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**Statement delivered by DPR of the Republic of Cyprus
On Behalf of Cyprus-Singapore-UAE
19 June, 2013
On
HEALTH, POPULATION DYNAMICS**

Thanks to the UN Task Team for their very useful briefs. They provide a very thorough analysis and a plethora of suggestions and information on which we the MS can build on. Co-chairs, I speak on behalf of Cyprus-Singapore and UAE.

Health and sustainable development are inextricably interrelated and mutually reinforcing. Without healthy, strong populations sustainable development cannot be attained and in the absence of sustainable development health problems and diseases associated with poor environmental conditions, unsustainable lifestyle and non viable models of economic development cannot be tackled effectively. An essential prerequisite of poverty eradication and inclusive growth is economically productive and healthy societies.

It is important to indicate the catalytic effect that **population dynamics** can have on sustainable development if the right responsive measures are adopted. It is acknowledged for example that the linkage between investment in education, especially for women, and population dynamics is very important as it often results in fewer births as well as in improvements of maternal and child health.

Mr. Co-chairs, our Group would like to make 3 points with regard to this cluster:

First the unfinished business of the MDGs. Health related MDGs 4, 5 and 6 must be re-assessed in light of new emerging health challenges and in order to fill the gaps. New qualitative, disaggregated targets and indicators, tailored to national circumstances must be developed which should also cover interlinkages. For example a potential target accompanied by appropriate indicators for access to adequate, safe and nutritious food for children under the age of two can complement and update MDG4. Maternal health is the worst performing of all MDGs and requires renewed commitment and extra efforts to bring Goal 5 on-track. Similarly we should make an extra mile in order to achieve universal access to prevention, treatment, care and support of HIV/AIDS which time-frame for achievement has been missed by the international community.

Second, NCDs (non-communicable diseases) is one issue that has been left out from the Millennium Development Agenda despite the fact that they are major causes of death worldwide and underlie almost two thirds of all global deaths. Our group supports NCDs to be made an essential component of the health agenda in the Post-2015 development framework. The development of SDGs and appropriate

environmental, nutritional and health indicators provides an opportunity to incorporate NCDs prevention as a cross-cutting, multi-sectional issue.

Third, Universal health coverage (UHC) contributes to the achievement of all interrelated MDGs as it provides access to basic health services to all people, particularly the poor and the vulnerable. We consider very important the inclusion of universal health coverage in the new development agenda. How it may translate into goal settings, however, will require more discussion.

This is because the path to achieving universal health coverage is complex and there is no universal formula.

Mr. Co-chairs, the integration of health into cross-sectoral national, regional and international policies is fundamental since factors outside the health care system often play a large role in determining one's health. It is important to acknowledge strong links, non-health issues have with health, when thinking about possible health related SDGs, e.g. health and sustainable energy and transport or health and sustainable agriculture and nutrition. Lastly, the role of adequate provision of means of implementation in implementing the post-2015 health agenda is critically important for its successful achievement.