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Statement by

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EU Statement
General Debate for the High-Level Segment
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Mr. President,
Ministers,
Colleagues,
Ladies and Gentlemen,

I am honoured to address the general high-level segment of the Economic and Social Council on behalf of the European Union.

The Candidate Countries Turkey, Croatia* and the former Yugoslav Republic of Macedonia*[1], the Countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro, Serbia, as well as Ukraine, the Republic of Moldova and Armenia align themselves with this declaration.

The EU welcomes the fact that the high-level segment puts the important subject global health into the context of overall economic and social development. This meeting can deepen our understanding of connections between economic and social conditions and health. At this point, it can also highlight how global financial, economic and other crises add to existing poverty and affects social development, particularly global health.

The EU welcomes the report of the Secretary-General. It provides a solid assessment and the recommendations form a good basis for the declaration to be adopted by the Council. At this point, the EU would like to stress three main areas of importance. First, the links between overall economics, social development and health.

Global economic growth has over the last decades, in combination with social policies, permitted vast groups of people, in many parts of the world, to improve their living conditions and health standards. We have seen strong mutual links between power, economics, wealth and health.

Those important links between living conditions and health have recently been analysed in depth by the WHO Commission on Social Determinants of Health. The commission notes, that the dramatic and growing disparities in health and life expectancy are closely linked to the underlying differences in people's daily living conditions. The commission shows that growing inequities in health to a large extent are due to differences in how people live and work, which confirms what the ILO has pointed out in it's agenda for decent work. The commission also stresses age and gender. The Commission concludes that health outcomes are highly dependant on action in all major sectors of society. It advocates a holistic and multisectorial approach in terms of employment, education and gender equality as imperative to sustainable physical and mental health. This is also essential to address existing dramatic gaps in health and life expectancy, both within and between countries and regions. This is true for the EU, and also globally.

While economic growth and wealth are essential to health improvements, growth is not in itself sufficient to achieve improved health outcomes. Without investment in health systems and policies

[1] * Croatia and the former Yugoslav Republic of Macedonia continue to be part of the Stabilisation and Association Process.

aimed at equitable access to health care, public health interventions will fail to deliver effectively. Renewed focus on primary health care, as a driver to strengthen inclusive and high quality health systems is therefore important. We welcome the WHO's efforts to infuse the values of Alma Ata into the important work of health system strengthening.

Strong political leadership is essential. Improved health outcomes, especially improvements in women's health and tackling gender inequality, require political commitment at the highest levels. This is particularly important in view of the fact that globally, women are the key providers of care, paid and unpaid, and essential for the health of both families and societies.

As stated in the UN Secretary General's report to this meeting, the financial crisis affects all countries on the globe, although differently. It adds to the already existing problems in terms of human poverty, ill-health and fragmented social cohesion. Increased poverty will cause ill-health which will push more people into poverty. It is a global concern that the crises aggravates already severe conditions for the poorest, particularly the almost 1 billion people globally who still face chronic hunger. Among the vulnerable are also the 10% globally living with disabilities. Women are often the first in line; not because they are intrinsically weak but as reductions in social spending often impact women and girls the most as they have less job security and are often kept home from school to help provide and care for their families. It is therefore essential that appropriate social protection mechanisms be incorporated and strengthened in national health systems.

While trying to cope with the impact of the current financial end economic down turn it is also key to address other major threats to well-being and global health. A major case in point is climate change and the millions of people affected already today. Another is new and dangerous communicable diseases. New pandemics will hit poor countries hardest and make poor people suffer most. The outbreak of H1N1 demonstrates, in a world of global inter linkages, the need for common action and solidarity. Only by acting together can we protect humans and limit disruptive effects on societies and economies at large. The antimicrobial resistance is another common global challenge. Thus, our first conclusion is that we live in a world where the problems are shared. Thus, solutions also have to be shared. The EU will continue to be a key actor in joint efforts to tackle global health problems, including those aggravated by the current financial and economic crises. And we will maintain our commitment to global health for all.

Secondly, let me turn to how we need to address some aspects of ill-health of particular concern. For hundreds of millions of people, poverty-related diseases are realities. There are huge gaps globally, both with regard to non-communicable diseases, and communicable diseases such as hiv aids. All these challenges require strong health systems.

For billions of females, male violence both in times of armed conflict and in times of peace further aggravates mental and physical ill-health and constitute maybe the most severe obstacle to women's empowerment.

In many parts of the world, obesity is a growing cause of ill-health. In all countries, harmful consumption of alcohol as well as tobacco cause ill-health with massive negative effects on population health and social welfare. Prevention is better than cure. Evidence based prevention methods, when properly implemented, are often cost effective and can provide options to use scarce resources in key development areas such as children's schooling.

Given the commitments we have made to reduce poverty by half in 2015, it is worrying that the health-related Millennium Development goals, in particular goal 5, are lagging behind in progress compared to other MDG's. Women are dying due to lack of basic services, lack of prenatal care,

maternal care and unmet needs of sexual and reproductive health – including access to contraceptives and knowledge. The lack of progress in terms of MDG 5 reflects persistent discrimination of women, which particularly affects the poorest and less educated. It is time for the international community and policy makers at all levels to take firm action and change perspective. To learn from hiv and aids, that ill health can not be halted by doctors and medicines alone. The European Union affirms our strong support for and commitment to the full implementation for the Cairo Programme of Action, as well as the key actions for the further implementation of the ICPD Programme of Action agreed at ICPD + 5, and the Copenhagen Declaration and Action Programme; and also emphasises that gender equality cannot be achieved without guaranteeing women's sexual and reproductive health and rights, and reaffirm that expanding access to sexual and reproductive health information and health services are essential for achieving the Beijing Platform for Action, the Cairo Programme of Action and the Millenium Development Goals.

The EU supports the attainment of the targets set in 2005 regarding universal access to reproductive health, as well as the 2010 milestone to have 35 million more births attended by skilled personnel each year, of which 13 million in Africa. We want to reduce maternal mortality by three quarters by 2015, which would require 21 million more births attended by skilled health personnel by 2010. The EU will provide support the target of reaching 50 million more women in Africa with modern contraceptives by 2010. All in all, my second conclusion is that we, as a global community, must make concerted efforts to address ill-health among those who suffer particularly from discrimination and disempowerment. The EU will continue to act firmly in this regard.

My third point is that resources available for health must be put in effective use.
The EU, the world's largest provider of development assistance, will continue to take global responsibility to promote global development, including social development and health. We will pursue the Paris Declaration on Aid effectiveness, the Accra declaration and the Maputo Plan of Action, within the context of established EU positions. We will honour our commitments in regard to Monterey and Doha. The key players will however always be national governments. In a number of countries, including in sub-Saharan Africa, many governments will need external support to meet the challenges. Development partners must take further action to enhance coordination of their support to the numerous global and national health initiatives. The health sector today is extremely fragmented with a large number of initiatives and mechanisms for financing. The initiatives are often organised under individual diseases. This entails high transaction costs, both for recipients and development partners.

More resources are needed. Delivering of a comprehensive basic packages of health service in Low Income Countries would require a doubling of investments in health. In Abuja, African governments agreed to invest 15% of national budgets in health. Development partners on their part will need to live up to their commitments. Private sources will also be required to fill the financing gap. The international health partnership, IHP+, as well as other initiatives in health, provide a framework for development partners to mobilise more effectively behind robust, more cost-effective and inclusive national health plans, and more flexible and predictable resources. Within the framework of the IHP+ the ongoing discussions between the Global Fund, Gavi, the World Bank and WHO on joint health systems programming are promising and will hopefully promote the strengthening of health systems. My third and last conclusion is that more effective use of resources, including greater aid effectiveness, is vital. Partner countries need the support of an improved global architecture to develop efficient health systems, staffed by adequate human resources and supported by sustainable financial systems.

Lastly, let me point to the importance of partnerships, including with civil society, which are imperative for enhancing more well-functioning health systems. They are key to provide equitable access to health for all, and to place the individual at the centre. Only working together in

constructive partnerships can we provide health services and help empower those most in need, particularly in times of economic and social crises.

I thank you for your attention.
