

**Opening Speech by  
Dr. Carola Donner-Reichle,  
Senior Advisor, Capacity Building and Capacity Development,  
Asian Development Bank**

**Sub-Regional Workshop for LDCs in Achieving MDGs  
as Part of the Implementation of the Istanbul Programme of Action  
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Distinguished participants, ladies and gentlemen:

Thank you for inviting us to this timely meeting which will help reinvigorate efforts to achieve the Millennium Development Goals (MDGs).

I would like to focus today on a critical issue confronting us: What are the Asia and Pacific region's priorities achieving MDGs in LDCs as part of the implementation of the Istanbul Program of Action?

I attended the UN LDC-IV Conference in Istanbul in May this year. The outcomes of the conference are important, namely the Istanbul Declaration and the Programme of Action for the Least Developed Countries for the Decade 2011-2020. Reducing by half the list of 48 States, including 15 in Asia and the Pacific, with the most extreme poverty and vulnerability to crises is the goal of the new 10 year action plan.

Countries at the Conference reviewed the progress in implementing the Brussels Programme of Action, launched in 2001 and committed themselves to further strengthen their support to the poorest countries by "creating a favorable environment for sustainable development, increasing productive capacities, diversification of economies and building necessary infrastructure".

In the Istanbul Programme of Action it is underlined that the outcomes of previous United Nations Conferences like the Millennium Declaration, and the Outcome Document of the High-Level Plenary Meeting of the General Assembly on the Millennium Development Goals have, I cite, "reaffirmed that least developed countries deserve particular attention and well-targeted support measures to eradicate poverty, accelerate economic growth, achieve sustainable development and overcome their vulnerabilities".

As we know, the Asian and the Pacific region has sharply reduced the share of its population

living in poverty – a significant achievement. However, the region continues to feature massive disparities and deprivation, and inequality is on the rise. Many hundreds of millions of people live a hand-to-mouth existence, struggling with a lack of access to quality educational opportunities, and affordable supplies of clean water, sanitation and energy. Many young people enter the labor force and struggle to find decent work. In addition, as highlighted in a new report that ADB has published with the ILO, women workers are concentrated in low-productivity agricultural employment, and in vulnerable, low-paid informal sector jobs. In short, the region's growth has not been sufficiently inclusive. This is also visible in the indicators related to health.

Over one-third of children are malnourished in the 12 countries of the region with the poorest performance on child nutrition. Across Asia and the Pacific, about 100 million children are undernourished. Tens of thousands of women are estimated to die each year in childbirth. About five million people are living with HIV.

The Outcome Document subsequently adopted as a resolution by the UN General Assembly calls for accelerated progress in promoting global public health. The Outcome Document also stresses the importance of multi-sectoral and inter-ministerial approaches in formulating and implementing national policies that are crucial for promoting health. I would in this context highlight the contribution that can be made to improved health outcomes through investments in basic physical infrastructure.

The Istanbul Programme of Action recognizes that the major challenges for improving the health status for the Least Developed Countries include, I quote, “weak health systems with inadequate human resources, lack of adequate health-care facilities and equipment and supplies, inadequate domestic financing structures, inadequate supplies of medicines and essential drugs and **poor infrastructure**.”

Achievement of the health-related MDG Goals and Targets will require concerted action on improving the policies, financing and service delivery for primary health care. It will also require multi-sectoral action, which includes improved transport, education, and sustainable cities – both because of their impacts on access to health services and their impacts on economic opportunities.

The specific MDG commitments to be achieved in health by 2015 include:

- Under Goal 1, Target 1c: Reduce by **half** the proportion of people who suffer from hunger, with particular emphasis on Target 1.8: reduce the prevalence of underweight children under five years of age. This target has become even more important as the evidence has grown on the social, economic and long-term developmental impacts of stunting in children aged 0 – 2 years old. And is even more challenging in the current context of global recession.
- Goal 4, Reduce by **two thirds** the mortality rate among children under five.
- Goal 5 – a very important Goal for which achievement is lagging between countries as well as within countries – reduce by **three-quarters** the maternal mortality rate and achieve universal access to reproductive health services. And
- Goal 6 – Combat HIV/AIDS, Malaria and other diseases, which include targets to **halt and reverse** the incidence of these diseases.
- The Istanbul Program of Action recognizes that: Policy measures on population and primary health will be pursued in line with the goals and targets MDG Goal No 4 and 5 by 2015 and significantly reduce the infant, under-five and maternal mortality rates and child under-nutrition by 2020. MDG Goal 6 should be achieved by 2015, and further reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases. (para75- 77)

These ambitious goals cannot be achieved by the health sector alone. They will require a whole of society approach that goes beyond services delivered by the health system. While development partners provide financial and technical support to strengthen national health systems, increase access to medicines, and improve public financial management, other areas of growth and development are also key. For example,

ADB research and project results have confirmed the linkages between better basic infrastructure and improved health outcomes. For example, **roads** can improve maternal health by increasing the attendance of health personnel during births, a key factor in reducing both maternal and child mortality. Roads also enable health personnel to reach mothers and children

with immunization programs, and to reach high-risk but remote populations to reduce the spread of communicable diseases, such as tuberculosis.

Greater availability of **electricity** in households and health centers enables medical personnel to attend to pregnant women, even in evening hours – when it seems babies prefer to be born - enduring greater attendance by qualified personnel. **Sanitation**, in concert with improvements in hygiene, has a strong association with MDG health outcomes. Better sanitation and hygiene reduce disease and undernourishment in children; improve overall child health, and lower maternal mortality rates.

**Clean water** can contribute to reduced maternal mortality and clean water and access to sanitation in schools encourages children to complete primary schooling (and better educated people tend to enjoy better health, and tend also to raise healthier children).

Achieving the health-related MDGs will require not only greater investment in the health sector, but also investment in other sectors that generate positive impacts on health. This includes substantial investment in basic infrastructure, particularly where disadvantaged population groups are concentrated, and where infrastructure provision is weak, such as in rural and remote areas.

While governments must take the lead in promoting the health-related MDGs, they cannot reasonably provide all of the necessary funding from public sector budgets.

Contributions of the private sector, international development agencies, and NGOs will also be needed to fill the very substantial gaps that remain in meeting health needs. The shortage of public health staff can be solved in part by partnering with NGOs. ADB has promoted successful partnering between governments and NGOs in rural Cambodia, urban Bangladesh and remote

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