

Monitoring the Achievement of the health-related Millennium Development Goals
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The threat caused by insufficient resources to reach the health-related MDGs is acute. The Global Fund for example decided to uniquely cancel a funding round meaning there will be no disbursements for scale-up of either HIV or drug-resistant TB treatment until 2014. This represents a three-year hiatus in new funding for scale-up.

There has been significant recent progress. Rates of annual deaths caused by malaria and tuberculosis are falling, and nearly half of people in need of HIV treatment have access. In a major scientific breakthrough, the landmark HPTN 052 trial showed that early antiretroviral treatment—besides saving lives and reducing morbidity— stops sexual transmission of the virus by 96%. Treatment could be one of the best ways to defeat this epidemic.

But at the end of this promise-filled year, insufficient funding threatens the gains achieved. Not only are there signs that HIV care might be rationed, but several countries are reversing plans to implement treatment protocols that show the best promise at getting ahead of the wave of new infections. Scale up of MDR-TB treatment will be further delayed. Introduction of WHO-recommended, better treatment of severe malaria with injectable artesunate might also be postponed.

Médecins Sans Frontières urges WHO to play a leading role in monitoring and reporting on the health programmes at-risk from the effects of the economic and financial crisis, and in estimating the financial gaps that remain.

We ask the Executive Board to highlight the need for Member States that have not yet delivered on their financial pledges to the Global Fund to do so without further delay, and to note calls for a new funding window in 2012 for countries to support treatment scale up, in particular for HIV and DR-TB.

WHO should play a leading role in ensuring that health needs including treatment are addressed in promising, ongoing discussions on financial transaction taxes.