



# Economic and Social Council

Provisional

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## Substantive session of 2009

High-level segment

### Provisional summary record of the 15th meeting

Held at the Palais des Nations, Geneva, on Thursday, 9 July 2009, at 3 p.m.

*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 3 p.m.*

### **High-level debate** (continued)

#### *General debate (continued)*

**Ms. Pictet-Althann** (Sovereign Military Order of Malta) said that, by virtue of its historic mission, the Sovereign Military Order of Malta was fully aware of the link between health and poverty. The humanitarian programmes that it implemented in more than 120 countries were aimed mainly at providing care and medical assistance to various categories of persons who were disadvantaged or in need and at providing for or supporting the operation of hospitals, clinics and dispensaries. The Order of Malta fully supported the efforts of the Secretary-General of the United Nations to strengthen cooperation in the medical field in the international community and worked in partnership with United Nations agencies, States and local and international non-governmental organizations (NGOs).

The Order of Malta, through its programmes of assistance to populations affected by conflicts or natural disasters, was working to meet the needs of the poorest and the neediest by providing them, in particular, with primary health care. For example, Malteser International, the Maltese aid organization, was working to ensure access to safe water and sanitation for people displaced by cyclone Nargis in Myanmar and to provide sanitation services in Sri Lanka.

Among the main foci for activity in projects undertaken by the Order of Malta were reducing child mortality, improving maternal health and combating violence against women. The Order was operating in several Asian and African countries, training midwives and providing health education, which made it possible to increase the number of deliveries carried out under the supervision of a health professional, and was particularly concerned to provide psychosocial and psychological support to women and girls who had been victims of sexual violence. The Order of Malta was also aware, in its daily work, of the suffering caused by infectious diseases, and had made the fight against HIV/AIDS, malaria, tuberculosis and leprosy one of its priorities.

**Mr. Joosery** (Partners in Population and Development) said that his organization was an inter-Governmental alliance of 24 developing countries that had been created during the International Conference on Population and Development in 1994 with the goal of promoting and strengthening South-South cooperation in population and development. The main objective set by the Conference had been to ensure universal access to maternal health, including family planning, before 2015, which was one of the two targets of Goal 5 of the Millennium Development Goals (MDGs). The achievement of that Goal, along with Goals 4 and 6, was essential in order to reduce infant mortality and poverty and to promote the empowerment of women, as highlighted by ministers and senior officials of States members of Partners in Population and Development in the international forum held in Kampala in November 2008 to take stock of progress since the 1994 Conference. They had also noted with concern that budgetary allocations to family planning as part of strategies to reduce poverty and policies and programmes relating to reproductive health had declined considerably. It was hoped that international donors and developing countries would take note of the need to significantly increase such allocations as a prerequisite for progress in maternal health. The Kampala Declaration had highlighted the need to promote the integration of services related to reproductive health, while taking into account the important linkages between the issues of HIV/AIDS, sexual health, reproductive health and procreation in the family context.

It was important to take into account the status of women in all activities related to health, including family planning and reproductive health. Women predominated in the poorest and most vulnerable groups of the population, and achievement of the MDGs related to health would depend on the attention paid to the elimination of all forms of discrimination against women and to the promotion of equality between the sexes.

**Mr. Jennings** (Inter-Parliamentary Union) said there was real concern that the current economic crisis had led to a reduction in investment in public health. The crisis would exacerbate inequities and push more women into poverty. It would also encourage risky behaviour and HIV/AIDS and reduce opportunities for women to enjoy safe deliveries. The Inter-Parliamentary

Union (IPU) saw the problem not as a social issue but as a political one.

The Union condemned discrimination, particularly discrimination established by law. Thus, when statutes authorized the discriminatory practice of requiring married women to seek their husbands' consent in order to obtain medical care, such laws should be amended or repealed. In the field of HIV/AIDS, the IPU urged parliamentarians to speak out to protect the groups most affected by prejudice and discrimination. Greater access to antiretroviral therapy should be promoted, but it is also important for parliamentarians to be more aware of intellectual property issues, so that they could adopt appropriate legislation. A disturbing number of parliaments had criminalized the act of transmitting the AIDS virus under certain conditions. However, such legislation might increase the stigmatization of people living with HIV, deter people from getting tested and give a false sense of security to seronegative people.

Progress in maternal and infant mortality was very slow. The IPU, in collaboration with various partners, was intensifying its efforts to promote stronger action in 68 priority countries. Some parliaments, including those of Zambia, Canada and Italy, had adopted resolutions and commitments for the achievement of MDGs 4 and 5 of the Millennium Development Goals, which was encouraging. Parliaments should not remain passive when Governments reduced the funds allocated for assistance. Participants at the conference on the crisis that had recently been organized by the IPU in Geneva had called on donor Governments to meet commitments made at the Monterrey Conference and at meetings of the Group of Eight in Gleneagles in 2005 and the Group of Twenty in London in April 2009. They had also stressed that the health of the global economy could not be measured by the yardstick of a revival in stock markets. The financial and economic recovery, which seemed to have begun timidly, should not obscure the need to review the values that underpinned society and to build new systems based on the principles of openness, transparency and good governance.

**Ms. Berkhout** (Oxfam International) called on member States of the Council to bear in mind four key considerations, as part of their efforts to make universal access a reality. First, policies must be based on evidence. Available data showed that the

strengthening and improvement of public services were essential to ensure universal access to health care. The data used to justify solutions based on using the private sector were inconclusive, and often known risks had not been properly taken into account. Secondly, donors and countries implementing projects must set and enforce targets with deadlines in each country. Those targets should form part of country programmes and agreements concluded with the countries concerned. Thirdly, the reproductive and sexual rights of women must be protected. The majority of women in Africa still did not have the right to control how their bodies were used, which increased their vulnerability to gender-based violence and sexually transmitted diseases. In that regard, Oxfam considered it important to promote women's access to female condoms. Fourthly, access to medicines must be guaranteed. NGOs were campaigning for trade agreements between the EU and developing countries that did not impose onerous intellectual property rights that impeded access to medicines, so that efforts by the developed countries to enforce those rights and fight against counterfeiting would not prevent the production and sale of generic drugs.

**Ms. Bahadur** (Sulabh International Social Service Organization) said that improvements in health conditions and the living environment explained much of the gains in life expectancy during the twentieth century. However, some 2.6 billion people worldwide, representing 42 per cent of the world population, still lacked access to sanitation facilities and adequate systems for the disposal of human wastes. While some Asian countries had seen tremendous progress in terms of economic and industrial growth, access to safe drinking water and improved sanitation was not keeping pace. In most cities of South-East Asia, contamination of water systems by faeces was responsible for many of the diseases that afflicted the poor in particular.

Given the fact that problems of access to water, sanitation and sewerage had a direct impact on health, it was necessary to intervene in a comprehensive way on all those fronts. However, most Governments in developing countries attached disproportionate importance to water supply over sanitation. The public health policies should therefore focus on developing infrastructure and sanitation but also on promoting hygiene in the home, which was probably the most effective of all preventive measures.

Appropriate technological solutions existed to facilitate access for all to sanitation but they were rarely known or applied in developing countries. She provided details about the inexpensive and environmentally friendly composting toilet system that had been developed by the Sulabh Movement and had already proven itself in India, where more than 10 million people used it. The technology had been recognized by the United Nations Development Programme (UNDP) as potentially useful to developing countries in their efforts to achieve the Millennium Development Goals relating to health.

**Ms. Hamouda** (Terre des Hommes International Federation) said that each year more than 9 million children worldwide died before age five, very often owing to preventable and treatable diseases. Infant mortality was a silent emergency that could be aggravated by the current economic and social crisis. Improving the health conditions of children and their survival chances was an immense task that required the cooperation of various actors. Terre des Hommes was running direct health programmes for children and also worked with pregnant women and mothers and their communities. It cooperated with national and local health authorities and often started up health projects whose management could be shifted after a certain period of time over to local officials.

While the food crisis had often been mentioned in the media early in 2008, it was the economic and financial crisis that now dominated the debate. As part of one of its projects aimed at evaluating the impact of the food crisis, Terre des Hommes had found that the incidence of underweight among children under five had increased since late 2008 and that the risk of underweight had nearly doubled. That study had also revealed that access to land allowed people to be better protected against malnutrition. Terre des Hommes also ran innovative projects aimed at reaching remote populations who lived, for example, along rivers or on distant islands and had reduced access to care and health infrastructure.

**Ms. Nabarro** (Plurinational State of Bolivia) endorsed the statement made at the thirteenth meeting by the representative of Sudan on behalf of the Group of 77 and China. She said that the neoliberal policies pursued for over twenty years had had undeniably adverse consequences for the health of peoples and the achievement of the Millennium Development Goals (MDGs). The international community had shown

itself to be incapable of formulating comprehensive strategies that took into account the social determinants of health in a human rights perspective. International, regional and local trade agreements had contributed to the situation. Many international organizations had proposed fragmented policies consistent with neoliberal economic theory which promoted global markets but not the globalization of the right to health. The climate change crisis was no less worrying. Its short-term effect would be to increase the number of illnesses, deaths and epidemics in the world resulting from heat waves, floods and droughts that would especially impact the developing countries.

Faced with such problems, Bolivia proposed a new approach, as she had explained in her national voluntary presentation. The new political Constitution of the Multinational State of Bolivia therefore provided for a number of reforms to ensure that health was the right of all and not a privilege of a certain group and reaffirmed the need to directly involve people in protecting their knowledge and values with regard to traditional medicine and to protect the rights of patients.

The influenza A (H1N1) epidemic showed how necessary it was to strengthen health systems worldwide. Concerned by the problem, as were other countries in the region, Bolivia was taking appropriate action, but lacked the resources to improve its monitoring and emergency machinery. The international community must collectively assume its responsibilities and cooperate with Governments, not only to fight against the epidemic, but also to ensure adequate production and distribution of products and technological resources to cover all countries. In global health matters, there should be no weak links: all health systems in all countries were important.

**Mr. Mosca** (International Organization for Migration) stressed the particular importance of public health issues in the context of migration. The Millennium Development Goals (MDGs) could be seen as an important means to better distribute the benefits of globalization, but the results to date showed the persistence of many inequalities. Some migrant groups were among those groups of people for whom the MDGs had not shown convincing results. Migration was not in itself a health risk, but the conditions that surrounded it could increase vulnerability. That was especially true for those forced to migrate to escape natural disasters or human rights violations, as well as

for migrants who found themselves in irregular situations. It was also true of many migrant workers trapped in degrading, unhealthy and dangerous jobs and who, despite their contribution to national economies, enjoyed little access to social services.

Health was the culmination of a series of processes that were not limited to health systems. In the context of vulnerable populations, such as migrants, in particular, the social and economic determinants of health were fundamental. A multidisciplinary and multisectoral partnership was needed to address inequalities at the national and regional levels and to make health a reality for all, so that the MDGs could be achieved.

The link between foreign policy and global health was a question of growing interest that would be the subject of a report to be submitted to the next session of the United Nations General Assembly. The International Organization for Migration (IOM) stressed that migration and mobility were an issue that involved the economic, political and health systems all together. The danger posed by the transboundary spread of infectious diseases and the vulnerable situation of migrants — as well as the marginalization they were experiencing — were a challenge affecting social and economic stability. Solutions must be found in the framework of international and regional cooperation between countries in order to ensure the continuity of the system of prevention and care for mobile populations beyond national borders.

Migrations were an unavoidable phenomenon that provided an opportunity for countries facing labour shortages owing to the ageing of their workforce. Integrating the health needs of migrants into the policies in all sectors was a vital issue for Governments and could only contribute to economic and social development.

**The President** said that the Council had concluded its general exchange of views within the high-level debate.

*The meeting rose at 4.05 p.m.*