

**[PLEASE CHECK AGAINST DELIVERY – SEULE LA PAROLE  
PRONONCEE FAIT FOIS]**

**Opening remarks of Federal Councillor Micheline Calmy-Rey**

**30 August 2006, 18:15h – 18:30h**

**International development and access to health**

---

**Ladies and Gentleman,**

**The Geneva Hospital is celebrating its 150<sup>th</sup> birthday and it is devoting the celebration conference to the topic “global access to health”. This engagement for improvement in access to health for all shows that in Geneva a mutual spirit exist between the UN agencies, the multilaterals and local institutions. Many of the multilateral and international bodies which define the policy of the access to health care and through which the international Community channels an important part of its health-related aid do have their headquarters in Geneva. WHO and UNAIDS, Roll back Malaria (RBM) and the Global Fund to fight AIDS, TB and Malaria (GFATM) are based in this town. Other supported international initiatives based here focus on filling the research gaps faced by the least developed countries. Examples include the Global Forum for Health Research (GFHR), the Medicines for Malaria Ventures (MMV) or the DNDi- the drugs for neglected disease initiative. All of them aim at improving access of the poor to health, by developing drugs, tools, strategies and policies which are effective, affordable, available, of good**

quality and safe and can be delivered through efficient health systems and appropriate local health services in resource poor countries.

Another strong link and common engagement exit between the Geneva Hospital and the engagement of Switzerland abroad. The Geneva Hospital and the Swiss Agency for Development and Cooperation can look back on a good many years of successful and very fruitful cooperation. This cooperation has led to numerous complementary activities in Africa, for the most part, as well as in Eastern Europe. Our common aim is to strengthen the health systems in our partner countries, inspired by our mutual commitment to sustainable development, by fostering capacity building at local institutions. I thank the Geneva Hospital for its continuous efforts to quality health care in Geneva since 1856 and throughout the world, today.

In the second half of the 19<sup>th</sup> century, at the time when the Geneva Hospital was created, Switzerland was a country that was faced with mass poverty. The streets were crowded with beggars and tens of thousands of Swiss men and women saw no other choice than to leave their country, hoping that in the United States, in Argentina or in Brazil they could find a living. In these times, death in Switzerland came most often during the months of February to April. During these months, protein deficiency was most severe. In the mid 19<sup>th</sup> century indecent housing, precarious hygiene, contaminated water supplies along with hunger and poverty allowed diseases like typhoid fever, tuberculosis and septic fevers during childbirth to thrive. A harsh world took the lives of nearly 25% of all children born in Europe before they saw their first anniversary. A world marked by inequities, where a baby born to a poor mother had a 3 times higher chance of dying in the first year than one born into a wealthy family, a rate comparable to the infant mortality rates we observe today in Afghanistan. Switzerland and the rest of Europe were in the midst of the industrial revolution.

While this period was marked by profound societal challenges, it was also one of opportunities opening up. We are looking at a time which was crucial to the development of Public Health- a time where Dr Semmelweis in Vienna discovered that if doctors and midwives simply washed their hands before delivering a baby, death rates of both mothers and their newborns could be brought down drastically. Around the same time, in London, Doctor John Snow discovered the connection between a Cholera outbreak and a contaminated water source in a poor borough. This discovery led to the origins of a new science- the science of epidemiology.

Also for Switzerland and Geneva, this was an extremely important period. It is the time of the creation of the Red Cross by Henry Dunant, which today more than ever stands for Switzerland's longstanding humanitarian tradition.

During that period, also, many important companies were created in Switzerland, which since have greatly contributed to our country's wealth. In 1851 Carl Franz Bally created his shoe factory in Solothurn including health insurance for his employees. Around the same time Switzerland saw the creation of the pharmaceutical industry in Basel and also one of the first large Swiss Bank, the Crédit Suisse, which shares its anniversary with the Hospital of Geneva. All of them have become global companies, without which Switzerland would not be what it is today. While the role of these multinationals has been seen as a controversial one from the view of some development activists and public health professionals, we should acknowledge that one amongst many other factors which have led to the remarkable progress in health status of our population was the strong involvement of various stakeholder groups in driving the health agenda. National and local governments, professional associations, health service providers, civil society and interest groups, private for profit and not for profit organisations and beneficiary groups have been strongly involved in shaping policies and services. Since the second half of the 20<sup>th</sup> century

**we are living in a country with health indicators which are among the best in this world. Today all Swiss residents are covered by health insurance and for some, wellness has become more of an issue than survival.**

**Ladies and Gentlemen,**

**If we look at today's world we see a large proportion of the world's population still struggling with the very same challenges and problems we as a country faced some 150 years ago.**

**Is it acceptable that today in Eastern Africa only 1 in 3 pregnant women can deliver their baby with the help of a skilled attendant, making pregnancy and childbirth the leading cause of death and disease in women of reproductive age in developing countries? Worldwide, more than half a million maternal deaths occur every year. These women die of severe bleeding during or after delivery, of unsafe abortions following an unwanted pregnancy and of infections, like at the time of Semmelweis. The vast majority of these deaths would be preventable by low cost public health interventions.**

**Is it acceptable that in today's world one of the biggest public health problems of rich nations like ours is obesity, whereas malnutrition, particularly amongst children, remains one of the world's most serious health problems? A new World Bank report shows that poor nutrition is implicated in more than half of all child deaths worldwide – a proportion unmatched by any infectious disease since the Black Death. The report shows that roughly 30% of children in the world are undernourished and that 60% of children who die of common diseases like malaria would not have died had they not been malnourished in the first place.**

**Today we know how to effectively prevent HIV infections and we are lucky to have powerful drugs which can dramatically prolong the life of a vast majority of the people living with HIV. However, last year 4 million**

people on this planet got newly infected with HIV and 3 million died of AIDS. We still find ourselves in a situation where only a small minority of those in need is reached by effective prevention programmes. Most of the patients who need lifesaving medication live in the poor countries of the South, while most of the drugs needed for their treatment remain in the North. Despite considerable progress achieved over the past few years, globally only one in five patients in need of antiretroviral drugs receives them- leaving 80% of them with a death sentence. The progress reports prepared for the recent UNGASS + 5 meeting show that in South Africa, for example, only an estimated 17% of patients in need of antiretroviral treatments actually received it. A year ago, more than 800'000 patients in that country were still waiting for treatment. In 2005, in India, only some 50'000 out of half a million patients in need received antiretroviral drugs in either the public or the private system. The situation is even worse for children: only 5% of the 660,000 in urgent need receive this medication - and there are no appropriate tests for diagnosing infants and very few adapted tools to treat children. In Africa and Asia, half of poor people lack access even to *essential medicines*. For improving the access of people in resource poor settings to comprehensive prevention, treatment and care, we need better incentives to develop effective and affordable tools, technologies and better strategies to bring them to the places where they are needed most. At the same time, we need to support countries in strengthening their health systems so that they can deliver these tools. Finally, we must not forget to address the root causes, which continue to drive this epidemic: poverty, gender inequality, lack of education and information or instability and conflict- just to mention a few.

Today's world is still marked by poverty, continued gender inequalities, growing inequities and plagued by infectious diseases such as tuberculosis, HIV, malaria or cholera which could all belong to the past if access to knowledge and technologies and wealth could be more

equally shared across this planet. The list of burning health problems the international community is confronted with is huge.

Switzerland is not ready to accept this situation. The experience shows that we *can* make a difference, both in our own country but also in the partner countries with which we cooperate. Our longstanding democratic and humanitarian tradition is driving our contribution to making the world a more just and equitable place to live in. We base our response on the understanding that access to health is a human right and that health is a global public good. We want to see an equitable development, where women and men have equal opportunities in their societies and where the weakest and most vulnerable groups are empowered to play an active part in the decision making that affects their everyday lives. We are used to working in partnerships with others, adding our voice and strengths to those of likeminded stakeholders.

This is why our country welcomed, when in 2001 for the first time in history, the world agreed on a common agenda consisting of 8 targets, the so-called Millennium Development Goals (MDGs).

In comparison to the large nations in this world, Switzerland may seem a “modest” donor. Our aim is not to be amongst the first to pledge, but rather amongst those who are known to realise their commitments. The Swiss Agency for Development and Cooperation, SDC, today spends some 84 to 100 million (86 million in 2004) CHF per year on health related multilateral and international cooperation and humanitarian aid. We know that the needs are enormous, and that much more should be done. At the same time we are aware of our limitations. Switzerland cannot engage in all the fields where change is most needed. This is why we have decided to target our resources and capacities to those areas where a great need and a comparative strength of Swiss actors

meet. The Swiss Agency for Development and Cooperation has decided to focus on a set of five priorities.

- **Strengthening Good Governance of Health Systems**
- **Developing Pro Poor Health Services**
- **Empowerment of Communities and Users of Health Services**
- **Control of major Communicable Diseases**
- **Improving Reproductive Health.**

Let me show you with an example from the health sector of how we translate our health policy into practice. In so doing, I will focus on international cooperation. I focus on what Switzerland is doing already, knowing very well that we all have to be committed to do more and to do what we do even better in the future.

An example of longstanding collaboration is the East African country of Tanzania. Switzerland contributes to improving health system efficiency through supporting the so-called sector wide approach (SWAp) at the national level, which is an approach that develops donor coordination and strengthens recipient governments' capacities to finance and manage the health sector. Switzerland has also invested over many years into improving access to affordable health services and essential drugs in Tanzania through the Dar es Salaam Urban Health Project. Rational drug management, supporting the development of a new national drug policy and capacity building of health staff at all levels of the system was complemented with interventions that targeted the users of the system. Such efforts are complementary to other projects, such as a community based health project or a rapid funding envelope which allows community based and civil society organizations to have unbureaucratic and rapid access to funding for small scale HIV and AIDS interventions. The Tanzanian example also shows that sometimes we need to increase access to specific technologies and commodities to

make prevention work. Vaccines, condoms or safe water are all crucial preventive strategies- yet their effective delivery needs different solutions. The need for such diverse technologies raises the issue of access in many ways, for both the rich and the poor. While some of these preventive measures are distributed through health facilities, alternatives exist for others. An example in which Switzerland has been active over the past decade is the use of insecticide-treated nets for malaria control in sub-Saharan Africa. This simple and effective technology can reduce child mortality by at least one-fifth. Unfortunately, less than 5% of African people were sleeping regularly under such a net in the year 2000. In Tanzania, Switzerland supported the development of a national treated nets programme, in collaboration with numerous bilateral and multilateral partners. Within the last four years regular usage in high risk groups has increased to 40% in even the most remote corners of the country, preventing at least 20,000 child deaths each year. This success was based on the large-scale deployment of a simple and proven technology and through an innovative public-private strategy. While the mosquito nets are distributed entirely through the private commercial sector, clinics promote their use and special vouchers are given to pregnant women and mothers of small children to allow them to receive a net that is almost free. Currently, 80% of all pregnant women make use of this facility.

Many of the above mentioned collaborative efforts are implemented by some of the traditional Swiss implementing agencies, but increasingly also by local partner agencies- a noteworthy result of longstanding efforts to create ownership and build capacity in our partner countries.

Ladies and Gentlemen,

**Should we be proud of the world we are living in when comparing it to the one in the second half of the 19<sup>th</sup> century? In my opinion the answer to this question can still be “yes”. Switzerland and the international community have come a long way - however, we do not have any reason for complacency. Much more needs to be done. “The legacy of our generation must be more than a series of broken promises”, Nelson Mandela said in 2001.**

**This forum provides us with a unique opportunity to learn from each other, to discuss and to overcome ideological divides in order to work together for the human right to health. I wish you and the organiser’s fruitful discussions and a lot of success in finding new solutions.**

**Thank you for your attention!**