

SUMMARY



1. Main recommendations of the Sachs Report on Health
2. Main conclusions of the International Colloquium in Antwerp summarized in the “Declaration on Health Care for All”
3. Quick Wins in the Health sector (Malaria and ARVs for HIVAIDS patients in DCs)

HEALTH SYSTEMS: ENSURING UNIVERSAL ACCES TO ESSENTIAL SERVICES

Disease-specific vertical Programs
are best provided through an
integrated district health system

Technical interventions are well known but the challenge is one implementation



- Disease control interventions need to be delivered in ways that strengthen stewardship, human resources and management of services and
- The key to successful and sustainable scale-ups of these key interventions is to strengthen health systems

REQUIRED INVESTMENTS AND POLICIES



- TO ENSURE AN ADEQUATE SUPPLY OF ESSENTIAL DRUGS, CLINIC AND LABORATORY FACILITIES
- **But** TO COMPLEMENT THESE INVESTMENTS, BETTER POLICIES ARE NEEDED AS WELL AS INVESTMENTS IN ROADS, TRANSPORT, WATER, ELECTRICITY...

THE ANTWERP DECLARATION (October 2001)



Call on:

- National governments, international organisations,
- and all agencies and individuals concerned with health and development to:
 - (1) Recognise access to health care for all, requiring adequate human resources, infrastructures, essential drugs and commodities, as a basic human right, and as essential for the control of the poverty related diseases.

- (2) Acknowledge the need for multi-sectorial approaches to reduce the burden of HIV/AIDS, tuberculosis, malaria, and other infectious and non-communicable diseases.

- (3) Ensure that specific disease control programmes strengthen regular health systems and that they are co-ordinated with other programmes and interventions;

- (4) Ensure that health systems are responsive to the needs and expectations of the populations, contribute to improving health outcomes, and ensure fair and sustainable financing;
- (5) Strengthen in partnership the financial, logistic, operational and scientific capacities of the low-income countries to improve their health services and disease control programmes, and to orient international research to the needs of the people and the health systems;

THE RELATIONSHIP BETWEEN HEALTH AND POVERTY



- IS NOT SYMMETRIC
- Poverty is the single most important determinant of poor health, but
- Poor health is very far from being the single most important factor of poverty
- Historical and empirical evidence demonstrate the major contribution of **other conditions**

OTHER FACTORS



- Improved incomes
- Environment factors (water, sanitation, housing, etc.)
- Social factors (education, social capital, gender equity, etc.)

RECOMMENDATION 5: QUICK WINS FOR 2005 IN THE HEALTH SECTOR



- Free mass distribution of malaria bed-nets and effective antimalaria medicines for all children in regions of malaria transmission by the end of 2007
- Successful completion of the 3 by 5 Campaign to bring 3 million AIDS patients in DC onto antiretroviral treatment by the end of 2006

SOME REACTIONS



- **From UN New York:** positive reaction from some delegations but for many others these “Quick Winns” should go through the principle of appropriation, be integrated within the PRSPs and support in a long term perspective
- **From the EU Presidency:** interesting initiatives but, need to be integrated in long term development strategies to ensure their sustainability, identified and proposed by the DCs and adapted to the national context

OTHER REACTIONS



- **NL:** doubts concerning the sustainability (in the agriculture sector mainly)
- **USA:** in favor but with the same concern
- **UK:** very supportive – for malaria 45 mio STP for IBNs and also plea for the abandon of “user fees” in both the education and the health sector

QUICK WINNS: some DGDC's remarks



- (1) malaria programmes should ensure that funding for malaria interventions includes not only commodities but also operational and health system support costs
- **for IBNs optimal use**, there is a need for an intensified social mobilization, social marketing and behaviour change effort involving other sectors and civil society as a whole

QUICK WINNS



- **Social mobilization opportunities include:**
 - Health centers where IBNs should be made available
 - Schools where students can be informed
 - Private sector where employers can promote the use of IBNs by employees and families
 - Agriculture extension services for IBNs and IRS (Indoor Residual Spraying)
 - Civil society such as NGOs, religious groups, municipalities etc.
 - The media (newspapers, radio shows etc.)

QUICK WINNS



(2) ARVs treatment for HIV/AIDS patients:

- Drugs are only responsible of 20% of overall health expenditures
- The principal present bottleneck is the lack of Human resources for health
- Other issues are the availability of ARVs generics, the distribution and the administration of the treatment need and the need for a strong Health delivery system