

Informal Summary

Thematic Roundtable

**Social trends and emerging challenges and their impact on public health:
renewing our commitment to the vulnerable in a time of crisis**

Substantive Session of ECOSOC

Thursday, 9 July 2009

Panel Members:

- Sylvie Lucas, President of ECOSOC (Chair)
- Anna Tibaijuka, Executive Director, UN-Habitat (Moderator)
- Richard Newfarmer, Special Representative of the World Bank to the UN and WTO, Geneva
- Carissa Etienne, Assistant-Director-General, Health Systems and Services, WHO
- Assane Diop, Executive Director, Social Protection and Employment, ILO
- Alberto Palloni, Professor of Demography and International Studies Northwestern University
- Manuel Carballo, Executive Director, International Council on Migration and Health
- Marcia Metcalfe, Global Manager, Microfinance and Health Protection Initiative, Freedom from Hunger
- Peter Waldorff, General Secretary, Public Service International (respondent)
- Janet Asherson, Advisor, Environment, Safety and Health, International Organization of Employers Themes (respondent)

Financial Crisis

The global financial crisis implies new challenges for all sectors of development and particularly in the area of public health. The crisis was the result of the behavior of the most powerful international actors but developing countries have suffered most. Any solution to the financial crisis must be a collaborative action involving intergovernmental cooperation to overcome international challenges. Participants called for a renewed commitment from the international community and Pakistan and Indonesia noted that collaborative action should involve all stakeholders, rather than just institutional action. It was proposed that insufficient finance for social housing was a primary cause of the housing bubble in many developed countries. Stabilization of society requires the challenge of social housing finance be seriously addressed. Policy makers must also address the rise in unemployment and the resultant increased demand for welfare support. This requires a commitment to investment in fiscal stimuli particularly in the area of health.

On a different note, participants recommended vigilance in assessing regional statistics which distort perspectives regarding particular countries' position in the financial crisis. It was agreed that there should be a renewed focus on countries that risked slipping behind. Whilst the Asian region has a prospective growth rate of 5%, China is forecast to

experience a growth rate of 7.5% in 2009, whilst other Asian countries expect much lower growth. Particular focus on low or negative growth countries is indispensable in this regard.

Non-communicable diseases, diseases related to climate change

Panelists focused on the rise of non-communicable diseases particularly in LDCs, the continued impact of infectious diseases and the rise in diseases attributable to climate change. Increasingly, noncommunicable diseases pose a significant challenge to public health authorities in light of increases in tobacco, alcohol and harmful substance abuse. Panelists were particularly concerned that given the experience of previous recessions, a fall in nutritional content of diets should be anticipated. Furthermore, recessions are often accompanied by an increased demand for public health services, just as revenues are falling. An increased focus must be put on anticipation and prevention; particular attention must be placed on preventing non-communicable diseases given the increased prevalence of chronic diseases in developing countries. Authorities and providers need to anticipate the new challenges and risks that arise and invest in early warning mechanisms. Prevention and treatment of noncommunicable and communicable diseases requires the establishment and maintenance of new innovative mechanisms and an emphasis on a primary health care approach.

Microfinance as a platform for health

Participants agreed that microfinance was a primary example of an innovative mechanism for development. New ways in which microfinance is being used as a platform for health and education were considered. Microfinance infrastructure represents a large private-sector infrastructure, largely self financed by interest from loans, which can be used to alleviate poverty and empower women. Participants emphasized the way in which the established delivery system of microfinance could act as a dependable and locally trusted source of immediate health assistance in addition to health education and financing instruments. The importance of incentives for microfinance groups to act as a platform for healthcare was highlighted including improvements in clients' health increases their ability to repay loans, increases savings and strengthens loyalty. 83% of MFI clients are women and microfinance may enhance their opportunity to make decisions as well as provide the opportunity to meet regularly with other women to learn about health topics. Morocco agreed that there is a need to empower women through MFI given their role as decision makers and in bringing up families. Four recommendations were made to enhance the development of MFIs as a service platform on a larger scale. Firstly, health innovations that can feasibly be delivered by MFI must be demonstrated. Secondly, these successful health innovations must be widely replicated. Thirdly, the success of such programs must be effectively monitored to provide convincing evidence of their efficacy. Fourthly, greater coordination is required to signal the importance of a widespread application of this approach.

Human resource challenges in healthcare

A major trend in healthcare resources has been the extent of migration of healthcare workers and specialists from developing to developed countries. 23% of doctors trained in Africa are working in OECD countries and a further 20,000 health workers from Africa are working in the United States. In particular, a shortage of 4.2 million health workers in

57 countries of which more than 40 are African, poses a major challenge to the achievement of the Millennium Development Goals. A number of different solutions were proposed to combat the problem. Firstly, developed countries that have benefited from the immigration of health professionals should provide compensation to developing countries. Participants agreed that there should be a focus on retaining a larger proportion of domestically trained health workers rather than increasing number of places for training whilst still losing a similar proportion abroad. This requires increased funding for health education in developing countries where health workers receive good training and subsequent financial incentives to retain these workers.

Migration

Poverty and conflict are significant drivers in causing migration, which the financial crisis and global recession will not mitigate. There are three noteworthy trends in migration that should be anticipated and prepared for. Firstly, developed countries with a rapidly aging population require net immigration to sustain their population. Secondly, there will be increased rural to urban migration, due in part to rapid urbanization. Thirdly, climate change will cause hundreds of millions of people to be displaced as environmental refugees. These trends pose major challenges, in particular, in the area of health. Communicable and noncommunicable disease prevalence among migrant populations is substantially higher than among local populations. Given that the greater prevalence of communicable diseases among migrant populations is a result of living conditions in the host country, special attention be given to this situation by host governments, otherwise some developed countries may struggle to meet the MDGs. Venezuela noted that developed countries accept skilled workers but reject unskilled workers leading to a lose-win situation. There should be a code of ethics to limit this imbalance.

It was noted that, given the financial crisis, significant numbers of migrants are returning to their country of origin. Participants agreed that the financial crisis provides the opportunity for inter-country planning to allocate people where they're needed most. This would involve linking development assistance to returning people setting up new industries.

Demographics

Both historical and contemporary factors are responsible for aging populations in low income countries. There is a rapid aging in developing countries due to a decline in mortality, a decline in current fertility but also a decline in past child mortality (66% of population growth of those over 65 is due to a fall in past childhood mortality). An increased dependency ratio places additional pressure on healthcare and pensions systems. Participants emphasized the need to anticipate these demographic challenges giving particular attention to the frailty of the over 65 group in low income countries, who have a higher life expectancy but a lower healthy life expectancy due to poor health in early childhood. Given the evidence that child health is a primary determinant of future income, a renewed emphasis must be placed on child health as a factor in economic growth.