PREPARATORY MEETING FOR 2005 ECOSOC
HIGH-LEVEL SEGMENT
16-17 March 2005

"Achieving the internationally agreed development goals, including those contained in the Millennium Declaration, as well as implementing the outcomes of the major United Nations conferences and summits: progress made, challenges and opportunities"

ROUNDTABLE 3: HEALTH AND MORTALITY
Chair: H.E. Mr. Ali Hachani (Tunisia), Vice-President of ECOSOC
Lead Organizers: WHO, UNFPA, UNAIDS, UNICEF[1]
Moderator: Dr. Andrew Cassels, Director for MDGs, WHO; France Donnay, Chief, Reproductive Health Branch, UNFPA

BACKGROUND NOTE

Some advancement has been made on the MDGs but much still remains to be done if the large number of 'off-track' countries are to make better progress towards the targets. The key challenges is to ***reach the poor*** *with the services they need -* ***scaling up services*** *and addressing the 'major killers', particularly* ***HIV and AIDS, TB and malaria.*** *These in turn necessitate attention to the cross-cutting and overarching issues that constrain access to care and limit progress towards the MDGs - health systems, inter-sectoral policy approach, health and macro policy, and stakeholder coordination. The global momentum around a common MDGs agenda provide important opportunities - political, financial and policy - to meet these challenges which must be seized to push the MDG effort forward.*

- **Progress**

Evidence suggests that only limited progress has been made towards the MDGs - a few countries are 'on- track' to achieving some health targets. However, the overall picture isn't very promising, critically, countries with poorest indictors are recording very slow improvement in outcomes (even regression as in fragile states). Should this trend

[1] Other Collaborators include UNHCR, UNFIP, FAO, OHRLLS, UNITAR.

continue, it is unlikely that they shall achieve the MDGs. Immediate and concerted effort, especially in Africa, is needed at all levels if better progress is to made.

Target: Have halted by 2015 and begun to reverse the spread of

development bottlenecks, increase the capacity of countries to scale up health development and bring the MDG effort at country level together.

Policy and strategy challenges for *health:*

Health is not impacted by the health sector alone and a comprehensive inter-disciplinary and ***inter-sectoral approach*** to address health MDGs needs to be adopted. How, for example, nutrition, education and environmental protection interact with health will critically impact the health-MDGs. This must be taken into account while planning for better health, as must the applications of human rights and other instruments of international law.

Challenges at the *political and macro level*:

The development agenda continues to be dominated by activities traditionally regarded as 'productive'. Health remains a low priority sector even in light of well documented evidence on the direct and significant impact of AIDS, malaria, TB and other diseases (i.e. SARs) on economic growth and their disproportionate impact on the poor. This has had an adverse impacted on the ***profile of health*** in overall development planning (i.e. PRSPs most often neglect health) and, importantly, in national expenditure plans and budgets. Two areas of engagement are important here: macro issues like sectoral absorbtive capacity and expenditure ceilings and on trade negotiations on resources, both human (migration) as well as material (e.g. drug patents).

Challenges posed by the *increasing number of actors* in health and development

There is an entire range of stakeholders and activities in health and related sectors which need to be ***harmonised and aligned***, especially with local priorities, so that there is country and, ultimately, community participation and ownership. This will avoid duplication and streamline efforts, increase at least efficiency - if not efficacy - for all stakeholders.

Challenge of *fragile states*

A special set of challenges is posed by countries in or emerging from conflicts or, more broadly, by ***fragile states***. Crucially to poverty reduction and health, these countries are subject to a 'clustering' of mortality and morbidity causing a disproportionate number of deaths among the poor, and an exceptionally high child and maternal mortality. In fact, one of the health problems considered most germane to human security is health crisis during conflict and humanitarian emergencies, making access to the basic care captured by the MDGs critical for stability in such situations.

Challenges of *specific health conditions*

The ***AIDS pandemic,*** with its multiplying effect on the spread of TB, is the most immediate and biggest threat to global health and to development itself. The disease is spreading fast, affecting women disproportionately with Africa continuing to bear the heaviest burden. The prevention-treatment continuum of HIV and AIDS care requires substantial investments in a range of interventions - from awareness programmes to antiretroviral therapy - and funds to tackle them have not been forthcoming at the pace and volume necessary to halt and reverse its impact. Further, the channels needed to disburse available resources are not in place - financial structure and management to ensure timely flow of funds are still notably lacking . As the African experience has shown, the impact of HIV and AIDS is unique: loss of health, well-being and income at the individual/household level which have translated into a slowing down of the overall economy as well as, critically, into inter-generational cumulative losses with increasing orphans due to AIDS deaths and a sharp decline in the working age-group. HIV and AIDS is a global health, social and economic emergency necessitating a matching immediate and strong global response.

The impact of other MDG related health and mortality should not be underestimated: ***malaria*** remains a major cause of mortality, ill health and an obstacle to development in large parts of the world, especially Africa. Moreover, in spite of established, cost-effective interventions for improving ***child and maternal health*** (e.g., skilled attendants at birth, emergency obstetric care), an estimated 250 million years of productive life is lost due to poor sexual and reproductive health each year a

constituting one-third of all ill-health among women of reproductive age in developing countries, most of this is in poor countries. In fact, among all human development indicators, those for sexual and reproductive health show the starkest inequities between the rich and poor (both within and between countries).

- **Opportunities**

There is growing international recognition that development has an essential role in global security and the MDGs have placed ***health at the centre of development***. Further, the MDGs represent a departure from past approaches in addressing poverty: by focusing attention on a core set of inter-related goals and targets they highlight, first, the interaction and mutual reinforcement between different dimensions of poverty and the importance of a comprehensive approach for its eradication and, second, need to mobilize partners into action, forge new alliances and develop national capacity. The consensus around this common and urgent agenda provides an exceptional opportunity to successfully address challenges to better health in the context of poverty alleviation. This ***political momentum*** has created an unique enabling environment for a