SPECIAL EVENT ON PHILANTHROPY AND THE GLOBAL PUBLIC HEALTH AGENDA

February 2009

Final Report

Department of Economic
and Social Affairs

The United Nations Office
for Partnerships

SPECIAL EVENT ON PHILANTHROPY AND THE GLOBAL PUBLIC HEALTH AGENDA

Trusteeship Chamber, 23 February 2009, 3.00 – 6.00 pm

Jointly organized by the United Nations Department for Economic and Social Affairs and the United Nations Office for Partnerships, in collaboration with the Committee Encouraging Corporate Philanthropy and the World Health Organization

FINAL REPORT

Printed on recycled paper

Table of Contents

Foreword by the Co-Organizers

More than half way to the target date of 2015 set for the achievement of the Millennium Development Goals (MDGs), it has become evident that many regions of the world are off-track in meeting these goals. The High-level Event on the MDGs, convened on 25 September 2008 by the Secretary-General of the United Nations and the President of the General Assembly, highlighted a number of areas in global public health where urgent action is required to speed up implementation. In particular, the issues of maternal, newborn and child mortality need to be addressed, and decisive action needs to be taken to control and treat major diseases, including neglected tropical diseases (NTDs). The General Assembly made clear that non-governmental partners, including philanthropic organizations and the private sector should play a central role in contributing to this effort.

To date, maternal health is considered the area of least progress among all the MDGs. The World Health Organization (WHO), in its latest report on the health-related MDGs, notes that more than 500,000 women continue to die every year of causes related to pregnancy and child birth in 2005, with about half of these deaths occurring in sub-Sahara Africa. Most regions have not achieved the necessary 5.5% annual decline needed to the meet the goal's target. Another issue of great concern is the neglect of certain diseases of poverty. These diseases, which are largely treatable and preventable, continue to affect more than 1 billion people throughout the world; only 10 % of global health research, however, is devoted to their cure. Controlling and eradicating these diseases can lead to a virtuous cycle with positive impacts on development.

In preparation for the 2009 Annual Ministerial Review on global public health to be held in Geneva, Switzerland, from 6-8 July 2009, the President of the Economic and Social Council (ECOSOC) convened a meeting with philanthropic organizations and the private sector on 23 February 2009.

At the event, more than 500 representatives from the private sector, philanthropic institutions, NGOs and Academia followed the invitation to come to the United Nations and discuss with member states and experts from the United Nations system how to improve the health outcomes for women and girls and to bring more attention to preventing and treating neglected tropical diseases. We extend our deepest appreciation to the Co-Conveners, and our corporate, and foundation sponsors for their support. This historic gathering would not have been possible without their generosity and commitment. We look forward to working with you to address the global health goals.

Event Co-Hosts

Sha Zukang, Under Secretary-General
United Nations Department for Economic and Social Affairs

Amir A. Dossal, Executive Director
United Nations Office for Partnerships

Charles Moore, Executive Director
Committee Encouraging Corporate Philanthropy

Andrey Pirogov, Assistant Director-General
World Health Organization

© UN Photo/Mark Garten

Introduction by the President of the Economic and Social Council H.E. Ms. Sylvie Lucas

Given the scale of development challenges, particularly in the area of public health, that the world is facing today, the urgency for multi-stakeholder partnerships cannot be overemphasized.

Partnerships are the cornerstone for advancing the Millennium Development Goals, and there is no doubt that these will not be reached by 2015 if we do not work together for their realization. Collaborating and benefiting from the combined relative strength has increasingly become the most viable way to meet the MDGs. It is therefore of utmost importance to foster partnerships between national governments, United Nations agencies, the private sector, foundations and communities on the ground to be able to draw on varied experiences and knowledge. Long-term commitments to both global and national priorities in public health are needed to maximize the outcomes for the poorest and most vulnerable.

The dialogue between the members of the Economic and Social Council, its observers and the philanthropic community comes at a time when the international community is grappling with minimizing the impact of the global financial and economic crisis on development, in general, and on public health, in particular. But even in these difficult times, there are great examples of continued cooperation and support from the private sector, such as the IKEA Social Initiative that is further expanding its support for children with a $48 million donation for UNICEF programmes in India.

I strongly believe that a multi-stakeholder approach has the potential to literally save millions of lives in a short period of time. It is my hope that these and other initiatives will be further supported in the coming years to ensure that health-related philanthropy continues to be an important investment for social transformation and long-term economic growth.

Statement of the United Nations Secretary-General Ban Ki-moon

© UN Photo/Evan Schneider

"It is a pleasure to welcome you to this ECOSOC Special Event on Philanthropy and the Global Public Health Agenda.

As you know, global health is one of my top priorities. The reason is simple: health is a foundation for prosperity, stability and poverty reduction.

The role of philanthropists and philanthropic organizations such as those here today is crucially important in advancing the global health agenda. So many of you are active in this arena. Your involvement has produced commendable results for vulnerable people throughout the world.

My hope is that we can do even more together. Just as I am striving to ensure that the United Nations delivers as one, so do I want all partners to come together to deliver as one in the field of global health.

That means coordinating the leadership from the UN family and national governments with the expertise of foundations, research centres and academia, the innovative spirit of the private sector, and the dynamism of civil society.

We have a lot to learn from what we have been doing in the fight against malaria. We have experienced a paradigm shift in the way we work. By making joint efforts and strengthening coordination, the malaria community has achieved real gains. In some African countries there has been a dramatic decline in the incidence of malaria. What we have done with malaria we can do with other diseases and health issues.

I am pleased to note that women's and girl's health and neglected tropical diseases are on your agenda today. These are areas in which concerted investment of attention and resources would bring a particularly high return.

Women are engines of development and drivers of improved health. Maternal health is a critical component of the well-being of any society. Yet among all the Millennium Development Goals, this is where there has been least progress. Every year, more than half a million mothers around the world die during childbirth. We must put an end to these senseless deaths.

With respect to neglected tropical diseases, as you know these afflict about one billion of the world's poorest people. Yet these diseases are largely treatable. Moreover, controlling them offers a powerful strategy for tackling many of the conditions that promote poverty. We need to

scale up action against these diseases and eradicate the ones we can.

Addressing these challenges becomes even more important at a time of crisis. The economic crisis is putting at risk the unprecedented rise in public and private funding we have witnessed in recent years. The food crisis and the threats posed by climate change have profound implications for people's health and well-being.

I challenge you to think radically about how we can take our efforts to the next level, and forge a truly powerful global partnership for global health.

Excellencies, Ladies and Gentlemen,

Thank you again for your commitment to progress in this area of vital concern to the world's people.

I would also like to thank former U.S. President Bill Clinton for the great passion he is bringing to the field. I understand he will offer closing remarks later this afternoon. I regret that I will not be able to join you at that time. But you will be in good hands. The Clinton Global Initiative is doing extraordinary work, including on maternal health, where progress has been especially difficult to achieve. President Clinton merits high praise for this work.

Thank you all again for being part of this effort.

I offer you my best wishes for a successful gathering. ”

“Our support, as an NGO, for the Drugs for Neglected Diseases initiative is a response to the shocking lack of urgency to which governments have focused on the most neglected diseases”

—Sophie Delaunay,
Médecins Sans Frontières (MSF)

“We need to have an environment that is much more sustainable than the one we have today. We need to find sustainable funding with some innovative way both from the public sector and from the private sector”

—Bernard Pecoul,
Drugs for Neglected Diseases initiative (DNDi)

“Some of the best models of creative capitalism come through the neglected tropical diseases, and are often very understated”

—Kari Stoever,
Global Network for Neglected Tropical Diseases

“We believe that many small steps yield big results, and we take our lead from IKEA's core values in striving to invest in simple, cost-effective and meaningful approaches”

—Marianne Barner, IKEA Social Initiative

Statements made at the Press Conference on 23 February 2009 at the United Nations, New York.

Summary of Plenary Statements

© UN Photo/Evan Schneider

In her welcoming address, H.E. MS. SYLVIE LUCAS, PRESIDENT OF THE ECONOMIC AND SOCIAL COUNCIL, commended the progress on the health related MDGs made thus far, especially the reductions achieved in child mortality, the gains made in prevention of HIV/AIDS, tuberculosis and malaria, and some of the neglected tropical diseases. However, she emphasized that increased progress needed to be made in order to achieve the goals by 2015. This was particularly important in light of the current global financial crisis which was threatening to reverse those gains. Against this background, the President welcomed the timely interaction between the philanthropic community and the Council on how best to ensure that health-related philanthropy continues to be an important investment for social transformation and long-term economic growth.


© UN Photo/Evan Schneider

The importance of multiple stakeholder solutions was the focus of the keynote address by PROF. DR. KLAUS LEISINGER, PRESIDENT OF THE NOVARTIS FOUNDATION FOR SUSTAINABLE DEVELOPMENT. He stated that the reality of today was that most of the developing world could not afford the drugs that were being developed and manufactured. He emphasized that pharmaceutical companies should not only develop innovative medicines, but also allow affordable access. To achieve this, national governments had to have related funding priorities, and developing countries needed to have the reliability of continued access. While it was true that members of systemic partnerships would not always have the same interests or outcome targets, they needed to all have the same overall sense of responsibility as global citizens. He closed with the observation

that the current generation of world leaders had both the knowledge and the resources to solve the health-related problems.

Introducing the two leadership dialogues on maternal and girls' health and neglected tropical diseases, MR. SHA ZUKANG, UNDER-SECRETARY-GENERAL FOR ECONOMIC AND SOCIAL AFFAIRS, stressed that in both areas the lives of millions of people were threatened despite the existence of proven techniques and treatments. Increasing access to trained medical care and emergency obstetric care during pregnancy/delivery could drastically improve health outcomes of women and girls, and bolstering prevention and treatment programs could drastically reduce the prevalence of parasitic and bacterial infections. He framed the focus of the two dialogues to explore specific and innovative ways for all sectors to partner together to tackle these critical challenges.

In his closing keynote address, former PRESIDENT CLINTON noted that there would always be a gap between what the private sector and philanthropic movement can provide and what public government policy can solve. He commended civil society, including key NGOs for filling this gap by collaborating with Governments in efforts that were both speedy and cost-efficient.

However, in light of the financial crisis, corporate partners and philanthropists should apply their expertise to maximize the impact of every dollar spent. Therefore, changes may be needed how philanthropic activity is being conducted. Small internet donations from individuals and other innovative financing mechanisms such as UNITAID's use of airline tax to fund health projects were cited as examples of possible future approaches. The private sector can also make profits while also enhancing public health. Bed nets could be sold at modest but sustainable margins which could help the economic development of the regions and also advance health outcomes. It was crucial to redouble efforts even in this time of financial turmoil, as working together towards helping the poorest countries was the least costly endeavour one could undertake as global citizens.

Leadership Dialogues

Two parallel Leadership Dialogues were organized covering two of the most pressing health themes: the health of women and girls and the issue of neglected tropical diseases. Each panel consisted of representatives of two United Nations agencies that are leading the work of the United Nations in the respective fields. The other panelists were high-level private sector representatives, leading experts from academia, foundations or successful operating partnerships. After the presentations of the panelists, first-respondents were given the opportunity to add their views before opening the floor for comments from the audience. The Leadership Dialogues were moderated by professional journalists who have extensive experience covering health related issues.

LEADERSHIP DIALOGUE I: IMPROVING HEALTH OUTCOMES OF WOMEN AND GIRLS

Statistics that describe the current state of women and girl's health are both optimistic and tragic. Child mortality has decreased by more than half from 1960 to date. Still, half a million women die during childbirth each year from easily treatable causes and 99% of these deaths occur in developing countries. In Africa, the lack of family planning, adequate nutrition, the prevention of mother-child HIV transmission, skilled care for newborns, and access to emergency birth services, has resulted in many preventable contractions of HIV and deaths during delivery.

While participants in the leadership dialogue commended the existing work of public and private actors towards achieving positive health outcomes for women and girls, the statistics prove that much work is ahead. The need for a global initiative led by governments with the involvement of all relevant stakeholders to improve health outcomes for women and girls and health systems in general was the core theme of the meeting.

Given the magnitude of the needs, participants agreed on the necessity of enhancing corporate involvement and to

providing incentives to that end. Successful coordinated initiatives to address specific diseases have been undertaken but to date no global partnership specifically dedicated to advocating for women and girls exists. The experience, knowledge, capacity and resources of the private sector are key assets that could be mobilized to improve the health outcomes of this group.

Panelists suggested that private health actors could contribute to women and girls health objectives through a diversity of actions. The pharmaceutical and health industry was called not only to develop new medicines and to improve access to them, but also to create innovating financing mechanisms (both micro-level and macro-level finance), to help strengthen public health systems, and to direct health care innovations towards women and children.

Direct healthcare solutions for women and girls could also be provided by non-health companies. For example, information and communication technology (ICT) companies could provide e-Care solutions, particularly for women and health care workers. Manufacturing companies could play a crucial role in preventing child labor, child abuse, and educating women on their sexual and reproductive rights. Food and beverage companies have great potential in setting up business alliances at the national and regional levels to promote food fortification, school feeding programs, and water sanitation/distribution schemes. The tourism sector can advocate and take measures directed to prevent sexual exploitation and human trafficking.

The need to create and expand public-private partnerships was stressed by all speakers, since the threats to women and children's health were too complex to be addressed by a single sector. Providing private funding for the public arena was seen essential in creating a global initiative on maternal and child health. This is especially true today, as the global financial crisis has left many governments with tight budget constraints and because of the nature of under-developed local capacities to deliver services. IKEA was lauded as a leading example of a successful partnership, announcing a US $ 48 million contribution part of its total plan to contribute a total of $180 million by 2015 to UNICEF's Child Health and Survival Programme in India.

Participants emphasized the importance of strengthening health systems in general, as philanthropy was no substitute for government service delivery. Often health care systems in developing countries are equipped to treat acute problems without capacity

BUILDING CAPACITY OF HEALTH CARE PROFESSIONALS TO CONTRIBUTE TO MATERNAL, NEWBORN AND CHILD HEALTH PLANNING AND PROGRAMMING

The Partnership for Maternal, Newborn and Child Health (PMNCH) supports Health care professionals (HCPs) to maximize their contribution to the achievement of MDGs 4 and 5 through regional capacity building workshops. The workshops bring together representatives of national health care professional associations (HCPA), ministries of health (MoH) and in-country and regional agencies and partners involved in MNCH work to discuss possible contributions of given HCPAs to the advancement of MNCH in their respective countries or regions.

A recent workshop in Burkina Faso resulted in a series of concrete actions. Burkina Faso's HCPs were able to increase partnership and collaboration among HCPAs and between HCPAs and the Ministry of Health and development partners. They increased the outreach of their advocacy initiatives and contributed to MNCH planning and programming. The meeting participants created a legal HCPA network, which is chaired by the advisor to the First Lady of Burkina Faso and supported by a group of experts. The HCPA workshop catalyzed agreement in the definition of priority areas of work and partnership and collaboration with the public sector and other development actors. This has served to increase HCPA contribution to the advancement of MNCH. To date HCPA workshops have taken place in ten African and six South-West Asian countries. In 2009 the PMNCH will organize workshops in Latin America and for Arab speaking countries.

© UNICEF/NYHQ2009-0124/Markisz

to treat chronic disease or sustain preventive care. In this context, the wide distribution of proven medicines and devices like bed nets can significantly reduce the spread of diseases. In places where barriers to health services, the use of technologies like mobile telephones and e-health programs could have enormous potential for positive results.

While it was recognized that the role and responsibilities of the private sector were limited in with respect to strengthening health systems, it was felt that its support remains indispensable for the establishment of functional health centers, the creation of sustainable low cost access to new medical technologies, the improvement of governance accountability, the reform of policies to ensure the protection of women and children, and the maintenance of public resources on the health and development agenda. The role of NGOs and local associations in support of strengthening health systems, especially when operating in complex environments, in collaboration with governments and the private sector was also recognized.

Participants widely recognized that women and child mortality is inextricably connected to other development needs and requires a comprehensive approach. For example, illiteracy among women is often linked to a lack of understanding of the risks and complications related to childbirth. Educating, empowering, and protecting women's rights are critical factors to breaking the cycle of gender discrimination, poverty and child mortality. It was considered essential to create a continuum of care or a support system for women and girls through the entirety of their lives, as an effective means to achieving results. While the traditional focus on reproductive health is of extreme importance, issues like family planning targeted at adolescent girls and malnutrition of women before pregnancy have to date been largely ignored. Partnerships with philanthropic and private actors were suggested as effective vehicles to create such a holistic system.

KEA ADDS $49 MILLION TO UNICEF'S CHILD HEALTH PROGRAMME

Marianne Barner, Head of the IKEA Social Initiative, announced at the ECOSOC Special Event on Philanthropy that it is further expanding its support for children with a $48 million donation for UNICEF programmes in India.

In India, one woman dies every seven minutes from causes related to pregnancy, and childbirth, 43% of children under five years of age are underweight and nearly one million newborn babies die every year. The extended commitment of IKEA Social Initiative will allow UNICEF to provide additional support for national and state-led strategic and integrated programmes to improve the health of women and children in India.

The donation will contribute to health, nutrition, clean water and sanitation projects, by: (1) providing infants with immunization and vitamin A supplements, as well as advocating for breastfeeding and the importance of nutritious food for children under 24 months; (2) creating a healthy environment for children at home and in school; and (3) ensuring water safety and better sanitation, such as better access to toilets and learning about basic hygiene.


Peter Salama


Punima Mane


Julian Lob-Levyt


Anne Starrs


Betsy Pisik


Gary Cohen

Innovative financing mechanisms were considered by many as the main element in scaling up development projects to its maximum potential. Mechanisms such as like the Global Alliance for Vaccines and Immunizations' (GAVI's) International Financing Facility for Immunization which raised more than US $1.5 billion for the cause, and local grassroots financing mechanisms like Pfizer's recent partnership with the Grameen Bank to create micro-health insurance systems in developing countries, were emphasized as a vital part of a potential global initiative. Since the demand for healthcare resources far outweighs the supply, it was imperative that philanthropic actors are given incentives to spend efficiently using measurable effects, strategic and sustainable plans. Furthermore, the harmonization of corporate philanthropy and national agenda is crucial in making aid effective and its programs sustainable.

KEY RECOMMENDATIONS

Participants emphasized that time has come for a common framework for improving health outcomes of women and girls, under which all sectors and stakeholders can be engaged. In that context, it was felt that there should be a framework under which the private sector should be able to contribute to scaling up existing initiatives. In supporting existing partnerships and/or initiatives, it is possible to demonstrate collective successes which prevent problems of individual attribution, as practitioners understand and optimize on the comparative advantage of others.

The incremental, project by project approach should therefore be replaced for a global programme seeking global impact, using the successful examples of international efforts in the field of HIV/AIDS, malaria and other diseases. Under this broader framework, all stakeholders would be called to create a global coalition to achieve the health related MDGs for women and girls. Philanthropic organizations would have a major role to play in these efforts.

Moderator:

Ms. Betsy Pisik, The *Washington Times*

Panelists:

Dr. Peter Salama, Chief of Health, UNICEF

Ms. Purnima Mane, Deputy Executive Director, UNFPA

Ms. Ann Starrs, President, Family Care International and Co-Chair of the Partnership for Maternal, Newborn and Child Health (PMNCH)

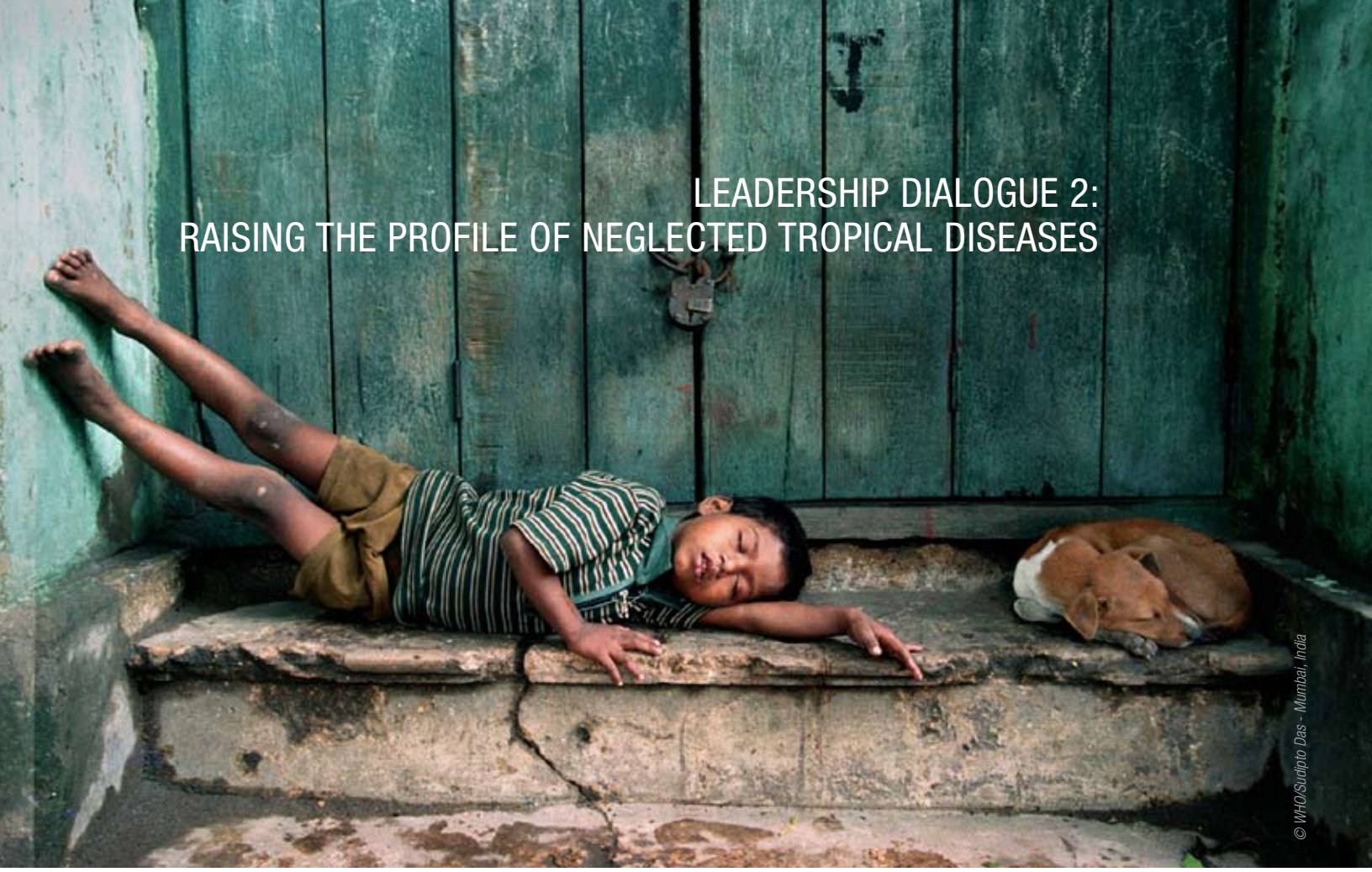
Mr. Gary Cohen, Executive Vice-President, Becton Dickinson

Dr. Julian Lob-Levyt, Executive Director, GAVI Alliance

Ms. Jane Nelson, Senior Fellow and Director of the Corporate Social Responsibility Initiative, Kennedy School of Government, Harvard University

The presentations of the panelists and videolinks are available at: http://www.un.org/ecosoc/phlntrpy/statement2009.shtml

LEADERSHIP DIALOGUE 2: RAISING THE PROFILE OF NEGLECTED TROPICAL DISEASES



"Street child and street dog" by Sudipto Das is an awarded photograph from the WHO photo comtest "Images of Health and Disability 2007".

There are approximately 1.2 billion people living on less than two dollars per day and these are the individuals at the highest risk of contracting one or more Neglected Tropical Diseases (NTDs) simultaneously. These parasitic and bacterial infections not only kill some 500,000 people annually, but stigmatize, disable and inhibit millions more from being able to care for themselves or their families. They occur primarily in impoverished rural areas or poor urban settings of low-income countries in sub-Sahara Africa, Asia, and Latin America, affecting disproportionately children and women.

NTD's generate severe disabilities, and become a serious obstacle to economic growth of the population in the affected regions thus draining countries of their financial and human resources. The issue of NTDs is intertwined with those of education, economic growth and workers' productivity. Fighting these diseases would have a direct impact on keeping children in school and increased agricultural productivity in rural areas, thus alleviating poverty for a large segment of society in the affected countries. The control of NTDs is an untapped development opportunity to alleviate poverty in the world's poorest populations, based on the availability of effective low-cost tools - such as safe donated drugs, proven control strategies, a high return on investment, and a solid track record of success.

The aim of the dialogue was to discuss how the existing engagement of the philanthropic community could be expanded in the global public health arena and in what specific ways their core competencies could be utilized to accelerate progress in finding new interventions while raising the profile of NTDs. Participants called upon the United Nations to further strengthen partnerships with the private sector in order to make drugs and treatments available at the local level and accessible by a wider segment of affected populations. Investing in health care was considered to be the best way to combat poverty in times of crisis and a call was made for more innovative public-private partnerships, whilst praising the success of existing ones.

Many panelists expressed concern that the current financial crises could diminish the flow of aid from private sources and called for ensuring sustainability via public leadership and private contributions, emphasiz-

ing that the long-term success will depend upon defining clear priorities, sustainable funding and investment, access to and knowledge of Information Technologies and transfer of technology. Recalling that currently 80% of available funds are directed towards research in HIV/Aids, Malaria, and TB, it was hoped that in the future a larger share of research funds would be channeled towards NTDs.

There was general agreement among the panelists that it is possible to treat most NTDs and their side effects with concerted efforts of all stakeholders at various levels of society - from local workers to global players - but raising the profile of NTDs was considered a necessary condition to successfully tackling the issue. A common view among many speakers was that the success of NTDs treatment programmes would be strictly dependent on a mobilized development community with proper delivery systems, run through locally trained staff, coordinated supply chains and integrated vertical projects in national health systems.

> “These parasitic and bacterial infections not only kill some 500,000 people annually, but stigmatize, disable and inhibit millions more from being able to care for themselves or their families.”

The tool-ready category of diseases, which are the ones that can be easily combated, affect the largest number of people globally and had powerful and inexpensive control tools and well-developed implementation strategies to feasibly treat them. Safe single-dose medicines make control, prevention and even elimination more likely, while there was a need to increase efforts to expand the coverage and access for at-risk and hard-to-reach populations. A strong argument was made for carrying out further research on implementation, evaluation and monitoring of successful programmes. It was also hoped that the problem of fragmentation would be addressed by asking non-State actors to complement each other.

In the case of most tool-deficient diseases, which are the ones where treatment would be more complex, early detection and treatment is vital to avoid irreversible disability or death. In this instance, current control strategies rely on costly and difficult-to-manage tools. Though a significant reduction had been achieved in the past, current treatments were considered limited in scope and a call was made for safe, effective, easy to use, affordable, field adapted and non-patented drugs.

The view was expressed that the need for new tools for NTDs had not been adequately addressed by traditional market-based profit-driven drug development. It was noted that in the last 30 years, only 21 new drugs had been developed for

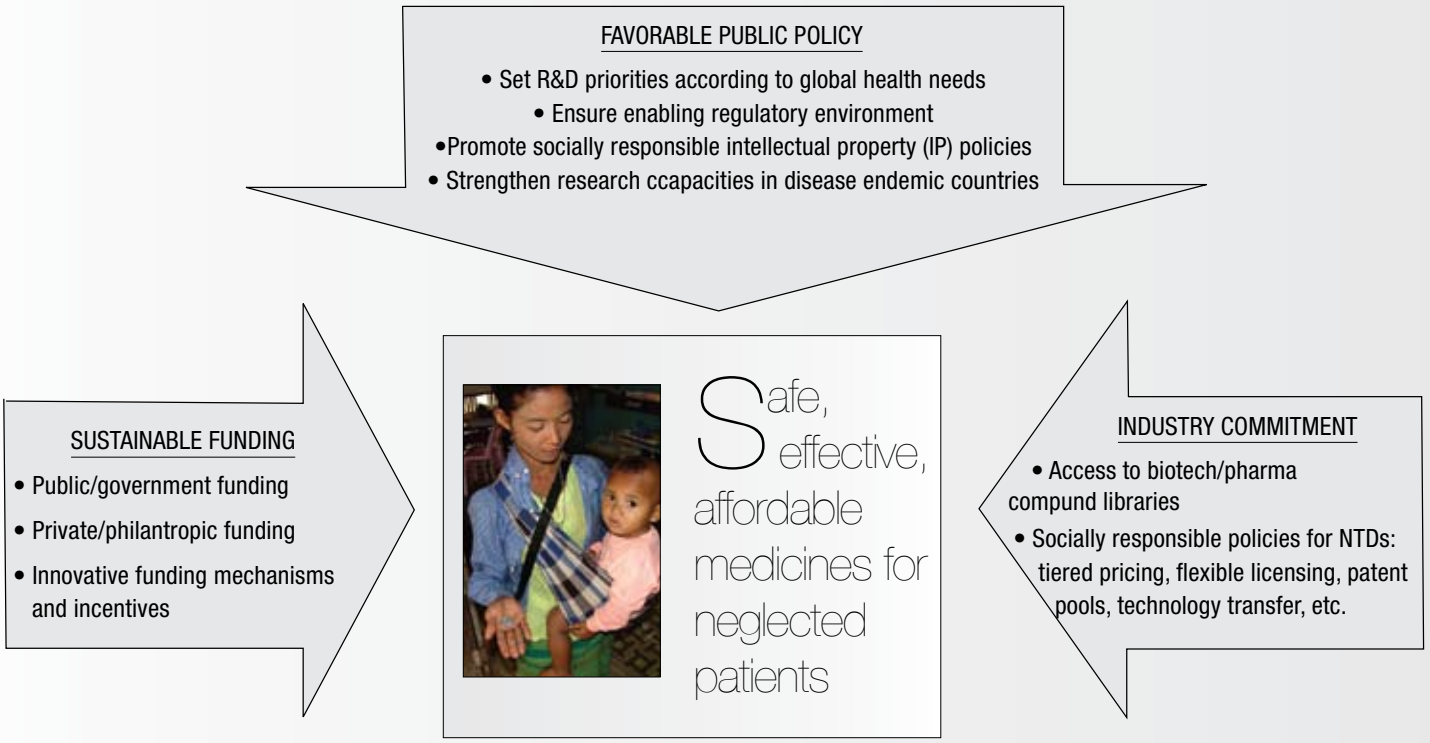
NEW MEDICINES FOR NEGLECTED PATIENTS
A new Model for Medical Research is delivering on the Promise of Public–Private Partnerships

Despite the phenomenal changes in medicine over the past fifty years, with new treatments saving many millions of lives, adequate drugs are still not available for many diseases affecting poor, neglected populations in the developing world. Deadly parasitic diseases such as sleeping sickness, leishmaniasis, and Chagas disease cause substantial morbidity and mortality worldwide, yet because of a combination of market and public policy failures, no adequate tools exist to diagnose and treat these fatal conditions.

Founded in 2003, the Drugs for Neglected Diseases initiative (DNDi) is a nonprofit product development partnership working to address urgent treatment gaps for deadly neglected diseases. DNDi’s cost-effective, patient-driven model for drug research is proving to be a viable alternative for patients long neglected by market-driven drug development priorities.

DNDi has introduced three new treatments — ASAQ and ASMQ for malaria, and NECT for sleeping sickness – to improve patient care in the most neglected populations, especially in the areas of safety, cost, and ease-of-use. In addition, DNDi has developed a comprehensive project portfolio that is expected to yield important medical breakthroughs in the short, medium and long term. DNDi also works to utilize and strengthen existing research capacities in disease-endemic countries by implementing training programs, building and upgrading research laboratories, and conducting international-standard clinical trials. DNDi also works to raise awareness and advocate for the need to develop new treatments for the most neglected diseases.

CRITICAL SUCCESS FACTORS FOR NEGLECTED DISEASE RESEARCH



provided by Drugs for Neglected Diseases initiative (DNDi)

NTDs and that while tropical diseases and TB account for 12% of the global disease burden, only 1.3% of new drugs dealing with NTDs had been developed.

In order for the private sector to contribute effectively in fighting NTDs, the necessity of successful partnerships among the UN system, NGOs, the private sector, the philanthropic community and civil society was highlighted and panelists agreed that the success of these partnerships will depend on the complementary skills and social responsibility of the actors involved. Recognizing that the private sector had an enormous potential to expand its role in improving global public health, they were encouraged to further extend their willingness to apply core competencies to philanthropic causes. As a best practice to draw upon, royalty free license for prevention of HIV/Aids was mentioned as well as the creation of research and development (R&D) companies in order to foster a powerful collaboration between public and private sectors in product development and placement was proposed.

Three final issues highlighted as essential to making progress on NTDs included ensuring accessibility of medicine to the needy through community based delivery systems; improving supply chain management for timely and predictable supply of drugs; and linking specific NTDs' initiatives with broader health issues through integration into national health infrastructure. Training local personnel was highly recommended, as opposed to sending health professionals to the field as part of international intervention. Asserting that so far distribution networks had not been very successful in terms of quality, supply and price of medicine, the need for properly trained local vendors in spreading drug use in rural communities was underlined. While underscoring the lack of baselines data and absence of laboratories and other epidemiological


Lorenzo Savioli


Richard Bagger


Anne Mills


Jeffrey Sturchio


Matthew Bishop


Rakesh Nangia


Bernard Pecoul

tools, which were resulting in barriers to addressing the issues related to NTDs, panelists further stressed the need to build local capacity in infrastructure and human resources. In addition, the promotion of synergies between national bodies and international organizations to strengthen local health systems in fighting priority diseases was strongly encouraged as well as the importance of addressing regulatory barriers to reduce the number of years it takes to place essential medicines in developing countries.

KEY RECOMMENDATIONS

Participants suggested that raising profile of NTDs could be accomplished through public awareness, stronger national commitment, while continued donor support was to be pursued in order to take the NTD control programmes to the next level.

To improve access to drugs, it was suggested that mechanisms be put in place to improve the management of its supply and to strengthen the use of community based delivery systems. In addition, it was felt that only by linking NTD initiatives to the broader goal of improving health systems and through their integration into national health framework could success be achieved. In particular, the goal of building local capacity in human resources and development of health infrastructure was strongly endorsed so as to give national ownership to NTDs control programmes, complemented by strengthened research capability and technology transfer.

With regard to funding, the availability of resources on a sustainable basis, through public, private and philanthropic investment, was considered crucial, not only for the long term success of existing NTD control programmes, but also for future research and development for new strategies in prevention, control and eventual elimination of these diseases.

Participants agreed that partnerships have provided an important mechanism for addressing global public health challenges in the past, and panelists recommended building on existing multistakeholder partnerships, where possible, or creating innovative new ones to include all relevant stakeholders. It was also suggested that a network of partnerships could be created, and an annual global partners meeting could be held under the auspices of ECOSOC to review progress, generate pledges and develop monitoring mechanisms.

Moderator:

Mr. Matthew Bishop, *The Economist*

Panelists:

Dr. Lorenzo Savioli, Director, Department of Control of Neglected Tropical Diseases, WHO

Mr. Rakesh Nangia, Director of Operations, Human Development Network, World Bank

Dr. Bernard Pecoul, Executive Director, Drugs for Neglected Diseases Initiative

Mr. Richard Bagger, Senior Vice-President, WorldWide Public Affairs and Policy, Pfizer

Dr. Jeffrey Sturchio, Chairman, United States Corporate Council on Africa

Professor Anne Mills, London School of Hygiene and Tropical Medicine

The presentations of the panelists and videolinks are available at: http://www.un.org/ecosoc/phlntrpy/statement2009.shtml

Conclusions and Next Steps

Following the leadership discussions, Amir Dossal, Executive Director of the UN Office for Partnerships, thanked all participants for attending. Saluting the President of ECOSOC for her lead on the historic event and highlighting the leadership of former President Bill Clinton, he declared that "it is our job to make sure we're executing on every one of those items." He summarized that the key recommendation was to scale-up existing initiatives with new commitments by business leaders and others stakeholders.

Some of the key steps described during the event included the following:

1] Recommendations for Maternal and Girls Health proposed at the event included, among others:

BUILDING BASIC HEALTH INFRASTRUCTURE (operation of health facilities/construction of dispensaries and local health posts – with a view to achieving universal access to services, focusing on rural areas).

SCALING UP OF COMMUNITY AND MID-LEVEL HEALTH WORKERS, while addressing the need for more highly trained and specialized staff (partially achievable through the development of corporate volunteer programmes).

BUILDING A GLOBAL PARTNERSHIP or Business Coalition for Maternal and Child/Girls Health, specifically dedicated to advocating for women and girls. This network of private sector companies, philanthropic institutions and international organizations could be formed to make specific contributions to existing partnerships programmes. It could be tasked with –inter alia - the development of an advocacy strategy targeting an increase in the involvement in the health of women and girls, the identification of partners' contributions to specific programs and the development of a global strategy/action plan for private sector and philanthropic involvement in women and girls' health: Partners could include:

- Pharmaceutical and health industries: develop new medicines and improve access to them and create innovating financing mechanisms (both micro-level and macro-level finance)
- ICT Companies: provide E-Care solutions, particularly for women and health care workers
- Manufacturing Companies: prevent child labor, child abuse, and educating women on their sexual and reproductive rights
- Food and beverage companies: set up business alliances at the national and regional levels to promote food fortification, school feeding programs, and water sanitation/distribution schemes
    - Tourism Companies: advocate and take measures directed to prevent sexual exploitation and sex trafficking

- Financial companies: support for microfinance schemes devoted to maternal and girls health
- Philanthropic Institutions: provide donations and expertise on a wide range of issues affecting women and girls' health.

2 Recommendations on Neglected Tropical Diseases proposed at the event included, among others:

- INVESTING IN SUSTAINABLE FUNDING;
- ALLOWING RAPID APPROVAL AND DELIVERY;
- DEVISING NEW INTELLECTUAL PROPERTY MANAGEMENT POLICIES to encourage needs-driven research and development;
- IMPROVING DRUG DISTRIBUTION AND PROCUREMENT;
- TRANSFERRING RELEVANT TECHNOLOGY AND STRENGTHENING RESEARCH CAPACITIES in developing countries;
- CREATION OF A NETWORK OF PARTNERSHIPS ON NEGLECTED TROPICAL DISEASES: All stakeholders involved in addressing various aspects of neglected tropical diseases from research, advocacy, delivery of medicines, etc could be brought together in the context of reporting to the Economic and Social Council on how they are contributing to the implementation of the health-related MDGs.

3 Other possible follow-up actions:

DIALOGUE SERIES: Periodical engagement by the private sector and philanthropic organizations with Member States and key UN officials at UN Headquarters who are in a position to influence and advocate for key policies that can help to strengthen public-private partnerships to accelerate progress in achieving the health-related MDGs.

A GLOBAL FELLOWS PROGRAM: A program model on the Pfizer Global Fellows Program could be established which could mobilize to send not only trained medical professionals to focus on fighting neglected tropical diseases but also to provide advisory services on innovative financing, supply chain managers, communication professionals and other specialists. This would be demand-driven with request coming from country or UN country teams.

PERIODIC DIALOGUES: ECOSOC could convene future meetings of a the coalition of various organizations– with a view to reporting on their activities as they relate to accelerating progress towards achieving MDG Goals 3, 4, 5 and 6. This could then be a contribution to the Beijing + 15 process in 2010 and/or the 2010 Summit on the MDGs.

4 Special Event on Philanthropy 2010

Next year's theme of ECOSOC's Annual Ministerial Review "Gender Equality and Women Empowerment" will also be the theme for the Special Event on Philanthropy in February 2010. In the planning and organization of this event, a follow up to the 2009 Special Event could be considered by the organizers and participating partners.


© UN Photo/Arpan Munier

Networking Event

Following the special event CARE and Global Health Progress co-sponsored an evening reception, which was hosted by the ECOSOC President H.E. Ms. Sylvie Lucas. The reception brought together more than 400 global health leaders from various nations, the global health community, biopharmaceutical companies, the media and international non-governmental organizations to highlight the power of partnerships in advancing the global public health agenda.

Key representatives from the public and private sector gathered to discuss the critical role that multi-sector partnerships play in combating global disease and poverty – from promoting maternal

courtesy of GHP/Care

and child health, to fighting HIV/AIDS, malaria, tuberculosis, to raising the profile of neglected tropical diseases. The reception fostered discussions around strengthening existing partnerships and creating new strategies towards achieving the Millennium Development Goals.

Speakers included Chris Singer, President, International, Pharmaceutical Research and Manufacturers of America (PhRMA), a founding member of Global Health Progress; Cathy Woolard, Executive Vice President of Global Advocacy and External Relations, CARE; Alicia Greenidge, Director General, IFPMA; Carol Adelman, Senior Fellow, Center for Global Prosperity; Charles Moore, Executive Director, Committee Encouraging Corporate Philanthropy; and, Christy Turlington Burns, CARE Advocate for Maternal Health and Supermodel.

Special issue and discussion tables were also featured, providing attendees the opportunity to learn more about global public health topics and engage leaders with similar interests to their own. The issues addressed included access to medicines; electronic and mobile health; the importance of ending fistula; HIV/AIDS, malaria and tuberculosis; the Millennium Villages and Millennium Promise; maternal, newborn and child health; neglected tropical diseases; nutrition; public health capacity building; and vaccines.

GLOBAL FUND CORPORATE CHAMPIONS PROGRAM: AN INTEGRATED PARTNERSHIP PLATFORM INCLUDING FINANCIAL CONTRIBUTIONS, DEPLOYMENT OF CORE COMPETENCIES, AND COMMITMENT TO BEST CORPORATE PRACTICE REGARDING THE THREE DISEASES

In January 2008, Chevron Corporation became the first Global Fund Corporate Champion making a commitment of USD30 million to the Global Fund at the World Economic Forum in Davos. The Corporate Champions Program provides an integrated platform for companies to make a significant commitment to the fight against the three diseases. These forward-thinking companies recognize that investing through the Global Fund's performance-based grant-making model is an efficient and effective way to establish healthy communities around the globe. The Chevron partnership reflects a replicable cooperation model highlighting global level commitment and country-level action through capacity development and education at the local level.

2009 ECOSOC Meetings on Global Public Health

Following the Special Event, ECOSOC held five regional ministerial meetings and two meetings in New York on health related aspects in preparation for the Annual Ministerial Review taking place in Geneva from 6-9 July. The regional meetings were organized in South Asia, Asia-Pacific, Western Asia, Latin America & the Caribbean, and Africa. The outcomes of these meetings were to be included in the report of the Secretary-General as well as in the draft of the Ministerial Declaration that will be negotiated and adopted by ministers during the High-level segment of ECOSOC in July 2009.

12 February 2009, New York: Panel discussion on "Traditional Medicine"

Issues discussed:

- The role of traditional medicine in helping to accelerate the achievement of the MDGs and promote sustainable development;
- Developments on intellectual property rights and traditional medicine which are relevant for innovation, transfer of technology and the development of a locally-driven manufacturing capacity of medicines;
- Contribution of indigenous communities in strengthening traditional health systems, particularly in rural areas;
- Review the outcome of the WHO-sponsored Congress on Traditional Medicine, which was held in Beijing, China on 7-9 November 2008.

16-18 March 2009, Sri Lanka: "Financing Strategies for Health Care"

Issues discussed:

- Domestic financing for healthcare;
- External financing for health care;
- Challenges for health systems in countries in or following crisis;
- Progress and challenges in achieving the MDGs.

31 March 2009, New York: Global Preparatory Meeting

Issues discussed:

- State of implementation of the United Nations Development agenda in the area of global public health;
- Impact of the world financial crisis on health systems;
- Challenges of providing health care in a post-conflict environment (in collaboration with the Peacebuilding Commission).

29-30 April 2009, China: "Promoting Health Literacy"

Issues discussed:

- Challenges of health literacy in Asia and the Pacific;
- Promotion of multisectoral actions;
- Promotion of health literacy through media and empowerment;
- Building capacity to increase health literacy.

10-11 May 2009, Qatar: "The growing burden of non-communicable diseases"

Issues discussed:

- Global and regional magnitude of non-communicable diseases and injuries and their impact on socio-economic development and poverty reduction strategies;
- Integration of services for non-communicable diseases into primary care;
- Multi-stakeholder approaches to meet the challenges of non-communicable diseases and injuries;
- New initiatives to address non-communicable diseases and injuries.

5-6 June 2009, Jamaica: "HIV and Development in Latin America and the Caribbean"

Issues discussed:

- The status of the HIV/AIDS epidemic in LAC;
- Lessons learnt and 'best practices' in the response to HIV/AIDS;
- Response of Governments in the region to current global and regional economic trends and the likely implications for the fight against HIV/AIDS.

10-11 June 2009, Ghana: "eHealth - information and communication technology for health"

Issues discussed::

- Strengthening policies for provision of ICTs for health;
- Supporting equity of access and protection for all;
- Promoting the growth of e-Health capacity, tools and services.

Background documents and the summaries of these meetings are available at: http://www.un.org/ecosoc/newfunct/amr.shtml

Special Keynote Address by former President Bill Clinton


© UN Photo/Evan Schneider

"Thank you very much Madame President, Mr. Dossal, Mr. Under-Secretary-General. Let me begin by saying a simple thank you to the representatives of the philanthropic community and the corporations that are here today who are committed to continuing this important work, particularly to those who have made specific commitments. This is coming at a good time; in the last five months, more than 30 trillion dollars in wealth has disappeared globally. That is well over twice America's annual GDP, and a little over half the world's annual GDP. So the question is, can we continue to count on philanthropy and corporate giving to the extent we have seen it in the last few years and if it is going to continue, how can it be done in the way that is most effective that saves the largest number of lives? In particular, since you are here on the global public health agenda, I want to commend you for these special papers that were put out by ECOSOC; they're both very, very good. How will we go about doing this? I would just like to offer a few observations.

In the last decade, we have seen more or less parallel with the rise of democracy and the rise of vast private fortunes in finance, a staggering increase in NGO activity. In the United States, there are now more than a million foundations, half of them started in this decade - more than half a million active in India, about 400,000 are registered in China, perhaps many more than that unregistered. The NGO movement in developed and developing countries alike is exploding. It arose, I think, in no small measure because of a confluence of factors, but the most important is, that I think we all recognize there will always be a gap between what the private economy will produce and what government policy can solve, and civil society needs to step into that gap and secondly, when there is a high level of cooperation at the local level, it is possible for NGOs to do a lot of this work more quickly and in a less-costly fashion than would otherwise be the case.

So when we think about where we are going from here, particularly in the area of global health, we should think about what kind of philanthropy we mean, and philanthropy is simply giving. Are we giving money? Are we giving time? Are we giving skills? Are we doing it in partnership with local governments? Are we doing it in partnership with local NGOs? There are serious questions to be asked and answered.

But let's begin by acknowledging that, as far away as we remain from reaching the Millennium Development Goals in maternal and child health and in untreated tropical diseases, especially, there has been a staggering amount of progress made in this decade. And part of this is due to the concentration of donor efforts, public and private, through the Global Fund, through GAVI, through GAIN, through the

Drugs for Neglected Diseases Initiative, Malaria No More, through UNITAID, which I have the honor of working with. So the question is can we sustain what we're doing? How will we do more in a difficult time? And what arguments will we make or devices will we use to broaden the number of people who are a part of this philanthropic community?

First, let's talk about giving, and giving by the private sector – part of it is money, part of it is organizational skills, part of it may be materials, but I think the most important thing I'd like to say is that I expect that much philanthropic activity will have to be financed in a different way going forward and there will be a financial restructuring in the NGO movement that roughly parallels the restructuring of financing of regular economies in a lot of wealthy countries that have suffered financial collapse and that parallels the restructuring of political financing in my country where we've been through several cycles now where internet donations to campaigns that amount to a lot of money, even though individually they are relatively small, have become more and more important. But in the history of this, the three most important internet campaigns have been the three that were the most prominent last year – President Obama's, Hillary's and Senator McCain's. In other words, it is the tide of history.

UNITAID, I would argue therefore - its father, Philippe Douste-Blazy is here - is, I think, the wave of the future in a lot of philanthropic giving because UNITAID uses the airline tax, which I earnestly hope the French will extend, to generate very large amounts of money in small individual donations appended to airline transportation, and that money has been a magnet to attract contributions from over two dozen other countries, so that the donations are big, but were not given by billionaires. In this case, the government served as a market-maker, if you will, to amass large numbers of smaller donations and then concentrate significant funds on a real problem.

My foundation works with UNITAID to purchase children's ARVs, and because of UNITAID, we now are treating more than 200,000 children with ARVs; that's about 2/3 of all of the children in the developing world who've been added to the ranks of treatment since the creation of UNITAID, and we are able to buy the nutritional supplements that are necessary for the medicine to take hold in the children's bodies – because of UNITAID. We also buy second-line anti-retrovirals with them, which are necessary for about 10% of all those who have to take medicine to stay alive, once they have developed full-blown AIDS. And it is much more expensive because the volume is smaller, but much cheaper than it would be, were it not for UNITAID, which gave us the marketing power to bargain for a whole different way of selling AIDS medicine, something I had been able to do earlier, thanks to the donations of the Irish and Canadian governments and a few others, with AIDS medicine generally. We basically changed the market from a low volume, high-profit margin uncertain payment business to a very low-margin, very high volume absolutely certain payment business. These are the kinds of things that the NGO movement can do. It is a form of giving - making the money go further, finding a way to turn good intentions into positive changes. But the larger point I want to make here is that none of this would have been possible in the last items I mentioned - were it not for UNITAID. So I believe we will have to have more of that kind of philanthropy as well.

(PRODUCT) RED: A MODEL FOR SUSTAINABLE PRIVATE SECTOR FUNDRAISING

(PRODUCT) RED was created to raise money for and public awareness about HIV/AIDS in Africa, generating additional and sustainable funding flows for the Global Fund to fight HIV/Aids, Tuberculosis and Malaria. Companies whose products take on the (RED) brand contribute a portion of profits from the sales of those products to selected Global Fund-financed programs in Africa. Current partners include American Express (UK), Apple, Converse, Dell, Emporio Armani, Gap, Hallmark, Microsoft and Starbucks. (PRODUCT) RED has proved a sustainable model of innovative financing and effective public-private partnership because it delivers benefits to: partner companies, who gain increased sales, visibility and a new clientele; customers who access desirable products benefiting a compelling cause; and the Global Fund and its recipients who are able to direct increased resources to individuals and communities affected by HIV and AIDS.

Secondly, I think it is worth trying to keep the governments in the mix. I hope that my government will actually increase its assistance this year, even under difficult circumstances, and any sort of cost-benefit analysis shows that this is about the best money governments can spend beyond their borders. When we eliminated malaria, which still kills a million kids in Africa every single year, it saved the American economy two billion dollars a year. When small pox was wiped out in my country, or globally, it saved every month, every single month, in economic output increases what it cost to eliminate it. So I hope that the governments will not get out of this business.

The last point I would like to make is there needs to be an examination - if we are going to go forward with maternal and child health and with neglected tropical diseases - without falling back in the other areas, and you want the NGO movement to be a part of it, and I can tell you from my own experience, that donors, both the large philanthropic donors and donor nations, and the organizations, have to

decide what it is they are willing to fund, because my experience has been that almost no one in the world will die this year because of the cost or the lack of availability of AIDS medicine but many people will die of AIDS this year because of the absence of effective health care systems in rural areas of the poorest countries. And, in those same areas, people are dying for lack of maternal and child health, they are dying of neglected tropical diseases.

In the roughly more than two dozen countries in which my foundation operates its AIDS programme, and in Tanzania, where we are doing malaria, and we hope the drugs in the same way, we hope to do it in ten more countries next year, we find that whenever we build the networks in rural areas, to deal with HIV and AIDS, the small lab facilities, the tiny refrigerators, the generators, the tiny solar reflectors; all these things - pretty soon, we are training people who are improving maternal and child health, who are diagnosing neglected tropical diseases. In other words, I think the most important thing that needs to be done in the developing world is to build out these health networks. And donors who have been incredibly generous in saying "I'll pay for the medicine", go get the money to build out the health networks from somewhere else. We have to recognize that there may not be as many "somewhere else's" now, in this economic downturn. My foundation experienced this last year, and I dipped into our savings to continue to keep our networks alive so that we would not have to close any clinics and we would not have to cut back on what we were doing. But I have to now persuade donors that this is every bit as important as buying the medicine and you can use AIDS and malaria, if you will, as a leader into building rural health networks that will then inevitably have trained people there who can improve maternal and child health and deal with neglected tropical diseases. Unless you get the networks out there, we are not going to meet the Millennium Development Goals. And you can probably get the networks out there more inexpensively through the NGOs, than through direct stand-up networks from donor nations, so I want you to think about that.

> "If you want to do something about maternal and child health and neglected tropical diseases, build out elemental health care networks."

Second thing I would like to say is in addition to the philanthropy, I believe that there are opportunities for the private sector to actually make money in a responsible way that advances the public health. I think there are new technologies for developing countries that are sold at modest but sustainable margins can follow the models that we did with antiretrovirals. Recent innovations in bed-net technology or in treating malnutrition – these things can be sold at a profit and create sustainable businesses in communities, which stabilize communities, and actually improve the public health.

The third thing I would like to emphasize is one which has already been mentioned. It is very important that corporate partners and philanthropists apply their expertise to maximize the impact of every dollar spent. This is really, really important. An enormous number of the problems which exist today in the world come from a lack of proper organization. The kinds of things we most of us took for granted as we were growing up, even if we grew up in poor countries, and we got a good education. We were insistent that there was a predictable result flowing out of whatever effort we exerted. The fundamental problem all over the world today in the poorest countries is that that does not exist, and I can give you many examples but I am sure you all know that. I just believe that focusing on how to do things better will generate more support from donors and that if you are serious about philanthropy, you have to be serious about not only counting the results but whether you have turned your good intentions into positive changes in the most cost-effective possible way. In a world in which there is not enough money to go around, and people die every time you make a mistake, it is immoral not to be relentlessly focused on how we can be more effective every single solitary day.

I will just give you an example – we work on agriculture in Rwanda and Malawi, and I know the World Bank's President already said this; I was here on World Food Day, so I will not get into that, but this is a health-care issue – whether people can feed themselves is a health-care issue. The world made a terrible mistake to walk away from supporting the development of sustainable agriculture and all the other jobs that spun out of that in 1981. We are getting back to it. I think that you ought to think about what role that has in meeting the global public health agenda. When I was in Ethiopia last summer looking at our projects there, already people were organizing to deal with another hunger shortage or hunger problem

and food shortage in the horn of Africa, but every place we had clinics in Ethiopia, south and west of Addis Ababa had bumper farm crops but no systems for storage, no systems for distribution, no one financing the movement of that food. Rich countries like the United States are still giving food aid and food grown in America and transported to the site, instead of paying farmers to grow their own food in the places closest to the hunger zones and then develop distribution networks. These are the kinds of things that we can no longer afford to do. In a difficult economic time, we have to improve our resource allocation and our capacity, and that brings me to the last point I want to make.

I was honored, when you said, Sir, that you got these commitments and you were sort of following as we walked in – the kind of thing that we have been doing now for four years at the Clinton Global Initiative, which meets every year at the opening of the UN, so that we can bring political leaders from all over the world together with philanthropists and corporate leaders and NGOs. We also bring NGOs from some of the poorest countries in the world that are really effective to the meeting, and people actually sit down and they talk about how to do these things.

For most of my life, I was in politics, and for most of my life in politics we talked about two questions: what are we going to do, and how much money are we going to spend on it? The political system did not spend nearly enough time thinking about the how. How are we going to do this? How are we going to debate the best delivering mechanisms? And when I did a lot of that I was often made fun of as a policy wonk and a kind of a crazy person who should not have an elevated position like President, where you are only supposed to inspire people. People are no longer inspired when they cannot eat or work and their children cannot stay alive.

We all need to get in the how business. Every one of us needs to be in the how business. What are we going to do is important. How much money we are going to have is important. But how is the question of the 21st century, and so we had in this four years in the Clinton Global initiative 1300 commitments affecting two hundred million people and one hundred and fifty countries - some of them from profitable business advancing in the social good, most of them in the traditional way that we do this work. Thirty-four million people got access to treatment for neglected tropical diseases. Twenty-five million women and girls, in our focus on child health and nutrition got assistance. This year will be our fifth year when we have our meeting in September and we are going to frame traditional discussions on global health and poverty and climate change and education in ways that help businesses and NGOs leverage their comparative advantage and therefore make public money go further. We are going to really focus on that even more strongly this year and so I will leave you with that. The donors of the world, the philanthropists, if they do not have as much money as they had last year and they cannot give us much, well they can't. But no one can walk away from this. We cannot solve the problems from the 21st century nor can meet the Millennium Development Goals without the involvement of governments, corporations in their business mode, the private sector, and civil society.

Civil society cannot operate unless people donate: money, time, specific skills, specific materials and I think this is a time we should be redoubling our effort, not walking away from it. Look, I know we are in a mess now but no serious person believes that it will not come to an end at some time. And do you want to be living, when we come out of the other side of this financial crisis, with the wreckage of yet more years of neglect or do we want to keep on going on this when you know as well as I do, that working in the poorest countries in the world is the least expensive thing we can do to fulfill our responsibilities as global citizens.

So, again I thank the donors, who are here, I thank the corporations who are here and thank all of you who are trying to build your civil societies. I ask you to redouble your efforts and remember this, at least it is my experience, if you want to do something about maternal and child health and neglected tropical diseases, build out elemental health care networks, which would also teach people how to take their antiretroviral medicine, that would get high quality and lower cost on Artesminin related malaria related drugs that actually work instead of having poor people wasting money on things that will not. Build the systems and the rest of us can fill in the blanks - that is what we have to do, and for those of you that want to discuss this further I hope to see you in September. I thank you more than I can say that in this difficult time you still care about things that matter most.

Thank you very much. ”

Event Agenda

3.00-3:30 p.m. Opening session: **BUILDING EFFECTIVE PUBLIC-PRIVATE PARTNERSHIPS IN HEALTH**

3:00-3:05 p.m. Welcome address by **H.E. MS. SYLVIE LUCAS**, President of ECOSOC

3:05-3:10 p.m. Opening address by **H.E. MR. BAN KI-MOON**, Secretary-General of the United Nations

3:10-3:25 p.m. Keynote CEO address by **PROF. DR. KLAUS LEISINGER**, President and CEO, Novartis Foundation for Sustainable Development

3:25-3:30 p.m. Introduction of leadership dialogues:
MR. SHA ZUKANG, Under-Secretary-General, United Nations Department of Economic and Social Affairs

3:30-5:25 p.m. **LEADERSHIP DIALOGUES**
(see page 27 for details)

5:30-6:00 p.m. **CLOSING SESSION**

5:30-5:40 p.m. Key outcomes from break-out sessions:
MR. **AMIR DOSSAL**,
Executive Director, United Nations Office for Partnerships

5:40-5:55 p.m. Closing keynote address by FORMER **PRESIDENT BILL CLINTON**

5:55-6:00 p.m. Closing statement by
H.E. MS. SYLVIE LUCAS,
President of ECOSOC

6:15-8:00 P.M. RECEPTION HOSTED BY THE PRESIDENT OF ECOSOC AND SPONSORED BY THE GLOBAL HEALTH PROGRESS (GHP) AND CARE IN THE DELEGATES' DINING ROOM

LEADERSHIP DIALOGUES

A. IMPROVING HEALTH OUTCOMES OF WOMEN AND GIRLS (TRUSTEESHIP COUNCIL):

MODERATOR: MS. BETSY PISIK,
The Washington Times

LEAD DISCUSSANTS:

DR. PETER SALAMA, Chief of Health, UNICEF

MS. PURNIMA MANE, Deputy Executive Director, UNFPA

PANELISTS:

MS. ANN STARRS, President, Family Care International and Co-Chair of the Partnership for Maternal, Newborn and Child Health (PMNCH)

MR. GARY COHEN, Executive Vice-President, Becton Dickinson

DR. JULIAN LOB-LEVYT, Executive Director, GAVI Alliance

MS. JANE NELSON, Senior Fellow and Director of the Corporate Social Responsibility Initiative, Kennedy School of Government, Harvard University

FIRST RESPONDENTS:

MS. CAROL ADELMAN, Director, Centre for Global Prosperity, Hudson Institute

MS. MARIANNE BARNER, Head, IKEA Social Initiative

MS. JUDITH HELZNER, Director, Population and Reproductive Health, John D. and Catherine T. MacArthur Foundation

MR. KARIM KHOJA, Chief Executive Officer, Roshan Telecom Development Company, Afghanistan

B. RAISING THE PROFILE OF NEGLECTED TROPICAL DISEASES (ECOSOC CHAMBER):

MODERATOR: MR. MATTHEW BISHOP,
The Economist

LEAD DISCUSSANTS:

DR. LORENZO SAVIOLI, Director, Department of Control of Neglected Tropical Diseases, WHO

MR. RAKESH NANGIA, Director of Operations, Human Development Network, World Bank

PANELISTS:

DR. BERNARD PECOUL, Executive Director, Drugs for Neglected Diseases Initiative

MR. RICHARD BAGGER, Senior Vice-President, WorldWide Public Affairs and Policy, Pfizer

DR. JEFFREY STURCHIO, Chairman, United States Corporate Council on Africa

PROFESSOR ANNE MILLS, London School of Hygiene and Tropical Medicine

FIRST RESPONDENTS:

MS. KARI STOEVER, Managing Director, Global Network for Neglected Tropical Diseases, Sabin Vaccine Institute

ANNEX 3

Issue Notes

A IMPROVING HEALTH OUTCOMES FOR WOMEN AND GIRLS

BACKGROUND

Effectively addressing the global challenges embodied in Millennium Development Goals 3, 4, 5, and 6, namely to promote gender equality and empower women, reduce child mortality, improve maternal health, and combat HIV/AIDS, malaria and other diseases is a prerequisite for poverty reduction. Currently, more than 500,000 women die during pregnancy and childbirth each year, equivalent to 1 death every minute, while 3.3 million babies are still-born, and 3 million die within a week of birth. Almost 7 million child deaths occur after 28 days, equivalent to 1 death every 3 seconds. At least two-thirds of these deaths could be prevented, through better care, access to services and improved nutrition.

Over 10 million women and children still die each year from causes which are largely preventable and treatable. According to the 2008 report Tracking Progress in Maternal, Newborn & Child Survival, few of the 68 developing countries that account for 97% of maternal and child deaths worldwide are making adequate progress to provide critical health care needed to save the lives of women, infants and children. The majority of maternal and child deaths occur in Africa and South Asia, with sub-Saharan Africa increasingly bearing the global burden of mortality. One in five children are born in sub-Saharan Africa, yet some 50% of all child deaths globally occur in the region, as do half of maternal deaths worldwide.

Some progress has been made in increasing access to HIV prevention and treatment, providing vaccinations, vitamin A supplementation coverage and insecticide-treated mosquito nets to confront major killers such as AIDS, measles and malaria. However, this progress has been uneven within and among regions and countries, and treatment for potentially fatal illnesses and other vital health services still fail to reach the majority of women and children. These services are dependent on strong health systems that can provide 24-hour care within the community, at health clinics, and through a functioning referral system when more serious intervention is necessary. Access to these services is most critical at the time of birth and during the first two weeks of life which are riskiest for mother and infant.

To strengthen links across the continuum of care, governments and their partners must address obstacles such as weak health systems and policy, funding shortages, availability and affordability of drugs, including paediatric ARTs, and inequalities in access to care. Service packages such as antenatal, childbirth and postnatal care must be strengthened to include effective lifesaving interventions. Coverage gaps must also be addressed in the key basics of family planning, skilled care during childbirth, postnatal care, and management of childhood illness. In addition, health outcomes need to be counted. Quality data needs to be collected frequently and used locally. Timely data for standard indicators are essential for good decision-making and to assess quality, as well as coverage of key interventions.

Against this background, there is a growing awareness of the need to more explicitly highlight the close inter-


© by WHO/Christopher Black

relation between women's rights, economic empowerment, adolescent health development and maternal and child health. The former are often crucial determinants for the ability of women and girls to access health information and services, and more important causes for women's ill health than, for example, malnutrition. Strengthening the linkage between HIV/AIDS and reproductive health is also crucial in delivering care for women and girls. Women's empowerment is vital for achieving progress in maternal health, both newborn and child, in contributing to ending violence against women, and in social and economic development.

HEALTH OUTCOMES FOR WOMEN AND GIRLS AND THE MDGS

Improving health outcomes for women and girls demands accelerated action across MDGs 3, 4, 5 and 6. More specifically, it requires increased attention to the two Goals – MDG 4 and 5 on reducing child mortality and improving maternal health - now recognised as less likely to be attained. While rapid progress on reducing child mortality (MDG 4) is possible, and further analysis of those "well-performing" countries identified in Countdown 2015 is under way, no country in sub-Saharan Africa is likely to achieve rapid progress. In fact, the 10 countries with least progress are in sub-Saharan Africa and most reflect contextual factors that threaten maternal, newborn and child health including high HIV prevalence (8/10) and conflict environments (2/10). Progress toward improving maternal health (MDG5) reflects a similar pattern with 12 of 13 countries with the highest maternal mortality rates in the region and identical contextual factors.

COUNTDOWN 2015 ALSO IDENTIFIES A SERIES OF MISSED OPPORTUNITIES TO SAVE LIVES:

- Family planning: The unmet need for contraceptives is high. Only one-third of women in the 68 priority countries are using a modern contraceptive method.
- Skilled care at birth: Only around half of women and newborns benefit from a skilled birth attendant at the time of birth, and even fewer receive care in the critical days and weeks after childbirth;
- Clinical care for sick children: Only about one-third of children with pneumonia – the biggest single killer of children – receive treatment;
- Nutrition: Under-nutrition is the underlying cause of 3.5 million child deaths annually;
- Prevention of mother-to-child transmission of HIV (PMTCT): All 68 priority countries are considered to need antiretroviral treatment for HIV-positive pregnant women to prevent mother-to-child transmission. However, despite the increasing trends in coverage, the PMTCT rate is still under 25% in about half of the countries[1].

Overall, only 16 of the 68 *Countdown* priority countries are now 'on track' to achieve Millennium Development Goal 4.

[1] 2008 Report on the Global AIDS Epidemic. Only 18% of pregnant women in developing countries received an HIV test in 2007, and among those testing positive – only 33% received antiretrovirals (ART) to prevent mother-to-child transmission (which is almost 20% increase since 2005) and even fewer - 12% - were assessed for their own needs for ART. Of particular concern, young women represent nearly two-thirds of all new HIV infections among young people (aged 15–24) in developing countries. 12 out of 15 million children orphaned by AIDS live in sub-Saharan Africa, with girls more likely than boys to drop out from school and at a higher risk of being subjected to violence and abuse.

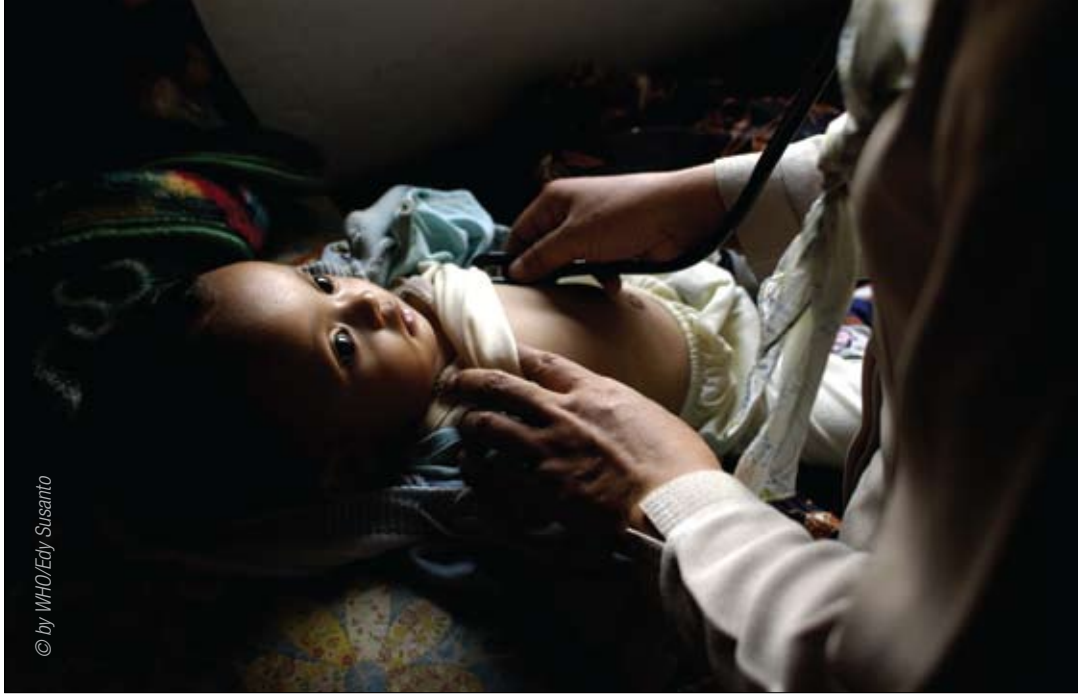
In this context, it is clear that resources for maternal, newborn and child health must increase dramatically. Aid has increased by 3 per cent from 2003 to 2006 and this investment has resulted in significant health gains, notably to boost immunization levels and prevent malaria. Nonetheless, health systems for maternal, newborn and child health remain grossly under-funded in relation to the needs of priority countries. Total donor funding for maternal, newborn and child health still represents just 3% of total donor aid disbursements. In general, improving health outcomes for women and girls will require broader public health interventions and upstream interventions such as investing in adolescent heath and development as well as women's socioeconomic well being and empowerment.

Current UN system response

The establishment of The Partnership for Maternal, Newborn and Child Health (PMNCH) has galvanized a multi-stakeholder and action-oriented approach to scaling up interventions for the achievement of MDGs 4 and 5, while raising awareness of the inextricable linkages with MDG 3 and 6 for women and girls, as well as that of MDG 1 in eradicating poverty and hunger. A more holistic and comprehensive approach via the strengthening of health systems was also a major message of the July G8 Summit in July 2008 under the presidency of the Government of Japan and endorsed by the new informal "H8" grouping. Meanwhile, on the 30th anniversary of the Alma Atta Declaration, the World Health Report 2008 - Primary Health Care - now more than ever – launched by the WHO Director-General and UNICEF Executive Director calls for a return to primary health care as a more holistic approach to health to overcome current inequities and inefficiencies in global health.

Questions for consideration:

- What are the specific and innovative ways the philanthropic and foundation community can engage in the campaign to improve health outcomes for women and girls?
- Would these include pro-bono services, management expertise, in-kind services, or other mechanisms to help accelerate progress in this field?
- What should be the respective roles and responsibilities of the philanthropic community, the private sector, civil society and international organizations in scaling up the response?
- What are the initiatives that have worked best on the ground?
- How can the use of technology be employed to scale up interventions, particularly in the context of the current global financial crisis in the shortage of health workers and data capture?
- How can we promote concrete initiatives by the philanthropic community and initiate new partnerships that would accelerate progress in addressing MDGs 4,5, and 6?
- While donor funding has increased in recent years much more is needed - what is the best mechanism for increased resource mobilization?
- With MDG 4, 5and 6 as a stated priority of the UN Secretary-General and the "H8" grouping, how can the philanthropic community work in harmony with other relevant actors, including Governments and civil society organizations?
- How can we broaden the range of stakeholders involved in the work of ECOSOC and what can be expected in terms of support for the global health agenda at ECOSOC 2009?


© by WHO/Edy Susanto

B. Raising the Profile of Neglected Tropical Diseases

BACKGROUND

Neglected tropical diseases (NTDs) are a group of thirteen major parasitic and bacterial infections that affect over one billion people and kill 500,000 people annually, most of whom live on less than $2 per day. NTDs stigmatize, disable and inhibit individuals from being able to care for themselves or their families, and many are fatal without treatment. As such, they are diseases of poverty that transcend sectoral and geographical boundaries and promote economic and social inequities.

These diseases occur primarily in rural areas and in some poor urban settings of low-income countries in sub-Saharan Africa, Asia, and Latin America. Children, women and those living in remote areas or urban slums with limited access to effective health care are most vulnerable to the consequences of NTDs, such as malnutrition, anemia, serious or permanent disability (including blindness), illness, and death. Often, individuals are infected with multiple NTDs simultaneously especially in sub-Saharan Africa.

The impact of NTDs is better understood in terms of their disease burden, which is generally expressed in disability-adjusted life years (DALYs). DALYs refer to the years of healthy life lost, as a result of either disability or premature death. When measured in DALYs, the NTD burden is greater than that of TB or malaria, and approaches that of HIV/AIDS. By this metric, NTDs are also the fourth most devastating group of communicable diseases, behind lower respiratory infections, HIV/AIDS and diarrheal diseases.

Fortunately, there are inexpensive, safe and effective treatments available for the control or elimination of the seven most common NTDs: ascariasis, hookworm infections, trichuriasis, lymphatic filariasis (LF), onchocerciasis, schistosomiasis, and trachoma.Much of the “neglected” character of these “tool-ready” NTDs has been due to the lack of awareness and understanding of their profound and insidious impacts on global health.

In contrast, for “tool-deficient” NTDs, such as sleeping sickness, leishmaniasis, and Chagas disease, existing diagnostics or treatments are inadequate. The few treatments that are available often date back to the colonial period and are simply inadequate by today’s standards: they are often highly toxic, totally unaffordable, and extremely difficult to administer in

resource-poor settings. Investments for the development of new diagnostics, medicines and vaccines, which require years of research and testing before they are available for patients, must be made now so that integrated control programs can be implemented over the long term.

The need for new tools for NTDs has not been adequately addressed by traditional market- and profit-driven drug development, whereby industry recoups their R&D costs through drug sale revenues; development of new tools specific to the needs of the poorest patients and health systems is simply not profitable. As a result, a mere ten percent of the world's health research expenditure is spent on diseases that account for ninety percent of the global health burden.

> "Neglected tropical diseases are a group of thirteen major parasitic and bacterial infections that affect over one billion people and kill 500,000 people annually, most of whom live on less than $2 per day."

Of the new 1,535 drugs developed between 1975 and 2004, only 21 new drugs were approved for tropical disease and tuberculosis, even though these diseases constitute more than 12% of the global disease burden.

Public-private partnerships and product development partnerships, which leverage resources from government, academic, industry and philanthropic entities, are proving to be a cost-effective and efficient alternative in the development new medical tools adapted to patient needs, although increased public and private support is needed in order to create a sustainable environment for R&D and for NTD control to be successful over the long term.

Around half of the world's population is at risk of NTD infections. The global burden of NTDs is equivalent to at least half of the combined global burden of HIV/AIDS, TB and malaria. Research indicates that the control of NTDs could greatly reduce malaria morbidity and mortality, as well as prevent HIV/AIDS transmission. With access to safe, effective, affordable diagnostics and treatments, NTDs are controllable and possibly eradicable.

NTDS AND THE MILLENNIUM DEVELOPMENT GOALS (MDGS)

While NTDs are diseases of poverty and, theoretically, would be subsumed with MDG 6 on infectious diseases, this has yet to result in sufficient action to combat them. Yet, NTDs debilitate, deform, blind, and kill. While it is easy to understand the significance of the deaths caused by NTDs, it is difficult to comprehend the chronic disability and illness they cause, along with their contribution to poverty. NTDs impair physical and cognitive development, cause adverse pregnancy outcomes, and limit adult productivity in the workforce.

As a result, they cause billions of dollars in lost wages, all but ensuring that those at risk of infection remain trapped in a cycle of poverty and disease. Those most affected are the poorest, often living in remote rural areas or urban slums. The diseases flourish best under conditions linked to poverty – environments with poor sanitation, dirty water, substandard housing, and reservoirs for insects and other disease vectors. Children are disproportionately affected and can suffer long-term consequences. Early treatment can effectively prevent the irreversible sequelae of adulthood with immediate improvement in health and human development.

At the halfway point in the path to reach the MDGs, control of NTDs will have a direct impact on alleviating poverty for large populations and could strengthen some components of health systems in the poorest countries. Children who receive treatment for soil-transmitted helminths are able to grow and learn to their fullest potential, free of parasites that rob them of nutrients and slow their mental development. Men and women treated for onchocerciasis no longer suffer excruciatingly itchy and painful lesions that keep them at home

and can eventually lead to lifelong blindness. Each treatment provided for trachoma brings us closer to eliminating the world's leading cause of preventable blindness. Preventive treatment of lymphatic filariasis (elephantiasis) ensures that men and women are not at risk from grotesque and disabling swelling of their limbs and genitals. And development of safe, effective, affordable, lifesaving diagnostics and medicines for deadly parasitic infections will allow those who might otherwise die from lack of treatment to lead healthy and productive lives.

In economic, social and educational terms, NTD prevention, treatment and control can enormously benefit the work force and economic productivity of communities. For example, treating hookworm in children could result in a 40 per cent increase in future wage earnings. In Kenya, deworming could raise per-capita earning by 30 per cent. Controlling lymphatic filariasis in India would add $1.5 billion to the country's annual GNP. Successful deworming programmes in Japan during the 1950s are partly responsible for the country's subsequent economic boom. In addition, reducing the burden of NTDs lessens the severe social stigmatization that they cause.

Overall, people who are freed from stigma are less likely to delay seeking medical care, preventing increased suffering and helping to break the cycle of poverty. Treating the 400 million NTD-infected children throughout the developing world is one of the most important strategies for ensuring universal access to education. Deworming is the single most cost-effective means of improving school attendance. Controlling intestinal worms will help to avoid 16 million cases of mental retardation and 200 million years of lost primary schooling among children in developing countries.

CURRENT UNITED NATIONS SYSTEM RESPONSE AND RECOMMENDATIONS FOR FUTURE PROGRAMMES

The World Health Organization (WHO) has begun to address each of these diseases, although each with different levels of funding, publicity and success. A landmark WHO and key partners meeting in 2007 brought added attention to the NTDs. In the last two years, WHO and its partners developed a new strategy for combating NTDs, using a three-pronged, multi-disease approach that incorporates rapid treatment, care and prevention programmes.

In the last decade, there has been regional and global progress on several of the NTDs and best-practices sharing has been initiated. These successes demonstrate that interventions against NTDs are technically feasible, immediate, visibly powerful and highly cost effective and should be expanded. For example, those affected by most of these conditions would benefit from joining a purchasing consortium for treatment, allowing for mass production of the drugs and, therefore, lower costs. WHO proposes closing this critical gap by establishing a structure for procuring non-donated essential medicines and better synchronize existing donated drug partnerships to expand the fight against NTDs.


© UNICEF/NYH02006-2765/Brioni

In June 2008, the United Nations Secretary-General, Mr. Ban Ki-moon, passed a decision on global health that included the priority to "mobilize action and increased funding to treat and control neglected tropical diseases, including by boosting drug procurement and scaling up programmes for integrated service delivery at the community level". This message will be reinforced during the United Nations Economic and Social Council (ECOSOC) Ministerial meeting in July 2009. ECOSOC can contribute through the following channels and actions: (1) supporting and strengthening existing initiatives to bolster and buttress the on-going work in this area; (2) special advocacy campaigns through medical and public-private partnerships; and (3) clear recognition in the Ministerial declaration of the challenges of neglected diseases, including NTDs.

In addition, in May 2008, the Sixty-first World Health Assembly adopted Resolution WHA 61.21, "The global strategy and plan of action on public health, innovation and intellectual property," based on the report of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property. The Resolution acknowledges that current initiatives are not sufficient to surmount the challenges of meeting the goal of ensuring access and innovation for needed health products and medical devices, and that more efforts should be made in this area to meet the health-related Millennium Development Goals. Further, the WHA called for a scale-up of health-needs driven R&D, including where appropriate, addressing the de-linkage of the costs of R&D and the price of health products. In addition, the plan encourages support of public-private and product development partnerships, which have proven to be effective in developing and delivering safe, effective and affordable health products and medical devices for neglected diseases.

QUESTIONS FOR CONSIDERATION:

- What are the specific and innovative ways the philanthropic and foundation communities can engage in the fight against NTDs, using their core competencies and expertise?
- Would these include *pro bono* services, management expertise, in-kind services, or other mechanisms to help accelerate progress in this field?
- What should be the respective roles and responsibilities of the new philanthropy, the private sector, civil society and international organizations in scaling up the response?
- What are the initiatives that have worked best on the ground?
- With public-private partnerships, it is estimated that the integrated control of NTDs can be implemented at marginal costs as low as 50 cents per person per year. Is this realistic?
- How can we promote concrete initiatives by the philanthropic community and initiate new partnerships that would accelerate progress in combating NTDs?
- Given the lack of focus on NTDs in MDG 6, what is the best mechanism for increased resource mobilization?
- How can the philanthropic community best contribute to MDG 8 in building a Global Partnership for Development that includes NTDs, particularly in cooperation with the information and communication technologies (ICT) and pharmaceutical sectors?
- With NTDs as a stated priority of the Secretary-General of the United Nations and the "H8" grouping, how can the philanthropic community work in harmony?
- How can we broaden the range of stakeholders involved in the work of ECOSOC and what can be expected of the global health agenda for ECOSOC 2009?

Participating Organizations

A
- Abbot Laboratories Fund
- Accordia Global Health Foundation
- Aetna Foundation
- Afghan Institute of Learning (AIL)
- African Council of AIDS Service Organizations (AfriCASO)
- African Medical & Research Foundation
- African Services Committee
- Africast Global Media
- AIDS Treatment Activist Coalition
- Alcoa Foundation
- Alliance for Global Good/Changing Our World
- AllWorld Network
- AmeriCares
- American International Group, Inc.
- Ami Brands
- Antoinette Associates
- Association of Public Safety Communications Officials Worldwide (APCO)
- Association of University Technology Managers (AUTM)
- AstraZeneca Pharmaceuticals

B
- Bill & Melinda Gates Foundation
- Billion Minds Foundation and Going Global Ventures
- BioVentures for Global Health
- Bloomberg Philanthropies
- Blue State Digital
- Bradlee Int'l Ltd.
- Brazil Foundation
- BroadReach Healthcare
- Brunswick Group LLC
- Buddha's Light Int'l Association
- Business for Social Responsibility

C
- Calouste Gulbenkian Foundation
- Carlson

C
- Center for Disease Control Foundation (CDC)
- Center for Global Health at the George Washington University
- Center for High Impact Philanthropy, University of Pennsylvania
- Changing Our World
- Children without Worms
- Coca Cola
- Columbia University
- Committee Encouraging Corporate Philanthropy (CECP)
- Condé Nast Portfolio
- Contribute Media
- Cooperative for Assistance and Relief Everywhere (CARE)
- CARE, USA
- CARE New York, Women's Initiative Steering Committee
- Corporate Communications/ITT Corporation
- Council on Foreign Relations
- Corporacion Mexicana De Restaurantes(CMR)
- CP Strategy

D
- Departures Magazine
- Development Plus
- Developing World Cures
- Diamond Empowerment Fund
- Dikembe Mutombo Foundation
- Direct Relief International
- Drugs for Neglected Diseases initiative (Drugs for Neglected Tropical Dises)
- DSM

E
- Eli Lilly and Company
- Entrepreneurs Foundation
- Envirofit
- Exxon Mobile Corporation

F

Families USA
Financial Times
FC Barcelona Foundation
Freeman Philanthropic Services
Friends of the World Food Program

G

General Motors Acceptance Corporation (GMAC)
Georges Malaika Foundation
Giosetta Consultants INC.
Girl Scouts of the USA
Glasswing International
GlaxoSmithKline
Global Alliance for Women's Health
Global Business Coalition on HIV/AIDS
Global Content Group
Global Dentistry Alliance, New York University College of Dentistry
Global Health Council
Global Health Progress
Global Impact
Global Network for Neglected Tropical Diseases
Global Water Challenge
Goldman Sachs
Golin Harris
Greentree Foundation
Gucci

H

Harvard School of Public Health
Haskins Lab/Pace University
Health & Climate Foundation
Health and Climate Foundation/International Research Institute for Climate and Society
Health Technology Consulting, Institute of Medicine
Hedge Fund Against Malaria
Helen Keller International
Hess Corporation
Hudson Institute
Humanity Calls

I

IKEA Social Initiative
Indiana University
Imamia Medics International (IMI)
Inter-American Development Bank
International AIDS Vaccine Institute
International Association of Economic and Social Councils and Similar Institutions
International Association of National Public Health Institutes (IANPHI)
International Business Leaders Forum
ICC International cricket council
International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
International Finance Corporation
International HIV/AIDS Alliance
Institute for OneWorld Health
International Partnerships for Microbicides
International Rescue Committee
International Society for Vascular Surgery
International Trachoma Initiative
International Women's Health Coalition

J

Johns Hopkins University
Johnson & Johnson
J.P. Morgan Private Bank
J. Robert Scott

K

Kind World Foundation
KPMG LLP
Konbit Sante
Kreab Gavin Anderson

L

La Caixa Foundation
Lehman Brothers
Lehman College
London School of Hygiene and Tropical Medicine

M

Makerere University, Uganda
Malaria Vaccine Initiative
McGill University-Newman Centre
Medecins Sans Frontieres
Medical Assistance Programs (MAP) International
Medtronic
Merck & Co.
Merrill Lynch & Co.
Menage A Trois
Millennium Challenge Corporation
Millennium Promise
Millenium Villages Project
Mitsubishi International Corporation
Mothers2mothers

N

National Basketball Association
National Black Leadership Commission on AIDS
NEED Magazine
Nestle S.A.
New American Foundation
New York African Chorus Ensemble
New York City Department of Health & Mental Hygiene
New York Philanthropy Group
New York African Chorus Ensemble
New York Contribute Media
New York Stock Exchange Euronext

N
New York University
Newman's Own Foundation
Nokia Corporation
Noji Global Health & Security
Non-Profit Computing
Nukoko
Novartis Foundation for Sustainable Development
Novartis Pharmaceuticals

O
Olive View UCLA Medical Center
Onna Charity Organization
Open Society Institute
OnPhilanthropy
Organization for Economic Corporation and Development (OECD)
Ovations, A United Health Group Company
Oxfam America

P
Pace University
Partnership for Maternal, Newborn and Child Health (PMNCH)
PepsiCo
Pfizer
Pharmaceutical Research and Manufacturers of America (PhRMA)
Public-Private Alliance Foundation

Q
Quantic group

R
RTI International
Right to Play, USA
Rotary International

S
Sabin Vaccine Institute
Safe Water Network
Sanofi Aventis
Sanofi Pasteur
Save The Children
Save The Children Federation
Schering-Plough Corporation
Scientists Without Borders
Self Employed Women's Association (SEWA)
SK Telecom
Society for Health Promotion Links
Strategy XXI Group
Sudan Council of Voluntary Agencies
Sudan University for Science and Technology
Sumitomo Chemical
Sustainable Health Enterprises

T
Tata
Technical Training Foundation
Tiffany & Co.
Time Warner
Toys"R"Us
The Bloomberg Family Foundation
The Conference Board
The Earth Institute, Columbia University
The ELMA Philanthropies
The Global Alliance for TB Drug Development
The Global Fund to Fight AIDS, Tuberculosis and Malaria
The Humpty Dumpty Institute
The Hunger Project
The Imperial Initiative for Global Outreach
The Mercator Fund
The Partnership for Quality Medial Donations
The Resource Foundation
The Rockefeller Foundation
The Sherwood Group
The Starr Foundation
The Whitaker Group
The Yemen Woman Union

U
UBS
UBS Philanthropic Services
Uniformed Services University of the Health Sciences/F. Edward Herbert School of Medicine
United Internet Foundation
United Nations Association of the USA
United Nations University
University of Notre Dame
University of Puerto Rico
University of Toronto
United States Agency for International Development
United States Coalition for Child Survival
United States Council for International Business
United States Fund for UNICEF
United States of America for United Nations High Commission for refugees
Urban Zen Foundation

W
Wake Up World! Foundation
Weill Cornell Medical College
William Jefferson Clinton Foundation
Wolfensohn Family Foundation
World Health Advocacy
World Health Organization
World Vision International
Wyeth Pharmaceuticals

ANNEX 5

About ECOSOC

THE ECONOMIC AND SOCIAL COUNCIL

The Economic and Social Council (ECOSOC) was established under the United Nations Charter as the principal organ to coordinate economic, social, and related work of the 14 UN specialized agencies, functional commissions and five regional commissions. ECOSOC serves as the central forum for discussing international economic and social issues, and for formulating policy recommendations addressed to Member States and the United Nations system. Under the chairmanship of its president it is responsible for:

- Promoting higher standards of living, full employment, and economic and social progress;
- Identifying solutions to international economic, social and health problems;
- Facilitating international cultural and educational cooperation; and
- Encouraging universal respect for human rights and fundamental freedoms.

ECOSOC has 54 members elected for three-year terms by the General Assembly. The council holds several short sessions, ad hoc meetings, round tables and panel discussions with the participation of non governmental stakeholders throughout the year, to prepare for its four week substantive session on July. The July session is held annually in alternative years in New York and Geneva. The substantive session is organized in five segments:

- The four day High-level segment with ministerial participation, which is devoted to a thematic debate on major economic, social and environment policy issues. The theme of the 2009 session is "Global Public Health".
- The Coordination segment aims at ensuring that policies, program operational work and country frameworks of all United Nations system organizations are consistent with key development goals.
- The Operational Activities segment provides the United Nations system with overall guidance on priorities and strategies fro implementing the policies formulated by the General Assembly in the field of operational activities.
- The Humanitarian Affairs segment provides an important forum for review of the humanitarian affairs activities if the system and for their coordination.
- The General Segment is the venue for the management and oversight function of the Council.

In 2005, Heads of the State and Government mandated the Council to hold Annual Ministerial Reviews (AMR) for advancement and assessment of the progress made in the implementation of the United Nations development agenda, and a biennial Development Cooperation Forum (DCF) for the enhancement of the coherence and effectiveness of activities of different development partners.

http://www.un.org/ecosoc/

About the Lead Organizers

THE UNITED NATIONS DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS (DESA)

The United Nations Department of Economic and Social Affairs (DESA) serves as secretariat to ECOSOC and supports its deliberations and consensus-building. This demands high-level engagement on many global development issues and consultation with international financial institutions, the private sector and civil society. The Department is headed by the Under Secretary-General Mr. Sha Zukang.

For more than 50 years, DESA and its predecessors have been providing countries around the world meet their economic, social and environmental challenges. DESA operates within a framework of internationally agreed upon goals known as the United Nations development agenda: a shared vision of human progress rooted in the values of freedom, equality, solidarity, tolerance, respect for nature and mutual responsibility.

DESA plays a central role in monitoring and implementing global commitments to economic and social progress, including the MDGs. DESA also oversees the global statistical system and produces authoritative population estimates and projections that are used worldwide. DESA also manages the Development Account, a fund established by the General Assembly to help countries meet their development challenges.

http://www.un.org/esa/desa/

THE UNITED NATIONS OFFICE FOR PARTNERSHIPS (UNOP)

The United Nations Office for Partnerships serves as a gateway for public-private partnerships with the United Nations system, in furtherance of the Millennium Development Goals (MDGs).

THE OFFICE OVERSEES THREE AREAS:

1] Partnership Advisory Services and Outreach to a variety of entities, including academic institutions, companies, foundations, government agencies, and civil society organizations. Investment in high-impact initiatives is encouraged by:

- Advising on UN procedures and best practices;
- Assisting in the design of programmes and projects;
- Advising on the conversion of Global Compact principles into practice;
- Helping establish and, in some cases, manage global and regional networks;
- Advocating use of the MDGs as a framework for action.

2] The United Nations Fund for International Partnerships (UNFIP) established by the Secretary-General in March 1998 to serve as the interface for the partnership between the UN system and the UN Foundation - the public charity responsible for administering Ted Turner's $1 billion contribution in support of UN causes. The United Nations Partnership with Ted Turner's Philanthropy has enabled the UN family to find creative solutions to global problems.

3] The United Nations Democracy Fund (UNDEF) established by the Secretary- General in July 2005 to support democratization throughout the world focuses on supporting democratic institutions, promoting human rights, and ensuring the participation of all groups in democratic processes.

Based at the United Nations Headquarters in New York, the United Nations Office for Partnerships works under the leadership of Dr. Asha-Rose Migiro, Deputy Secretary-General of the United Nations, and is headed by Amir Dossal, Executive Director.

UNOP aims to help the underprivileged by harnessing the interest, competencies, and resources across sectors. Working with leaders in business and civil society, the Partnership Office provides a platform for strategic policy dialogue and engages financial, technical, and management expertise to achieve the 8 Millennium Development Goals.

www.un.org/partnerships

THE WORLD HEALTH ORGANIZATION (WHO)

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

www.who.int

THE COMMITTEE ENCOURAGING CORPORATE PHILANTHROPY (CECP)

The Committee Encouraging Corporate Philanthropy is the only international forum of business CEOs and chairpersons focused exclusively on corporate philanthropy. CECP's mission is to lead the business community in raising the level and quality of corporate philanthropy. CECP offers members essential resources, including a proprietary online benchmarking tool, networking programs, research, and opportunities for best-practice sharing.

CECP believes that discipline applies to philanthropy, like any other business function. When companies demonstrate programmatic effectiveness, fiscal accountability, and good stewardship in their philanthropic programs, society and business both stand to benefit greatly. Through innovative programs like those aimed at eradicating disease or raising childhood literacy rates, companies can also improve employee retention and heighten brand recognition. CECP is intently focused on three guiding principles: representing the CEO voice incorporate philanthropy, encouraging business discipline in the field, and setting the standards for effective philanthropy practice and measurement.

www.corporatephilanthropy.org

Information on Co-Sponsors of the Publication

DRUGS FOR NEGLECTED DISEASES INITIATIVE (DNDi)

The Drugs for Neglected Diseases initiative (DNDi) is an independent, not-for-profit product development partnership working to research and develop new and improved treatments for deadly neglected diseases. Established in 2003 by Doctors Without Borders/Médecins Sans Frontières and Institut Pasteur along with four publicly-funded research organizations in neglected disease-endemic countries – the Indian Council for Medical Research (ICMR), the Kenya Medical Research Institute (KEMRI), the Oswaldo Cruz Foundation (Fiocruz) in Brazil, and Malaysian Ministry of Health – DNDi works in partnership with industry, academia, other PDPs, NGOs, and governments to meet its objectives.

DNDi's primary objective is to deliver six to eight new treatments by 2014 for sleeping sickness, leishmaniasis, Chagas disease, and malaria. In doing so, DNDi also works to use and strengthen existing research capacities in disease-endemic countries, and to raise awareness and advocate for the need to develop new treatments for the most neglected diseases. Since 2003, DNDi has already introduced three new treatments that deliver important benefits to patients: ASAQ and ASMQ for malaria, NECT for sleeping sickness. In addition, DNDi has developed the largest ever R&D portfolio for new treatments for Chagas disease, leishmaniasis, and sleeping sickness. DNDi's delivered products represent examples of needs-driven innovation that provides patients in resource-poor settings with important improvements in treatment options.

www.dndi.org

GLOBAL HEALTH PROGRESS AND CARE

The Global Health Progress initiative seeks to bring research-based biopharmaceutical companies and global health leaders together to improve health in the developing world. In addition to serving as a convening point for the industry on global health topics, the initiative engages with global health organizations; lends advocacy support to shared goals; identifies best practices for programs that address health needs, and facilitates partnership and research and development efforts to fight neglected diseases in the developing world.

CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor women because, equipped with the proper resources,

women have the power to help whole families and entire communities escape poverty. Women are at the heart of CARE's community-based efforts to improve basic education, prevent the spread of HIV, increase access to clean water and sanitation, expand economic opportunity and protect natural resources. CARE also delivers emergency aid to survivors of war and natural disasters, and helps people rebuild their lives.

www.globalhealthprogress.org
www.care.org

GLOBAL NETWORK FOR NEGLECTED TROPICAL DISEASES, SABIN VACCINE INSTITUTE

The Global Network for Neglected Tropical Diseases' mission is simple: to end global suffering and death from neglected tropical diseases (NTDs) through effective, low-cost treatments. The key to success is two-fold: leveraging the strength and resources of global partnerships and combining them with the effective and inexpensive rapid-impact treatment package to combat the seven most common NTDs. These diseases impact more than 1.4 billion people living on less than $1.25 a day.

Global Network members and public-private partnerships collaborate with local governments, schools, healthcare systems and organizations to deliver medicines to those in need. Community members elect local drug distributors, who are trained to deliver integrated treatment, teach prevention methods, and monitor progress. In doing so, community members are invested in NTD control and become an integral part of their local health care system.

www.globalnetwork.org

THE GLOBAL FUND TO FIGHT HIV/AIDS, TUBERCULOSIS AND MALARIA

The Global Fund is a unique global public-private partnership dedicated to attracting and disbursing additional resources to prevent and treat HIV/AIDS, tuberculosis and malaria. This partnership between governments, civil society, the private sector and affected communities represents a new approach to international health financing. The Global Fund works in close collaboration with other bilateral and multilateral organizations to supplement existing efforts dealing with the three diseases.

Since its creation in 2002, the Global Fund to fight AIDS, Tuberculosis and Malaria has approved funding of USD15.6 billion in 140 countries to support large-scale prevention, treatment and care programs in the global fight against the three diseases and contributes two thirds of all international funding against TB and malaria and nearly a quarter of funding against AIDS.

www.theglobalfund.org

THE PARTNERSHIP FOR MATERNAL, NEWBORN & CHILD HEALTH (PMNCH)

The Partnership for Maternal, Newborn & Child Health (The Partnership) is a global health partnership comprised of about 260 members which works to accelerate global action and investment to reduce child, newborn and maternal mortality. The Partnership aims to: promote evidence-based high-impact interventions; raise US$ 30 billion to improve maternal and child health (MNCH) through advocacy; and measure progress for greater accountability. The concept of the 'continuum of care', which links the dimensions of time and space in the defining the necessary MNCH interventions, is the basis of its work.

www.who.int/pmnch/

We also thank the co-convenors for their valuable contributions in the preparation for the event.

ACKNOWLEDGEMENTS:

This report was written and edited by the United Nations Department for Economic and Social Affairs (Leslie Wade & Katinka Patscher) and the United Nations Office for Partnerships (Constanze Westervoss). The Event would not have been possible without the hard work of the staffs of the United Nations Department for Economic and Social Affairs (Ajit Yogasundram, Paul Simon, Marc-Andre Dorel, Mohamed Akhter, Stephanie Rudy and Rosalinda Sanchez), United Nations Office for Partnerships (Denis Gilhooly), Committee Encouraging Corporate Philanthropy (Lindsay Siegel), and other co-organizers.