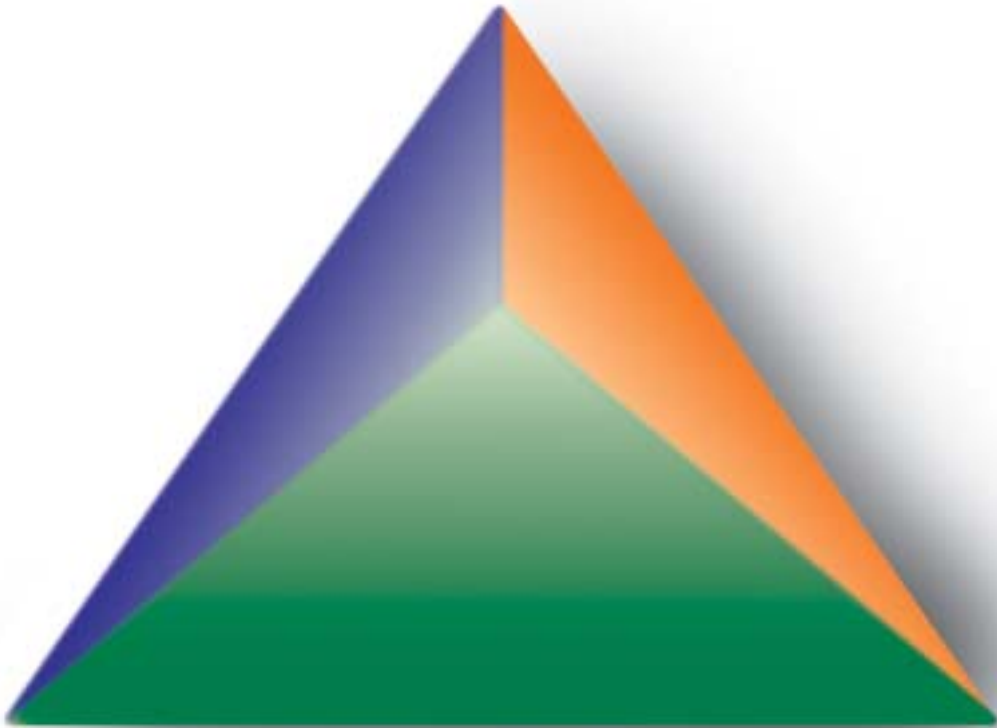


# **THE WAY FORWARD**



**“A road map to how we can achieve rapid, measurable results in the fight against three of the diseases that take the heaviest toll on the poor”**

**P**oor people will only be able to emerge from poverty if they enjoy better health. And although better health is obviously not the only condition for progress, it is a central one. Health should be at the heart of our struggle for sustainable development.

Last year, the Commission on Macroeconomics and Health established the scientific foundation for these arguments. It showed clearly how investments in health in developing countries give manifold economic returns – both for the individual and for society.

The Commission recommended that the world's low- and middle-income nations, in partnership with the industrialized ones, should drastically scale up access to essential health services for their populations. The focus should be on specific measures to control the deadliest and most debilitating diseases and to strengthen the health systems so that those who get ill are cared for – no matter how poor they are.

Such a commitment would mean a substantial new investment in health. But it is an investment with impressive returns: millions of lives saved and economic benefits of several hundred billion dollars each year.

We must act now. The alternative is grim. If we fail to take action, within ten years HIV/AIDS will have engulfed large parts of Asia and eastern Europe – dwarfing the scale of the current epidemic in Africa. Drug-resistant TB may have become as widespread as ordinary TB, making treatment of this disease difficult and expensive. Other medicines may also have lost their potency due to growing drug-resistant strains. Malaria may have spread further into areas now free of the disease.

The United Nations Millennium Declaration has laid out several clear health targets: among them, reducing malaria and tuberculosis by half and reducing new HIV infections by a quarter within ten years. The Commission on Macroeconomics and Health has told us what we need to do to achieve these targets and what it will cost. This Infectious Diseases Report is an attempt at showing how we can get there. It is a road map to how we can achieve rapid, measurable results in the fight against HIV/AIDS, tuberculosis and malaria - three of the diseases that take the heaviest toll on the poor.

DR GRO-HARLEM BRUNDTLAND  
*Director-General*  
**World Health Organization**



**“UNICEF is committed to working in partnership”**

The global impact of infectious diseases is attracting valuable attention and resources. In scaling up the global response, and as part of our larger commitment to the Millenium Declaration and International Development Targets to reduce child mortality, UNICEF is particularly committed to health concerns that affect children.

In addition to the direct and indirect impact of AIDS, TB and malaria on children, acute respiratory infections (ARI), diarrhoeal diseases and vaccine preventable diseases such as measles continue to affect children and account for as many deaths as AIDS, TB and malaria combined. We have in hand effective, low-cost tools such as vaccines, antibiotics, oral rehydration solution, anti-malarials and treated bednets that can save millions of lives due to these illnesses, and we are committed to ensuring that they reach all the children who need them.

UNICEF is working closely with WHO and other international and national partners to ensure universal access to life-saving vaccines and drugs as well as access to services and information that support their effective use. Most childhood deaths occur in the home and this holds profound implications for how we scale up our response. As a result, social mobilization and community participation as well as targeted behaviour change communication are crucial components of our overall efforts to reduce child deaths. So is our work in education, water supply and other social development interventions that collectively create an environment in which better child health may flourish.

In all these efforts, UNICEF is committed to working in partnership. UNICEF is a key partner in the Global Alliance for Vaccines and Immunization (GAVI), the Polio Partnership, Roll Back Malaria and other alliances which are bringing fresh vision and crucial resources to the global struggle against infectious diseases.

CAROL BELLAMY  
*Executive Director*

**United Nations Children's Fund**



## **“The poor are less able to defend themselves against the impact of AIDS”**

2001 was a turning point in the world's response to HIV/AIDS. At the United Nations General Assembly Special Session on AIDS in June, a Declaration of Commitment was unanimously adopted that sets ambitious targets for preventing the spread of HIV, improving access to care, reducing vulnerability and combating stigma. These targets are an instrument of accountability in the world's response to AIDS.

This report notes that for AIDS, tuberculosis and malaria, there has been a recent upsurge in global commitment. But in reality, the commitment to AIDS comes from the sustained efforts of a global AIDS movement which began almost as soon as the disease came to light twenty years ago. As the full implications of the global spread and impact of HIV have become apparent, the movement has become broader and deeper – uniting scientists, activists, service providers, community leaders, religious leaders, cultural and sporting icons.

Now, political leaders at the highest level are fully engaged in this fight. Nearly every regional or global summit of note has AIDS on its agenda, the broadest dimensions of the AIDS epidemic have been debated in the UN Security Council, and countless Presidents and Prime Ministers have personally taken up the issue.

No region of the world is immune from HIV. It affects rich and poor alike, although the poor are less able to defend themselves against the impact of AIDS. This report draws attention to the ways in which AIDS, along with tuberculosis and malaria, deepens poverty. But it would be a mistake to position AIDS as a 'disease of poverty'. It is precisely the ability of HIV to cross all boundaries that has made it uniquely threatening to human development, and has made international solidarity in the fight against AIDS an absolute necessity.

As the world moves to a new level of heightened determination to combat HIV/AIDS, UNAIDS – including every one of our eight co-sponsors – will be working on many fronts:

- to support local responses and ensure that the message of success spreads from community to community;
- boosting civil society's participation in a broad AIDS response, and helping to harness the efforts of women, youth and other social movements;
- helping the private sector to make good its responsibilities to workforces and to communities, and to better network its efforts;
- ensuring that governments have the means to collect the information and develop the strategies they need to maximise the effectiveness of their response; and
- assisting to boost resources and develop the channels that direct these resources most efficiently to the community level where they make the most difference.

A new paradigm guides our work in which prevention and care are complementary pillars of a comprehensive AIDS response. The old paradigm held that antiretroviral treatment as an element of AIDS care was too difficult and expensive for the developing world.

The new paradigm recognizes the ethical impossibility of denying to the majority of people living with HIV the life-saving treatment that has been available to the minority. It builds hope for communities on the basis of a joint commitment to care and to preventing the further spread of HIV, and it recognizes that people living with HIV and those directly affected, are the greatest resource in combating the epidemic.

PETER PIOT

*Executive Director*

**Joint United Nations Programme on HIV/AIDS**



***“We are ready to work closely with our partners to ensure that Poverty Reduction Strategies now taking form in many countries support these recommendations”***

**A**s we move into the new Millennium, the World Bank is greatly expanding its work with country governments, international partners such as WHO, UNICEF and UNAIDS, and many other local groups in order to confront major infectious disease killers. Communicable disease prevention and control are among the Bank's top priorities on account of the profound impact they can have on reducing poverty. Along with the United Nations, the Bank is committed to achieving the Millennium Development Goals for the year 2015. The Millennium Development Goals include reducing child and maternal mortality, reversing the epidemics of HIV/AIDS, malaria and tuberculosis, and boosting other development indicators that contribute to and are influenced by improved health.

The strategies and interventions included in this report are critical for scaling up the response and pursuing these goals. We are ready to work closely with our partners to ensure that Poverty Reduction Strategies now taking form in many countries support these recommendations. The poverty reduction framework enables these health problems to be seen as real challenges to development and be integrated into a larger agenda for change.

The Bank will continue to help governments design, finance and improve health systems – so critical to better disease prevention outcomes. The institutional, management and technical capacities of governments, providers and communities are weak at the moment. Mechanisms such as the Multi-country AIDS Program for Sub-Saharan African nations and the Global Fund to Fight AIDS, Tuberculosis and Malaria should help expedite access and use of new resources. The recent partnerships developed to fight HIV, TB, malaria and other health priorities increase our means to collaborate and to involve communities. We hope that these initiatives will further complement each other in helping ease the burden of infectious diseases on their beneficiaries, and thereby speed up success in overcoming the problem.

The coming years will be exciting and challenging as we move forward to address the pressing problems posed by infectious diseases.

JAMES D. WOLFENSOHN  
*President*  
**The World Bank**



**“UNFPA recognizes the proven effectiveness of HIV prevention and has made it an institutional priority”**

**T**he HIV/AIDS pandemic is one of the major challenges facing the world today. Its ability to intricately weave its devastating effects across sectors and across borders threatens not just our health, but our very way of life. If the global impact of HIV/AIDS is to be reduced, HIV prevention must be central to the response. UNFPA recognizes the proven effectiveness of HIV prevention and has made it an institutional priority. Focusing efforts on prevention among young people, prevention in pregnant women and provision of comprehensive condom programming, the Fund is translating that commitment into action through provision of support to governments and civil society groups in programme countries.

Recognizing that reproductive health provides an important entry point for HIV prevention, UNFPA is working to provide professionals in health and other social sectors with the skills needed to counsel clients on HIV prevention, overcome local taboos, and effectively manage sexually transmitted infections to reduce vulnerability to HIV infection. We are working in various reproductive health settings to provide voluntary counselling and testing services, both to empower women to protect themselves from HIV infection and to promote male responsibility in protecting themselves, their partners and their children from infection.

For young people, who not only represent our future but also control the future of the pandemic, UNFPA is supporting governments and other partners to develop and provide culturally sensitive and youth-friendly adolescent sexual and reproductive health services, and to create behaviour change communication messages and skills-building opportunities. The aim is to equip young people with the information, knowledge and skills to deal with life challenges and make responsible and appropriate choices and decisions to protect their own reproductive health and lives and those of their partners. To maximize results, the Fund also advocates for the involvement of young people in all aspects of interventions – from planning, decision-making and implementation to monitoring and evaluation.

UNFPA also partners with governments, non-governmental organizations and private-sector companies to support countries in their efforts to defeat HIV/AIDS.

In the era of HIV/AIDS, experience shows that success does not come by working alone; it requires a concerted, coordinated, resourced, proactive, scaled-up, multisectoral and multi-partner response, with prevention at its core.

THORAYA AHMED OBAID  
*Executive Director*

**United Nations Population Fund**



***“UNESCO is committed to making health promotion and preventive education, particularly in regard to HIV/AIDS, a high priority”***

**H**ealth is an essential condition for teaching and effective learning, and is also an outcome of quality education. Combating infectious diseases, therefore, must be a key element in efforts to achieve Education for All (EFA), and health must be high on the agenda of the education sector at all levels.

Infectious diseases directly affect the demand for education by decreasing the enrolment, participation and performance of school-age children and youth, especially among the poorest and most disadvantaged populations. Ill-health among children and youth results in the loss of millions of school-days annually. In some countries, the havoc wreaked by the HIV/AIDS pandemic is crippling the education system itself, endangering both the supply and quality of education.

By addressing the health needs of students and staff, Governments can maximize the return on their investment in education, both during and after the years of formal schooling. Comprehensive school health programmes such as those described in the new inter-agency initiative known as FRESH, are efficient and cost-effective means of coping with significant health problems such as infectious diseases. Such programmes include effective policy development, improved learning environments and the provision of essential life skills, education and basic health services.

UNESCO is committed to making health promotion and preventive education, particularly in regard to HIV/AIDS, a high priority in its strategies and action in follow-up to the Dakar World Education Forum. Strengthening school health as a vital means of improving the health and well-being of pupils has been designated a key area to improve basic education outcomes. Current activities being promoted include the integration of school health issues into National EFA Action Plans, which will influence national education reform up to 2015. In this regard, strong emphasis will be placed on major infectious diseases, notably HIV/AIDS and malaria. Timely and well-targeted preventive education programmes are particularly important so that those most at risk are spared the suffering, loss and missed opportunities that infectious diseases bring.

KOICHIRO MATSUURA  
*Director-General*

**United Nations Educational, Scientific and Cultural Organization**



The resources and know-how exist. We have historical opportunity to combine and use them to ensure better health and greater economic growth in just a couple of decades. If we want equity and security in our lifetime and for future generations, we cannot afford to miss this opportunity.

Manmohan Singh  
*Rajya Sabha Leader*  
**Parliament of India**

Pharmaceutical Industry has made great strides to provide more affordable medicine to poor countries, but we need to make it the norm, not the exception.

DR SUPACHAI PANITCHPAKDI  
*Director-General Designate*  
**World Trade Organization**

We must begin to see development assistance more in terms of an investment in the future, in the protection of the global public well-being, including peace, healthy populations, a healthy environment and a more equitable economic system.

TAKATOSHI KATO  
*Adviser to the President*  
**Bank of Tokyo-Mitsubishi**

Even conservative forecasts suggest that future annual economic growth in sub-Saharan Africa will be one third lower than what it could be without AIDS

K.Y. AMOAKO  
*Executive Secretary*  
**Economic Commission for Africa**

***“Improved TB detection and HIV testing of all TB patients are a priority”***

Peru launched a counter-offensive against TB to free the country from being one of the world's 22 highest burden countries. With a 100% DOTS coverage achieved, improved TB detection and HIV testing of all TB patients are a priority. In resource terms this has meant shifts in funding; 20% less funding for defense, 56% more for health and a 2002 TB control budget that amounts to US\$ 23 million.

DR MANUAL QUIMPER HERRERA  
*Vice-Minister of Health*  
**Peru**

***“We need to expand the number of partners and funding for TB control”***

We need to expand the number of partners and funding for TB control on a state level in order to increase sustainability and expansion of the TB programme. Currently negotiations are underway with some oil companies in Nigeria to assist local TB programmes. Partnerships are good but they can be fragile and in order to work, roles and responsibilities need to be clear.

DR EDUGIE ABEBE  
*Director-General of Health*  
**Nigeria**

***“Ensuring that malaria victims countrywide have prompt access to effective drugs”***

The government of Kenya has spelled out the way forward with regard to malaria control, for the next ten years covering the period set by Roll Back Malaria to realize tangible differences in malaria control and prevention in Africa. The strategy addresses the malaria problem by ensuring that malaria-victims countrywide have prompt access to effective drugs, promoting accessibility and use of insecticide treated nets, the use of other mosquito control methods and intermittent treatment of pregnant women and setting up epidemic preparedness strategies and other support elements such as IEC campaigns, operational research and monitoring.

PROF SAM ONGERI  
*Minister of Public Health*  
**Kenya**

### ***“The time for collective action is now”***

If we are to be effective in the long term, we must learn from the experiences of those caught in the centre of this AIDS whirlwind pandemic. This includes working harder to equalize the balance of power between men and women, especially our women who comprise a large percentage of our poor. Gender equality is a critical component in the process of changing sexual behaviour. We know that only when a woman is free to choose how she lives her life will she possess the capacity to best protect herself from HIV/AIDS. We have also started to deal with the vital issue of mother-to-child transmission.

Critical to our success is collaboration with the international community. Support in the areas of funding, research, information sharing, access to affordable medicines and treatment is essential and requires timely and effective participation by all.

The government and the people of Belize declare full commitment to halt and reverse the increasing trend of this pandemic. We know this is a tremendous task but to fail on our part to act decisively will condemn countless numbers, many in the flower of their youth, to certain death. To fail would be to break the most sacred compact of all the preservation and advancement of humanity.

We have neither time nor resources to waste. The time for collective action is now.

SAID W MUSA  
*Prime Minister*  
**Belize**

### ***“We can effectively control TB”***

Improved prevention and control of TB will reduce the spread of this disease. We know what needs to be done and we know how to do it. If we effectively apply proven and cost-effective strategies for TB control, adapting and improving them to meet our challenges, we can effectively control TB.

We also need unity in action, public/private partnerships, community, volunteers and health workers to work together. While we have made some progress in TB control we still have a long way to go in ensuring quality service delivery and improved treatment outcomes and I believe that through targeted plans we will be able to achieve our objectives.

MANTO TSHABALALA MSIMANG  
*Health Minister*  
**South Africa**

***“The ILO’s new programme on HIV/AIDS in the world of work is a beginning”***

HIV/AIDS is not just a public health issue, it is a workplace issue, a development challenge and the source of widespread insecurity. ILO’s commitment to be a partner in this challenge stems from its primary goal of providing men and women with decent and productive work in conditions of freedom, equity, security and human dignity.

We must react to the crisis unfolding in so many places where skilled and experienced workers are dying or, where children are forced to work and head households because all the adults either are too sick to work or have died.

The ILO’s new programme on HIV/AIDS in the world of work is a beginning. Through it we will work with our tripartite constituents at national and regional levels to promote prevention in the workplace and mitigate the social and economic impact of the epidemic.

Concern for HIV/AIDS is reflected in other ILO activities. The ILO Programme on child labour will expand its efforts to address the needs of children orphaned by AIDS and forced into the world of work. The gender dimensions of HIV/AIDS will be addressed within the framework of the ILO’s programme on gender and other activities to help reduce the vulnerability of women and girls to the disease.

JUAN SOMAVIA  
*Director-General*

**International Labour Organization**

***“Europe is fully committed to further step up its efforts”***

The world cannot ignore the AIDS epidemic. In developing countries where 90% of HIV infections occur, AIDS is reversing hard-won gains in improving the quality of life. Last year in Africa, 10 times as many people died from HIV/AIDS as were killed in conflicts. In contrast, we in Europe are fortunate to be alive at this moment in history. Never before has our world enjoyed so much prosperity with so few external threats. Global society is calling on the international community for its recognition of the magnitude of the problem and its support in combating it. This is the hour of global solidarity. The West must increase its efforts to help more nations and people to break the vicious cycle of disease and poverty.

Europe is fully committed to further step up its efforts to face this epidemic and to increase support for the fight against the three major communicable diseases: HIV/AIDS, malaria and tuberculosis.

JOHN B. RICHARDSON  
**European Commission**

***“The public-private-partnership template works – it now needs to be scaled up”***

Drugs that target infectious diseases in general are known to have a limited useful life due to the eventual emergence of resistance. Although for malaria this useful life can be very long the real need is to have sustainable R&D which generates new drugs before problems arise. MMV's plans are currently focused on further developing a balanced and sustainable portfolio of R&D projects with our many pharmaceutical and public-sector partners. Our current portfolio of development projects represents incremental advances on existing drugs or drug combinations. These can impact the disease before 2010. Our most innovative discovery projects are likely to impact beyond 2010 but have the major benefit of representing wholly new drugs that have the potential to provide broad efficacy against current and emerging strains of the malaria parasite.

What is really exciting to me is that public-private-partnership template works – it now needs to be scaled up.

DR CHRIS HENTSCHEL

*Chief Executive Officer*

**Medicines for Malaria Venture**

***“A quantum leap forward in global health”***

As a prime mover in TB drug development efforts worldwide and a committed partner in WHO's Stop TB Initiative, the Global Alliance for TB Drug Development joins the call for scaling up the response to infectious diseases. The TB Alliance is at the cutting edge of developing new, radically improved tools today, so that the world can wage a much more effective war against these diseases.

Now firmly on the path to a new affordable TB drug by 2010, the TB Alliance is in negotiation for several compounds in the lead optimization and pre-clinical stages from public, academic, biotech and pharmaceutical institutions. We are moving technology and designing innovative agreements to ensure that new drugs will be affordable in endemic countries. We believe that the dividends of such a new model of doing 'good business' will translate into win-win results for both private and public players as well as a quantum leap forward in global health.

DR MARIA C. FREIRE

*Chief Executive Office*

**Global Alliance for TB Drug Development**

***“Scaling up the fight against AIDS means trimming down the time spent developing the tools needed to end the epidemic”***

For the International AIDS Vaccine Initiative (IAVI), scaling up the fight against AIDS means trimming down the time spent developing the tools needed to end the epidemic. Education and treatment must be priorities. But the ultimate solution is the discovery and global distribution of preventive vaccines.

Despite the potential to save millions of lives, lack of focus and funding has slowed AIDS vaccine research and development. With one new HIV infection every six seconds, we must make up for lost time.

Traditionally, industry drives vaccine development, based on anticipated profits. In the case of AIDS, where impoverished countries constitute the largest market, returns would be small, and interest has lagged. The public sector must step forward and create incentives to assure that AIDS vaccines are made and then widely delivered.

Over the next five years, IAVI will invest US\$ 500 million in public-private partnerships designed to speed success by moving a dozen novel vaccine candidates into human testing in parallel. Complementing the drive for rapid scientific advances, IAVI seeks to guarantee that adequate financing, manufacturing and other infrastructure will be in place to rapidly provide vaccines to all who need them.

DR SETH BERKLEY

*President*

**International AIDS Vaccine Initiative**

***“We must engage and enrage society to prevent further suffering from AIDS,  
TB and malaria”***

The global health disaster is of staggering proportions. Three diseases – HIV/AIDS, malaria and tuberculosis – kill six million people world-wide each year and continue to plunge millions of families into lives of destitution. But even the most dispassionate observers can now agree: Investing in the minimal costs to control these diseases now outweighs the consequences of losing healthy consumers, productive markets and stable societies. A healthy world is in everyone's interest.

A dynamic, innovative network is emerging to accelerate efforts against these diseases. The Massive Effort Campaign is a new and impatient social movement using state-of-the-art communications, marketing and advocacy strategies to promote the control of diseases that keep people in poverty. It is intent on dramatically reducing deaths from AIDS, TB and malaria by the year 2010.

Immediate progress against these diseases can be made. It can be achieved with the involvement of new activists and champions who support campaigns to increase healthy behaviour. It will succeed if we can continue to “engage and enrage” society to provide simple medicines and health products – taken for granted in wealthier communities – to people in poorer countries who are vulnerable to disease.

THOMAS W. KÄRCHER-VITAL  
*Board of Directors*  
**Massive Effort Campaign**

***"The challenge is how fast this can happen and to the vast majority of the world's poor, women and children"***

Eradication of poverty remains the overarching goal of Bangladesh Rural Advancement Committee (BRAC). To us, poverty is not only economic impoverishment but also a manifestation of wider deprivations. For the past thirty years BRAC has been addressing these. Health is one such. Innovation and scaling up of successful programmes are two of BRAC's distinguishing features. The knowledge about oral rehydration therapy, for example, reached every household in the country and the recent drop in infant and childhood mortality is largely attributed to this. The DOTS programme involving the village health worker reaches thousands of Bangladeshi villages, in active partnership with government and donors. HIV/AIDS remains a looming threat to Bangladesh's future, and the BRAC initiative to impart HIV/AIDS knowledge to rural couples and adolescents is gaining momentum with the inclusion of new elements like sexuality, gender and violence against women. Micro-finance now reaches 4.5 million families; 1.2 million children, two-thirds of them girls, attend BRAC-run primary schools. 'Small is beautiful' but, to us, large-scale is an imperative. We believe that change is possible; in fact it is inevitable. The challenge is how fast this can happen and to the vast majority of the world's poor, women and children.

F. H. ABED

*Founder and Chairperson*

**Bangladesh Rural Advancement Committee**

***“We will continue supporting Roll Back Malaria with concrete commitments in Nigeria and in other countries where we have operations”***

Improving health and strengthening local health services have always been part of our commitment to promoting the wellbeing of the communities with which we interact when performing our business operations.

We do this by assisting local authorities in building, restructuring and maintaining health facilities, supplying medicines and hospital equipment, training medical and non medical personnel, and by carrying out vaccination, health awareness campaigns and prevention and control activities for a range of infectious diseases such as TB, hepatitis and especially malaria.

We also collaborate with international agencies and NGO's in promoting programs and initiatives and our involvement in the Roll Back Malaria Initiative since its launch in 1998 testifies to our awareness of the importance of tackling this disease.

Moreover we are contributing to the Global Fund for Fighting AIDS, TB and malaria and, by participating in the Global Health Initiative promoted by the World Economic Forum, are helping to raise greater public awareness and support on these critical issues.

As we see investment in the communities we work in as key to a better future, we will continue supporting Roll Back Malaria with concrete commitments in Nigeria and in other countries where we have operations.

GIAN MARIA GROS PIETRO  
*Chairman*  
**Eni**

***“Medvantis feels the responsibility to do whatever is needed to fight AIDS,  
TB and malaria and will encourage others to do the same”***

Every journey starts with a first step. AIDS, TB and malaria are a growing threat for the lives of people and the social and economic development of their countries in many parts of the world. They hit hardest where they can be least afforded, striking down especially people in poor communities.

To successfully tackle these issues, the partnership that supports the health care system in these countries urgently needs rebuilding. But there is a shortage of local resources, so we in the rich world have to step in and help. The task is not to reproduce the health services we have available to us, but rather to produce a system that is appropriate to the needs of people where they live. Not to build a specialist hospital in a small village, but to help equip networks of health service providers with enough training, information and knowledge to meet the needs of the local population.

That is why in 2001 Medvantis started to support several health initiatives in different parts of the world, such as an information and prevention project on AIDS, TB, malaria and diabetes in Kenya. Together with other companies and organizations we helped found a new NGO to put the knowledge and the skills of private and public partners together to make a difference. The Massive Effort Campaign focusses on advocacy and health prevention initiatives and supports the UN, WHO and G8 in their fight against the diseases of poverty.

Medvantis – as a health management company – feels the responsibility to do whatever is needed to fight AIDS, TB and malaria and will encourage others to do the same.

THOMAS SCHÖNEMANN  
*Managing Director*  
**Medvantis**

***“We will continue to work in partnership with all relevant stakeholders to pursue an effective global response to infectious diseases”***

GlaxoSmithKline is committed to improving the health of the developing world in three key ways. We are the only company involved in R&D into both prevention and treatment of HIV/AIDS, TB and malaria. Our HIV and malaria candidate vaccines entered clinical trials in 2001. We are involved in the Medicines for Malaria Venture (MMV), the International AIDS Vaccine Initiative (IAVI) and the Global Alliance for TB Drug Development (GATB). We offer sustainable preferential pricing arrangements on vaccines, antiretrovirals and anti-malarials to the poorest countries of the world. And through our Global Community Partnership programmes we play a major part in community activities that promote health. Established in 1992, Positive Action is our international programme of HIV education, care and community support. Additionally, GSK is a founding partner in the Global Alliance to Eliminate Lymphatic Filariasis which includes what will become the world's largest drug donation programme.

We will continue to work in partnership with all relevant stakeholders to pursue an effective global response to infectious diseases.

DR JP GARNIER  
*Chief Executive Officer*  
**Glaxo-SmithKline**

***“We will give sustained support to public/private partnerships  
in this critical field”***

ExxonMobil teams are working with host governments and national Roll Back Malaria campaigns in Angola, Cameroon, Chad, Equatorial Guinea and Nigeria to identify where the company can make the greatest difference to malaria prevention and control. Country programs are primarily focussed on these key activities:

- Distribution of bed nets impregnated with insecticides to villagers in the areas of our operations;
- Training of nurses and village health workers on malaria treatment and prevention;
- Printing and distribution of posters and health education materials to help educate the local population on malaria prevention.

At the village level in Nigeria, ExxonMobil is also supporting the New Nigeria Foundation as it sets up health clinics in nine Delta States, including four clinics in the two states where ExxonMobil affiliates operate.

This initiative reflects ExxonMobil's commitment to public health in our communities, and to working with local public partners to strengthen health care capacity. Health is a cornerstone of opportunity. We will give sustained support to public/private partnerships in this critical field.

LEE R RAYMOND  
*Chairman and Executive Officer*  
**ExxonMobil**

***“Our commitment does not just involve making a financial contribution but also entails playing an active part”***

If the health crisis currently facing the world is to be tackled successfully, there must be a completely new and carefully targeted alliance between government, business and society as a whole. That is why Winterthur Insurance, a Credit Suisse Group company, has taken the lead in supporting Kofi Annan's initiative for a Global Health Fund for Fighting HIV/AIDS, TB and malaria.

We hope that we will act as a catalyst, encouraging other companies to take a new look at the problems facing the world and to become involved in finding solutions to them. Neither Winterthur Insurance nor any other global company in the business community can afford to stand by and watch, or allow itself to hope that the efforts of others will provide a solution to this problem.

This is not simply a question of charity or of a large company giving money to those who are less well-off. It is also a decision based on an economic analysis of the problems that exist. From a health insurance perspective, we firmly believe that higher quality health care not only benefits the customer, but also reduces health costs in the long run. There is now strong evidence to suggest that this principle does not apply solely to health insurance, but that investments in health also benefit the community, as well as a country's economy and ultimately also the global economy, as has been shown by the WHO Commission's report on macroeconomics and health.

We are committed to supporting the fight against diseases resulting from poverty. Our commitment does not just involve making a financial contribution but also entails playing an active part e.g. in supporting the 'Massive Effort Campaign' which aims to apply the skills and expertise of the private and public sectors in a new and truly unified global attempt to fight HIV/AIDS, TB and malaria.

THOMAS WELLAUER  
*Chief Executive Officer*  
**Credit Suisse Financial Services**

**“Tackling complex global health crises will require a massive effort as outlined in *Scaling Up the Response to Infectious Disease: A Way Out of Poverty*”**

With a long-standing commitment to global health, Merck continues to work in partnership with multinational organizations and other stakeholders to address the impact of HIV/AIDS and other diseases. Merck is encouraged by the efforts of the World Health Organization (WHO), the World Bank, UNESCO, UNFPA, UNICEF, and UNAIDS to "scale up" the global response to infectious disease. We share in their commitment to support public health programs and advocate good health as an essential foundation of economic development.

We welcomed the Commission on Macroeconomics and Health's (CMH) report and its findings supporting greater investment in health as a path to development. We stand ready to join with WHO and other stakeholders in the global alliance against poverty and disease. A key theme of the CMH report is partnership - and partnerships remain a crucial strategy to the improvement of health around the world. These partnerships lead to a coordination of efforts between the public and private sectors, draw on the complementary expertise of all stakeholders, and help put the systems and infrastructures in place to ensure long-term access to care and treatment. Tackling complex global health crises will require a massive effort as outlined in *Scaling Up the Response to Infectious Disease: A Way Out of Poverty*. This document represents an important step toward translating the findings of the CMH report into concrete actions that will help to overcome the global health challenges still faced by billions of people around the world every day.

RAYMOND V. GILMARTIN  
*Chairman, President and Chief Executive Officer,*  
**Merck & Co., Inc.**

***“We will leverage our local infrastructure, marketing expertise and be an advocate for workplace policies”***

The unprecedented health crisis the world faces today threatens human welfare, development and social stability. While leadership from governments and the international community is crucial, the effort cannot and must not be theirs alone. Business has a role to play.

The Coca-Cola Africa Foundation has heeded the call to help safeguard the future of Africa in the fight against HIV/AIDS and Polio. We will leverage our local infrastructure, marketing expertise and be an advocate for workplace policies.

Under the “Kick-out Polio in Africa” programme, we are leveraging our local infrastructure and marketing expertise for National Polio Initiatives. To date, we have assisted in the immunization of over 130 million children.

Every business has a role to play. We must collectively continue to contribute, in partnership, our time, expertise and resources to help maintain sustainable communities.

ALEXANDER B. CUMMINGS

*Chairman, Board of Trustees*

**The Coca-Cola Africa Foundation**

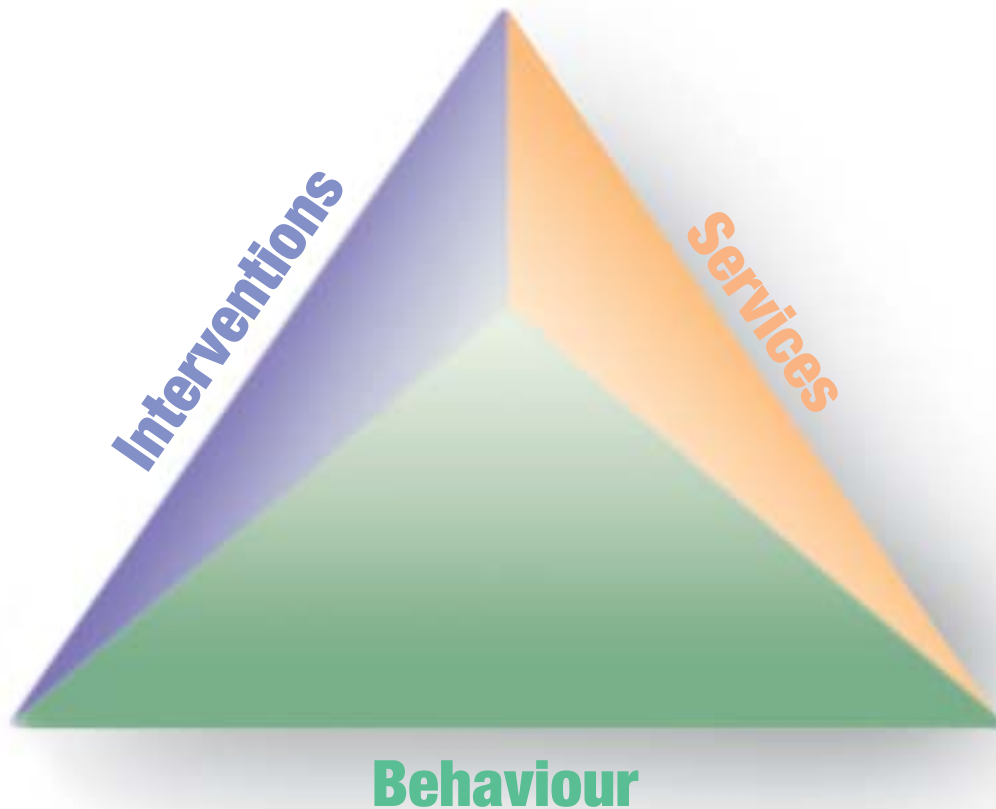
***“De Beers is actively engaging stakeholders such as NGO’s, organised labour, regional and local governments, and similar businesses in order to pool our thinking and share best practices”***

Studies carried out during 2001 across our operations indicate that approximately (15%) of De Beers Group southern African workforce (including Debswana and Namdeb) is infected with HIV. De Beers is aggressively fighting the disease on many fronts, with the objective of reducing the infection rates and providing care and support for those already infected. The initiatives recognise the need to empower people through education and understanding of the disease and its consequences in order to effect a behavioural change.

A wellness programme has been established to keep individuals in good health whether HIV positive or not. The programme provides, amongst other things, the ongoing training of peer educators and councillors, the provision of voluntary counselling and testing at all of our operations either through the on-site medical centres or local clinics. De Beers has employed social workers in a number of communities to educate sex workers in safer sex practices. De Beers is actively engaging stakeholders such as NGO’s, organised labour, regional and local governments, and similar businesses in order to pool our thinking and share best practices.

N.F. OPPENHEIMER  
*Charman*  
**De Beers**

# SCALING UP THE RESPONSE TO INFECTIOUS DISEASES



## ABBREVIATIONS

AIDS: Acquired Immunodeficiency Syndrome	MMV: Medicines for Malaria Venture
AMREF: African Medical Research Foundation	NGO: Nongovernmental Organization
ARI: Acute Respiratory Infections	ORT: Oral Rehydration Therapy
ARV: Antiretrovirals	PHC: Primary Health Care
BRAC: Bangladesh Rural Advancement Committee	RBM: Roll Back Malaria
DFID: Department for International Development (UK)	SEAMEO: The Southeast Asian Ministers of Education Organization
DOTS: Directly Observed Treatment Short-Course	STI: Sexually Transmitted Infections
EPI: Expanded Programme on Immunization	STB: Stop TB Initiative
GAVI: The Global Alliance for Vaccines and Immunisation	TB: Tuberculosis
GDP: Gross Domestic Product	UN: United Nations
GATB: Global Alliance for TB Drug Development	UNAIDS: Joint United Nations Programme on HIV/AIDS
HIPC: Highly Indebted Poor Countries Initiative	UNDP: United Nations Development Fund
HIV: Human Immunodeficiency Virus	UNESCO: United Nations Educational, Scientific and Cultural Organization
IAVI: The International AIDS Vaccine Initiative	UNICEF: United Nations Children's Fund
IFRC: International Federation of Red Cross and Red Crescent Societies	UNFPA: United Nations Population Fund
IMCI: Integrated Management of Childhood Illness	USAID: United States Agency for International Development
IPPA: The International Partnership against AIDS in Africa	WB: World Bank
ITN: Insecticide Treated Nets	WHO: World Health Organization
MEC: Massive Effort Campaign	

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