



Where there is no artist

We need political will, dedicated resources and community involvement to eradicate diseases of poverty

Of the many diseases that the poor are vulnerable to, the biggest killer is poverty. Today poverty has been recognized as a 'disease' by itself, for we realize the link between development and a healthy population and between poverty and ill health.

Diseases like malaria, tuberculosis, HIV/AIDS, leprosy and other vaccine preventable diseases target the poor and developing countries most.

To make matters worse, over the last decade we have witnessed the emerging pressures of globalization and privatization. Healthcare has steadily shifted towards the private sector which means an expansion of services for those with money and a steep decrease in the care available to the poor.

Combating diseases caused by poverty is a daunting task. It is because of this that organizations like the World Health Organization and others have accorded priority to the alleviation of this burden through highly orchestrated programmes like the *Massive Effort*. Commendable as these programmes are, the fact that there is a re-emergence of many old diseases along with an increase in anti-microbial drug resistance, indicates that the lessons learnt in the last 30 years may not be enough. The last frontier is yet to be conquered.

The challenge now is to re-prioritize and invest in health interventions which can act as a catalyst to reduce poverty and promote development.

This issue of *Contact* brings together stories on *Massive Effort*. Apart from features which elaborate on the *Massive Effort* (Eva Ombaka and John Grange) readers will find a sample of the healthy debate on selective approach versus comprehensive PHC (David Heymann, WHO and Mike Rowson, MedAct) along with a challenging article on how churches can help (Dorothy B. Lee). But more importantly we have a string of poignant experiences — Some are success stories at the national level; others are testimonies of NGOs struggling to translate ideas into practice in different regional context.



WHO

Together we can

Two experiences on tackling AIDS/HIV – one from Brazil and the other from Senegal – are good models from two different parts of the world. They give us an insight as to how communities can rise to the challenge by tapping their own resources and initiatives.

The Moldovan experience on TB highlights how 'dedicated' funds are needed to ensure accessibility of drugs that are so vital in a programme like DOTS. In sharp contrast, we have the Bangladesh experience as a model on how the government can work with NGOs to tackle such problems.

Tackling malaria has never been easy. High costs and complex treatment protocols have confounded the best of intentions. The story from Africa looks at these vital issues, while the input from India is about appropriate strategy for malaria control and underlines the fact that all the efforts will come to naught unless the people rise in support.

Last but not the least is the 'Mekong' experience. This eye-opener summarizes some of the lacunas in a vertical programme and emphasizes the importance of adapting programmes to the socio-economic milieu.

I trust that this collection will make it evident that while there is no single solution to success, there is hope. These stories inspire action and show a way to move forward.

Reena Mathai-Luke
Editor

Cover
Access to medicines holds the key

Credit: WHO/TDR/M.Edwards

MASSIVE EFFORT AGAINST DISEASES OF POVERTY

Six diseases, namely tuberculosis, malaria, diarrhoeal diseases, pneumonia, measles and HIV/AIDS cause 90% infectious disease deaths. Although these are problems all over the world, there is an increasing recognition that developing countries face great challenges as they seek to address these health threats. This cluster of diseases, often referred to as 'diseases of poverty' — because affordable drugs and prevention tools are usually not easily accessible — not only inflict the poor but also directly affect

*the economic growth of the poor countries. **Eva Ombaka** explains:*



Where there is no artist

What is 'Massive Effort'

In recognition of the need for the world to unite against the diseases of poverty, the G8/G7 leaders made a commitment to fight them. This concerted effort to meet the challenges and improve capacity of health services has come to be referred to as **Massive Effort Against Diseases of Poverty**.

They are: (a) Reduce by 25% the HIV infection rates. (b) Reduce by 50% the onslaught of malaria and tuberculosis. (c) Enlist the support of WHO, UNAIDS and the international community and ask them to scale up their efforts to achieve these goals.

Three focus areas were identified to help fight these diseases by the year 2010.

This is intended to offer a new vision for ensuring that global health resources

achieve maximum and sustainable impact. It is expected to ensure that people and their households have the life saving tools and knowledge to protect themselves. The effort also builds on WHO's core priorities i.e.

- ◆ Focusing health resources on the

Leading killer diseases and pneumonia can be controlled by using existing interventions that are well within our reach.



Jean-Claude Lejeune/WCC

Future perfect...a disease free world

burden of disease suffered by poor populations.

- ◆ Developing sustainable and equitable

Jim Loring/Teartimes



Health is a human right

healthcare delivery.

- ◆ Catalyzing and engaging private/public partnerships.
- ◆ Encouraging social movement to address health care within the context of development.

This effort also provides new opportunities for innovation in scaling up global efforts to achieve measurable results against diseases of poverty.

In addition, a number of strategies to address the main diseases have been proposed. We highlight three main diseases:

HIV/AIDS

WHO reports that the overarching aim of the global response to the HIV/AIDS epidemic is to support communities and countries to reduce risk and vulnerability to infection: save lives and alleviate human suffering; and to lessen the epidemic's overall impact on development.

The scaling up of the response to the epidemic is based on activities that have been demonstrated to have an impact. Preventive measures include:

- Health and sex education in schools and for other young people.
- Prevention of mother-to-child transmission.
- Promotion of condoms
- Targeting the most vulnerable populations.

- Safe blood transfusion.
- Treatment of STIs.
- Voluntary counselling and testing.

In care and support, the measures are:

- Strengthening health systems, infrastructure, human resources and training.
- Ensuring reliable supply of commodities.
- Extending social support including support for children orphaned by AIDS.

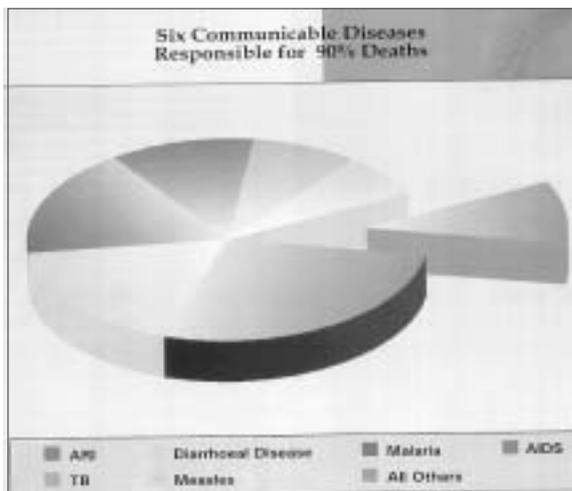
For these to be successful, all other fronts such as reducing stigma and denial, involving people living with HIV/AIDS, strong political leadership and a multi-sectoral approach to the development plans, must be addressed simultaneously.

Roll Back Malaria (RBM)

Forty per cent of the world's population is at risk of malaria, resulting in an estimated 300-500 million cases of malaria and at least 1 million deaths globally each year. The burden of malaria is greatest in developing countries, in tropical and sub-tropical areas. More than 90% of malaria cases and deaths occur in Africa among children less than 5 years of age.

The RBM partnership was initiated by WHO, UNICEF, UNDP and the World Bank in 1998. The principle of RBM is the involvement of the people or communities at risk through more effective action. The strategies for RBM are:

- Access to rapid diagnosis and treatment at village/community level.
- Preventive treatment for pregnant women.
- Multiple prevention measures (including insecticide-treated bednet and vector control).
- A focus on mothers and children-highest risk groups.
- Better use of existing malaria control tools.
- Research to develop new medicines, vaccines and other tools.
- Interventions such as Integrated





Where there is no artist

Management of Childhood illnesses (IMCI) to reduce child deaths from malaria.

- Improved surveillance to improve epidemic forecasting and response.

The initiative faces three challenges

- Weak and poor quality health systems, which serve less than 50% of those in need.
- Limited delivery of the key RBM interventions by the public/private partners.
- Insufficient scaling up at country level.

There is therefore, an urgency to make effective malaria treatment available close to home and to improve its management in the community and health facilities: A need to develop new approaches/collaborations with other sectors e.g. education, agriculture and private sector in order to reach most communities. In addition, we need to invest in mechanisms of distribution of goods and services through development assistance/debt relief and channelling of support to NGOs, and other agencies of civil society.

Stop tuberculosis (TB)

It is reported that one third of the world population is infected with TB. Every day about 20,000 people develop active TB and 5000 die from it. Annually, there are 8 million new cases of TB and nearly 2 million deaths. If urgent action is not taken to curb the epidemic, TB will kill more than 40 million people over the next 25 years, fuelled in part by the concurrent HIV/AIDS epidemic. TB is the leading cause of death in people with HIV. In addition, ineffective TB control measures lead to an increasing

prevalence of multi-drug resistance TB (MDR TB), which is over 100 times more expensive to treat.

Strategies to stop TB

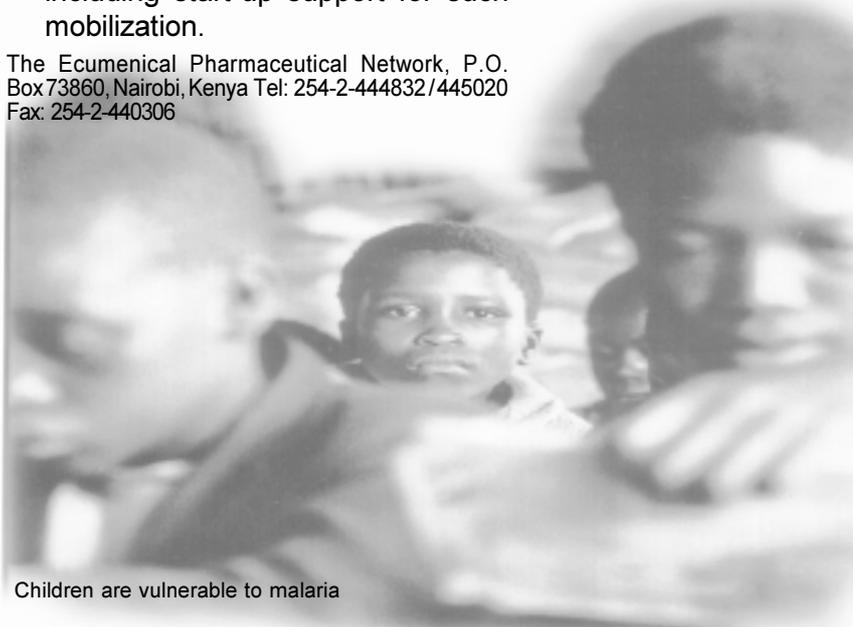
- Government commitment to sustain TB control (development of 5-year plan; expansion of partnerships to private and NGO sectors: effective donor coordination and implementation of plans for social mobilization; and creation of demand for TB treatment.)
- Development of effective response to TB, e.g. detection of TB cases among symptomatic people: regular supervised treatment including DOTS; integration into other programmes.
- Regular and uninterrupted supply of high quality TB drugs.
- Reporting systems to monitor treatment progress and programme performance, including building capacity to sustain progress.
- A time limited global TB fund has been established for two purposes:
 - To address TB drug shortages by offering high quality drugs at reduced prices through pooled procurement. (It is not yet clear how NGOs can access this fund.)
 - To provide resources for agencies and NGO at global and country level to develop capacity/expertise in TB control and social mobilization, including start-up support for such mobilization.

The Ecumenical Pharmaceutical Network, P.O. Box 73860, Nairobi, Kenya Tel: 254-2-444832/445020 Fax: 254-2-440306

Key Themes of Massive Effort

- ✎ Fight disease - TB, Malaria, HIV/AIDS
- ✎ Broaden access to medicines
- ✎ Optimal health system performance
- ✎ Respond to people's needs

Infectious diseases pose a more deadly threat to human life than war



Children are vulnerable to malaria

Mike Abrahams/UNICEF

NEW GOALS FOR NEW CHALLENGES

Overuse of antibiotics in developed nations and the irregular use of quality medicines in developing nations, owing to poverty as well as a lack of effective healthcare, have turned the tables on us. David L Heymann explains why old killers such as tuberculosis and malaria are defying earlier treatments and the importance of making a combined and concerted effort with the drugs we have, in order to stem this problem.

If we fail to make rapid progress during this decade, it may become very difficult and expensive - if not impossible - to do so later.

We are the first generation ever to have the means of protecting itself from the most deadly and common infectious diseases. Today, we possess the knowledge to prevent or cure diseases such as malaria, tuberculosis, HIV, diarrhoeal diseases, pneumonia and measles in both wealthy and poorer nations.

In all countries, these diseases can be prevented or treated with tools and medicines that usually cost a few dollars — often mere cents. Due to the use of anti-malarials and insecticide-treated bed nets, malaria deaths are no longer common in Vietnam. Mexico has achieved a five-fold reduction in diarrhoeal deaths through the use of oral rehydration. Increased condom use and health education have enabled Thailand and Uganda to reduce the spread of HIV. The effective use of antibiotics in parts of India has resulted in a seven-fold decrease in tuberculosis deaths.

Sluggish response

But now that life-saving drugs, interventions and control strategies are available, the world has been slow to put them to wide use. In disease endemic countries, global efforts have remained embarrassingly modest. Only 3% of Africa's children have bed nets. Effective anti-TB medicines and treatment strategies reach only 25% of the world's TB cases and only half of developing countries have adopted the effective Integrated Management of Childhood Illnesses (IMCI) package.

We are now beginning to pay for our neglect — a price over and above the tragedy and suffering infectious diseases inflict on millions of people annually. Our failure to make full use of recently discovered medicines and products means that many will slip through our grasp.

Drug resistance is the most telling sign that we have failed to take the threat of infectious diseases seriously. It suggests that we have mishandled our precious arsenal of disease-fighting drugs, both by overusing them in developed nations and by misusing and under using them in developing nations. In all cases, half-hearted use of powerful antibiotics now will eventually result in less effective drugs later.

The window of opportunity is closing

Before long, we may have forever missed our opportunity to control and eventually eliminate the most dangerous infectious diseases. Indeed, if we fail to make rapid progress during this decade, it may become very difficult and



J. Schytle/WHO

Effective TB medicines reach only a few