



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 eco



Participants emphasized the **importance of strengthening health systems** in general, as philanthropy

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

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, emphasizing 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, and everyone in between - 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.

There are powerful and inexpensive control tools and well-developed implementation strategies to feasibly treat the **tool-ready category of diseases**, which are the ones that can be easily combated and affect the largest number of people globally. This category includes three soil-transmitted helminthiasis (ascariasis, hookworm infections, and trichuriasis), lymphatic filariasis, onchocerciasis, schistosomiasis, leprosy, trachoma and dracunculiasis (guinea-worm disease). 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** (Chagas' disease, human African trypanosomiasis, leishmaniasis and Buruli ulcer) 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 to limit the epidemiological risks.

The view was expressed that the need for **new tools for NTDs had not been adequately addressed by** traditional market

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 **integrato dr**

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.

Referring to the *Global Health and the United Nations meeting* convened by the Secretary General and hosted by the Carter Center in May 2008, the view was expressed that if the actions agreed on were taken, substantial progress would be made to control these diseases and eliminate some by 2015. The six elements ranged from an increased advocacy with the engagement of the Secretary General and a stronger commitment by the stakeholders in an open and innovative partnership; the establishment of a drug procurement mechanism to enable the present donations to better work together. The expansion of delivery channels, the need to find simple but accountable mechanisms for the increase of funding or the possible expansion of the Global Fund for Tuberculosis, Aids and Malaria (GFTAM) were also discussed. To be successful, it was recognized that national ownership had to be at the centre of all actions.

### **Closing Session**

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 their filling this gap by collaborating with Governments in efforts that were both speedy and cost-efficient. He noted that, although the international community remains relatively far from reaching the MDGs in maternal and child health and NTDs, there had nevertheless been significant advances made thanks to donor efforts, both public and private, and the critical work by the various health networks, such as GAVI, GAIN, DnDi and Malaria no More, to name but a few.

President Clinton noted that what was important was *how* to turn good intentions into positive changes. First, he stressed that, in light of the financial crisis, in the way that philanthropic activity is being conducted changes may be needed, including in the



all sectors to work together, towards the achievement of the Millennium Development Goals. It was crucial to redouble efforts even in this time of financial turmoil, as working towards helping the poorest countries was the least costly endeavour one could undertake as global citizens.

