Norway presentation
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Introduction

It is a fact that existing health technology for prevention, diagnosis and treatment, if applied globally, would lead to a dramatic reduction in the burden of communicable diseases. Few diseases deserve the highest possible priority as their morbitity and mortality are high and as they disproportionately affect populations that are living in poverty. Some diseases are neglected either because their global burden is relatively low, or the mortality attributed to them is low. However, these neglected diseases represent a very high burden in terms of disability and social stigma in communities that are among the poorest in the world.

By definition, these diseases do not receive high political commitment, international interest, investments from the research community. Interventions targeted to control these diseases need innovative approaches and the role of WHO is crucial in ensuring that priority does not mean exclusivity. How can we ensure that vital health care are accessible to all the people that need them – regardless of their income, regardless of the health conditions they are suffering from, regardless of the country they live in?

For too many of the world's poor people – those with an income of one or two dollars a day – nothing very much has changed at all. It is essential to recognise that if we are to achieve the goal of more equitable access to good quality health care, everyone has a role to play. It is easy for diversity to appear as an obstacle to progress. Our main challenge is to turn diversity into creativity.

Improving access to existing technology

Drugs are not a commodity like any other. Ensuring access to health care is one of the major responsibility of WHO. Access to drugs is part of this responsibility. Not just for one set of

Public-private partnerships are therefore proving to be successful to address the agenda for targeted communicable diseases. Drug donation is one of the key elements can play a key role for time-limited elimination programmes such as lymphatic filariasis and leprosy

Examples of successful partnerships

Leprosy Elimination

Novartis, the pharmaceutical industry partner in the Global Alliance to Eliminate Leprosy, has a long tradition of collaboration with the Leprosy Programme. It developed the two key products used in multidrug therapy (MDT) - Clofazimine and Rifampicin. At the initiative of WHO, Novartis conducted the first clinical trials to establish the use of Rifampicin on a once-monthly basis, the cornerstone of multi-drug treatment. It also designed and field tested the calendar blister packs which help simplify logistics and improve patient compliance.

Since 1986, the Novartis Foundation for Sustainable Development has been involved in field programmes in a number of countries aimed at improving patient access to treatment and it collaborates with local authorities, WHO and non-governmental organizations. The Foundation has developed innovative and practical approaches, such as field-based disability care and social marketing.

In August 1999, Novartis signed a Memorandum of Understanding with WHO in which it pledged to provide to WHO adequate quantities of the drugs used in MDT for the treatment of all patients in the world from 2000 until the end of 2005. In addition, Novartis provides WHO with the necessary funds for the shipment of the drugs and for independent quality control; it also maintains buffer stocks in order to respond to fluctuations in demand for the drugs used and to cover emergency requests from endemic countries. The Novartis Foundation for Sustainable Development continues to actively support efforts to improve awareness of leprosy and access to diagnosis and treatment.

Lymphatic Filariasis

Lymphatic filariasis is primarily a disease of the poor because of its frequent prevalence in remote rural areas and disfavoured peri-urban and urban areas; filariasis patients are physically