The Millennium Development Goals and the Swiss Perspective on the Right to Health

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Since fifteen years the world has been witnessing something unique in international development cooperation. It all started with a sequence of conferences in the 90's on the social, economic and environmental dimensions of development – the three pillars of *sustainable* development. Then, at the 2000 UN Millennium Summit, 189 Heads of State and government from the North and the South signed the Millennium Declaration and translated the findings from the discussions in the 90's into the so-called Millennium Development Goals (MDGs) to be reached by 2015. For the first time in history, the world has a common agenda consisting of 8 quantitative targets that the countries of the North, South, East and West have agreed upon. This joint commitment is not a contract in the legal sense, but it is known to the whole world and carries a great moral weight.

In order to achieve the Millennium Development Goals an enormous effort in financing is needed. We often hear about the Monterrey Consensus 2002 - and that it only recommends a doubling of efforts on the part of the industrialised countries. But the Monterrey Consensus is much more. This will become evident in September 2005, when the UN General Assembly will take stock of the progress made by UN Members and the countries will have to submit their first reports. The Monterrey Consensus expects developing countries to reform their fiscal policies and to create economic conditions that attract investment and allow them to finally integrate into the global economy. The governments of these countries also have to fight corruption and live up to the requirements of good governance. On the other hand, the Monterrey Consensus expects the industrialised countries to do more for this joint venture. A lot more needs to be done if we are to reach the MDGs.

The Millennium Project is also a committing agenda for multilateral organisations like the World Bank, regional development banks, UN funds and special programmes. At the end, a transformation of the whole financing architecture is inevitable. We do not need a crowding out with regard to financing but we should compete with regard to effectiveness. There is great pressure from the financial institutions often aiming more for bigger volume than better standards. But sometimes we should foresee binding conditions on how loans are put to use and how the multilateral indebtedness could be broken through. There are many more things to be done if we are to reach our goals. As Nelson Mandela, a great man of our times, once asked: Will the legacy of our generation be more than a series of broken promises?

Unfortunately, we have to take note of a widespread disease: Over the last then years a lot of financial promises have been made that never materialized or even underwent recycling. The industrialised countries have to become more transparent. Even a small country like Switzerland needs to be more open and promise only what it can – and also will - deliver. Although we finance as much as we can, everyone should at all time be able to check whether we actually keep our promises.

The eight Millennium Development Goals (MDGs) are binding for the whole world – the developing as well as the developed countries where poverty, unfortunately, is on the increase as well. The first 7 of these MDGs are geared towards the needs of developing countries, where as MDG number 8 is about establishing a true partnership between rich and poor countries. Out of the 8 goals the following 4 relate to health:

- **Goal 1** - reduce malnutrition by 50% between 1990 and 2015;
- **Goal 4** - reduce child mortality by two thirds;
- **Goal 5** - reduce maternal mortality by three quarters;
- **Goal 6** - halt and reverse HIV/AIDS, malaria and other communicable diseases.

Not all of these goals use the year 2000 as their starting point, but they all have the target date of 2015 when the MDGs should be achieved. A group of countries will face increasing difficulty in reaching these goals. On the base of today's figures it is likely that 60 of the 155 countries that have been studied so far may find it impossible ever to reach the MDGs. But according to this year's UNDP Report giant leaps are still possible if there is political will - and if those who are politically responsible truly mobilise their efforts and work together to set up reliable long term partnerships. Development cooperation is a process depending on continuous joint efforts and partnership. Joint efforts can take us far, it takes just one example to illustrate this: According to the World Bank we probably could save the lives of 20 million children in the next ten years by accelerating health programmes and allocating more funds.

Today, Switzerland is using about 10 % of its *bilateral* development aid for health projects. That is certainly not enough in order to help achieving the MDGs, in spite of the fact that Switzerland is actually spending about 65 % of its development funds on MDG 1. A big bulk of the Swiss *multilateral* cooperation is geared to prevention through collaboration with international organisations. The Swiss authorities are currently establishing an inventory of all projects and programmes focussing on the MDGs. This exercise may result in a reallocation of Swiss funds. The international community must

allocate 25 billion USD to achieve the four MDGs related to health, today only about one third of that sum is spent. In 9 out of its 35 partner countries Switzerland is promoting the health system as such. It does not amount to much if donor countries just invest in infrastructure, build hospitals and set up health services when there are no functioning health systems in place. Among the most palpable examples are the countries of Eastern Europe where health care is even behind the state of affairs of developing countries, simply because their health systems have collapsed. It is also important to support national reform policies, to cooperate with the respective parliaments and pass on know-how and experience. Switzerland aims to build up the capacity in its partner countries and grant financial support, e.g. by so-called "basket financing": Donor countries form a group in order to decide on the sectorial allocation of their budgets and on the amount that goes to the health sector of one partnering country. This form of Swiss engagement is for instance the case in Tanzania. Such a framework not just allows to strictly control the use of investments and establish accountability systems. It also enables the donors to harmonize their collaboration and coordinate their aid. The cooperation between the various stakeholders in the context of the MDGs can still be increased and strengthened. It has become apparent that governments cannot solve all the problems alone, the private sector, science, media and civil society have to be included. But this multi-stakeholder approach also takes a lot of effort. All parties involved should put aside their misconceptions and stop mutual blaming. Only when all actors are living up to their particular role and working to their fullest capacity, the benefits of complementarity are finally materializing. It should never be about the private sector or some philanthropic organisation taking on the role of governments, it is rather about bringing in knowledge, products and sharing solutions through networks and collaborations starting with a joint analysis of the problems.

Switzerland can contribute a lot towards reaching MDG 4 on reducing child mortality by providing donor support to multilateral organisations. Here the WHO does a very progressive and good job. Take again the case of Tanzania where donors have pooled resources and shown how much more effective they can be. Civil society actors in the North still have some difficulties to learn that bilateral mandates are no longer awarded, when the donors provide sectorial and well controlled budget support. It is then the government of the partner country that actually gives out mandates. However, we are convinced that in private-public partnerships – be it with regard to education in malaria or other diseases - we will achieve very good results.

In the case of MDG 5 on maternal mortality, Switzerland has always stated that UNFPA should take the lead and that certain scientific research programmes should be supported. In 1994 Novartis supported the Swiss effort in creating the International Forum for Health Research with the aim of changing the ratio of

fund allocation: 10% of international research resources being used for diseases in developing countries and 90% of the money being used in areas where there is actually purchasing power for such drugs, have to be turned into a ratio of at least 20 : 80. It was everything but easy to bring the WHO, the big foundations, companies, industries and the various states together around a table. On a humorous note, we copied somewhat the Swiss model of Federalism: Everyone does what he wants to do, no one does what he ought to do - but all join the party. After three lunches even WHO agreed to participate, provided the process would not endanger their interests. Today, the ratio looks as such: 15% to 85%. But we do not give up the ultimate goal of finally reaching a ratio of 20% to 80%. The global pharmaceutical companies are cooperating in these various research clusters in a way that we as state actors are reasonable to support.

Reaching MDG 6 on fighting HIV/AIDS and other communicable diseases is only possible when the health systems function. The Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM) can only use their resources effectively if the health systems work well. It must not be that half of the money ends up on some intermediate bank account just because the various countries are not in a position to make capacities available for health care interventions. The bilateral donors must assist these countries to develop their absorptive capacities for aid in health care.

Health is a global public good. The state is responsible and accountable for setting up certain minimal frameworks, to ensure, for example, that infectious diseases are not so easily spread. The state is also responsible and accountable for formulating a sound health policy that strengthens public health rather than weaken it due to the shortcomings of the state. The concept of Global Public Goods will stay on the political agenda and come up repeatedly in the future, be it in the context of health, water, security or economic stability. Great efforts are already spent on these issues. The dialogue must be based on well-founded expertise, controversies should be brought to the table, but the discussions should be free from individual interests. Health as a global challenge implies the following three strategic lines:

- First, spread the necessary knowledge and put it at people’s disposal. It is not that the pharmaceutical industry has to open up all its books, but good practices and experiences should be exchanged and made accessible.
- Second, make cheaper drugs available. The drugs alone will not solve everything, but the dialogue on the problem of cheaper drugs and generics should remain transparent and visible and enable all stakeholders to bring in their own opinions. Preconceived ideas or visions without any

chance of implementation don't help much, pragmatism is of the essence if we are to undertake the necessary steps.

- Third, strengthen institutional capacity in poor countries. This is a core task for development cooperation.

To sum it up: It is not just about controlling individual diseases. Switzerland as a development partner must pool its efforts on the fight against the causes of poverty. We cannot just talk about “poverty reduction strategies”, although this is a very important instrument today in the field of development. We need to deal with the root causes of poverty, but we also need to focus on strengthening the fight to control diseases like tuberculosis, malaria and HIV / AIDS. And here, in particular, the programmes to increase mother and child health need to be much more selectively supported by Switzerland. Health systems have to become an integral element of good governance. Accordingly, health services have to be geared to the needs of the poor, which is also a core task of Swiss development cooperation. At the same time, local institutions need to be supported and the beneficiaries must have much more influence over the way health services are delivered. In many developing countries there are excellent strategies on home based care systems, which we need to remobilise while respecting the cultural context of each country. The improvement of reproductive health will remain a focus of our priorities. We need to make better use of local knowledge and scientific findings. And – last, but not least - as a result of resorting our own portfolio we need to re-allocate funds to better promote the MDGs.