

**Norway presentation**  
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**Introduction**

It is a fact that existing health technology for prevention, diagnosis and treatment, if applied globally, would lead to a dramatic reduction in the burden of communicable diseases. Few diseases deserve the highest possible priority as their morbidity and mortality are high and as they disproportionately affect populations that are living in poverty. Some diseases are neglected either because their global burden is relatively low, or the mortality attributed to them is low. However, these neglected diseases represent a very high burden in terms of disability and social stigma in communities that are among the poorest in the world.

By definition, these diseases do not receive high political commitment, international interest, investments from the research community. Interventions targeted to control these diseases need innovative approaches and the role of WHO is crucial in ensuring that priority does not mean exclusivity. How can we ensure that vital health care are accessible to all the people that need them – regardless of their income, regardless of the health conditions they are suffering from, regardless of the country they live in?

For too many of the world's poor people – those with an income of one or two dollars a day – nothing very much has changed at all. It is essential to recognise that if we are to achieve the goal of more equitable access to good quality health care, everyone has a role to play. It is easy for diversity to appear as an obstacle to progress. Our main challenge is to turn diversity into creativity.

**Improving access to existing technology**

Drugs are not a commodity like any other. Ensuring access to health care is one of the major responsibility of WHO. Access to drugs is part of this responsibility. Not just for one set of health conditions, but for all. A key component of this responsibility is the creation of partnerships between the private and public sector, bilateral aid agencies and other organizations, that are committed to effective action. Strategic alliances where key players jointly develop strategies and mobilize the resources to implement them on the necessary scale are crucial.

Despite the availability of free and effective treatment for a number of communicable diseases many obstacles still need to be overcome in order to improve access to diagnosis and treatment.

The most important ones are:

- poor geographic coverage of health services in the most endemic countries;
- limited community awareness concerning the availability of treatment, and prejudice towards sufferers which often lead to tragic consequences such as late diagnosis, high disability rates and low cure rates.

Improving access to treatment is a complex issue requiring innovative solutions based on local realities. Such improvement helps to overcome weak health care infrastructures, lack of trained personnel, prejudice, stigma and poor awareness. Forging alliances with partners, despite their possible different ideological backgrounds, is the only way to overcome existing obstacles in the field in an attempt to improve patient access to treatment in a sustainable manner.

Public-private partnerships are therefore proving to be successful to address the agenda for targeted communicable diseases. Drug donation is one of the key elements can play a key role for time-limited elimination programmes such as lymphatic filariasis and leprosy

### **Examples of successful partnerships**

#### *Leprosy Elimination*

Novartis, the pharmaceutical industry partner in the Global Alliance to Eliminate Leprosy, has a long tradition of collaboration with the Leprosy Programme. It developed the two key products used in multidrug therapy (MDT) - Clofazimine and Rifampicin. At the initiative of WHO, Novartis conducted the first clinical trials to establish the use of Rifampicin on a once-monthly basis, the cornerstone of multi-drug treatment. It also designed and field tested the calendar blister packs which help simplify logistics and improve patient compliance.

Since 1986, the Novartis Foundation for Sustainable Development has been involved in field programmes in a number of countries aimed at improving patient access to treatment and it collaborates with local authorities, WHO and non-governmental organizations. The Foundation has developed innovative and practical approaches, such as field-based disability care and social marketing.

In August 1999, Novartis signed a Memorandum of Understanding with WHO in which it pledged to provide to WHO adequate quantities of the drugs used in MDT for the treatment of all patients in the world from 2000 until the end of 2005. In addition, Novartis provides WHO with the necessary funds for the shipment of the drugs and for independent quality control; it also maintains buffer stocks in order to respond to fluctuations in demand for the drugs used and to cover emergency requests from endemic countries. The Novartis Foundation for Sustainable Development continues to actively support efforts to improve awareness of leprosy and access to diagnosis and treatment.

#### *Lymphatic Filariasis*

Lymphatic filariasis is primarily a disease of the poor because of its frequent prevalence in remote rural areas and disfavoured peri-urban and urban areas; filariasis patients are physically incapacitated and cannot work nor lead a normal life. The economic burden of lymphatic filariasis is enormous, due to the decreased ability to work during acute inflammatory attacks, lowered capacity due to chronic disease and the loss of family income to pursue costly treatments, which most of the time are ineffective.

A global coalition has been forged among many organizations, each with a different mandate but all having a common goal: to tackle the wide-ranging and complex process of science and practice that will result in the elimination of lymphatic filariasis as a public health problem from the world.

A significant step was taken in 1997 when the World Health Assembly passed a resolution calling for '...the elimination of lymphatic filariasis as a public health problem...'. Following this, WHO began developing a coalition to eliminate the disease.

The following year the coalition was given a powerful boost when GlaxoSmithKline (formerly SmithKline Beecham) announced its commitment to form a unique private-/public-sector collaboration with WHO to support the global programme to eliminate lymphatic filariasis, by donating albendazole (one of the drugs used against lymphatic filariasis) free-of-charge as long as necessary. The two organizations pledged to work together closely to undertake this massive international public health effort. Subsequently, Merck & Co., Inc. pledged to expand its ongoing Mectizan® Donation Program for onchocerciasis to cover treatment of lymphatic filariasis in all African countries where the two diseases occur together. The donation will enable countries which are in need, but which are without the necessary resources, to acquire the drugs and to pursue their national elimination programmes.

This drug donation triggered a process that has continuously evolved since its inception. In 2000 alone, GlaxoSmithKline provided 34 million tablets of albendazole, through WHO, and Merck and Co., Inc. provided ivermectin, to Ghana, Nigeria and Tanzania lymphatic filariasis programmes.

The partnership has since broadened to include 35 organizations from various sectors of society such as public and private sectors, academia, government bodies and NGOs. The Global Alliance to Eliminate Lymphatic Filariasis can now envisage the elimination of the disease as the focus of a widely beneficial public health intervention organized through existing or strengthened national health infrastructures.

Individually, none of these organizations can eliminate lymphatic filariasis; but by working together, and working through the Ministries of Health in the endemic countries, it can be achieved. Not all partners will work in each country, but, together, will cover all the affected countries and will have a positive impact on many millions of lives. It is planned to cover 40 million people in 2001 and so far 15 million persons have already been reached.