



Global Preparatory Meeting for the 2009 Annual Ministerial Review

31 March 2009 – New York, UN Headquarters

Background note

“Moving from commitment to action – Meeting the internationally agreed goals and commitments in regard to global public health”

Background

The Annual Ministerial Review (AMR) of the Economic and Social Council was established by Heads of State and Government at the 2005 World Summit. It was mandated as an instrument to track progress and step up efforts towards the realization of the internationally agreed development goals (IADGs), including the Millennium Development Goals (MDGs), by the 2015 target date.¹ The theme for the 2009 ECOSOC Annual Ministerial Review is *“Implementing the internationally agreed goals and commitments in regard to global public health”*.

The AMR process features three main elements: national voluntary presentations, country-led regional reviews; and a global review, based on a comprehensive report by the Secretary-General. These elements are complemented by an innovation fair and, prior to the session, by thematic meetings, a global preparatory meeting and e-forums on the theme of the AMR.²

The first AMR was held in July 2007, and focused on poverty and hunger (MDG1). The 2008 AMR focused on sustainable development (MDG7). Both the 2007 and 2008 AMR sessions were preceded by global preparatory meetings and regional consultations (in 2007, on the *“Key challenges of financing poverty and hunger eradication in Latin America”* in Brasilia, Brazil; and in 2008, on *“Sustainable Urbanization”* in Manama, Bahrain).³ In 2009, a regional meeting was held on *“Financing Strategies for Health Care”* in Sri Lanka. Regional consultations will also be held on *“Promoting Health Literacy”* in China, and there is a proposal to hold one on *“Preventing and Controlling the Growing Burden of Non Communicable Diseases”* in Qatar.

¹ A/RES/60/1, Para. 155 (c).

² For more information, see: <http://www.un.org/ecosoc/newfunct/amr.shtml>

³ The reports of the consultations are available as document E/2007/84 and E/2008/88, respectively.

Objective and expected value-added of the meeting

The objective of the AMR global preparatory meeting is to help the Council to get ready for its main session in July and to highlight key issues, which will require action by Ministers during the High-level segment. The 2009 AMR global preparatory meeting provides an opportunity to:

- assess the state of implementation of the United Nations Development Agenda in the area of global public health;
- consider the impact of the world financial crisis on health systems; and
- explore the challenge of providing health care in a post-conflict environment;

Where do we stand on achieving the international health goals?

The importance of health for development is widely accepted. This has been reflected in the MDGs - three of which are focused specifically on health. However, millions of people in low- and middle-income countries still do not have access to basic, good quality health care.

Strong national policies, backed by global initiatives, have helped to make headway on the health-related MDGs. According to the 2008 MDG Report, the number of deaths from AIDS fell from 2.2 million in 2005 to 2.0 million in 2007, and the number of people newly infected declined from 3.0 million in 2001 to 2.7 million in 2007. Malaria prevention is expanding, with widespread increases in insecticide-treated net use among children under five in sub-Saharan Africa. In 16 out of 20 countries, use has at least tripled since around 2000. Tuberculosis is expected to be halted and begin to decline before the target date of 2015. Deaths from measles fell from over 750,000 in 2000 to less than 250,000 in 2006, and about 80 per cent of children in developing countries now receive a measles vaccine.

However, the MDG report also found that, alongside the successes, there are several areas where progress has been elusive. About-one quarter of all children in developing countries are still considered to be underweight and are at risk of having a future blighted by the long-term effects of undernourishment. More than 500,000 prospective mothers in developing countries die annually in childbirth or of complications from pregnancy. Efforts will be stepped up to bring the world back on track on meeting the MDG on maternal health by the 2015 target date.

As the 2015 deadline is rapidly approaching, it has become apparent that the MDGs can only be achieved if the focus on specific diseases is complemented with a strengthening of the overall health systems and if health concerns are included in an overall development strategy. Hence, the AMR process not only addresses the progress on the health MDGs but also aims at evaluating the advances in tackling health-system constraints and in mainstreaming health into national development strategies.

In addition, more attention should be paid to emerging health challenges. In the years to come, demographic aging will exacerbate the shortage of health workers and the related problem of brain drain, if we do not take preemptive action, such as a massive scale up in training and retention programme for health workers in developing countries. The rapid globalization of unhealthy lifestyles is another issue that needs our urgent attention. In 2005, non-communicable diseases caused an estimated 35 million deaths, representing 60 per cent of deaths globally. Eighty per cent of these deaths occurred in low- and middle-income countries. This is why today many experts see non-communicable diseases as the major health challenge to global development in the 21st century.

Objectives

A key note presentation by Professor Rosling will give participants a picture of the progress made to date on the international public health goals, with particular focus on the MDGs. It will flag emerging trends which need the attention of ECOSOC during its July 2009 session.

Possible questions for discussion

- *Where did we make the most progress on the health-related MDGs and where are we off track?*
- *How does the progress on the health-related MDGs differ among regions?*
- *How are emerging trends impacting on the achievement of the international health goals ?*
- *Which areas deserve our priority attention to ensure that the health-related MDGs are met by 2015?*

Presenter: **Professor Hans Rosling**, Karolinska Institute, Sweden, and Co-founder of [Gapminder](#)

Implications of the world financial crisis on the achievement of the health goals

The financial and economic crises have put the achievement of the health goals at risk and could even jeopardize hard-earned progress. It puts additional pressure on health ministries to cut expenditures, making it more difficult to retain the right balance of essential curative services and sustaining preventive programmes. In both high- and low-income countries, it will be the most vulnerable groups of society which will be most negatively impacted. Developing countries with few financial reserves, weak institutions and poor infrastructure, and which are heavily dependent on donor funding are particularly vulnerable, as they see their budgets reduced.

Countries will not only operate with reduced national budgets but also see funding from overseas reduced. In many countries, foreign direct investment has already declined. Growth in the volume of trade is estimated to have slowed to 4.4 per cent in 2008, only

about half the average growth of 8.6 per cent during the period 2004-2007. While in recent crises remittances did not decline significantly, during the current crisis, which started in developed and not in developing countries, the flow of remittances is likely to be negatively affected.

Public international inflows might also decline. While the past record is mixed and, hence, inconclusive, official development assistance (ODA) for health has tended to fall during times of recession. Despite public statements by high-level officials that the crisis must not be used as an excuse for not living up to past commitments, countries are lagging behind the targets agreed at Gleneagles in 2005, and some donors have already indicated that reductions in aid spending is likely. In addition, innovative sources of health finance, raised through consumption taxation, will be prone to the economic downturn. This will make overall health aid less predictable. Such heightened volatility is particularly alarming, given that some of those funds are used to fund long-term engagements, such as anti-retroviral treatment.

The negative effects of the financial crisis will be further amplified by the fact that the crisis hits countries at a time when they are already struggling with fuel and food price crises. At the same time, crises always provide a window of opportunity for change and reform towards greater efficiency.

Objectives

The panel will assess the implications of the world financial crisis on the achievement of the international health goals. It will, in particular, explore the possible impact on national health budgets, external resources of finance as well as innovative sources of finance and its ripple effects on the most vulnerable groups of society. It will also analyze the likely impact of budget cuts on the balance between curative services and preventive programmes.

Possible questions:

- *How will the financial crisis impact the viability of countries' health systems?*
- *How does it affect domestic and external sources of health care financing?*
- *How can public health systems cope with reduced domestic resources while facing increased demands for health services?*
- *How will the crisis impact on the balance between curative services and preventive programmes?*
- *What are the implications of the crisis on the repartition of financial support to long-term health care versus short-term interventions?*

Panelists: **Mr. Andrew Cassels**, Director of Strategy, WHO
Professor Jeffrey Sachs, Director, Earth Institute, Columbia University
Mr. Jomo Kwame Sundaram, Assistant- Secretary-General for Economic Development, United Nations (Moderator)

Health challenges in post-conflict situations

The evidence has shown that of the countries farthest from reaching the Goals, 22 are in, or emerging from, conflict. Many agree that the lack of progress in health in these countries is undermining global progress on the health and non-health MDGs.

Political violence and conflict generate health risks in the short run. However, it is on the longer term that the health impact of conflict is most devastating. Increased vulnerability to diseases and injuries by vulnerable groups, including refugees and internally displaced persons (IDPs), explains the high mortality rates among refugees, which is more than 80 times the baseline rates in parts of Africa. Serious interruptions and even collapse of the health care systems also prevent access to basic health care, despite the increased needs related to the crisis. It is, therefore, no surprise that 9 of the 10 countries with the highest infant and child mortality rates have experienced conflict in recent years.

In cases of extended periods of armed conflict and protracted instability, the negative effects on health may be reflected in some loss of previous achievements in MDGs. Attempts to accelerate achievements may be hampered by the loss of capacity and, in some cases, near collapse of the public health systems. In parallel, instruments of development work in other fields linked to health and health care delivery may be affected in the same way, so that the relief and reconstruction efforts are hampered by a range of problems, from communications and logistics to governance at national and local levels.

The transition from relief to development poses unique challenges for the health sector that warrant specific responses towards the reestablishment of the regular course of economic and social life. There will be parallel needs to assure the humanitarian imperative to protect lives and reduce diseases, malnutrition and disabilities among vulnerable populations, and to set the foundations for the developmental imperative. The latter should strengthen the institutional capacity to pursue longer-term health development goals and discharge essential public health functions.

Health occupies a particularly prominent role in both the humanitarian and developmental objectives, as it requires continued interventions with life-saving implications rather than time-limited efforts involving mainly the reconstruction of infrastructure. Successful health reconstruction requires coordination and planning, as well as infrastructure and other resources. These components can, and indeed should, promote coordination between the host government and development partners. Policy-makers and the development partners often fail to adequately coordinate and plan health reconstruction and to provide sufficient infrastructure and resources. That is, health does not receive sufficient attention and opportunities for sustainable recovery and development. Therefore, more work should be done to define the role of health in the “comprehensive approach” to stabilizing post-conflict environments that the international community has been advocating for. The respective roles of national and international stakeholders, as well as of the private sector, should be clearly spelt out.

Paradoxically, transitions have to face major gaps, where the regular instruments of developmental work are not fully operational yet and where the acute phase of relief linked to humanitarian action has generally come to an end. This has programmatic and institutional implications for humanitarian reform and for the work of the United Nations system at large, including the specialized agencies. It also has important funding challenges for affected countries and for international partners, since it implies covering the cost of meeting less visible but perhaps more critical needs closely connected with sustainable peacebuilding processes. Health recovery occupies a singular and prominent role in transition situations, since it requires continued interventions aimed at shielding the fundamental public health action that can protect lives and reduce avoidable disease and disability. At the same time, it calls for intensified or accelerated action for the attainment of the health-related MDGs, which are lagging behind in countries affected by protracted crises.

Objectives

The objectives of the panel are the following:

- discuss a range of policy advice that could be included in the report of the Secretary-General to the Economic and Social Council on more effective ways of achieving the health-related MDGs in countries emerging from conflict, which could be included in the ECOSOC's Ministerial Declaration to be adopted at the end of the High-level Segment in July; and
- offer advice to the Peacebuilding Commission (PBC) on the role of health in the peacebuilding process.

Possible questions:

- *What are the health-related differences between “normal developing countries” and “countries in, or emerging from, conflict”?*
- *How does health fit into comprehensive approach to stabilizing post-conflict environments and reconstruction plans and is there a role for peacekeeping in stabilizing/improving health in these countries?*
- *How can the foreign policy and development cooperation communities work most effectively to restore the health sector in countries emerging from conflict? How to deliver predictable and coordinated support?*
- *Is there a role for civil society in restoring the health sector in countries emerging from conflict?*

In addressing these themes, the panel should, to the extent possible, use as examples or case studies countries of interest to ECOSOC and the PBC, namely, Haiti, Burundi, Central African Republic, Guinea-Bissau and Sierra Leone. The panel should also provide “good practice” examples and identify which mechanisms of collaborative engagement work best and how can they be replicated or scaled up.

Participants

Chair: Ms. Sylvie Lucas, the President of the Economic and Social Council

Remarks by: **H.E. Mr. Hernando Muñoz**, Permanent Representative of Chile and Chair of the Organizational Committee of the Peacebuilding Commission

Panelists: **“Health challenges in post crisis situations”**

Mr. Eric Laroche, Assistant Director-General, Health Action in Crisis, WHO

Mr. Joël Boutroue, Deputy Special Representative of the Secretary-General and UN Resident Coordinator in Haiti

H.E. Mr. Sheku Tejan Koroma, Minister of Health and Sanitation, Sierra Leone

Ms. Sophie Delaunay, Executive Director, Médecins Sans Frontières - USA