



# WORLD HEALTH ORGANIZATION

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Agenda item 4

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## **Presentation by Mr Bill Gates, Co-founder of the Bill and Melinda Gates Foundation at the Fifty-eighth World Health Assembly, Monday, 16 May 2005**

Thank you, Madam President, for that kind introduction. It's an honor to be invited to speak here at the World Health Assembly.

And it's a special privilege to talk to the ministers of health – particularly ministers from nations who face a staggering disease burden unknown in the rich world.

My wife, Melinda, and I have been fortunate enough to travel to many of your countries – and we have seen some of the heroic health work underway there.

But even heroic efforts are not enough when disease is rampant and resources are scarce.

I can hardly imagine what it's like for you to go into your ministries every morning – knowing that millions of people are seeking your life-saving assistance, and you can meet only a small fraction of that need.

**In my view – and there is no diplomatic way to put this: The world is failing billions of people.**

Rich governments are not fighting some of the world's most deadly diseases because rich countries don't have them.

The private sector is not developing vaccines and medicines for these diseases, because developing countries can't buy them.

And many developing countries are not doing nearly enough to improve the health of their own people.

Let's be frank about this. If these epidemics were raging in the developed world, people with resources would see the suffering and insist that we stop it.

But sometimes it seems that the rich world can't even see the developing world.

We rarely make eye contact with the people who are suffering – so we act sometimes as if the people don't exist and the suffering isn't happening.

All these factors together have created a tragic inequity between the health of the people in the developed world and the health of those in the rest of the world.

I am here today to talk about how the world, working together, can dramatically reduce this inequity.

I first learned about these tragic health inequities some years ago when I was reading an article about diseases in the developing world.

It showed that more than half a million children die every year from “rotavirus.” I thought, “‘Rotavirus?’ – I’ve never even **heard** of it. How could I never have heard of something that kills half a million children every year!?”

I read further and learned that millions of children were dying from diseases that had essentially been eliminated in the United States.

Melinda and I had assumed that if there were vaccines and treatments that could save lives, governments would be doing everything they could to get them to the people who needed them. But they weren’t.

**We couldn’t escape the brutal conclusion that – in our world today – some lives are seen as worth saving and others are not. We said to ourselves: “This can’t be true. But if it is true, it deserves to be the priority of our giving.”**

Today, in malaria; AIDS; tuberculosis; malnutrition; maternal, newborn, and child illness; and so many other health problems, the world is not doing enough to deliver the solutions we **do** have, and we’re not spending enough to find the solutions we **don’t** have.

As a result, millions of people die every year. This doesn’t tell a flattering story about humanity. But the story isn’t over. In fact, the story is starting to change.

**I believe we are on the verge of taking historic steps to reduce disease in the developing world. What will make it possible to do something in the 21st century that we’ve never done before?**

### **Science and technology.**

Never before have we had anything close to the tools we have today to both spread awareness of the problems and discover and deliver solutions.

Global communications technology today can show us the suffering of human beings a world away. As the world becomes smaller, this technology will make it harder to ignore our neighbors, and harder to ignore the call of conscience to act.

We are seeing the power of conscience in efforts such as the United States’ Emergency Plan for AIDS, the United Kingdom’s Commission on Africa, and the Global Fund for AIDS, TB and Malaria.

But the *desire* to help means nothing without the capacity to help – and our *capacity* to help is increasing through the miracles of science.

Again and again, over and over, scientists make the impossible possible.

Recent advances in basic research, particularly the sequencing of the genome, give us a foundation for much better progress against all disease.

**If we match these accelerating capacities of science with the emerging moral awareness of global health inequities – we have an historic chance to build a world where all people, no matter where they're born, can have the preventive care, vaccines, and treatments they need to live a healthy life.**

To build this world, I see four priorities:

First, **governments in both developed and developing countries must dramatically increase their efforts to fight disease.**

The wealthy world's governments must not be content to merely increase their commitment every year. They need to match their commitment to the scale of the crisis.

Yet, this will not happen unless we see a dramatic increase in the efforts of developing countries to fight the diseases that affect their people.

Countries in sub-Saharan Africa spend a smaller percentage of their gross domestic product on health than any other region of the world.

A stronger commitment from developing countries will inspire a stronger commitment from the rest of the world.

**Priority number 2. The world needs to direct far more scientific research to health issues that can save the greatest number of lives – which means diseases that disproportionately affect the developing world.**

In the early 1900s, Nobel Prizes were awarded for discoveries about the causes of both tuberculosis and malaria. Yet, more than a hundred years later, we don't have effective vaccines for either one.

It's not because the problem is unsolvable; it's because we haven't put our scientific intelligence to this task. The world can change this – for malaria, tuberculosis, and many other diseases.

In order to get the world's top scientific minds to take on the world's deadliest diseases, in 2003 our foundation launched "The Grand Challenges in Global Health."

We asked top researchers to tell us which breakthroughs could help solve the most critical health problems in the developing world. Scientists from more than 80 countries sent in thousands of pages of ideas, which led to 14 specific Grand Challenges in Global Health.

Once we published these challenges, more than 10,000 scientists from over 70 countries submitted proposals for research. They included ideas such as vaccines that don't need refrigeration, handheld microdevices that health workers can use with minimal training to detect life-threatening fevers, and drugs that can attack diseases that hide from the immune system.

The quality of the ideas and the volume of the response showed us that when scientists are given a chance to study questions that could save millions of lives – they **flock** to it.

We were so taken with the response that today we are announcing an increase of our commitment to these Grand Challenges from 200 million dollars to 450 million dollars.

**I am optimistic. I'm convinced that we will see more groundbreaking scientific advances for health in the developing world in the next ten years than we have seen in the last fifty.**

We're already seeing exciting advances ....

We're seeing today a new, safe, cheap drug for visceral leishmaniasis, a disease that kills more than a quarter of a million people a year.

We've seen a demonstration this past year that we have a single vaccine for pneumonia that could reduce all deaths in Africa by 15 percent.

We are seeing older malaria drugs make way for new, more effective drugs – including new drug combinations that are extremely effective with only 3 days treatment.

We've seen a malaria vaccine in trials last year that showed promise of preventing severe malaria. This year it will move to the biggest malaria vaccine field study ever.

This is the first solid scientific evidence in history that a malaria vaccine for young people is possible.

We've made progress this year toward the first new drug for sleeping sickness in 50 years – an oral drug that was 100 percent effective and showed no toxicity in phase two trials.

One of the most daunting challenges is to create an effective vaccine to prevent HIV/AIDS. Some of the world's top scientific minds are working on this challenge, but many of the researchers are isolated, under pressure for immediate results, and unaware of their colleagues' discoveries.

Fortunately, over the past two years the global scientific community has come together under the HIV Vaccine Enterprise to coordinate AIDS vaccine research under one strategy – to help eliminate duplication, identify the gaps, and maximize the synergy from so many brilliant minds.

There is a new energy around this global HIV Vaccine Enterprise, and our foundation has recently announced 400 million dollars in new funds to implement critical parts of this plan.

It is time that the energy and commitment to find an HIV vaccine matches the magnitude of the pandemic.

We are confident that we will ultimately find a vaccine. In the meantime, we are equally confident that the world will see other technologies, such as a pill or a microbicide, that will prevent the transmission of HIV.

I'm very enthusiastic about the health discoveries that will come in the near future. But not everyone shares this enthusiasm. We have been criticized for emphasizing research into big health breakthroughs.

Some point to the better health in the developed world and say that we can only improve health when we eliminate poverty. And eliminating poverty is an important goal.

But the world didn't have to eliminate poverty in order to eliminate smallpox – and we don't have to eliminate poverty before we reduce malaria. We do need to produce and deliver a vaccine – and the vaccine will save lives, improve health and reduce poverty.

Improving health improves education; it expands productivity; it results in people having smaller families, so resources go further. When health improves, life improves by every measure.

That's why we will continue to invest a significant percentage of our resources in searching for low-cost, life-saving breakthroughs, especially through vaccine research – and we encourage wealthy governments to do the same.

**Priority number 3. The world has to devote more thinking and funding to delivering interventions – not just discovering them.**

Imagine that one day there is worldwide rejoicing over the discovery of an effective AIDS vaccine. But imagine this too: we discover the vaccine, but don't distribute it. And millions continue to die.

What a horrifying thought. Most people would say we'd never let that happen. But, in a sense, we already are!

That's what the world has been doing for decades in the case of diseases like measles, diphtheria, tetanus, and hepatitis B. In the past 5 years, more than 30 million children every year went unvaccinated with the basic vaccines that are widely used in the industrialized world.

As a result, more than a million children die from vaccine-preventable diseases each year.

Getting the intervention to the people who need it should never be an afterthought; it should be built into the design of the new discovery.

**We need a new emphasis on “breakthroughs you can use” or what we like to call “deliverable technology” – which means getting it to the people who need it.**

At the very outset, researchers should be seeking interventions that are not only effective, but also inexpensive to produce, easy to distribute, and simple to administer.

As recently as a few years ago, the best AIDS treatment came in 20-pill cocktails that were notoriously difficult to deliver. Since then, we have seen AIDS treatment go to three pills a day. Discovery can make delivery easier.

If we can go from 20 pills a day to three pills a day, why can't we go from three pills a day to a once-a-month treatment?

Today, we have tuberculosis drugs that you have to take for 9 months. Why can't we find one that works in 3 days?

My background, of course, is in information technology, and I know that is very different from global health. But I believe it does give us a useful lesson: early in the computer age, computers were very large and costly, which limited the number of people who could use them.

The continuous process of discovering new designs helped make the technology smaller and cheaper so that someone like me could declare the goal of a computer in every home and on every desk.

Millions more people can get the benefits of new discoveries if you make delivery a priority, and if delivery shapes the design.

Finally, priority number 4. **To find new discoveries and deliver them, we need to make political and market forces work better for the world's poorest people.**

Political systems in rich countries work well to fuel research and fund health care delivery, but only for their own citizens.

The market works well in driving the private sector to conduct research and deliver interventions, but only for people who can pay.

Unfortunately, the political and market conditions that drive high quality health care in the developed world are almost entirely absent in the rest of the world. We have to make these forces work better for the world's poorest people.

We have a model in the Global Alliance for Vaccines and Immunization – an effort we launched in 2000 to address the tragedy of millions of children dying every year from vaccine-preventable diseases.

When the project began, vaccines were sitting on the shelf as kids were dying from those very diseases. Other necessary vaccines were not being manufactured at all.

The market wasn't working to bring people what they needed because there wasn't enough money to create a demand and guarantee a supply.

Since 2000, eleven governments have provided hundreds of millions of dollars for vaccine purchase and distribution. This has given companies a market incentive to manufacture these vaccines.

As a result, in five short years, four million additional children have been immunized with basic vaccines, 42 million with hepatitis B, five million with haemophilus influenzae type B, and over three million with yellow fever – saving more than 700,000 lives.

We hope even more funding will be made available through the proposed International Financing Facility for Immunizations.

Proposed by the United Kingdom, with support pledged by France, Germany, Sweden, and Italy, this initiative would provide developing countries with the reliable funding they need, year after year, to buy vaccines, which gives the private sector the market incentives to make them and deliver them.

Market forces will work for poor people only if governments put up the funds to **create** a market.

**Governments will put up the funds when the people in the developed world who now say, “I will not accept malaria, TB, and AIDS epidemics in my country,” decide instead to say: “I will not accept malaria, TB and AIDS epidemics in my world.”**

I believe that if we act on these four priorities, we can build a world where all people, no matter where they’re born, can have the preventive care, vaccines, and treatments they need to live a healthy life. We can do this – but everyone has to play a role:

Governments in developed countries should match their financial commitments to the scale of the crisis – and make sure their efforts get results.

Governments in developing countries should make health a priority by dramatically increasing the percentage of their budgets they commit to health – particularly in their efforts to build health systems that can adopt and deliver low-cost interventions.

All governments should increase their research in areas where it can make the biggest impact – which means diseases that take the most lives, even if they don’t have these diseases in their own countries.

Scientists around the world should design the interventions with delivery in mind. That means designing interventions that are inexpensive to produce, easy to distribute, and simple to administer.

Citizens around the world should petition their governments to put up money to make market forces work better for the world’s poorest people.

It’s one thing to define the goals and design the tasks, it’s quite another to get them done. An important duty falls to the health ministers in this room.

You occupy a crucial position between the people who make funding decisions and the people suffering from disease. You can make an immense difference by urging the world to make eye contact with the people who are suffering.

You can also show the world that there are solutions that work. One key to this is the new Health Metrics Network, which will be announced tomorrow and which we are proud to support.

This network will work to strengthen health information systems in countries so that health efforts are based on evidence, not speculation.

If countries join this network to help show that investments in health can be effective, funders around the world will have every reason to act.

Change won’t happen without you. I ask you to make the most of your opportunities to move our world in the right direction.

I especially look forward to working even more closely with the ministers from the developing world, who are such crucial partners in this undertaking.

There is no bigger test for humanity than the crisis of global health. Solving it will require the full commitment of our hearts and minds. We need both.

Without compassion, we won't do anything. Without science, we can't do anything. So far, we have not applied all we have of either.

I am optimistic that in the next decade, people's thinking will evolve on the question of health inequity.

People will finally accept that the death of a child in the developing world is just as tragic as the death of a child in the developed world. And the expanding capacities of science will give us the power to act on that conviction.

**When we do, we have a chance to make sure that all people, no matter what country they live in, will have the preventive care, vaccines, and treatments they need to live a healthy life. I believe we can do this – and if we do, it will be the best thing humanity has ever done. Thank you.**

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