



PACIFIC SMALL ISLAND DEVELOPING STATES United Nations Member States

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**Statement
by
H.E. Mr Robert G. Aisi
Permanent Representative of Papua New Guinea
to the United Nations
at the
Fourth Session of the Open Working Group (OWG) on
Sustainable Development (SDGs) on Health and Population Dynamics
19 June 2013, New York**

“Check against delivery”

Co-Chair,

1. I speak for the Pacific Troika in the OWG on SDGs, namely Nauru, Palau and my own country Papua New Guinea. I am also speaking on behalf of the 11 Pacific Small Island Developing States (PSIDS) represented at the UN, namely, Federated States of Micronesia, Fiji, Republic of Marshall Islands, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. We align ourselves with the Statement just made by Benin on behalf of the Least Developed Countries, of whom some of our members are part of and likewise with the AOSIS Chair’s Statement delivered by one of our member, Nauru.
2. I also thank the Panelist for their valued commentaries on health and population dynamics yesterday.
3. By global standards, our region has one of the highest rates of non-communicable disease related ill-health and premature deaths as a result of obesity, diabetes, cancer, chronic respiratory diseases, heart disease including hypertension and stroke. These are increasingly due to changes in our traditional way of life and modern consumption patterns. This is compounded by increasing incidences of communicable disease such as diarrhoeal diseases, leptospirosis, typhoid fever, cholera, dengue, sexually transmitted infections, HIV and AIDS.
4. Weak governance and institutional structures, capacity constraints and dysfunctional health care and service delivery remain a serious concern and impediment to sustainable development. Efforts are being made by respective governments to address these issues with measured success but more remains to be done.

5. We agree with the TST and the Secretary-General's High-Level Panel of Eminent Persons on the Post-2015 development agenda for a stand-alone Health Goal. This is because a healthy and productive population is a long-term investment and key driver to achieving any sustainable development goals we set for the world and for our communities, families and personally.
6. The progressive but unfinished work on health-related MDGs will need to be expanded and scaled-up under any new global Health SDG, as many UN member States, including from our region, are unlikely to meet the health-related MDGs by 2015. We simply cannot afford to let our guard down in this critical area.

Co-Chair,

7. The key target areas that a goalable Health SDG should prioritise include: Prevention and control of non-communicable diseases (NCDs) and communicable diseases; Strengthening of national health systems; Maternal, child and adolescent health; Social determinants of health; Sexual and reproductive health issues, including human rights; Food security; Mental health; Climate change and health; Primary health care; and Disaster Risk Management.
8. Special focused attention must be accorded to the marginalized and most vulnerable population such as the poor, disabled persons, children, women and girls, elderly and those stigmatized for various reasons.
9. Other important cross-cutting issues of population dynamics that a universal Health SDG must address are urbanisation and overcrowding, increasing population pressure, inadequate nutrition and housing, lack of education, unhygienic physical environment, water and sanitation challenges, and deprived socio-cultural environments, including human rights based sexual and reproductive health, which are factors impacting on global health challenges.
10. Equally important issues that a future Health SDG must address holistically include ensuring national governments taking ownership to overcome the inability of health systems to deliver adequate and quality services, address inherent lack of human and financial resources, improve poor infrastructure, invest in and strengthen inefficient health care and delivery services and reinforce transparency and accountability for a transformative health agenda.

Co-Chair,

11. Comprehensive and effective multi-stakeholder coordination and strategic partnerships at all levels that will result in improved health outcomes in the areas of Non-Communicable and Communicable Diseases as well as other major drivers of poor health need to be prioritized and implemented. The challenge is to maximise opportunities for positive synergies between sectors. For the major development partners and regional agencies working with governments, more needs to be done in terms of effectively addressing these challenges than the current efforts and resources being mobilised.
12. Investment in strengthening national health systems is a critical need for all countries. However, such investment should not be focused solely on hospital based care at the expense of prevention or primary health care. We cannot afford to neglect the importance of strengthening preventive methods of health care which are the key to sustainable development. Hospital care is not only expensive but will continue to take away a sizeable proportion of the national health budget from other cost-effective measures in prevention. Having an effective health information system is also important for providing evidence bases for policy formulation and prioritising needs, strategic planning, budget allocation, monitoring trends and reporting progress on international commitments.
13. It is critical to develop appropriate national health strategies and policies aligned to national development priorities. These health sector strategies should be developed, owned and led by countries in line with the Paris Declaration. Unless national Health Strategies reflect the needs of the countries, based on evidence, and appropriate human resources, financial, and structural adjustments are made, with appropriate financing mechanisms applied and appropriate regulatory environment is created, systems will continue to have major challenges in the short and long term.

Co-Chair,

14. There is an urgent need to develop capacity and capability of national and regional agencies in the creation of relevant scientific information and evidence on key public health priorities. This includes adapting and adopting evidence-based interventions and good practice which are appropriately applied to context. Well-funded multidisciplinary research teams are needed to translate research advances into practical management solutions. Of critical importance is undertaking regular cost-benefit analyses to inform and guide national decisions on investment in health interventions and that the knowledge and information generated is utilised to guide policy and strategic directions.
15. This must also be supported by legislative and regulatory frameworks that protect and promote health that also need to be implemented, monitored and evaluated. Legislative and regulatory interventions (including taxation) are among the most effective interventions for public health.

16. Health financing, including under the Paris Declaration must be prioritized and predictable. This is to avert short-term measures that fail to build long-term sustainable capacity, especially in the presence of rising health care costs and growing populations. This has resulted in less predictability and inflexibility of development assistance to many developing countries, including ours.

Co-Chair,

17. Specialist technical skills and expertise in strategic health communication/social and behaviour change communication are lacking across many developing countries, including in our region. The strong verbal commitment to health promotion and disease prevention is not reflected in the human and financial resources made available for health promotion/strategic health communication. Our own experiences inform us that efforts to encourage individuals and communities to adopt and maintain healthy behaviour take a narrow health education or “awareness-raising” approach, believing if people know the dangers/consequences, they will change behaviours. This should also include restriction of unhealthy food exports and imports. Such approaches need to change to address the complex, sophisticated, challenging and difficult nature of social and behaviour change.
18. Much of the health sector related activities delivered by national governments are through their health systems which comprise human resources, financing, essential drugs and medicines, disease surveillance, health information and service delivery. Even in the best of assistance from regional development partners and national commitment of sizeable contribution of their GDPs, many of the health systems still lack behind in providing services for unmet needs – family planning commodities, essential medicines, vaccines for children and diagnostic procedures for primary care. The impact of such weakened health systems could be reflected in their slow progress towards achieving the health-related MDGs.
19. Weak health systems impede universal access to essential primary health care services and negatively impact health equity and the exercise of human rights to health. Frequent changes in health leadership affects good governance, accountability and policy direction for moving health forward.
20. Severe human resource constraints are a major long-standing problem across SIDS. This includes an inadequate number of trained health professionals, exacerbated by their migration to other countries. Furthermore, the distribution of the available human resources is often inequitable, with outer island populations underserved.

21. The neglect of human settlements and inadequate waste disposal contribute to the prevalence of infectious diseases such as dengue fever, malaria, tuberculosis, cholera, and typhoid fever. Recent reported literature on health status of populations in the Pacific region have stated that the Infant Mortality (IMR) and Under 5 Mortality Rates (U5MR) remain a problem with the majority of the disease burden due to acute respiratory infections and diarrheal diseases and thus some countries are unlikely to meet the MDGs by 2015ⁱ.

Co-Chair,

22. Environmental changes brought about by climate change are likely to compound existing environmental health concerns and a resurgence of endemic diseases such as typhoid fever. Many countries would need to give more priority to the environment than is currently done in order to improve not only the standard of living but also reverse the poor health indicators related to child morbidity and mortality. This is an emerging issue which is of increasing concern to us and therefore needs requisite attention in the long-term under a Health SDG.

23. In conclusion, as we go into recess, the work of the post-2015 development agenda of the OWG is not put on a backburner but rather we would encourage the continuation of the positive momentum we have built through a regularized informal consultations, where feasible.

I thank you.
