

## Global Preparatory Meeting for the 2009 Annual Ministerial Review

31 March 2009 New York, UN Headquarters

### Background note

*Meeting the internationally  
agreed goals and commitments*

### 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.<sup>1</sup> 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.<sup>2</sup>

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).<sup>3</sup> In 2009, a regional meeting was held on in Sri Lanka. Regional consultations will also be held on *"Promoting Health Literacy"* in China, and there is a proposal to hold one on in Qatar.

<sup>1</sup> A/RES/60/1, Para. 155 (c).

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

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



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 health care 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-**

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 Millennium Development Goals.

## **Participants**

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

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

Panelists:

**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