

Ministerial Declaration-2009

“Ministerial declaration of the 2009 high-level segment of the Economic and Social Council”: “Implementing the internationally agreed goals and commitments in regard to global public health”

We, the Ministers and Heads of Delegations, participating in the high-level segment of the substantive session of the Economic and Social Council, held in Geneva from 6 to 9 July 2009,

Having considered the themes of the high-level segment, ‘Implementing the internationally agreed goals and commitments in regard to global public health’ and ‘Current global and national trends and their impact on social development, including public health’, “*Recalling* the outcomes of the major United Nations conferences and

summits in the economic, social and related fields, especially those related to global health,

Recognizing the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate,

Recognizing also that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health,

Recalling that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,

Having considered the reports of the Secretary-General¹ and the deliberations held during the high-level segment,

Taking note with appreciation of the voluntary initiatives of the Governments of China, Ghana, Jamaica, Qatar and Sri Lanka to host regional preparatory ministerial meetings in Beijing, Accra, Montego Bay, Doha and Colombo, respectively, for the annual ministerial review,²

Welcoming the voluntary national presentations made by China, Jamaica, Japan, Mali, the Pluri-national State of Bolivia, Sri Lanka and the Sudan,³

Expressing concern at the adverse impact of the global financial and economic crisis on the realization of the internationally agreed development goals, including the Millennium Development Goals, particularly the health-related Millennium Development Goals, and on the ability of ~~developing~~ ^{developing}

the global partnership for development, as a vital element for achieving these goals, in particular the health-related goals,

Have adopted the following declaration:

1. We reaffirm our commitment to the achievement of the internationally agreed development goals, including Millennium Development

Goals, particularly those related to health, in a timely manner and we reiterate our resolve to expedite realization of the United Nations development agenda.

2. We recognize that health and poverty are interlinked and that achieving the health-related goals is central to sustainable development.
3. We reaffirm that good public health is better achieved through a combination of good public-health policies including multi-sectoral policies that stress better nutrition, safe drinking water, hygiene, sanitation and sustainable urbanization, and effectively combat major risk factors.
4. We reiterate that each country has primary responsibility for its own economic and social development and that national policies, domestic resources and development strategies cannot be overemphasized. We are determined to develop and strengthen comprehensive, multi-sectoral, integrated people-centred and results-oriented approaches to achieving the internationally agreed development goals, including the Millennium Development Goals, in order to achieve improved health outcomes and health equity for all among and within countries. We call for political leadership, empowerment of communities and engagement of all stakeholders, including individuals, for attaining these goals with renewed vigour and in the spirit of global solidarity.
5. We emphasize the need for urgent and collective efforts to improve public health and address the public-health challenges exacerbated by the current and emerging global 'interrelated' challenges, in particular:
 - (a) The global financial and economic crisis, which is undermining, by slowing or reversing, the development gains of developing countries in the achievement of the internationally agreed development goals, including the Millennium Development Goals;
 - (b) The food crisis and continuing food insecurity in many countries, which have affected global health, especially the overall nutrition levels of populations in developing countries, and the social and economic consequences which have direct negative impacts and impair nutritional status;
 - (c) Climate change, which poses serious health risks and challenges to all countries, particularly developing countries, especially the least developed countries, landlocked developing countries, small island developing States and countries in Africa, including those that are particularly vulnerable to the adverse effects of climate change.
6. We emphasize the need for further international cooperation to meet emerging, new and unforeseen threats a

framework for the sharing of H5N1 and other influenza viruses with human pandemic potential, and for the sharing of benefits, including access to and distribution of affordable diagnostics and treatments, including vaccines, to those in need, especially in developing countries, in a timely manner. We call for strengthening surveillance and response capacity at the national, regional

13. We call for action to promote gender equality and the empowerment of women and concerted action to ensure the equal access of women and girls to education, basic services, including primary health care, economic opportunities and decision-making at all levels.

sustainable access to safe drinking water and basic sanitation as a means of

promotion, and universal access to disease prevention, curative care and palliative care and rehabilitation that are integrated and coordinated according to needs, while ensuring effective referral systems.

22. We stress the importance of multi-sectoral and inter-ministerial approaches in formulating and implementing national policies that are crucial for promoting and protecting health. We reiterate that Governments will play the central role, in collaboration with civil society organizations, including academia, and the private sector, in implementing national strategies and action plans on social services delivery, and in making progress towards ensuring more equitable health outcomes.

23. We recognize the close relationship between foreign policy and global health and their interdependence, and in that regard also recognize that global health challenges require concerted and sustained efforts by the international community. We look forward to continuing discussions on this issue.¹¹

24. We underline the health and rehabilitation needs of victims of terrorism, encompassing both physical and mental health.

25. We underline our commitment to developing and implementing national strategies that promote public health in programmes or actions that respond to challenges faced by all populations affected by conflict, natural disasters and other humanitarian emergencies, and acknowledge that inequities in access to health care can increase during times of crises, and that special efforts should be made to maintain primary health care functions during these periods, as well as to ensure that the needs of the poorest and most vulnerable are met during the post-crisis, peace-building and early recovery stages.

26. We underline the need of people living in situations of armed conflict and foreign occupation for a functioning public-health system, including access to health care and services.

27. We call upon all countries to strengthen institutional capacity to pursue longer-term health and development goals and fulfill the need to discharge essential public-health functions as part of the broader post-humanitarian assistance crisis recovery strategy.

28. We underline the importance of establishing effective financial strategies for health care, including allocating to Government health budgets increased resources and/or using resources more efficiently.

29. We acknowledge the contribution of aid targeted towards the health sector, while recognizing that much more needs to be done. We call for the fulfillment of all official development assistance-related commitments, including the commitments by many developed countries to achieve the target

of 0.7 per cent of gross national income for official development assistance by 2015 and to reach the target of at least 0.5 per cent of gross national income for official development assistance by 2010, as well as the target of 0.15-0.20 per cent of gross national income for official development assistance to least developed countries, and urge those developed countries that have not done so to make concrete efforts in this regard in accordance with their commitments.

30. We welcome increasing efforts to improve the quality of official development assistance and to increase its development impact. The Development Cooperation Forum of the Economic and Social Council, along with recent initiatives such as the High-level Forums on Aid Effectiveness, which produced the 2005 Paris Declaration on Aid Effectiveness and the 2008 Accra Agenda for Action,¹² make important contributions to the efforts of those countries that have committed to them, including through the adoption of the fundamental principles of national ownership, alignment, harmonization and managing for results. We should also bear in mind that there is no one-size-fits-all formula that will guarantee effective assistance. The specific situation of each country needs to be fully considered.

31. We urge further strengthening of international cooperation in the area of health, inter alia, through exchange of best practices in the areas of health systems strengthening, access to medicines, training of health personnel, transfer of technology and production of affordable, safe, effective and good-quality medicine, and we welcome in this regard South-South, North-South and triangular cooperation and recognize that the commitment to explore opportunities for further South-South cooperation entails seeking not a substitute for but rather a complement to North-South cooperation.

32. We stress that international cooperation and assistance, in particular external funding, need to become more predictable and should be better aligned with national priorities and channeled to recipient countries in ways that strengthen national health systems. We acknowledge the progress made on new, voluntary and innovative financing approaches and initiatives. We take note of the work and recommendations of the Leading Group on Innovative Financing for Development, as well as the findings of the High-level Task Force on Innovative International Financing for Health Systems. We acknowledge that innovative financing mechanisms should supplement, and not be a substitute for, traditional sources of finance.

33. Although the financial and economic crisis has affected all countries, it is important to take into account the varying impacts and challenges of the crisis on the different categories of developing countries. The crisis is further endangering the achievement of their national development objectives, as well as the internationally agreed development goals, including the Millennium Development Goals. We are particularly concerned about the impact on countries in special situations, particularly least developed

40. We recognize traditional medicine as one of the resources of primary health care services which could contribute to improved health-care services leading to improved health outcomes, including those targeted in the Millennium Development Goals. We urge States, in accordance with national capacities, priorities, relevant legislation and circumstances, to respect and preserve the knowledge of traditional medicine, treatments and practices, appropriately based on the circumstances in each country, and on evidence of safety, efficacy and quality.

41. We stress that health literacy is an important factor in ensuring significant health outcomes and in this regard, call for the development of appropriate action plans to promote health literacy.

42. We reaffirm the need to develop, make use of, and improve national health information systems and research capacity with, as appropriate, the support of international cooperation, in order to measure the health of national populations, with disaggregated data, so that health inequities can be detected and the impact of policies on health equity measured.

43. We are committed to promoting research and development, knowledge-sharing and provision and use of information and communications technology for health, including through facilitating affordable access by all countries, especially developing countries.

44. We express our unwavering resolve to implement the present declaration.

Closure of the high-level segment

57. At the 16th meeting, on 9 July, following a concluding statement by the President of the Council, a statement was made by the Under-Secretary-General for Economic and Social Affairs.

58. At the same meeting, the President of the Council declared that the high-level segment of the substantive session of 2009 of the Council was closed.

Note

1 E/2009/53 and E/2009/81.

2 See E/2009/104, E/2009/106, E/2009/109, E/2009/102 and E/2009/88, respectively.

3 See E/2009/94, E/2009/93, E/2009/86, E/2009/95, E/2009/96, E/2009/111 and Corr.1 and E/2009/97, respectively.

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18 United Nations, *Treaty Series*, vol. 1771, No. 30822.