

Leveraging Health in the 21st Century: **Partnerships for Health**

More than 50 people attended the inaugural meeting of the UN NGO Health Committee, including delegates from NGOs, UN and governmental agencies, private industry and country missions.

DR. ELAINE M. WOLFSON:

Dr. Elaine Wolfson welcomed everyone to the inaugural meeting of the UN NGO Health Committee and introduced members of the executive committee. She stated the Health Committee's purpose: "to promote world-wide cooperation on issues of health in keeping with the UN principles and concerns." Its goals are to provide a forum for the exchange of information on global health concerns, policies, services and research; facilitate network building with all sectors at all levels regarding health; collaborate with UN departments, bodies, organizations, and agencies in order to promote improved health and well being of all people; and convene meetings for the purpose of education and the exchange on issues concerned with health.

Dr. Wolfson emphasized that the Committee will be inclusive and invites organizations with health concerns, and individuals, particularly with expertise in health care, to participate.

The roundtable/dialogue was inspired by the Fourth International Conference on Health Promotion in Jakarta, Indonesia held in July, 1997: *New Players for a New Era: Leading Health Promotion into the 21st Century*. On behalf of the Health Committee, Dr. Wolfson stated, "We believe that the NGO/DPI conference provided an appropriate venue to address how all sectors might join together to leverage health in the 21st century."

JOHN R. MULLEN:

"Health is a common language around the world"

Mr. Mullen began his remarks by congratulating the NGOs and the UN on the 50th anniversary of their working relationship. He also congratulated Dr. Elaine Wolfson and the executive board of the Health Committee for their initiative.

Turning his remarks to partnerships, he explained how the private sector played a unique role at the Jakarta conference in July because for the first time, they were invited as full participants. After his talk, Mr. Mullen distributed a *Statement of Member Companies and Groups of the AD Hoc Private Sector Group* at Jakarta which described the "need for the private sector to play a full and responsible part in working with the WHO [World Health Organization] and government, in both developed and developing countries, to meet the health challenges ahead." Further, the document stated that "health promotion programs in the corporate sector, whether philanthropic or commercial, will become more effective if they are delivered through practical, balanced and transparent partnerships."

Mr. Mullen continued by describing how some of these partnerships have worked over the years and have been effective in making a difference worldwide. He began by mentioning a friend and former co-worker at Johnson & Johnson, Dr. Jack McConnell, who suggested that instead of selling UNICEF \$400,000 worth of products every year, Johnson & Johnson should donate the products to the organization on the condition that

UNICEF, in agreement with Johnson & Johnson, commits that amount of money to projects in the third world.

As a result of this agreement, Johnson & Johnson donated \$300,000 worth of products to address neonatal tetanus in China. To prevent infant death from unsterile births, Johnson & Johnson worked with UNICEF, and the Health Ministry of China to take the program to 30-40 rural communities in China. As a result of the project's success, Mr. Mullen noted, "other companies have offered to join us in this project."

A second example of partnerships took place in Brazil where pharmaceutical companies have donated products to help deworm 200,000 children, and by association, their 800,000 family members. This effort provided an explanation of an earlier comment he made about how the NGO's and Health Ministries are often the parties who initiate these programs, and then the private sector joins to help make them a reality. The *Statement of Member Companies and Groups* continues, "the private sector companies and groups would wish to maintain a regular dialogue with the new partners of WHO, leading to agree partnerships protocols and commitments."

A third partnership involved the pharmaceutical company, Merck, and the cure for River Blindness they developed in 1987. Merck decided to donate it and with the help of WHO and PAHO, they delivered this critical medicine to countries in need.

In his final example of health partnerships, Mr. Mullen described how Johnson & Johnson financed a burn hospital built in Soweto, South Africa. Mr. Mullen asserted, "Health is a common language around the world." In closing, Mr. Mullen spoke to the NGOs asserting, "the partnerships are working because you know how to make them work, and you ask for help from companies in diverse fields." He also emphasized that the quality and presentation of proposals and requests are critical factors for successful partnerships with the private sector.

DR. KATHY DOUGLAS:

"It's time to move out of our logic boxes... so that we can gain creativity"

Dr. Douglas began by explaining that the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) want to build working partnerships for a new initiative, the Mega Country Health Promotion Network, which is a component of the WHO five-year action plan on health promotion. This Network is the first initiative to come out of a partnership between the Division of Adult and Community Health (DACH) at CDC, and the World Health Organization (WHO). DACH will become a WHO Global Collaborating Center for Health Promotion in the next few months and will be directed by Dr. Desmond O'Byrne at WHO, and Dr. David McQueen at CDC.

The goal of this initiative is "to mobilize the world's most populated countries to promote health in a concerted, collaborative effort." Approximately sixty percent of the world's population can be found in ten mega countries: Bangladesh; Brazil; China; India; Indonesia; Japan; Nigeria; Pakistan, Russian Federation; and the United States. All of these countries have a population of at least 100 million. By the year 2000, Mexico will also have a population of 100 million.

Dr. Douglas described factors that all mega countries share such as, large bureaucracies in government structure; poverty; urban problems; ageing; racial and gender inequities; violence; and chronic diseases are quickly becoming the leading cause of death and illness.

She asserted that we need to expand a "fix the disease" framework to include a focus on "preventing behaviors that contribute to illness and death." As stated in the Mega Country Vision Statement that Dr. Douglas distributed, "Changing lifestyles, such

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as reduction of tobacco, alcohol, and drug use; proper dietary behavior, sufficient physical exercise and the reduction of stress and depression will enhance the quality of life and result in significant improvements in reducing the health consequences of chronic diseases; and new or reemerging infectious diseases, such as HIV/AIDS, malaria, and tuberculosis.”

Dr. Douglas outlined the objectives of the new initiative: to improve each country's own national capacity to develop the resources and means to plan, implement and assess programs and policies in order to promote health; to identify priority areas for health promotion collaborations; to provide support through shared experiences, models and mechanisms; and to build partnerships with governments, educational institutions, NGO sectors, and other agencies.

Next, she described the criteria for mega country participation in the Network. Mega countries must demonstrate a commitment to health promotion, establish communication technology, such as e-mail; and identify a country focal point to facilitate sharing and cooperation with the other participating countries.

CDC has been conducting a Behavioral Risk Factor Surveillance System in the U.S. for 14 years which monitors health risk behaviors that impact health outcomes. Dr. Douglas explained, “If we can identify the risk behaviors, then we can develop more specific programs” that will target these risk behaviors. She also said that the CDC is working with the China Ministry of Health to develop a risk factor surveillance system in China.

In closing, Dr. Douglas asserted, “It's time to move out of our logic boxes...so that we can gain creativity.” She emphasized that it is critical, not only from a resource standpoint, but also from a research and programmatic standpoint, that governments, NGOs and the private sector of varying fields work together to promote health.

DR. JOSEPH A. COOK:

“It has been a wonderful and unusual collaboration with private industry.”

Dr. Joseph Cook discussed a health partnership that he was involved in at the Edna McConnell Clark Foundation called, The Partnership for Child Development. Research shows that one-third of the world's population, school-aged children from ages 5-14, are most effected by schistosomiasis, a parasitic infection which can cause growth retardation, vomiting, muscular pain, and nausea. Dr. Cook explained that “If you only focus on the school-age groups, you can significantly reduce the level [of disease] in the community.”

The Partnership for Child Development involved a collaboration between UNDP, WHO, the Rockefeller Fund, country ministries, the McDonnell Foundation, the Edna McConnell Clark Foundation; and the pharmaceutical companies, Bayer Company of Germany and Smith Kline Beecham. Currently, there are two programs; one in Ghana, and the other in Tanzania. UNDP, the Rockefeller Foundation, The Edna McConnell Clark Foundation, and the McDonnell Foundation started the program, and currently, UNICEF has taken over and is moving along with the programs for school-age children. Dr. Cook noted, “It is not finished by any means.”

Dr. Cook continued by turning to the issue of trachoma, a bacterial infection that is the second leading cause of blindness in the world. He explained that the number one cause of blindness, cataracts, is not preventable, but modest changes in the environment can significantly affect rates of trachoma. There are cheap and effective solutions.

Dr. Cook noted that trachoma is a women's health issue because it occurs 2-3 times more often in women than in men. It is unclear why this is, but it seems to be related to women's work in close proximity to children. Dirty faces, dirty eyes and

water-seeking flies spread the infection. Dr. Cook asserted, "Trachoma is a disease of poor people, poor hygiene, and poor water supply." He continued, "Trachoma is a childhood disease," but blindness occurs in adulthood, after repeated infections.

The strategy to fight trachoma that has been developed by epidemiologists and microbiologists and approved by WHO includes these four components: Surgery; Antibiotics; Face washing; and Environmental change (SAFE).

Dr. Cook explained that the surgery is a simple 5-10 minute that community health care workers can easily learn to perform. He said that the surgery, although it may seem like an unusual first approach, is actually an entry into the community, especially to the elderly, and shows them that something can be done.

The antibiotic component illustrates how a health partnership can work effectively. The pharmaceutical company, Pfizer, has developed a drug for one time treatment (as opposed to the alternative antibiotic which must be applied 2 times a day for 6 weeks). The Edna McConnell Clark Foundation; Helen Keller International; and Pfizer, Inc. are all working to eradicate trachoma in Morocco by the year 2000. The Edna McConnell Clark Foundation, WHO, and the World Bank are all funding this effort. Dr. Cook added that if it is a success, Pfizer will be looking at four to six other countries for possible donations in 1998.

The third and fourth components of the SAFE strategy, face washing and environmental change, call for increased linkages between people and organizations interested in sanitation and water supply. Dr. Cook told the audience that UNICEF announced they would initiate programs of water supply in areas where 3 illnesses are serious problems: guinea worm, trachoma and schistosomiasis. He said he hoped to promote further partnerships with NGO's related to blindness, like Helen Keller International, and those related to water and sanitation.

Dr. Cook closed by saying that his experience working with Pfizer as part of the Edna McConnell Clark Foundation, "has been a wonderful and unusual collaboration."