



**World Health Organization
Organisation mondiale de la Santé**

FORTY-SEVENTH WORLD HEALTH ASSEMBLY

Provisional agenda item 31

A47/26
2 May 1994

Collaboration in the United Nations system: The World Summit for Social Development

Report by the Director-General

The General Assembly of the United Nations in resolution 47/92 decided to convene a World Summit for Social Development to be held from 6 to 12 March 1995 in Copenhagen. This decision was communicated to the ninety-first session of the Executive Board and to the Forty-sixth World Health Assembly. Resolution 47/92 identified three core issues for the Summit to address: (a) enhancement of social integration, particularly of the more disadvantaged and marginalized groups; (b) alleviation and reduction of poverty; and (c) expansion of productive employment. The Summit's preparatory process was launched in April 1993 and three substantive sessions of the Preparatory Committee are scheduled between 1994 and March 1995.

The Summit should serve to advance the objective of a common and integrated approach by the United Nations system to development, one that reflects not only economic variables, but also environmental policies and social factors, and promotes political and institutional stability. The Summit should deal with issues that lie at the intersection of economic and social life and focus on the relationship between society and development.

The present document reviews the current status of the preparatory process for the Summit. It summarizes WHO's contribution, which is based on the Organization's response to the needs emerging from global change, and the position of health as reflected in the debates of the first session of the Preparatory Committee. The salient health-related features which became evident at this stage of the preparatory process are brought to the attention of the Assembly.

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INTRODUCTION

1. The World Summit for Social Development was convened by the United Nations General Assembly in its resolution 47/92 of 16 December 1992. This decision was communicated to the Executive Board at its ninety-first session¹ and to the Forty-sixth World Health Assembly.² Hosted by the Government of Denmark, the Summit will take place in Copenhagen from 6 to 12 March 1995.
2. The three core issues identified by the General Assembly affect all societies but more profoundly those of developing countries, particularly less developed countries and economies in transition. These issues are (a) the enhancement of social integration, particularly of the more disadvantaged and marginalized groups; (b) the alleviation and reduction of poverty; and (c) the expansion of productive employment. Being at the heart of political life and debate on national and international priorities, the core issues make the Summit a highly political event. The Summit is expected to upgrade the political importance of social development as an integral part of overall development and as a contribution to sustainable growth, job creation and social productivity.
3. The Economic and Social Council considered the Summit at the high-level segment of its substantive session of 1993, in which the Director-General participated. The Council reaffirmed the urgency for world mobilization in the face of alarming social disintegration, pointing out that social problems needed to be approached internationally since social tensions did not remain within national borders. In the debate, health emerged as a fundamental ingredient of economic and social productivity and of family cohesiveness. Equity in access to social services - including health - was regarded as a factor contributing to political stability and sound governance and an essential component of strategies to achieve the objectives of the Summit. The Summit was viewed as an opportunity to encourage worldwide commitment to placing people and social needs at the centre of development and to give political impetus to the satisfaction of social needs as an integral part of efforts for greater national and international stability. A new type of development cooperation was called for, one that is responsive to the needs of sustainable human development, which balances economic efficiency and social justice in an environment oriented towards equitable and sustainable development and which takes into account the relationship between public and private sectors and sustainable development.
4. The Summit is expected to build up on and to link past and current efforts. These include declarations, conventions, results of other United Nations conferences, past and future, such as the World Summit for Children (1990), the Conference on Environment and Development (1992), the World Conference on Human Rights (1993), the Global Conference on the Sustainable Development of Small Island Developing States (1994), the International Conference on Population and Development (1994), the Fourth World Conference on Women (1995), and the outcome of the International Year of the Family (1994), and the Year for the Eradication of Poverty (1996). Other pre-established global goals such as "health for all by the year 2000" and "education for all by the year 2000" will also be pursued within the context of the Summit. The Summit will benefit from the synergy in favour of health development that can result from implementing the plans of action of these world events and from the commitment to link political decisions to social questions.

SUMMIT PREPARATION

5. General Assembly resolution 47/92 established a Preparatory Committee open to the participation of Member States. The Committee will meet three times before March 1995. The preparatory process itself was designed to begin at the level of countries and regions.

¹ Document EB91/33.

² Document A46/25.

Regional mobilization

6. The need not only to examine the effects of social problems but also to study their underlying political and economic causes and their structural dimension at national and international levels accounts for the decentralization of the preparatory process. This decentralization will contribute to the search for common values and approaches to social development, while giving due consideration to the specific situation of each society in terms of cultural, ethnic, religious and development differences. The basic responsibilities for social action rest with each State, its people and its government. Grassroot participation within broad social mobilization is necessarily part of a strategic approach to the promotion of people-centred social development.

7. By virtue of its regional structure WHO has been involved in the initial phases of the preparatory process through its regional offices, and continues to work closely with the corresponding regional economic commissions of the United Nations. Assigned the role of working with countries to identify, in a pragmatic fashion, the complementarity between national responsibilities and international cooperation, the regional commissions are responsible for supporting, coordinating and channelling the regional contributions to the preparatory process. Their contribution ensures that a technically sound health component is incorporated in regional social policies and strategies. WHO regional offices are advocates for the health dimension of social problems in their regional specificity.

The role of "civil society"

8. The decisions of the Preparatory Committee, at its organizational session in April 1993, recognize the important and fundamental contribution to social well-being of organizations of "civil society", and encourage their participation in the preparatory process. The term "civil society" was used during the discussions to designate the different actors of society, taking into account the poor and the excluded, and including business associations, trade unions, voluntary and nongovernmental organizations, and informal community networks. These bodies represent the fundamental interests and aspirations of people and social groups. They contribute to bringing governments close to the people by facilitating participation and communication, thus helping to strengthen democracy and to ensure social stability.

The role of the United Nations and its specialized agencies

9. General Assembly resolution 47/92 requests the United Nations system, and in particular the specialized agencies and international financial institutions, to contribute fully to the preparations for the Summit.

10. Coinciding with internal reforms in the United Nations system, Summit preparation is expected to produce clear proposals for desirable major adjustments in the United Nations system with a view to achieving greater effectiveness and usefulness to countries, particularly in the social field. WHO, in its capacity as the specialized agency for health within the United Nations system, plays a role in articulating the health component of international cooperation for development and in following up on health and related matters.

WHO'S CONTRIBUTION TO THE PREPARATORY PROCESS

11. WHO's contribution to the preparatory process (summarized in the Annex) represents only part of the Organization's mobilization over the past few years in response to emerging trends and to changes in the world health situation.

12. As a member of the United Nations Interagency Working Group closely linked with the United Nations Department of Policy Coordination and Sustainable Development, WHO participates in overall coordination of the Summit-related activities of the United Nations system. Interagency debates proved

useful in improving the relevance of each agency's action in favour of the Summit's health aspects and in linking up the work of the different organizations. An appreciable part of WHO contribution to the preparatory process is undertaken in collaboration with other bodies, in such areas as prevention of drug abuse, prevention and control of HIV/AIDS, protection of workers' health, and food and nutrition, among others.

13. WHO, as a member of the Joint United Nations Information Committee, participates in implementation of the information strategy prepared for the Summit. The health content of written, visual and audiovisual material produced by the United Nations in support of the Summit draws on materials provided by WHO. Public information officers in each of the WHO regions provide support for the information strategy at regional level.

14. Also relevant to the themes of the Summit is the work of the WHO Task Force on Health and Development, a multidisciplinary group at policy level established in response to resolution WHA45.24. Furthermore, "integrating health and human development in public policies", which is one of the four policy thrusts of WHO's Ninth General Programme of Work covering the period 1996-2001, provides a basis for WHO's work in social development. In its capacity as Task Manager within the United Nations system for implementation of the health components of Agenda 21 of the United Nations Conference on the Environment and Development, WHO is accumulating valuable experience in dealing with health in sustainable development, not as an isolated entity, but as a cross-sectoral concern linked with other major themes of Agenda 21. This experience adds value to WHO's contribution to the Summit and helps in tackling complex social issues.

15. In close collaboration with the organizations and bodies of the United Nations system, financing institutions and other development partners, WHO is working with a growing number of countries to design health reforms that take into consideration interaction between the various components of an evolving political and economic environment. The health and well-being of people, in particular the poor and marginalized groups, is the main target of such policies aiming - in the long term - at self-reliance and sustainable development. This collaboration, implemented within the framework of the Organization's policy for intensified WHO cooperation with countries and peoples in greatest need, covers many of the matters to be debated under the three core themes of the Summit. WHO's approach involves in particular analysis of the links between poverty and health, building of capacity at local levels to link economic and health initiatives, encouragement of cost-sharing in health development, and promotion of close cooperation between all actors involved in social and economic development. This cooperation centres especially on health policy reforms.

16. In consultation with the ad hoc secretariat set up to assist in the preparatory process, the Director-General organized a meeting of experts from the six regions of WHO to review links between health and social development and their relationship with the three core themes of the Summit. The statement made by the experts was submitted as part of WHO's contribution to the debates of the first substantive session of the Preparatory Committee (New York, 31 January to 11 February 1994).

17. The experts agreed that it was neither feasible nor desirable to treat the three main themes of the Summit separately. From the perspective of health they are interdependent and components of a more complex process that must be addressed in a unified manner, one in which health is explicitly recognized as both a goal of social development and a means of achieving it. Conventional medical-technical solutions alone are no longer able to resolve the type of problems involved in social development. A new and more imaginative role for health authorities is needed, one in which broader and more proactive initiatives are undertaken in close collaboration with all sectors. These initiatives will need to be carried out with communities and to respond to the complex nature of today's society. If health authorities and their partners fail in their role, then many of today's social and environmental problems will continue to degrade the quality of life, a deterioration that will become increasingly difficult - if not impossible - to reverse. Almost 15 years after the adoption by the Health Assembly of the social goal of "health for all", and at a time when the health situation of many people is deteriorating as a result of evolving political, social,

economic, demographic and environmental conditions, the broad principles of the primary health care approach, based on equity and social justice, are more relevant than ever before.

HEALTH IN DEBATES OF THE PREPARATORY PROCESS

18. The need to define the relationship between health and social development as it relates to the three core themes of the Summit became apparent during the United Nations interagency consultations that preceded launching of the preparatory process. The inclusion of health aspects of the current social crisis as early as possible in the debate and throughout the preparatory process was felt to be essential to building up a common understanding of the place of health in social development policies. That would be a significant step towards promoting an integrated approach to balanced development in a way that recognized the multidimensional nature of social issues. Furthermore, the incorporation of health considerations at an early stage would enhance the ability of the health sector, and that of other sectors, to respond to needs with a vision that took full account of the interaction between health and other aspects of the world social crisis. Thus the response would be based on an understanding of the dynamics of socioeconomic issues and a knowledge of the way the process of change relates to the implementation of social policies and of the implications of change for institutional support.

First substantive session of the Preparatory Committee

19. The plenary debates during the first substantive session of the Preparatory Committee gave due prominence to the role of health, together with basic education, as a requirement and an objective for social development. Primary health care, as well as programmes for the elimination or control of disease were considered essential components of strategies in the fight against poverty and for the elimination of social exclusion. Equity in access to care, with special reference to the poor and to marginalized groups, in particular in rural areas and urban slums, was considered a component of basic development strategies aiming at social justice. There was a shared concern for meeting the particular needs of children, for the integration of young people, women and the elderly into the mainstream of development, and for their involvement in efforts to meet their needs. Due priority was given to gender issues and to enhancing the role of women in development and social progress. The multiplier effect of different forms of investment in women was acknowledged. Social policies for special groups of the population, including migrants and refugees, should also aim at integrating them socially and at reducing their vulnerability, rather than merely addressing immediate needs. The debate regarded health, together with food, schooling and housing, as part of the basic needs to be met through the strengthening of social security policies, services and programmes, and infrastructure development. Political support would be sought for the allocation of resources to social protection programmes and for investment in social infrastructure.

20. Attention was drawn to the link between population changes and social and environmental degradation, and an appeal was made for sound population policies to back social development strategies. The destructive effects of wars and civil strife on social infrastructure, including health systems, represented a serious impediment to social development; in some countries such emergency situations occurred repeatedly. The debates touched on such matters as the rising cost of health care, people's participation in costs, and the relative roles of the State and the private sector in the implementation of policies for social security and welfare. There was consensus on the need for full participation of all partners in the development process, beginning with the poor and marginalized groups and including businesses, trade unions, and voluntary and nongovernmental organizations.

MATTERS FOR CONSIDERATION BY THE HEALTH ASSEMBLY

21. The Assembly is invited to note WHO's contribution to the World Summit for Social Development and to give any guidance which it deems appropriate. The Assembly may also wish to invite individual Member States to recognize the importance of health in social development and to ensure that inputs to and the outcome of the Summit reflect this view.

ANNEX

WORLD SUMMIT FOR SOCIAL DEVELOPMENT**Copenhagen, 6 to 12 March 1995****Summary of WHO's contribution to Summit preparation**

1. The Executive Board at its ninety-first session (January 1993) was informed of United Nations General Assembly resolution 47/92, convening the World Summit for Social Development.
2. WHO participated in the ad hoc United Nations interagency consultation that preceded the organizational session of the Summit's Preparatory Committee (New York, April 1993).
3. A working group was formed within WHO headquarters, with focal points in the regions, to mobilize and coordinate WHO's contribution to the Summit.
4. The Director-General participated in the debate on the World Summit for Social Development at the high-level segment of the Economic and Social Council (June/July 1993).
5. A consultation took place during the above session between WHO and the Chairman of the Preparatory Committee to discuss WHO's contribution to the Summit's preparatory process.
6. WHO is participating in the Summit information campaign, coordinated by the Joint United Nations Information Committee.
7. WHO is currently mobilizing resources in order to implement a proposal to produce various multi-media materials. These materials, which include a short documentary film, will present in typical development settings, the conditions for meeting social needs, and the health, cultural, legal, economic and political implications.
8. WHO issued an account of health and the world situation in the 1990s, together with a short paper on the expansion of productive employment.
9. An expert meeting on health and social development was held in Geneva from 6 to 8 December 1993.
10. A senior public health expert will reinforce the Summit secretariat in New York for two months before the second session of the Preparatory Committee.
11. At the invitation of the Economic Commission for Africa (ECA), WHO (headquarters and the regional offices for Africa and the Eastern Mediterranean) provided support to a meeting of experts organized by ECA and OAU (Addis Ababa, 17 to 19 January 1994). The meeting finalized the document on the African Common Position on Human and Social Development which was adopted by the first meeting of the Conference of African Ministers Responsible for Human Development (Addis Ababa, 21 January 1994).
12. WHO participated in the first substantive session of the Preparatory Committee for the Summit (New York, 31 January to 11 February 1994).
13. WHO prepared a paper on women's health in the context of social development. It was disseminated at the session of the Preparatory Committee, in particular to nongovernmental organizations working on women's issues.

14. The WHO Regional Office for the Americas is coproducing with the Economic Commission for Latin America and the Caribbean a paper on "health in the productive transformation with equity". The Regional Office is also working closely with the Inter-American Development Bank on social reform in the Americas.
15. The regional offices for South-East Asia and the Western Pacific are cooperating with the Economic and Social Commission for Asia and the Pacific in the regional ministerial conference on social development to be held in Manila in October 1994. WHO is represented at a task force set up to promote intersectoral participation and to prepare for the Conference. WHO participated in the Commission's forty-ninth session in which the social development strategy for Asia and the Pacific was discussed. The Commission approved a resolution on eradication of preventable diseases in Asia and the Pacific as a component of social and economic development. WHO is providing technical support in order to carry out the health aspects of this resolution.
16. Two documents have been provided by the WHO Regional Office for Europe to the Economic Commission for Europe on the subject of equity in health. A third document has been prepared as a draft for discussions by members of the Standing Committee of the Regional Committee, and will serve as a background document for the Technical Discussions at the forthcoming session of the Regional Committee for Europe (September 1994).
17. The WHO Regional Office for the Eastern Mediterranean is promoting poverty alleviation through an integrated community-based socioeconomic development programme aimed at meeting basic human needs. The Economic and Social Commission for Western Asia will hold a regional preparatory meeting for the Summit for Arab countries in 1994.
18. WHO participated in a small working group organized by the United Nations Research Institute for Social Development (Geneva, 3 March 1994) to review preparations for designing a multidisciplinary integrated framework for conceptualizing and analysing people-centered development, which had been proposed during the first session of the Preparatory Committee.
19. The subject of the Technical Discussions at the Forty-seventh World Health Assembly will be community action for health. The report of the Technical Discussions will be a further contribution to the preparatory process.
20. The November-December 1994 issue of *World Health*, entitled "The silent emergencies" will treat the subject of poverty and health.
21. A number of WHO technical programmes such as Nutrition, the Programme on Substance Abuse, Public information and education for health, Maternal and child health, including family planning, Promotion of environmental health, and the Global Programme on AIDS are actively contributing to the Summit's preparatory process through the health aspects of activities involving other members of the United Nations family.

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