

Report on Substantive Session of the UN Economic and Social Council
*focused on current global and national trends and their impact on social
development, including health*

6-9 July 2009, Geneva

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Opening Session

The 2009 substantive session of the UN Economic and Social Council, which took place in Geneva, on 6-9 July 2009, *focused on current global and national trends and their impact on social development, including health*. Opening addresses were delivered by the UN Secretary General, Mr. Ban Ki-moon, Secretary-General; Swiss President Hans-Rudolf Merz; and Economic and Social Council (ECOSOC) President, Sylvie Lucas. □ □

Secretary-General Ban observed that the Council was being convened during difficult times. The crises of the past 12 months – the energy crisis, the food crisis and the current economic crisis – has caused widespread hardship and grief. The growing impact of climate change also has been a source of grave concern and posed a threat to the achievement of all the Millennium Development Goals. He called for a renewed multilateralism based on universal principles and buttressed by resources, political will and respect for internationally-agreed commitments.

He noted that the most recent Millennium Development Goals Report delivered a message that is not surprising but that must be taken to heart: the current economic environment makes achievement of the goals even more difficult. The international community has been moving too slowly to meet its goals, and yet the goals themselves can be achieved, if they are supported by adequate funding and strong political commitment. He pointed out some of the accomplishments to date: fewer people today are dying of AIDS; many countries are implementing proven strategies to combat malaria and measles; and countries are edging closer to universal primary education and to meeting the safe drinking water target. □

Mr. Ban said that health is the foundation for peace and prosperity. Investments in health are investments in society. They save lives and benefit economies through improved productivity. Prevention efforts could avoid huge future expense. However, many of the determinants of health are situated outside the health sector. Even in wealthy countries, factors such as ethnicity, gender, socio-economic status and geographical area dictate life expectancy. Gaps of more than a decade exist among different groups of people. □

Mr. Ban urged the Group of Eight (G8) to set out, country by country, how donors will scale up aid to Africa over the next year. He maintained that the credibility of the international system depends on whether donors deliver on funding commitments. He also asked governments to take a strong lead in strengthening national health systems

in partnership with community leaders, faith-based organizations, charitable foundations and the private sector. □□

ECOSOC President Lucas said that, since the beginning of the year, the Council had collectively worked to bring to the forefront the challenges faced by the world community in the area of development, and in particular in the area of global public health. She insisted that governments need to take the lead in developing effective health systems and that their efforts should be complemented by other stakeholders for better and more equitable health outcomes. More sustained investments are needed to support the health agenda, including through fair systems of health financing and through a system of governance that ensures equity, participation, and efficient use of resources. She appealed that inter-linkages between health and other elements of the United Nations development agenda not be ignored. □□

President Merz said that the current pandemic of A-H1N1 influenza demonstrated strikingly that health is a precious and fragile public good. It also shows the need for effective and equitable public health systems, not only to assure the basic health needs of the general populous, but also to contribute to the security that is necessary for social and economic development. He pointed out that, of all the indicators related to public health, maternal health is the one that reveals the most striking inequalities between rich and poor: each year, half a million women from developing countries die due to complications in pregnancy or during birth.

The Director-General of the World Health Organization, Dr. Margaret Chan, gave a Keynote Address on health, and said quite bluntly that “the world is in a mess”. She included the following points to substantiate her claim: Climate change is a gradual and now inevitable event; the effects of more frequent and more extreme weather events will be abrupt and acutely felt; and the gaps and inequities in development and public health are likely to increase. She insisted that a focus on health is a worthy pursuit for its own sake, is the surest route to that “moral dimension” that is so sadly lacking in international systems of governance as well as the surest route to a value system that puts the welfare of humanity at its heart. □□

The Council heard additional opening address from Her Royal Highness Princess Muna Al-Husseini of Jordan. She remarked that, for the first time, childhood deaths had dropped below the 10 million mark. Billion-dollar commitments in official development assistance for health have more than doubled over the past few years. Health has never before enjoyed such attention. But those commitments are not enough. Progress has stalled. The global maternal mortality rate has barely changed since 1990. Powerful interventions and the money to purchase them will not buy better health outcomes if we lack stronger health systems based on primary health care. Weak health systems slow progress and block the delivery of effective interventions. Health systems are weak because of decades of poor planning, poorly coordinated aid and unbalanced investments in basic health infrastructures, services and health workforce. The world faces problems beyond those targeted by the Millennium Development Goals. □□ Health in rich and poor countries alike now is threatened by three universal trends: population aging, rapid unplanned urbanization, and the globalization of unhealthy environments and behaviours. As a result, the conditions that cause the most death and disability in developing countries now include cardiovascular diseases, cancers, diabetes, chronic respiratory diseases and

injuries. Non-communicable diseases and injuries are responsible for 70 per cent of all deaths around the world and affect developing countries disproportionately.

Other opening addresses included those from: Mr. Urmas Paet, Minister of Foreign Affairs of Estonia; Nicolas Schmit, Minister Delegate for Foreign Affairs and Immigration of Luxembourg; Sir Michael Marmot, Chairman of the Commission on Social Determinants of Health (2005-2008); Ms. Cherie Blair, of the Cherie Blair Foundation for Women; and Ms. Sarah Omega Kidangasi, a maternal health advocate from Kenya. □ □

The Council also heard policy messages stemming from the various regional meetings organized in preparation for the substantive session, including from the President and Chief Executive Officer of the Global Health Council, who spoke on the ECOSOC Special Event on Philanthropy and the Global Public Health Agenda on 23 February 2009 in New York; from the Secretary of the Ministry of Healthcare and Nutrition of Sri Lanka, speaking on the South Asia Regional Ministerial Meeting on financing strategies for healthcare; from the Minister of Health of China, outlining the outcome of the Annual Ministerial Meeting of the Asia and Pacific Regional Meeting Promoting Health literacy; from the Minister of Health and Secretary General of the Supreme Council of Health of Qatar, speaking on the outcomes of the Western Asia Regional Meeting on controlling non-communicable diseases; from the Minister of Health and the Environment of Jamaica, addressing the result of the Latin American and Caribbean Regional Meeting on progress in the reduction of the HIV/AIDS pandemic and its interconnection with development; and from the Minister of Health of Ghana, speaking on the African Regional Health Ministers Review Meeting on E-Health. □ Subsequently, the Council viewed a short film showcasing the United Nations Secretary-General's initiative on "Global Impact and Vulnerability Alert System" to monitor the impact of crisis in real-time. This system will be officially launched in September 2009, at the General Assembly in New York. □ □

The Council then adopted its agenda and programme of work for this 2009 substantive session. □ □

High-Level Policy Dialogue with the International Financial Institutions

A high-level policy dialogue with the international financial institutions was moderated by United Nations Under-Secretary-General for Economic and Social Affairs, Sha Zukang, and was followed by a discussion on partnerships in health, focusing on lessons learned from multi-stakeholder initiatives. □ □

Pascal Lamy, Director-General of the World Trade Organization (WTO), said that the multilateral trading system always has been an “insurance policy” and a stabilizing factor for traders around the globe, in particular for many developing countries, which now are beginning to experience the negative effects of the global economic crisis. He expressed concern that protectionism is a real threat at the present time. He noted that, until the present time, the world had not seen high intensity protectionism but, more recently a number of measures taken by countries, in fact, have made recovery more difficult, including trade restrictive measures in the form of increased tariffs, new non-tariff measures, anti-dumping and countervailing actions that exceed the number of trade-opening measures. He insisted that keeping trade open is an essential ingredient to facilitate an exit from the crisis. □ □

Supachai Panitchpakdi, Secretary-General of the United Nations Conference on Trade and Development (UNCTAD), observed that the symptoms of price deflation continue to be evident and warned that many employment statistics actually were overstating the situation. He warned that the international community should not be misled by the so-called "green shoots", since all the indicators are still far away from pointing toward a positive change in the global economy. With regard to food security, he maintained that the shift away from aid to food production in Africa is misguided; he insisted that there is an ongoing need for a Green Revolution in Africa, and claimed that food supply still is in crisis and is a matter of national security in Africa. □ □

Murilo Portugal, Deputy Managing Director of the International Monetary Fund (IMF), identified emerging positive signs, including moderation in the decline of the global economy, but warned that the timing and pace of a durable recovery still remains uncertain. The IMF has raised lending substantially; has reformed and increased the flexibility of the lending framework; and has undertaken a major advocacy effort to expand its financial resources, so as to enable it to respond to the strong increase in the demand for lending. Lending commitments now are more than 11 times higher than in the pre-crisis period, standing at a record level of close to \$160 billion, which can be compared with \$14 billion at the end of 2007 and \$82.2 billion committed in 1998 in the wake of the crisis in Asia. □ □

Joy Phumaphi, Vice President, Human Development Network of the World Bank, said that the global credit crunch, in combination with uncertainty about future demand, has delayed investment and has reduced, to a high degree, the demand for durable goods. While gross domestic product growth in developing countries is expected to remain positive this year, the reality is that, when China and India are omitted, gross domestic product in the remaining developing countries is projected to fall by 1.6 per cent. The slowdown in economic growth and much weaker capital flows has intensified financing pressures on many developing countries, with their overall financing gap viewed to range from \$350 to \$635 billion in 2009. □ □

Juan Somavia, Director General of the International Labour Organization (ILO), said that, during its 2009 Conference, the tripartite International Labour Conference had unanimously adopted a Global Jobs Pact. This Pact represents an urgent call to put employment and social protection at the heart of recovery policies and policies in general. Its central objective is to shorten the usual lag time of several long years between growth recovery and employment recovery. The Pact recognizes that the crisis has ushered in a change of era: not an end to globalization but a different, better globalization, a fairer, greener, and sustainable globalization, without the imbalances that led to this crisis that was caused by a lack of "moral compass". □ □

In the ensuing interactive dialogue, speakers raised a number of questions and comments, including the following points: developing countries are bearing the brunt of the economic crisis, for which they were not responsible; the need for the root causes of the crisis to be addressed; developed countries need to make full use of the flexibility that is granted to them within the IMF; developing countries should not be penalized if it becomes important to protect their own financial structures; National Governments have the main responsibility to respond to the crisis but the international community also has a responsibility to support national measures; donors should deliver on their commitments to aid. Speakers also insisted that development

strategies should take into account the lessons learned during the economic crisis; trade is a key engine in recovery and trade protectionism should be avoided by all means. □ □

During the interactive dialogue on partnerships in health – lessons from multi-stakeholder initiatives, the Council heard from Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS). He noted that, during the past years, worldwide solidarity has been built and enormous resources have been devoted to the fight against AIDS. Solidarity between the North and the South has been mobilized effectively; for example, in Africa, 3.2 million people HIV-positive people now are receiving anti-retroviral treatment. □ □ The aim is to break the trajectory of the disease. A nationalized response is needed, and partners and donors need to align their programmes with national priorities in order to avoid duplication. Mr. Sidibé insisted that predictable, long-term financing should be assured in order to make national responses more effective. At the moment, 22 million people in Africa are infected HIV and, for every two people who get access to anti-retroviral medications, another five people are newly infected. He called for serious debate about the medications being used in Africa and claimed that 94 per cent of the people treated in Africa only have access to outdated medication. He also called for more attention to the human rights debate, since many members of vulnerable groups still do not have access to medication. He appealed for the creation of a new movement had to be created, a movement called “Millennium Development Goals plus AIDS”. He insisted that is not acceptable that the vertical (from infected mother-to-child) transmission of HIV virtually has been eliminated in the developed world while, in Africa, many children are infected vertically and often die before their second birthday.

Philippe Douste-Blazy, Special Adviser on Innovative Financing for Development and Chair of the Board of UNITAID said that, within the climate of the global economic and financial crises, and with the G-20 meeting only a few weeks away, it is necessary to send a message to world leaders concerning the need to maintain international aid on an ambitious scale. He claimed that, currently, international aid has fallen short of the \$50 billion which urgently is required to meet current needs and that it is not possible to recuperate such aid within the national budgets of developing countries. He maintained that many developed countries are decreasing their level of international aid and that this situation could result in a dramatic situation whereby hunger becomes the “largest nuclear weapon in the world.” □ □ He emphasized that there new sources of funding are urgently needed – innovative funding, such as the action taken by Gordon Brown, Prime Minister of the United Kingdom, who raised \$1 million through treasury bonds and the creation of partnerships with civil society to make contributions through mobile phones or in conjunction purchase of airline tickets.

Michel Kazatchkine, Executive Director of the Global Fund to Fight Aids, Tuberculosis and Malaria, said that a global response is required to address the three major “killers” in the developing world – HIV, tuberculosis (TB), and malaria and that no country or group of individuals or organizations can accomplish this task by acting in isolation from others. He maintained that the AIDS movement had changed the paradigm of public health from something that Governments protected to something that required the engagement and cooperation of all sectors of society. The AIDS movement also has shown that responses to virtually any major health

challenge are more effective and durable if they are based on collaboration, rather than on coercion. The response to AIDS certainly has shaped the way that the Global Fund has been structured and operates. Partnerships in health are a fairly new idea, based on the realization that the fight against disease requires new types of relationships based on shared responsibility and accountability. Partnerships are not without risk – they are not just about clear divisions of labour or memoranda of understanding between parties; they are about everybody being prepared to surrender some of their power, share information and knowledge, set aside differences, and work toward a common goal. New partnerships are not always easy – they require work, time, attention and open communication and finding consensus among different points of view. But a real commitment to partnership should be based on the conviction that such investments in time and effort are necessary and worthwhile for health interventions to be effective and sustainable. The Millennium Development Goals continue to provide an excellent framework for partnership in health and between health and the broader development field. With only six years to go to the 2015 deadline for the Millennium Development Goals, it has never been more important than it is today to make partnerships in global health work effectively.

Awa Marie Coll-Seck, Executive Director for the Roll Back Malaria Partnership, said that basic health for the world's poor is essential to global economic prosperity. Yet the poor continue to fall sick and die from diseases that are preventable and treatable with existing public health interventions. Malaria is a case in point: 300 million people contract the disease every year. One million of those die each year. One African child is lost to this disease every 30 seconds. Almost half of the world's population continue to live in places where malaria burdened economic, health systems and communities. No Government or institution operating alone could achieve the malaria-related Millennium Development Goals. That is where partnerships came into play. In 1998, WHO, UNICEF, the United Nations Development Programme and the World Bank established the Roll Back Malaria partnership to provide a coordinated global approach to fighting the disease. □ □ Ms. Coll-Seck pointed out six examples of what the partnership on malaria is delivering to support countries to reverse all those needless deaths and suffering from malaria: coordination and harmonization; financing; integration; affordability of medicines; technology transfer; and reversing malaria cases and deaths. At a time when the health of the economy is a shared preoccupation, she invited ECOSOC to consider the economic value of partnerships in health.

Marcos Espinal, Executive Secretary of the Stop TB Partnership, said that, during the 1990s, the Philippines confronted a major challenge with tuberculosis. Most patients avoided the free-of-charge public health system and went to private doctors. There was a mix of different strategies that seemed to be heading for trouble. Then the country developed an intelligent strategy: people realized they should work together, not in isolation; the Philippine Government actively sought to form a partnership with a variety of groups – private doctors, pharmaceutical companies, non-governmental organizations, communities and the patients themselves; thus, the Philippine Coalition against Tuberculosis, known as PhilCAT, was founded in 1994. Dr. Espinal said that the Stop TB Partnership has established a set of targets in the Global Plan to Stop TB, including the following: at least 70 per cent of infectious cases should be identified and recorded; and 85 per cent should be cured. The Philippines has exceeded those targets since 2004; this has been achieved through community-based partnerships. The first World Health Organization ad hoc Committee on the

Tuberculosis Epidemic held in London in March 1998 found that the main bottleneck to fighting tuberculosis was a shortage of drugs. In response, the Stop TB Partnership's Global Drug Facility was created in 2001. Since then, more than 14 million treatments had been delivered around the world. For many years tuberculosis was an "orphan" of the research community. The diagnostic tools currently used are quite old. However, Stop TB partners are working hard to fill that gap. For example, a new technology, able to diagnose drug-resistant tuberculosis in just two days instead of the traditional two months, is being introduced by countries with the help of Stop TB partners including the World Health Organization, UNITAID and the Foundation for Innovative New Diagnostics. □ □

Natalia Imbruglia, Spokesperson for the Campaign to End Fistula, noted that, every minute, a woman dies during pregnancy or childbirth. For every woman who dies, 20 to 30 more women suffer a serious birth injury. Thanks to money raised by the Campaign, by Virgin Unite, and by the United Nations Population Fund, the joint programme has contributed to the health, economic and social improvement of thousands of women in northern Nigeria. It also has assured that fistula is no longer something that remains hidden, forgotten, and unspoken. □ It is possible to end fistula and to end the suffering of millions of women. Like maternal mortality, fistula is almost entirely preventable if women had access to health care, skilled birth attendants and obstetric care. For the millions of women who are already living with fistula, simple surgery could normally treat the injury at the approximate cost of 235 Euros. The encouraged all present at the Council Session to partners in the Campaign and, upon on their return home, to ensure that fistula and maternal health are properly addressed in their countries and integrated into healthcare systems.

ECOSOC Annual Ministerial Review

National Presentations on Efforts to Achieve the Health-Related Millennium Development Goals

At the beginning of the meeting, Sha Zukang, Under-Secretary General of the United Nations Department of Economic and Social Affairs, presented the report of the Secretary-General on the health theme of this year's Annual Ministerial Review. □ □ He noted that the Millennium Development Goals on poverty eradication, alleviation of hunger, health, environment and the global partnership are intertwined and that ignoring any one goal in favour of another will have serious consequences. The world cannot afford to turn to short-term answers for a temporary respite from the difficult circumstances it faces – it needs sustainable long-term solutions. He informed that the report shows progress has been made toward the achievement of the Millennium Development Goals but also shows that visible gaps remain. Inequalities in health exist in many countries, including developed countries. He advised that health outcomes for women and girls often lag far behind those for men and boys.

The report also noted the need for coherence and partnerships among United Nations entities, national and international actors, including Governments, civil society, the private sector, philanthropy and academia, in order to help countries achieve their health priorities. For many countries, meeting the health-related goals remains a daunting task, especially since improving health outcomes is linked not only to the

provision of health services, but also to interventions outside the health sector. With more resources and greater political will, health targets can be reached. However, in this time of financial and economic crisis, there is a danger that social goals like health will be neglected. If this occurs, previous gains will be jeopardized and, in both high- and low-income countries, the most vulnerable groups of society will be most negatively affected. Progress in achieving the Millennium Development Goals must be sustained, but this will require new energy and stronger commitment. The report highlights priority actions and recommendations to achieve the health Millennium Development Goals, including by strengthening efforts to improve maternal and newborn health, and to ensure progress in the areas of universal health coverage, health system strengthening, and aid delivery and effectiveness.

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Jamaica:

Rudyard Spencer, Minister of Health of Jamaica, presenting Jamaica's voluntary national report, said that, overall, Jamaica had experienced mixed results in the achievement of the Millennium Development Goals. It has achieved the goals for reduction in absolute poverty, reduction in hunger and universal access to primary education. Jamaica also is on track to achieve universal access to "reproductive health", to halt and reverse the spread of HIV/AIDS, malaria and tuberculosis, and to achieve universal access to potable water and basic sanitation. However, according to the speaker, the country lags behind in the areas of "gender equality", empowerment of women, and in the reduction of bio-diversity loss. It also has not made sufficient progress in the reduction of child mortality and maternal mortality, as well as in achieving significant improvement in the lives of slum dwellers. The speaker recommended that more health-related development aid be made available to countries that were heavily indebted and were likely to flounder and fail in meeting the Goals, especially in light of the global recession. □□

During the debate that followed, several countries complimented Jamaica for the progress made with achievement of the Millennium Development Goals. A question was raised about the impact of "brain drain" as a result of migration of health care workers from Jamaica. The representatives from Jamaica said that the country is working with its partners, including Canada, to develop strategies for retention of health workers in the national system; approximately one-third of the country's trained medical workers emigrate to other countries. The speaker also recognized that Jamaica is not competitive with regard to salaries and that much of its migration is to North America, which needs health professionals and can pay higher salaries. The speaker called on the World Health Organization to complete its work on developing a Code of Practice in this regard. □

Several countries also noted their disappointment with the absence of representatives from □the international financial institutions during this debate, and asserted their desire for a more substantive response to the points raised concerning the need for additional funding to strengthen health infrastructure in low- and middle-income countries.

Sylvie Lucas, President of the Economic and Social Council, addressed the question concerning the code of practice for health professionals; she said that the issue was being discussed as part of the negotiations on the draft Ministerial Declaration. She

also advised that the issue of special funding challenges of middle-income countries was being addressed during the discussion on the draft Ministerial Declaration.

China

Chen Zhu, Minister of Health of China, introduced the national report of China and informed that the Chinese Government had earnestly fulfilled the commitments towards the Millennium Development Goals. China has made great achievements, for instance, in eradicating hunger and poverty, combating malaria, reducing maternal mortality and combating tuberculosis. With respect to social and economic development, China enjoys rapid economic development, with an increase of 8.9 per cent of the gross domestic product. The poor in China in 2000 had totalled 10.2 per cent of the population, and in 2008 their number had decreased to 4.2 per cent, China conducted a study on the causes of poverty in the country; findings indicated that disease constitutes a major cause of poverty. Therefore, the Government has taken measures to improve health and nutrition for its citizens. In combating AIDS, malaria and other diseases, China had reported much progress. Free treatment is provided for tuberculosis patients, with 100 per cent coverage.

The under-five child mortality rate – which stood at 61 per cent in 1991 – decreased to 18.1 per cent in 2007. China also made progress in reducing maternal mortality. In 1990, maternal mortality was 94.7 per 100,000 live births, and now declined to 34.7 per 100,000 live births in 2008.

Since the severe acute respiratory syndrome (SARS) breakout in 2003, the Government has strengthened the public health system response mechanisms, and emergency response networks have been established. Joint actions and coordination at the international level have been improved as well. With the outbreak of H1N1 flu, the Government of China has adopted measures to prevent and control the outbreak in the country and region. Those measures effectively have slowed down the import, spread and prevalence of the disease in China, have gained time to prepare for a more serious potential outbreak and to stockpile vaccines and drugs, and have contributed to lowering the global peak of the first wave of the pandemic.

Five key tasks for 2008-2010 include: the improvement of grassroots medical and health service systems; making primary public health services equally accessible for all; expediting the construction of basic medical insurance systems; establishing a national system of essential medicines; and promoting reform pilot projects in public health. In conclusion, Mr. Chen said that China was committed to address the inequalities in income, social insurance, medical services and education, and actively involved in international cooperation that will contribute to the realization of Millennium Development Goals in the world. □

During the discussion following the report from China, speakers expressed particular interest in traditional Chinese medicine and asked how China ensured its safety, quality and effectiveness. □

Japan

□ Shintaro Ito, State Secretary for Foreign Affairs of Japan noted that Japan attaches great importance to the issue of global health. In order to address global issues such as terrorism, infectious diseases, environmental degradation, poverty and conflict

effectively, Japan has promulgated the concept of human security, which aims to protect the vital core of all human lives in ways that enhanced human freedom and fulfilment through protection and empowerment of both individuals and communities. Japan considers it necessary to take such a comprehensive approach, which includes a disease-specific approach involving all stakeholders. Japan has fulfilled its commitments to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and is firmly implementing comprehensive health assistance programmes particularly tailored towards achieving the health Millennium Development Goals.

The speaker expressed concern that, if the current trends in sub-Saharan Africa persist, then none of the health-related Millennium Development Goals may be met. Japan thus has committed itself to bring this issue to the attention of the international community, raising it at international conferences, including the Group of Eight (G-8) summits, emphasizing the importance of a comprehensive and integrated approach in that regard. Japan took a distinct approach in developing the Tokyo Framework For Action, inviting all stakeholders to participate in the elaboration process. Japan has learned some good practice in achieving prominent health goals through strengthening national health systems, such as the Tuberculosis Control through Directly Observed Treatment project in Cambodia. Through those approaches, Cambodia's case detection rate and cure rate of tuberculosis had been raised to the World Health Organization (WHO) standard of 70 and 85 per cent, respectively.

Japan is living up to its commitments by training thousands of health workers in Africa, establishing health partnerships with international organizations and its bilateral partners, and placing a specific focus on health system development.

□□ Japan is committed to continue its leadership role in the field of health system strengthening. Health sector strengthening should be enforced through a participatory approach to reinforce mutual effort. Funding gaps should be filled in order to reach the Millennium Development Goals in 2015, and Japan has been doing its best in that regard. The international community should be contemplating the ways in which resources could be honestly and effectively distributed to those that need it most. In that context, Japan believes that the financial crisis could be seen as a golden opportunity for the international community to distribute resources to their fullest potential.

Mali

Maiga Sina Damba, Minister for the Promotion of Women, Children and the Family of Mali, introduced Mali's report by noting that, in terms of human development, Mali was among the least developed countries. Between the years 1997 to 1999, a national study had been conducted which had called upon all Malians to describe their vision for Mali to be reached in 2025. That study provided a basis for the establishment of strategic frameworks to combat poverty, to improve governance and participation, and to develop human resources and basic infrastructure. With regard to the Millennium Development Goals, success has been achieved in many areas. With regard to efforts aimed at eliminating extreme poverty and hunger, Mali has ensured food security and has worked to combat malnutrition over the last decade. The speaker maintained that the country continues to face many obstacles including non-respect for deadlines for payment of funds by partners, which result in cash flow problems that could aggravate the situation in least developed countries. The speaker

urged international donors and partners to respect their commitments in official development assistance in conformity with the Paris Declaration. □ □

Bolivia

JOHNNY SUXO, Vice Minister of Planning of Bolivia, his country's report on progress with implementing national development strategies toward the achievement of internationally agreed development goals. He said that, for Bolivia, such efforts required deep structural changes that now have been included in the Constitution and the national development plan called "Living Well". He reported that necessary resources to move forward in fulfilling the Millennium Development Goals stemmed mainly from internal resources, which increased during the process of nationalization of hydrocarbons. State revenue for taxes and royalties on hydrocarbons which were \$350 million in 2005 had reached \$2.647 billion in 2008. In 2009, 70 per cent of public investment was financed by domestic resources, in comparison to 36.2 per cent in 2005. That allowed a sovereign and non-conditional allocation of resources of public investment to cover the social costs for achieving the Millennium Development Goals. □ □

In Bolivia, the issue of health represents a central priority. This year, the Government began to pay the mother-child voucher "Juana Azurduy", an incentive for safe motherhood and integral development of children from birth to two years of age. This strategy aims to reduce maternal mortality levels and child malnutrition in children less than two years of age. During 2009, the "Juana Azurduy" voucher has benefited 14,000 people and is expected to reach 250,000 mothers and 260,000 children in less than two years. The amount of that voucher is approximately \$270, to be paid to the mother at the time of her pre- and post-natal check-ups. The voucher will cover 74 per cent of households that have no other access to social security. □ During 2005, 13.5 million healthcare consultations were registered; that number rose to 17 million in 2008, representing an increase of 26 per cent.

With regard to the reduction of extreme poverty, that rate had fallen from 41.2 per cent in 1996 to 31.8 per cent in 2008. In terms of chronic malnutrition, the speaker reported a decline of 5.3 per cent during the period 2003 to 2008. The rate of infant mortality has been lowered to 50 deaths per 1,000 live births. The rate of pregnant women attended by health personnel has increased from 43 per cent to 64 per cent between 1998 and 2008.

During the discussion following this report, many countries, including Venezuela, Cuba, and Brazil praised the significant progress that had been made with strengthening healthcare in Bolivia. □ □

Sri Lanka

H. A. P. Kahandaliyanage, Secretary of the Ministry of Healthcare and Nutrition of Sri Lanka, said, despite its engagement confronting terrorism during almost three decades, Sri Lanka has made further gains and strides in human and social development and has set in place a supportive framework of social determinants for health. A series of socio-economic, political and institutional factors undergird Sri Lanka's success in the health sector, despite relatively limited resources. The State

systematically has invested funds to develop human and physical resources in the public health-care sector, and these have expanded over time. Supported by high levels of literacy in society, the country has benefitted from a growing awareness among the people about the benefits of good health. Health-care services have been provided free of charge and within facilities located close to clients. As a result, infant mortality has declined, placing Sri Lanka on track to achieve that Millennium Development Goal target in 2015. The maternal mortality rate also is likely to decline by 2015. Sri Lankan health authorities are confident of being able to achieve complete malaria eradication by 2015. □ □

In the discussion on Sri Lanka's report, speakers took note, among other things, of the adoption of a national health plan for the period 2007-2016, which aimed to guarantee access to modern and high quality health.

Sudan

□ Eltigani Salih Fedail, Minister of International Cooperation of Sudan, said that his country was seeking to end the conflict in Sudan, since, without peace, there could be no health services, or development. He claimed that Sudan had been promised \$4.8 billion in aid, but has not received more than \$30,000, disbursed by the various financial institutions as part of the Highly Indebted Poor Countries initiative. Iqbal Ahmed Al Basheer, Deputy Under-Secretary of the Ministry of Health of Sudan, provided additional information and noted that there were only 1.5 health-care providers for every 1,000 people in Sudan. This challenge affects the distribution of health services, which were markedly unequal.

With regard to combating HIV/AIDS, malaria and other diseases, only 4 per cent of the population knows how to prevent HIV/AIDS. Only 55.1 per cent of the total population uses improved water sources or had access to them, and only 31.4 per cent has access to sanitary means of excreta waste disposal. Only 58.1 per cent of births benefits from attendance by qualified health personnel, and the maternal mortality ratio itself is one the highest in the world – on average, 1,106.7 such deaths per 100,000 women of reproductive age. □ □

Special Event on Africa and Least Developed Countries

Organized by the Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States and moderated by Daisy Mafubelu, Assistant Director-General of Family and Community Health at the World Health Organization, the special event on Africa and the least developed countries was co-chaired by ECOSOC President Sylvie Lucas and Cheick Sidi Diarra, United Nations Under-Secretary-General, Special Adviser on Africa and High Representative for Least Developed Countries, Landlocked Developing Countries, Small Island Developing Countries. Introducing the event, Ms. Lucas called attention to the fact that, six years from the deadline for achieving the Millennium Development Goals, Africa and least developed countries remain off-track to meet the Goals on reducing child mortality, improving maternal health and combating infectious diseases. This slow progress in achieving the goals seems to be largely attributed to health systems that are fragile and fragmented, to a crisis in the

health sector workforce, and to persisting inequalities in access to interventions that could keep people alive.

Mr. Sidi Diarra insisted that the human resource crisis should be addressed head on, and partnerships in global public health strengthened. Moreover, the commitments made by the major donors in order to facilitate achievement of the health-related Millennium Development Goals need to be honoured despite the global economic downturn. □ □ □ Panelists in the discussion on Africa and least developed countries included Ponmek Dalalay, Minister of Health of the Lao People's Democratic Republic and George Spia-Adjah Yankey, Minister of Health of Ghana; Klaus Leisinger, President and Executive Director of the Novartis Foundation for Sustainable Development, Mike Boyd, Acting Director General of the International Federation of Pharmaceutical Manufacturers and Associations, Francis Omaswa, Executive Director, African Center for Global Health and Social Transformation, and Michel Kazatchkine, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Daisy Mafubelu, Assistant Director-General for Family and Community Health at WHO and Moderator of the Special Event, said that the clock towards the achievement of the Millennium Development Goals in 2015 is moving fast. She noted with much concern that 97 per cent of the cases of maternal mortality occur in developing countries, and most of these occur in Africa. □ □

Ponmek Dalalay, Minister of Health of the Lao People's Democratic Republic, noted that we are living in globalized times and thus an integrated health and environment sector has become the ultimate goal for sustainable development. Through the assistance received from Global Fund to Fight AIDS, Tuberculosis and Malaria, Laos successfully has achieved certain MDG-related fixed targets and has advanced with capacity-building in the health sector. Laos is trying to strongly promote ownership, harmonization, alignment, results-based outcomes, transparency, efficiency and accountability. To match health outcomes with development needs, it was important to scale up country health literacy to increase people's participation from the bottom up. The Lao Government has implemented policies, taking agriculture, communication, education and health as pillars and considered the health sector as the spearhead for reducing poverty and superstition. □ □ In order to match health outcomes with human development needs, the country found it necessary to strengthen human resources development for health. The Lao health system has been formed at the grassroots level, which is the implementing level, by the health village committee, formed by the village chief, by the team of health village volunteer or workers or traditional birth attendants and others. In the Lao system, the district level is the level of planning and financing. The provincial level is the strategic level and the central level has a policy and normative role. The country still lacks medical doctors, family medical assistance, as well as midwives. In order to match health outputs with human development, Laos needs both technical and financial support.

George Spia-Adjah Yankey, Minister of Health of Ghana, noted that it was becoming increasingly clear that, for Africa and the rest of the developing world to achieve the Millennium Development Goals, these respective countries need to make strategic use of science and technology to address the challenges of poverty, hunger and diseases in their parts of the world. For those in Africa and the rest of the developing world, technology means the application of knowledge to solve their problems and fulfil

their needs using skills, processes, techniques and tools that could be acquired within their resources. Many children continue to die of malaria and diseases that were easily treatable, and mothers continued to die during childbirth and diseases that long ago have been eradicated in some parts of the world. Obviously, the developing countries are struggling to meet the Millennium Development Goals, not because they do not have the solutions to their health problems, but because they lack the resources to apply the tested and well rehearsed interventions where it was needed in a sustained manner. Mr. Yankey called on the international community to assist Ghana in achieving its goals and for partners to fulfil their aid commitments. The application of technological advancements not only will be a worthwhile venture, but also will help the Government provide good health services to its people at reasonable costs. □ □

Klaus M. Leisinger, President and Chief Executive Officer of the Novartis Foundation for Sustainable Development, maintained that the facts concerning morbidity and mortality of the vulnerable populations in Africa and the least developed countries are well known to everybody who cares to know. During the past decade, remarkable progress has been made with improving the health of poor people in low- and middle-income countries. Responsible for such success is a coalition of motivated actors from the international community, multilateral organizations, national Governments, non-governmental organizations and the private sector. However, the progress achieved is not equally distributed among the countries, nor has it been fairly distributed within them. It is very important to learn from best practices and apply lessons learned; to be aware that there is a distribution of responsibility and division of duty in well-organized societies; and to use all possibilities for cooperation in good faith in order to take advantage of the feasible synergies and the plurality of resources, skills and experience that could be brought together. The private sector is expected to be part of the solution and not part of the problem, by working with integrity, being profitable, socially responsible, and environmentally sustainable in core competence.

□ Mike Boyd, Acting Director General of the International Federation of Pharmaceutical Manufacturers and Associations, said that, over the last decade or so, a quiet transformation had been going on, strengthening the links between the developed world and Africa, especially in the area of health. The untold story of HIV/AIDS related to the amount of working time lost to the disease each year; dealing with AIDS in Africa was both a humanitarian and an economic imperative. The same is true for malaria, which historically has created a major obstacle to economic development of the continent, and it remains so today, costing Africa's economy an estimated \$12 billion per year. The research-based pharmaceutical industry, represented at international level by the International Federation, has played a part in the quiet transformation to improve health conditions for Africa's people. All in all, the "pharma" industry has made a very significant contribution to helping achieve the health-related United Nations Millennium Development Goals. Between 2000 and 2007, these companies have made available enough medical assistance to reach 1.75 billion people, most of whom live in Africa. During 2005, the value of assistance to developing countries provided by these companies amounted to \$1.5 billion – equivalent to 11 per cent of the combined amount of health development aid provided that year by governmental members of the Organization for Cooperation and Development in Europe. The number of industry-supported programmes active in different countries included: 23 in Burkina Faso, 19 in Ethiopia, 43 in Kenya, 28 in Mali, 41 in Uganda and 25 in Zambia. In Uganda, there were programmes to provide the latest antiretroviral medicines at preferential prices as well as programmes to

prevent mother-to-child transmission of HIV, to help treat children with AIDS, and to teach African health workers to treat AIDS effectively. Other programmes were developed to address malaria and other tropical diseases. Some of those programmes, such as the Mectizan Donation Programme for River Blindness, were significant in scope, reaching more than 60 million people. The Federation also facilitated programmes to strengthen primary health care and health infrastructure in Africa; Uganda alone benefitted five capacity-building programmes. □ □

Francis Omaswa, Executive Director of the African Centre for Global Health and Social Transformation, responded to panelists. He focused, in particular, on the human resource problem in the health sector and said that the poor in Africa rated health as their first priority. He pointed out that the disease burden in Africa is incredibly high – both chronic and acute. He insisted that every death should be regarded as a failure of the health system. □ □ Mr. Omaswa offered some suggestions for critical interventions, including:

- the possible launch of a vigorous advocacy campaign to reject rampant ill health and premature death and in support of strong and transformed pro-poor health systems at the same level that Africa fought for a global response to HIV/AIDS,
- development of skilled cadres of health professionals motivated to serve in rural areas of each and every country,
- facilitation of peer-based accountability mechanisms,
- establishment of financing instruments to channel money to health programmes in support of integrated delivery of both personal care and public health that include the capacity for planning, implementation and monitoring and evaluation.

Michel Kazatchkine, Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, said that the diseases targeted by the Global Fund are the three with the greatest human, societal and developmental impact. Two-thirds of the 33 million people living with AIDS live in Africa, including more than 80 per cent of all women living with the disease and more than 90 per cent of the children affected by the disease. Understandably, the largest portfolio of the Global Fund is targeted on sub-Saharan Africa and includes support for strengthening health systems. During the past five to six years, but particularly during the last three years, the world has witnessed tremendous progress in the fight against the three diseases. In 2002, hardly anyone in Africa was accessing anti-retroviral medications. Today, the number with such access amounts to more than 3 million, more than half of whom are supported by the Global Fund. Reports show a trend of decreasing mortality due to AIDS in Africa. There also has been a significant increase in coverage preventing mother-to-child transmission of the disease. With regard to malaria, formerly a somewhat neglected disease, there is evidence a decrease in child mortality due to malaria as well as in the prevalence of this disease. With regard to tuberculosis, significant progress in case detection and treatment has been observed. □ □ The speaker also admitted that huge challenges remain and thus insisted that there is no room for complacency. The financial and economic crisis also raises specific concerns that donors may not sustain their commitments. In addition, more than 4 million people in Africa in need of urgent AIDS treatment; there is need for universal coverage of all those at risk for malaria

and for expansion of DOTS (Direct Observed Treatment Short-Course, which is the internationally recommended tuberculosis control strategy), improvement and expansion of diagnosis and treatment of multi-drug resistant tuberculosis. Partnership involves finding the right complementarity within the multi-lateral system.

High-Level Debate on the Impact of Current Global Trends on Development, Including Public Health

Opening the general debate of the high-level segment, ECOSOC President Sylvie Lucas noted that this year's discussions on global public health are extremely timely and relevant, especially in light of the recent influenza pandemic, which more than ever has called for concerted global actions. The centrality of health in the effort towards the achievement of the Millennium Development Goals has been reiterated throughout the preparatory process. Immunization is as important as is access to safe drinking water, adequate nutrition and proper service delivery in hospitals and clinics. Only an all-Government approach would bring about the desired effect. Also highlighted was the role of partnership was key in generating momentum towards achieving the Millennium Development Goals. □□

Introducing the report of the Secretary-General on the theme of current global and national trends and their impact on social development, including public health, Mr. Sha Zukang, Under-Secretary General of the United Nations Department of Economic and Social Affairs, affirmed that the global financial and economic crisis has exacerbated the effects of the food and energy crises, constituting a major setback in efforts to achieve the Millennium Development Goals, particularly the goal of eradicating extreme poverty and hunger. Among the various findings included in the report, he mentioned the following:

- the world economy is in the most severe financial and economic crisis since the Great Depression;
- virtually all economies will see a marked slowdown in 2009, with the contraction in developed economies translating into weaker growth in all other countries;
- unemployment rates are rising in many countries, straining national budgets and putting pressure on household disposable incomes;
- in many developing countries, the negative impact of the crisis on employment constitutes a major setback in efforts to achieve the Millennium Development Goals, in particular the goal of eradicating extreme poverty and hunger.

He further noted that the impact of the global financial and economic crisis seems to have exacerbated the effects of the earlier food and energy crises, which, according to some estimates, pushed between 130 million and 155 million people into poverty. He advised that the report also pays special attention to the implications of the current trends for health-related goals and makes a number of recommendations on how to deal with the attendant challenges. He cautioned that social cohesion is under threat, with rising social tensions and an increase of violence; and fiscal revenues of low-income countries are likely to fall, which could force cutbacks in social spending. He

predicted that the current crises can be expected to cause profound implications for public health, with health of people, as well as the state of health services, worsening. He insisted that, in this interdependent world, a global and long-term perspective should be taken. □□

Mr. Ricardo Ffrench-Davies, presenting the report of the Committee of Development Policy, said the Committee was especially concerned with health inequalities and how those could be reduced in developing countries. There is an urgent need to reform existing mechanisms of compensatory financing and assistance in response to external shocks and global demand downturns. Tax collection for the financing of health has to be improved. There also is much room for further improvement in global partnerships for health, which do not coordinate well with other existing programmes. Measures agreed at the G-20 meeting in London in April are welcome, but delivery on the commitments must be expedited. □□

During the general debate, most speakers evoked the current and future impacts of the multiple global crises – the financial and economic crisis; the food crisis; and climate change – which are exacting a heavy toll on social and economic development. They asserted that Governments in developing countries are faced with shrinking fiscal space that has an adverse impact on the allocation of resources to key social sectors like education and health, precisely at a time when social nets needed to be enlarged and strengthened to include the millions who were in danger of being pushed back into poverty by the crisis. They identified urgent needs for intergovernmental cooperation and policy coordination, as well for improved capacity-building and knowledge sharing between developing and donor countries. Moreover, while acknowledging that the key players in delivering health outcomes would always be national Governments, speakers called on development partners to further enhance coordination of their support to the numerous global and national health initiatives. □ Speakers also shared their national experiences and best practices, including a pan-African e-network project, which, *inter alia*, links major hospitals in Africa with super-specialty hospitals in India in order to provide quality tele-medicine.

Speakers also raised a number of serious challenges, including:

- high maternal and infant mortality; serious disparities in health care between rural and urban areas;
- lack of health infrastructure;
- a lack of trained health care providers; the need to focus on non-communicable diseases and injuries within global discussions on development;
- a lack of sufficient attention to health issues in the least developed countries; and the need to balance the intellectual property rights of patent holders with the right to health. □

Many speakers highlighted the issue of women's health as a priority area for improvement. It was noted that of all health indicators, maternal health was the one that most clearly revealed the enormity of the gap between the rich and the poor, with 99 per cent of deaths during pregnancy and childbirth occurring in developing countries. That number had not changed for many years and that was the field in

which least progress had been achieved. **NOTE: One speaker said that increased investment in family planning alone would reduce maternal mortality by up to 40 per cent.** □ □

Speakers also expressed concern that increased unemployment, poverty and hunger could increase significantly the levels of malnutrition, child mortality and maternal mortality. Those effects will be all the more serious, and their repercussions all the more dangerous, for poor and developing countries. They expressed fear that the crises may aggravate vulnerability and marginalization and thus weaken the social fabric and threaten political and social stability. They insisted that the international community must focus on the impact on the most vulnerable sections of society: migrant workers, wage earners, children and the elderly. □

On another matter, noting the fact the Non-Communicable Chronic Diseases (NCDs), including cardio-vascular diseases, diabetes, obesity, and cancer are responsible for the largest proportion of deaths worldwide, both in developing and developed countries, several speakers called for a world summit on this grave health problem.

NOTE: Please see Annex 1 for the Statement of the Holy See during this high-level debate.

Special Update Session on A (H1N1) Pandemic – 06 July 2009

On the first day of the ECOSOC Ministerial Review, Mr. Ban Ki-moon and Dr. Margaret Chan offered a special update on the situation of the pandemic. They were joined by Dr. David Nabarro, Senior UN System Coordinator on Avian and Pandemic Influenza. Dr. Chan reported that laboratory-confirmed cases have been reported in 137 countries, territories, and areas of the world, including more than 98,000 cases and 440 deaths due to this new form of influenza. More than 35% of the cases are in the 10-19 year-old range, 25% in the 0-9 year-old age range, and some 20% in the 20-29 year-old age range.

Key clinical features were reported as follows:

- the virus transmits as well as or more than seasonal influenza
- most people develop uncomplicated illness
- only a small proportion of patients require hospitalization
- deaths have occurred primarily among young adults
 - o 12%-54% had no recognizable co-morbidity
 - o others had pre-existing conditions, such as obesity, asthma or other respiratory conditions, diabetes, cardiovascular illnesses, or pregnancy

It also was reported that this virus is sensitive to standard antiviral medications used to treat seasonal flu (neuraminidase inhibitors), such as oseltamivir (Tamiflu). It also was reported, however, that 3 cases of oseltamivir-resistant virus have been reported. The viruses that have been identified from around the world are similar, but future evolution seems inevitable.

Dr. Chan spoke of the following major activities of WHO in response to this pandemic:

- enhance international cooperation and coordination

- enhance national capacities
- enhance access to critical materials and resources for most vulnerable countries

WHO's Influenza (H1N1) Global Pandemic Response Plan was presented as the provision of technical leadership, guidance, and support to countries, including the following actions:

1. Monitor and track disease
2. Generate and transfer knowledge
3. Guide and support countries
4. Accelerate access to vaccines
5. Accelerate access to antivirals
6. Global health leadership and collaboration

The critical lessons learned were presented as follows:

- pandemic preparedness makes a significant difference
- flexibility in all areas is essential
- the availability of vaccines and other critical resources for poor countries is recognized as a defining issues for pandemic and global solidarity
- some countries already are experiencing significant stress from the pandemic
 - o in areas of health systems, communications, labs, epidemiological monitoring
- the world is only at the start of the pandemic
 - o the future course remains uncertain
 - o we can expect a greater stress burden for many countries
 - o this is a critical time to show global solidarity and to prepare and provide support

Mr. Ban further developed the theme of greater solidarity. He spoke of the global collaboration already experienced in monitoring the onset of the pandemic, sharing of viral strains in order to facilitate development of an effective vaccine, and sharing of medicines and technical support. Mr. Ban and Dr. Chan spoke of their meeting, earlier in the day, with representatives of the pharmaceutical companies and of the previous donation to WHO, by Roche Industries, of 500,000 doses of Tamiflu, which already had been distributed among 120 low- and middle-income countries, and of Roche's promise of another donation of 500,000 doses.

Ministerial Declaration On Implementing Internationally Agreed Goals And Commitments On Global Public Health (see Annex 2):

The negotiations to finalize the declaration were held in parallel sessions with the General Debate. Sensitive topics during the debate included:

- the desire of certain delegations to include specific reference to “sexual and reproductive health and rights” – NOTE: the final negotiated language was: “full and effective implementation of the Beijing Platform of Action, the International Conference on Population and Development (ICPD) and their review conferences including the commitments relating to sexual and reproductive health and the promotion and protection of all human rights in this context”

- the issue of intellectual property rights, with countries such as India, Thailand, and Brazil (which host the major generic medicine manufacturers) promoting greater flexibility in this area and countries in which the major pharmaceutical manufacturers (“Big Pharma”) insisting the intellectual property controls also protect safety and efficacy in the pharmaceutical markets;
- the issue of how terrorism and foreign occupation affects global health – introduced by Israel and Sri Lanka;
- the issue of “human security”, introduced by Japan in an effort to have its health and development strategy receive specific mention in the Ministerial Declaration – NOTE: This concern caused a delay in the final presentation of the Draft Ministerial Declaration to the Council – finally Japan accepted the draft as it had been prepared and made a statement of position post-approval of the Declaration.

In the Ministerial Declaration on “Implementing the Internationally Agreed Goals and Commitments in Regard to Global Public Health”, which was approved by consensus, the Economic and Social Council:

- recognized that health and poverty are interlinked and that achieving the health-related goals is central to sustainable development;
- reaffirmed that good public health is better achieved through a combination of good public health policies, including multi-sectoral policies that stress better nutrition, safe drinking water, hygiene, sanitation and sustainable urbanization, and effectively combat major risk factors;
- reiterated that each country has primary responsibility for its own economic and social development, and that national policies, domestic resources and development strategies cannot be overemphasized;
- expressed its determination to develop and strengthen comprehensive, multi-sectoral, integrated, people-centred, and result-oriented approaches to achieving the internationally agreed development goals, including the Millennium Development Goals, in order to achieve improved health outcomes and health equity for all among and within countries;
- called for political leadership, empowerment of communities and engagement of all stakeholders, including individuals, for attaining these goals with renewed vigour and in the spirit of global solidarity;
- called for action to promote gender equality and the empowerment of women and concerted action for equal access of women and girls to education, basic services, including primary healthcare, economic opportunities and decision-making at all levels;
- called on all States to renew their commitment to prevent and eliminate child and maternal mortality and morbidity, and for health system strengthening as a key component of an integrated approach to achieving rapid and substantial reduction in maternal morbidity and mortality;

- called for the full and effective implementation of the Beijing Platform for Action, the International Conference on Population and Development Programme of Action and their review conferences;
- invited all countries to strengthen institutional capacity to pursue longer-term health and development goals, and the need to discharge essential public health functions as part of the broader, post-humanitarian assistance crisis recovery strategy;
- urged further strengthening of international cooperation in the area of health, *inter alia*, through exchange of best practices in the area of health systems strengthening, access to medicines, and others;
- encouraged all States to apply measures and procedures for enforcing intellectual property rights in a manner so as to avoid the creation of barriers to the legitimate trade of medicines and to provide for safeguards against the abuse of such measures and procedures;
- emphasized the need to devise and implement policies to ensure the health and safety of workers in line with relevant ILO (International Labour Organization) standards;
- committed itself to promoting research and development, knowledge sharing and provision and use of information and communication technologies for health, including through facilitating affordable access to all countries, especially developing countries;
- expressed its unwavering resolve to implement the declaration. □□□

Conclusion of the Ministerial Session:

Summing up the achievements of the high-level segment, Sha Zukang, United Nations Under-Secretary-General for Economic and Social Affairs, observed that the session was held when good news was scarce, yet Council had succeeded to produce a comprehensive text. He noted that □ in this Ministerial Declaration, adopted by consensus, the Council, *inter alia*, called for political leadership, empowerment of communities and engagement of all stakeholders, including individuals, for attaining the Millennium Development Goals with renewed vigour and in the spirit of global solidarity.

□ Speaking after the adoption of the Ministerial Declaration, Japan said that it was extremely regrettable that reference to human security had not been made in the Ministerial Declaration. The concept of human security aimed to protect people from critical and pervasive threats to their daily lives and fulfilment and enjoyment of their rights. Japan expressed the hope that this document would not establish a precedent for future consideration of this concept in future United Nations work and outcome documents, and called on all States to support the concept of human security. The United States and Kazakhstan said they also supported the concept of human security, and Sweden, speaking on behalf of the European Union, said it had no problem with that concept, and had committed itself in 2005 to discussing and defining this term during sessions of the General Assembly. Sudan also spoke, commending Japan for joining the consensus, which would send a loud message about the promotion of global public health for the betterment of the world's people.

Resolution on UNAIDS

This resolution was negotiated and approved by consensus, on 24 July 2009, during the course of the operational session of the ECOSOC meeting.

Among its main points, the Resolution:

- welcomed the UNAIDS Outcome Framework as a tool for achievement of the goal of universal access to HIV prevention, treatment, care, and support;
- welcomed the Framework's as well emphasis on the prevention of sexual transmission;
- affirmed that responses to AIDS must be positioned within broader health and development agendas, in particular the health-related Millennium Development goals (MDGs);
- urged the removal of socio-economic and legal barriers to Universal Access;
- encouraged the maximum use of flexibilities under the TRIPS (Trade-Related Aspects of Intellectual Property Rights) agreement in order to provide access to affordable antiretroviral drugs of assured quality);
- urged all member states to eliminate HIV-specific restrictions on entry, stay and residence;
- appealed to all stakeholders to come together at the country level to develop transparent, accountable and effective national responses within the framework of the "Three Ones" principles ¹;
- urged ongoing financial and political support for research and development of prevention technologies – including an effective HIV vaccine;
- recognized the need for the Joint Programme to significantly expand and strengthen its work to address the gap in services for injecting drug users in all settings;
- welcomed UNAIDS Action Framework: Universal Access for Men Who Have Sex With Men and Transgender People which recently was approved by the UNAIDS Programme Coordinating Board;
- acknowledged the interrelated nature of the health and gender-related MDGs and welcomed the ongoing development and operationalization of an Action Framework addressing women, girls, gender equality and HIV;
- recommended that UNAIDS strengthen its technical support at national level as well as harmonizing such support among is UN co-sponsors;
- encouraged UNAIDS to assume an ongoing role in the process of UN reform as well as in the delivery of broader United Nations development assistance;

¹ One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; One National AIDS Coordinating Authority, with a broad-based multi-sector mandate; One agreed country level Monitoring and Evaluation System

- urged greater UNAIDS support to civil society efforts to promote Universal Access to HIV prevention, treatment, care and support;
- welcomed the submission by Member States of a total of 147 country progress reports in 2008 as part of the reporting process established by the Declaration of Commitment on HIV/AIDS, which had provided the most comprehensive overview to date of the response at country level and requested that all Member States fully support the next round of reports due on 31 March 2010 (see Annex 3 for a copy of the Complete Resolution).

Annex 1:



Statement by His Excellency Archbishop Silvano M. Tomasi, Permanent Representative of the Holy See to the United Nations in Geneva, at the 2009 High-Level Segment

of the Economic and Social Council

Geneva, 9 July 2009

Madame President,

1. The international community is struggling to find solutions to the financial and economic crisis that greed and lack of ethical responsibility have brought about. While analysts debate the causes of the crisis, the social consequences of new poverty, loss of jobs, malnutrition and stifled development, all impact the most vulnerable groups of people and therefore call for effective and prompt answers. The Delegation of the Holy See appreciates the fact that the focus of attention is directed in this High-Level Segment, in a most timely manner, on “Current global and national trends and their impact on social development, including public health.” The global economic crisis continues unabated. It is exacerbated by the emergence of a previously unknown influenza virus, A-H1N1 already recognized at pandemic proportion with a future impact that cannot be projected with much certainty, and by the global food security crisis that endangers the lives of millions of people, particularly the world’s poorest, many of whom already suffer from acute and chronic malnutrition. These examples show once again the link between poverty and health and the disproportionate burden on developing countries and even on the poor in the developed ones. Faced with such urgent global challenges, the future is mortgaged in a way that young people risk to inherit a severely compromised economic system, a society without cohesion, and a planet damaged in its sustainability as a home for the whole human family.

2. The Holy See Delegation notes with deep concern predictions by the World Bank that during 2009, an additional 53 to 65 million people will be trapped in extreme poverty and that the number of people chronically hungry will exceed one billion, 800 million of whom live in rural areas where public health is weakest and where innovative health care initiatives are urgent. We can reasonably conclude that significant numbers of those extremely poor and hungry people will be more at risk of contracting both communicable and chronic, non-communicable diseases. Moreover, if they are faced with cutbacks in international aid or if there is an increased number of people seeking care, the already fragile public health systems in developing countries will not be able to respond adequately to the health needs of their most vulnerable citizens. In addressing this problem, even more than an expression of solidarity, it is a matter of justice to overcome the temptation to reduce public services for a short-term benefit against the long-term human cost. In the same line, aid for development should be maintained and even increased as a critical factor in renewing the economy and leading us out of the crisis.

Madame President,

3. Another key obstacle to achieving the internationally articulated goals in public health is to address the inequalities that exist both between countries and within countries, and between racial and ethnic groups. Tragically, women continue in many regions to receive poorer quality health care. This situation is well known to people and institutions working on the ground. The Catholic Church sponsors 5,378 hospitals, 18,088 health clinics, 15,448 homes for the elderly and disabled, and other health care programmes throughout the world, but especially in the most isolated and marginalized areas and among people who rarely enjoy access to health care provided under national, provincial or district level governmental health schemes. In this regard, special attention is given to Africa, where the Catholic Church has pledged to continue to stand alongside the poorest people in this continent in order to uphold the inherent dignity of all persons.

4. There is an increasing recognition that a plurality of actors, in the respect of the principle of subsidiarity, contribute to the implementation of the human right to primary health care. Among the civil society organizations assuring health care within various national systems, the programmes sponsored by the Catholic Church and other faith-based organizations stand out as key stakeholders. WHO officials have acknowledged that such organizations

“provide a substantial portion of care in developing countries, often reaching vulnerable populations living under adverse conditions.”² However, despite their excellent and documented record in the field of HIV service delivery and primary health care, faith-based organizations do not receive an equitable share of the resources designated to support global, national and local health initiatives.

5. The mere quantitative tracking of aid flows and the multiplication of global health initiatives alone may not be sufficient to assure “Health for All”. Access to primary health care and affordable life-saving drugs is vital to improving global health and fostering a shared globalized response to the basic needs of all. In an increasingly interdependent world, even sickness and viruses have no boundaries, and therefore, greater global cooperation becomes not only a practical necessity, but more importantly, an ethical imperative of solidarity. However, we must be guided by the best healthcare tradition that respects and promotes the right to life from conception until natural death for all regardless of race, disability, nationality, religion, sex and socio-economic status. Failure to place the promotion of life at the center of health care decisions results in a society in which an individual’s absolute right to basic health care and life would be limited by the ability to pay, by the perceived quality of life and other subjective decisions which sacrifice life and health in exchange for short-term social, economic and political advantage.

6. In conclusion, Madame President, the Holy See Delegation wishes to call attention to the need for more than financial solutions to the challenges posed by the economic crisis to global efforts aimed at assuring universal access to health care. In his new encyclical Pope Benedict XVI states:

Economic activity cannot solve all social problems through the simple application of *commercial logic*. This needs to be *directed towards the pursuit of the common good*, for which the political community in particular must also take responsibility.³

An ethical approach to development is needed which implies a new model of global development centered on the human person rather than profit, and inclusive of the needs and aspirations of the entire human family.

□

² DeCock, Kevin (2007), “Faith-based organizations play a major role in HIV/AIDS care and treatment in sub-Saharan Africa,” as quoted in press release by the World Health Organisation, 9 February 2007, Washington, D.C.

³ Benedict XVI, Encyclical letter *Caritas in veritate*, n. 36.

Annex 2:

Ministerial declaration
2009 high-level segment of the Economic and Social Council
presented by the President of the Council

**Implementing the internationally agreed goals and commitments in regard
to global public health**

PP1 *We, the Ministers and Heads of Delegations, participating in the high-level segment of the substantive session of the Economic and Social Council, held in Geneva from 6 - 9 July 2009,*

PP2 *Having considered* the themes of the high-level segment, “Implementing the internationally agreed goals and commitments in regard to global public health” and “Current global and national trends and their impact on social development, including public health”.

PP3 *Recalling* the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health,

PP4 *Recognizing* the leading role of WHO as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate,

PP5 *Recognizing* that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health,

PP6 *Recalling* that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,

PP7 *Having considered* the reports⁴ of the Secretary-General and the deliberations held during the high-level segment,

PP8 *Taking note* with appreciation of the voluntary initiatives of the Governments of China, Ghana, Jamaica, Qatar and Sri Lanka to host regional preparatory ministerial meetings for the annual ministerial review in Beijing, Accra, Montego Bay, Doha and Colombo,

PP9 *Welcoming* the voluntary national presentations made by Bolivia, China, Jamaica, Japan, Mali, Sri Lanka and Sudan,

PP10 *Expressing concern* at the adverse impact of the global financial and economic crisis on the realization of the IADGs, including the MDGs, particularly the health-related MDGs, and on the ability of developing countries to gain access to the financing necessary for their development objectives, in particular those related to public health,

PP11 *Recognizing* that the MDGs are interlinked, and expressing our concern that progress on some of them is lagging, and reiterating our commitment to continue reinvigorating and strengthening the global partnership for development, as a vital element for achieving these goals, in particular the health-related goals,

PP12 *Have adopted* the following declaration:

1) We reaffirm our commitment to the achievement of the Internationally Agreed Development Goals (IADGs), including Millennium Development Goals (MDGs), particularly those related to health, in a timely manner; we reiterate our resolve to expedite realization of the United Nations (UN) development agenda.

2) We recognize that health and poverty are interlinked and that achieving the health-related goals is central to sustainable development.

3) We reaffirm that good public health is better achieved through a combination of good public health policies including multisectoral policies that stress better nutrition,

⁴ E/2009/81 and E/2009/53

safe drinking water, hygiene, sanitation and sustainable urbanization, and effectively combat major risk factors.

4) We reiterate that each country has primary responsibility for its own economic and social development and that national policies, domestic resources and development strategies cannot be overemphasised. We are determined to develop and strengthen comprehensive, multisectoral, integrated people-centred and result-oriented approaches to achieving the internationally agreed development goals, including the MDGs, in order to achieve improved health outcomes and health equity for all among and within countries. We call for political leadership, empowerment of communities and engagement of all stakeholders, including individuals, for attaining these goals with renewed vigor and in the spirit of global solidarity.

5) We emphasize the need for urgent and collective efforts to improve public health and address the public health challenges exacerbated by the current and emerging global “inter-related” challenges, in particular:

- a) the global financial and economic crisis which is undermining and slowing or reversing the development gains of developing countries, in the achievement of the IADGs including the MDGs.
- b) the food crisis and the continuing food insecurity in many countries which has affected global health especially overall nutrition levels of populations in developing countries and the social and economic consequences which have direct negative impacts and impair nutritional status.
- c) climate change that poses serious health risks and challenges to all countries, particularly to developing countries, especially the least developed countries, landlocked developing countries, small island developing States and countries in Africa, including those that are particularly vulnerable to the adverse effects of climate change.

6) We emphasize the need for further international cooperation to meet emerging, new and unforeseen threats and epidemics, such as the current H1N1 pandemic, H5N1 and other influenza viruses with pandemic potential, and acknowledge the growing health problem of antimicrobial resistance.

7) We recognise the need for a fair, transparent, equitable and efficient framework for the sharing of H5N1 and other influenza viruses with human pandemic potential, and for the sharing of benefits, including access to and distribution of affordable diagnostics

and treatments, including vaccines, to those in need, especially in developing countries, in a timely manner. We call for strengthening surveillance and response capacity at the national, regional and international levels through the full implementation of the International Health Regulations.

8) We emphasize the need for strengthening health information systems and the need for the timely transmission of relevant data to WHO and similar bodies, when novel infection emerges, to generate essential knowledge about the characteristics of the disease and call for increased preparedness, as well as capacity building for risk assessment and technology transfer for risk response in developing countries.

9) We reaffirm our commitment to strengthening health systems that deliver equitable health outcomes as a basis of a comprehensive approach. This will require appropriate attention to inter alia, health financing, health workforce, procurement and distribution of medicines and vaccines, infrastructure, information systems, service delivery and political will in leadership and governance.

10) We recognize the role of social determinants in health outcomes and take note of the conclusions and recommendations formulated by the WHO Commission on Social Determinants of Health which aim to improve living conditions, tackle the inequitable distribution of resources, and measure, understand and assess their impact. We call upon the international community to support efforts of States to address the social determinants of health and to strengthen their public policies aimed at promoting full access to health and social protection for, inter alia, the most vulnerable sectors of society including through, as appropriate, action plans to promote risk-pooling and pro-poor social protection schemes, including to support the efforts of developing countries in building up and improving basic social protection floors.

11) We reaffirm our commitment to eliminating hunger and to securing food for all, today and tomorrow, and reiterate that relevant United Nations agencies should be assured the resources to expand and enhance their food assistance and support safety net programmes to address hunger and malnutrition, when appropriate, through the use of local or regional purchase.

12) We emphasize the importance of the promotion and protection of all human rights for all and their important interrelation with global public health, development, poverty eradication, education, gender equality and empowerment of women

13) We call for action to promote gender equality and the empowerment of women and concerted action for equal access of women and girls to education, basic services, including primary healthcare, economic opportunities and decision making at all levels.

14) We stress the importance of addressing stereotypes and eliminating all harmful practices which constrain the achievement of gender equality and empowerment of women, including concerted efforts to counteract violence against women and girls, which constitutes a severe threat to physical and mental health. We further stress the importance of strengthening the participation of women in decision-making processes and development of gender-sensitive multisectoral health policies and programmes in order to address their needs.

15) While noting some progress made in the past decade in advancing global health, we express concern at the lack of overall progress in improving global health, with across the board inequities in health persisting among and within countries. In particular, we are deeply concerned that maternal health remains one of the largest health inequities in the world and by the slow progress in achieving MDGs 4 and 5 on improving child and maternal health. In this context, we call on all states to renew their commitment to prevent and eliminate child and maternal mortality and morbidity, at all levels, which is occurring globally at an unacceptably high rate. We call for health system strengthening as a key component of an integrated approach to achieving rapid and substantial reduction in maternal morbidity and mortality, including through:

- a) Increased political will, commitment and engagement at national level supported by international cooperation and assistance to ensure accessibility, availability, acceptability and affordability of health care services, skilled health workers, facilities, infrastructure and nutritional support for all women and children, with special attention for Sub-Saharan Africa;
- b) Achieving universal access to reproductive health by 2015, through increased political leadership at all levels, allocation of domestic and donor resources and emerging innovative financing and by strengthening basic infrastructure, and specific health interventions, including voluntary family planning, emergency obstetric care and skilled birth attendance;
- c) Scaling up efforts for integrated management and care of child health, including actions to address the main causes of child mortality including newborn and infant mortality inter alia, pneumonia, diarrhoea, malaria and malnutrition and by developing and/or implementing appropriate national strategies, policies and programmes for child survival, including prevention measures, vaccinations, medicine, improved nutrition, drinking water and sanitation;
- d) Integrating HIV/AIDS interventions into programmes for primary health care, sexual and reproductive health, and mother and child health, including strengthening efforts to eliminate the mother-to-child transmission of HIV.

16) We call for the full and effective implementation of the Beijing Platform of Action, the International Conference on Population and Development (ICPD) and their review

conferences including the commitments relating to sexual and reproductive health and the promotion and protection of all human rights in this context. We emphasize the need for the provision of universal access to reproductive health, including family planning and sexual health and the integration of reproductive health in national strategies and programmes.

17) We recognize that communicable diseases which have been prioritized by the Millennium Development Goals such as HIV/AIDS, malaria and tuberculosis, as well as other communicable diseases and neglected tropical diseases (NTDs) pose severe risks for the entire world and serious challenges to the achievement of development goals. In this regard, we emphasize the urgency to:

- a) significantly scale up efforts towards meeting the goal of universal access to HIV prevention, treatment, care and support by 2010 and the goal to halt and reverse the spread of HIV /AIDS by 2015. We commit ourselves, with support of international cooperation and multisectoral partnerships, to maximize synergies between HIV/AIDS response and strengthening of health systems and social support;
- b) enhance policies to address the challenges of malaria by strengthening effective prevention and treatment strategies, including availability of affordable, good quality, and effective medicines, including artemisin based therapy, as well as long-lasting insecticide-treated bed nets. And in this regard, we welcome the RBM Global Malaria Action Plan which provides for the first time a comprehensive plan for combating malaria in the short, medium and long term and the Affordable Medicine Facility for malaria;
- c) sustain and strengthen the gains made in combating TB, and develop innovative strategies for TB prevention, detection and treatment, including to deal with new threats such as co-infection with HIV/AIDS, multidrug resistant TB (MDR TB) or extensively drug resistant TB (XDR TB);
- d) cooperate and further strengthen efforts to control and eliminate neglected tropical diseases (NTDs) including by accelerating further research and development, developing innovative medicines and adopting prevention strategies;
- e) eradicate polio worldwide and intensify immunization activities and country-specific strategies to address the remaining barriers to stopping polio transmission, including in developing countries;
- f) halve by 2015 the proportion of the population without sustainable access to safe drinking water and basic sanitation as a means of fighting against waterborne diseases;

18) We also recognize that non-communicable diseases are emerging as a heavy burden on society with serious social and economic consequences and the need to respond to cardiovascular diseases, cancers, diabetes and chronic respiratory diseases which represent a leading threat to human health and development. In this regard, we:

- a) Call for urgent action to implement the WHO Global Strategy for the Prevention and Control of NCDs and its related action plan;
- b) Recognize that diabetes is a chronic, debilitating and costly disease associated with severe complications;
- c) Stress the need to scale up care for mental health conditions, including prevention, treatment and rehabilitation;
- d) Reaffirm the importance of the WHO Framework Convention on Tobacco Control within the global public health and call upon State Parties to the Convention to fully implement it.

19) We express concern at the continued increase in road traffic fatalities and injuries worldwide, in particular in developing countries and draw the attention to the need to build public awareness and to improve and implement legislation to prevent such accidents. We call for the implementation of existing United Nations General Assembly Resolutions and welcome the recent initiatives aimed at addressing global road safety issues and strengthening international cooperation in this field.

20) We note with concern the lack, as well as the imbalanced distribution of health workers within countries and throughout the world, in particular the shortage in Sub-Saharan Africa, which undermines health systems of developing countries. In this regard, we emphasize the need for countries to review policies, including recruitment policies and retention policies that exacerbate this problem. We underline the importance of national and international actions, including the development of health work force plans which are necessary to increase universal access to health services, including in remote and rural areas, taking into account the challenges facing developing countries in the retention of skilled health personnel. We encourage the finalization of a Code of Practice on International Recruitment of Health Personnel.

21) We reaffirm the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, transparency, accountability and community participation and empowerment, as the basis for strengthening health systems and recall in this regard the Declaration of Alma Ata. We recognize the importance of comprehensive primary health care services including health promotion, and universal access to disease prevention, curative care and palliative care and rehabilitation that are integrated and coordinated according to the needs, while ensuring effective referral systems.

22) We stress the importance of multisectoral and interministerial approaches in formulating and implementing national policies that are crucial for promoting and protecting health. We reiterate that governments will play the central role, in collaboration with civil society organizations, including academia, and the private

sector, in implementing national strategies and action plans on social services delivery, and in making progress towards more equitable health outcomes.

23) We recognize the close relationship between foreign policy and global health and their interdependence, and in that regard also recognizes that global health challenges require concerted and sustained efforts by the international community. We look forward to continuing discussions on this issue.⁵

24) We underline the health and rehabilitation needs of victims of terrorism, including both physical and mental health.

25) We underline our commitment to develop and implement national strategies that promote public health in programmes or actions that respond to challenges faced by all populations affected by conflict, natural disasters and other humanitarian emergencies, and acknowledge that inequities in access to health care can increase during times of crises, and that special efforts should be made to maintain primary health care functions during these periods, as well as ensuring that the needs of the poorest and most vulnerable are met during the post crisis, peace building and early recovery stages.

26) We underline the need of people living in situations of armed conflict and foreign occupation for a functioning public health system including access to health care and services.

27) We call upon all countries to strengthen institutional capacity to pursue longer-term health and development goals and the need to discharge essential public health functions as part of the broader post humanitarian assistance crisis recovery strategy.

28) We underline the importance of establishing effective financial strategies for healthcare, including allocating to government health budgets increased resources and/or using resources more efficiently.

29) We acknowledge the contribution of aid targeted towards the health sector, but much more needs to be done. We call for the fulfilment of all ODA commitments, including the commitments by many developed countries to achieve the target of 0.7 per cent of gross national income (GNI) for ODA by 2015 and to reach at least 0.5 per cent of GNI for ODA by 2010, as well as the target of 0.15 to 0.20 per cent for least developed countries, and urge those developed countries that have not done so to make concrete efforts in this regard in accordance with their commitments.

⁵ A/Res/63/33

30) Welcoming increasing efforts to improve the quality of ODA and to increase its development impact. The Economic and Social Council Development Cooperation Forum, along with recent initiatives such as the high-level forums on aid effectiveness, which produced the 2005 Paris Declaration on Aid Effectiveness and the 2008 Accra Agenda for Action, make important contributions to the efforts of those countries which have committed to them, including through the adoption of the fundamental principles of national ownership, alignment, harmonization and managing for results. We should also bear in mind that there is no one-size-fits-all formula that will guarantee effective assistance. The specific situation of each country needs to be fully considered.

31) We urge further strengthening of international cooperation in the area of health, inter alia, through exchange of best practices in the areas of health systems strengthening, access to medicines, training of health personnel, transfer of technology and production of affordable safe, effective and good quality medicine and we welcome in this regard South-South, North-South and triangular cooperation and recognize that the commitment to exploring more South-South cooperation does not substitute but complements North-South cooperation.

32) We stress that international co-operation and assistance, in particular external funding, needs to become more predictable and should be better-aligned with national priorities and channelled to recipient countries in ways that strengthen national health systems. We acknowledge the progress made on new, voluntary and innovative financing approaches and initiatives. We take note of the work and the recommendations of the Leading Group on Innovative Financing for Development as well as the findings of the High Level Task Force on Innovative International Financing for Health Systems. We acknowledge that innovative financing mechanisms should supplement and not be a substitute for traditional sources of finance.

33) Although the financial and economic crisis has affected all countries, it is important to take into account the varying impacts and challenges of the crisis on the different categories of developing countries. The crisis is further endangering the achievement of their national development objectives, as well as the internationally agreed development goals, including the Millennium Development Goals. We are particularly concerned about the impact on countries in special situations, particularly least developed countries, Small Island Developing States and landlocked developing countries, and on African countries and countries emerging from conflict. We are equally concerned about the specific development challenges of middle-income countries and low-income countries with vulnerable and poor populations.

34) We recall the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property and urge States, the relevant international organizations and other relevant stakeholders to support actively its wide implementation

35) We reaffirm the right to use, to the full, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), the Doha Declaration on the TRIPS Agreement and Public Health, the decision of the World Trade Organization's General Council of 30 August 2003 and, when formal acceptance procedures are completed, the amendment to article 31 of the Agreement, which provide flexibilities for the protection of public health, and in particular to promote access to medicines for all, and encourage the provision of assistance to developing countries in this regard. We also call for a broad and timely acceptance of the amendment to article 31 of the TRIPS Agreement, proposed by the WTO General Council Decision of 6 December 2005.

36) We encourage all States to apply measures and procedures for enforcing IPR in a manner so as to avoid the creation of barriers to the legitimate trade of medicines and to provide for safeguards against the abuse of such measures and procedures

37) We recognize the impact working conditions can have on health status, health equity and general well-being. Improving employment and working conditions at global, national, and local levels, in particular to reduce exposure to work related physical and psycho-social hazards, would help to reduce negative health effects deriving from the environment in which people work. We emphasize the need to devise and implement policies to ensure the health and safety of workers in line with relevant ILO standards.

38) We further recognize that pollution and other relevant forms of environmental degradation have serious implications for public health.

39) We reaffirm our resolve to address the adverse impact of climate change on global public health and call for successful conclusions of the intergovernmental negotiations on climate change under the United Nations Framework Convention on Climate Change (UNFCCC).

40) We recognize traditional medicine as one of the resources of primary health care services that could contribute to improved health care services that could contribute to improved health outcomes, including those in the MDGs. We urge states, in accordance with national capacities, priorities, relevant legislation and circumstance to respect and preserve the knowledge of traditional medicine, treatments and practices, appropriately based on the circumstances in each country, and on evidence of safety, efficacy and quality.

41) We stress that health literacy is an important factor in ensuring significant health outcomes and in this regard call for the development of appropriate action plans to promote health literacy.

42) We reaffirm the need to develop, make use of, and improve national health information systems and research capacity, and as appropriate with the support of international cooperation, in order to measure the health of national populations, with disaggregated data so that health inequities can be detected and the impact of policies on health equity measured.

43) We are committed to promoting research and development, knowledge sharing and provision and use of information and communication technologies (ICTs) for health, including through facilitating affordable access to all countries, especially developing countries.

44) We express our unwavering resolve to implement this declaration.

Annex 3:

Text of the Economic and Social Council resolution E/2009/L.23 adopted by the Council on 24 July 2009:

Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (UNAIDS)

The Economic and Social Council,

Recalling its resolution 2007/32 of 27 July 2007,

Welcoming the report of the Executive Director of the Joint United Nations Programme on

HIV/AIDS (UNAIDS) and *appreciating* the concerted efforts of the UNAIDS Secretariat and its Cosponsoring agencies in fighting against HIV/AIDS,

Recalling the goals and targets set forth in the Declaration of Commitment on HIV/AIDS, adopted by the General Assembly at its twenty-sixth special session in 2001, the 2005 World Summit Outcome and the Political Declaration on HIV/AIDS adopted by the High Level Meeting of the General Assembly in 2006 as well as HIV/AIDS-related goals contained in the United Nations Millennium Declaration of 2000,

Recognizing that HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large, and requires an exceptional and comprehensive global response, while acknowledging the timely need to maximize synergies between the AIDS response and the broader health and development agendas;

Expressing serious concern about the continued global spread of HIV/AIDS, which exacerbates poverty and gender inequalities, and poses a major public health challenge and

threat to economic and social development and to food security in heavily affected regions,

Further expressing serious concern about the lack of progress in developing effective prevention technologies, including an HIV vaccine, 28 years into the HIV/AIDS pandemic, and recognizing that ensuring sustained financial and political support for research and development over the long-term is a critical factor in finding effective prevention technologies,

Acknowledging the adverse impact of the global economic and financial crisis on funding for the AIDS response, and the need to mitigate its impact on the existing gap between available resources and those human, technical and financial resources necessary to combat HIV/AIDS,

Recognizing the contribution of new, voluntary and innovative financing approaches and initiatives, such as UNITAID, as well as the need to support and strengthen existing financial mechanisms, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, and relevant United Nations organizations, through the provision of funds in a sustained manner to address the funding gap for an effective and successful response to the HIV/AIDS pandemic,

Reaffirming the importance of global coordination efforts to scale up sustainable, intensified and comprehensive HIV/AIDS responses, in a comprehensive and inclusive

partnership as contained in the Political Declaration, with people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, within the framework of the “Three Ones” Principle,

1. *Urges* UNAIDS and other relevant organizations and bodies of the United Nations system to intensify their support to Governments, with the view to achieving the goals contained in the United Nations Millennium Declaration, as well as the goals

and targets contained in the 2001 Declaration of Commitment on HIV/AIDS, the 2005 World Summit Outcome and the 2006 Political Declaration on HIV/AIDS;

2. *Commends* UNAIDS support to the process of achieving universal access to prevention, treatment, care and support by 2010, in particular the assistance to countries in setting their national targets for universal access;
3. *Welcomes* the submission by Member States of 147 country progress reports in 2008, as part of the reporting process set out in the Declaration of Commitment on HIV/AIDS, which provided the most comprehensive overview to date of the response at country level, and *encourages* all Member States to provide full support to the next reporting due on 31 March 2010;
4. *Acknowledges* the insidious and persistent drivers of the epidemic, in particular stigma, discrimination, gender inequality, socio-economic inequality, and lack of respect for human rights, *also acknowledges* that in some cases such as food insecurity and displacements can lead to increased vulnerability, and *encourages* intensified analysis and advocacy by the Joint Programme to ensure that underlying obstacles to universal access, including services to underserved and vulnerable populations, are understood and appropriately addressed at all levels and in all settings;
5. *Emphasizes* the importance of comprehensive, evidence-informed HIV prevention programmes as an essential element of national, regional and international responses, whereby actions and policies are tailored to the local profile of the epidemic, and *commits* to further intensify efforts in this regard;
6. *Welcomes* the UNAIDS Outcome Framework for 2009-2011 for moving towards the goal of universal access including the recognition by the Joint Programme of: the need to improve the effectiveness of efforts to prevent the sexual transmission of HIV; the elimination of vertical transmission from mother to child and, the importance of linking HIV and sexual and reproductive health;
7. *Recognizes* the need to link the AIDS response more closely with the overall response to achieving the Millennium Development Goals, particularly those related to health;
8. *Further acknowledges* the need to address the underlying obstacles to the achievement of the goal of universal access to prevention, treatment, care and support, including the gap in available human, technical and financial resources, as well as inadequately functioning health systems, in order to ensure an effective and successful response to the HIV/AIDS;
9. *Reaffirms* the right to use, to the full, the provisions contained in the World Trade Organization TRIPS Agreement, the Doha Declaration on the TRIPS Agreement and Public Health, and the decision of the World Trade Organization's General Council of 30 August 2003 and, when formal acceptance procedures are
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completed, the amendment to article 31 of the Agreement, which provide flexibilities for the protection of public health, and in particular to promote access to medicines for all, and also *calls* for a broad and timely acceptance of the amendment to article 31 of the TRIPS Agreement, proposed by the WTO General Council Decision of 6 December 2005;
10. *Recalls* the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property adopted by the World Health Assembly, and *urges* States, the relevant international organizations and other relevant stakeholders to support actively its wide implementation;
11. *Urges* Governments to prioritize and expand access to the prevention and treatment of HIV-related opportunistic infections, to promote access to and the effective use of safe and effective antiretroviral drugs of assured quality, at affordable prices,

and to support both biomedical and socio-economic research on: new products to prevent HIV infection, including those controlled by women; diagnostics; medicines and other treatment commodities; and technologies related to HIV;

12. *Urges* Governments, donors and other stakeholders to continue to provide financial and political support towards research and development of an effective HIV vaccine;

13. *Encourages* the strengthening of the United Nations response to AIDS at the country level, the UNAIDS Technical Support Division of Labour, and the concept of a joint United Nations team and programme on AIDS with the aim of harmonizing technical support, strengthening programmatic coherence and improving the collective accountability of the United Nations system at the country level;

14. *Further encourages* UNAIDS to fully participate in the process of the reform of the United Nations operational activities, including in the context of progress made in increasing coherence in the UN's delivery of development assistance, in particular in the programme country pilots within the framework of UNAIDS' role as the coordinator for responses to HIV/AIDS;

15. *Urges* Governments, donors and other stakeholders including UNAIDS to promote coherence in the support to and alignment with national HIV/AIDS response strategies in a transparent, accountable and effective manner within the framework of the 'Three Ones' Principle;

16. *Acknowledges* the critical importance of people living with HIV to all aspects of national AIDS responses, global advocacy efforts, and the work of the United Nations system on AIDS and *encourages* increased support to civil society's capacity for programme implementation and advocacy, towards the goal of universal access to prevention, treatment, care and support;

17. *Encourages* improved collaboration between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, aimed at strengthening the meaningful participation of African States through the pilot initiative to be monitored and potentially extended to other regions, in the UNAIDS Programme Coordinating Board and the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria;

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18. *Welcomes* the report of the International Task Team on HIV-related Travel restrictions and further encourages all countries to eliminate HIV-specific restrictions on entry, stay and residence and ensure that people living with HIV are no longer excluded, detained or deported on the basis of HIV status;

19. *Recognizes* the need for UNAIDS to significantly expand and strengthen its work with national governments and to work with all groups of civil society to address the gap in access to services for injecting drug users in all settings, including prisons; to develop comprehensive models of appropriate service delivery for injecting drug users; to tackle the issues of stigmatization and discrimination; and to support increased capacity and resources for the provision of a comprehensive package of services for injecting drug users including harm reduction programmes in relation to HIV as elaborated in the WHO/UNODC/UNAIDS: "*Technical Guide for countries to set targets for Universal Access to HIV prevention, treatment and care for injecting drug users*", in accordance with relevant national circumstances;

20. *Welcomes* the promulgation of the "*UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People*", and the follow-up action that is already under way, and *calls* on UNAIDS and other partners to support further action and strengthen partnerships to address the political, social, legal and economic barriers to universal access, as part of the agreed Unified Budget and Workplan priorities;

21. *Recognizes* the inter-related nature of health- and gender-related Millennium Development Goals and *welcomes* the progress by UNAIDS in assisting countries to accelerate action on women, girls and gender equality within the context of AIDS, including the appointment of an advisory group under the leadership of the Executive Director, to develop, implement, and monitor an operational plan in relation to a strengthened inter-agency strategy (UNAIDS Action Framework);
22. *Looks forward* to the consideration of a report at the 25th meeting of the Programme Coordinating Board on the anticipated impact that the global financial and economic crisis will have on countries' ability to meet their universal access targets and to include recommendations and mitigation strategies;
23. *Calls* on UNAIDS for a critical, constructive, inclusive and transparent response to the Second Independent Evaluation of UNAIDS to be presented to the 25th meeting of the UNAIDS Programme Coordinating Board in December 2009;
24. *Requests* the Secretary-General to transmit to the Economic and Social Council, at its substantive session of 2011, a report prepared by the Executive Director of UNAIDS, in collaboration with its Cosponsors and other relevant organizations and bodies of the United Nations system, on progress made in implementing a coordinated response of the United Nations system to the HIV/AIDS pandemic.
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