

16 May 2010
Kamalesh Sharma, Commonwealth Secretary-General
Commonwealth Health Ministers Meeting
Geneva, Switzerland

Ministers, distinguished participants. Welcome to Geneva and to the Commonwealth Health Ministers Meeting, held – for the 34th time now – on the eve of the World Health Assembly. I hope that we both profit from, and enhance, your preparations for the Assembly.

It gives me great pleasure also to welcome the Hon Dr Richard Sezibera, Minister of Health of Rwanda, and his Delegation. As you know, Rwanda is our newest member and this will be the first Commonwealth ministerial meeting taking place following Rwanda's entry into our Association.

In advance of his election, I thank our chair-to-be, Minister Hubert Minnis of The Bahamas. And, if I may, I would also like to applaud my Commonwealth Secretariat colleagues, and thank them for their work – both intellectual and logistical – in preparing this meeting.

Commonwealth Heads of Government held their own regular summit last November, and concluded that we should examine how well meetings like this actually work. In today's ever busier and more globalised world, there is less time available, and meetings such as this are more helpfully organised in the margins or on the eve of a wider international gathering. We will continue to find ways to make this meeting as convenient and relevant to you as possible.

As for the precise purpose of this meeting, our topic is, 'The Commonwealth and the Health MDGs by 2015', and I would like to make the briefest remarks on that subject before making way for the more knowledgeable. But I want to underline first why this meeting has wider relevance and can add value.

The Commonwealth is the very microcosm of a changing world, and can play a major beneficial role. We contribute in three ways: we offer innovation and ideas; we offer advocacy and consensus-building; and, we offer practical assistance. I have described our role as offering a much-needed 'global wisdom function.'

Responses to the world's major contemporary challenges – including those in the health sector – can only be based on shared human values and a commitment to inclusiveness and collectiveness, which maintains that solutions must embrace all and be for all, not just for the established and the well-endowed. In its recognition of global justice as well as our interconnectedness, this perspective is both ethical and utilitarian.

In essence, we can all contribute, and we can all learn from each other. I thank all of you who have made the effort to be here, who bring expertise and perspectives to health battles that can only be won through knowledge,

partnership, and political will. We are far more than the sum of our parts: our value lies in the challenges and the ideas and the best practice that we share; and in the networks of which we are a part, and which we can mobilise.

Secondly, with the full weight of the World Health Assembly before you this week, today is an opportunity to hear from the WHO Director General on the key issues which she sees on the horizon. It is a chance for you to exchange views and develop a shared and consensual Commonwealth perspective. When representatives of 54 governments and one third of the world's population take an agreed stance on any single issue, that stance can become a strong determinant of the final outcome in a broader international discussion.

I recall impassioned debate last year, as we turned our attention to the health implications of climate change, and spent time discussing the H1N1 epidemic. It reminded us that our 21st Century world, for better and worse, is entirely inter-connected and inter-dependent. And I recall previous meetings: the e-health strategies that came out of the 2008 meeting, or – perhaps most famously of all – the Commonwealth Code for the International Recruitment of Health Workers, now adopted by the World Health Organisation, which was this Ministerial community's response to the unregulated flow of healthworkers from places where they were most needed, to places where they could be properly paid. Never underestimate the potential impact of this Commonwealth community and the decisions it takes.

I regret that there is one simple statistic about the health of the Commonwealth, which I have to repeat rather too often. It is this: across five continents and 54 countries, we may be home to one third of the world's population – yet we are home to *two-thirds* of its AIDS sufferers, its maternal deaths, its children under five years old suffering from malnutrition, and nearly half of its infant deaths. That is the sobering context.

In 2000, the Millennium Development Goals captured a decade of consensus-building around development issues, to identify a common set of goals and shared targets that would focus the attention of national governments, development partners, the private sector and civil society – all key players in the global health agenda – to pull together towards the identified destination.

They were remarkable as a compact between developed and developing country alike. They heralded a new world of understanding.

The MDG agenda was an unprecedented step for the global community, and has served to focus the delivery of health services, targeted health interventions, and resource mobilization. It has focused donor aid and encouraged real results in aid effectiveness, harmonisation, and results-based financing.

Some of these advances have led, in turn, to the development of initiatives such as the Global Fund for AIDS, GAVI, and Roll Back Malaria that have changed the financing landscape for global health.

So where do we stand, with just four years to go before we meet the deadline? We have three health-related MDGs with which to be concerned: MDG 4, combating child mortality; MDG 5, combating maternal mortality; and MDG 6, combating specific diseases like AIDS, TB and malaria.

Let me give a few headline thoughts and figures for each.

MDG 4: Deaths of children under five have declined steadily worldwide to around 9 million in 2007. Recent data shows remarkable improvements due to interventions such as insecticide-treated bed nets to reduce the toll of malaria, and immunisations against measles and other childhood diseases. But 9 million deaths is still absolutely appalling and completely unacceptable.

MDG 5: The global ratio of 400 maternal deaths per 100,000 live births has barely changed. Every year the world continues to see more than half a million women die in pregnancy or childbirth.

It is commonly agreed that high maternal mortality can only be addressed if the health system is strengthened. There is also common consensus about the importance of skilled attendance at delivery. Thousands of midwives are required to save millions of lives, and achieve a fundamental acceleration towards achieving this MDG. In this connection, it is important to reaffirm the MDG commitment to have 90 per cent of all births assisted by skilled birth attendants. We need at least another 350,000 midwives incrementally to achieve this. In addition, there is a continuing need for efforts to counter the emigration of qualified personnel from low income countries.

MDG 6: the number of people newly infected with HIV has declined. In five years, coverage of anti-retroviral treatment in poorer countries has increased tenfold. However, we are not going to fulfil, by this year, the HIV target of universal access to anti-retroviral treatment for all those who need them. A concerted effort is needed to attain this target as early as possible. Nor should we relent in our efforts to address the social aspects, such as stigma and discrimination, which tend to drive HIV and AIDS patients from counselling and treatment centres.

Meanwhile, progress on combating malaria and tuberculosis is still very much a work-in-progress. And tuberculosis-HIV/AIDS co-infection and multi-drug resistant TB are of increasing concern.

These battles continue.

The MDG targets themselves may not move, but the earth moves underneath them. They are beholden to trade, aid and investment levels. We have seen the effect of economic downturn on health budgets: when we track the evidence of a West African country which cut its health budget by a quarter last year, we have cause to worry. When we consider that Sub-Saharan Africa is the area struggling most to meet the MDGs, and that its population is projected to more than double by 2050, then our alarm grows further.

One of the questions to be addressed today is what can be done to accelerate the meeting of the MDGs?

We know that targeted interventions have had an immediate effect, and expansion of programmes to deliver services directly to those in need has also provided good results. In contrast, we also know that progress has been more modest when it requires structural changes and commitment to guarantee sufficient and sustained funding over a longer period of time.

We know that we need at least 4.1 million new health workers if we are to meet the health-related MDGs by 2015, and yet we know, too, that we are woefully deficient in quantity and quality. We also know that if we cannot install health workers 'on the ground', then e-health is the fastest and most efficient way of bringing health services to the millions.

I hope you will each leave this meeting today with fresh perspectives and fresh resolutions on meeting the MDGs. And I also hope that we, as a group, will have articulated a clear message to be sent to the UN summit on the MDGs in New York in September.

Another question today is how efforts are to be maintained after 2015. How do we tackle systemic global issues such as climate change, financial instability and insecurity which all affect our efforts to address our health challenges, and which have longer time horizons for their own effective treatment? How can we better measure our process in the light of the weaknesses in the monitoring and evaluation systems in developing countries?

How do we bring to bear a global focus on new areas of equal concern, such as the burden of non-communicable diseases, which now claim as many lives as the communicable – 35 million deaths a year – and which our Heads of Government have specifically asked us to look at?

I have concluded with a string of questions. I hope they offer adequate stimulation in addition to the other presentations today to deliver a meeting for you today that adds real value.

Finally, I very much look forward to hosting Ministers and Heads of Delegation to lunch today. However, as we have Dr Margaret Chan, Director General of the WHO joining us immediately after lunch, I would request that we are all seated in Plenary promptly at 2.15 p.m. This would allow us to take full advantage of the time Dr Chan has kindly agreed to set aside from her busy schedule to be with us.

I wish you a productive and successful meeting.

ENDS