

**First Panel: *The Millennium Development Goals (MDG):  
Principles for International Health Cooperation***  
**December 3<sup>rd</sup> 2002, 9:30-11:00 am**

**Dr. Irene Klinger:**

Welcome back to the Pan American Health Organization. We celebrated our 100<sup>th</sup> anniversary yesterday and we continue today with our second day of the symposium on Celebrating Partnerships, 100 Years of Health in the Americas. We have the pleasure today to start our discussion with a panel on the Millennium Development Goals, the principals for international health cooperation. We have a very distinguished panel here and I am going to introduce the chairperson of our first panel today, the Honorable Timothy Wirth. Mr Wirth is the President of the United Nations Foundation and Better World Fund. These organizations as many of you know were founded in 1998 through a major financial commitment from Ted Turner to support and strengthen the work of the United Nations.

Mr. Wirth began his political career as a White House Fellow under President Lyndon Johnson and was Deputy Assistant Secretary for Education in the Nixon Administration. In 1975, Wirth returned to his home state and successfully ran for the U.S. House of Representatives, representing Colorado's 2<sup>nd</sup> Congressional District from 1975-1987. In 1987, Wirth was elected to the U.S. Senate where he focused on environmental issues, especially global climate change and population stabilization.

Following those two decades of elected politics, Mr. Wirth served in the U.S. Department of State as the first Undersecretary for Global Affairs from 1993 to 1997. In this position he coordinated U.S. foreign policy in the areas of refugees, population, environment, science, human rights and narcotics.

As President of the United Nations Foundation since its inception in early 1998, Wirth has organized and led the formulation of the Foundation's mission and program priorities, which include the environment, women and population, children's health and peace, security and human rights. The Foundation also engages in extensive public advocacy, resource mobilization, and institutional strengthening efforts on behalf of the UN. Mr. Wirth.

**The Honorable Timothy Wirth:**

Thank you very much and good morning. What a joy it is to be here on the 2<sup>nd</sup> day celebrating PAHO's 100<sup>th</sup>. It's a very, very important time for us all. at the United Nations Foundation and Better World Campaign has had the pleasure of working with PAHO on a variety of issues, ranging on working on polio in a good partnership as it always is with Rotary International, to working on AIDS campaigns in the Caribbean and other issues. We are right now to see if we can resuscitate a good program in Haiti, which is always a challenge for those of us working on public health issues. My colleague here on the left is smiling and saying yes that is a challenge, but we all have a big job ahead of us. Within in that big job we obviously have a big job globally as well and this turns out to be a very interesting and good time to be celebrating the anniversary

at PAHO because so many interesting threads and developments seem to be emerging on the global scene; developments which are bringing together development experts, but more important development resources at the local level and bringing together real financial resources.

I was asked by Dr. Klinger if I might give sort of a brief outline of what has happened over the last couple years and position where we are today. This century began in a very upbeat fashion with the UN millennium summit in the year 2000. The Millennium Summit was more than just marking the beginning of the century and of the new millennium, but was the first time that the UN had come together and the member states agreed upon a very particular set of priorities and development goals. The Secretary General has been as you know a very remarkable leader and has focused now the UN on the mission predominantly on poverty eradication. And under that very broad mission which brings in as we know almost half the people in the world living in real poverty or near poverty, how do we go about setting a program that can be agreed on a time table, that can be agreed in terms of financing mechanisms, that can be agreed in terms of targets or progress to note achievement in a series of broad areas. Many of you have seen the Millennium Goals statement which has been put out by the UN and let me just touch upon a few of these.

There are in total 8 Millennium Goals, about 15 with the subheadings which reach to a broad set of issues that are extremely important to the overall broad category of poverty but within in that of course disease, hunger, illiteracy, environmental degradation. This was the first time that the UN had agreed upon this kind of clear set of programs and ideas. Well you might say well, ho-hum, what kind of difference does that make, well the important part of this is as the UN agrees and develops these norms, develops these set of values, it develops the set of agreed strategies, that then becomes a legitimizing and a deriving framework for agencies and individuals and NGOs all over the world. There is no squabble any more about what we are trying to achieve. The world has agreed that these are the general goals. Now let's get out the important business of getting from here to there. We don't have to have that broad discussion of problem anymore, 'What's the real problem? What isn't the real problem? What are we going to agree upon?' The Millennium Development Goals really provide that framework. And where we are today is beginning the process of implementing the extraordinary important achievements of the Millennium Summit in the year 2000. Let me just tick off a few of those and then I'll introduce our panel to talk about the challenges that we do have in terms of implementation of the Millennium Development Goals.

First of all, an interesting commitment was made at the time of the Development of Millennium Goals, in which there was supposed to be and there were discussions of, the so-called global deal. That was the global deal in which sustained political and economic reform in developing countries would be matched from the developed world in the form of aid, trade, debt relief and investment. That was the deal. We will be in this together, working on this together. In return for political and economic reform, there would be aid, trade, debt relief and investment. Well the questions you'd say is, has that

really happened? Well I think that probably the first and most interesting indicator of the fact that that really was going to happen occurred at the Monterrey Meeting earlier this year. At the Monterrey Meeting as a surprise to everybody, the United States which tends to be and is a major leader on this front, instead of following the unhappy course it's been on in terms of development assistance which has been a downward course, the United States agreed that it would increase its official assistance by 50% over the next three years, resulting in a \$5 billion annually increase by fiscal year 2006. Now this was important in a couple of ways. Now one, it was important because the decline that had characterized the US engagement in the issues of poverty and health care and literacy and so on, the decline in terms of US formal assistance was reversed and it came up for the first time. Second, the United States said that it really wanted to put its shoulder behind; focusing on some very particular achievements and those achievements have been articulated by Secretary of the Treasury, Secretary O'Neil. He was the Secretary who took that long trip across Africa with Bono and Secretary O'Neil has a way of asking a lot of uncomfortable but important questions. You know, if we have x goal, why haven't we reached x goal before? How do reach x goal more quickly. He has put his focus and the *impumatur* of the finance administration behind the Millennium Development Goals. Now those are very important steps to take.

Now a second development since the development summit was in Johannesburg. And in Johannesburg the next step along the way as we went from Doha to Monterrey to Johannesburg, Johannesburg was a very interesting and also new departure in a lot of interesting ways. Johannesburg was really the tale of two conferences. There was a conference which was the formal political heads of state government conference, which focused particularly on the issues of water and energy. But maybe more importantly, the second conference at Johannesburg was a very interesting coalition of public and private sectors. There were more than 250 private CEOs at Johannesburg committing themselves to various parts of the Millennium Development Goals, committing themselves to various parts of the activity. For the first time, we saw a major UN conference really blessing the engagement of the public and private sectors together. We all talk a lot about partnerships, but like Mark Twain said about the weather, "We all talk about the weather but nobody really does anything about it." Johannesburg was really the first time that there a very clear sense of partnerships arriving and partnerships being blessed by the overall global system. Again this was the important norms and values of the global system engaging the private sector, and the private sector making significant efforts to find out how to deal with the public world, and the public world learning how to deal with the private sector. Everybody admitted that we can possibly achieve the ambitious Millennium Development Goals without the help of the private sector. The public sector simply can't do that. So the second important achievement or the second important development since the establishment of the Millennium Development Goals was what happened in Johannesburg.

A third and I will stop with this, is the process within the UN itself of helping to monitor, nurture, and push along the development of the processes to arrive at and to actually achieve the Development Goals. The Secretary General has asked Mark Mallack Brown, the head of UNDP, if he would take this on. Mark Mallack Brown has then

established a complex but very important process of one, trying to establish a certain set of definitions for what is meant by each one of the Development Goals, and then establish a process that can be followed, frameworks that can be followed, in each of the 60 countries engaged in the achievement of the Millennium Development Goals. He has asked Jeff Sachs if he can come on and help to organize working groups to do this, and I think Jeff Sachs spoke briefly about this yesterday. He is in the process of putting together some very important global groups of experts from around the world to help define the specifics for the implementation of the Development Goals. We have been privileged at the UN Foundation to work very closely with Mark Mallack Brown, both in the ability to try to fund the capability that he is developing around Jeff Sachs and the expert teams and secondly to help publicize the Development Goals and to get them out into the public around the world. So we are in the process of setting these very important Development Goals and the steps in implementation was remarkably in setting this agreement between North and South, followed by the Monterrey activities, then Johannesburg, and then the process within the UN. So there is a great deal of activity going on related to the Millennium Development Goals and the panel this morning is going to review the impact of the Development Goals and Monterrey and so on, and to discuss some of the challenges and some of the opportunities. Let me introduce the three panelists who are with us who will each make comments and then if we have time we will open up the discussion for questions and answers.

Our first panelist is Dr. María del Rocío Sáenz Madrigal, the Minister of Health in Costa Rica. Dr. Saenz has very broad professional experience having been the Medical Director of Health Center in Coronado from 1994-1998 and then a series of important assignments with the Costa Rican Ministry. She was the Focal Point in May 1998 for Disaster Reduction; she headed the Sub-regional Program for Disaster Preparedness in Central America. Beginning in March 1999 she was the Coordinator for PAHO/WHO sub-regional Program for Health Preparedness. Beginning in July 2001 she was the Director of Health Development for the Costa Rican Ministry of Health and in May 2002 Dr. Sáenz became the Minister of Health for Costa Rica. So let me introduce our first panelist, Dr. María Sáenz.

**Dra. Maria del Rocio Sáenz:**

Muchas gracias Mr. Chairman y demás compañeros de la mesa. Muy buenos días compañeros. Hablar de los Objetivos del Milenio para un país como Costa Rica, el cual se ha caracterizado por el desarrollo de un sistema de salud universal y socializado, es todo un reto, sobre todo tomado en cuenta las Metas del Milenio, lo que se plantean allí, y el futuro que se nos plantea. Solamente para recordar los Objetivos de Desarrollo del Milenio, fueron firmados por 189 países y el compromiso adquirido es haber cumplido esas metas del milenio para el 2015. Consiste en ocho objetivos, 18 metas y 48 indicadores. Me voy a permitir hacer una lectura de los objetivos del milenio y en *itálica* podrán ustedes observar lo que para mí como Ministra de Salud me llega, digamos cada uno de esos elementos, cuál es el mensaje y hasta donde estaría el 'feeling' de estos Objetivos del Milenio.

1. Erradicar la pobreza extrema y el hambre: *Yo lo relación a acceso a oportunidades*

2. Alcanzar la educación primaria universal: *el acceso a las habilidades para la vida*
3. Promover la igualdad de género y empoderar a las mujeres: *como una forma de inequidad*
4. Reducir la mortalidad en la niñez y la salud materna, mejorar la salud materna: *Yo lo relaciono con condiciones de vida y calidad de vida*
5. Luchar contra el VIH/ SIDA, el paludismo y otras enfermedades: *prevención*
6. Asegurar la sostenibilidad ambiental: *pienso en el agua, e interiorización de los costos ambientales*
7. Promover la alianza mundial para el desarrollo: *me trae a la memoria la integración de la agenda verde, marron y azul. Y el abordaje ineludible de las pequeñas y medianas industrias.*

En este sentido, cuando analizamos los principios rectores de la Cooperación para el desarrollo, creemos importante el compromiso con la metas de este milenio. Para su cumplimiento consideramos importante el reconocimiento de los macrodeterminantes de la salud, la identificación de las brechas de desigualdad, la identificación de las áreas de intervención, la focalización de las acciones integrales según necesidades de cada uno de los países, y la consolidación del sistema nacional de salud: eso es, recursos humanos, físicos y financieros. Y además, la necesidad de la movilización de recursos con base a estas necesidades.

Costa Rica, durante la actual administración, ha trabajado en un plan que se llama Vida Nueva, que integra programas universales de salud, educación y vivienda para toda la población, además de la focalización con la identificación de 32 cantones prioritarios con una oferta integrada de servicios, una articulación con el sector económico y las acciones productivas. Pero además, se ha enviado a la asamblea legislativa un capítulo para incorporar en la constitución política las garantías ambientales. Y además de esto, las políticas nacionales de salud, las cuales estamos en proceso de construcción, estamos caminando hacia lo que serían los objetivos sanitarios, pero los objetivos sanitarios tendientes a la reducción de las inequidades.

Quisiera de detenerme unos minutos en esta lámina para plantear o comentar con ustedes que cuando uno analiza la historia de Costa Rica, antes de los años 70, uno podría decir que el sistema nacional de salud estuvo caracterizado por una visión de la caridad a la beneficencia. Es decir, era el momento aquel en el que los hospitales y los servicios de salud eran mantenidos a través de la calidad y del aporte, ya sea a través de la lotería nacional, de la junta de salud, la participación ciudadana. Entre los 70 y el 90, creemos nosotros que Costa Rica avanzó no solamente con los programas de extensión de cobertura a través del desarrollo de la estrategia de atención primaria para la salud y pasó de la beneficencia al derecho. Quiere decir que cuando se rompió la barrera de la seguridad social y se hizo universal a toda la población, en ese momento el reconocimiento de que la atención a la salud es un derecho se hizo evidente. A partir de los 90 y en el contexto mundial en el que se replantea el rol del estado, Costa Rica sale con una propuesta de rectoría y de función del estado en materia de salud en el cual

estamos caminando todavía, y estamos diciendo que vamos en el camino del derecho individual al derecho colectivo.

Los principios rectores de la cooperación para el desarrollo, creemos que tiene que abordar, en el caso de Costa Rica, el tema de equidad. Equidad quiere decir darle más al que más necesita. Dado los logros en Costa Rica, nosotros podríamos decir, como la mayoría de los que están aquí presente conocen, los indicadores del país son indicadores muy parecidos a los países en desarrollo. Taza de mortalidad infantil alrededor del diez, una mortalidad materna baja, una cobertura de los servicios muy alta, alta cobertura de la vacunación. Sin embargo, aún se concentra en algunas áreas, algunas enfermedades y muertes que podrían ser evitables. En este sentido, la equidad estaría dirigida al abordaje de estos grupos poblacionales que están concentrando mayor riesgo de enfermar y morir.

Además, deberíamos avanzar hacia la Calidad y la Calidez en la prestación de los servicios de salud. Quiere decir que ya no basta con el modelo de extensión de cobertura. El reto que tiene el país requiere de profundizar en el análisis de calidad de cómo estamos haciendo llegar estos servicios de salud a los diferentes grupos de población y cuál es la calidez que le estamos brindando a cada uno de ellos. Es decir, es la parte humana de la prestación de los servicios de salud. Ya no sólo la eficiencia, sino, necesitamos ponerle un rostro humano a los servicios de salud.

Además, creemos importante la cooperación técnica entre países: la que nosotros denominamos cooperación sur-sur. Cooperación interinstitucional e intersectorial. En este sentido, tenemos una experiencia muy grande en la construcción de una política nacional de agua. Contábamos en el país con 3 proyectos de ley a nivel de la asamblea legislativa, los cuales sin duda estaban respondiendo a los intereses de los diferentes grupos que estaban motivados alrededor de este tema. No faltaba, en ese momento, que esa ley de agua fuera impresa con un rostro de las necesidades del agua para la población. Hemos estado trabajando en un proceso intersectorial, participativo, en el cual ya hemos enviado después de tres meses de trabajo, el proyecto de ley hacia la asamblea legislativa y lo que hemos hecho, desde el poder ejecutivo, es básicamente darle el espíritu a la ley, y que la ley realmente refleje todas las necesidades de la población. En este sentido, se incluyen 3 áreas fundamentales: las necesidades productivas, las necesidades de la población y las necesidades del abordaje integral del agua con relación al manejo de cuencas y a la interiorización de los costos ambientales.

Además creemos importante el desarrollo de alianzas estratégicas. Alianzas estratégicas que nos permitan, no solamente la movilización de recursos sino el aprendizaje entre las partes.

Como se mencionó el día de ayer, el avanzar en el proceso de Democratización del conocimiento es un reto todavía pendiente para nosotros. Creemos que es muy importante el compromiso con los más pobres, el abordaje de la salud y no solo de la enfermedad, y obviamente la necesidad de compartir las experiencias exitosas.

Sin embargo, a veces los cambios políticos llevan a cambios en prioridades. Creemos que las metas en salud no se negocian. Se observa, lamentablemente, una tendencia a la disminución en la inversión en salud. Vemos una necesidad de crear mecanismos de transparencia y de rendición de cuentas en salud. La necesidad de mitigación como una estrategia para el desarrollo, por lo que creemos importante que es necesario el reconocimiento de las brechas en salud, el reconocimiento de las nuevas reglas y los nuevos actores que juegan en el papel de la salud, público, privado, ONGs. Reconocimiento de una mayor participación ciudadana. Creemos que no sólo debemos reconocerla sino fortalecerla. Fortalecer el enfoque de derecho a la atención en salud. Reconocer un escenario de mayor flujo de migraciones, no sólo migraciones internacionales sino migraciones internas, y sobre todo la necesidad de privilegiar la salud colectiva.

Aquí me he permitido anotar cómo la OPS y algunas fuentes de cooperación internacional pueden asistir en el cumplimiento de las metas en la región.

- Énfasis en equidad:
  - A través de la Elaboración de indicadores de equidad.
  - Evaluación de políticas que buscan la equidad de género, etnia, grupos, generacionales, entre otros
- La Cooperación Técnica entre Países o Cooperación Sur- Sur.
- Los Proyectos Subregionales.
- La Identificación de lecciones aprendidas para el logro de los objetivos en la región
- La Construcción de indicadores que evidencien las desigualdades
- El Redimensionamiento, que me llamó mucho la atención que ayer nadie lo mencionó, de la atención primaria en salud, ante el contexto epidemiológico mixto.
- La Evaluación del impacto del gasto en salud y los Objetivos de Desarrollo del Milenio. Y no sólo la Evaluación del impacto del gasto en salud sino de ese flujo del financiamiento para el logro de las metas.
- Y el Diseño de un sistema de monitoreo y seguimiento, que incluya indicadores intermedios.

**The Honorable Timothy Wirth:**

Thank you for helping us get going on understanding how to implement these Millennium Development Goals, your experience and are certainly very helpful and that gives us a good start. Our next speaker is Dr. Anwar Islam, the Principal Health Advisor, Policy Branch Canadian International Development Agency, CIDA. Educated in Canada, Dr. Islam has worked in Canadian provinces of Alberta and Manitoba. He joined the International Development Research Centre, IDRC, with whom the United Nations Foundation has had a number of partnerships with over the last five years. He helped there to develop, fund, and monitor health systems related research projects in Mexico, Colombia, and Peru. In 1998, Dr. Islam joined the Aga Khan University in Karachi, as an Associate Professor and Head of the Health Systems Division in the Department of Community Health Sciences and was instrumental there in introducing a

two-year Master of Science Program in Health Policy and Management. In August 2002, he joined the Canadian International Development Agency (CIDA) as Principal Health Advisor in its Policy Branch. Dr. Islam,

**Dr. Anwar Islam:**

Honorable Chairperson, distinguished guests, friends and colleagues, it is a pleasure and privilege for me to be here today with you all to celebrate the 100<sup>th</sup> year of the Pan American Health Organization – its distinguished services to the humanity at large and to the people of the Americas in particular. With its profound contribution to the health and well being of the people of the Americas, PAHO has established a standard that is, simultaneously, a source of an envy and a model for others to emulate. I bring to you a hearty “thank you” and salutation from the President of the Canadian International Development Agency and from us all at CIDA. CIDA values its partnership with PAHO and declares its continued commitment to this mutually beneficial working relationship for the betterment of the lives of the people of the Americas.

The Millennium Development Goals (MDGs), endorsed by all 189 United Nations states in September 2000, represent a global consensus. They provide useful benchmarks for development, for the donors and for the developing countries alike. Considered along with the Monterrey conference held in March 2002 and the Johannesburg Conference on Sustainable Development held only two months ago, the MDGs must be considered as truly universal goals shared by the donor community, the developing countries, the multilateral agencies and international organizations, and the civil society at large. This convergence of interest and purpose must be regarded as a watershed development. Three of the eight MDGs are directly related to health while another two (achieving universal primary education, and promotion of gender equality and empowerment of women) are inherently intertwined with it. Universal primary education and gender equality would perhaps do more for health than any other direct health-related intervention. In short, we can hardly talk about health without these two quintessential goals.

Through the MDGs and the subsequent conferences, the global community underscored the intrinsic as well as the instrumental value of health. Besides its intrinsic value for the individual – in ensuring and expanding the individual’s horizon of freedom – improving and protecting health is also central to overall human development, economic prosperity, and poverty reduction. The MDGs, therefore, set specific goals to be achieved – in poverty reduction, in education, and in health – by the year 2015. It calls for a “global partnership for development” in which we all work together, in harmony and in the spirit of mutual respect and understanding.

Along with PAHO – and others – CIDA is also committed to achieving these Millennium Development Goals. Canada’s commitment to the MDGs is reflected in its declared plan to increase its development assistance budget by 8 percent a year. This means a doubling of the Canadian ODA within the coming decade. At the Kanana skis summit, our Prime Minister Right Honorable Jean Chretien also announced a \$500 million Canada Fund for Africa. The New Partnership for Africa’s Development

(NEPAD) is a unique program designed for Africa – the continent most devastated by the HIV/AIDS pandemic. Africa has received especial attention not only because of the HIV/AIDS pandemic, but also because of most widespread poverty and deprivation. Consequently, Canada has decided to earmark 50% of its additional ODA for Africa.

Along with increasing its ODA, Canada, along with DAC partners, would also initiate other complementary measures that would further strengthen the effectiveness of aid. CIDA has just released a document entitled “*Canada making a difference in the world: a policy statement on strengthening aid effectiveness*” that outlines its vision for the future. Set “against the backdrop of an emerging international consensus on the goals and principles of development cooperation”, the document outlines a comprehensive approach that Canada intends to follow. In its development efforts, Canada reiterated its commitment to the basic principles first articulated in *Shaping the Twenty-first Century: the Contribution of Development Assistance* published in 1996 by the Development Assistance Committee of the OECD. These principles include **local ownership, improved donor coordination, stronger partnerships, a results-based approach, and greater coherence** “in those non-aid policies of industrialized countries that can have profound effects on the developing world – for example, policies on trade, investment, and technology transfer.” CIDA’s policy statement also notes three factors that are critical prerequisites for aid effectiveness: **good governance, building capacity, and engaging the civil society**. The importance of good governance – the need for transparency, accountability, and effective stewardship – is well recognized. Capacity building is perhaps no less important. The availability of adequate human resources, with proper skills and expertise, is a critical factor in development. This is particularly so in the context of decentralization as local level governments (at the district level, for example), often lacks human resource with expertise in management, health systems research, strategic planning and evaluation, and in managing and using information for decision making. Building capacity, therefore, must receive especial attention. Engaging the civil society is perhaps one of the most effective means to ensure meaningful community participation in development programs. Civil society involvement also makes it possible to address the vital issue of accessibility to health care services in all its dimensions. While geographical and economic accessibility usually receive much attention, critical issues pertaining to social/cultural accessibility often remain neglected. Strong civil society involvement could be a catalyst to forcefully address the social/cultural aspects of accessibility to health care including its gender dimension.

“Over time, CIDA will reorient its programming in the poorest countries towards new approaches that are based on the principles of effective development. In support of this orientation, CIDA will develop a portfolio of initiatives that reflects these effectiveness principles. This portfolio will be used to inform and shape the future work of CIDA so that best practices are more firmly integrated across the whole of the Agency’s work.”

This future concentration on poorer countries is based on the knowledge that poverty and poor health go hand in hand. For example, life expectancy in the poorest countries is a

third less than that in the richest ones. Table-1 presents this relationship between poverty and poor health quite clearly.

Table –1

Poverty and Poor Health: An Intricate Relationship

	Annual Health Expenditure per	Health Expenditure as % of GNP	Life expectancy at birth (M/F)
U.S.	\$ 3,724	13.7	73.8 / 79.7
Japan	\$ 1,759	7.1	77.6 / 84.3
UK	\$ 1,193	5.8	74.7 / 79.7
Chile	\$ 581	6.1	73.4 / 79.9
Brazil	\$ 428	6.5	63.7 / 71.7
Cuba	\$ 109	6.3	73.5 / 77.4
Afghanistan	\$ 89	3.2	45.3 / 47.2
India	\$ 84	5.2	59.6 / 61.2
Sri Lanka	\$ 77	3.0	65.8 / 73.4
Uganda	\$ 44	4.1	41.9 / 42.4
Sierra Leone	\$ 31	4.9	33.2 / 35.4
Somalia	\$ 11	1.5	44.0 / 44.7

Source: WHO. The World Health Report 2000.

As CIDA concentrates on poorer countries with a view to help them achieve the MDGs, its partnership with PAHO and involvement with the Latin American and the Caribbean countries will continue. At the close of the 2001-2002 fiscal year, the Americas Branch annual disbursements to health and water and sanitation programming will be \$21.5 million, and \$1.3 million in HIV/AIDS. The health projects to-date have focused on health sector reform, disease reduction; and support to community-based health care delivery in the areas of reproductive health, including HIV/AIDS, primary health care, and low-cost water and sanitation. In addition to bilateral initiatives, CIDA supports health programming through the Canadian Partnership Branch and Multilateral channels. The latter includes significant initiatives through PAHO, the UN agencies, the World Bank, the Inter-American Development Bank, and the Caribbean Development Bank.

Over the next five years, CIDA will double its funding in Social Development Priorities (which include health and nutrition and water and sanitation) to \$1.2 billion. CIDA expects to spend about \$87 million on bilateral projects in the Americas. HIV/AIDS is another of CIDA's Social Development Priorities. CIDA will quadruple funding for HIV/AIDS to a total of more than \$270 million over five years. Of this total, CIDA expects to spend about \$17 million to combat HIV/AIDS in the Americas.

CIDA values its partnership with PAHO. This partnership, it is hoped, will further expand and enhance so that the knowledge gained here can be effectively used in

achieving the MDGs everywhere. As the World Bank estimates, only few developing countries are on target to achieve the MDGs by 2015. A large number of countries will require significant structural reforms as well as increased development assistance to achieve the MDGs, while the prospects for a sizeable number of other are bleak indeed. In other words, concerted, dedicated and sustained efforts will be needed to achieve the MDGs. The World Bank is poised to start a new initiative to Accelerate Progress Towards the Health MDGs. CIDA has been invited to participate in this challenging initiative. This invitation is being actively considered by CIDA.

Let me end with a quote from a noted contemporary philosopher, Alfred North Whitehead: "A science that hesitates to forget its founders, is lost." In other words, innovation and creativity – finding new ways of doing things – is the key to success. If we want to achieve the MDGs, we must explore new ways of doing things, we must be innovative and not averse to explore the unexplored. Let's make our partnership stronger as we embark on this challenging journey.

Thank you again for this opportunity of sharing some thoughts with you all.

**The Honorable Timothy Wirth:**

Thank you very much Dr. Islam and we thank the Canadian government. Our third panellist is Dr. Julian Lob Levyt. Dr Lob-Lovyt is the chief health and population advisor for DFID.

**Dr. Julian Lob-Levyt:**

Mr. Chairman, thank you very much, Sir George Alleyne, Ministers, colleagues and friends: It really is a true honour to be here to share in the Centennial celebrations. I'm here representing the UK Government and Claire Short, the Minister for Development. I'm here as a stakeholder in PAHO and a Stake holder in the Americas. But also I'm here because I have a lot to learn and we have a lot to learn from what has been achieved in the Americas and because the work that we do in the Regions increasingly has to be set in that international context. Like my colleagues before, and I will avoid repeating what my colleagues just said, but certainly what is clear there is an increasing coherence across a number of development agencies about how we work together. And that coherence is at least in part resulting from the Millennium Development Goals.

I shall be brief in my presentation so that we have a chance for discussions, but I do think we are in truly exciting times. At least in my 20 years working in development, I have never seen health so high on the development agenda. I think it is very much our responsibility as to how are we going to sustain that commitment to health, because that commitment will not be sustained unless we think very cleverly. What is also coming across is that the coherence agenda that we are hearing between different agencies in support of national governments in achieving the Millennium Development Goals are largely about trying to reduce their transaction costs. They are about being led by national policies and strategies and as my colleague from Canada has mentioned, it is

about untying aid. The UK has now untied all its development assistance. In real terms this means about a 30% increase in the value of that development assistance. Increasingly we are looking for common instruments through which we can work, again to lower those transaction costs and to provide longer term sustainable financing.

As we heard yesterday and from the speeches during the evening meal, the work we do and the work that the millennium development goal framework presents to us is set within a wider context. Clearly it's set within that context of globalization. My own government's last White Paper on development was entitled *Globalization the risks*, but also the opportunities that globalization presents to us. We also have, and Jeffrey Sachs yesterday eloquently put the case forward for the new evidence-base for why we should be investing in health. The work of the Commission on Macroeconomics and Health has actually been vital in marshalling that evidence and strengthening our case. Also, as mentioned yesterday, I really would like to acknowledge the work of WHO, particularly Dr. Brundtland, but also PAHO and the Secretary General of the UN in putting forward this new vision on health but also the vision on the Millennium Development Goals. We are also in a context of poverty reduction strategies and of debt relief. Poverty reduction strategies at the country level in the poorest countries are the way that development business has to fall in to in the future. These very much will be the instruments by which we guide our support in the future.

Lastly, it is clear that the crisis of HIV/AIDS has really sharpened up the thinking of international leaders. This is a crisis that we cannot avoid and is very much the context in which we operate these days. It is colouring the way we think. As devastating as the epidemic is, it is also an opportunity to do much better. The MDG framework for an organization like DFID but also others, now I cannot speak on behalf of other bilateral donors but I can say with some confidence that a lot of what I will say in the next five minutes does reflect an increasing consensus across a number, but not all, of bilateral agencies. And particularly to European governments but also we've heard from CIDA as to how we work. The MDG framework is a very important framework. It is a very powerful one. It's one that very much informs our thinking. For DFID for example, we are now accountable to our Finance Minister, Mr. Gordon Brown, against the Millennium Development Goal framework for our development assistance. Every three years we have to put together a funding request that is now based around the Millennium Development Goals, so we are accountable and increasingly the international community will be accountable against this framework. We also mustn't underestimate just how important that is.

The framework is also achievable. It needs the right policies and strategies, and in some countries but not all countries, it will also require a significant increase in resource transfers. We need to better understand which countries require resources and which countries is it more dependant upon what they hold in their own hands. I think importantly this is about a stepwise increase in predictable and sustainable financing. By that I don't mean that we as donors should be looking to international governments to say, how will you finance this? But as a collective world community we need to take a long term agenda, and DFID takes a 10 to 15 year agenda in the agreements it now signs

with national governments, to lock in those resources over the long term. The days of stop-go financing or short term projects of 2 to 3 years really are of the past, and we must work with national governments on those longer term agendas. We also are looking to new partnerships and new ways of doing business, and we heard much of that today and yesterday, and that is very much the way we will achieve these Millennium Development Goals. It is not business as usual. This has resulted in a response against a very broad front. Whether that is in trade negotiations through the World Trade Organization on issues such as international property, it certainly is on issues such as access to medicines, and there are mechanisms that can be put in place, that should be put in place. For example, differential pricing to make available new technologies to the poorest countries at a price that is affordable.

We also need increased investment for global public goods and there are different mechanisms to do that. And we need to some of the funding failures within the private sector to generate some of those new technologies. There is no doubt that we do need an increase in development assistance but this must be within the framework of poverty reduction strategies and integrated poverty frameworks. We are generating new types of public-private partnerships. Some examples include the Global Alliance for Vaccines Initiative, the Global Fund for AIDS, TB and Malaria, but there are also technical partnerships such as Stop TB and Rollback Malaria.

However, all these initiatives, although I genuinely believe that we are in this exciting time, are without question generating enormous tensions and those tensions are occurring at the country level. These tensions are largely around how do we marry the global initiatives, and new funding coming from the private sector, from foundations and national governments? My own government has doubled its development assistance in the last three years. We have aspirations to become what is called a 7% donor like many of the Nordic countries and the Dutch countries are already. If the international community met those UN goals of becoming .7% donors, we wouldn't have resource gaps, but that will take time. But this is providing tensions in how we do business. There is now tension between poverty reduction strategies, between project approaches, and between global initiatives. Unless we can articulate more clearly as public health professionals, where the agendas are going and the gap between where we are now, the aspirations of where we want to be with the Millennium Development Goals in 2015, we will have failed. I predict with certainty that unless we can answer those particular questions and the concerns I raise here, the agendas will move on. They will move on from health to roads, they will move on from health to energy, they will move on from health to education.

It is our responsibility as public health professionals to begin to layout a roadmap of where we expect to be in the future. We can learn from some of the successes of PAHO. In PAHO and the regions represented by PAHO, it has been my opinion that it has been less, though not in all cases, less a transfer of resources from North to South, but it has been more about you taking your destiny in your own hands, mobilizing your own resources in partnership with others. However the challenges will lie in the poorest countries in the world, and like CIDA, we will be targeting some of those poorest

countries of the world and trying to learn from the experiences of the Americas in tackling equity and the kinds of systems and financing issues on which you are so far advanced on. The key question for us is what would a poor country like Tanzania achieve with an additional \$2 per head per year over the next two years? Tanzania manages its own system on between \$3-4 per head per year. You cannot run a health system on that level of financing. So the difficult question that we need to answer is what would Tanzania do with that additional \$2-3? Is there a clear roadmap as to how that happens? How would it manage an additional \$2-3 on top of that \$2-3 for the subsequent two years until we meet that financing gap that Jeffrey Sachs has talked about for the minimum of \$30-40 per head per year for the poorest countries to achieve basic health systems. But we do have opportunities.

As I say, it is our responsibility to articulate those responsibilities, and I think this year going into 2003, is an absolutely critical year. At the moment there are a number of separate but very powerful forces that are underway that I feel very strongly do need to be brought into alignment. Those are the World Bank's World Development Report for 2004 which will focus on service deliverability covering health, education, water and sanitation. That is now well advanced and that may be taking the route that the public sector has failed, we have to think about that. What does that mean? WHO world health report in 2003 which will be published earlier this year I understand, is in my view a real opportunity to articulate that framework, for the WHO to take the leadership in articulating that framework. The World Bank's Spring Bank Meetings this year, it is suggested, that they will be looking at scaling up our response to health. There is the work that a number of donors, including the World Bank and the WHO, need to work on collectively to answer that question. There are separate considerations and separate meetings occurring now on one of the key and critical constraints going on in the poorest countries which are human resources. There is the MDG project led by Jeffrey Sachs which we heard about earlier today from the chairman. This is a three year project that is clearly an area that is proceeding fast, an area that needs to try and capture some of these agendas for us. And we now have a large number of global funding initiatives and we need to better understand how they fold into the MDG framework. How do they fold into the poverty reduction strategies at the country level? I'd like to finish there and hope that our discussions here can be taken forward into 2003. I would just like to reiterate that I do have concerns that all this energy, commitment and additional resources will be wasted unless we can lock this into a new and long term sustainable development agenda for health. Thank you very much (applause)