the worst financial and economic crisis since the Great Depression, which reached far beyond financial, economic and geographical boundaries and had grave consequences for the daily lives of millions. What was more, developing countries who were not responsible for the crisis were the hardest hit. The acute human cost only highlighted the long-standing inequalities of the existing international order.

If developed countries resorted to further protectionist measures and decreased their level of official development assistance (ODA), developing countries would be forced to adopt policies that would harm public expenditure, causing that already grim picture to worsen. It was encouraging, however, that the Secretary-General had identified the strengthening of health systems as a priority for his tenure. The interlinked crises and challenges should be viewed as an opportunity for fostering international cooperation on agreed development goals. Now was not a time to resign, but rather to renew commitment to global public health and tackle new and emerging threats and pandemics. Cooperation, training and technical assistance were essential at every level in order to reduce the high global rates of preventable disease and morbidity.

Over the past 20 years, the Islamic Republic of Iran had made outstanding progress on public health and had significantly improved its health indices. Over 90 per cent of the population now benefited from primary health coverage. Major strides had also been made with respect to malaria, tuberculosis and HIV/AIDS.

Mr. Savinykh (Belarus) said that despite successes in reducing extreme poverty in the developing world, progress on the health-related MDGs remained uneven. One woman died every minute in pregnancy or childbirth and two in every five persons with HIV/AIDS lacked basic treatment. Unless health systems were strengthened urgently, millions of people would continue to die from preventable diseases and causes. Only significantly increased investment in health offered the hope of meeting such challenges.

Belarus had made considerable progress on the health-related MDGs thanks to targeted government health policy. In 2008, infant mortality had been 4.5 per 1,000 live births, a rate which rivalled that of developed countries and was the lowest among the Commonwealth of Independent States (CIS). Access to primary health care and emergency care had also been

strengthened. The President had declared 2008 Year of Health and 98.8 per cent of the adult population had been given medical check-ups. Belarus looked forward to a further strengthening of the Council's activities in the field of health and was ready to work with other countries to counter emerging health challenges.

Mr. Ferrer Rodriguez (Observer for Cuba) said that, although it was difficult for the international community to acknowledge the fact, the Millennium Development Goals would not be reached by 2015. It was not that the goals were too ambitious; in fact, they fell short of the challenges, which made the failure to meet them even more shameful. Egoism, injustice, hegemonic ambitions, inequity and the unrestrained consumerism of a small elite were the reasons for that failure. In contrast, vast numbers of people were illiterate, poor, unemployed, marginalized or starving, and their situation was growing worse as a result of the international economic and financial crisis. That crisis had severely hampered the efforts of the countries of the South to meet the MDGs, despite their political will to do so. It was imperative, therefore, to establish an international order based on solidarity, social justice, equity and respect for human rights. It was also necessary to increase international cooperation, without conditions, and to ensure that the developed countries honoured their development assistance pledges.

Despite the unrelenting economic blockade imposed by the United States of America, which had had disastrous consequences for the Cuban people, the vagaries of an inequitable international economic and financial system, and the natural disasters it had undergone, Cuba had made outstanding progress towards the Millennium Development Goals, having attained a substantial number and being on track to reach the others by the target date.

Cuba's free national public health system, accessible to all and with the emphasis on primary health care, had contributed to making "health for all" a reality. Its key health indicators were comparable or even better than those in the developed countries. It considered the prevention and treatment of HIV/AIDS to be a priority and, to that end, its scientists were endeavouring to find more effective medicines and even a vaccine for the disease.

Effective international cooperation, based on respect and support for national initiatives, was crucial to attaining the MDGs. With that in mind, Cuba was helping other developing countries in the field of health, including by training foreign students, sending its own health professionals to other countries to provide training, and running health-care programmes. Cuba strove to share with others the little that it had, based on the ethical principle that "the only real nation is humanity". If the billions of dollars allocated to the arms industry or used to save bankrupt firms or to subsidize agriculture in the developing countries were to be used for better purposes, the major scourges of humanity could be conquered and the right to development fully exercised.

Mr. Tissot (United Kingdom), endorsing the statement made by Sweden on behalf of the European Union, said that while there had been progress towards meeting global health challenges, the world was not on track to achieve the health-related MDGs by 2015. To avoid the reversals in health care seen in previous global recessions, he urged the international community to provide additional and more effective financing to strengthen health systems. The Task Force on Innovative International Financing for Health Systems launched in September 2008 had identified a number of innovative financing mechanisms which, together with existing aid commitments, could provide the additional resources needed to accelerate progress towards achieving the health-related MDGs; and he called on all countries to implement the Task Force's recommendations.

The International Health Partnership (IHP), which he urged countries to join, offered a framework for mobilizing donors in support of national health strategies and for ensuring that countries received the long-term funding they needed to implement their plans. IHP signatories should redouble their efforts to respect the commitments they had made.

Special attention should be paid to maternal, newborn and child mortality since countries were far from attaining the MDGs in those fields. The global Consensus on Maternal and Newborn Health offered a powerful framework for results in that regard, and he called on other countries to contribute to making those results a reality. Collective progress in that area was a bellwether of the international community's success in establishing strong health systems that addressed the needs of the poorest and the most vulnerable.

His country would continue to support the United Nations in its efforts to deliver improved global health across the world.

Mr. Majeed Khan (Pakistan) said that the Annual Ministerial Review had made clear: that the challenge of meeting global health goals and commitments had become ever more daunting in the wake of the current economic crisis; that countries had instituted a number of good practices which could be emulated elsewhere; that while communicable diseases remained a challenge, there was an urgent need to address the issue of prevention and control of non-communicable diseases, especially in low-income countries; that a coordinated system-wide effort at both national and international levels, was needed to advance the achievement of global public health goals; and that greater North-South cooperation was required to help developing countries deal with health-related challenges.

While national participation in the Annual Ministerial Review was satisfactory, greater involvement by international economic and development institutions, including United Nations system agencies, would be welcome.

Pakistan viewed health as an integral part of development and had taken various measures to ensure the health-care needs of its population. Health policy in Pakistan sought to provide an overall vision for public health development, based on a "health for all" approach. Critical attention was paid to issues of accessibility, affordability and acceptability of health services. The focus was shifting from curative to preventive care, from high-tech, cost-intensive health care to primary health care, and from investments in urban areas to investments in rural areas. Greater attention was being paid to health care for poor and underprivileged sections of society. There was an emerging awareness of the urgent need to prevent, control and cure non-communicable diseases.

Pakistan also had to meet the challenge of ensuring health care for its large population of internally dislocated persons, in addition to the more than 3 million Afghan refugees living in the country. The Government was committed to helping dislocated people return to their homes, providing them with a cash grant, food supplies and reconstruction tools for that purpose.

Mr. Tomasi (Observer for the Holy See) said that the Holy See was deeply concerned by the World Bank's prediction that during 2009 an additional 53 to 65 million people would be trapped in extreme poverty and that the chronically hungry would exceed 1 billion. The close ties between poverty and health meant that those populations would be more at risk of contracting both communicable and non-communicable diseases. Moreover, any cutbacks in international aid or a rise in the number of people seeking care would overburden the already fragile public health systems in the developing countries.

A major obstacle to achieving the internationally agreed public health goals were the inequalities existing between and within countries and between racial and ethnic groups. To counter those inequalities, the Catholic Church sponsored hospitals, health clinics and health programmes throughout the world, particularly in Africa, reaching out to people who lacked access to national health care. The Catholic Church and other faith-based organizations were key actors in implementing the human right to primary health care; yet, despite the fact they provided a substantial portion of care in developing countries, faith-based organizations did not receive an equitable share of the resources allocated to global, national and local health initiatives.

Greater international cooperation was not only a practical necessity but an ethical imperative in an increasingly interdependent world. The international community must be guided in all its efforts by health-care traditions that respected and promoted the right to life from conception until death. Failure to place the promotion of life at the core of health-care policy would result in a society in which individuals' right to basic health care was limited by their ability to pay or by other subjective decisions that sacrificed life for short-term social and economic advantages.

It would take more than financial solutions to offset the impact of the economic and financial crisis on health-care systems. The world needed a new, ethical model of development focused on people rather than profit, and embracing the needs and aspirations of the entire human family.