



Ladies and gentlemen,

Both sustained economic growth and a near doubling of health aid from public and private sources between 2000 and 2006 have helped countries make headway towards achievement of the health-related MDGs.

We have made substantial progress in the fight against HIV/AIDS and malaria. Owing to improvements in prevention programmes and the expansion of antiretroviral treatment, both the number of people newly infected with HIV, and the number of people who die from AIDS have started to decline. And where prevention programmes and access to more effective antimalarial drugs have been expanded, there has been substantial reduction of malaria cases and deaths.

Prevalence of child malnutrition has declined. But recent food and economic crises threaten the limited gains, and a child in the developing world is 13 times more likely to die before reaching age 5 years than a child in a developed country. Easily preventable diseases – such as pneumonia, diarrhoea, malaria and measles – remain the leading cause of childhood death. We can and must do better.

Tragically, very little progress has been made on maternal health. In fact, among all the MDGs, improving maternal health is the goal towards which we have made the least progress. Every year, more than half a million mothers around the world die during childbirth or in the six weeks after delivery. 99% of these deaths occur in developing countries. This is a crisis that demands urgent attention and action.

We will soon hear from Professor Rosling a detailed assessment of how we are doing on the international goals on global public health today, and how to transform our mixed record on the health-related MDGs into a solid record of success.

Ladies and gentlemen,

The financial and economic crises will put pressure on health ministries to cut expenditure, making it more difficult to retain the right balance of essential curative services and preventive public health programmes.

The most vulnerable groups and countries will be the most negatively affected. Developing countries with limited fiscal resources, weak institutions and poor infrastructure are particularly vulnerable, as their health budgets are under serious pressure at a time when demand for public health services is on the increase.

At the same time, countries are experiencing reductions in remittances from overseas and a return of their workers. In many countries, foreign direct investment has already declined dramatically. International trade has begun to shrink significantly. This contraction mainly reflects reduced demand from developed countries and adversely affects commodity prices, output, jobs, incomes, tax revenue and governments' fiscal and policy space.

While the recent record is mixed, and hence inconclusive, ODA for health has tended to fall during times of recession, usually with disastrous effects. We must learn from past mistakes and try to avoid repeating them. This was also a key message from the AMR regional consultations held in Sri Lanka earlier this month.

Statements by many high-level officials promising to maintain their aid commitments irrespective of the current financial crisis, are therefore encouraging. The current crisis should give impetus to efforts to increase the efficiency of health service provision.

Aid can be made more effective by ensuring that the recipient country is in the driver