

It is a pleasure to be invited to the opening ceremony of this prestigious conference. My thanks go to Randall Morton, the in-coming President of the Asia-Oceania Association of Otolaryngology Societies, for making this possible.

While I stand here today as UNDP Administrator, many in the New Zealand audience know me from my many years of involvement in public life in New Zealand, and perhaps especially as a health minister two decades ago.

In that capacity, I was personally inspired by the Alma Ata Declaration of the World Health Organisation's 1978 International Conference on Primary Health Care. In proclaiming that health was a state of complete physical, mental and social well-being, and that its attainment rested on socio-economic and other factors far beyond the purview of the health sector, it placed improving health status in a broader developmental context.

As the head now of one of the largest development agencies, I see the relevance of the Alma Ata Declaration not only to a developed country like New Zealand, but also to developing countries around the world. It becomes very evident that poor health emanating from socio-economic and environmental conditions and/or from living in conflict zones is one of the many factors denying people the choices and capabilities they need to improve their lives. Poor health represents a very significant obstacle to human development.

Attaining higher development status, sustainability, and peace therefore are all central to lifelong health status. That, I am sure, is apparent to all attending this Congress.

In your professional lives you see daily how chronic infections left unchecked lead to more suffering and complications. You see how undetected cancers can progress to the point of incurability. You see congenital conditions unrepaired. You see hearing and vision loss going unaided.

In a profession like yours, what motivates you is a desire to see all that change, so that people are not denied the services they need to live a longer and healthier life. That is where your profession intersects with development.

The challenge is to get the systems, the professionals, the services, and the facilities in places in communities around the world which lack them right now. Achieving that goal has to be our dream.

The overall development status of a nation determines the extent to which that is possible. All the issues around that are those with which development agencies like UNDP grapple every day.

For example, how can we support more inclusive patterns of growth which see a country's GDP growth actually reflected in poverty reduction and in a virtuous cycle of investment back into health, education, and infrastructure ?

How do we support countries to resolve their differences peacefully?

How do we support countries to install transparent and good systems of governance which will see their resources regularly applied to the benefit of their peoples?

How do we support nations to follow cleaner paths to development than those of the old polluting paths which have done so much damage to our climate and to our natural environment generally?

In meeting this overall challenge, there is a strong role for the principled and clear voice of this profession. You see the health conditions, and you know the needs. You can be - and I am sure you are - advocates for investment in what will make a difference in people's health.

Whatever a country's development status, it is possible to make policy choices that are pro-poor and pro-health.

For those advocating for health services which are timely and relevant, the first line of defence must be prevention, and the second early detection. Both require basic health education and an awareness of what needs to be attended to.

The earlier a condition is detected, in so many cases the more likely it is that an effective and low-cost intervention will work.

For many people in poor communities, getting treatment for a condition which has progressed to a more serious state is just beyond their reach -either financially or geographically, or both.

Tremendous work can also be done by teams of professional volunteers who make their services freely available to those in need of treatment.

In New Zealand, in the area of eye surgery, our late compatriot Fred Hollows was an icon, in devoting his life to restoring the sight of those who lacked access to services.

Fred was not alone. I am aware of countless other Kiwis who have volunteered their services in this way, and it all helps.

In my comments this evening, I also want to discuss a little further the central importance of health to human development, and to achieving the Millennium Development Goals.

In the not too distant past, it was commonplace to measure development progress through GDP per capita alone.

That began to change with the human development approach embraced by UNDP and the global Human Development Reports it launched two decades ago.

The simple, yet powerful proposition of the first global Human Development Report in 1990 was "people are the real wealth of nations". That report offered a new measure in the Human Development Index- which combined life expectancy, education, and income measures.

Last year's twentieth anniversary global Human Development Report contained a systematic review of the human development record over four decades. There is good news to report.

Overall, people today are on average demonstrably healthier, better educated, and wealthier than ever before. Since 1970, average life expectancy has risen from 59 to 70 years. School enrolment has grown from 55 to 70 per cent. Per capita incomes have doubled to more than \$10,000 per annum in real terms.

It was noted that many countries made impressive gains in health and education even where their growth in income had been modest.

Their findings suggest that there is much leaders can do to improve people's lives even where growth is less impressive. Technologies and treatments available these days appear to make it easier for poorer countries to make substantial human development gains, including in health status. Improvement, however, are never automatic- they require political will, smart policies, and the continuing commitment of the international community. Here again, I encourage the committed advocacy of this profession to keep a focus on human development.

The Millennium Development Goals flowed naturally from the human development approach. It inspired calls for more effective global action against poverty, hunger, inequalities, and disease. That spirit culminated in the historic commitment of the UN's Millennium Summit in 2000 and the drive to achieve the MDGs by 2015.

The MDGs remain the world's most comprehensive set of agreed benchmarks for development progress. They represent time-bound and specific commitments by leaders of rich and poor countries alike to make a difference for the better for those denied the basics of a decent life. They set out to: reduce poverty and hunger; empower women; increase access to education, healthcare and clean water and sanitation; reduce the incidence of specified deadly diseases; protect the environment; and forge strong global partnerships for development.

The verdict on the MDGs to date is not dissimilar to that reached by the Human Development Report on human development progress overall. Considerable progress has been made, although it varies across and within countries and regions.

On a global level, the goal on poverty is likely to be reached, and gains have been made on getting all children into school, reducing infant and child mortality rates, increasing access to clean water, and turning back the tide of HIV/ AIDS and malaria.

But less is being achieved on tackling chronic hunger, providing universal access to sexual and reproductive health and on reducing high maternal mortality rates, on gender, empowerment, on improving sanitation, and on reducing biodiversity loss.

In the Asia Pacific region there have been many remarkable successes. The East Asia-Pacific region was the world's poorest region in 1981. Between 1981 and 2005, extreme poverty- defined as the

proportion of the population surviving on under \$1.25 per day- fell from nearly eighty per cent to seventeen per cent (footnote to [www.wds.worldbank.org...Helen](http://www.wds.worldbank.org...Helen) Clark)

That is a huge accomplishment.

Yet, many have prospered; more than one in four people in the Asia Pacific region are estimated to remain in extreme poverty. Approximately 600 million people in the region are estimated by the FAO to face chronic hunger.

Progress in many countries is still too slow to meet the sixth MDG target on combating HIV/ AIDS and there is evidence to suggest that its prevalence is on the rise among women and in some Pacific Island nations. (footnote source UN Aids 2009) In a number of countries, prevalence is alarmingly high among marginalized groups, including men who have sex with men. Stigma and discrimination from health care providers to most-at-risk populations is an on-going challenge.

At the global MDG Summit in New York last September, Heads of State and Government committed themselves to accelerating progress to achieve the MDGs. The Summit Outcome- adopted by consensus by all 192 member states- set out an agenda for action over the next five years. It called for an holistic approach, prioritising interventions which would multiply progress across the MDGs.

The task now is to focus the too often dispersed efforts of all stakeholders on actions which have been proven to accelerate MDG progress, and to be guided by the principles which the Human Development Report has shown to be essential for success- those of inclusion, equity, and sustainability.

In many countries, advances in health represent just such an opportunity to have a multiplier effect across the goals.

If we can reduce child mortality, improve maternal health, and turn the tide on HIV/AIDS, malaria, and tuberculosis, that will, over time, reduce poverty and help to empower women. That, in turn, would further reduce mortality rates and curb the spread of disease.

We also know that improving health would enable more children to learn and prosper. An alarming one third of all children entering primary school each year in developing countries are estimated to have experienced poor nutrition which has damaged their cognitive development. That makes them more likely to score poorly on tests in school, start school later, and drop out earlier.

Health is also important for economic growth. The 2001 Report of the WHO Commission on Macroeconomics and Health found that extending the coverage of crucial health services to the world's poor, including for a relatively small number of specific interventions, could save millions of lives each year, reduce poverty, spur economic development, and promote global security.

Yet to return to where I began, addressing the underlying socio-economic and other determinants of health remains critical. The importance of that was learned long ago. In England during the Industrial Revolution, one in four deaths was from "consumption". The setting was conducive to a sustained epidemic- overcrowding, poor nutrition, and an absence of workplace health and safety regulations. It was not until those conditions improved that the tide was turned on health status. Two-thirds of the decline in TB mortality occurred well before the introduction of effective treatments.

The same was broadly true of the fight against malaria. Only a hundred years ago, the disease was endemic to Europe and North America. I understand that it was largely eliminated long before people realised that it was carried by a mosquito-borne parasite and before the advent of quinine in the twentieth century. Economic development, changing agricultural practices, and better sanitation, irrigation, and housing, broke malaria's grim hold.

It is clear that whether we are talking about urban England or rural Nepal; whether we are looking back to the 19<sup>th</sup>. Century or forward into the 21<sup>st</sup>; tackling public health challenges and advancing human development involves addressing underlying drivers of health status.

As well, we need not only better health systems, but also access to them for the most marginalised people and communities.

That requires collaboration between health and other sectors, as it always has.

It is important for us all to appreciate the often complex interplay between health outcomes and socio-economic phenomena. To address TB or HIV, for example, we need to understand the impact of mobility and migration, economic and gender inequalities, stigma and discrimination, punitive laws and practices.

UNDP is often at the intersection of health and development, and works for integrated approaches – facilitating complementary actions between sectors, disciplines, and Ministries.

Our country offices in Morocco and Tunisia, for example, work with UN partners to support multi-sectoral strategies on maternal health. UNDP's role can be the "behind-the-scenes" capacity-building which could help ensure that systems are in place to pay health workers, get electricity to health centres, and to enable a Ministry of Health to function effectively.

We are also helping countries to conduct HIV/AIDS impact assessments of capital projects, such as road building, in Asia, Pacific and Africa.

Recently UNDP launched a Global Commission on HIV and the Law to examine what changes should be made to laws which put marginalised populations at greater risk of HIV and impede effective public health responses.

In the Asia-Pacific, UN partners are working together to help ensure social protection schemes are HIV-sensitive. Complementary action is also needed within the health sector. As medical and public health professionals, there much that you can do, as I have emphasised.

Maintaining a focus on equity is important. It is critical that health care delivery is stigma-free and accessible to marginalised groups.

Within your professional communities, you can help increase understanding of the health impacts of poverty. Working with development actors, government officials, and civil society groups, you can use your leverage as medical professionals to mobilise support for addressing the underlying obstacles to public health.

To address the integrated challenges affecting people's health, we must work together as development and health professionals and as part of the broader public health community.

Whether we are talking about maternal and child health, HIV, TB, or malaria, we need to do a better job of working across sectors and disciplines. Doing so will not only help us to improve people's health – it will simultaneously advance progress across the MDGs and on development generally.

This is everyone's business. In our interconnected world, we are all neighbours. What happens far away to others affects us one way or another, sooner or later. In this broader sense, if our neighbours are poor and struggling, our prospects are affected too.

Particularly in these challenging times, we must all be allies in the effort to advance human development and meet the MDGs. The challenges involved are far beyond the capacity of single actors and sectors to resolve along.