WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD **EB108/3**
108th Session **23 May 2001**
Provisional agenda item 4

Intensifying the response to the conditions associated with poverty

Next steps in scaling up

Report by the Director-General

1. **Significant gains in health and development.** Over the coming decade it will be possible to make considerable headway against the diseases that have a disproportionate impact on the health and well-being of millions of poor people. Responding to this challenge will require a massive scaling up of national and international responses. It will mean accelerated action to make existing interventions more widely available and intensified efforts to accelerate research and development for new drugs, vaccines, diagnostics and other essential technologies. Above all, it will require stepping up the level of funding from governments, the international community and partners across all levels of society.

2. Evidence – particularly from the Commission for Macroeconomics and Health – shows that disease has a negative economic impact and acts as a major constraint to development. It keeps children away from school and prevents adults from earning a living. A malaria-stricken family can spend over one-quarter of its income on treatment. A person with tuberculosis, loses, on average, 20% to 30% of annual household income because of illness. A sick workforce hampers socioeconomic development. Africa's GDP would have been up to US$ 100 thousand million greater in 2000 if malaria had been eliminated. The dramatic decline in economic growth rate caused by HIV/AIDS compounds the predicament.

3. Ill-health in any country represents a threat to all countries. Tourism, travel, migration, growth of international trade, contaminated food chains and climatic changes are all helping to spread infectious diseases. The microbes causing these diseases are slowly becoming resistant to currently effective antibiotics and medicines. Because of their implications for international public health, infectious diseases demand a global response to tackling new cases, outbreaks and epidemics which sometimes arise in countries where they are least expected.

4. Yet most of the 13 million deaths a year from infectious diseases can be prevented with existing tools, medicines and strategies. By making extensive use of these tools, some developing countries have been able to reduce the incidence of HIV by 80% in selected populations and areas, to achieve a fivefold reduction in deaths from tuberculosis, and to cut down deaths from malaria, by as much as 97%. A quarter of child deaths can be prevented if children sleep under insecticide-treated mosquito nets so as to avoid mosquito bites.

5. **Unprecedented political support.** Global health today occupies a different position in world affairs than it did just a few years ago. During the past two years, extensive political support has built up for scaling up efforts to control disease that keep people in poverty. At the Ministerial Conference on Tuberculosis and Sustainable Development (Amsterdam, April 2000), ministers of health, planning and finance from the 20 countries with the highest number of tuberculosis cases set targets for reducing the epidemic. One year later, in March 2001, the Global TB Drug Facility was officially launched by partners working in concert with WHO. The African Summit on Roll Back Malaria (Abuja, April 2000), resulted in a call for quick action to ensure that at least 60% of those at risk of malaria are provided protection (such as bednets) and have access to treatment within 24 hours, and that taxes and tariffs on bednets imported into African countries are removed. The Summit of G8 leaders (Okinawa, Japan, July 2000), endorsed the United Nations targets for a reduction in the number of HIV/AIDS infected young people by 25%, tuberculosis mortality and prevalence by 50%, and in the burden of disease associated with malaria by 50%, by 2010. A round table organized by the European Commission (October 2000) adopted a new policy framework for accelerated action against AIDS, tuberculosis and malaria, in the context of poverty reduction; specific measures to direct and release funding were announced subsequently. The United Nations Secretary-General and African Heads of State and Government supported the creation of a global fund for the control of AIDS and other infectious diseases at the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (Abuja, April 2001).

6. **A framework for action.** WHO played a leading role in the summits referred to above, building support for a unified framework for action. In addition to developing capacity within national health sectors, it seeks to ensure that consistent bilateral health assistance builds up effective and open partnerships for health development that are properly embedded in national structures and systems and driven by explicit values, and pursue shared goals.

7. The framework proposed by WHO enables many different actors to carry through – in a coherent way – proposals for intensifying action by the health sector among poor communities that are being developed by intergovernmental bodies, organizations of the United Nations system, nongovernmental organizations and private groups. WHO maintains that by working together governments, bilateral agencies, organizations of the United Nations system and the private sector can encourage the involvement of new partners, arousing interest in an approach which concentrates on development of health systems, and confidently set a clear direction. The framework is designed to help ensure that action taken by the different parties involved yield measurable results. It builds on existing – and effective – activities undertaken by governments, nongovernmental organizations and private-for-profit groups. It will support national development and poverty reduction strategies, and make a positive contribution to improving the coherence of development assistance. At least 10 years of intensified action is envisaged. The framework will focus initially on infectious diseases – HIV, malaria and tuberculosis – but could extend to childhood illnesses, such as measles, nutritional disorders, and noncommunicable diseases, including those caused by tobacco.

8. The proposed framework comprises the six components set out below.

(a) **Fresh resources.** Ideally, additional annual spending could reach as much as US$ 10 thousand million to US$ 20 thousand million. It would be used to build up the capacity of health systems by implementing interventions that tackle specific conditions. Some of these resources would be made available by redistributing national resources, augmented by savings from debt relief. The remainder will come from external sources, in part increased funding from existing sources. A major new development, however, will be the establishment of a global AIDS and health fund (see Annex). This fund would collect new and additional resources under the stewardship of an international board, whose membership would include senior leaders from

developing countries, donor agencies, contributor foundations, private groups, civil society, and organizations of the United Nations system. Staff from the United Nations and the World Bank will play a major role in the fund.

(b) **Essential global functions.** Essential functions include well-managed programmes of strategic research for, and development of, necessary drugs and vaccines; strategic partnerships to reduce the price of medicines in order to improve access of poorer communities to medication; and schemes for the efficient purchase and equitable distribution of vital commodities.

- WHO's **model list of essential drugs** is an important tool that national authorities, especially in poor countries, use to help acquire good quality, low-cost medicines for priority health problems. The increasing interest of Member States to gain access to life-saving, but higher priced medicines, such as combination antimalarial drugs, treatment for multi-drug resistant tuberculosis, or antiretroviral therapy, has led to a request for WHO to develop new procedures for revising the model list. A summary of the proposed procedures is submitted for the information of the Executive Board.[1]

(c) **Mechanisms for transfer of resources.** Mechanisms will be established to transmit financing rapidly to where it is needed, while ensuring transparency, decision-making at country level, and a clear link between funding and achievement of results, though not specific management actions. Increasing attention will be given to performance, and private financial management and banking will be used as appropriate.

(d) **Building up health systems.** The capacity of different provider groups – private, voluntary and public – to deliver essential services and goods. The emphasis is on government stewardship, supported by serious efforts to strengthen human resources through development of leadership and public-health skills, and to retain essential staff. Such efforts would be backed up by investment in essential infrastructure, and better logistics for distributing medicines and other vital commodities and services.

(e) **Monitoring results.** In order to sustain long-term involvement, results will be monitored independently and reliably, and reported rapidly and openly, particularly in relation to impact.

(f) **Social mobilization.** A credible and positive programme of advocacy, that works through governments, nongovernmental organizations and the media will catalyse intense social mobilization at country and global levels.

9. **From framework to action.** WHO will now set in motion activities within the framework in ways that respond to concerns expressed by Heads of State at such key events during 2001 as the special session of the United Nations General Assembly, the summit of G8 leaders, political meetings of the European Union, and gatherings of OAU and of the Non-Aligned Movement, and ensure that the framework is clearly understood within WHO and sister organizations. It will assure dialogue among ministers, legislators, academics and health professionals in developing countries on operationalizing activities in ways that produce results, encouraging them to indicate how the framework could best work for them. These steps, to be carried out in the coming months, will involve WHO representatives, and regional and intercountry mechanisms. It will build on existing and

[1] Document EB108/INF.DOC./2.

effective mechanisms – partnerships, institutions, processes – in close cooperation with development partners and national governments.

ACTION BY THE EXECUTIVE BOARD

10. The Executive Board is invited to note and comment on the above report.

ANNEX

A GLOBAL AIDS AND HEALTH FUND

Ideas and activities for the creation of a global AIDS and health fund have recently been converging. Public attention was drawn by the call of the United Nations Secretary-General for establishment of a fund that would contribute to the US$ 7 thousand million to US$ 10 thousand million increase in spending needed to combat HIV/AIDS.

The purpose of the fund would be to mobilize, manage and disburse additional resources which will enable countries to progress more rapidly to achieving positive health outcomes. The fund and related mechanisms would be characterized by highly visible operating systems, transparent processes, the relentless pursuit of results, speedy disbursement, support for a range of service providers under common (usually government) stewardship. Investors would be able to predict the likely impact of their investments. The continued availability of financing for any recipient country or community would be linked to performance of relevant social systems (particularly health systems) and the results achieved among vulnerable communities. Outcomes would be monitored independently.

Although discussions are still under way on its functioning, it seems that the fund will focus initially on better outcomes in relation to HIV, malaria, and tuberculosis. Countries would decide on detailed programming; the fund's board would review strategy, overall cost, indicators of commitment, and feasibility within national development processes. The governing body would be supported by a small secretariat allied to, but not part of, WHO and UNAIDS. Staff would be seconded from different partners, not only from within the United Nations system.

Financing should be made available in ways that take account of national mechanisms for coordination and strategic planning. Care should be taken to reduce burdens on national finance or health-management systems. National and local ownership is a key to successful implementation of interventions, geared to different national contexts.

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