

**Remarks before the Parliament of Canada,  
Subcommittee on Human Rights and  
International Development**

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On behalf of the Director-General, Dr. Jong-Wook Lee, I thank the Subcommittee for the privilege of coming before you to discuss the commitment by the World Health Organization to confront three devastating global diseases – HIV/AIDS, tuberculosis and malaria.

First, WHO appreciates the long time support of Canada of advancing our agenda of promoting better health for all. We count Canada as a stalwart ally. Canada has partnered with WHO on pathbreaking initiatives such as the Global Drug Facility, which has revolutionized delivery of tuberculosis medicines to people in need. Furthermore, CIDA provided core support to expand the TB strategy known as DOTS (directly observed treatment system) in high burden countries.

We welcome the effort by the Government of Canada to pass legislation that would enable safe, effective, low-cost generic medicines to be exported to areas of need. We value the contributions by the research-based pharmaceutical companies to add to the ARV armamentarium.

Moving forward, we aim to knit an even closer relationship with Canada to identify new pathways of innovation. This is needed now more than ever as the three pandemics continue to spread.

*The compounding crises of AIDS, tuberculosis and malaria*

Collectively, these three diseases kill 6 million people annually, a toll that is growing, especially in resource poor countries:

Three million from HIV-AIDS, two million from tuberculosis, and one million from malaria.

For each of them, there are proven, effective interventions for prevention and treatment that can and must be scaled up. In addition to the expertise on medicine and public health provided by WHO, we also recognize the need for a strong, robust contribution by civil society and the need for political commitment at national and community levels.

A critical linkage was made between international development and public health, less than three years ago, by the declaration of a series of eight “Millennium Development Goals” articulated by heads of state at the United Nations.

The Millennium Development Goals (MDGs) provide important milestones towards the progressive attainment of access to basic health care. They cover areas that directly concern the work of WHO: reducing child mortality; improving maternal health; combating HIV/AIDS, TB, malaria and other diseases; and improving access

to water and sanitation, as well as access to essential drugs at affordable prices.

*What we need to do:*

With the MDGs the international community set ambitious targets. To spur action to attain them, we believe what is needed is a strong chain of *concerted action* of all actors in the public health arena.

This chain can be thought of as having three basic links:

**Link 1: Commitment from financial institutions and donors.** After years of unwavering activism, more financial resources are being allocated to fight HIV/AIDS, TB and malaria. WHO applauds the advances made by our partners: Global Fund (US\$5 billion), PEPFAR (US\$ 15 billion), Gates Foundation (US \$27 billion in assets), and the World Bank (US\$ 2 billion). The growing roster of bilateral donors, including Canada, is contributing much needed resources. Canada has actively supported the creation of the Global Fund and so far has pledged US\$ 100 million to it.

**Link 2: Need for high quality technical support.** As more resources are made available to fight the diseases, the challenge of providing quality and sustaining technical support is more important than ever. This includes working with Governments, but also coordinating the different actors working on the ground.

WHO delivers this much needed assistance to countries in an effort to maximize use of valuable resources. We provide technical leadership and excellence through a combination of norms and standard setting, consensus building, a neutral and trusted voice and recruiting and fielding of international staff. Therefore, WHO is uniquely positioned to ensure that money to fight diseases is well spent on effective strategies.

WHO has the mandate and responsibility from the international community to support countries in their efforts to face public health challenges. Such legitimacy and trust underpins our capacity to convene donors and recipients alike to plan and coordinate an effective response

Also within this link are key providers of technical support at the global and country level such as CIDA and Health Canada. We work closely with them and believe that they too, ought to be as fully resourced.

**Link 3: Strong collaboration with implementing partners**

The collective response must be comprehensive and sustainable, not just to the individual challenge posed by a single disease, but also to build a lasting public health infrastructure that is sufficiently robust to confront a number of challenges.

Partnerships, coalitions, and alliances, international, national and local, are an ascendant form of organized response in public health. Equally important is assuring that health systems are built with sufficient resources to confront future health crises effectively. As I mentioned at the outset, Canada has shown the way in creating innovative means to attain these goals, through its ground breaking support of the Global Drug Facility. The results are so impressive that the GDF is now serving as a model for the development of similar initiatives for HIV/AIDS and malaria medications.

The investment in building this strong, coherent chain helps convert resources into results.

With broad strokes, let me describe our primary initiatives across the 3 diseases.

**HIV/AIDS** – with the co-sponsorship of UNAIDS, the 3x5 initiative seeks to secure treatment to three million people in developing countries by December 2005. It is a framework for collective action in which all capable institutions and individuals can make a contribution. For its part, WHO has bolstered the response at the country level by an unprecedented deployment of 40 Geneva-based staff and by now recruiting 21 3x5 advisers to be posted in key countries. We have simplified and standardized medical regimens. We have prequalified a 3in1 ARV tablet that vastly simplifies therapy for patients and the logistical supply chain. We are creating an AIDS Medicines and Diagnostics Service to help countries secure these needed goods. We are working to build monitoring and evaluation systems to replicate our successes and remove bottlenecks we discover on the way.

**TB** - We are advancing on our global goal of 70 percent detection rate and 85 percent cure rate. We are concerned about the co-infection of TB and HIV as well as the rise of multi-drug resistant strains are many times more lethal and more expensive to treat. We believe Canada's continued support of the Stop TB partnership and the Global Drug Facility is vital.

**Malaria** - This past Sunday was Africa Malaria Day. Malaria kills one million people a year. Tragically, 75 percent of them are African children under the age of five. It is the number one cause of childhood mortality. We are promoting the use of the new generation of artemisinin-based medicines. We are working with the private sector and NGOs on promoting the use of long lasting insecticide treated bednets that last six years.

**Health systems** - These diseases require strong health systems, resilient public health workforces, logistical and management capacity, and good economic incentives to start, maintain and grow these systems. We have created a new department in my cluster, Strategic Planning and Innovation, to create new initiatives in this realm.

#### *Health and human rights*

As the subcommittee has human rights in its mandate, let me spend a few minutes addressing this profoundly important area.

Human rights have been a core value of WHO's work since its inception.

In 1946, the creators of WHO's Constitution stated that the enjoyment of the highest attainable standard of health is a fundamental right of every human being. Our commitment to *Health for All* sets out the right to health as a guiding principle of WHO.

The health sector has an important obligation and contribution to ensure that testing, counselling, prevention and treatment are accessible to those who need them most urgently, and that global efforts to increase access to these interventions also seek to dispel stigma and discrimination. Greater accountability to and stronger relationships with civil society groups and people living with the diseases are important elements in reaching these objectives.

We also found that effective interventions are failing to reach the most vulnerable groups. At the heart of the primary health care and the *Health for All* movement, which has been so influential in shaping health policies globally, lies a concern for equity. But, we all know that in every country groups of people miss out on what our health systems have to offer. The human rights framework can help us address the needs of these groups.

*To conclude*

The task ahead is enormous and will grow even larger. We at WHO are committed to advancing the campaigns against AIDS TB and Malaria to the fullest extent possible. Having the support of the people and Government of Canada, gives propulsion and lift to our efforts. We appreciate your support in our mission.

I would be pleased to answer your questions.