Outcomes of Copenhagen+5 and their implications for WHO

Twenty-fourth special session of the General Assembly entitled "World Summit for Social Development and beyond: achieving social development for all in a globalizing world" (Copenhagen + 5) was held in Geneva from June 26th to June 30th of the year 2000. The summit has brought together senior representatives of the Member States including around 30 Heads of State and Government to discuss the progress in achieving targets set at the Copenhagen summit five years ago. It set a new action plan and refined targets for implementing the Copenhagen Declaration and Programme of Action.

Since the Copenhagen summit the world has changed. A rapid globalization process has posed new challenges to social and economic development. During the five years after the Copenhagen summit, the understanding of the issues of poverty reduction, employment, social protection, health, education and their linkages with economic growth have been further advanced. The growing awareness of the positive impact of effective social policies, including policies in health, education, social protection, etc., on economic and social development has created the imperative of reassessing priorities for creating a more enabling environment for full social development.

"Copnehagen+5" has responded to the advances in development thinking by recognising that effective social policies themselves can largely determine the success of economic policies (in this case, "success" to mean equitable distribution of benefits of economic growth); by acknowledging the need for strengthening developing countries' and disadvantaged societies' capacities to harness benefits of globalization and mitigate its negative effects; by underscoring the importance of full employment including occupational health and safety, the role of employability safe work-place; by emphasising the issue of gender equality and the rights of indigenous population; by endorsing the need for urgent actions against HIV/AIDS, Malaria, Tuberculosis, and other endemic, communicable and chronic diseases that inhibit social and economic development; and by calling for intersectoral approaches and a closer partnership among the international development agencies, governments, civil society groups and the private sector.

The outcomes of "Copenhagen+5" contain a lot of positive and challenging implications for WHO. The political declaration adopted at the Twenty-fourth UNGASS mentions health twice. Paragraph 7 of the Political Declaration reads: *"…We are convinced that universal access to high quality education, … health and other basic social services … are essential for the achievement of the objectives of the Copenhagen Declaration and Programme of Action.."*. Paragraph 7 bis continues: *"We affirm our pledge to place particular focus on and give priority attention to the fight against the world-wide conditions that pose severe threats to the health, safety, peace, security and the well-being of our people. Among this conditions are: chronic hunger, malnutrition … endemic, communicable and chronic diseases, in particular HIV/AIDS, malaria and tuberculosis"*.

The final Outcomes document mentions WHO seven times in various contexts. The most significant results from strategic point of view include the following:

1. That health is no longer confined to the narrow issue of delivery of basic services (Commitment 6) but is now seen as a key component of poverty reduction strategies (Commitment 2) as well as strategies for promoting full employment (Commitment 3). In fact, WHO's poverty and health strategy is specifically specified as the model to be followed.

2. That "organisations of UN system" (i.e. including Bretton Woods) are specifically requested to work with WHO "to generate the health dimension into their policies and programmes". A very specific list of economic, environmental and social issues is listed (para 83). (See below)

3. That WHO is mandated to undertake a range of measures related to the implications of trade in health goods and services to meet the needs of poor people. In addition para 80 also agrees the right of countries to "protect and advance access to life-saving, essential medicines "through the exercise of options available under international agreements.

The table below quotes some paragraphs from the final outcomes document (10 commitments), which have most significance for WHO and offer opportunities for the organisation to pursue its corporate strategy with much wider scopes.

Commitment	WHO-relevant Paragraphs
1. *To create an economic, political, social, cultural and legal environment that will enable people to achieve social development* The commitment places primary responsibility on governments for creating conducive social, economic and political environments for "people-centred development". It recognises the need for the reduction of negative impacts of international financial turbulence on social and economic development, correctly acknowledges the positive interaction among environmental, economic, and social policies, and recommends more cross-sectoral approaches.	10 (c) bis "*Reduce negative impacts of international financial turbulence on social and economic development, inter alia, through … taking measures to protect basic social services, in particular education and health, in the policies and programmes adopted by countries when dealing with international financial crises";* 16 (a) "*Promoting increased corporate awareness of the inter-relationship between social development and economic growth*
2. *To eradicate poverty in the world, through decisive national actions and international cooperation, as an ethical, social, political and economic imperative of humankind* The commitment urges countries to incorporate concrete poverty reduction targets and relevant strategies in their national policies, employ multi-sectoral approaches to poverty, give priority to investments in health and education, and use health policies as a means for poverty reduction.	27bis "*In the context of comprehensive national strategies on poverty eradication, integrate policies at all levels including …. giving priority to investments in education and health, social protection and basic social services…*" 27 bis (u) "*Using health policies as an instrument for poverty eradication, along the lines of the* ***World Health Organization (WHO)*** *strategy on poverty and health, develop sustainable and effectively managed pro-poor health systems which focus on the major diseases and health*

	*problems affecting the poor, achieving greater equity in health financing, and take also into account the provision of and universal access to high quality primary health care throughout the life cycle, including sexual and reproductive health care, not later than 2015, as well as health education programmes, clean water and safe sanitation, nutrition, food security and immunisation programmes***"**
3**.** *To promote the goal of full employment as a basic priority of our economic and social policies, and to enable all men and women to attain secure and sustainable livelihoods through freely chosen productive employment and work* The main focus of commitment 3 is on the issue of child labour, women's employment, and most importantly for WHO, employability and a safe work environment. The commitment puts significant attention on work-related injuries and occupational diseases, and their economic implications for individuals and the entire health systems. It is quite remarkable that the need for changing policy regarding full employment is justified on the grounds of excess health care costs caused by occupational diseases and work-related injuries.	*36. "Expand opportunities for productive employment, including self-employment … by investing in the development of human resources … and employability, especially through education … occupational safety and health".* *38 (d) "Promoting safe and healthy settings at work in order to improve working conditions and to reduce the impact on individuals* ***and health care systems*** *of occupational accidents and diseases".*
4. *Promote social integration by fostering societies that are stable, safe and just and that are based on the promotion and protection of all human rights, as well as on non-discrimination, tolerance, respect for diversity, equality of opportunity, solidarity, and participation of all people, including disadvantaged and vulnerable groups and persons* The main issues of the commitment are the rights of the disabled, indigenous people and migrants, gender issues, and ageing.	21bis "*Recognise the contribution of indigenous people to society, promote ways of giving them greater responsibility for their own affairs through, inter alia:* *(a) Seeking means of giving them effective voice in decisions directly affecting them;* *(b) Encouraging United Nations agencies within their respective mandates to take effective programmatic measures for engaging indigenous people in matters relevant to their interests and concerns".* 60. "*Exchange views and information on national experience and best practices in designing and implementing policies and programmes on ageing".* 61. "*Empower persons with disabilities to play their full role in society. Special attention*

	should be given to women and children with disabilities and to persons with developmental, mental and psychiatric disabilities". 61bis *"Ensure access to employment for persons with disabilities through the organization and design of the workplace environment and improve their employability through measures which enhance education and acquisition of skills; through rehabilitation within the community wherever possible; and other direct measures, which may include incentives to enterprises to employ people with disabilities".*
5. *To promote full respect for human dignity and to achieve equality and equity between women and men and to recognize and enhance the participation and leadership roles of women in political, civil, economic, social and cultural life and in development.* The commitment calls for building capacities at different levels for gender analysis, evaluation of program and policy outcomes from a gender perspective, and producing gender desegregated statistics. It talks about the importance of health services for safe motherhood, and stresses gender aspect of HIV/AIDS.	72. *"Ensure gender mainstreaming in the implementation of each of the further initiatives related to each of the commitments made at the Summit, considering the specific roles and needs of women in all areas of social development, by, inter alia, evaluating the gender implications of proposals and taking action to correct situations in which women are disadvantaged. The use of positive or affirmative action and empowerment programmes is commended to both Governments and international organizations".* 73bis. *"Increased efforts are needed to provide equal access to education, health, and social services and to ensure women's and girls' rights to education and the enjoyment of the highest attainable standard of physical and mental health and well-being throughout the life cycle, as well as adequate, affordable and universally accessible health care and services including sexual and reproductive health, particularly in the face of the HIV/AIDS pandemic; they are also necessary with regard to the growing proportion of older women".* 73ter. *"Ensure that the reduction of maternal morbidity and mortality is a health sector priority and that women have ready access to essential obstetric care, well equipped and adequately staffed maternal health care services, skilled attendants at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary, post-partum care and family planning in order to, inter alia, promote safe*

	motherhood, and give priority attention to measures to prevent, detect and treat breast, cervical and ovarian cancer and osteoporosis, and sexually-transmitted infections, including HIV/AIDS".
6. *To promote and attain the goals of universal and equitable access to quality education, the highest attainable standard of physical and mental health, and the access of all to primary health care, making particular efforts to rectify inequalities relating to social conditions and without distinction as to race, national origin, gender, age or disability; respecting and promoting our common and particular cultures; striving to strengthen the role of culture in development; preserving the essential bases of people-centred sustainable development; and contributing to the full development of human resources and to social development, with the purpose of eradicating poverty, promoting full and productive employment and fostering social integration* The commitment calls governments to ensure provision of and access to basic social services for all, develop pro-poor health systems, improve their performance, and combat those major infectious and non-communicable diseases that inhibit economic and social development. The commitment pays significant attention to the issue of HIV/AIDS. It suggests strengthening political commitment and efforts at the international and national levels against HIV/AIDS, with a focus on developing countries. The major attention is on the prevention of the infection's transmission. The commitment encourages WHO to foster partnership with the private sector, particularly pharmaceutical industry, to increase investment in finding remedies for the diseases of developing coutnreis, and for making medicines more easily available to poor countries. The attention is focused on the essential medicines and the role of intellectual property rights for promoting further research.	73bis. *"Ensure appropriate and effective expenditure of resources for universal access to basic education and primary health care, within the country context, in recognition of the positive impact this can have on economic and social development, with particular efforts to target the special needs of vulnerable and disadvantaged groups".* 74. *"Recognize Governments' primary responsibility for providing or ensuring access to basic social services for all; develop sustainable, pro-poor health and education systems by promoting community participation in planning and managing basic social services, including health promotion and disease prevention; diversify approaches to meet local needs, to the extent possible utilising local skills and resources".* 74bis. *"Improve the performance of health care systems, in particular at the primary health care level, by broadening access to health care".* 75. *"Take all appropriate measures to ensure that infectious and parasitic diseases, such as malaria, tuberculosis, leprosy and schistosomiasis, neither continue to take their devastating toll nor impede economic and social progress; and strengthen national and international efforts to combat these diseases, inter alia, through capacity building in the developing countries with the cooperation of the* ***World Health Organization*** *including support for research centres".* 78. *"Encourage, at all levels, arrangements and incentives to mobilize commercial enterprises, especially in pharmaceuticals, to invest in research aimed at finding remedies that can be provided at affordable prices for diseases that particularly afflict people in developing countries,*

The commitment contains very significant messages for WHO regarding its role in the globalization process. Such role is seen as building capacities at different levels in analysing health consequences of international agreements and in designing appropriate policy responses to them. The most important message for WHO is that the commitment urges other UN organisations to establish a closer cooperation and partnership with WHO, in order to incorporate health dimensions into their sectoral policies and programmes, and to support countries to do the same.	*and invite the **World Health Organization** to consider improving partnerships between the public and private sectors in the area of health research".* *82. "Invite the **World Health Organization**, in collaboration with UNCTAD, the World Trade Organization and other concerned agencies, to help strengthen the capacities of developing countries, particularly the least developed countries to analyze the consequences of agreements on trade in health services for health equity and the ability to meet the health needs of people living in poverty, and to develop policies to ensure the promotion and protection of national health services".* 82bis. *"Invite the **World Health Organization** to cooperate with Governments, at their request, and with international organizations in monitoring and analyzing the pharmaceutical and public health implications of relevant international agreements, including trade agreements, so that Governments can effectively assess and subsequently develop pharmaceutical and health policies and regulatory measures that address their concerns and priorities, and are able to maximize the positive and mitigate the negative impact of those agreements".* 83. *"Invite the organizations of the United Nations system to cooperate with **the World Health Organization** to integrate the health dimension into their policies and programmes, in view of the close interdependence between health and other fields and the fact that solutions to good health may often be found outside of the health sector itself; such cooperation may build on initiatives undertaken in one or more of the following areas: health and employment, health and education, health and macroeconomic policy, health and environment, health and transport, health and nutrition, health and food security, health and housing, development of more equitable health financing systems and trade in health goods and services".* 83bis. *"Invite the United Nations system to support national efforts, where appropriate, to*

	build on initiatives undertaken in one or more of the above-mentioned fields".
7. *To accelerate the economic, social and human resource development of Africa and the least developed countries* In this commitment, the most relevant theme for WHO is the issue of HIV/AIDS and socio-economic development in Africa. The commitments pays a special attention to the problem of AIDS among youth, and suggests some concrete targets for reducing the prevalence and the rate of the infection. Prevention of the transmission of HIV is seen as a priority.	97bis "*Support the recommendations contained in the Report of the Secretary-General (A/52/871-S/1998/318) and in that context await the outcome of the open-ended ad hoc working group on the causes of conflict and promotion of durable peace and sustainable development in Africa"***.** 98. *"Support African Governments in expanding and strengthening programmes related to young people and HIV/AIDS through developing a collective strategy with the donor community, international organizations and non-governmental organizations, facilitated by the establishment of national young people's task forces, in order to ensure the necessary multi-sectoral response and the interventions to raise the awareness and address the needs of young people, as well as the needs of those living with HIV/AIDS and children orphaned by AIDS".* 99d. *"Develop a core set of indicators and tools to monitor implementation of youth programmes and progress towards achievement of the target to reduce infection levels in young people by 25 per cent by 2005".*
8. *To ensure that when structural adjustment programmes are agreed to they include social development goals, in particular eradicating poverty, promoting full and productive employment, and enhancing social integration* The commitment calls for establishing participatory mechanisms for the assessment of social impacts of adjustment policies. The commitment invites United Nations system to cooperate with Bretton Woods Institutions in this area. For WHO this means more active participation in the PRSP and debt relief process, which are the subject of the main focus of commitment 8.	106. *"Establish participatory mechanisms to undertake assessment of the social impact of structural adjustment programmes and reform packages before, during and after the implementation process with a view to mitigating their negative impact and developing policies to improve their positive impact on social development goals. Such assessments might involve the support and cooperation of the United Nations system, including the Bretton Woods institutions, regional development banks and organizations of civil society".*