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Resolution 2010/1 Health, morbidity, mortality and development*

The Commission on Population and Development,

Recalling the Programme of Action of the International Conference on Population and Development³ and the key actions for its further implementation,⁴

Recalling also the United Nations Millennium Declaration⁵ and the 2005 World Summit Outcome,⁶ as well as General Assembly resolution 60/265 of 30 June

* For the discussion, see chap. II.

³ *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

⁴ General Assembly resolution S-21/2, annex; *Official Records of the General Assembly, Twenty-first Special Session, Supplement No. 3* (A/S-21/5/Rev.1); and A/S-21/PV.9.

⁵ See General Assembly resolution 55/2.

⁶ See General Assembly resolution 60/1.

2006 on the follow-up to the development outcome of the 2005 World Summit, including the Millennium Development Goals and the other internationally agreed development goals,

Recalling further the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health,

Recognizing that the full implementation of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation, including those related to sexual and reproductive health and reproductive rights, which would also contribute to the implementation of the Beijing Platform for Action,⁷ population and development, education and gender equality, is integrally linked to global efforts to eradicate poverty and achieve sustainable development and that population dynamics are all-important for development,

Recalling all General Assembly resolutions related to global public health, including those related to global health and foreign policy,⁸

Welcoming the ministerial declaration of the 2009 high-level segment of the Economic and Social Council, on the theme “Implementing the internationally agreed goals and commitments in regard to global public health”,⁹

Welcoming also the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted at the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, held in Vienna from 11 to 20 March 2009,¹⁰

Welcoming further the declaration adopted at the First Global Ministerial Conference on Road Safety: Time for Action, held in Moscow on 19 and 20 November 2009,

Taking note of the decision of the Economic and Social Council to devote the high-level segment of its substantive session of 2010 to the theme “Implementing the internationally agreed goals and commitments in regard to gender equality and the empowerment of women”,

Taking note with appreciation of the initiative of the Government of the Russian Federation to organize an international conference on non-communicable diseases in Moscow in June 2011,

Recalling that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,

Recognizing that population dynamics, development, human rights, and sexual and reproductive health and reproductive rights, which contribute to the implementation of the Programme of Action of the International Conference on

⁷ *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.

⁸ See General Assembly resolutions 63/33 and 64/108.

⁹ See *Official Records of the General Assembly, Sixty-fourth Session, Supplement No. 3* (A/64/3/Rev.1).

¹⁰ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8* (E/2009/28), chap. I, sect. C; see also A/64/92-E/2009/98, sect. II.A.

Population and Development and the Beijing Platform for Action, empowerment of young people and women, gender equality, rights of women and men to have control over and decide freely and responsibly on matters related to their sexuality and reproduction free of coercion, discrimination and violence, based on mutual consent, equal relationships between women and men, full respect of the integrity of the person and shared responsibility for sexual behaviour and its consequences, are important for achieving the goals of the Programme of Action of the International Conference on Population and Development,

Noting with concern that, despite some progress made in public health in the last decade, for millions of people throughout the world the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including, inter alia, access to medicines, vaccines and commodities, equipment and other supplies and to comprehensive primary health-care services, health promotion and disease prevention, still remains a distant goal and that, in many cases, especially for those living in poverty and populations in vulnerable or marginalized situations, this goal is becoming increasingly remote,

Emphasizing that poverty is a major common denominator in health-related issues and is responsible for the serious worsening, above all in developing countries, of the main health indicators, deterioration of living standards, shortening of the average life expectancy and persistence of, and in some cases, the increase in preventable diseases and deaths, particularly of children,

Expressing deep concern that hundreds of thousands of women die every year from largely preventable complications related to pregnancy or childbirth; that, for every death, an estimated twenty additional women and girls suffer from pregnancy-related and childbirth-related injury, disability, infection and disease; that more than 200 million women worldwide lack access to safe, affordable and effective forms of contraception, and that complications from pregnancy and childbirth are one of the leading causes of death for women between the ages of 15 and 19, in particular in many developing countries,

Noting that, as reported by the World Health Organization, the causes of maternal death, in order of prevalence worldwide, include severe bleeding (haemorrhage), infections, complications due to unsafe abortion, high blood pressure in pregnancy (eclampsia), obstructed labour, and other direct causes, accounting for an estimated 80 per cent of maternal mortality worldwide, as well as other indirect causes,

Emphasizing that achieving the health-related Millennium Development Goals is essential to socio-economic development and poverty eradication, concerned by the relatively slow progress in achieving them, especially in reducing maternal mortality, and mindful that special consideration should be given to the situation in the least developed countries and in Africa,

Noting with concern that perinatal mortality continues to be alarmingly high in many countries, contributing substantially to the lack of progress in the reduction of child mortality and improved maternal health,

Expressing deep concern that some nine million children under five years of age die every year from conditions that are largely preventable and treatable and, in that context, reaffirming the objectives of the Programme of Action of the International Conference on Population and Development concerning the reduction

of infant and child mortality, and recognizing the importance of promotion and respect for the rights of the child for the achievement of health-related goals, in particular Millennium Development Goal 4,

Recognizing that communicable diseases, which have been prioritized by the Millennium Development Goals, such as HIV/AIDS, malaria and tuberculosis, as well as other communicable diseases and neglected tropical diseases, pose severe risks for the entire world and serious challenges to the achievement of development goals,

Recognizing also that an epidemiological transition is now under way in all regions of the world, indicating an increase in chronic and degenerative diseases, while high levels of infectious and parasitic diseases persist in many developing countries and countries with economies in transition that are confronting the double burden of fighting emerging and re-emerging communicable diseases, such as HIV/AIDS, tuberculosis and malaria, in parallel with the increasing threat of non-communicable diseases,

Recognizing further that the emergence of non-communicable diseases is imposing a heavy burden on society, one with serious social and economic consequences, and that there is a need to respond to cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, which represent a leading threat to human health and development,

Concerned about the persistence of health inequities, both among and within countries, and gender disparities that have resulted in detrimental health and mortality outcomes and are impeding the improvement of health among women, and noting that such inequities result from economic and social determinants that can be addressed by heeding the recommendations formulated by the Commission on Social Determinants of Health,¹¹

Reaffirming that good public health is better achieved through a combination of good public health policies, including multisectoral policies that stress better nutrition, safe drinking water, hygiene, sanitation and sustainable urbanization and that effectively combat major risk factors,

Noting the increase in the prevalence of non-communicable diseases including, inter alia, cardiovascular diseases, chronic respiratory diseases, cancer and diabetes, in all countries and the developmental challenges posed by it, and recognizing the importance of reducing the prevalence of major risk factors for non-communicable diseases including, inter alia, tobacco use, harmful use of alcohol where its consumption is not against the law, abuse of narcotic drugs and psychotropic substances including amphetamine-type stimulants, unhealthy diets, obesity and lack of physical activity, as identified in the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases of the World Health Organization,

Taking note of the reports of the Secretary-General on health, morbidity, mortality and development¹² and on the monitoring of population programmes,

¹¹ See Commission on Social Determinants of Health, *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health: Final Report of the Commission on Social Determinants of Health* (Geneva, World Health Organization, 2008).

¹² E/CN.9/2010/3.

focusing on health, morbidity, mortality and development,¹³ and taking note also of the report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development,¹⁴

1. *Reaffirms* the Programme of Action of the International Conference on Population and Development³ and the key actions for its further implementation;⁴

2. *Reaffirms* its strong commitment to the full implementation of the Programme of Action adopted at the International Conference on Population and Development in 1994, as well as the key actions for the further implementation of the Programme of Action agreed at the five-year review of the Programme of Action, and the Copenhagen Declaration on Social Development and the Programme of Action;¹⁵

3. *Recognizes* that health and poverty are interlinked and that achieving the health-related goals is central to sustainable development, and encourages Governments to give priority attention to the health-related Millennium Development Goals at the upcoming High-level Plenary Meeting of the sixty-fifth session of the General Assembly;

4. *Encourages* Member States and international organizations to scale up actions aimed to accelerate progress on all health-related targets of the Millennium Development Goals, in particular universal access to reproductive health, immunization and key child survival interventions, HIV prevention, mitigation and treatment, prevention and treatment of neglected tropical diseases, prevention and treatment services for malaria and tuberculosis, and access to affordable safe water and sanitation, the achievement of which would have the greatest impact on public health and development;

5. *Reaffirms* the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, transparency, accountability and community participation and empowerment, as the basis for strengthening health systems, recalls in this regard the Declaration of Alma-Ata,¹⁶ and recognizes the importance of providing comprehensive primary health-care services, including health promotion and universal access to disease prevention, curative care, palliative care and rehabilitation that are integrated and coordinated according to needs, while ensuring effective referral systems;

6. *Recognizes* traditional medicine as one of the resources of primary health-care services which could contribute to improved health-care services leading to improved health outcomes, including those targeted in the Millennium Development Goals, and urges States, in accordance with national capacities, priorities, relevant legislation and circumstances, to respect and preserve the knowledge of traditional medicine, treatments and practices, appropriately based on the circumstances in each country, and on evidence of safety, efficacy and quality;

¹³ E/CN.9/2010/4.

¹⁴ E/CN.9/2010/5.

¹⁵ *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chap. I, resolution 1, annexes I and II.

¹⁶ See *Report of the International Conference on Primary Health Care, Alma-Ata, Kazakhstan, 6-12 September 1978* (Geneva, World Health Organization, 1978).

7. *Urges* Governments to strengthen health systems so that they can deliver equitable health outcomes on the basis of a comprehensive approach by focusing appropriate attention on, inter alia, health financing, the health workforce, procurement and distribution of medicines and vaccines, infrastructure, information systems, service delivery, planning and implementation, universal access, and political will in leadership and governance;

8. *Calls upon* Governments to reduce health inequities by, inter alia, considering the recommendations formulated by the Commission on Social Determinants of Health,¹¹ and urges the international community to support the 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, as appropriate, through 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;

9. *Emphasizes* the need to increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people in accordance with national commitments to provide access to basic health care for all, as well as the need to increase the healthy lifespan and improve the quality of life of all people, and to reduce disparities in life expectancy between and within countries;

10. *Recognizes*, in that regard, the significant efforts undertaken by developing countries, including through South-South cooperation and triangular cooperation, and encourages the international community to enhance support for those efforts;

11. *Emphasizes* that advances in health depend, among other factors, on the promotion and protection of all human rights, the promotion of gender equality and the empowerment of women, and the elimination of gender-based discrimination, especially by ensuring equal opportunities for women and men in education, employment and access to social services, including health services; by instituting zero tolerance regarding violence against women and girls, including harmful traditional practices such as female genital mutilation or cutting; by preventing child and forced marriage; and by ensuring women's and men's access to the means to determine the number and spacing of their children;

12. *Urges* Governments, in order to ensure the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals, to, inter alia, protect and promote the full respect of human rights and fundamental freedoms regardless of age and marital status, including by eliminating all forms of discrimination against girls and women; working more effectively to achieve equality between women and men in all areas of family responsibility and in sexual and reproductive life; empowering women and girls, promoting and protecting women's and girls' right to education at all levels; providing young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender equality and on how to deal positively and responsibly with their sexuality; enacting and enforcing laws to ensure that marriage is entered into only with the free and full consent of the intending spouses; ensuring the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free

of coercion, discrimination and violence; combating all forms of violence against women, including harmful traditional and customary practices such as female genital mutilation; developing strategies to eliminate gender stereotypes in all spheres of life and achieving gender equality in political life and decision-making, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

13. *Urges* Governments to redouble efforts to reduce maternal morbidity and mortality by ensuring that universal access to reproductive health, including family planning, is achieved by 2015; that health systems provide a continuum of antenatal and neonatal health care, including delivery assistance by skilled health workers and emergency obstetric care; that women receive nutritional support; and that sexual and reproductive health information and services are integrated into HIV/AIDS plans and strategies;

14. *Also urges* Governments to intensify efforts to provide quality delivery care, including during the often neglected early post-natal period, as such care improves health outcomes for both women and children;

15. *Calls upon* Governments to scale up significantly efforts to meet the goal of ensuring universal access to HIV prevention, treatment, care and support, and the goal of halting and reversing the spread of HIV/AIDS by 2015, particularly by integrating HIV/AIDS interventions into programmes for primary health care, sexual and reproductive health, and mother and child health, by strengthening efforts to eliminate the mother-to-child transmission of HIV, and by preventing and treating other sexually transmitted diseases;

16. *Notes with concern* the feminization of the pandemic of HIV/AIDS, especially among young women, and the fact that women now represent 50 per cent of people living with HIV worldwide and nearly 60 per cent of people living with HIV in Africa and, in that regard, reaffirms the commitment to intensify efforts to ensure a wide range of prevention programmes that take account of local circumstances, ethics and cultural values, such as information, education and communication, as well as encouraging responsible sexual behaviour, including abstinence and fidelity, and expanded access to essential commodities, including female condoms and microbicides, through the adoption of measures to reduce costs and improve availability;

17. *Emphasizes* the urgency of combating the main causes of child morbidity and mortality, inter alia, pneumonia, diarrhoea, malaria and malnutrition, through vaccination, long-lasting insecticide-treated bednets, nutritional support, improved sanitation, access to safe drinking water, and access to effective medicines and other treatments, while strengthening health systems;

18. *Stresses* the need to sustain and strengthen progress made in combating tuberculosis and malaria and developing innovative strategies for tuberculosis and malaria prevention, detection and treatment, including strategies to treat co-infection of tuberculosis with HIV, multidrug resistant tuberculosis and extensively drug-resistant tuberculosis, including through ensuring the availability of affordable, good-quality and effective medicines and equipment;

19. *Urges* Governments to increase efforts to control and eliminate neglected tropical diseases, including through increased use of existing medicines,

development of new medicines, research into new modes of vector control, and implementation of appropriate prevention strategies, as well as to make a concerted effort to eradicate poliomyelitis worldwide by intensifying immunization activities and adopting country-specific strategies to address the remaining barriers to stopping poliomyelitis transmission, and emphasizes the importance of strengthening health systems to address communicable diseases;

20. *Also urges* Governments to give increased attention to the prevention and control of non-communicable diseases, further taking into account the social and environmental determinants of non-communicable diseases by, inter alia, taking action to implement the World Health Organization Global Strategy for the Prevention and Control of Non-Communicable Diseases¹⁷ and its related Action Plan;

21. *Urges* Governments to develop and put into effect comprehensive and integrated illicit drug demand reduction policies, programmes and legal frameworks, including prevention and care in the health-care and social services, from primary prevention to early intervention to treatment and to rehabilitation and social reintegration, and in related support services, aimed at promoting health and social well-being, aiming to effectively reduce the direct and indirect adverse consequences of illicit drug abuse for individuals and all societies as a whole, in compliance with the three international drug control conventions and in accordance with national legislation;

22. *Emphasizes* the role of education and health literacy in improving health outcomes over a lifetime, and urges Governments to ensure that health education starts early in life and that special attention is paid to encouraging health-enhancing behaviour among adolescents and young people in a gender-sensitive manner, especially by discouraging the use of tobacco and alcohol, encouraging physical activity and balanced diets, and providing information on sexual and reproductive health that is consistent with their evolving needs and capacities so that they can make responsible and informed decisions in all issues related to their health and well-being and understand the synergies between the various health-related behaviours;

23. *Underlines* the health and rehabilitation needs of victims of terrorism, encompassing both physical and mental health;

24. *Also underlines* its commitment to developing and implementing national strategies that promote public health in programmes or actions that respond to challenges faced by all populations affected by conflict, natural disasters and other humanitarian emergencies, and acknowledges that inequities in access to health care can increase during times of crisis, and that special efforts should be made to maintain primary health-care functions during these periods, as well as to ensure that the needs of the poorest and most vulnerable are met during the post-crisis, peacebuilding and early recovery stages;

25. *Further underlines* the need of people living in situations of armed conflict and foreign occupation for a functioning public-health system, including access to health care and services;

¹⁷ World Health Organization, *Fifty-third World Health Assembly, Geneva, 15-20 May 2000, Resolutions and Decisions, Annexes (WHA53/2000/REC/1)*.

26. *Expresses concern* at the continuing increase in road traffic fatalities and injuries worldwide, in particular in developing countries, calls for the implementation of existing General Assembly resolutions aimed at addressing global road safety issues and strengthening international cooperation in this field,¹⁸ and urges Governments to enact comprehensive laws and effective compliance and enforcement measures to protect all road users, including pedestrians, by setting appropriate speed limits and blood alcohol concentration limits, and by encouraging the use of appropriate protection mechanisms, including helmets, seat belts and child restraints;

27. *Recalls* the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property,¹⁹ and urges States, the relevant international organizations and other relevant stakeholders to support actively its wide implementation;

28. *Reaffirms* the right to use to the full the provisions contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights,²⁰ the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health,²¹ the decision of the World Trade Organization General Council of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration²² and, when formal acceptance procedures are completed, the amendment to article 31 of the Agreement, which provide flexibilities for the protection of public health and, in particular, to promote access to medicines for all, and encourage the provision of assistance to developing countries in this regard; and calls for a broad and timely acceptance of the amendment to article 31 of the Agreement on Trade-Related Aspects of Intellectual Property Rights, as proposed by the World Trade Organization General Council in its decision of 6 December 2005;²³

29. *Encourages* all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines and to provide for safeguards against the abuse of such measures and procedures;

30. *Calls upon* Governments and the international community to develop health workforce strategies and to continue the ongoing work of the World Health Organization on a code of practice on international recruitment of health personnel with a view to its finalization, and to conduct a review of training, recruitment and retention policies in order to provide incentives for health workers to stay in underserved, remote and rural areas, taking into account the challenges facing developing countries in the retention of skilled health personnel, improve the conditions of work and increase the number of health workers to ensure the

¹⁸ See General Assembly resolutions 57/309, 58/9, 58/289, 60/5, 62/244 and 64/255.

¹⁹ See World Health Organization, *Sixty-first World Health Assembly, Geneva, 19-24 May 2008, Resolutions and Decisions, Annexes* (WHA61/2008/REC/1), World Health Assembly resolution 61.21.

²⁰ See *Legal Instruments Embodying the Results of the Uruguay Round of Multilateral Trade Negotiations, done at Marrakesh on 15 April 1994* (GATT secretariat publication, Sales No. GATT/1994-7).

²¹ See World Trade Organization, document WT/MIN(01)/DEC/2.

²² See World Trade Organization, document WT/L/540 and Corr.1.

²³ World Trade Organization, document WT/L/641.

attainment of the health-related Millennium Development Goals, in particular by training more skilled birth attendants and midwives in low-income countries;

31. *Also calls upon* donor Governments and the international community to make international cooperation and assistance, in particular external funding, more predictable and better aligned with national priorities and to channel such assistance to recipient countries in ways that strengthen national health systems; welcomes the progress made in developing new, voluntary and innovative financing approaches and initiatives; and emphasizes that innovative financing mechanisms should supplement and not substitute for traditional sources of finance;

32. *Further calls upon* Governments, with the support of regional and international financial institutions and other national and international actors, to adopt appropriate measures to overcome the negative impacts of the economic and financial crises on health, ensuring that policies maintain commitment to the internationally agreed development goals, including the Millennium Development Goals;

33. *Urges* Governments to continue to address the environmental causes of ill health and their impact on development by integrating health concerns, including those of the most vulnerable populations, into strategies, policies and programmes for poverty eradication, sustainable development, and climate change adaptation and mitigation;

34. *Recognizes* that the lack of adequate funding remains a significant constraint to the full implementation of the Programme of Action of the International Conference on Population and Development, calls upon Governments of both developed and developing countries to make every effort to mobilize the required resources to ensure that the health, development and human rights-related objectives of the Programme of Action are met, and urges Governments and development partners to cooperate closely to ensure that resources, including those from the Global Fund to Fight AIDS, Tuberculosis and Malaria, are used in a manner which ensures maximum effectiveness and in full alignment with the needs and priorities of developing countries;

35. *Reaffirms* the need to develop, make use of, improve and strengthen national health information systems and research capacity with, as appropriate, the support of international cooperation, in order to measure the health of national populations on the basis of disaggregated data, including by age and sex, so that, inter alia, health inequities can be detected and the impact of policies on health equity measured;

36. *Requests* the Secretary-General to continue, in the framework of the implementation of the Programme of Action of the International Conference on Population and Development, his substantive work on health, morbidity, mortality and development, including integrating a gender perspective into its analyses and recommendations, in collaboration and coordination with relevant United Nations agencies, funds and programmes and other relevant international organizations, and to continue assessing the progress made in achieving the goals and objectives on health, morbidity, mortality and development set out in the outcomes of the major United Nations conferences and summits, giving due consideration to their implications for development.