

Working Towards Policy Change

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Integrating Health, Nutrition and Food Security
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The MDR-TB Death Sentence as Public Health Policy

“In developing countries, **people with multidrug-resistant tuberculosis usually die**, because effective treatment is often impossible in poor countries.”

- WHO 1996

“**MDR TB is too expensive to treat in poor countries**; it detracts attention and resources from treating drug-susceptible disease.”

- WHO 1997



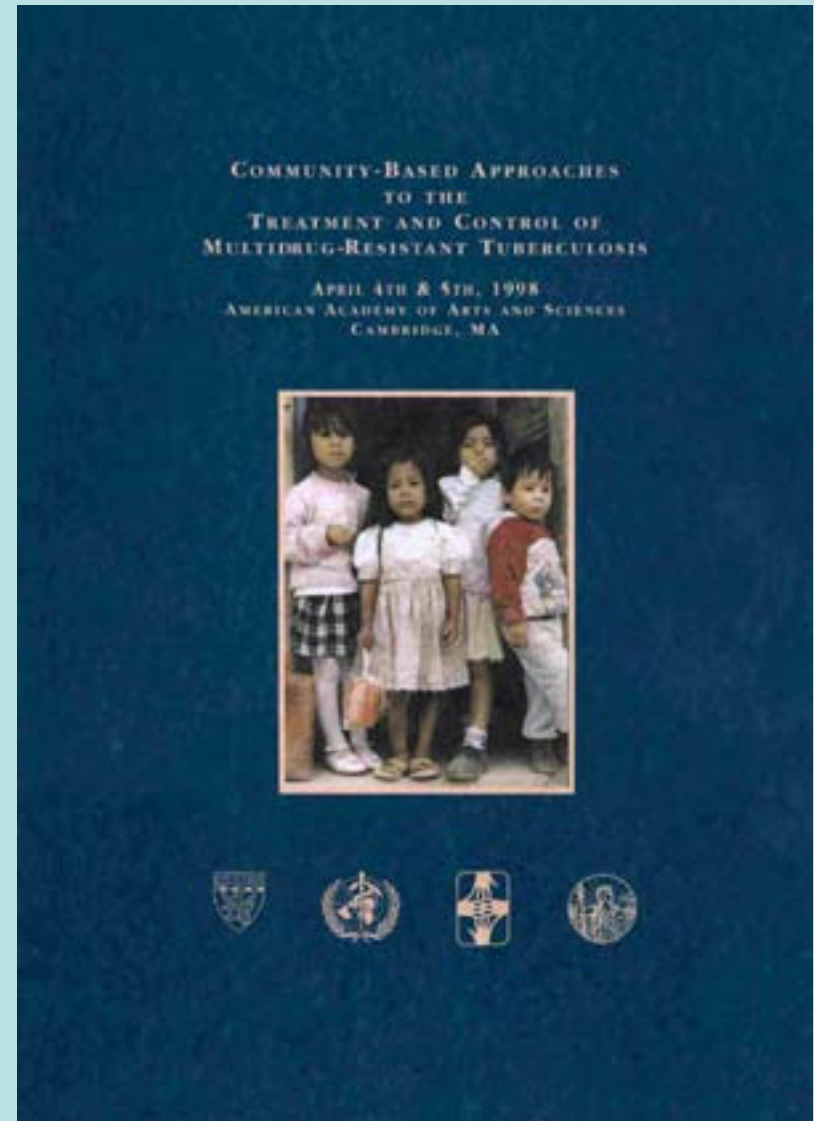


August 1996

MDR-TB treatment project initiated in Peru by *Socios en Salud* and Harvard/Partners in Health.

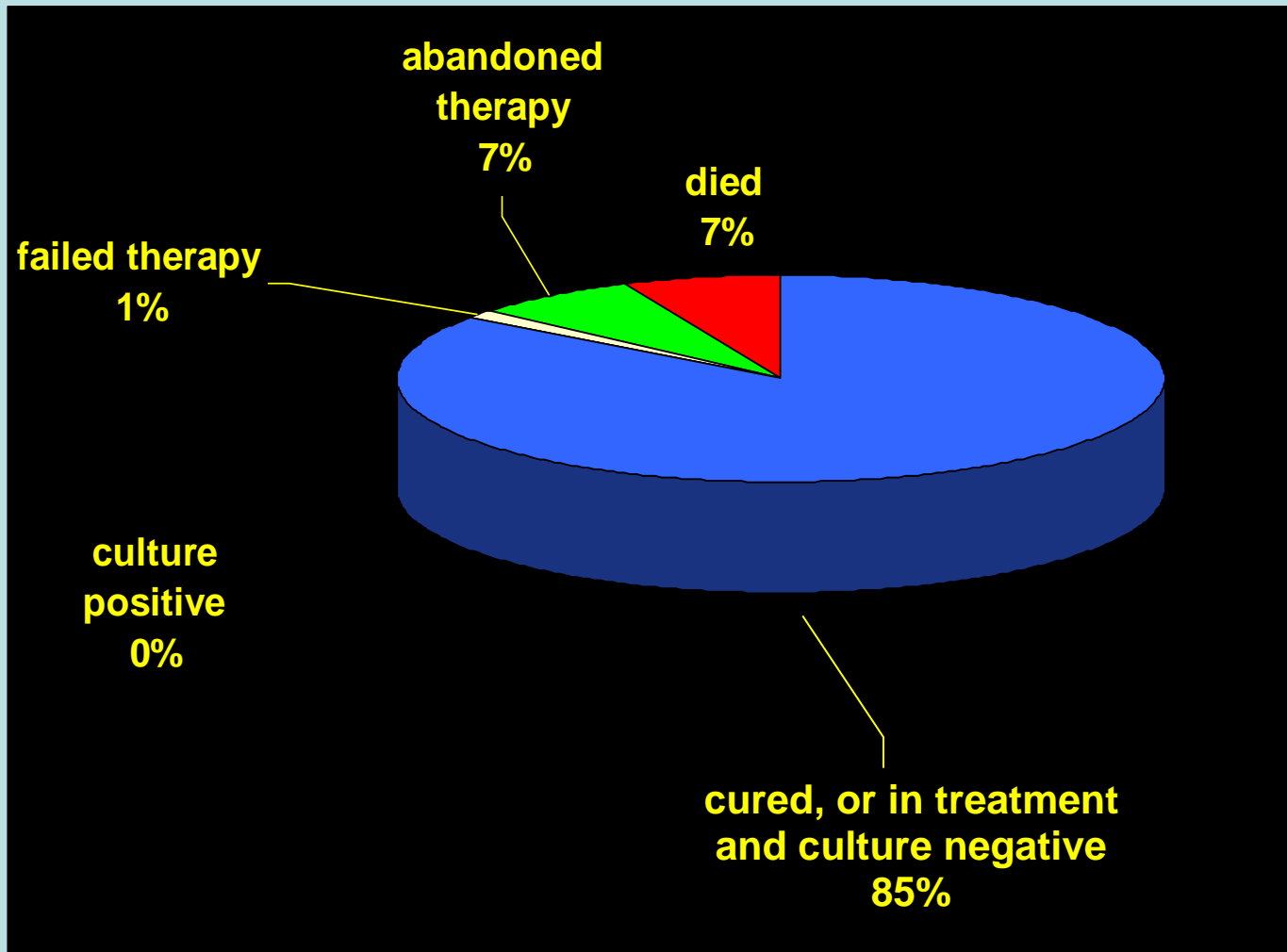
April 1998

Harvard University
hosts international
meeting to debate
treatment of MDR-
TB in resource-poor
settings



Preliminary outcomes in 74 MDR-TB patients receiving at least 4 months of therapy

All patients initiated therapy between August 1996 and May 1999



"We have to think about MDR-TB in a new way. In the past, we have seen it as a virtual death sentence for the people in developing countries, but now we can give people hope of a cure."

Arata Kochi, April 5, 1998



DOTS-Plus &

the

Green

Light Committee

*Improving access
to second-line anti-TB drugs*



Reduced prices of second-line TB drugs

Drug	Formulation	1997 price	1999 price	% Decline
Amikacin	1 gm vial	\$9.00	\$0.90	90%
Cycloserine	250 mg tab	\$3.99	\$0.50	87%
Ethionamide	250 mg tab	\$0.90	\$0.14	84%
Kanamycin	1 gm vial	\$2.50	\$0.39	84%
Capreomycin	1 gm vial	\$29.90	\$0.90	97%
Ofloxacin	200 mg tab	\$2.00	\$0.05	98%

WHO Changes Policy

“Failures of regimen I that include rifampicin in the continuation phase are more likely resistant to H and R and have a lower chance of cure with regimen II, which includes only one new drug. Alternatives to Regimen II are strengthening the regimen **by adding 1-2 reserve drugs or using regimen IV** in failure patients with MDR, according to the resources and capacity to keep the patients on treatment .”

WHO Treatment Guidelines 2002



The Global Fund to Fight AIDS, Tuberculosis and Malaria

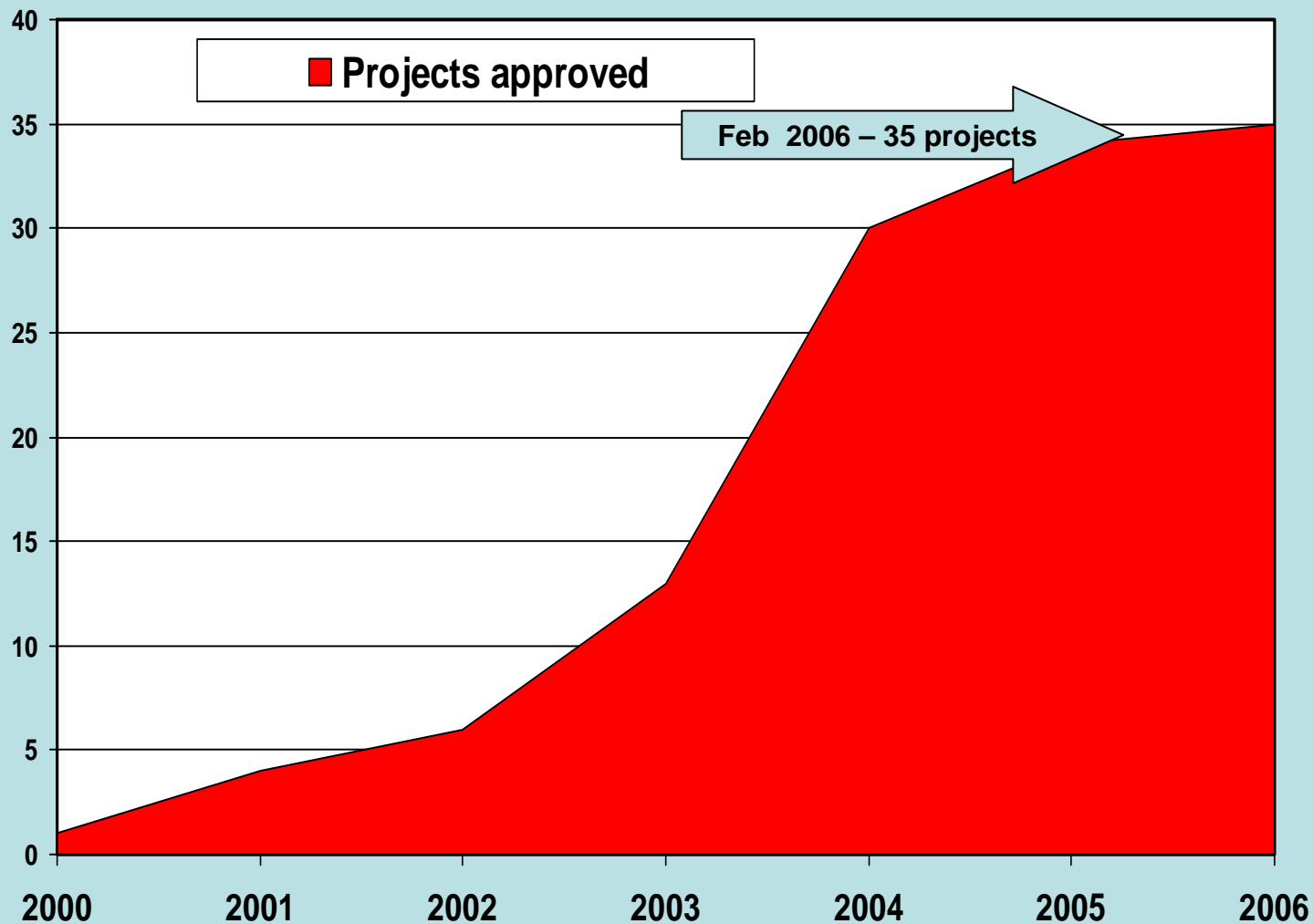
Third Board Meeting

Geneva, 10 – 11 October 2002

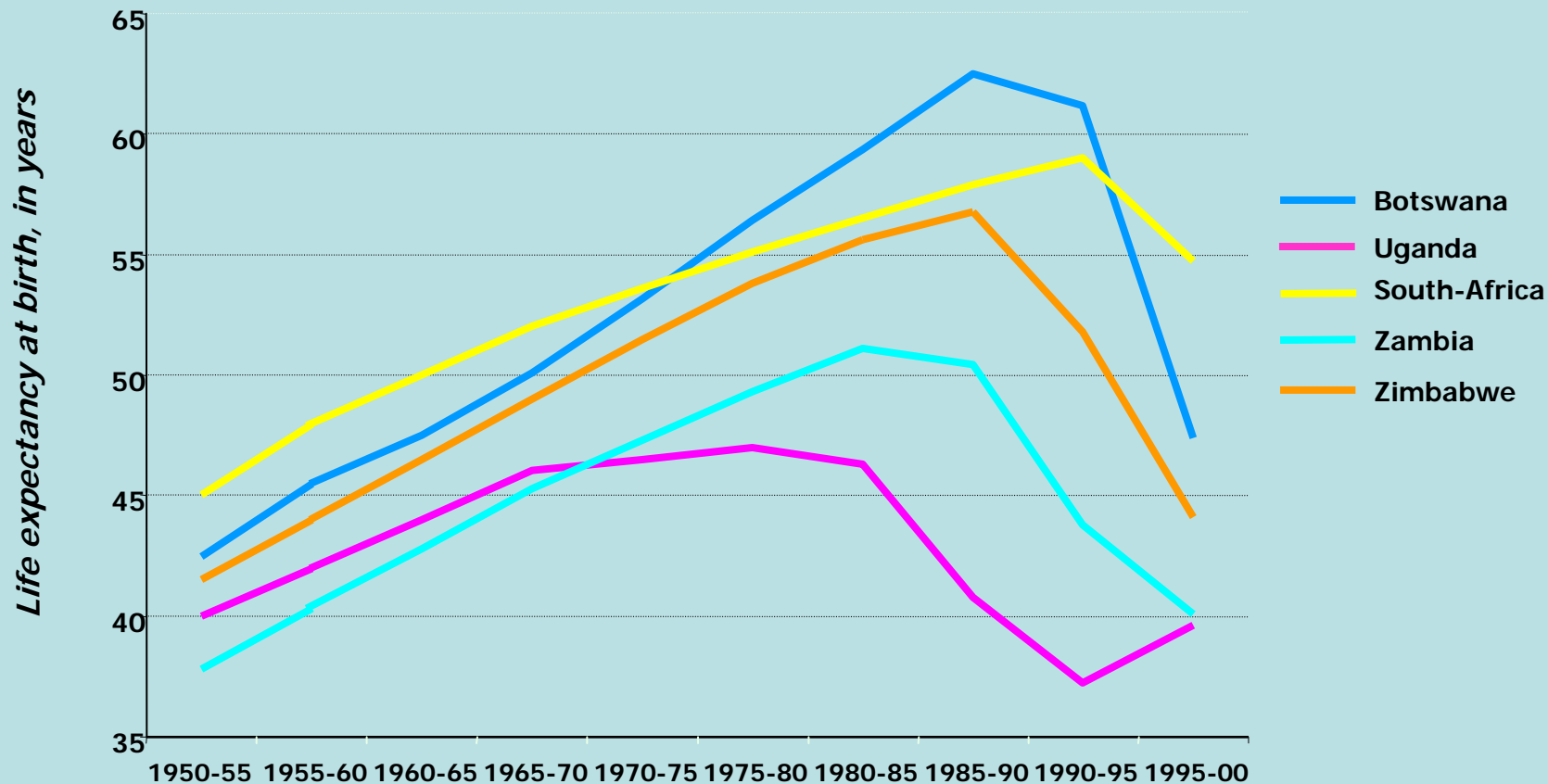
To help contain resistance to second-line tuberculosis drugs and consistent with the policies of other international funding sources, all procurement of medications to treat Multi Drug Resistant TB (MDR-TB) must be conducted through the Green Light Committee (GLC).[\[1\]](#)

<http://www.who.int/gtb/policyrd/DOTSplus.htm>

Scaling up of DOTS-Plus through the GLC



Changes in life expectancy in selected African countries with high HIV prevalence, 1950 to 2000



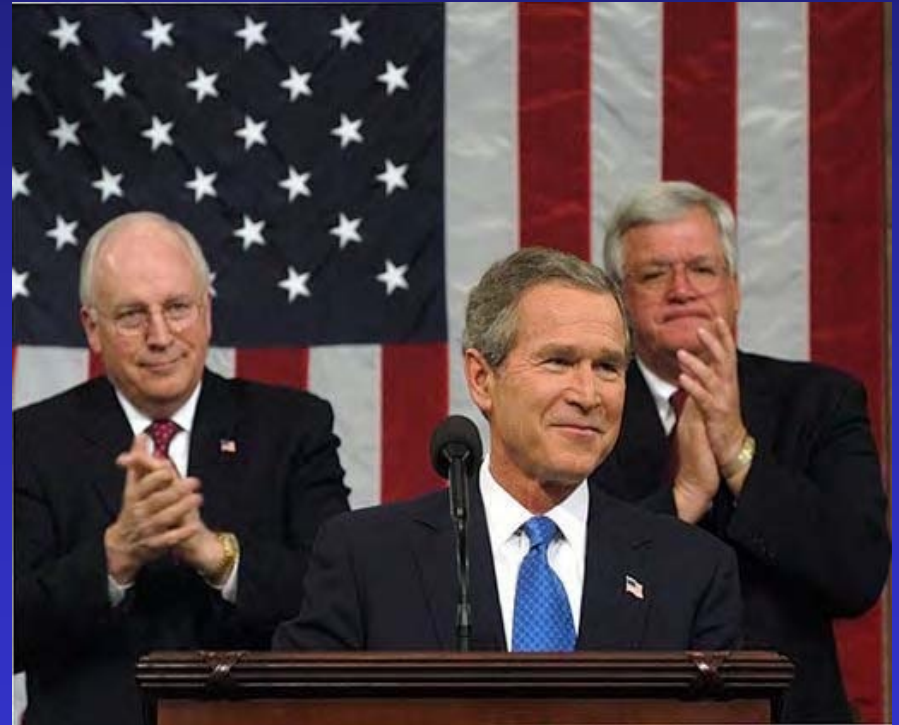
Source: United Nations Population Division, 1998

Launching PEPFAR

"AIDS can be prevented. Anti-retroviral drugs can extend life for many years. And the cost of those drugs has dropped from \$12,000 a year to under \$300 a year -- which places a tremendous possibility within our grasp. Ladies and gentlemen, seldom has history offered a greater opportunity to do so much for so many"

January 28, 2003

"The British government has learned that Saddam Hussein recently sought significant quantities of uranium from Africa."

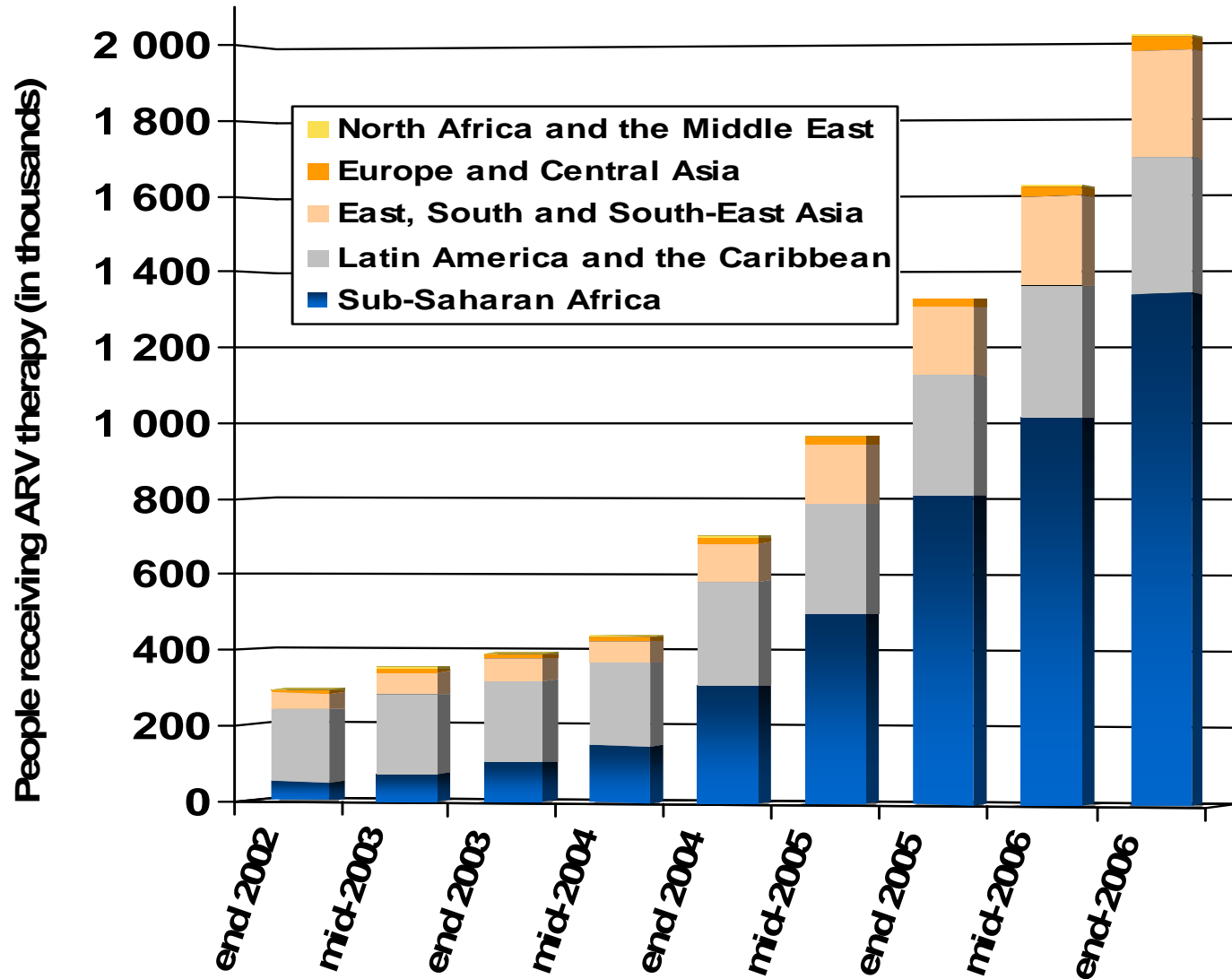




TREAT
3 Million
by
2005

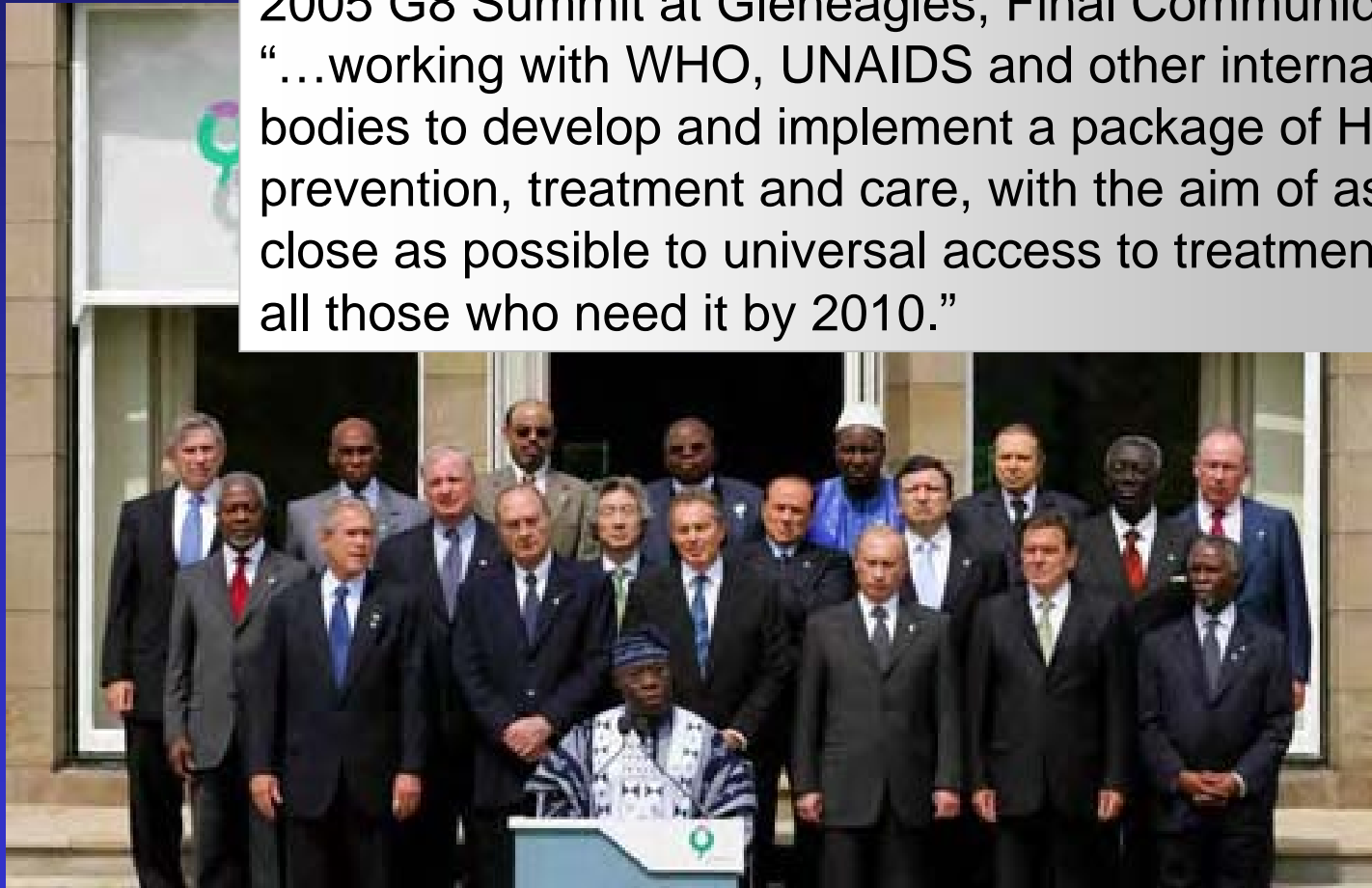


Number of people receiving ARV therapy in low- and middle-income countries, 2002–2006



Universal Access

2005 G8 Summit at Gleneagles, Final Communiqué:
“...working with WHO, UNAIDS and other international bodies to develop and implement a package of HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010.”





The Global Fund to Fight AIDS, Tuberculosis, Malaria and Malnutrition

The Global Fund to Fight AIDS,
Tuberculosis (and Malaria)



the implementation bottleneck

- Vaccines
- Primary Health Care
- Drug Therapies
- Maternal and Child Health Care
- Food





investment

Bill and Melinda Gates Foundation **\$6.5 B**

The Global Fund **\$8.6 B**

President's Emergency Plan for AIDS **\$15 B**

International Finance Facility **\$4 B**

Multi-Country HIV/AIDS Program **\$1.1 B**

Global Alliance **\$3 B**

Public-private partnerships **\$1.2 B**

Anti-Malaria Initiative in Africa (proposed) **\$1.2 B**

United Nations Fund **\$360 M**

\$40.7 B





investment

GATES GRANTS

\$448M - new health technologies

\$413M - HIV/AIDS vaccine

\$258M - malaria vaccine

\$165M - new malaria drugs

\$124M - anti-HIV microbicides

\$115M - diarrhea/nutrition

\$106M - TB vaccines/diagnostics





the implementation bottleneck

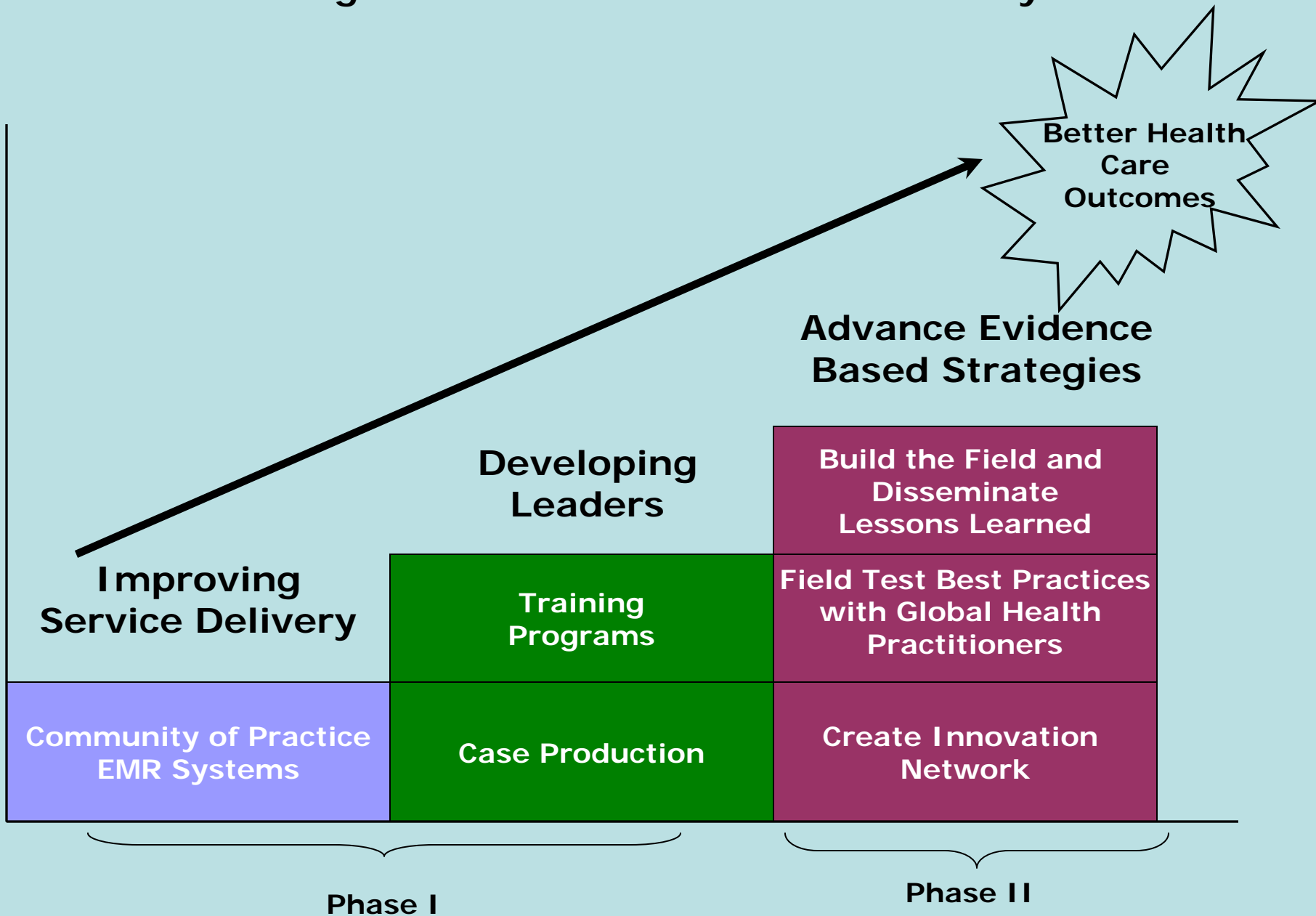
- Vaccines
- Primary Health Care
- Drug therapies
- Maternal Child Health Care
- Food

Gates Foundation develops:

- Microbicides and other preventive tools
- New malaria and TB drugs, diagnostics
- New combination therapies
- Drugs for neglected diseases
- >10 new vaccines

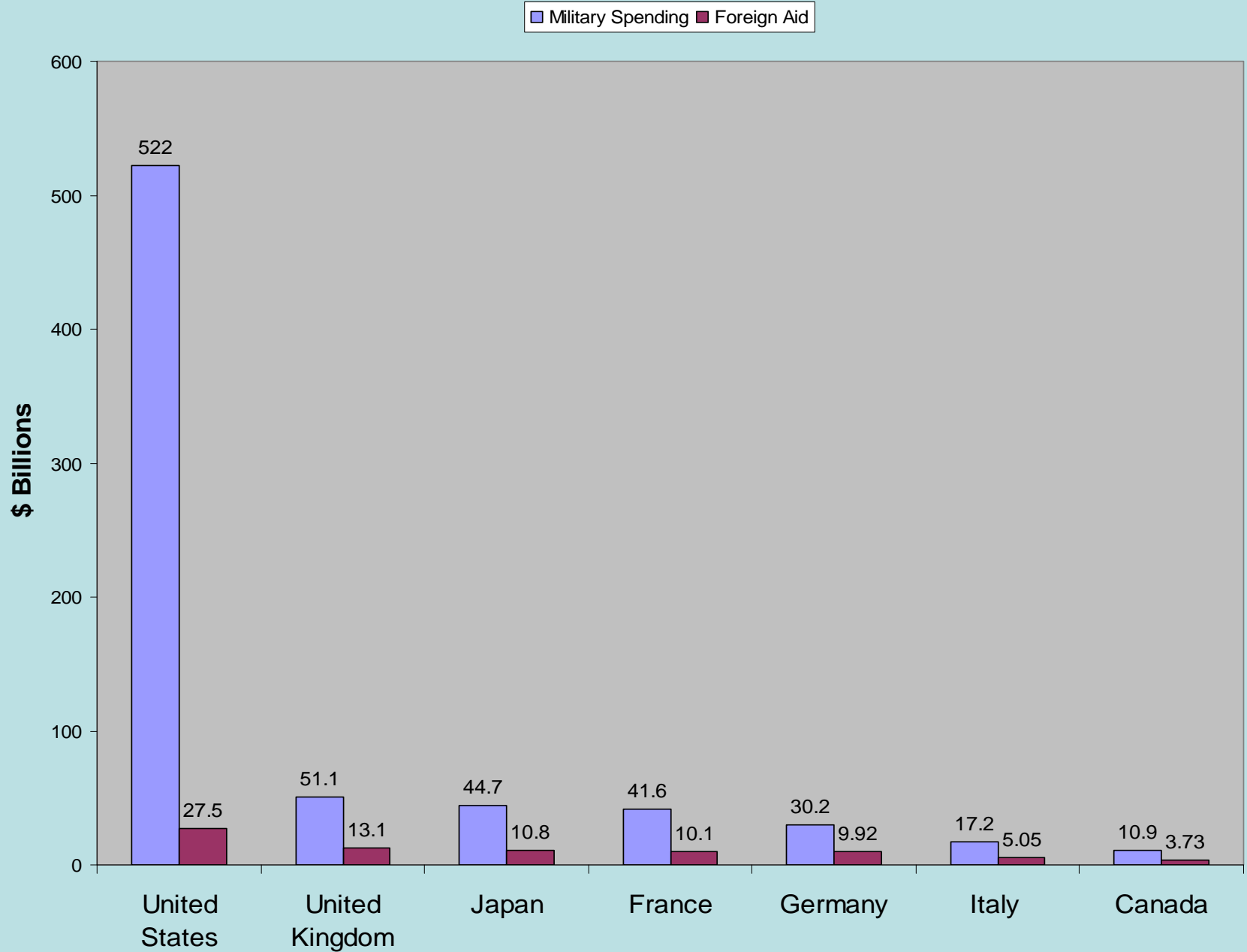


Our Response: Building the Field of Global Health Delivery





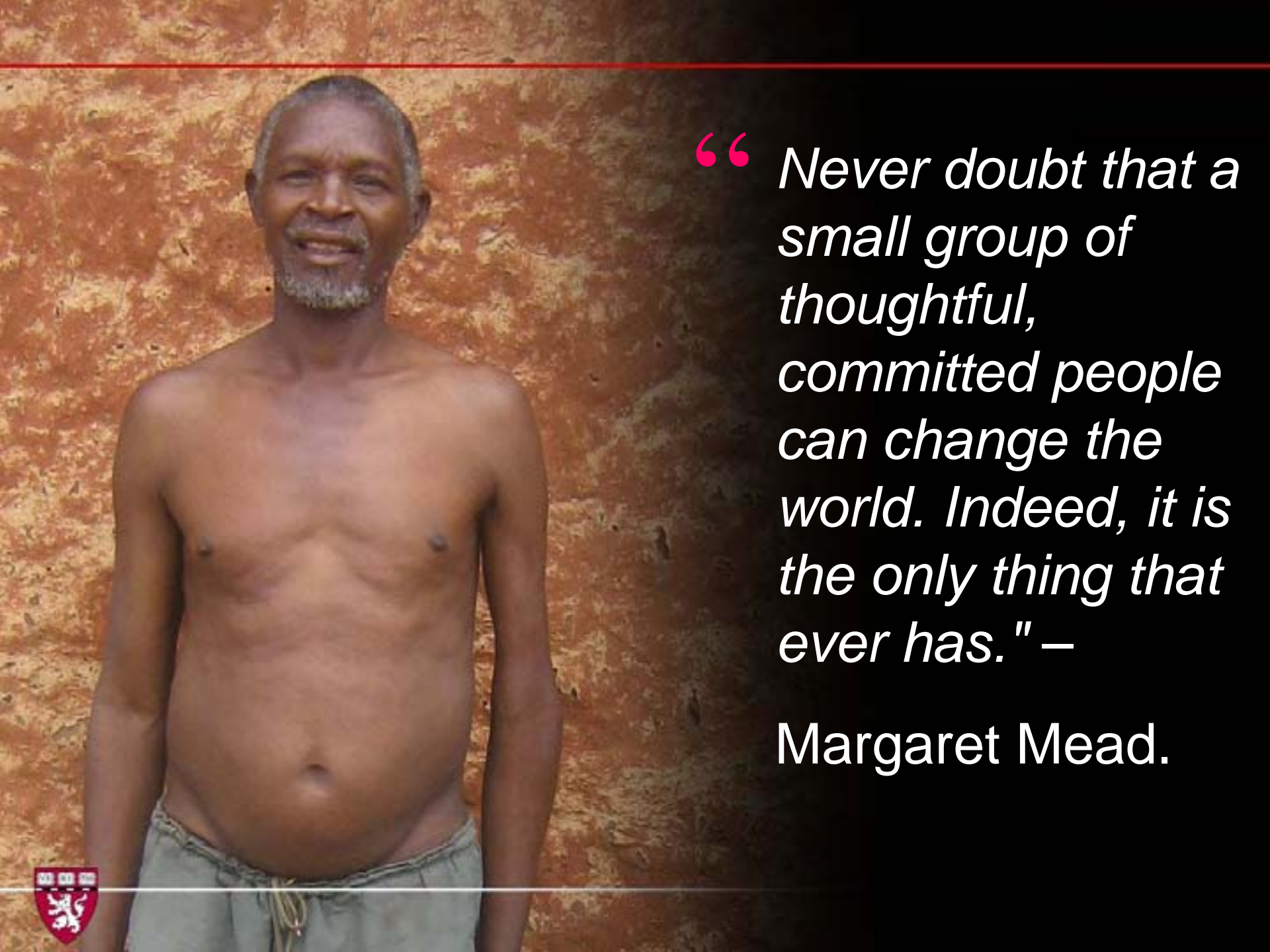
G7 Military Spending and Foreign Aid, 2006





American Perceptions on Foreign Aid and Defense Budget

- Recent 2005 survey showed Americans typically believed that economic and humanitarian aid = 10% of total federal budget
 - Only 18% guessed less than 3%
 - Actual = 1.6%
- When asked what % should be allocated to foreign aid, median response = 15%



“*Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.*” –

Margaret Mead.

