

ECOSOC Special Event “Philanthropy and the Global Public Health Agenda”

Trusteeship Chamber, 23 February 2008, 3.00 – 6.00 pm
Jointly organized by the United Nations Department for Economic and Social Affairs and
the United Nations Office for Partnerships, in collaboration with the Committee
Encouraging Corporate Philanthropy and the World Health Organization

Summary ¹

Background

Half way to the target date of 2015 set for the achievement of the Millennium Development Goals (MDGs), it has become evident that many regions of the world are off-track in meeting these goals. The High-level Event on the MDGs, convened on 25 September 2008 by the Secretary-General of the United Nations and the President of the General Assembly, highlighted a number of areas in global public health where urgent action is required to speed up implementation. In particular, the issues of maternal and child mortality need to be addressed, and decisive action needs to be taken to control and treat major diseases, including neglected tropical diseases (NTDs). The General Assembly made clear that non-governmental partners, including philanthropic organizations and the private sector should play a central role in contributing to this effort.

To date, maternal health is considered the area of least progress among all the MDGs. The World Health Organization (WHO), in its latest report on the health-related MDGs, notes that more than 500,000 women died of causes related to maternity in 2005, with about half of these deaths occurring in sub-Saharan Africa. No region has achieved the necessary 5.5% annual decline needed to meet the goal's target. Another issue of great concern is the neglect of certain diseases of poverty. These diseases, which are largely treatable and preventable, continue to affect more than 1 billion people throughout the world; only 10 % of global health research, however, is devoted to their cure. Controlling and eradicating these diseases can lead to a virtuous cycle with positive impacts on development.

In preparation for the 2009 Annual Ministerial Review on global public health to be held in Geneva, Switzerland, from 6-8 July 2009, the President of the Economic and Social Council (ECOSOC) held a conversation with philanthropic organizations and the private sector on 23 February 2009. The aim was to discuss how to improve the health outcomes for women and girls and to bring more attention to preventing and treating neglected tropical diseases.

Opening Session

In her welcoming address, **H.E. Ms. Sylvie Lucas, President of the Economic and Social Council**, commended the progress on the health related MDGs made thus

¹ This is an analytical summary of statements of individual participants prepared by the Secretariat and presented for information only. It is not an agreed or negotiated outcome of proceedings.

far, especially the reductions achieved in child mortality, the gains made in prevention of HIV/AIDS, tuberculosis and malaria, and some of the neglected tropical diseases. However, she emphasized that increased progress needed to be made in order to achieve the goals by 2015. This was particularly important in light of the current global financial crisis which was threatening to reverse those gains. Against this background, the President welcomed the timely interaction between the philanthropic community and the Council on how best to ensure that health-related philanthropy continues to be an important investment for social transformation and long-term economic growth.

Secretary General Ban Ki Moon noted that health is one of the United Nation's top priorities. He expressed the hope that partners unify their respective fields of expertise so as to be able to act as one cohesive unit in striving to achieve the health-related development goals. In that context, he pointed to the 'malaria no more' initiative as a prime example of how that type of cross-sector cooperation had made a positive impact. Mr. Ban noted that the Special Event and its "leadership dialogues" on improving the outcome of women and girls' health, and on raising the awareness of neglected tropical diseases, was an important contribution to the effort of reaching the MDGs by the year 2015. Women were vital to development, yet among all of the MDGs, improvement of women's health had seen the least progress. In addition, the urgent need to address NTDs was of extreme importance, as they affected over one billion of the poorest people, yet were largely treatable. The Secretary-General concluded by challenging ECOSOC and its partners to forge a powerful global partnership for global health.

The importance of multiple stakeholder solutions was the focus of the keynote address by **Dr. Klaus Leisinger, President of the Novartis Foundation for Sustainable development**. He stated that the reality of today was that most of the developing world could not afford the drugs that were being developed and manufactured. He emphasized that pharmaceutical companies should not only develop innovative medicines, but also allow affordable access. To achieve this, national governments had to have related funding priorities, and developing countries needed to have the reliability of continued access. While it was true that members of systemic partnerships would not always have the same interests or outcome targets, they needed to all have the same overall sense of responsibility as global citizens. He closed with the observation that the current generation of world leaders had both the knowledge and the resources to solve the health-related problems.

In introducing the two leadership dialogues on maternal and girls' health and neglected tropical diseases, **Mr. Sha Zukang, Under-Secretary-General for Economic and Social Affairs**, stressed that in both areas the lives of millions of people were threatened despite the existence of proven techniques and treatments. Increasing access to trained medical care and emergency obstetric care during pregnancy/delivery could drastically improve health outcomes of women and girls, and bolstering prevention and treatment of disease programs could drastically reduce the prevalence of parasitic and bacterial infections. He framed the focus of the two dialogues to explore specific and innovative ways for all sectors to partner together to tackle these critical challenges.

Leadership Dialogue I: Improving Health Outcomes of Women and Girls

Statistics that describe the current state of women and girl's health are both optimistic and tragic. Child mortality has decreased by more than half from 1960 to date. Still, half a million women die during childbirth each year from easily treatable causes and 99% of these deaths occur in developing countries. In Africa, the lack of family planning, adequate nutrition, the prevention of mother-child HIV transmission, skilled care for newborns, and access to emergency birth services, has resulted in many preventable contractions of HIV and deaths during delivery.

While participants in the leadership dialogue commended the existing work of public and private actors that have already contributed to achieving positive health outcomes for women and girls, the statistics are proof that much work is ahead. The need for a global initiative led by governments with the involvement of all relevant stakeholders to improve health outcomes for women and girls and health systems in general was the core theme of the meeting.

Given the magnitude of the needs, participants agreed on **the need to enhance corporate involvement and to provide incentives to that end**. Successful coordinated initiatives to address specific diseases have been undertaken but to date no global partnership specifically dedicated to advocating for women and girls exists. The experience, knowledge, capacity and resources of the private sector are key assets that could be mobilized to improve the health outcomes of this group.

Panelists highlighted that **private health actors could contribute to women and girls health objectives through a diversity of actions**. The pharmaceutical and health industry was called not only to develop new medicines and to improve access to them, but also to create innovating financing mechanisms (both micro-level and macro-level finance), to help strengthen public health systems, and to direct health care innovations towards women and children.

Direct healthcare solutions for women and girls could also be **provided by non-health companies**. For example, information and communication technology (ICT) companies could provide e-Care solutions, particularly for women and health care workers. Manufacturing companies could play a crucial role in preventing child labor, child abuse, and educating women on their sexual and reproductive rights. Food and beverage companies have great potential in setting up business alliances at the national and regional levels to promote food fortification, school feeding programs, and water sanitation/distribution schemes. The tourism sector can advocate and take measures directed to prevent sexual exploitation and human trafficking.

The need to create and expand public-private partnerships was stressed by all speakers, since the threats to women and children's health were too complex to be addressed by a single sector. Providing private funding for the public arena was seen essential in creating a global initiative on maternal and child health. This is especially true today, as the global financial crisis has left many governments with tight budget constraints and because of the nature of under-developed local capacities to deliver services. IKEA's announced a US \$ 48 million contribution (part of its total plan to contribute \$180 million by 2015) to UNICEF's Child Health and Survival Programme in India, and was lauded as a leading example of a successful partnership.

Participants emphasized the **importance of strengthening health systems** in general, as philanthropy was no substitute for government service delivery, stressing the role and responsibilities of the private sector were limited. Often health care systems in developing countries are equipped to treat acute problems without capacities to treat chronic disease (which are rapidly becoming prevalent in the developing world) and preventive care. Expanding health systems to incorporate these factors can dramatically improve health outcomes. Spreading the availability of proven medicines and devices like bed nets can significantly reduce the spread of and the treatment of diseases. In places where barriers to medical access exist, the use of technologies like mobile telephones and e-health programs could have enormous potential for positive results. Private support to public health systems has the potential to improve outputs such as the establishment of functional health centers, the creation of sustainable low cost access to new medical technologies, the improvement of governance accountability, the reform of policies to ensure the protection of women and children, and the maintenance of public resources on the health and development agenda.

Another key factor was **promoting the role of NGOs and local associations in the health agenda**, especially when operating in complex environments, and connecting them to the private sector.

Participants widely recognized that **women and child mortality is inextricably connected to other development needs** and requires a comprehensive approach. For example, illiteracy among women is often linked to a lack of understanding of the risks and complications related to childbirth. Educating, empowering, and protecting women's rights is critical to breaking the cycle of gender discrimination, poverty and child mortality. It was considered essential to create a continuum of care or a support system for women and girls through the entirety of their lives, as an effective means to achieving results. While the traditional focus on reproductive health is of extreme importance, issues like family planning targeted at adolescent girls and malnutrition of women before pregnancy have to date been largely ignored. Partnerships with philanthropic and private actors were suggested as effective vehicles to create such a holistic system.

Innovative financing mechanisms were considered by many as the main element in scaling up development projects to its maximum potential. Both macro-multi-billion dollar schemes, like the GAVI Alliance's International Financing Facility for Immunization which raised more than US \$1.5 billion for the cause, and local grassroots financing mechanisms like Pfizer's recent partnership with the Grameen Bank to create micro-health insurance systems in developing countries, were emphasized as a vital part of a potential global initiative. Since the demand for healthcare resources far outweighs the supply, it was imperative, that philanthropic actors are given incentives to **spend efficiently** using measurable effects, strategic and sustainable plans. Further, the harmonization of corporate philanthropy and official agendas is crucial in making aid effective and its programs sustainable.

Key recommendations

Participants emphasized that time has come for a common framework for improving health outcomes of women and girls, under which all sectors and stakeholders can be engaged. In that context, it was felt that there should be a framework under which the private sector should be able to contribute to scaling up existing initiatives. In supporting existing partnerships and/or initiatives, it is possible to demonstrate collective

successes which prevent problems of individual attribution, as practitioners understand and optimize on the comparative advantage of others.

The incremental, project by project approach should therefore be replaced for a global programme seeking global impact, using the successful examples of international efforts in the field of HIV/AIDS, malaria and other diseases. Under this broader framework, all stakeholders would be called to create a global coalition to achieve the health related MDGs for women and girls. Philanthropic organizations would have a major role to play in these efforts and would be provided the conditions for increased effectiveness of the support they provide.

Leadership Dialogue 2: Raising the Profile of Neglected Tropical Diseases

There are approximately 1.2 billion people living on less than two dollars per day and these are the individuals at the highest risk of contracting one or more Neglected Tropical Diseases (NTDs)² simultaneously. These parasitic and bacterial infections not only kill some 500,000 people annually, but stigmatize, disable and inhibit millions more from being able to care for themselves or their families. They occur primarily in impoverished rural areas or poor urban settings of low-income countries in sub-Saharan Africa, Asia, and Latin America, affecting disproportionately children and women.

NTDs generate severe disabilities, and become a serious obstacle to economic growth of the population in the affected regions thus draining countries of their financial and human resources. The issue of NTDs is intertwined with those of education, economic growth and workers' productivity and fighting them would have a direct impact on keeping children in school and increased agricultural productivity in rural areas, thus alleviating poverty for a large segment of society in the affected countries.

The aim of the dialogue was to discuss how the existing engagement of the philanthropic community could be expanded in the global public health arena and in what specific ways their core competencies could be utilized to accelerate progress in finding new interventions while raising the profile of NTDs.

The control of NTDs is an untapped development opportunity to alleviate poverty in the world's poorest populations, based on the availability of effective low-cost tools - such as safe donated drugs, proven control strategies, a high return on investment, and a solid track record of success. Participants called upon the United Nations to further strengthen partnerships with the private sector in order to make drugs and treatments available at the local level and accessible by a wider segment of affected populations. Investing in health care was considered to be the best way to combat poverty in times of crisis and a call was made for more innovative public-private partnerships, whilst praising the success of existing ones.

² They include Buruli ulcer, Chagas disease, cholera/epidemic diarrhoeal diseases, dengue/dengue haemorrhagic fever, dracunculiasis (guinea-worm), endemic treponematoses (yaws, pinta, endemic syphilis), human African trypanosomiasis (sleeping sickness), leishmaniasis, leprosy, lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiasis (roundworm, hookworm and whipworm), and trachoma.

Many panelists expressed concern that **the current financial crises could diminish the flow of aid from private sources** and called for ensuring sustainability via public leadership and private contributions, emphasizing that the long-term success will depend upon defining clear priorities, sustainable funding and investment, access to and knowledge of Information Technologies and transfer of technology. Recalling that currently 80% of available funds are directed towards research in HIV/Aids, malaria, and TB, it was hoped that in the future a larger share of research funds would be channeled towards NTDs.

There was general agreement among the panelists that **it is possible to treat most NTDs** and their side effects with concerted efforts of all stakeholders at various levels of society - from local workers to global players, and everyone in between - but raising the profile of NTDs was considered a necessary condition to successfully tackling the issue. A common view among many speakers was that the success of NTDs treatment programmes would be strictly dependent on a mobilized development community with proper delivery systems, run through locally trained staff, coordinated supply chains and integrated vertical projects in national health systems.

There are powerful and inexpensive control tools and well-developed implementation strategies to feasibly treat the **tool-ready category of diseases**, which are the ones that can be easily combated and affect the largest number of people globally. This category includes three soil-transmitted helminthiasis (ascariasis, hookworm infections, and trichuriasis), lymphatic filariasis, onchocerciasis, schistosomiasis, leprosy, trachoma and dracunculiasis (guinea-worm disease). Safe single-dose medicines make control, prevention and even elimination more likely, while there was a need to increase efforts to expand the coverage and access for at-risk and hard-to-reach populations. A strong argument was made for carrying out further research on implementation, evaluation and monitoring of successful programmes. It was also hoped that the problem of fragmentation would be addressed by asking non-State actors to complement each other.

In the case of most **tool-deficient diseases** (Chagas' disease, human African trypanosomiasis, leishmaniasis and Buruli ulcer) which are the ones where treatment would be more complex, early detection and treatment is vital to avoid irreversible disability or death. In this instance, current control strategies rely on costly and difficult-to-manage tools. Though a significant reduction had been achieved in the past, current treatments were considered limited in scope and a call was made for safe, effective, easy to use, affordable, field adapted and non-patented drugs to limit the epidemiological risks.

The view was expressed that the need for **new tools for NTDs had not been adequately addressed by** traditional market-based profit-driven drug development. It was noted that in the last 30 years, only 21 new drugs had been developed for NTDs and that while tropical diseases and TB account for 12% of the global disease burden, only 1.3% of new drugs dealing with NTDs had been developed.

In order for the private sector to contribute affectively in fighting NTDs, the necessity of **successful partnerships** among the UN system, NGOs, the private sector, the philanthropic community and civil society was highlighted and panelists agreed that the success of these partnerships will depend on the complementary skills and social responsibility of the actors involved. Recognizing that the private sector had an

enormous potential to expand its role in improving global public health, they were encouraged to further extend their willingness to apply core competencies to philanthropic causes. As a best practice to draw upon, royalty free license for prevention of HIV/Aids was mentioned as well as the creation of research and development (R&D) companies in order to foster a powerful collaboration between public and private sectors in product development and placement was proposed.

Three final issues highlighted as essential to making progress on NTDs included ensuring **accessibility of medicine** to the needy through community based delivery systems; **improving supply chain management** for timely and predictable supply of drugs; and linking specific NTDs' initiatives with broader health issues through **integration into national health infrastructure**. Training local personnel was highly recommended, as opposed to sending health professionals to the field as part of international intervention. Asserting that so far distribution networks had not been very successful in terms of quality, supply and price of medicine, the need for properly trained local vendors in delivering medicines to rural communities was underlined.

While underscoring the lack of baseline data and absence of laboratories and other epidemiological tools, which were resulting in barriers to addressing the issues related to NTDs, panelists further stressed the need to build local capacity in infrastructure and human resources. In addition, the promotion of synergies between national bodies and international organizations to strengthen local health systems in fighting priority diseases was strongly encouraged as well as the importance of addressing regulatory barriers to reduce the number of years it takes to place essential medicines in developing countries.

Key recommendations:

Participants suggested that raising profile of NTDs could be accomplished through public awareness, stronger national commitment, while continued donor support was to be pursued in order to take the NTD control programmes to the next level.

To improve access to drugs, it was suggested that mechanisms be put in place to improve the management of its supply and to strengthen the use of community based delivery systems. In addition, it was felt that only by linking NTD initiatives to the broader goal of improving health systems and through their integration into national health framework could success be achieved. In particular, the goal of building local capacity in human resources and development of health infrastructure was strongly endorsed so as to give national ownership to NTDs control programmes, complemented by strengthened research capability and technology transfer.

With regard to funding, the availability of resources on a sustainable basis, through public, private and philanthropic investment, was considered crucial, not only for the long term success of existing NTD control programmes, but also for future research and development for new strategies in prevention, control and eventual elimination of these diseases.

Participants agreed that partnerships have provided an important mechanism for addressing global public health challenges in the past, and panelists recommended building on existing multistakeholder partnerships, where possible, or creating innovative

new ones to include all relevant stakeholders. It was also suggested that a network of partnerships could be created, and an annual global partners meeting could be held under the auspices of ECOSOC to review progress, generate pledges and develop monitoring mechanisms.

Referring to the *Global Health and the United Nations meeting* convened by the Secretary General and hosted by the Carter Center in May 2008, the view was expressed that if the actions agreed on were taken, substantial progress would be made to control these diseases and eliminate some by 2015. The six elements ranged from an increased advocacy with the engagement of the Secretary General and a stronger commitment by the stakeholders in an open and innovative partnership; the establishment of a drug procurement mechanism to enable the present donations to better work together. The expansion of delivery channels, the need to find simple but accountable mechanisms for the increase of funding or the possible expansion of the Global Fund for Tuberculosis, Aids and Malaria (GFTAM) were also discussed. To be successful, it was recognized that national ownership had to be at the centre of all actions.

Closing Session

In his closing keynote address, former **President Clinton** noted that there would always be a gap between what the private sector and philanthropic movement can provide and what public government policy can solve. He commended civil society, including key NGOs for their filling this gap by collaborating with Governments in efforts that were both speedy and cost-efficient. He noted that, although the international community remains relatively far from reaching the MDGs in maternal and child health and NTDs, there had nevertheless been significant advances made thanks to donor efforts, both public and private, and the critical work by the various health networks, such as GAVI, GAIN, DnDi and Malaria no More, to name but a few.

President Clinton noted that what was important was *how* to turn good intentions into positive changes. First, he stressed that, in light of the financial crisis, in the way that philanthropic activity is being conducted changes may be needed, including in the approach taken by the NGO movement. In this connection, he suggested that much of future philanthropic giving will have to be financed in a different way going forward and suggested that there were lessons to be learned from the financing of the recent US Presidential Campaign where small internet donations were used effectively. In addition, President Clinton also cited UNITAID's use of airline tax to generate and provide large amounts of money for much-needed medicines in the developing world as an example of innovative financing to meet global public health goals. Secondly, he emphasized the need for governments to continue giving. Third, he strongly stressed the need for strengthening national health systems as well as focusing on disease-specific initiatives for helping to solve issues relating to NTDs and maternal and child health.

In addition to philanthropy, he expressed that the private sector can make profits in ways that also enhances public health. New technologies like bed nets could be sold at modest but sustainable margins which could help the economic development of the regions and also advance health outcomes. He further strongly emphasized that focusing on how to do things better was imperative, as in today's world of tight budget constraints it was immoral not to think of how to be more effective everyday. It was important for corporate partners and philanthropists to apply their expertise in such a way as to maximize the impact of every dollar spent. Lastly, he noted the importance for

all sectors to work together, towards the achievement of the Millennium Development Goals. It was crucial to redouble efforts even in this time of financial turmoil, as working towards helping the poorest countries was the least costly endeavour one could undertake as global citizens.

ANNEX 1**LEADERSHIP DIALOGUE 1: Improving Health Outcomes of Women and Girls**

Moderator: **Ms. Betsy Pisik**, *The Washington Times*

Lead discussants: **Mr. Saad Houry**, Deputy Executive Director, UNICEF
Ms. Purnima Mane, Deputy Executive Director, UNFPA

Panelists: **Ms. Ann Starrs**, President, *Family Care International* and
Chair of the Partnership for Maternal, Newborn and Child Health (PMNCH)
Mr. Gary Cohen, Executive Vice-President, *Becton Dickinson*
Dr. Julian Lob-Levyt, Executive Director, *GAVI Alliance*
Ms. Jane Nelson, Director, Senior Fellow and Director, *The Corporate Social Responsibility Initiative, Kennedy School of Government, Harvard University*

LEADERSHIP DIALOGUE 2: Raising the Profile of Neglected Tropical Diseases

Moderator: **Mr. Matthew Bishop**, Chief Business Writer and US Business Editor, *The Economist*

Lead Discussants: **Dr. Lorenzo Savioli**, Director, *Department of Control of NTDs, WHO*;
Mr. Rakesh Nangia, Director of Operations, *Human Development Network, World Bank*;

Panelists: **Dr. Bernard Pecoul**, Executive Director, *Drugs for Neglected Diseases Initiative*;
Mr. Richard Bagger, Senior Vice-President, *Worldwide Public Affairs and Policy, Pfizer*;
Dr. Jeffrey Sturchio, Chairman, *United States Corporate Council on Africa*;
Professor Anne Mills, *London School of Hygiene and Tropical Medicine*.