

Fourth Panel: *The Way Forward: New Partnerships for New Challenges*
December 3rd 2002, 4:00-5:30 pm

Dr Irene Klinger:

May I ask you to come back to your seats; we are here for our last but not least important panel. This is a very important fourth panel today; we are going to use all the experience and all the discussions that we have had during these two days to build towards the future. We will have our fourth and last panel today on the way forward; new partnerships for new challenges. I would like to introduce the chairperson of this fourth panel; it's our admiral Martha Johnsons Evans. Martha Johnsons Evans became president and chief executive officer of the American Red Cross on August 5 2002. Prior to assuming his role, Mrs Evans served for 5 years as the executive director of the girl scouts. She brings an impressive array of experience to her new position at the Red Cross. Not the least of which is a 29-year career with the US navy. Spear heading efforts to update girl scouts' image and change recruiting practices, Miss Evans proceeded over a substantial increase in the number of adult volunteers. At the time when many charities were reporting all time loss in their volunteer ranks, girl scouts increased theirs to nearly one million adults; the highest number in the organization's history; with corresponding increases in young members. During her 10 years, contributions to girl scouts grew by more than 20% between 1998 and 2001. As a navy officer, Miss Evans held a variety of command positions with multi-million dollar budgets and thousands of employees including overseeing the navy recruiting command and serving as the chief executive of the naval post-graduate school in Monterey, California. Marty Evans, as she is known, grew up in Springfield, Illinois, the daughter of a navy chief Petty officer. She entered the navy immediately after graduating from Occidental College in Los Angeles with a BA in law and diplomacy. Several years later, the navy provided her with the opportunity to earn a Masters and she completed a degree in international security at Taf university's Flesher school of law and diplomacy. Miss Martha Evans, please.

Ms. Marsha Johnson Evans :

Good afternoon, it's a great pleasure to be here with you this afternoon and I think it's a wonderful topic to have the way forward new partnerships for new challenges, to wrap up this conference. And, before we get to the actual work of the panel, I would just like to express, in behalf of the American Red Cross, congratulations for PAHO's centennial Anniversary. It's very exiting as a partner organization with PAHO to be here today to celebrate the incredible accomplishments of the organization. Well, today we live on a planet that seems to get smaller and spin faster each and every year. And when it comes to matters of health, it's not stretching the truth too much to say this: "When anyone in the world sneezes, the rest of the world catches a cold." In this new organization, a new world, no nation, no organization, no corporation and indeed, no individual is immune to the human and economic challenges paused by health threats in another place. Whether we are motivated by humanitarian concerns, or just by enlightening self-interest, this much is clear: everything we can do to ensure the basic health of every person on this planet benefits all of us. But no nation, no organization, no corporation, no individual can dramatically improve the situation alone. It's only in partnerships, by and through partnerships that we can accomplish so much more than anyone of us can, individually.

A wonderful example is PAHO's partnership, with the American Red Cross and others, in support of healthy children goal 2002. Together we're implementing an integrated management of childhood illness initiative, in ten countries over five years. The program maximizes the advantages that a number of different organizations bring to the table. And those organizations include among others: the American Red Cross, the Red Cross societies in participating countries, ministries of health, the World Health Organization, UNICEF and many more. Together, we are working to develop community-based projects to address 5 childhood illnesses that are relatively simple to control. We, at the American Red Cross, are proud that we have so many organizations, that we can call partners, working on a high impact program that leverages our unique structure to achieve results, like the Misos initiative, in which we are working with WHO, the UN foundation, the centers for disease control and prevention to vaccinate every at-risk African child. I could go on and on, but of course then, our distinguished panel wouldn't have the opportunity to give you their important and invaluable insights on the importance of partnerships. To lead off with our panelists... our lead off panelist is Dr Xavier Coll. He is currently the director of the President's office at the World Bank. He is responsible for providing oversight and guidance to the staff of the President's office in all aspects of their work as well as helping to enhance coordination of the President's office with other units throughout the World Bank. He has also served as director of the Bank's Human Development Sector in the Latin American and Caribbean Region. Prior to joining the Bank, Dr. Coll worked as a general medical practitioner at the University Hospital of Barcelona and as a strategic planner for the American Medical International, a US multi-hospital firm based in Los Angeles. Dr. Coll.

Dr. Xavier Coll:

First of all let me thank, in behalf of the World Bank, the Pan American Health Organization for the invitation to this centennial event. For a 100 years, I think, the Pan American Health Organization looks like a very healthy 100 years old, with all its teeth with a lot of energy, with a lot of insights and with a lot of future. And part of it is probably related to the energy, the insights and the leadership that Dr. Alleyne has put to this institution the last several years, so congratulations Dr. Alleyne for a phenomenal job in the last, over the last 20 years and the last 10 years as Director of PAHO. I also want to congratulate Dr. Roses for her appointment and for leading this institution in the next 100 years which we hope will be full of partnership and collaboration also with my institution the World Bank.

When one reads a paper these days and thinks about all the bad news, all the crisis, all the world threats, all the terrorism, all the civil strife around the world, one tends to forget the wonderful news that in a way or another had been affecting the development work of the last 30 years. If one looks at the overall figures and I will go very quickly over those, life expectancy since the 1960s has increased by 20 years from about mid 40s to mid 60s. The illiteracy rate throughout the world has been halved; from half of the population which was illiterate to one fourth. And per Capital income throughout the world has doubled. So, that's since the 1960s.

There are wonderful stories behind that; and ones that we should remember. Beyond that, in terms of democracy, it's also important to remember that in 1974, only about one third of the countries around the world were democracies, currently, about 2 thirds are democracies, which is a big change in terms of the overall political environment. More specifically, we have big stories of success and smaller stories of success. In the big stories of success we can look at China and think that in 1974, less or 15 years ago, about 250 million were poor in the rural areas of China; that's 250 million people. Currently 15 years later it's only 34 million.

If we look at smaller stories, but as important as the story of China, look at Uganda; 15 years ago, there were half the people that are currently involved in primary school. Or let's look at Brazil and the story about HIV-AIDS, in which mortality related to HIV-AIDS has been halved in the last 15 years.

So there is success; at the same time, the progress is very uneven. And let me talk about these unevenness. The first aspect is that, if look at Africa, income per Capital for Africa has not changed since the late 1960's. If we look at the problem with HIV-AIDS and the effect of HIV-AIDS in Africa or in the Caribbean's or the effects of strife and political instability in the ex-Soviet Union or crisis in Latin America, we have a situation which is really not that bright. And we still have a situation in which 20% of the people around the world, 20%, have 80% of the resources. And we have a situation in which about the half of the people around the globe, the half of the 6 billion people around the world, have/live only on \$2 per day. And about a fifth live only on \$1 a day. So, this is not an encouraging situation. If we look at it also for the future, for the next 25 years, the number of poor people living in developing countries around the world will also increase by 2 billion people. That's only the next 25 years. So, the situation will go from 6 to 8 billion people around the world of population, and the number of people living in developing countries will go from 5 billion to 7 billion. So most of the increase of the population is in developing countries. So these are huge challenges.

If we look at development aid, there comes another important and crucial challenge; in 1990, the percentage of GNP that developed countries spent on development assistance was about 0.33%. In 2001, that percentage of GNP is 0.22%. So, in ten years, we have gone down from 0.33% of GNP as contribution to ODA, to 0.22%.

That, in real terms, the overall figure is about a decrease in overall, in development assistance of about 7%. There is another important issue in the development agenda, which is another pending issue. And it is that while the objective in the development agenda should be to deal with trade barriers for developing countries, the fact of the matter is that trade barriers and problems in subsidies are real a big issue currently in development.

Let me take the example of agricultural subsidies: agricultural subsidies from developed countries to their agricultural sector represent about a billion dollars per day, almost a billion dollars per day. If you think about it, a billion dollars per day is a little over 300 billion dollars per year. The overall volume or the overall level of development assistance

is 50 billion. Compare 300 billion of subsidies to 50 billion, total, of development assistance.

To give you an example, on average, about 3 quarters of the population in Africa lives on less than \$2 per day. If we take the subsidy that Europeans are giving to each one of their cows, is about \$2.5 per day. If we take a Japanese cow, the subsidy is about \$7.5 per day. So, there is an important issue about subsidies in the development agenda that needs to be dealt with.

Another example is that the level of subsidies that is given by... from the US to its cotton growers is about \$3 billion per year. That is about 3 or 4 times the level of aid that the US is providing to Africa overall.

Let me talk about the achievements and the window for opportunity here. There is a good story, there is a part of the good story and there is a bad part of the story. But there is a lot of hope and a lot of new initiatives that are taking place. The first one, which is very... an important one happened about 2 years ago in the fall and it has to do with the adaptation of the Millennium Development Goals by the UN, by the leaders in the UN and also for my institution more importantly, the adaptation of these development goals for the World Bank.

The second is in November last year, it was about Doha, and in Doha, for the first time in many years, the trade agenda was at the forefront for the development ... for developing countries.

The third most important event was last year in March ... this year in March, in Monterey, there was a new development agreement between developing countries and developed countries. What did developed countries bring to the agenda? Developed countries brought to the agenda and to the agreement an increase in development aid. They brought also a better and ... better policies in terms of opening trades. What the developing countries brought to the agreement? The developing countries brought to the agreement better governants, a commitment to better policies and a commitment to better institutions.

Fourth, in Johannesburg this past August, there was an emphasis on sustainable developments, a recommitment on the MVGs and an issue about protecting the environment.

Taken together all these initiatives with the achievements in the past, bring together an incredible opportunity, a window of opportunity that is there, that is a drive to take action to attain the MVGs, but there is also a downside to it, that we need to deliver on those promises, that we need to deliver on these agendas and not delivering on these agendas may bring possibly a large damage to the development agenda.

Let me talk about the challenges and where we stand and where we have to go. The first challenge is to implement the objectives to attain the MDGs. What will it take to do that?

The first important issue is leadership and is leadership in the development agencies is leadership in countries and is leadership in terms of getting implementation of these agendas. It's not about talking, it's about implementing.

This past fall, when the ministers of Finance were visiting the World Bank, my boss was giving away implementation T-shirts to everybody, and the issue is not about words, it's about implementation.

The second one, the second major issue is about empowerment. The poor are not a problem, the poor are an asset and the poor are a solution. And in that respect we can take two examples. Uganda; in Uganda in the 90's, only 13% of the resources that were given for schools were actually arriving to schools and to the teachers. 2 years later, the government decided to publish the amount of resources to make it public, to make available to everybody the amount that was actually delivered to schools. 3 years later, the amount of resources arriving to schools is 90%. Just by publishing that information; just by making it available and just by empowering communities to understand the amount of resources going to them. Take another example, El Salvador, the EDUCAT project in El Salvador, just by giving the communities the power of hiring and firing teachers, there was a doubling in the enrollment rates of primary school children in some areas of El Salvador, just by the fact of giving and empowering them to hire and fire teachers.

Let me go to another important point: ODA should increase. The level of development assistance is currently about 50 billion dollars per year. That development assistance, it is estimated by our Bank that in order to attain the MDGs it would have to double, to about 100 billion per year. There are commitments in Europe, there are commitments by the US, but it is important to understand that one cannot reach the development goals without an increase, a doubling of the development assistance that is currently committed by the developed countries. That doubling would take the commitment in percentage of GNPs, from about 0.22% to about 0.5% which is lower than what leaders in developed countries agreed to finance a few years by, which was 0.7%.

Third, I want to talk about the effectiveness of aid. It is, I think, an important fact to understand that we have to be more effective in the time of assistance that we are giving to developing countries. Although, after the cold war, in which a lot of development aid was allocated for political reasons, I think that allocation has improved, there is a lot of room for improvement. I think we have to make an effort to put our money where our mouth is, in terms of education for all, in terms of HIV-AIDS, in terms of safe water and sanitation. And those things, those three initiatives right now are fast-track initiatives that the World Bank is adapting with a lot of the partners around the table.

The fourth thing, that I would like to discuss, is about, in terms of the challenges and the way to go, is that there needs to be reconsideration about what we finance in the development world. The Bank is very strict about only financing investment costs. A lot of the countries, a lot of the resources out of investments are required to finance recurring costs, where it is to finance teachers or to finance materials, or to finance vaccines. And I

think we should reconsider changing the rules of engagement with developing countries, in terms of financing some of the recurring costs.

Another point on the table is about the issue of partnerships and about the issue of leveraging. The truth of the matter is that development assistance is only 1% of the GNP of developing countries. The truth of the matter is that what the contribution, as important as we think the Bank is for us, because we work there, it is only about 20 billion dollars per year – of development assistance. The truth of the matter is that this is a very small amount to affect change on its own, we need to leverage it. And how do we leverage it? And I'll come to that with partnerships. There needs to be a partnership with the private sector. When times were better, the private sector represented 300 billion dollars of investment in developing countries. Compare to 50 billion dollars of development assistance; 300 billions, 50 billions. Right now, in worse times, it's about 170 to 100 billion dollars. I think we need to leverage with the private sector, to bring them in, to engage them, to finance and to be able to finance several parts of the development with them.

What is the second thing that we need to do, in order to do that? We need to partner with developing countries; we need to put them in the driver's seat and to engage them in changing policies, in enabling them to leverage their resources with development systems.

The third one is that we need to engage each other in terms of partnering with each other. And that's also a fundamental question. A few years back, Dr Alleyne had the very wonderful idea which is to partner the IDB, the World Bank and PAHO in a partnership for health for the Americas. And that, as a lot of legs, it started with a lot of initiatives in vaccines, in pharmaceuticals, in health accounts, etc. But we need to pursue other partnerships and do more about it.

Another thing I want to talk is about getting together and working together. Let me give you what we have found out through development gateways, which is our database for projects around the world that the Bank is now partnering with a number of countries to do. We found that around the world, currently, there are 80,000 projects related to development; 80,000. If you include the ones that are financed by NGOs, or the churches, or community groups, you're taking about 150,000 projects, currently, around the world. That's far too many, that's far too difficult to manage and each one of these projects has its own procurement rules, its own ways of disbursement, its own reports, etc. In Tanzania, we found out that there were, each quarter, 2,500 reports that were to be done by the government to fulfill the needs of the owners. That is not ... that is preposterous and it's not the way to go, so we need to collaborate.

The final point for me is just to discuss about the issue of trade and to say that also, a lot of the issues that we discuss beyond development systems have to do with better policies on trade from developed countries.

Let me emphasize that and let me close by that.

Let me thank you again Dr Alleyne for the invitation, let me thank PAHO and congratulate them for the 100 years, and I appreciate your listening to me this afternoon. Thank you so much.

Ms. Marsha Johnson Evans :

Well, thank you very much Dr. Coll, for that balanced picture of concerns, with optimism. Our second panelist, that I have the pleasure of introducing this afternoon is Dr Gordon Perkin. He joins us from the Bill & Melinda Gates Foundation where he has been associated, really since the inception of the initial two years, as a partner and then actually as a staff member for the last three years. At the foundation he directs the reproductive and child health program. He is a physician with more than 35 years of experience in international health and family planning. And he has been associated with the Ford foundation and the World Health Organization. Dr Perkin is cofounder and past president of the Program for Appropriate Technology and Health or PATH; a non-profit dedicated to improving health around the world especially for women and children. Dr Perkin:

Dr. Gordon W. Perkin:

Buenas tardes. I think the emphasis is on “tardes”; it’s late in the afternoon and I promise to be mercifully brief but would like to take just a few minutes to share a few points about alliances and partnerships with you. The foundation has used partnerships and alliances to a great extent to support its global health initiatives and since 1999, a total of nearly 2.8 billion dollars have now been committed to global health initiatives; more than 80% of that amount had gone to a variety of more than 30 alliances, initiatives, partnerships and other creative mechanisms to harness the energies of various groups and bring them together.

I would just like to mention two initiatives that we’re proud to both have copied in some respects with some of the newer ones and also all considerable respect too for having paved the way in this area. The first is the global Polio eradication initiative, which Rotary International is also a proud and important partner, in working towards the eradication of Polio; an achievement that The Americas have already recognized. The other one is the Onchocerciasis Control program that goes back some 25 years and involves an Alliance of more than 30 institutions, governments and private industry to work on a significant health problem throughout a major sub-region of West Africa. According to the World Bank, the alliances prevented 600, 000 cases of River Blindness and added 5 million years of productive labor to the economies of 11 countries.

My numbers may not be exact but I believe within the past months they celebrated the 250 millionth dose of Macitzan that was given to people in West Africa as part of the Onchocerciasis Program. So it is really the grandfather, the grandmother of Alliances and partnerships that we are now building on, with some of the newer initiatives such as the African Youth Alliance, Global Alliance for Vaccines and Immunization, the Alliance for Cervical Cancer prevention, and I can go on down the list of which many of you are familiar, the global Alliance for the elimination of lymphatic phyloriosis and the

international tri-coma initiative, and I think we just about are there I don't know of too many new alliances in the wings, but I think an interesting observation is: the McKensy company recently did an assessment of more than 30 alliances and they concluded that more than 80% of public health alliances appear to be working. And their definition of working was: the success means and acceleration, improvement or reduction of the cost of initiatives aimed at reducing disease burdens. In comparison to what could have been accomplished on a solitary or stand-alone basis. They say the number for business when they measure these business alliances is below 40%. So, I think that's quite a good record for public health to have achieved an 80% success rate this early on, in some of these new initiatives.

We do have some ideas of things that can make alliances or partnerships successful, and a couple of points I'd like to emphasize are that successful alliances have a clear and compelling overall goal. It's clearly defined, precisely stated; for example, to reduce the incidence of Malaria by 50% by 2010. They also have a clear scope as defined in terms of geography, patients' populations, functional activities and time. And those seem to be common themes that run through the successful alliances that we're working with today.

I'd just also like to briefly describe the architecture that it seems to be that there are a number of forms that alliances and partnerships can take. There is no one prescription or cookie cutter that will assure success. For example, you can have a simple affiliation: the alliance for cervical cancer prevention of which PAHO is a member would fall into that category. There is no legal structure, its 5 institutions meeting at regular intervals defining the problems and agreeing which of the groups will address which ones of the problems. It's a very successful and ambitious program.

The second kind is a lead partner where one partner takes lead in a initiative, but it is a true partnership with multiple partners. The third is a general contractor where one institution or entity receives most of the funding and then in turn funds other partners in the partnership, very much like building a house with a general contractor. The fourth is the Secretariat and GAVI is a good example of a secretariat where you have a relatively small secretariat based in one of the partner organizations but no legal structure. Again, GAVI in spite of its success still does not exist as a legal entity, it exists through the goodwill of the partners coming together and providing the governance to the entity and defining its scope of work.

The next example is a joint venture company where medicines for malaria venture would be a good example of that or the Global Facility for TB drug development, where a new entity has been created as a free standing legal structure that receives funding and in turn manages a relatively narrow and well defined program moving towards a clearly stated goal. Those are the models that we've been able to identify. I think which kind of partnership falls into which is less important; the fact that there is a variety of different ways of organizing partnerships and alliances, the Global Fund for Aids, TB and Malaria is yet another example, GAIN, the Global Alliance for Improving Nutrition is a recently launched initiative that's based with a secretariat in Geneva. The list goes on but I think that it is finite and not infinite. I think we may be approaching, if not close to the end of

the list, at least the momentum to create new alliances and partnerships may be shifting to a view of let's do more with the ones that we have and ensure that they are successful. So thank you very much. It's a pleasure being with you for the 100th anniversary and congratulations to PAHO, thank you.

Ms. Marsha Johnson Evans :

Thank you very much Dr. Perkin for shading some light on the work of the Gates Foundation. There are some exciting things happening there and thank you for the keys to success from your prospective. Our third panelist coming from a different perspective is Miss Deborah Myers and she is the Director of External Government Affairs and Public Partnerships Worldwide for GlaxoSmithKline's vaccine subsidiary which is based in Belgium. Her background is in Development having spent 10 years at the Inter-American Development Bank. She also worked with multinational corporations, always with a continued emphasis on work in developing countries. She has spent the last year in GlaxoSmithKline biologicals. GSK International has operations in 118 countries outside of the United States and Europe so very much a worldwide focus. So Ms. Myers,

Ms. Deborah Myers:

Thank you very much. The first thing I'd like to say is, as you've probably noticed in your program, there is a different name there. Unfortunately, Elizabeth Tyson got sick and she couldn't be here. So, I guess I'm the late pinch hitter here; so, I would like to thank you all for putting up with me for this part of the presentation.

The other thing I'd like to say is that as Miss Evans has indicated, I am from the biological vaccines subsidiary and so, I think there will probably be more examples from vaccines this afternoon than had originally been intended. On behalf of GlaxoSmithKline we'd like to thank you all for the opportunity to be here to congratulate PAHO and its 100th anniversary and look forward to working with PAHO and Dr Roses in the next 100 years. And we'd also like to congratulate Dr Alleyne in terms of all the leadership that you have provided as the director general and we wish you the best in the next chapter of your career and your life.

We, as a company, have been very much involved in partnerships and I think that the partnerships that were just outlined by Gordon are things that we have been involved in. We are a research based healthcare company and I think most of you know that we are heavily involved in the research and the development of products that are for and prevalent of diseases in the developing world. In the vaccine area, we are committed to the research and the development of vaccines and we have in our pipeline, which is 33 projects from, at some point, from phase 1 to phase3 and 10 of those projects are in fact for diseases that are prevalent for the developing world. We are a company, GlaxoSmithKline that is doing research in Malaria, TB and HIV. So we are looking at and trying to come up with solutions for the 3 diseases that are of the highest priority and have been put on the global agenda. We have a 70-year commitment to healthcare in the Americas, we employ 8,000 people in the region and we operate in 32 countries. But, we are also aware that there are numbers of people that do not have access to most basic health services including safe and effective medicines that we often take for granted here in the US or in developed countries. So, as a global company, and as a corporate citizen,

we know and we take on the obligation to develop and make affordable the vaccines and the drugs that people need, but we need to do that in a sustainable way.

We know that we have a role to play and we are willing to step up and have -- we believe -- stepped up to a certain extent and taken our part of the responsibility. But, however, we can't do this alone; we need everybody that is sited in this room, we need other -- both national and international -- governments, we need NGOs and we need the private sector in general. So, we see that the challenge is vast, but we also know that the opportunity has never been greater than it is today. So what have we all this time been doing? The first thing that we bring to the table, of course, is our research and development, and as I just said, with regards to vaccines, we are clearly looking at those diseases that are prevalent to the developing world, as well as diseases that have a market both in the developed and the developing world. The traditional market, the traditional business model that has been followed both for vaccines and drugs, has been to develop a drug, or a vaccine, that was marketed first in the US or Europe and then eventually gets down to the developing world. Now, for some diseases, that is not going to be possible. And we also know that once a product is launched in the developed world, it can take anywhere from 15 to 20 years before it gets down to the developing world. And for some diseases that's too much time.

So, we are taking, as I said, we have taken the challenge and we have developed partnerships. We are working on a Malaria vaccine, we are in phase 2 trials for our Malaria vaccine and we're working with the Malaria Vaccine Initiative. And they are providing some money in terms of helping us with the research cost. But, much more, it's just credibility and working with us in terms of getting the access and helping us with the clinical trials, which are right now taking place in Africa. We're also working with the Meningitis Vaccine Project on a meningitis project with them and we are going to start clinical trials with them and WHO in Africa next year. But, our biggest decision, and probably something that will have the greatest impact in terms of how vaccines and hopefully drugs also will be developed and launched for the developing world is our decision with regard to our rotavirus vaccine. We have made the decision that we will launch and develop... develop and launch the rotavirus vaccine in the developing world first. So, starting next year, we will be going into phase 3 trials. Our large pivotal trial will be in Latin America. We will also be doing smaller trials in Southeast Asia and we have a trial going on at this moment in South Africa. We have made the decision also that we will manufacture in Latin America; we're still in discussions in terms of where that manufacturing will be but we are going to have a dedicated facility for a dedicated supply for a vaccine to the developing world.

Now, we are in partnership, and it's a very loosely put-together partnership; one that Gordon just talked about, with WHO, CDC, NIH, USAID and the Children's Vaccine Program. And they are helping us in terms of the development in Asia, in Bangladesh and South Africa. We're now looking to expand that partnership, as we get ready to move into probably what is going to be the most expensive part of the development of this vaccine. If everything goes accordingly, like we, you know, knock on wood, there could be a vaccine available for rotavirus disease somewhere in 2005, 2006. But, what we need

is help in making sure that there is demand for that vaccine, that there is money at the end to purchase the vaccine. Our goal is not to have a vaccine, and for me to stand up here in 2 or 3 years and say: "We have a vaccine". Our goal is to get it to the people that need it the most, and those are the people in the developing world. So, we have a loosely put-together partnership, but we need everybody's help to make sure that it's a success because another problem is that if we are not successful, then it will be a while before another research based manufacturing company will stand up and say: "Ok, we will move forward with a product that is specifically for the developing world."

The last things that we learn from this, we will take with our Malaria vaccine, we're working on TB, we're working on HIV vaccine, we're working on hepatitis E, dengue, so we have a number of projects that we are very excited about, but need the help of the public sector, the national governments, the international organizations, by-letter agencies.

Two other ways that we also work to provide assistance to the developing world is through our partnership also with eradication of lymphatic filariasis... this is the drug side and I'm not as familiar with this, so you'll have to excuse me. This is a disease known as elephantiasis and our partnership was taken and modeled after Merck and "River Blindness" and we've been working with WHO and we are part of the global alliance to eliminate lymphatic filariasis. And we have just donated 100 million doses of Albendazole to this cause, and we are committed to continue to donate the drug until when the disease has been eradicated. So, we know that there is a global response that has started to the access of this crisis of medicines to the developing world. But, as I said, no single organization can do this by themselves; not GSK, not PAHO, not the World Bank. We need everybody's participation, we need everybody's will and we need everybody to bring their piece, the thing that they do the best to the table and let's work together. So, in closing, I'd just like to say one more time thank you very much for the opportunity and I look forward, as part of GSK, to work with PAHO and everybody in this room to help bring better healthcare to the developing world, thank you."

Ms. Marsha Johnson Evans :

Thank you very much Debbie for the discussion of the issue of bringing vaccines to the developing world from the private sector's perspective. Our last panelist today, I suppose the last panelist of the conference is the honorable Oliver F Clarke, who is chairman and managing director of the Gleaner Company Limited, which is a Jamaican Media company, he is the chair of the National Commercial Bank of Jamaica Limited and a Commonwealth Press Union (West Indies Section). Mr. Clarke also serves as director of the Jamaica National Building Society, the Independent Radio Company, the Caribbean Media Corporation and the Inter-American Dialogue. Finally he is a director of PALS Jamaica, which teaches conflict resolution in schools, and the Peace Education Foundation in Miami. Mr. Clarke

Mr. Oliver Clarke:

I feel a bit of an imposter speaking to you today. I know little about public health. It is possible that I am here because the newspaper I represent in Jamaica is now 168 years old and was therefore one of the few newspapers in the Americas that was already old, when it welcomed PAHO's important birth 100 years ago.

When I am having difficulty with what to say I consult the other half of my partnership .. my wife. She told me to

- 1 Say something nice about PAHO .. every address in this symposium has spoken about the miracles that PAHO has achieved .. and as a representative of the Hemisphere's man in the street I stand in awe of this great cooperative effort.
- 2 Say something nice about the outgoing Director of PAHO, Sir George Alleyne.. Sir George is an outstanding leader.. my only surprise is that it took PAHO almost 100 years to appoint a Caribbean person to head its organisation!
- 3 Say something nice about the incoming Director of PAHO, Dr Mirta Roses .. Dr Roses has great challenges ahead of her .. I am depending on her though as I need PAHO to so dramatically increase life expectancy in the Americas that this will allow me to address the Second Centennial Symposium! Go to it please Dr Roses.
- 4 Make 2 or three relevant points
- 5 Sit down

I, like PAHO, have found my partnerships to be essential to my development so I will follow the directions.

Two or three points which speak about partnership and the way forward..

1 PASS RESPONSIBILITY DOWN

Good health must become the **personal ambition** of every person in the Americas. Doctors and the use of language in the health field have done much to stop this happening!

Doctors earn their keep by encouraging the belief that patients should **go to see** them when ill.. and whilst this is needed for serious illness, every child should be taught that a healthy lifestyle **followed by the individual** will make a great contribution to personal life expectancy and personal welfare. Personal health does not start with a doctor's visit .. it starts at home.

The language used in the medical field seems designed to mystify and perhaps justify the ever-extending periods of time it takes to achieve medical qualification. As a relatively educated person I often feel that I appear to be intellectually challenged when discussing health problems because of my inability to even pronounce the names given to most medical conditions, the names of drugs, and even common medical problems. I may be

able to better understand how to improve my health if the medical information I get was written in plainer language.

Dr Jack Meyer illustrated dramatically yesterday the cost effectiveness of new drugs. Exercise, if it was a recommended drug, should be the most widely prescribed drug in the world. Its cost effectiveness surpasses that of any other drug ... but it often goes un-prescribed.

I do not believe that the Hemisphere's partners in promoting health have been able to persuade the man in the street of the Americas that he can substantially influence his own personal health destiny.

This should be one of the major social imperatives of the next decade. It is an imperative that can be worked on whilst we wait for the US\$16 billion grant which Dr Jeffrey Sachs has identified, correctly, as being needed for a more effective assault on major disease.

2 VIOLENCE AS A HEALTH ISSUE

Increasing violence and crime plague every country in the Americas. No longer is violence largely associated with the acquisition of material possession. Violence is being used increasingly to solve disputes that historically were solved through the use of language and discussion.

For example the most common reason causing murder in Jamaica last year was not robbery. Reprisal was the major reason. Domestic disputes were high on the cause list.

There is a frightening chain of events that flow from an initial assault. Hospitals report that an initial wounding leads almost certainly to another patient, and then another, being treated in round one of the reprisal cycle. Often one incident leads to two new patients. After this the compound growth of incidents needing health care spirals to new heights.

I would guess that there are many health systems in the Americas that now consume 15 to 40% of their, already short resources, in patching up victims of violence. In most cases these health care users require emergency attention. This deprives those other non-emergency health care users of early treatment.

It seems important to recognise that the reduction of the resort to violence to solve disputes, that traditionally only required the prescription of dispute-resolving language, is a major health problem. It becomes increasingly so as the victims of violence – and also the victims of motor vehicle accidents – wreck operating schedules at hospitals and preclude the best use of financial and personnel resources to tackle the usual health issues.

Much of the rigorous mechanisms of analysis used for studying and containing health epidemics are of direct relevance in the analysis of the growing epidemics of violence that are springing up throughout the Hemisphere. They need to be more widely used.

I predict that many of the Heroes of Health that PAHO will honour in the future will be Heroes who have won their qualification by studying and creating successful interventions that break the upsurge of the violence epidemic.

3 USING THE MARKET TO REWARD GOOD SUSTAINABLE HEALTH

Using market forces to achieve change is the current fashion. Is there a way to use the market to achieve a better level of health?

Most every corporation in the Americas spends more money each year on the provision of medical schemes for employees. These costs become an expenditure line item in financial accounts and efforts are made to minimize these whilst providing the adequate levels of coverage necessary to retain productive staff.

In most companies however no reward is passed on to staff that make no, or minimal, use of the medical scheme.

Few resources are expended in keeping staff healthy.

Groups and corporations expend resources developing codes of practice to deal with employees who, for example, have AIDS. Far fewer companies develop policies that will proactively encourage their staff to maintain their health.

Premiums for medical coverage are often tax deductible. Costs for accessing exercise facilities are not.

The same approach is taken in society generally. I cannot remember when last I visited a relative because they were healthy. I visit a lot of friends who are ill.

We build a lot of hospitals to treat the ill. And yet we often believe that the creation of gyms, and sporting facilities and public health educational programmes that are persuasive of good health are second priorities.

Too frequently we use market forces to support the ill and not to reward those that work towards maintaining good health.

I am not suggesting that society should not ensure good health care. I am simply encouraging the better use of market forces to encourage individuals to maintain good health through their own personal actions.

CONCLUSION

PAHO has achieved such great success in the last 100 years that even more is expected of it in the next.

I have tried to suggest today that “The Way Forward” is to empower and reward individuals to see their personal health as something they individually can influence. Good health is not only a state responsibility.

PAHO’s vision for the future will see violence as a challenge to be overcome as a health issue. Rebuilding respect for human life and creating interventions to break a chain of reprisal woundings require action from health authorities.

There are many partners out there waiting to work with PAHO to build a better life for the Americas.

My wife told me to be nice to PAHO, its Directors .. be brief and sit down. I will follow my partners advise.

Ms. Marsha Johnson Evans :

Thank you so much. Thank you so much for your very insightful comments and observations. I would like to now turn the podium to Dr. Klinger. Thank you.

Dr. Irene Klinger:

Colleagues and friends, it is very difficult to summarize the richness of this two-day event and I don’t pretend to do so now. I just wanted to review very quickly a couple of things that we have done, we review the achievements and challenges in Public Health in the Americas and Dr. Alleyne did refer to the challenges we have for the future in non-communicable diseases. We review the mandates of the millennium development goals and the Summit of the Americas and how they will impact on the work of PAHO in the future. We talk about the best practices in Inter agency collaboration and what’s the way forward, which new partnerships we need to build for the new challenges. Let me just share with you how PAHO’s Directing bodies has interpreted the way forward which is summarized in the book you have in front of you under what we call our vision and mission. As you can see there when we talk about the vision of the Pan American Sanitary Bureau will be the major catalyst for ensuring that all the people of the Americas enjoy optimal health and contribute to the well-being of their families and communities. When we talk about the mission of PAHO, it is to lead strategic collaborative efforts, we’ve been talking about that among member countries and other parties to promote equity in health to combat disease and to improve the quality of the length of lives of the people of the Americas. Since we’ve begun in 1902 the Pan American Health Organization has grown to become a catalyst for improving health in the Americas. PAHO’s ability to promote health has been strengthened through effective cooperation with its member states which remain the driving force in addressing health issues. However it has only been through fostering and establishing partnerships that

PAHO has been able to reach so many people throughout the Americas. These partnerships have resulted in a number of important accomplishments and play a vital roll in achieving health for all.

I'd like just to conclude by thanking the W.J. Kellogg Foundation and Eli Lilly Company for co-sponsoring this two-day symposium. I also would like to thank all the outstanding chairpersons and panelists that we had here yesterday and today as well as the very wise and enlightening comments from the audience during the two days which will be guiding us, guiding the way for the future for enhance partnership and health in the Americas. I want to finally thank the team of the External Relations office, conference service and the interpreters for the wonderful work during these two days, I want to inform you that the proceedings and the list of participants of this meeting will be in the Pan American Health Organization Internet very soon and I would like to invite you to a cocktail sponsored by the W. K. Kellogg Foundation in room 1017 right immediately after this meeting. Thank you very much to all of you for having participated and shared with us this centennial celebration.