



Civil Society Development Forum (Geneva Component)

2 – 4 July 2009

Geneva, Switzerland

Outcome Document

**Threats to the Health and Sustainable Development of Nations
(Civil Society Proposals on Global Public Health in the Context of the Global Economic Crisis)**

1. We, representatives of member organizations of the Conference of Non-Governmental Organizations in Consultative Relationship with the United Nations (CoNGO), and other civil society groups¹, convened in Geneva, Switzerland, from 2 to 4 July 2009, for the Civil Society Development Forum (CSDF). We discussed issues germane to the agenda of the High-Level Segment of ECOSOC's Substantive Session—on global public health, to be held in Geneva from 6 to 9 July 2009. Our conclusions and recommendations were prepared for careful consideration by ECOSOC Member Governments in the course of their deliberations and decision-making at this Session.
2. We gathered at a time when the worldwide food, energy and environmental crises were reinforced by the devastating effects of the financial and economic crises. The combination of these crises is threatening the socio-economic roots and stability of the Global North and inflicts even greater burdens, with debilitating effects, on the Global South, cancelling momentary socio-economic gains achieved over the last three to five years.
3. Now, more than ever, UN Member States must reaffirm their commitment to fulfil the promises they made with regard to Official Development Assistance, and for member states and the international financial institutions to take into account the conclusions and recommendations of the UN Conference on the World Financial and Economic Crisis and Its Impact on Development held in June 2009 in New York. These recommendations reminded all States and international financial

¹ A full listing of participating organizations is provided at www.ngocongo.org.

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institutions to ensure adherence to the social and economic rights of the most vulnerable, especially their right to health.

4. Attaining the Millennium Development Goals (MDGs) by 2015 is in greater jeopardy ever since their promulgation by the leaders of the world nine years ago. The combined threats of the failure to achieve the MDGs, which are cross-sectoral goals, the current paralysis in foreign assistance policies, and the misallocation of national budgets to favour non-productive and military activities are likely to harm the delicate interrelationship between the pursuit of human rights and poverty eradication, global public health and development, and gender equality and the empowerment of women. These are threats to the good intentions to address the social determinants of health.
5. In six workshops, CSDF 2009 delved deeply into its overarching theme of “Threats to the Health and Sustainable Development of Nations”. Three keynote themes were also explored: (i) the social determinants of health; (ii) impacts of the global economic crisis on health; and (iii) threats to the achievement of the MDGs, especially those relating to global public health. Following are the major points arising out of those workshops, including the elements of a special report from the youth participants who attended these workshops:

Responding to Health Inequities at Local and International Levels

6. Governments are increasingly aware of the value of competent civil society input for their policy deliberations and decision-making. In the public health field, the input of numerous international and national advocacy, scientific and community-based civil society organizations can enhance government policies. We call on governments and parliaments to take full advantage of these competencies. Meeting the full range of health needs requires partnership: civil society is ready and able to contribute constructively.
7. The conversion of international agreements into national legislation and practical implementation mechanisms frequently reveals inadequacies. Civil society calls on governments to fulfil their obligations as the credibility of government institutions in this adoption process is at stake. A review of the internationally agreed development goals and commitments, including the MDGs relating to public health, is of key importance.
8. It is critical for governments to adopt a human rights-based approach to health, which would contribute towards attaining the MDGs. This approach redefines health beyond being a mere state and recognizes it as a potential for people to deal with challenges to their bodies and the social determinants of their health. It is a potential to become fully human and humane. Health care must be affordable, acceptable, accessible, and adaptable. It must also be socially responsive, policy-based, contextually-appropriate, and gender-sensitive. Primary health care should in itself be

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comprehensive, by focusing on all aspects of prevention, cure and care, and to healing and wholeness.

Dealing with the Shortage of Health Care Workers

9. Policies need to be designed to reduce the brain drain of health care workers and to achieve their equitable distribution compatible with community needs. Education and training must encompass all levels of health care personnel, including local and grassroots community workers and managers, social workers, psychologists, psychiatrists, nurses and medical doctors. Decent wages and working conditions are key to ensuring retention and a rationalized migration policy in both sending and receiving countries.
10. We stress the importance of a holistic approach to health and capacity building. The inclusion of indigenous medical specialists and traditional healers is essential for comprehensive health care delivery. Their marginalization in society and the discrimination of their expertise are directly linked to poor health services and endanger the availability and viability of health care at the local level.
11. We emphasize the importance, as does WHO, of defining health as encompassing mental, physical and social well-being. Depression is projected to be the greatest risk factor in terms of global disease burden, surpassing all physical illnesses combined by 2030. Women are already at greater risk for depression worldwide. Yet, mental health is missing from the global public health agenda.

Addressing the increase in non-communicable and chronic diseases

12. The increasing trend of non-communicable and chronic diseases is leading to a shift away from infectious communicable diseases in the overall global disease burden. The former diseases tend to be under-diagnosed, especially among the poorest, the most vulnerable and the ageing, thus endangering timely treatment among large population groups, often in an environment of inadequate health system infrastructure. The growing incidence of these diseases results in a reduction in the quality and length of life and in excessive actual costs and social opportunity costs. It is incumbent on governments to issue health-related regulations to meet and promote public health interests outside of industry's profit maximization strategies and to develop constructive public-private health policy partnerships.
13. The advance of non-communicable and chronic diseases must be stemmed by helping remove unhealthy life conditions and lifestyles. Conditions such as health illiteracy, toxic environments, impediments to treatment and care need to be eradicated. Harmful lifestyles such as inadequate nutrition, drug abuse, alcoholism, tobacco smoking, and the consumption of other toxic products, and dependencies need to be abandoned. Multi-sectoral, gender-based, comprehensive strategies

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pursued by civil society, including also health professionals, scientists, faith-based organizations, the private sector and policy-makers, must be set up for effective global action.

14. Concrete follow-up action should comprise (i) the inclusion, in the MDGs and UN agency programmes, of quantifiable action against the spreading of communicable, non-communicable and chronic diseases; (ii) the creation of a Global Fund to address such diseases that do not have such funding mechanisms; (iii) the adjustment of international health regulations to include a strengthened focus on such diseases and the management of risk-related factors; (iv) the revision of international trade agreements and legislation in favour of healthy food and decent labour-related productivity standards and markets; and (v) political action highlighting the right to health, including access to quality medicine and health care for all, the facilitating of the local manufacturing of safe medicine, covering also the development and production of generics and traditional medicine.

Financing Global Access to Health Including Health Technologies

15. Health financing by governments should go beyond financing health care systems but include investing in the preconditions of health, including freedom, education and economic welfare. In so doing, financing health should not be seen as an economic burden but an investment in people contributing to sustainable development and gross national product. Health systems function properly with several key elements, such as adequate numbers of skilled health workers, basic infrastructure and equipment, essential medicines and supplies and health financing systems. They underscore the importance of establishing effective health information systems.
16. Ancestral indigenous people's medicine must be recognized and respected, and adopt health policies that take into account the particular realities in each country. The holistic approach of indigenous medicine complements western medicine and needs to be included when shaping national health policy and practice. A change of attitude, including an intercultural approach, should take place to overcome the hegemonic approach of modern medicine as the only existing answer to health care. Efforts should be made to shift towards a harmonious coexistence of both modern and ancestral medicine for the benefit of all peoples.
17. Communities as well as states should create their own programmes to make their health system more efficient. Public housing, spaces, and conveyances, including traffic facilities, should be made accessible so as to reduce medical and caregiving costs. Promotion of innovative user-oriented information and communications technology (ICT) could support independent living, especially for elderly and disabled persons. Skills and infrastructure for low-income countries need to be developed to enable them to use ICT, such as e-Health and m-Health for medical education and information systems. Use of ICT will reduce costs and lead to a better and more efficient health

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care system. As with all technologies, like wireless technologies, their use must be thoroughly evaluated for implications on health.

Ensuring the Right to Health for Women throughout the Life-Cycle

18. Women's health, including reproductive health, must be promoted throughout their lifecycle by providing gender sensitive medical care. Healthy mothers and healthy babies make for healthy societies. Continuing and expanding financial and political support for MDG 5 is critical. We must break out of the scandalous lack of progress on this goal. Investing in maternal and child health is a precondition for the health of families, communities and nations and not only the health of half of humanity.
19. Most national budget allocations are used to cover curative services and the recurrent costs of health facilities and services; very few resources are deployed for prevention, promotion and rehabilitation. The availability and accessibility of essential health services are often inadequate. This has resulted in considerable inequalities in health-care provision and access, especially among women and other vulnerable groups.
20. Donor and recipient countries, as well as NGOs, must be supported in introducing good governance, efficient planning, accountability and responsible approaches of communities at regional and local levels. Scientific research into gender medicine needs to be funded to provide data for optimal health programmes taking into account differences between men and women, age groups and ethnicity.

Promoting Prevention and Treatment of HIV/AIDS

21. Governments and intergovernmental agencies must broaden the concept of HIV/AIDS prevention and address the social determinants of health regarding vulnerable populations, including women and people who live in abject poverty and hunger. Resources for HIV/AIDS programmes are threatened by the financial crisis which should not be used as an excuse to stop funding them. Countries need to keep their commitment and allocate resources to address HIV/AIDS. The Global Fund should be made more accessible for HIV/AIDS resources and should work towards ensuring that resources get to the needy. HIV/AIDS programmes and policies should make scaling up possible at the national level.
22. Governments need to commit themselves to keep their promise of 0.7% of their GDP, which would help towards attaining the MDGs. Civil society needs to hold up that issue in ECOSOC's debates. Coherence within UN agencies must be encouraged to avoid duplication of services.

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23. National health systems should be strengthened and measures taken expeditiously to confront the brain drain phenomenon. Governments should be urged to exercise pressure on pharmaceutical companies and laboratories to produce diagnostic tools, child-friendly medicines, and to provide universal access to antiretroviral drugs. The disbursement of funds for HIV/AIDS programmes at the global level should be closely monitored.

Youth Perspectives

24. Empowering youth is an investment for today and the future for their meaningful participation in decision-making for themselves and for society. Promoting youth participation in decision-making is a key element in ensuring the provision of youth-friendly health services, including opportunities for employment and decent wage, and thus a healthy and productive youth population. Increased funding and research must be allocated to attend to young people's health. Greater attention must be given to the high disease burden among youth, including the high prevalence of depression and suicide rates. Health strategies must guarantee accessibility to health services for the youth.
25. Young people need a voice in global governance systems. It is crucial that they can feel a sense of purpose and respect. When encouraged to speak with their opinion being valued, recognizing that "youth speak truth," they are empowered to talk about their experiences. For young people, meaningful participation includes being immersed and knowledgeable about the issues they mostly only hear about. New approaches of communication and dialogue must be explored to relate the daily experience of young people. These dialogues can help initiate change in communities.
26. Many youth are faced with inadequate health care services and feel that the health care system needs to be taken beyond a monetary world. For youth, a new service-based health system should be seen as a social duty and a new global ethic. The idea of "design for all" services should encompass the development of a truly generally accessible global health network. Accessibility denotes prior access to the system, but what about those who have no access.

Cross-cutting Themes and Other Concerns

27. Civil society advocacy for the MDGs must redound to the betterment of life and living conditions of people around the world, especially the extremely poor and the hungry who are also the most deprived, oppressed and marginalized. In the economic downturn, we must not renege on ensuring their health and the health of the entire human community. A review of internationally agreed development goals is a reconsideration of humanity's commitments to life-giving and life-enhancing activities. It must give focus to combating activities and tendencies that deal with and peddle violence and death, especially wars.

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28. CSDF 2009 reaffirmed the intersections and interdependence between human rights, peace and security, and sustainable development. These values undergird, enhance and sustain a healthy human life and the planet. Human right to health is equally the human right to a healthy and sustainable ecological system. Food, an essential element of health, must be ensured for all. Without food, health goals are meaningless. Profit entities and structures, especially those affecting the food production and distribution chain, must favour and ensure availability of safe, healthy and affordable food for all. No one should gain and make profit from making people sick.
29. Global public health is a challenge to socio-economic policies. Health is not primarily an economic outlay but the foundation for productivity and the enjoyment of human rights and dignity. Public health cannot be a mere consumer good for it is a fundamental building block of society. The right to and equal access to health care implies a just and equitable health for vulnerable populations. Thus, society needs to ensure that public policies consider the implications of social and economic conditions--determinants that either increase or decrease the risk and vulnerability of specific populations.
30. The use and abuse of alcohol is a global problem that spans both physical and mental health. It is multi-faceted with issues varying across cultures. The benefits connected with the production, sale and use of alcoholic beverages come at an enormous cost to society. Acute and chronic disease and psycho-social problems are integrally linked. Physical toxicity, intoxication, and dependence explain alcohol's ability to cause medical, psychological, and social harm. Like WHO, NGOs must be mobilized to promote alcohol policies which safeguard from the negative consequences of alcohol abuse and addiction, enjoining everyone to own the problem and help monitor alcohol marketing. NGOs must help foster political will to reduce the global burden of disease caused by alcohol.
31. Health information for people and communities involves access to information for health promotion, health education, health literacy and awareness. These require consideration of legal and ethical aspects such as the quality and credibility of information, whether or not it is evidence-based, the source, conflicts of interest, and consent. Access to information across organizational and geographic boundaries should not limit access to health data and information, but must be managed through agreed protocols for data protection, privacy and authenticity.
32. E-health is an emerging field in the intersection of medical informatics, public health and business, referring to health services and information delivered or enhanced through the internet and related technologies. E-health is more than a technical development, it is a way of and a commitment for networked and global thinking, to improve healthcare locally, regionally, and globally by using information and communications technology. A national eHealth legislative framework should provide the basis for protecting data, users and citizens from misuse.

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