

# Poorer Half of the World Can Expect Better Health and Prosperity Within the Next Decade

New Report from Six UN Agencies shows that the Main Diseases that Cause and Perpetuate Poverty can be Successfully Controlled

A new report jointly issued by six United Nations agencies claims that worsening AIDS, TB and malaria epidemics are not inevitable, shows by the many successful strategies to turn back these diseases, and prevent the deaths they cause, deployed by several developing countries. The targets for reducing the toll of these illnesses, set by the world's leaders at successive summits over the last year, are feasible. What is needed are the funds and systems that will enable widespread implementation of actions that have shown to be effective, the report says.

In a joint report issued today – "Health, a key to Prosperity: Success Stories in Developing Countries" – the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA) and the World Bank outline key factors for combating AIDS, tuberculosis, malaria, childhood diseases and maternal and perinatal conditions, even in resource-poor settings.

"The prospects of intervening to prevent death in developing countries have never been better", said Dr Gro Harlem Brundtland, Director General of WHO. "The evidence refutes those who doubt that the world's poorest communities can be protected from AIDS, tuberculosis (TB), Malaria, childhood diseases and maternal mortality. With a concerted ef-

fort from the international community we can turn the promise of these success stories into a reality in the coming years".

The publication of the report comes shortly after a meeting in Okinawa, Japan on 7-8 December, where representatives from the "Group of Eight" countries agreed to significantly scale up its global work to fight diseases in the world's poorest countries.

The Report contains success stories from 20 different countries, encompassing the widest variety of economic, social and geographic conditions. It shows, for example, how countries like Senegal, Uganda and Thailand have developed strategies that successfully can reduce HIV infection rates, how Azerbaijan and Viet Nam have cut in half the number of deaths from malaria, how China, India, Peru have cut TB deaths by half, and how Sri Lanka has drastically reduced maternal mortality.

"The success stories described in these pages demonstrate how far many nations have come in defining viable strategies to attack these public health threats and in scaling up for a national impact," said Mr James Wolfensohn, President of the World Bank. "The stories illustrate many lessons. They demonstrate that success is possible even when resources are scarce. They show that inputs such as drugs or vaccines, as important as they are to improving health, are not enough. Political commitment, capacity-building, human resources, education and communication, local adaptation and community involvement are critical. They also signal that strengthening and increased financing if underlying health systems and social services is key to ensuring a large-scale and more sustainable response."

The Report identifies six important characteristics of programmes that have succeeded to control disease of poverty:

- political commitment at the highest level is key to achieving results and sustaining programmes
- Successful disease and mortality prevention has often involved new ways of working, e.g. entering into partnerships with the private sector, non-governmental organizations, and UN agencies.
- Innovation, born out of a pragmatic approach to achieving results has made all the difference in some countries. In particular, the training and education of mothers has been a key to success.
- promoting the home as the first hospital helps reduce child deaths. In particular, the training and education of mothers has been a key to success.
- widespread availability of supplies, medicines and other low-cost tools at community-level is essential
- measuring results is key to planning control measures.

Yet UNICEF Executive Director Carol Bellamy said many of these success stories remain invisible to a largely pessimistic world. "There's widespread scepticism about controlling disease in the developing world. In light of this report, such fatalism is simply unacceptable," said Ms. Bellamy. "Given what we know, over the next decade it will be possible to make huge gains worldwide. But if we don't make a concerted effort now, we are, in essence, condemning millions of people to death, especially young children."

The Report is broken down into five sections: tuberculosis, malaria, AIDS,

childhood diseases, and maternal and perinatal conditions. Among its highlights are:

### **Tuberculosis (TB)**

Almost 2 million people die from TB every year – 98% of them in developing countries. And yet anti-TB medicines are 95% effective in curing TB and cost as little as US\$ 10 for a six-month course of treatment.

In Peru, for example, high-level political commitment has produced one of the most successful TB control programmes in the world. On current trends, the number of new TB cases could be halved every 10 years. Diagnosis and treatment are provided free of charge and low-income families receive food packages to encourage compliance with treatment.

In general, elements of successful TB control using WHO's DOTS (Directly Observed Treatment Short-course) strategy include:

- government commitment to sustained TB control
- detection of TB cases through sputum smear microscopy among symptomatic people
- regular and uninterrupted supply of high-quality anti-TB drugs.
- 6-8 months of regularly-supervised treatment
- reporting systems to monitor treatment progress and programme performance.

### **Malaria**

Malaria kills over 1 million people per year, mostly in Africa, and most of them children. And women are especially vulnerable to malaria during pregnancy, when the disease can lead to life threatening anaemia, miscarriages and the birth of premature, low birth-weight babies.

More rapid and effective treatment of malaria with anti-malarial drugs could prevent malaria deaths. Anti-malarial drugs cost as little as US\$0.12 per treatment. Meanwhile many child

deaths from malaria can be prevented through the widespread use of low-cost, insecticide-treated bednets. But, so far, only an estimated 1% of African children today sleep under a bednet.

The main prongs of the Roll Back Malaria partnership's strategy to reduce the ill-health and poverty, which malaria induces, include:

- access to rapid diagnosis and treatment at village/community level.
- preventive treatment for pregnant women
- multiple measures to prevent mosquito bites
- a focus on mothers and children – the highest risk groups
- better use of existing malaria control tools
- research to develop new medicines, vaccines and other tools
- improved surveillance to improve epidemic forecasting and response

Azerbaijan, Ethiopia, Kenya and Vietnam have all shown success in rolling back malaria. In Vietnam, for example, government commitment, largely in the form of the supplying of free insecticide treated bednets and the use of locally produced, high quality anti-malarial drugs, reduced the malaria death toll by 97% in a five-year time span. The concerted drive against the disease involved a major investment in training and disease reporting systems, the use of mobile teams to supervise health workers, and the mobilization of volunteer health workers. And in Kenya, an innovative scheme involving a community bednet-sewing industry, workplace promotion of bednets, and employer-sponsored payroll purchasing schemes has helped reduce malaria cases, slash overall healthcare costs, reduce absenteeism and increase productivity among the workers involved.

### **AIDS**

While newly-released figures show that AIDS killed an estimated 3 million people in 2000, the United Nations argues against accepting a worsening AIDS pandemic as inevitable. Although there

is no AIDS vaccine and antiretroviral therapy is still unaffordable for most developing countries, experience in countries such as Senegal, Thailand and Uganda has shown that reduction in infection rates is possible. Effective prevention measures include:

- access to condoms
- prophylaxis and treatment of opportunistic infections including STIs and TB
- sex education at school and beyond
- access to voluntary counselling and testing
- counselling and support for pregnant women and efforts to prevent mother-to-child transmission of HIV
- promotion of safe injection practices and blood safety
- access to safe drug injecting equipment

The example of Thailand, for example, shows how government determination to promote 100% condom use in brothels and to ensure wide access to HIV prevention campaigns through schools, the mass media and the workplace have been key factors in lowering HIV infection rates, the Report notes: by 1997, for example, HIV infection rates among 21 year-old military conscripts had fallen to 1.5% from a peak of 4% in 1993.

The Report also notes that a year's supply of condoms costs only US\$14.

"Twenty years of experience of the epidemic have demonstrated some key components of an effective response: strong leadership, partnership, overcoming stigma, addressing social vulnerability, linking prevention to care, focusing on young people, and encouraging community involvement in the response," explained Dr Peter Piot, Executive Director of UNAIDS.

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The UN Agencies emphasize that in the new report that even the Thai approach may not be sustainable if the programme focuses just on heterosexuals, and if there is not continuous adequate funding.

"Girls and women are most vulnerable to HIV infection given the social and economic disadvantages they face in their day-to-day lives", added Dr Nafis Sadik, Executive Director of UNFPA. "The burden of caring for entire families falls increasingly on the shoulders of women as AIDS continues to devastate families and communities. Further efforts must be made to empower women and girls and create a space for female decision-making in private as well as public life. The success stories included in this report serve as an important reminder of the power of committed and focussed multilateral partnerships".

"The AIDS epidemic is eroding the educational systems of many countries, especially in Sub-Saharan Africa" added Mr Koichiro Matsuura, Director-General of the United Nations Educational Scientific and Cultural Organization. An alarming percentage of teachers are affected by HIV and millions of children and adolescents are

no longer able to go to school. There is no infrastructure to deal with the crisis which is undermining these countries' economic, social and human development. It is imperative that the international community rally to the rescue of these teachers and students. Equally indispensable is the need for extensive AIDS-prevention educational programmes which, to be effective, must be respectful of the cultural context of the populations they target."

### Childhood Diseases

In developing countries, 70% of childhood deaths – over 8 million – are caused by no more than five conditions – pneumonia, diarrhoea, malaria, measles and malnutrition. Three out of every four children who seek healthcare are suffering from one or more of these conditions. Yet low-cost interventions are available to prevent or treat them.

In Mexico, for example, determined efforts by the government to promote the use of oral rehydration therapy - which costs as little as US\$0.33 - to immunize children against measles, and to improve access to safe water and sanitation have succeeded in reducing childhood deaths from diarrhoeal diseases by 60% in less than a decade. Other key factors in this success have included an increase in education levels among women, investment of adequate resources and the widespread use of case management guidelines.

### Maternal and Perinatal Conditions

Every year, more than half a million worldwide die from complications of pregnancy and childbirth – mainly severe bleeding, infections, unsafe abortions, hypertension and obstructed labour. Almost 90% of these deaths occur in Asia and sub-Saharan Africa. And most of them could be prevented at low cost. WHO's Mother-Baby package, for example, costs no more than US\$3 in low-income countries. The strategy involves ensuring access to:

- ◆ antenatal care
- ◆ normal delivery care assisted by a skilled birth attendant
- ◆ treatment for complications of pregnancy
- ◆ neonatal care
- ◆ family planning advice
- ◆ management of STIs

Sri Lanka, for example, is a major success story. In that country, where a third of the population is estimated to live below the poverty line, maternal mortality rates are among the lowest in the developing world. Most deliveries take place in a health facility, with the support of a skilled birth attendant. This achievement is the result of government commitment to improving education and health in Sri Lanka, the relatively high status of women, and high female literacy rates ■

WHO