



**Statement by
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Madame President,
Your Excellencies and distinguished delegates,
Ladies and Gentlemen,

On behalf of The Netherlands, I welcome the reports of the Secretary-General. These stress the importance of political leadership for global health. As Director General of a National Institute for Public Health, I only know too well how vital this is. The Netherlands calls upon you for making a difference.

Social cohesion is at stake and vulnerable groups become even more vulnerable when health systems are not sustainable enough to offer stability during economic crises. I feel a multi-sectoral approach is needed to overcome health inequalities.

Further efforts are needed to streamline health financing. This week the High Level Task Force on Innovative International Financing for Health Systems will offer its report "More Money for Health, and More Health for the Money" to the Member States of the G8 during its meeting in L'Aquila Italy this week. The Task Force reports that strong health systems start with strong health strategies. This is where UN leadership and expertise can play an important role.

In my opinion there are six crucial points to implement the agreed commitments to improve global public health.

1. Access to health care is a human right Effective policies should focus on health inequalities. Good health is never self-evident! This includes the universal access to health care and services. Citizens have a right to reliable health systems which provide them with a freedom of choice.

2. Top priority should be given to the **development of sustainable health care systems**. It is a challenge at both the national and global level to organise health systems in a way which guarantees quality, access and solidarity.

3. The Netherlands values the focus on MDG 5 on maternal health, in the Secretary General's report. However, universal access to **sexual and reproductive health** is a very important separate target under MDG 5 and should be recognized as a central condition. This would safeguard the integration of sexual and reproductive health services into health systems and strengthen gender perspectives.

4. **High-quality primary health care** saves lives at a relatively low cost. Firstly, it is a prerequisite to rapidly respond to outbreaks of infectious diseases, as is demonstrated with the new influenza A (H1N1) virus. Secondly, NCDs are a growing burden on health systems and depend largely on Primary Health Care. Primary Health Care should be community-based and should have the capacity to integrate prevention, treatment and control.

5. We all know that disease and injury **prevention** depends on health **promotion**. Well-informed citizens will more likely benefit from early detection and access to care. Accurate, reliable information should be accessible for all and the role of National Public Health Institutes can be decisive: their expertise safeguards continuity within health systems.

6. Solidarity and predictability of aid are vital for the realisation of all MDG's. The Netherlands certainly remains committed to the 0.8% of the GDP to development cooperation. And we call upon others to live up to their commitments as well, particularly in the current hard times.

The question is: what will we do after the conclusion of this meeting?

For instance:

Can we ensure that we make a difference in the lives of women living in Africa that fear childbirth?

Can we ensure progress?

The time has come to start with implementing what we all know is necessary. We should be practical. One small step towards implementation may be more effective than more reports with grand designs.

Together we *can* make a difference. If we really want to.

I thank you for your attention.