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| <http://www.who.int/director-general/speeches/2001/english/20010129_davosunequaldistr.en.html> |
| Mr Smadja,  President Chissano,  Mr Soros,  Mr Malloch Brown,  Mr Bryer,  Ladies and Gentlemen,  **Unless we can make globalization work in the interests of all**, we will foster the global spread of illness. In the modern world, bacteria and viruses travel almost as fast as money. With globalization, a single microbial sea washes all of humankind. There are no health sanctuaries.  The separation between domestic and international health problems is no longer useful, as over two million people cross international borders every single day. A tenth of humanity each year.  It is not only the infectious diseases that spread with globalization. Changes in lifestyle and diet prompt an increase in heart disease, diabetes and cancer. More than anything, tobacco is sweeping the globe as it is criss-crossed by market forces. Only weeks after the old socialist economies in Europe and Asia opened up to Western goods and capital, camels and cowboys began to appear on buildings and billboards.  If the growth in tobacco use goes unchecked, the numbers of deaths related to its use will nearly triple, from four million each year today, to 10 million each year in thirty years. Practically the entire growth in tobacco-related mortality, more than 70% of these ten million deaths, will take place in developing countries.  Clearly, globalization does not *have* to lead to human insecurity because of the spread of illness. Nor does it *have* to contribute to inequity. Forces of globalization can be channelled so that they lead to a more just and equitable global society.  **We need to define key global public goods:** Together, we need to identify areas in which the production and dissemination of essential goods at a reasonable price cannot be assured through normal market forces. In the health field, this includes essential vaccines, diagnostics, and medications.  **We need to identify instances when globalization leads to an undesirable impact:** This may mean putting forward the case for international **regulation of global negatives.** In the health field we are already progressing - through the ongoing political and legal negotiations for an International Framework Convention on Tobacco control.  We know that the poor suffer disproportionately from the ravages of communicable diseases. In 1998, communicable diseases were responsible for about 34% of the total burden of disease world-wide, but nearly twice that - 64% - among the fifth of the global population living in countries with the lowest per capita income. Most of these diseases can be prevented or easily cured with available vaccines and drugs, but poor countries and poor people do not have access to them.  We know too that HIV/AIDS, TB and malaria are themselves major *causes* of poverty. The success or failure of our collective response to these threats is critical. It holds the key to the economic and physical security - not just of individuals and communities - but of nations and continents.  HIV prevalence rates of 10-15% - which are no longer uncommon - can translate into a reduction in growth rate of GDP per capita of up to 1% per year. TB, which is made worse by HIV, takes an economic toll equivalent to $12 billion dollars from the incomes of poor communities.  Africa's GDP would probably be about $100 billion more now if malaria had been tackled 30 years ago, when effective control measures first became available.  So we need to focus on **how the forces of globalization can be harnessed to bring benefits to poorer people within and between countries.** There are great gaps that need to be filled, but it is doable, if are able to achieve the scale-up of resources that is very urgently needed.  There is an increasing political consensus behind global health equity. It is manifested through the international development targets that have been built up in recent Summits and backed by the recent G8-G77 focus on addressing the key diseases of poverty.  Colleagues, At the same time, we see a vital need for the continuing involvement of the private sector and of civil society organizations in this process. This is why the idea of a global health initiative has been launched. Most companies care about the health of their workforces, the communities with whom they work, and those with whom they interact throughout the world.  Some companies have already given higher priority to people's health, within global initiatives. They contribute to polio eradication through the Rotary Movement; to the elimination of leprosy through the Novartis and Sasakawa Foundations and Merck to the control of river blindness through the Mectizan programme.  They contribute to childhood immunization, under the umbrella of GAVI, a Global Alliance launched at the World Economic Forum in January 2000 with the critical backing of the Gates Foundation.  By joining partnerships - like Roll Back Malaria, GAVI and Stop TB - companies support the adoption of tried and tested strategies in communities affected by illness. They focus on results. Take the example of ENI, working with government and civil society in Azerbaijan, helping people to reduce the risk of malaria infection and increasing access to effective treatment.  Many companies have now joined the movements to reduce the risk of HIV infection and to enable people living with HIV and AIDS to access care. The companies that have established the Global Business Council on HIV-AIDS have set a powerful example, encouraging individual actions, collective advocacy and the sharing of best practices.  Much more could be done, if companies commit themselves to global healthand work together, using best practices.  Companies could make a greater contribution to improving the health of the world's poorest people. A Forum Initiative could lead to the much needed scaling up of effective action. It could do this by providing an umbrella, and by building on the many actions currently under way.  It could certainly provide an excellent opportunity for sharing good corporate practice.  It could also inspire a wider corporate involvement in public policy.  I would be happy for WHO to support the establishment of such an initiative.  Colleagues, As we have heard, the world has set major goals for equity in health. They can be fulfilled, and the result will be significant reductions in levels of poverty. But to do this we need sustained partnerships between the public and private sectors, based on shared values and strategies.  Thank you. |
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