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**Statement**

**by**

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**The Global Health Impact Forum**

New York  
05 May 2014

Excellencies,  
Distinguished participants,  
Ladies and gentlemen,

I wish to express my deep gratitude to Mr. Amir Dossal , Chairman, Global Partnerships Forum, Special Representative of the Secretary-General of ITU, for inviting me this first Global Health Impact Forum. I welcome this initiative and commend all organizers for putting a great deal of time and energy into this undertaking.

It is my sincere hope that this is the beginning of further deliberations that will help leverage the contributions of the private sector and foundations to the fulfilment of goals and objectives of the United Nations, particularly in the area of global health.

Ladies and gentlemen,

The theme of this Forum is closely related to the needs and concerns of the three groups of countries under the purview of my Office, in particular least developed countries (LDCs) but also the landlocked developing countries and small developing island states.

Forty eight countries--roughly a quarter of the UN membership--are LDCs: 34 are in Africa, 13 in Asia and, and one, Haiti, in Latin America and the Caribbean. They have about 900 million people together, with a high percentage of the youth population. They are at the bottom of the development ladder in terms of per-capita income, ability to withstand internal and external shocks and, more importantly and related to this

Forum , low human and social development as well as limited productive capacity.

The unprecedented level of agreement within the framework of MDGs triggered increased global attention and action to addressing sources of human deprivation. With less than 2 years to the target date, the humanity, as a whole, has reached the MDG targets of halving extreme poverty and the proportion of people without access to safe drinking water. Also, the world is within striking distance of achieving the hunger reduction and a number of other targets.

We are glad that even in LDCs and other vulnerable countries, there has been a remarkable progress in the health sectors, thanks to the national focus in these countries and the global multi stakeholder support. Yet much remains to be done. This overall picture also conceals varied level of performances, and the daunting challenges the LDCs and countries emerging from conflict face. We have to further accelerate our work, and we have to do more, while consistently making sure that these countries do not fall back on their progress for want of support and cooperation.

Although child mortality rates are declining in most of the least developed countries, the speed at which this occurs is far below what is required to achieve the Millennium Development Goal target of two-thirds reduction from 1990 levels. As a result, average under-five child mortality in least developed countries is estimated at 85 deaths per 1,000 live births in 2012—almost the double of that of other developing countries. The same also holds true for the maternal mortality rate, which is not being reduced by three fourths, but by just about one half. We have

a long way to go to reach our goals and sustain it over the period. We are glad that there has been a strong support from the government, the private sector and philanthropic organisations to the UN Secretary General's every woman every child initiative to give high priority to this sector.

Better health outcomes are not only fundamental human rights but lack of it affects all the activities of the society and the nation. It would be a great waste of valuable human resources which is a prerequisite for overall progress of the society. Therefore we have to look at the issue of health and its cross-sectoral connections. In most LDCs a significant share of the population, mostly in rural areas, is excluded from health services because of the poor transport facilities and lack of technological reach, which deteriorates even further during the rainy season. Another example is the level of education, particularly of women. A great deal of evidence shows that mortality rates are much higher among children of low-educated mothers than those of the more-educated mothers. Even when health systems provide a range of services essential to improving health outcomes, such as child and maternal mortalities, there is often a concern over the affordability of such services, because extreme poverty is pervasive. The proportion of people who are turned away temporarily and permanently from seeking health care, because of their inability to pay because of poverty, stands at staggering levels. The situation is further compounded by limited health insurance coverage across LDCs.

The causation also runs the other way round. Poor health outcomes reduce the stock of human capital, constraint productivity and result in low incomes pushing them into a poverty trap.

Ladies and Gentlemen,

The private sector and foundations have developed many innovative solutions to address the above binding constraints to improved health outcomes in LDCs and in other developing countries. These solutions focus on, among other things, improving agricultural yields--hence productivity and incomes--developing viable community-based health insurance schemes, expanding immunization programmes and improving health infrastructure. These interventions contribute in part to some of the progress made by LDCs.

In this regard, it is worth mentioning that much of the philanthropic aid--about half of the total flows--is channelled to health. Such aid is delivered through vertical funding on specific diseases, services, or interventions in the health sector. Anchored in private sector's practices, such funding targets interventions are deemed cost-effective with measurable impacts.

While these initiatives have contributed to addressing some of the public health challenges in LDCs, they also come with some challenges. One of them is the issue of harmonisation among multiple donors' funding and reporting requirements, and alignment and coherence of the philanthropic aid with LDCs' health sector priorities. Another challenge is to promote coherence between these vertical initiatives and the health systems of LDCs. But we also know that for immediate effects vertical interventions have proved quite effective. But we have to work harder to make sure that coherence is promoted and especially the national health system is strengthened so that sustainability of the progress is ensured.

Ladies and Gentlemen,

Looking forward, the private sector and foundations have much to offer. They are repository of a wealth of health-related solutions and ideas that have practical applications in LDCs. They are capable of tailoring these solutions to meet the peculiar needs of LDCs and they should be continuously encouraged to do so. Incentives should therefore be put in place through multi-stakeholder efforts. In this regard, we commend what foundations and other philanthropic organizations have already done. The level and modalities of the delivery of philanthropic aid could be further improved to ensure greater impacts. Foundations and philanthropists should continue to provide assistance and support to the country-specific intervention programmes in the most vulnerable countries.

Foundations and other philanthropic organizations could also further contribute to reversing the under-funding in areas such as technology upgrading and innovation. The operationalization of the Secretary-General's proposal for a technology bank dedicated to least developed countries will constitute an important step towards supporting technology transfer and innovation to LDCs. The setting up of this Global Technology Bank for LDCs will institutionally support the transfer of critical technologies on concessional terms to the LDCs. Important areas include licenses for the production of vaccines and medicines, water purification and treatment, renewable energy and green technologies, and the application of information and communication technologies for education and health. The feasibility study on this initiative will start soon. Once endorsed, it will be moved to the operationalization phase. I urge you to join us in making this a reality.

Ladies and Gentlemen,

As we look towards the post 2015, we have to all contribute in an integrated and holistic manner to make the transformational change that we are all looking for in ensuring sustainable development for all, bar none. It is with the collective efforts of all, that we could be able to reach these ambitious goals. And the health remains very much high on the priority of all the countries, but more so of the LDCs and other vulnerable countries.

It is my hope that the ideas coming out of this conference will contribute to attaining our global development aspirations.

I thank you for your kind attention and wish you productive deliberations.