Draft non-paper for UNED Forum Workshop: "The Health Sector"

The WHO defines 'health' as complete physical, mental, social and environmental well-being, and not merely the absence of disease or infirmity. Good health is seen as a right, and social equity is regarded as a prerequisite to good health. A sustainable approach to health is not limited to alleviation of suffering, but requires satiation of basic needs, and the existence of safe and clean living and working environment. These require equity of information transfer, social reform, infrastructure development and resource mobilisation. Key to ensuring health is access to food, clean water, sanitation, housing, education, public health services and transport facilities.

A third of the world's population has no access to adequate healthcare, including essential (generic) drugs. Poverty, underdevelopment, illiteracy and lack of gender equity contribute to the spread of disease (particularly HIV/AIDS), which has reversed health and development gains of the past decade. The primary causes of premature mortality and high morbidity can be managed by known and proven measures. The challenge is to make healthcare a national priority, and to involve existing stakeholders in new, more effective partnerships for progress.

Viewpoints: "The gains in health profile of the past two centuries have resulted primarily from broad-based changes in the social, dietary and material environment. Factors such as increased literacy, family spacing, improved nutrition and vector control, sanitation, vaccination and treatment of infectious diseases have all been key." (WHO, 2001). "The key role of the pharmaceutical industry is to discover, develop, produce and market innovative products to cure diseases, to ease suffering and to enhance the quality of life… IP rights are the lifeline of the industry. 95% of the drugs on the WHO's model list of essential drugs are available off patent." (Novartis, 2001)

Social framework of health	**Potential action areas**
1. Poverty - Health cycles: *Negative* OR *Positive* : Health of labour force – productivity/ output - tax revenue & agric and enterprise output –FDI and tourism revenue – education budget –fertility and dependency ratios – wealth and health of family unit – education etc	1. Prevention/remediation targeted at the very poor causes greater improvement in global health per marginal $ spent.
2. Vulnerable groups suffer more: the very poor, women, children, ethical/ religious minorities, adolescents, elderly, displaced, migrants, Indigenous Peoples	2. Local level policy/action needed plus group specific empowerment (eg education/ support of adolescents to resist smoking, drug abuse and unsafe sex)
3. Impact of trade agreements on local policy (subsidies, etc). Incidence of trade in damaging products (cigarettes, toxic waste)	3. GATS, TRIPS; Action for stakeholders? Untied aid budgets? Removal/ addition of constraints?
4. Environmental health: emissions/ climate change, biodiversity, water and air quality, ozone, POPS, GM products, re-emergence of infectious diseases.	4. Local/ regional measurement, knowledge sharing, prevention, curb/ damage reversal, alternative fuels. Sustainable buildings, regulation of materials used. Multi-national agreements.
5. Healthcare systems: basic structure established by government (incl. drugs and hospitals), staff supervised and supported; encouraged by peers and the public; promotion of private/ NGO community efforts.	5. Info/ knowledge sharing, Need for local statistics and implementation, relevant local policies and structures. Ownership of solutions by relevant communities.
6. Equity in information / knowledge.	6. Promotion of health 'literacy' - media, schools, workforce seminars, etc. Adoption

	of information and computer technology. Free media? (programs sent to radio stations by CD ROMs / internet).
7. Health focus in inter-sectoral policy; local and national level.	7. Formation of new partnerships for action, research, information exchange? E.g. education (prevention); fiscal policy (increased tax on smoking); agriculture (disease prevention in irrigation systems), energy (renewables).

Healthcare	**Potential action areas**
1. Funding: govt (care, AIDS), insurance cos, foundations. Collaboration programs of donors with NGOs, private sector and govts.	1. 'Create political will': debt reduction (repayment/cancellation/'holidays'); budget reallocation, dedicated (eg malaria) taxes. Eg. indicate effect on armed forces of AIDS to raise awareness in military-focused states.
2. Prevention (social and physical). Global responsibility for global issues (epidemics, vaccines, resistant strains).	2. Information dissemination, local, regional, national). Vaccines, condoms, mosquito nets; drug rehabilitation/ prevention. Poverty impact on health.
3. Tiered pricing structures for care, drugs	3. Government framework needed. Acceptable exceptions to patent law ('emergency')? Role of pharma companies? Prevention of abuse/ misallocation?
4. Best Practice in healthcare (regional/local): minimise misallocation (eg tackle epidemics first); inequity (lack of access to poorest); and inefficiency (poor structures and training, wastage, misuse of antibiotics/ syringes).	4. Improve government-led price/ supply/ regulation/ information transfer; support and training of healthcare staff; need for community programs. Role of pharmaceutical companies and NGOs in drug development and distribution.
5. Counterfeit drugs trade: ineffective, wasted resources, theft, spoilage issues.	5. Share info: WHO's Essential Drugs List, Accelerating Access to AIDS Drugs Initiative.

Information requirements	**Potential action areas**
1. Data collection and analysis, by region; differences between north and south.	1. Local problems: local solutions. Need for data including social (violence, prostitution, etc); provide testing tools, staff, facilities and encouragement (incentives?). Reduce social stigma attached to testing (STDs, AIDS).
2. Open discussion by media, government, religious groups, NGOs in Health Promotion	2. Develop awareness of prevention, risks, social rights, best practice implementation; refute myths; translate information into action/ new policy.
3. Role of private sector in information collection and dissemination (health workshops, voluntary testing, workplace)	3. Collaboration projects (public/private). Responsibility of employers, labour market issues (trade unions). Promotion of web medicine.

4. Education/training programs (targeted women's programs)	4. Training for youth leaders, management, teachers, physicians, traditional healers; support basic human rights of women.
5. Understand/ work with traditional health practitioners	5. Share knowledge; harness local skills, gain access to local communities and ensure survival of local remedies and medicines.
6. Identify/support marginal communities	6. Migrants, disabled, prisoners, elderly, drug users, minorities, etc have specific needs.

Government perspective	**Potential action areas**
1. Aim: raise revenue, maintain full employment, encourage and preserve safety of new drugs, raise aid contributions	1. Make healthcare a national priority. Partnerships with NGOs and private sector to reduce misallocation, inequity and inefficiency.
2. Regulation, taxes, subsidies, patent laws	2. 'Push' and 'pull' forces of regulatory framework to encourage development of drugs for poor nations' ills.

Stakeholder perspectives	**Potential action areas**
1. Financial / budget pressures and regulatory controls on physicians.	1. Simplify/deregulate market, information transfer and marketing process. Increase budgets.
2. Threat to all health workers of health risks.	2. Support structures, training, funding, staff.
3. Budget pressures of insurance companies and Health Maintenance Organisations.	3. Key source of funding in rich and poor nations.
4. Epidemic risks.	4. Public / private collaboration needed, global problems need global solutions.
5. Role of NGOs (partnerships).	5. Local expertise and placement experience.
6. Economic/ market pressures on pharmaceutical companies (R&D budgets and risks, patent protection, marketing expense, short term shareholder demands, employees, regulators).	6. Public/private collaboration on pandemics, pooled industry R&D efforts (poor nation illnesses?). Enhance 'push' (subsidise R&D) and 'pull' (guarantee prices and market access) factors for drug/ vaccine research. New marketing structures?
7. Regulatory structure of pharmaceutical industry (mergers, takeovers).	7. Effect of takeovers on R&D budgets, subsidies and focus?
8. Pharmaceutical companies' social responsibility (innovate/ develop new drugs, provide cheap drugs to poor, alleviate suffering). Impact on staff/ customer loyalty? share price? regulatory goodwill?	8. Testing, training, implementation facilities (in poor nations?)? Collaboration with NGOs and governments on public issues. Vaccines, generic and patented drugs. Replicate successful collaboration.
9. High levels of per capita health/drugs spend in rich vs poor nations.	9. Divert resources (esp from military spend), raise public awareness. Global Fund for

	R&D into poor nations' needs.
10. Increased incidence of 'rich nation illnesses' in poorest nations.	10. Education. Access to generic drugs.
11. Women: education and empowerment; health of home environment (air quality)	11. Education (eg re AIDS: prevention and transmission to children). Access to capital. Controls of polygamy; violence against women; Forced prostitution/ sex work; trafficking of women.
12. Children: vaccination programs; reduction of preventable death/disease	12. Understand transmission (mother:child), child nurture/ care/ protection; school and community role in care; combat paedophilia.

Sources:

- Leisinger, K (2001): Improving Poor People's Access to Medicine, The Novartis Position
- Seiter, A (2001): Draft 'Non-Paper' for UN workshop, Feb 2002
- Earth Summit 2002 Briefing Paper: AIDS, The Undeclared War http://www.earthsummit2002.org/es/issues/AIDS/hiv.htm
- Von Schirnding and Mulholland (Background paper to WHO Meeting, Oslo, 2001): Health in the Context of Sustainable Development (Working Draft)