

**United Nations Economic and Social Council
2009 High-level Segment
Geneva, 6-8 July 2009**

Opening statement by
Her Royal Highness Princess Muna Al-Hussein

Geneva, Switzerland, 6 July 2009

Madam President, Secretary-General of the United Nations,
Honourable Ministers, Excellencies, Distinguished Delegates,
Ladies and Gentlemen,

I would like to thank the President and Secretary-General for the invitation to this historic meeting. I am extremely pleased to be here.

For a number of years, I have been associated with the World Health Organization and its work in several areas, and have been privileged to serve as the WHO Patron of Nursing and Midwifery. In this capacity, I have been most impressed by the engagement of world political leaders in the implementation of the MDGs.

For the first time,

For the first time, childhood deaths have dropped below the 10 million mark. The proportion of children under five years of age suffering from malnutrition has declined from 27% in 1990 to 20% in 2005. Billion-dollar commitments of Official Development Assistance for health have more than doubled over the last few years. Health has never before enjoyed such attention.

But these commitments are not enough. Progress has stalled. It disheartens me to see that the global maternal mortality ratio of 400 maternal deaths per 100,000 live births has barely changed since 1990. As we have learned over the past years, powerful interventions and the money to purchase them will not buy better health outcomes in the absence of stronger health systems based on primary health care.

Weak health systems are

Weak health systems are the bottleneck that slows progress and blocks the delivery of effective interventions. Health systems are weak because of decades of poor planning, poorly coordinated aid and unbalanced investments in basic health infra-structures, services and health workforce. My heart goes out to all the people with infectious diseases and peri-natal conditions who are facing, on a daily basis, health systems which are unable to respond effectively and equitably to their needs. I am also deeply moved when I witness how health systems miss early detection of breast and cervical cancers, diabetes, hypertension and other risk factors.

And this brings me to my main point. We face problems beyond those targeted by MDGs.

Health in rich and poor countries alike is now threatened by three universal trends: population ageing, 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. Globally, 80 per cent of deaths from these non-communicable diseases is now concentrated in developing countries. Almost 50 per cent of these deaths are premature. A similar shift has happened with deaths from road traffic accidents and other injuries: more than 90 per cent of the world's road deaths occur in developing countries while these countries only have 48 per cent of the world's vehicles.

Together, non-communicable diseases and injuries are responsible for 70 per cent of all deaths around the world, affecting developing countries dis-proportionally. The situation will have dramatically worsened by the time we reach 2015 -- the milestone which we have set as an international community to have put an end to poverty. Death from non-communicable diseases is forecasted to increase globally by 17 per cent between 2005 and 2015 but the greatest increase, 27 per cent, will be witnessed in the African region, 25 per cent in the Middle Eastern region and 21 per cent in Asia and the Pacific.

The rise of non-communicable diseases and injuries in developing countries has uncovered further problems. It has revealed the burden of long-term care on health systems and budgets. It has shown that catastrophic costs drive households below the poverty line. And it has shown us the bitter irony of promoting health as a poverty-reduction strategy at a time when the costs of health care themselves can be a cause of poverty.

The current financial crisis and soaring food prices will force many more households to turn to less expensive foods, which are typically high in fat and sugar and low in essential nutrients. Tobacco and alcohol use further reduce precious family incomes.

Ladies and gentlemen,

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Stalled progress during the past years towards the health-related MDGs has forced a hard look at the consequences of decades of failure to make balanced investments in primary health care.

Non-communicable diseases and injuries must also be addressed if we want to put an end to poverty in 2015. Households could be lifted from extreme poverty and hunger by enacting tobacco control policies, encouraging healthy diets and physical activity, reducing the harmful effects of alcohol, and enforcing road safety legislation to make roads safe for pedestrians, cyclists and motorcyclists. Millions of lives could be saved by incorporating successful approaches for prevention and control of non-communicable diseases into primary health care, schools and workplaces.

Strong scientific evidence is available to support these approaches and international experience has taught us what works. Working in partnership and multi-sectoral action is key. Success depends on action from all sectors of government, including transport, trade, taxation, education, social planning and development, environment, agriculture, urban planning mass media and private sector.

Despite the enormous magnitude of non-communicable diseases and injuries in developing countries and its devastating impact on socio-economic development, we note that development agencies are virtually absent in providing technical support to build national capacities in these areas. The greatest burden of preventable death and disability in both rich and poor countries, is being caused by the very conditions that are receiving least Official Development Assistance.

Fortunately, the need to include non-communicable diseases and injuries in the development agenda is now increasingly recognized. Under this year's leadership by the Prime-Minister of Qatar, ECOSOC has given a high profile to the need to include non-communicable diseases and injuries into global discussions on development. A number of recommendations for your consideration were prepared during a Regional Ministerial Meeting recently held in Doha. We need to continue this momentum.

Ladies and gentlemen,

In May of 2008, I spoke at the World Health Assembly. I referred to the rapidly rising smoking rates and obesity and the decline in physical activity in low- and middle-income countries, resulting in high rates of hypertension, diabetes and other related health problems. At that time, I was pleased to see that the World Health Assembly had adopted the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. Today, I call upon all of you to support this call from the world's Ministers of Health to raise the priority accorded to non-communicable diseases in development work at global and national levels. In this respect, I sincerely hope that the recommendations of the Doha Ministerial Meeting will be given your highest consideration.

Thank you.