



WORLD HEALTH ORGANIZATION

MEETING OF INTERESTED PARTIES

GENEVA, 3 TO 7 NOVEMBER 2003

Summary Report

1. For the third consecutive year, the Meeting of Interested Parties (MIP) in 2003 was a corporate exercise that involved all levels of the Organization, including clusters, regional and country offices.
2. The agenda was structured around five thematic days in order to focus on the major issues that cut across WHO's work, to facilitate the incorporation of inter-cluster and field level dimensions, and to promote strategic discussions on WHO's response to health challenges.
3. The Meeting was invited to review progress in WHO's contribution to the achievement of global health outcomes, in the context of specific health issues and initiatives; to discuss country-level impact on the basis of selected case studies; and to explore the means of scaling up WHO's contribution to poverty reduction and human development through multi-sectoral alliances and partnership arrangements.
4. The Meeting brought together representatives from some 74 Member States - including 30 Ministries of Health, 13 Ministries of Foreign Affairs and 16 other government agencies - 16 intergovernmental and United Nations organizations, 30 nongovernmental organizations including foundations, 23 corporate sector bodies or companies, and eight research institutes.
5. A feature of the Meeting was constituted by the formation of a number of different panels, comprising over 100 experts from the full range of WHO's public and private sector partners as well as from WHO headquarters, regional and country offices, to highlight the challenges in programme implementation and to interact with participants in the substantive debates.
6. Documentation for the Meeting included (i) Issues Papers for the sub-themes grouped under the respective day themes, (ii) an integrated, organization-wide Financial Management Report on expenditure in 2002 on implementation of objectives in the Programme Budget 2002-2003, and (iii) standard Financial Status Reports for each cluster and regional office on budget performance and extrabudgetary contributions in 2002. Progress reports, by programme or cluster, were made available in advance on the Meeting's Website and in the

context of a dynamic “Marketplace” outside the meeting room, together with other technical publications and reports.

7. Each day (see Annex 1, **Timetable MIP/2003/2**) was keynoted and moderated by the executive officers most concerned with the corresponding theme. Review of country activities attracted particular attention, providing welcome accounts of implementation issues, challenges and problems. A special feature of MIP 2003 was the strong regional involvement in MIP preparations and, in particular, one region having full responsibility for establishing the scenario for one of the days.

8. Summary reports on the content and outcome of the discussions of the five thematic days are set out below.

Theme: Public health as a global responsibility

Global health security

9. Under the over-arching theme of public health as a global responsibility, this session considered the threat to health security posed by outbreaks of infectious disease, whether natural or deliberately caused. Much discussion centred on national and international experiences during the SARS outbreak. SARS had vividly illustrated the new reality: an outbreak anywhere was a threat to all, making the control of emerging and epidemic-prone diseases a global responsibility. SARS had been a severe test of alert and response mechanisms at national and international levels, and several weaknesses were exposed. Areas with poor surveillance systems and infrastructure were of particular concern as they weakened collective defences.

10. What could be done to test the adequacy of national preparedness plans without having to go through an experience such as SARS? Participants identified technical collaboration, reliance on networks, and decentralized structures for bringing resources closer to countries as possible solutions. In establishing preparedness plans, countries would need to consult the views of multisectoral groups, including representatives of travel and trade. Better preparedness for responding to new diseases would also improve capacity for responding to deliberately caused outbreaks, although it would be essential for WHO to confine its activities to public health matters when collaborating with national security and defence professionals. Several participants stressed the almost permanent emergencies caused by well-known epidemic-prone diseases, such as Ebola, cholera, and epidemic meningitis. Preparedness for one infectious disease emergency would improve preparedness for all.

11. Nonetheless, measures were needed to bring greater order to the potential chaos caused by outbreaks. Specific roles identified for WHO include the preparation of protocols and standard operating procedures for emergency responses, and universal standards for biosafety. Revision of the International Health Regulations was considered especially urgent. Such developments could do much to relieve the sense of global health “insecurity” which arose when the eyes of the world were opened by SARS.

Capacity Strengthening for Surveillance and Response

12. The MIP considered surveillance and response on the basis of three presentations: (i) how to make the shift from poliomyelitis to multi-disease surveillance; (ii) integrated communicable (CD) and noncommunicable disease (CDS) surveillance in Mozambique; and (iii) quality assurance in noncommunicable disease surveillance systems.

13. It was recognized that the surveillance system used for polio eradication is a success and could be extended to other epidemics and emerging diseases, thus capitalizing on the achievements and 15 years investment of the polio eradication campaign.

14. The MIP emphasized the need for improved data quality for both CD and NCD surveillance in developing countries. The STEPwise approach (STEPS) was considered a useful response to the lack of data on NCD risk factors. One key feature of STEPS is that country capacity is built through extensive training and support at both regional and country levels. The lack of trained human resources was highlighted during the discussion session. Establishing quality assurance standards is also key to improving surveillance methods.

15. It was recognized that surveillance costs can be very high, e.g. costs for polio eradication or oncocherciasis surveillance, and that it may be complex to shift to a surveillance system designed for priority diseases funded by national governments. The possible solution may be the institution of a common basket in which funds would be allocated to integrate surveillance activities. The African Region is already implementing this strategy. The international community could invest in surveillance by 'buying' surveillance posts thus ensuring continuity and a sustainable network of surveillance epidemiologists.

Food Safety

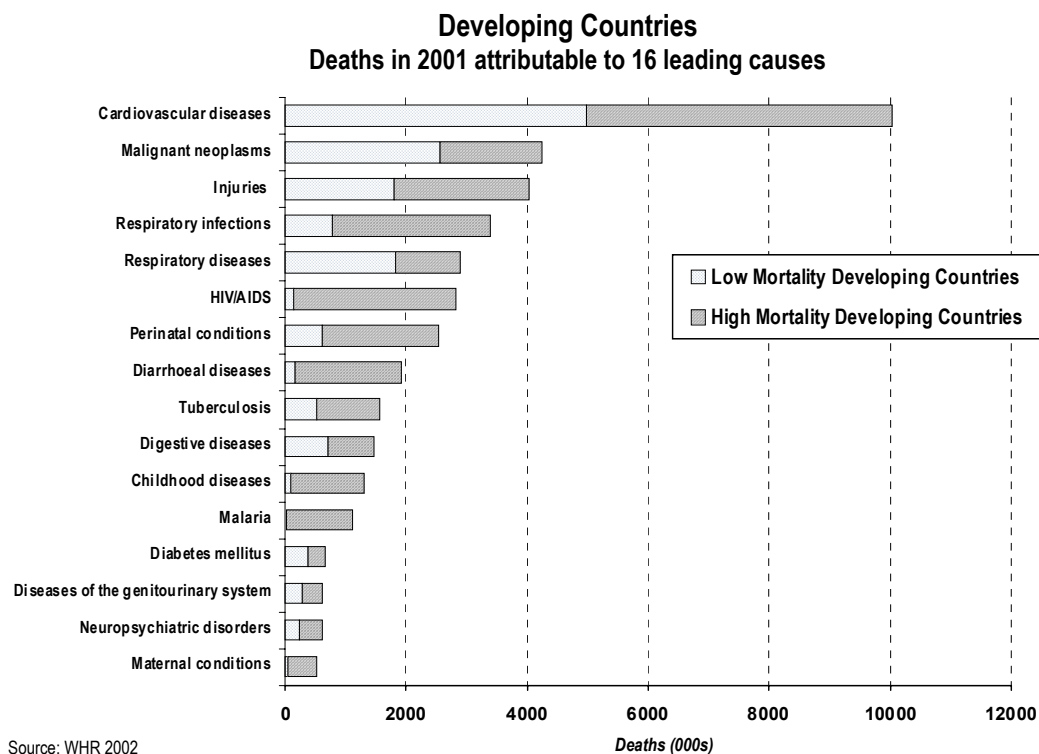
16. The focus of the session was on international partnerships between WHO, sister agencies and donors for comprehensive action to meet country needs for safer food. Public health has an increasing role in international food standard setting based on the provision of risk based scientific advice from WHO, a development further emphasized through the reference to Codex and risk assessment in the WTO/SPS agreement. WHO has been working towards creating an evidence base related to the burden of foodborne diseases with a view of reducing this burden in the future. These efforts include setting up international networks, e.g. related to Salmonella and Campylobacter surveillance.

17. In reply to requests for further information on WHO's work related to genetically modified (GM) foods, the WHO Secretariat explained that the FAO/WHO Codex Principles for the risk analysis of GM foods have been developed based on the work of WHO/FAO expert bodies. Depending on available financial resources, WHO will be able to perform example risk assessments of specific GM foods as well as broaden the scope of the evaluation of GM foods to include other factors indirectly related to health, such as socio-economic issues, ethical concerns, etc.

18. The MIP emphasized the need for a transparent, inclusive, and timely process for generating scientific advice. At the suggestion by a food industry representative to strengthen collaborative efforts with the industry on the provision of relevant data for risk assessment purposes, the WHO Secretariat welcomed further data and resource involvement from industry in this area, pointing out that significant data exists within industry which is not always made available to WHO.

Diet and Physical Activity

19. Participants stated that, as countries become more economically developed, there is a rapid shift in the disease burden from communicable diseases to noncommunicable diseases, and that the poorest members of any society increasingly bear the brunt of this disease burden. They emphasized that health promotion is an entry point with valuable messages and action areas that can link NCD prevention and poverty alleviation.



20. It was affirmed by the participants that the responsibility of society is crucial for improving diet and physical activity. WHO normative work in this area needs to be enhanced. The MIP noted that the model of affluence and leisure in many countries leads to worsened health by sending the faulty message that success equates eating luxuriantly and being physically inactive. It was also pointed out that national nutrition policies have proven to work, and that a physical activity policy should be pursued and intertwined with the nutrition policy.

21. The MIP agreed that policies must involve all stakeholders with roles to play in the cross-sectoral work required to promote healthy diet and physical activity. Although public-private collaboration and consumer involvement are important aspects of this work, WHO

must maintain its vision, integrity and core purpose. The MIP recognized and congratulated WHO on the very broad consultative process of developing the Global Strategy on Diet, Physical Activity and Health.

Theme: Millennium Development Goals

MDGs 4 (Reduce child mortality) and 5 (Improve maternal health)

22. In order to meet the Millennium Development Goals (MDGs) 4 and 5, aimed at reducing child mortality and maternal mortality respectively, the health-related work force would need to be doubled or tripled over the next 10 years. An exodus of health workers from poor- to better-paying countries, the lack of reliable health information, and a shortfall in financial resources combine to hinder efforts to expand and improve the quality of health work in many developing countries.



WHO/TDR

The goals: healthy mothers and healthy children

23. Although integration has been achieved in child health -- through strategies such as Integrated Management of Childhood Illness (IMCI) -- vertical or single-disease programmes continue to receive considerable attention and funding. Participants urged WHO to provide more support to integrated activities.

24. Access to health services is not equitable: in the quest to reach the MDGs, care must be taken not to bypass the poorest and most vulnerable groups. Work is needed to ensure that sufficient numbers of trained health workers are available at the community level and to promote actions that families and communities can take themselves.

25. Scaling up demonstrably effective interventions represents the ultimate challenge. Not incremental, but quantum increases in financial and human resources will be needed, especially for scaling up interventions to improve child survival and maternal health. Participants concluded that WHO and its partners need to ensure that money is made available at global, regional, and country levels to support activities related to the MDGs. Vigilance is called for to ensure that, when priorities shift, financing is not diverted from these essential MDG activities.

26. The above issues are interconnected. Many known successful interventions, for example IMCI, are cost-effective but their availability is too often constrained by lack of functioning health systems and lack of resources for scaling up. Scaling up of programmes and initiatives must go hand in hand with their integration. A core set of activities should be defined and its promotion and funding protected from erosion, particularly when priorities shift. The interventions needed to meet the MDGs on child and maternal mortality are

known. The critical question is whether the commitment and funding needed to scale up these interventions will be forthcoming. It was stressed that achieving the MDGs on reducing child and maternal mortality would require substantial changes in the approaches to health systems, financial resources, integration, targeting vulnerable populations, and scaling up interventions.

MDG 6 (Combat HIV/AIDS, malaria and other diseases)

Human resources for health: global challenges and responses

27. The focus on human resources was welcome and overdue. The problem, expressed as unfilled health posts due to staff shortages is now acute but not new. Multiple forces, including many outside the health field, have shaped the present situation, which has strong historical roots. Such forces are international as well as national, and touch on issues ranging from trade and labour markets to national budgets, civil service reform, and the consequences of structural adjustment. The mass exodus of trained staff to other countries, already alarming, has recently been aggravated by recruitment offices, with aggressive policies, set up in many developing countries.



WHO/ P.Virot

Research is needed to combat HIV/AIDS and malaria

28. Lack of finances is not the only contributing factor. The reasons for this exodus are likewise multiple and complex, including inadequate career opportunities and incentives, little continuing medical education, low motivation to work in rural areas, frequent “dual employment”, and a poor match between the content of training and the country’s health needs. The training of health staff is expensive – as much as US\$ 70,000 for a general practitioner – and usually paid for from public funds. Staff have a right to migrate to areas with better opportunities. But do not communities also have a right to care by staff trained with public funds?

29. While the situation is not new, recent high-profile initiatives, such as the Global Fund and "3x5", have brought the problem into sharper focus and created great urgency for rapid solutions and progress. Drugs and other interventions for AIDS, TB, and malaria are being made available, but how could access increase, let alone scale up to national coverage, with inadequate staff for delivery? Solutions to the human resources problem are vital to the

development of adequate infrastructure and capacity. Some short-term needs are especially urgent, such as reducing the number of AIDS-related deaths in doctors. It was felt that, without urgent solutions, MDGs in many countries would not be met. Long-term sustainable solutions would be equally important.

30. Addressing the problem is a clear and urgent responsibility of donors. It was admitted that donors sometimes contribute to staff shortages and imbalances by, for example, employing the best staff to work on a single problem. Such policies operate to drain rather than sustain health systems.

31. In looking for solutions, participants saw a great need for coherent and comprehensive strategies for both the short- and long-term, with strong coordination at national and international levels. Both governments and donors need strategic options, including practical tool kits for taking action as well as a clear global vision. In this regard, WHO has a pro-active as well as a technical role to play, although collaboration with many other partners and agencies would be needed to tackle such a complex, multidimensional problem. The issue of human resources would be addressed by the WHO Regional Committee for Africa, and other Regions were encouraged to do so as well.

MDG 7 (Ensuring Environmental Sustainability)

32. This session focused on WHO's work on Health and Environment in the context of the MDGs. Presentations drew attention to the complexity and interconnectivity of environment-related risks to health and how these risks are responsible for a substantial proportion of the Global Burden of Disease. In this regard, the strong link between degraded environments, ill-health and poverty was stressed. The necessity of addressing these risks in an integrated, intersectoral manner was continually underlined. While participants heard that the world is largely on track to meet the MDG target set for water, the sanitation target may not be met. Both these and other targets relating to MDG 7 will become more difficult to reach considering the driving forces of population growth, urbanization, migration and global climate change. However, it was emphasized that WHO's actions to achieve MDG 7 go beyond its work to extend access to water and sanitation, ensure environmental sustainability and improve the lives of at least 100 million slum dwellers. By contributing to the attainment of MDG 7, WHO is also contributing to the attainment of other MDG goals and targets, including those related to poverty reduction.

33. Subsequent discussions highlighted the Right to Water, and how a rights-based approach to health and development can complement an evidence-based approach. It was recognized by participants that environmental interventions may have both negative and positive effects on health, and in this context, Health Impact Assessments may be a useful tool to inform policy development or decisions regarding development projects, such as dams. Participants also heard how a "settings approach" focusing on schools, hospitals, marketplaces etc., has proved effective, in this case in the AFRO region. The linkages between health, environment and the importance of food safety were brought up, particularly when food is scarce. Finally, participants discussed a need to develop better tools to assess the effectiveness of interventions.



WHO/ P.Virot

Create sustainable development

Theme: Focusing on countries

34. The preparation of the session was as useful for WHO as the session itself, generating meaningful discussions between the various WHO staff in the Regional Office for the Americas (AMRO) and at headquarters. It stimulated AMRO to contribute more intensively to the global vision and to listen attentively to issues confronting other WHO regions, as well as raising country issues to the forefront of the discussion.

35. The session offered the opportunity to put in perspective the differences existing from one country or region to another, these being not only a characteristic of WHO but also one of its main comparative advantages.

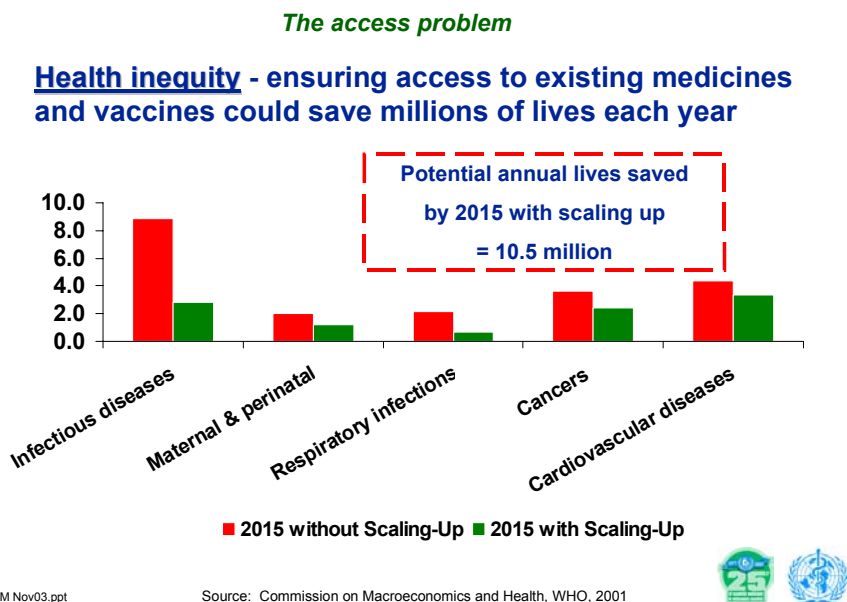
Challenges of health systems and structures

36. During the past decade, large segments of society have experienced a deterioration in living standards. The lack of social protection has exerted a huge impact on access to health care, generating breaches in equity and human rights. This situation has been further complicated by the deterioration of the public health infrastructure as a result of the fragmentation of health systems. Increasing frequency of infectious diseases has been linked in many countries to the collapse of traditional public health functions, such as disease surveillance, regulation and control. In the context of globalization, the inability to protect the public health and reduce vulnerabilities to health risks may result in severe economic consequences.

37. To confront the challenges associated with health systems and structures, a redirection of health systems is required. This entails: a) the development of strategies for

the extension of social protection in health; b) the strengthening of essential public health functions; and c) the development of innovative human resources policies.

Access to essential medicines



38. Four priorities guide the WHO strategy at country, regional and global level: national drug policy, access, quality and safety, and rational use. Two billion people still lack regular access to essential medicines. Therefore, WHO will work towards improving access to those medicines and contribute to target 17 of MDG8. Providing access to anti-retroviral therapies for three million people before 2005, known as the 3x5 initiative launched by WHO, is a challenge; it will be a test for the efficacy of country strategies in drug distribution.

39. The WHO European Regional Office presented a regional approach aimed at supporting countries to achieve equitable access and appropriate use of medicines. Argentina and Brazil presented two experiences on national drug policy, which have greatly improved the access to essential medicines.

Scaling up WHO technical support and Countries in crisis

40. The panelists presented: an overview of the function of Country Support in WHO; the arrangements and implementation of country support in EURO; the development and results of the Country Cooperation Strategy exercise as the rational basis for strengthening WHO's country presence and country support; and the perspective of national authorities with respect to WHO's decentralized technical cooperation at country level. Highlighted was the need to seek and articulate the convergence of global and regional mandates with national priorities and local needs.

Theme: Building the knowledge base for health

Knowledge Management

41. When talking about knowledge, it is important to look at the context of knowledge and its relevance within the local environment. Systems need to be designed from the bottom up that are sensitive to the spectrum of need, and will optimize an increasingly decentralized environment rather than see decentralization as a liability. The challenge is to empower practitioners and district managers by giving them control over access to information needed for problem solving and improving health systems performance at the country level. The Internet is an innovative means to share knowledge in a dynamic, interactive way. For WHO, it could enable far-reaching access to e-learning, communities of practice, a global database of scientific journals and a discussion forum for the broad, diverse set of stakeholders.

42. WHO needs to take an active role in facilitating clear and transparent communications between players to ensure adequate investment in knowledge management, as well as investing resources so that its classification, norms and standards work continues and is of the highest quality. For example, despite the thousands of data systems, mortality rates are still not comprehensive. WHO must also work closely with regions and countries to ensure that vital information is collected, analyzed and used as evidence for policy reform in an effort to strengthen national health systems.

Health Metrics Network

43. The lack of sound health information is regarded as an important obstacle towards building better health programmes. At the same time, at the global, regional, national and subnational levels, demands for data are rapidly increasing. Only a concerted collaborative effort can efficiently and effectively address this obstacle and improve health information for better decision making and for monitoring of progress towards global health goals.

44. The proposed development of the Health Metrics Network (HMN) has been well received. The partner consortium, including academia, and country-level representatives, has held consultations and identified the scope for improvement. HMN will link existing knowledge systems and databases, harmonize global initiatives, and provide synergy and coordination across vertical programs, with the goal of bring information needs back to the country level for management and decision making. HMN will strive to reduce the burden of reporting, provide relevant information, simpler, user friendly methodologies, and assistance with the interpretation of evidence in monitoring.

Research Product Development

45. The issues and rationale for public sector engagement in product research and development (R&D) for products that are primarily for use in developing countries were presented and the value of partnering with the private sector was illustrated with several concrete examples from the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR), the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) and the Initiative for Vaccine Research (IVR) for drugs, diagnostics, vaccines and contraceptives.



WHO/TDR/Crump

Research Capacity Strengthening

46. The MIP recognized that significant value has been generated by TDR and HRP as Special Programmes and that this is the result of long-term funding commitments and the establishment of sustainable partnerships and mechanisms. The need for long-term sustained funding to generate new products and tools for public health use was underscored. The MIP also recognized that recent developments and the creation of new independent organizations were modelled on the activities and practices of the Special Programmes. These activities should be viewed as complementary and not competitive to WHO activities, but there is a need to ensure strong interfaces and coordination between all relevant organizations.

47. There was recognition that an early assessment and discussion of downstream issues relating to access and use of products within healthcare systems are desirable. This should be planned in advance of product registration to ensure a smooth transition to 'real-life' assessment of product's value and its potential introduction into policy.

48. It was recognized that WHO could perform a particularly useful role in bringing partners together for product research and development. This is especially the case in developing countries, where there are fewer opportunities for the public sector to link with pharmaceutical companies. WHO activities work to ensure that capacity building is, as much as possible, an integral component of its product R&D. There was a call by many participants for a comprehensive assessment of WHO's research activities with a view to

enhancing presentation, coordination, prioritization and synergies between those activities through the development of a more comprehensive research strategy.

Global Public Goods

49. A presentation was made on access to products and on knowledge sharing and utilization to create an enabling environment for community benefits. Approaches to improving diffusion of innovations (knowledge transfer and uptake) were also presented. Discussions drew attention to challenges for access and scale up; research to inform policy; practice and strategies for public/community engagement; and involvement in health research.

50. The MIP concluded that:

- There is a need to focus on practical outcomes more than academic pursuits
- Scientific evidence often suggests the need of scaling up particular interventions but it has been difficult to generate the resources and mechanisms to facilitate that, particularly at local and national levels
- There is a need to engage the public, civil society and communities in discussions on scientific and health issues, e.g. through scientific journalism, and
- There is a need to take into account various value systems operating at community and national level, e.g. the issue of traditional medicine being used alongside Western medicine.

Theme: Partnering for better health

Working with partners: Global alliances and mechanisms

51. Partnerships have proliferated in recent years and many examples of positive results, measured in terms of vastly improved access to life-saving interventions, are becoming apparent. In addition, partnerships, with their culture of collaboration and focus on time-limited results, are beneficial in energizing efforts within countries.

52. Structural concerns nevertheless exist. The burden on both recipient countries and donors has increased considerably. The growth of partnerships could indicate a failure of existing mechanisms and institutions, including WHO, to respond to pressing health needs by promoting collaboration, providing incentives, and accelerating the delivery of interventions. In many cases, health problems, especially among the poor, are out-pacing aid flows, and partnerships might be a compensatory response.

53. Strong involvement of governments remains critical to the success of partnerships. Neither donors nor NGOs have a mandate to scale up successful projects to national coverage, which remains a responsibility of governments.

54. The impact of partnerships on health systems received considerable debate. Most partnerships have been sensitized to the importance of strengthening health systems, and

these claims were frequently made. Good evidence is needed to identify problems and successes, and reach conclusions on this important issue.



WHO/TBP/Davenport

Stop TB Partnership - Drug supply at first DOTS clinic in Nepal

55. Funding, while important, is not always a stumbling block. Drug donation partnerships are greatly extending access to high-quality drugs. Several partnerships have demonstrated the vital role that civil society can play in contributing huge numbers of volunteers, in shifting political priorities, and in promoting community involvement and local ownership

56. R&D partnerships are filling important gaps, and evidence is mounting that they are highly cost-effective. Apart from the development of badly needed new tools, these partnerships have great potential to shorten the time interval between availability of a new tool and its impact in terms of lives saved.

57. Several roles for WHO were identified. All partnerships would benefit from a cross-exchange of information and lessons among partnerships, and a look at possible synergistic actions at country level. WHO could also contribute a framework for making technical expertise more widely available and for improving coordination within countries, ensuring that various partnerships operate in an integrated way. WHO needs to be sure that the proliferation of partnerships does not distort the global public health agenda. In addition, WHO should assess its unique strengths within these partnerships and guard against a fragmentation of its programmes. Donors, too, should assess their roles and collaborate to achieve greater efficiencies.

Working in countries: achieving results through cooperation

58. In building successful partnerships, it is important to consider the competitive advantage and specific interests of each partner, as well as clearly define and articulate the roles and responsibilities of the individual partner. Often, the success of programmes in countries depends to a large extent on the effectiveness of such partnerships. Before entering

into a partnership, it is important to determine which potential partners are best-placed to meet the specific needs.

59. Partnerships in particular countries should fit with national priorities. In addition, strong political will at high levels of government is critical to the success of partnerships. It is frequently appropriate to engage in inter-sectoral partnerships, e.g., two or more ministries working together – such as a Ministry of Health in conjunction with a Ministry of Education - may enhance effectiveness in some cases.

•••••

Further information is available on the MIP Website (<http://www.who.int/mip/en/>), including:

- Director-General's opening speech
- MIP 2003 Annotated Agenda - *MIP/2003/2*
- Issues Papers - *MIP/2003/3*
- Financial Management Report - *MIP/2003/FIN/1*
- List of Participants - *MIP/2003/LOP*