Follow-up Report to the ECOSOC Ministerial Declaration, July 2009

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I. Introduction

On 10 July 2009, the President of the United Nations Economic and Social Council (ECOSOC) submitted the Ministerial Declaration of the 2009 High-level Segment Annual Ministerial Review (AMR). The declaration is a non-binding document but can be used as persuasive authority for ECOSOC member states and other UN bodies. It is the product of negotiations among Member States that began in New York in June 2009 and culminated at the Annual Ministerial Review in Geneva, Switzerland in July 2009.

The Global Alliance for Women's Health, Inc. (GAWH), a non-governmental organization (NGO) in special consultative status with ECOSOC, has advocated for women's health policy at the UN level since 1994. In 2003, GAWH developed a campaign to raise awareness about diabetes and other non-communicable diseases (NCDs) and their particular impact on women. As part of this campaign, GAWH facilitated two caucuses: the Council on Gender-based Health to the United Nations and the Friends of the UN Diabetes Resolution (FUNDR). Both caucuses are public-private partnerships chaired by Member States and comprised mainly of Member State delegates. GAWH is the secretariat organization for both groups.

In anticipation of the Ministerial Declaration negotiations, GAWH hosted a joint meeting of both caucuses on 9 June 2009 at the UN Headquarters in New York. GAWH distributed a proposed ECOSOC intervention statement to the meeting attendees, calling for the inclusion of specific provisions in the declaration.[1] This intervention emphasized diabetes in the developing

[1] *See* Appendix A, Draft Intervention Statement, June 4, 2009.

world as not just a health problem, but one that has political, economic, and development consequences. Additionally, the intervention called attention to the special impact that the disease has on women both during pregnancy and throughout the lifespan. Furthermore, it urged Member States to push for policies that reflect the different needs men and women have with regard to diabetes and to consider the social determinants that contribute to those differences. It also asked Member States to be mindful of Millennium Development Goals (MDGs) 3 and 5: promoting gender equality and empowering women and improving maternal health.

This report will analyze the extent to which those provisions were realized in the Ministerial Declaration, the impact of GAWH's advocacy on those provisions, and the willingness of delegates to push for their inclusion in the declaration. It will also explore ways to continue and expand GAWH's advocacy in the future.

II. The Evolution of the Declaration

The process of creating a declaration begins before any written draft is produced. Prior to the release of a preliminary draft, ECOSOC Member States are consulted by the secretariat and asked for their input on what elements should be included in the declaration. These "informal consultations" usually determine which broad elements will be included in the declaration. Once the first draft has been released by the secretariat, it is difficult for Member States to push for the inclusion of any new elements absent from the first draft. Therefore, subsequent negotiations among member states consist mostly of adjusting and adapting the included elements.

This section explores the provisions in the various drafts of the Ministerial Declaration that relate to NCDs, diabetes, and gender-based health, and follows the path of negotiations as demonstrated by the changes in the language and placement of paragraphs from draft to draft.

A. 5 June 2009 Draft[2]

The 5 June 2009 draft of the Ministerial Declaration, the earliest version available, contains 38 paragraphs. This draft was released before GAWH's intervention statement was distributed to the Member States at the joint meeting. Paragraph 29 of this draft is devoted to NCDs, but there is no specific reference to diabetes. The language of this paragraph recognizes that NCDs place a greater burden on the social and economic sectors and development. However, the paragraph is broad and does not discuss the different effects NCDs have on men and women. Additionally, the placement of this paragraph at the end of the document is problematic, as it appears to deemphasize the importance of NCDs by not making it a more prominent part of the declaration.

There is very little language relating to women or gender-based health in the other paragraphs of this draft. In Paragraph 31, the draft mentions MDGs 4 and 5, and "express[es] concern on the lack of progress" made on those goals and calls for action to prevent maternal death. Paragraph 33 seeks to "promote gender equality and empowerment of women" and also calls for "equal access of women and girls to education, basic services, economic opportunities and decision-making at all levels." However, there are very few specific recommendations and no substantive mention of women's health outside of the reproductive years. Paragraph 8 "recognize[s] that social determinants play a central role in health outcomes and call[s] for action to address the underlying causes of inequities." The 2009 World Health Assembly (WHA) in Geneva passed a resolution titled, "Reducing health inequities through action on the social

[2] *See* Appendix B, Draft Ministerial Declaration, June 5, 2009.

determinants of health."[3] Therefore, Paragraph 8 reaffirms the delegates' recognition of the link between social determinants of health and inequities in health status.

B. 20 June 2009 Draft[4]

The 20 June 2009 draft of the Ministerial Declaration was produced after the joint meeting hosted by GAWH and the distribution of the GAWH intervention statement. This draft, the longest of any of the drafts, reflects negotiations that took place in New York. There are alternate versions of many of the paragraphs; it appears that at this stage of negotiations, Member States pushed for the inclusion of more specific provisions, including provisions relating to NCDs, diabetes, and social determinants of health.

In this draft, the NCD paragraph remains number 29 of 38. From the annotations in this draft, the European Union wanted to include mental disorders as part of this paragraph. Apart from that, the paragraph remains substantially similar to the one from the 5 June draft. The 20 June draft includes two alternative proposals to Paragraph 29, one of which, Paragraph 29bis, was proposed by the G77 and explicitly states, "[D]iabetes is a chronic, debilitating, and costly disease associated with severe complications, that poses serious challenges to the achievement of internationally agreed development goals, including the Millennium Development Goals." This wording is much stronger than in the previous draft of the declaration and aligns with the language used by GAWH in the intervention statement. The other alternative proposal deals with clean drinking water, not NCDs.

[3] *See* Resolution WHA 62.14, Reducing health inequities through action on the social determinants of health (22 May 2009), *available at* http://apps.who.int/gb/ebwha/pdf_files/A62/A62_R14-en.pdf.

[4] *See* Appendix C, Draft Ministerial Declaration, June 20, 2009.

The paragraphs relating to gender-based health, MDGs 4 and 5, and social determinants of health were also revised in this draft. The most substantial change was also proposed by the G77. Paragraph 9(bis) explicitly calls for "[i]ncreased commitment to address the problem of malaria and *diabetes during pregnancy*; a condition that impairs maternal health, and which can negatively affect their offspring." [Emphasis added.] This language emphasizes the unique impact that diabetes has on women and links diabetes to other important women's health issues. It also draws attention to NCDs in this document outside of the NCD paragraph itself.

Two paragraphs, Paragraphs 10 alt and 10 alt alt, call for "gender-sensitive mulitsectoral health policies and programmes," in place of simply "multisectoral health policies and programmes." This indicates thinking about gender-based health, although the wording stops short of calling for disaggregation of data between men and women. MDGs 4 and 5 remained in Paragraph 31 and the wording of the paragraph is substantially similar to the wording of Paragraph 31 in the 5 June draft. Paragraph 8 again contains language about social determinants of health. The four variations of the paragraph in this draft are more specific with regard to what the social determinants are; however, the ways that social determinants contribute to health status are not specified.

C. 3 July 2009 Draft[5]

The language about NCDs and gender-based health that appears in the 3 July draft was agreed upon at that time and remained the same until the final version of the declaration. The placement of those paragraphs, however, had not yet been finalized. Delegates involved in the negotiation process confirmed that the NCD language was decided upon before their arrival in Geneva.

[5] *See* Appendix D, Draft Ministerial Declaration, July 3, 2009.

In this draft, the G77 submitted a "restructuring proposal," which lays out two lengthy paragraphs; one deals with communicable diseases and the other with non-communicable diseases. The NCD paragraph emphasizes again that NCDs carry a "heavy burden on society with serious social and economic consequences." Not only does it mention diabetes and other NCDs in the paragraph, it also contains a subpoint focusing specifically on diabetes. Subpoint (b) provides that Member States "[r]ecognize that diabetes is a chronic, debilitating and costly disease associated with severe complications." The language is almost identical to that included in the 20 June draft. Its specificity regarding diabetes represents the advocacy efforts of the G77 nations, many of whom are involved in the Council on Gender-based Health and FUNDR.

The paragraph on MDGs 4 and 5 and empowerment of women is moved up to Paragraph 9 of 36 in this draft. Although the language in Paragraph 9bis was expanded greatly from previous drafts and is much more specific with regard to "improving maternal and child health," there is no language about NCDs. The provision from the previous draft about diabetes and pregnancy was dropped from this version. However, the fact that the language was included in a previous draft can be viewed as a positive indication that delegates regard these subtle issues as important and that they can evolve into major issues in the future. Paragraph 9bis, which is marked as "agreed" in this draft, has several subpoints. Paragraph 9bis(c), deals with child health and lists specific causes of child mortality, but does not include diabetes or any other NCDs.

Paragraph 10 in this draft carries over the language from the 20 June draft of "gender-sensitive multisectoral health policies and programmes." It appears that this language was still under negotiation in this draft because it is not marked as "agreed."

D. 5 July 2009 Draft[6]

As stated, the 5 July draft contains the same NCD language as the 3 July draft. However, the paragraph was moved up to 16 of 43, which puts it in a much more prominent place in the declaration. According to people with knowledge of the negotiations, by this point, the provisions still at issue among the delegates were those relating to reproductive health and intellectual property rights. The "gender-sensitive mulitsectoral health policies and programmes" language was moved to Paragraph 12, and appears not to be finalized yet.

E. Final Draft[7]

In the final draft of the Ministerial Declaration, released on 10 July 2009, the NCD language remained the same. The paragraph ultimately ended up as number 18 of 44. This is a significant improvement over its original placement at 29 as it reflects an agreement among the delegates that NCDs deserve a more prominent location within the document. The paragraph on social determinants of health was moved to number 10, and the paragraph on MDGs 4 and 5 was moved to number 15. Paragraph 13 contains the language about equitable access for women and girls to education and health services. "Gender-sensitive multisectoral health policies and programmes" ended up in Paragraph 14. The fact that all of these concepts appear in the first half of the document is promising because it reflects a consensus that NCDs, women's health, and gender-based health are important issues.

[6] *See* Appendix E, Draft Ministerial Declaration, July 5, 2009.

[7] *See* Appendix F, Draft Ministerial Declaration, July 10, 2009.

III. The Impact of GAWH's Advocacy

During conversations with ECOSOC Member States, delegates at the Third Committee level[8] stated that GAWH's advocacy has contributed significantly to Member States' increased awareness about the problem of NCDs, specifically diabetes, in developing countries, as well as the unique ways that NCDs affect women compared to men. According to these delegates, NCDs and diabetes would not have advanced as far as they have without GAWH's advocacy work. One of the important changes in recent years among ECOSOC Member States is that the United States now supports many NCD initiatives. Countries following the lead of the U.S. interpret that support as an indication that there is a consensus on NCDs, and are thus more likely to support stronger language. It is also important that so many developing countries, especially African nations, are involved in the Council on Gender-based Health and FUNDR and advocate for language like that in the Ministerial Declaration, because NCDs have a huge impact on their populations.

Many developing countries rely heavily on UN documents in formulating domestic health policy. Therefore, the language included in documents like the Ministerial Declaration is influential both at the UN and at the national level. The fact that it is now broadly recognized among Member States that NCDs have a significant impact on development and other non-health sectors such as politics and economics and should be dealt with accordingly.

Delegates also explained that one of the challenges for advancing a specific issue in Ministerial Declarations is that Member States can be reluctant to include very specific language about a particular issue. Until specific language appears in other UN documents, preferably

[8] The Third Committee is one of six main General Assembly committees, and deals with Social, Humanitarian, and Cultural Affairs. *See* United Nations General Assembly, Social, Humanitarian & Cultural Third Committee, http://www.un.org/ga/third/index.shtml.

something coming from the Secretary General, diplomats might not be willing to support specificity in lower-level documents like Ministerial Declarations. Therefore, the fact that the diplomats who do support specific language on NCDs were able to successfully advocate for its inclusion in this Ministerial Declaration can be considered a success.

IV. Future Actions

The momentum from the accomplishment of getting diabetes-specific language into the 2009 Ministerial Declaration must be carried forward in order to broaden awareness of NCDs and diabetes and their impact on women's health, both among other ECOSOC member states and in the UN beyond ECOSOC. GAWH can consider advocating to both ECOSOC and non-ECOSOC Member States in advance of the September General Assembly in order to keep NCDs and their special impact on women on their agendas. GAWH can also advocate at the UN beyond ECOSOC and make connections at UN agencies such as UNICEF, UNDP, and UNFPA to partner to address diabetes as a women's issue and a development issue. In order to maintain GAWH's successes, the organization can attempt to permeate the women's agenda, gender mainstreaming, and other areas with health implications that people might not be thinking about. GAWH could also consider going beyond the UN to the Organization of American States (OAS), based in Washington, D.C., and use the same strategies of education and awareness to delegates at that level that have been successful at the UN.

V. Conclusion

GAWH has been advocating for greater recognition of NCDs and diabetes and their impact on women at the UN level since 2003. The 2009 Ministerial Declaration from the

ECOSOC Annual Ministerial Review includes strong language about the need to address NCDs and diabetes not only as a health issue, but also as an economic, social, and development issue. The evolution of the declaration from its first draft to final form reflects a negotiation process among member states that began in New York, prior to the High-level Segment in Geneva.

The inclusion of specific language about NCDs and diabetes in the Ministerial Declaration indicates that Member States now accept these issues as urgent problems that must be addressed through strong language in documents like the Ministerial Declaration. Additionally, it is encouraging to groups like the G77 propose provisions like the reference to diabetes and pregnancy in the 20 June 2009 draft. Although that wording was ultimately not included in the final draft, it indicates that there is awareness among the Member States about the impact of diabetes and other NCDs on maternal health. It will allow for GAWH's continued and increased advocacy on these issues; GAWH can try to reassert this concept in many ways so that it becomes acceptable. According to delegates involved in the negotiation process, GAWH's consistent advocacy has contributed significantly to the increased awareness of these issues among Member States and has led to their inclusion in the Ministerial Declaration. This, in turn, can pave the way for wider advocacy efforts in the future, both at the UN level and beyond.

APPENDIX A

Draft Intervention Statement
Submitted by the Global Alliance for Women's Health
4 June 2009
10:00 a.m.

1. We, the Friends of the UN Diabetes Resolution, would be highly honored by your Government's support for our efforts to improve the health literacy and education of Diabetes Mellitus.

2. Diabetes is a devastating disease, striking with the strength of an epidemic and exhibiting characteristics of an infectious disease. Over 246 million people worldwide suffer from diabetes, 122 million of whom are women.

3. Women are uniquely affected by the disease. Physically, the risk of coronary heart disease, as well as diabetes ketoacidosis, is 50% higher for women than men. Women exhibit increased odds of developing depression because of diabetes. Socially, and structurally, women in most countries face gender inequalities, stigma and discrimination; diabetic women may be denied access to medical care, rejected as wives or be considered undesirable partners.

4. Health is a development issue. It is our firm belief that increasing educational resources and knowledge of diabetes is essential to the success in diminishing its effects on both an individual's physical health and social well-being.

5. The Friends of the UN Diabetes Resolution would like to draw your Government's attention to resolution 60/265 of 30 June 2006, passed by the United Nations General Assembly. By this resolution, the General Assembly:

> *Recognizes 14 November, the current World Diabetes Day, as well a United Nations day, to be observed every year beginning in 2007.*
>
> *Invites all to observe World Diabetes Day in an appropriate manner; raise public awareness of diabetes and related complications, as well as its prevention and care, including through education and the mass media.*

Encourages Member States to develop national policies for the prevention, treatment and care of diabetes in line with the sustainable development of their health-care systems.

Requests the Secretary General to bring the present resolution to the attention of the Member States and organizations of the United Nations System.

6. The Friends of the UN Diabetes Resolution would like to express sincere appreciation to your Government for supporting this resolution. We are determined to maintain the momentum of support. In this regard, we would be grateful for Your Excellency's assistance in bringing this issue to your Government's attention.

7. It is our considered view that increasing the awareness of diabetes as not only a health, but also a political issue, will be beneficial to your country and people in a multitude of ways.

8. In addition, we would appreciate specific actions to ensure full and equal access of women and girls to education and health services as well as intensified efforts to achieve the MDG targets on Gender Equality and empowerment of women and girls. Collection of data desegregated by gender and socioeconomic status is needed in order to analyze health issues from a gender perspective; the results of such analysis can and should be used for health policy formulation.

9. It is important to raise the profile of diabetes and its complications in the relevant organizations of the UN system, other international and regional organizations, as well as civil society, including the NGO and the Private Sector.

10. In the future, Friends of the United Nations Diabetes Resolution, hope to request the Secretary General Assembly in collaboration with the World Health Organization, to report on the observance of Member States actions taken in compliance with the National Policies for prevention, care and treatment of diabetes, and to implement those within the Resolution.

11. The Friends of the United Nations Diabetes Resolution have the honor to express genuine gratitude for Your Excellency's assistance and continued intensified efforts.

APPENDIX B

Selected Provisions from the Draft Ministerial Declaration: Implementing the internationally agreed goals and commitments in regard to public health

5 June 2009

10 a.m.

Paragraph 8: We recognize that social determinants play a central role in health outcomes and call for action to address the underlying causes of inequities.

Paragraph 29: We recognize the fast growing threat of NCDs and their grave social and economic consequences, which place a serious financial burden on societies. Tackling it constitutes one of the major challenges for development in the twenty-first century. We call for urgent action to implement the global strategy for the prevention and control of NCDs and its related action plan.

Paragraph 31: While welcoming the progress made in the past decade in advancing global health, we express concern on the lack of progress on some goals, particularly MDG 4 and 5. We are deeply concerned at the slow progress in improving maternal and newborn health, and that maternal death remains the largest inequity in the world and call for an integrated approach to reverse this trend, including for actions to childhood illness.

Paragraph 33: We call for action to promote gender equality and empowerment of women and concerted action for equal access of women and girls to education, basic services, economic opportunities and, decision making at all levels.

APPENDIX C

Selected provisions from the Draft Ministerial Declaration
20 June 2009

Paragraph 8: We recognize that social determinants play a central role in health outcomes and call for action to address the underlying causes of **health (EU)** inequities. **(G77: delete)**

We recognize the role of social determinants in health outcomes and give due consideration of the conclusions and recommendations formulated by the from the WHO Commission on Social Determinants of Health, as approved by the World Health Assembly (WHA) 2009, which aim to improve living conditions, tackle the inequitable distribution of resources, and measure, understand and assess their impact. We call for international cooperation to support States in their efforts to strengthen their public policies aimed at fostering full access to health and social protection for, inter alia, the most vulnerable sectors of society including through, as appropriate, action plans to promote risk-pooling and pro-poor social protection schemes.

(G77: compromise para on Social Determinant of health to merge G77 8alt, EU 6alt, and Facilitators 8)

8 alt We recognize the role of social determinants in health outcomes and the need to strengthen the public policies aimed at fostering full access to health and social protection for, inter alia, the most vulnerable sectors of society including through, as appropriate, action plans to promote risk-pooling and pro-poor social protection schemes. (G77: delete)

8 bis 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. (previously OP26) **AGREED**

8 ter We reaffirm the values and principles of primary health care, inter alia, equity, social justice, [~~universal access~~, ~~multi and inter sectoral approach/coordination~~, inclusive leadership, people-centered care, universal coverage, health in all policies, transparency, accountability, referral system (EU)] and community empowerment and participation as the basis for strengthening health systems and that [improved (US)] [~~public health public policies are~~ is (US)] better achieved through supportive policies that stress better nutrition, safe drinking water, hygiene, sanitation and urbanization which is sustainable. (G77: to replace OP11, 12, and 16) EU: OK, with addition of referral system, transparency and accountability for the health system, …[four elements of the health system]. Health in all policies (WHA, Res 62/12)

Paragraph 9bis: **While noting the progress made in the past decade in advancing global health, we express concern at the lack of progress in improving global health, with across**

the board inequities in health persisting among and within countries. In particular, we are deeply concerned at the slow progress in achieving MDGs 4 and 5 on improving maternal and child health. In this context, we reaffirm our commitment to tackle maternal and child mortality, including through: (G77)

a) Increased accessibility, availability, acceptability and affordability of health care services and facilities to all people in accordance with national commitments and to promote maternal and child health, nutrition and survival to achieve a rapid and substantial reduction in maternal morbidity and mortality and to reduce disparities between and within developed and developing countries as quickly as possible, with particular attention to eliminating the pattern of excess and preventable mortality among infants and children. (G77)

[b) Achieving universal access to reproductive health by 2015, through increased political leadership at all levels, allocation of domestic and donor resources and emerging innovative financing and by strengthening public health systems, basic infrastructure, and specific health interventions (G77)]

c) Increased commitment to address the problem of malaria and diabetes during pregnancy; a condition that impairs maternal health, and which can negatively affect their offspring

d) Calling for an integrated approach to reverse this negative trend, including actions to tackle childhood illness (G77) (To replace Op 31 32)

Paragraph 10: We stress the [~~importance of attitudinal shifts~~, **necessity to [~~change~~ eliminate (US)] discriminatory practices based on religion, cultural or customary traditions, (EU, US, G77: not acceptable: see alt)]** especially towards women and girls, and the development of multisectoral health policies and programmes that address their special needs **[, inducing concerted efforts to counteract violence against women, which constitutes a severe threat to physical and mental health as well as to women's empowerment. [, and violence against children (EU)] (EU)**

10alt We stress the importance of addressing stereotypes which constrain the achievement of gender equality and empowerment of women, as well as eliminating discriminatory attitudes and practices towards women and girls, and integrating them in the decision-making process and development of gender-sensitive multisectoral health policies and programmes in order to address their needs. (G77)

10 alt alt We stress the importance of developing gender-sensitive multisectoral health policies and programmes that address the special needs of women and girls (Kazakhstan)

Paragraph 29: We recognize the fast growing threat of non-communicable diseases (NCDs) **representing more than 60 percent of the global burden of disease, including mental disorders, (EU)** and their grave social and economic consequences, which place a serious [~~financial~~ **(US)**] burden on societies. Tackling [~~it~~ **them (US)**] constitutes one of the major challenges for development in the twenty-first century. We call for urgent action to implement the **WHO (US)** global strategy for the prevention and control of NCDs and its related action plan **as well as recognize the potential of the Framework Convention for Tobacco Control. (EU)**

Comment EU: Move up e.g. OP4

29bis We recognize that diabetes is a chronic, debilitating and costly disease associated with severe complications, that poses serious challenges to the achievement of internationally agreed development goals, including the Millennium Development Goals, (G77)

Comment: US: Treat all NCDs in one para

29 ter We also acknowledge the importance of the UNECE/WHO "protocol on water and health" as a means of fighting water related diseases such as cholera, dysentery, coli, viral hepatitis A and typhoid. (Israel)

Comment: Israel: flexible on placement

Paragraph 31: [~~While welcoming the progress made in the past decade in advancing global health,~~ **(Israel) While welcoming the gains made the past decade in advancing global health (Kazakhstan)** we express concern on the lack of progress on [~~some goals, particularly~~ **(Israel)**] [~~MDG 4 and 5~~ **the goal to reduce by two-thirds the under-five mortality rate and by three-quarters the maternal mortality rate, and to achieve universal access to reproductive health (MDG 4 and 5) (US)**]. We are deeply concerned at the slow progress in improving maternal and newborn health, and that maternal death remains the largest inequity in health in the world **and call for health system strengthening as a key component of (EU)** an integrated approach to reverse this trend, including for actions to **prevent and cure (EU)** childhood **and maternal (EU)** illness.

APPENDIX D

Selected Provisions from the Draft Ministerial Declaration

3 July 2009

2:00 a.m.

Paragraph 9: We emphasize the importance of the promotion and protection of all human rights for all and their important interrelation with global public health, development, poverty eradication, education, gender equality and empowerment of women **AGREED**

9bis While noting some progress made in the past decade in advancing global health, we express concern at the lack of overall progress in improving global health, with across the board inequities persisting among and within countries. In particular, we are deeply concerned that maternal health remains one of the largest inequities in the world and by the slow progress in achieving MDGs 4 and 5 on improving maternal and child health. In this context, we call on all states to renew their commitment to prevent and eliminate maternal and child mortality and morbidity, at all levels, which is occurring globally at an unacceptably high rate. We call for health system strengthening as a key component of an integrated approach to achieving rapid and substantial reduction in maternal morbidity and mortality, including through: **AGREED**

a) Increased political will, commitment and engagement at national level supported by international cooperation and assistance to ensure accessibility, availability, acceptability and affordability of health care services, skilled health workers, facilities, infrastructure and nutritional support for all women and children, with special attention for Sub-Saharan Africa; **AGREED**

b) Achieving universal access to reproductive health by 2015, through increased political leadership at all levels, allocation of domestic and donor resources and emerging innovative financing and by strengthening basic infrastructure, and specific health interventions, including voluntary family planning, emergency obstetric care and skilled birth attendance; **AGREED**

c) Scaling up efforts for integrated management and care of child health, including actions to address the main causes of **[child and newborn deaths / child mortality, including infant mortality / death in childhood) (amended G77)]** inter alia, pneumonia, diarhhoea, malaria and malnutrition and by developing and/or implementing appropriate national strategies, policies and programmes for child survival, including prevention measures, vaccinations, medicine, improved nutrition, drinking water and sanitation;

d) Integrating HIV/AIDS interventions into programmes for primary health care, sexual and reproductive health, and mother and child health, including strengthening efforst to eliminate the mother-to-child transmission of HIV. **AGREED**

Paragraph 10: **alt We stress the importance of addressing stereotypes and eliminating all harmful traditional and customary practices which constrain the achievement of gender equality and empowerment of women, including concerted efforts to counteract violence against women and girls, which constitutes a severe threat to physical and mental health. We further stress the importance of integrating women in the decision-making process and development of gender-sensitive multisectoral health policies and programmes in order to address their needs. (facilitator)**

G77 restructuring proposal

xxx. We also recognize that non-communicable diseases are emerging as a heavy burden on society with serious social and economic consequences and the need to respond to cardiovascular diseases, cancers, diabetes and chronic respiratory diseases which represent a leading threat to human health and development. In this regard, we:

a) Call for urgent action to implement the WHO Global Strategy for the Prevention and Control of NCDs and its related action plan; **AGREED**

b) Recognize that diabetes is a chronic, debilitating and costly disease associated with severe complications; **AGREED**

c) Stress the need to scale up care for mental health conditions, including prevention, treatment and rehabilitation; **AGREED**

d) Reaffirm the importance of the Framework Convention on Tobacco Control within the global public health and call upon States Parties to the Convention to fully implement it. **AGREED**

e) **We recognize the scope of injuries caused by road traffic crashes and draw the attention to the need to improve and implement legislation to prevent such accidents. We call on the implementation of existing UN GA Resolutions and acknowledge the initiatives taken in this regard (facilitator)**

APPENDIX E

Selected Provisions from the Draft Ministerial Declaration
5 July 2009

Paragraph 12: **We stress the importance of addressing stereotypes and eliminating all harmful traditional and customary practices which constrain the achievement of gender equality and empowerment of women, including concerted efforts to counteract violence against women and girls, which constitutes a severe threat to physical and mental health. We further stress the importance of integrating women in the decision-making process and development of gender-sensitive multisectoral health policies and programmes in order to address their needs. (facilitator)**

Paragraph 15: We also recognize that non-communicable diseases are emerging as a heavy burden on society with serious social and economic consequences and the need to respond to cardiovascular diseases, cancers, diabetes and chronic respiratory diseases which represent a leading threat to human health and development. In this regard, we:

a) Call for urgent action to implement the WHO Global Strategy for the Prevention and Control of NCDs and its related action plan; **AGREED**

b) Recognize that diabetes is a chronic, debilitating and costly disease associated with severe complications; **AGREED**

c) Stress the need to scale up care for mental health conditions, including prevention, treatment and rehabilitation; **AGREED**

d) Reaffirm the importance of the Framework Convention on Tobacco Control within the global public health and call upon States Parties to the Convention to fully implement it. **AGREED**

e) **We recognize the scope of injuries caused by road traffic crashes and draw the attention to the need to improve and implement legislation to prevent such accidents. We call on the implementation of existing UN GA Resolutions and acknowledge the initiatives taken in this regard (facilitator).**

APPENDIX F

Selected Provisions from the Final Draft Ministerial Declaration

10 July 2009

Paragraph 10: We recognize the role of social determinants of health in health outcomes and take note of the conclusions and recommendations formulated by the Commission on Social Determinants of Health, which aim to improve living conditions, tackle the inequitable distribution of resources, and measure, understand and assess their impact. We call upon the international community to support efforts of States to address the social determinants of health and to strengthen their public policies aimed at promoting full access to health and social protection for, inter alia, the most vulnerable sectors of society, including through, as appropriate, action plans to promote risk-pooling and pro-poor social protection schemes, and to include support for the efforts of developing countries in building up and improving basic social protection floors.

Paragraph 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.

Paragraph 14: We stress the importance of addressing stereotypes and eliminating all harmful practices which constrain the achievement of gender equality and empowerment of women, including through concerted efforts to counteract violence against women and girls, which constitutes a severe threat to physical and mental health. We further stress the importance of strengthening the participation of women in decision-making processes and developing gender-sensitive multisectoral health policies and programmes in order to address their needs.

Paragraph 15: While noting that some progress has been made in the past decade in advancing global health, we express concern at the lack of overall progress in improving global health, as evidenced by across-the-board inequities in respect of health which persist among and within countries. In particular, we are deeply concerned that maternal health remains one area constrained by some of the largest health inequities in the world and by the slow progress in achieving Millennium Development Goals 4 and 5 on improving child and maternal health. In this context, we call on all states to renew their commitment to preventing and eliminating child and maternal mortality and morbidity, at all levels, which are rising globally at an unacceptably high rate. We call for health system strengthening as a key component of an integrated approach to achieving a rapid and substantial reduction in maternal morbidity and mortality, including through:

a) Increased political will, commitment and engagement at the national level supported by international cooperation and assistance to ensure accessibility, availability, acceptability and affordability of health-care services, skilled health workers, facilities, infrastructure and nutritional support for all women and children, with special attention to sub-Saharan Africa;

b) Achieving universal access to reproductive health by 2015, through increased political leadership at all levels, allocation of domestic and donor resources and emerging innovative financing and by strengthening basic infrastructure, and specific health interventions, including voluntary family planning, emergency obstetric care and skilled birth attendance;

c) Scaling up efforts to achieve integrated management and care of child health, including actions to address the main causes of child mortality, including newborn and infant mortality, these being, inter alia, pneumonia, diarrhea, malaria and malnutrition, and by developing and/or implementing appropriate national strategies, policies and programmes for child survival, including prevention measures, vaccinations, medicine and improved nutrition, drinking water and sanitation;

d) Integrating HIV/AIDS interventions into programmes for primary health care, sexual and reproductive health, and mother and child health, including efforts to strengthen mother-to-child transmission of HIV.

Paragraph 18: We also recognize that non-communicable diseases are emerging as a heavy burden on society with serious social and economic consequences and the need to respond to cardiovascular diseases, cancers, diabetes and chronic respiratory diseases which represent a leading threat to human health and development. In this regard, we:

a) Call for urgent action to implement the WHO Global Strategy for the Prevention and Control of NCDs and its related action plan;

b) Recognize that diabetes is a chronic, debilitating and costly disease associated with severe complications;

c) Stress the need to scale up care for mental health conditions, including prevention, treatment and rehabilitation;

d) Reaffirm the importance of the Framework Convention on Tobacco Control within the global public health and call upon States Parties to the Convention to fully implement it.