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Annual Millennium Conference - Public-Private Partnerships for Development - Win-Win Strategies - Hosted by International Medical

Services for Health - December 5, 1996

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THE WORLD BANK

Washington, D.C.

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7th Annual Millenium Conference: INMED (JDW Keynote Speech)

> Thursday, December 5, 1996 9:00 - 10:15 a.m. H B1-201

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7TH Annual Millenium Conference (INMED)

Thursday, December 5, 1996 9:00 - 10:15 a.m. H B1-201, H Auditorium



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KEYNOTE SPEECH ** (B)	- Thursday, December 1, H AUDITORIUM	5, 1996 9-10:15 p.m.	
	NDA AT FPDVP @ 333	49	
PROGRAM:	9.30 A M - LINDA PEE	IFFER, PRESIDENT OF INMED	
WILL OPEN THE CONFER	ENCE		
	9:50 A.M JDW TO GI 10:10 A.M ROBERT N	IVE KEYNOTE SPEECH EIMETH, PRESIDENT OF PFIZER	
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E. COMMENTS: This brief includes the following:	
-Program Outline	
-Draft Talking Points	
-Background Information	
-African Program for Onchocerciasis Control	
-Global List Participants	

File Location EXC IISC Archives	Cleared By	Date: 12/17/96

View Update History

The 7th annual Millennium

conference is designed to identify key issues that influence corporate and institutional investments in developing regions of the world. Participants will be part of a strategic planning process for alliances that lead to financial success, have a positive social and economic impact and enhance the reputations of each partner.

Who Should Attend?

Decision makers from the public and private sectors and nongovernmental organizations interested in making effective investments in developing countries.

Why Should I Attend?

- ◆ Develop strategic plans for successful partnership investment
- ◆ Identify advantages and challenges of combined economic and social investment
- Learn to effectively market partnerships
- Define key issues affecting partnerships
- Pinpoint priorities, programs and financing of bilateral/multilateral organizations
- ◆ Open lines of communication between the private and public sectors

What Others Have Said About Prior Conferences:

- "Excellent, stimulating and varied..."
- "Great foresight and brilliant organization..."
- "Immensely impressed by the scope of the meeting..."

The World Bank is a multilateral organization that assists its member countries to reduce poverty and improve living standards through sustainable development and investment in people. The World Bank contributes to their long-term economic and social development.

INMED (International Medical Services for Health) is a nonprofit health and development organization that forms and strengthens partnerships to improve the health and quality of life for disadvantaged people around the world through integrated health programs.

Millennium Conferences

This series of annual conferences is part of INMED's *Millennium* Program for Health, a decade-long partnership effort to permanently improve the health and quality of life of the disadvantaged worldwide.

"One of the best-organized and conceived international meetings I have attended." — Dr. Roberta Ritson, World Health Organization

INMED

45449 Severn Way, Suite 161 Sterling, VA 20166-8918 USA

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7th Annual *Millennium* Conference



PUBLIC-PRIVATE
PARTNERSHIPS
FOR DEVELOPMENT:
WIN-WIN STRATEGIES

Sponsored by

INMED

and

The World Bank

Finance & Private Sector Development

The World Bank Washington, D.C. December 5-6, 1996

PUBLIC-PRIVATE PARTNERSHIPS FOR DEVELOPMENT: WIN-WIN STRATEGIES

Neogram Dreliminary

PRESENTATIONS -

A Framework for Partnership

Priorities in Health and Development

Partnerships in the New Global Economy

PANELS -

Increasing Public-Private Partnerships

Each panel will include representatives from the public and private, commercial and nonprofit sectors — including energy, pharmaceutical, telecommunications and other industries; The World Bank; and NGOs — who will offer perspectives and identify key issues and expectations related to:

- Integrating social and economic investment
- Predicting and measuring return on investment
- Planning for sustainable programs
- Choosing partners

Learning from Successful Models

- Illustrating mutually beneficial partnerships through case studies
- Identifying key factors for success

WORKSHOPS -

Identifying Partnership Opportunities

- Defining purpose of partnerships
- ◆ Opening lines of communication
- Identifying untapped markets
- ◆ Assessing opportunities and threats

Investing Products in Partnerships

- Determining the relationship of donations to corporate investments
- Understanding World Health Organization guidelines
- Accounting for "value-added" in selecting partners
- Linking products to health and development goals

Planning for Strategic Alliances

- Planning for sustainable outcomes
- Marketing for program and partner success

"We applaud the efforts of pioneers throughout the world forging new partnerships with companies, governments and civil society to tackle the complex challenges of sustainable development."

— Elkyn A. Chaparro, Finance & Private Sector Development, The World Bank

Don't Miss the Opportunity to
Network at the
Anniversary & Awards Dinner
Thursday, December 5

The World Bank ♦ Washington, D.C. ♦ December 5-6, 1996

INMED

45449 Severn Way, Suite 161 Sterling, Virginia 20166 Tel. 703-444-4477 Fax: 703-444-4471

☐ Urge	ent	☐ For Review	x Please Cor	nment	Li Please Reply	Li Francis Recycle
					☐ Please Reply	☐ Please Recycle
Re:	Mr.	Wolfensohn's keyn	ote address	CC:	Ms. Amanda Blakeley	
Phone:	202	458-6225		Date;	November 6, 1996	
Fax:	ax: 202 522-1677		Pages:	1		
To:	Mr. Geoffrey Bergen		From:	Dr. Linda Pfeiffer		

Comments:

We are delighted that Mr. Wolfensohn is providing the keynote address for our joint conference 'Public-Private Partnerships for Development: Win-Win Strategies'. Following is our input:

Timing: Mr. Wolfensohn is the kickoff keynote speaker for the conference on December 5. I will open the meeting at 9 am with a welcome and few words to get everyone settled down and then Gene Rotberg, INMED's chairman of the Board and former VP and Treasurer of the Bank, would introduce Mr. Wolfensohn. Mr. Wolfensohn is scheduled to speak for 15-20 minutes. He will be followed by Mr. Robert Neimeth, President of Pfizer Pharmaceuticals International, who will provide a 15-20 minute talk on the importance of this meeting to industry. Following the keynotes we would like to allow about 15 minutes for key participants to meet the keynote speakers. Just prior to the opening of the conference, from 8-9 am, we are planning a press briefing breakfast and ask if Mr. Wolfensohn could attend along with Mr. Neimeth just prior to the opening of the conference.

I hope this schedule is possible. It would mean Mr. Wolfensohn's presence from about 8:40 until about 10:45 am.

Participants. We have a very strong mix of corporate, NGO and foundation participants. The corporate list is heavy on the pharmaceutical industry side, with the major companies like Merck, Pfizer, Lilly, Hoechst Marion Roussel, Wyeth, etc., and a sprinkling of other companies including AT&T, Tenneco, Nestle and Enron. We have a couple of Foundations participating - so far Kellogg, the International

Foundation and Aga Khan - and a couple of UN agencies (WHO, PAHO and UNDP). NGOs include the big ones like CARE, ADRA, Plan Int., etc. as well as smaller grass roots organizations.

Focus of keynote address: The keynote is the inspirational/motivational talk that sets the stage for the meat of the conference which contains panels and workshops dealing with the nitty gritty of making public-private, commercial-nonprofit partnerships for health and development work. This would probably include something about why public-private partnerships are so important for bringing about lasting, positive change. What the audience wants to hear most is that this is a priority of the Bank, which is serious about working more closely with the private sector, and that the strategies and ideas that develop out of the conference will be given attention. Any new initiatives of the Bank in this area will be of tremendous interest, and perhaps challenges to the private sector - commercial and nonprofit - might be put forth.

Please let me know what you think of these ideas, and if there is anything else we can do to help.

Last Chance

to join this

Dynamic Group of World Leaders

American Home Products • AT&T • ADRA Africare • Aga Khan Foundation • CARE CIBA • Corporate Citizenship Initiative • Eli Lilly and Company • Emory University • Enron Hoechst Marion Roussel • Helen Keller International • International Foundation • Merck & Co. • Nestlé • Occidental Petroleum International • PAHO • PhRMA • Pfizer Project HOPE • Sandoz • SmithKline Beecham Tenneco • The World Bank • WHO

... And Many More

Public-Private Partnerships for Development: Win-Win Strategies

cosponsored by INMED & The World Bank Group December 5-6, 1996

Space is limited!

Conference Highlights

- ➤ Participate in interactive panels
- ➤ Network with top leaders
- ➤ Learn how to effectively open lines of communication across sectors
- ➤ Integrate social & economic investment
- ➤ Learn how to invest products in partnerships

PROGRAM OUTLINE

Thursday, Dec. 5

9.00 a m. - 9:30 a.m.

Welcome Address

Dr. Linda Pfeiffer, President, INMED

9:30 a.m. - 9:50 a.m.

No registration at the door A New Mandate: World Bank Perspectives on Multisector

Partnerships

Keynote Address, Mr. James Wolfensohn, President, The World Bank Group

9:50 a.m. - 10:10 a.m.

Partnerships in the New Global Economy

Keynote Address, Mr. Robert Neimeth, President, Pfizer Pharmaceuticals

International

10:15 a.m. - 11:15 a.m.

Investing in the 21st Century: Partnerships as the Foundation of Corporate and Community Sustainability

Panel Discussion, including corporate, NGO, foundation and World Bank leaders

➤ Why build partnerships?

➤ What has triggered the recent trend toward partnerships?

11:30 a.m. - 12:30 p.m.

Return on Investment: The Dividends and Risks of Partnership

Panel Discussion, including key representatives from World Bank Finance and Private Sector Development, corporate marketing and NGO development

- ➤ How does each sector define return on investment?
- ➤ What can they expect from one another? What guarantees can they give?
- ➤ How can differences and doubts be reconciled?

2:00 p.m. - 3:30 p.m.

Putting Experience to Work: Successful Partnership Models and

Lessons Learned Panel Discussion, with models and lessons from corporate, NGO, foundation and World Bank experiences

- ➤ What makes successful partnerships work?
- ➤ How can successful models be replicated?
- ➤ What lessons can be learned from unsuccessful ventures?

4:00 p.m. - 5:30 p.m.

Healthy Children, Healthy Futures: A Win-Win Model of Public-Private Partnerships for Development

Case Study, including:

- ➤ Anatomy of a successful three-year collaboration among a consortium of 35 pharmaceutical companies, local and international NGOs and local government to provide medical treatment and health education to 150,000 children in Brazil
- ➤ Immediate and long-term benefits to all project partners and beneficiaries
- ➤ New corporate partners and their perspectives

5:30 p.m. - 6:30 p.m.

Networking Reception

6:30 p.m. - 9:00 p.m.

Anniversary and Awards Dinner

Keynote Address, Mr. Caio Koch-Weser, Senior Managing Director, The World Bank Group

➤ Attended by ambassadors, corporate leaders and conference participants

Friday, Dec. 6

9:00 a.m. - 10:30 a.m.

Building Partnerships: A "How-To" Guide to Working Across Sectors

Roundtable Discussions, facilitated by Strategy XXI on health policy,

procurement and community development

11:00 a.m. - noon

Report to Plenary for Roundtable Wrap-Up

1:30 p.m. - 3:30 p.m.

Investing Products in Partnerships

Panel Discussion, including officials from World Health Organization Essential Drugs Programme, World Bank procurement office, industry corporate contributions programs, and NGO delivery and user agencies

➤ Learn how to overcome logistical obstacles and reconcile differences

- ➤ Join a top WHO medical officer in a forum to discuss new donation guidelines: How effective are they? Which countries follow them?
- ➤ Define partners' expectations and responsibilities
- ➤ Develop winning strategies that meet the needs of all parties

4:00 p.m. - 5:00 p.m.

Closing Remarks

Registration's easyl

- ➤ Call 800-521-1175
- ➤ Fax 703-444-4471
- ➤ E-mail inmed_millennium@juno.com

Visa and MasterCard accepted

Millennium Conference

INMED facilitates multi-sector planning and cooperation on global health challenges at the annual *Millennium* conferences, where issues are confronted and effective solutions are derived. INMED's *Millennium* Conferences unite representatives from industry, government, academia, foundations, and private voluntary and service organizations to examine existing health care models, propose new approaches and foster partnerships for collaboration on strategies to resolve pressing health care problems. The decade-long *Millennium* Conference series was initiated in 1990 as part of INMED's *Millennium* Program for Health, a far-reaching initiative to permanently improve the health of the disadvantaged, in support of the objectives of the World Health Organization.

The fifth annual *Millennium* Conference, "Urban Health Challenges for the 21st Century," addressed topics such as access to health care resources, delivery costs, nutrition and access to food, environmental pollution, population and migration, sanitation, and disease prevalence and control, including acute respiratory infection, intestinal parasites, tuberculosis and HIV/AIDS.

Building on the success of its own Children as Agents of Change health projects, INMED dedicated its 1995 sixth annual *Millennium* Conference to bringing child-centered strategies to the attention of health and development program planners and implementors worldwide. The conference, "Children and Youth Promoting Healthy Futures," examined the role of children as active participants, rather than passive targets, of programs designed to improve their lives.



SALIENT FACTS ON THE AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL (APOC)

- The objective of APOC is to establish sustainable, community-based ivermectin (Mectizan[®]) delivery systems covering 50 million people in 19 countries^{*} which fall outside the scope of the ongoing West African Onchocerciasis Control Programme (OCP). These systems will be established and become entirely self-sustaining within the 1996-2007 time period.
- It is estimated that a minimum of 15 million people living within the APOC countries are currently heavily infected with onchocerciasis. Onchocerciasis is a major cause of blindness in the central and easterly parts of the savanna belt of the Northern Tropics, which cross major portions of Nigeria, Cameroon, Central African Republic, Chad and Sudan. In this subregion, some 6.5 million persons are infected. In adjacent areas, further to the south, severe skin disease which results in a maddening, unrelenting itching, causes great suffering to approximately 8.6 million heavily infected people.
- The total cost of APOC over the 12-year period is estimated to be US\$161 million, of which US\$131 million will be contributed by the donor community, and US\$30 million will be borne by the Non-Governmental Development Organization (NGDO) Coalition and the African countries. The average cost per person treated per annum will be approximately US\$0.25.
- The principal agent for controlling and eventually eliminating onchocerciasis is Mectizan®, which is being given free-of-charge by the producer, Merck and Co., Inc. for "as long as needed." One dose of this drug given annually reduces the load of microscopic, larval worms in the human body by up to 95%, without serious side effects. It thereby relieves intense itching and prevents impending blindness.
- Free Mectizan[®] will reduce considerably the financial burden on the donors, the African participating countries, and NGDOs. It is estimated that as many as one billion free tablets of Mectizan[®] (3 mg.) will be distributed over the 12-year life of APOC, having a value running in the hundreds of millions of dollars, and well exceeding the value of cash contributions of the entire donor community.
- It is estimated that 40,000 cases of blindness due to onchocerciasis occur annually throughout the 19 countries outside the OCP area. People who become blind due to onchocerciasis live, on average, an additional eight years with blindness and then die 12 years prematurely. Hence, the prevention of one case of blindness adds—on average—another 20 years of productive life to an individual. Although more difficult to quantify, significant additional labour productivity benefits will accrue from reduced onchocercal skin disease, itching and the beneficial impact of Mectizan® on intestinal parasites. Preliminary World Bank analysis estimates that APOC has a lower-bound economic rate of return of 17-18%—highly respectable in net economic returns for any type of development project.
- APOC will have the important additional benefit of helping to protect the donor community's
 substantial investment of US\$550 million in OCP. OCP has succeeded over the past 20 years in
 virtually eliminating onchocerciasis from an eleven-country subregion in West Africa. By controlling
 onchocerciasis in Nigeria, APOC will protect the entire eastern flank of the OCP subregion from reinvasion of the disease.

^{*} Angola, Burundi, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Ethiopia, Gabon, Kenya, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Sudan, Tanzania, Uganda, Zaire

AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL: PARTNERSHIP WITH THE PRIVATE SECTOR AND WITH NGOS

Merck's Contribution

A major breakthrough occurred in the battle against river blindness when in 1987 a drug called ivermectin (tradename Mectizan®) which kills the infant worms in the body was identified and proven to be a safe drug. The drug's producer, Merck, Sharp & Dohme, Inc., decided to provide it free of charge wherever it is needed for as long as it is needed. Merck's contribution has provided an excellent opportunity to prevent river blindness as well as the effects of skin disease in Africa and elsewhere where the disease is found. The Mectizan ® Donation Program based in the Carter Presidential Center in Atlanta, Georgia, monitors the safe distribution of the drug. An independent committee of scientists and medical specialists meets regularly to review any unusual cases related to ivermectin intake, and assess risk factors.

Cooperation with Non-governmental Development Organizations (NGDOs)

In addition to this cooperation with the private sector, the African Programme for Onchocerciasis Control is based on the growing partnership between non-governmental development organizations (NGDOs) involved in ivermectin distribution and personnel from Ministries of Health in the countries of operation. The NGDOs involved in the APOC include:

Christoffel Blindenmission--Germany

Africare, International Eye Foundation, Helen Keller International, Global 2000 River

Blindness Program, Interchurch Medical Assistance -- USA

Organisation pour la Prévention de la Cécité -- France

Sight Savers International -- UK

Lions Club International Foundation and World Vision International

Other groups associated with the programme are the Mectizan Donation Program and WHO's Prevention of Blindness and Deafness Programme.

The NGDOs work closely with the Ministries of Health to form a National Onchocerciasis Task Force or NOTF. Each NOTF develops the national oncho control strategy for the country, placing priority on the areas most in need of prevention and control activities. These coalitions work closely with communities to set up the most effective delivery systems to expand coverage and establish sustainability. Next year at least three countries--Uganda, Nigeria and Malawi--will have their oncho control activities supported through the APOC programme. Many more countries are expected to submit proposals for funding.

In 1995, non-governmental development organizations treated 7.7 million people with ivermectin. APOC expects to increase the numbers treated with ivermectin, and establish sustainable delivery systems by relying on community-based programs.

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THE WORLD BANK/IFC/M.I.G.A.

OFFICE MEMORANDUM

DATE:

December 4, 1996

TO:

Mr. James D. Wolfensohn

FROM:

Geoff Bergen

EXTENSION:

85225

SUBJECT:

Revised Talking Points for INMED Millenium Conference

Attached please find revised talking points for your opening statement at the INMED conference. They include input and comments from both FPD and HDD staff, and particularly Richard Feachem.

Mr. James D. Wolfensohn

Opening Remarks INMED Millennium Conference December 5, 1996

Talking Points

Introduction

Good morning. Delighted to be here

[Acknowledge Eugene Rotberg, Chairman of INMED]. The Millennium Conferences that INMED has been putting on since 1990 have played an extremely important role in forging partnerships for a better quality of life in developing countries.

I am pleased that we are co-hosting this 7th Millennium Conference, "Public-Private Partnerships for Development."

Building and expanding partnerships has been a central priority at the Bank since I came to the Bank 18 months ago [incl. NGOs, the private sector, foundations, UN agencies, MDBs and the WTO].

No Alternative to Partnership

In fact, there is no alternative to partnership.

The market is quickly replacing official assistance. Private capital flows – which are estimated to reach over \$230 billion to developing countries in 1996 – have displaced official development assistance as the principal source of funding for growth in many parts of the developing world.

The private sector is also taking on a much broader responsibility for delivery of public services that used to be provided by states, such as the provision of infrastructure, and increasingly health and education.

Corporations are playing an increasing role in meeting social needs and in protecting the environment.

But there are things that the private sector cannot do on its own:

- It cannot provide the intensive investment that is needed to improve the lives of the 3 billion who live in poverty (over 70 percent in the rural areas), or the 1.3 billion who live on less than \$1 a day.
- It cannot educate the 130 million children 80 percent of them girls who are not going to school.
- And it cannot reverse the facts that every year nearly 8 million children die from diseases linked to dirty water and air pollution; that 50 million children are mentally or physically damaged because of inadequate nutrition; that half a million women die each year from maternity-related complications; and that 7 million people a year die from easily preventable diseases

In the area of health care (the topic of this conference), private companies understandably hesitate to invest in research for pharmaceutical products in areas of the world where the possibility of recovering costs [estimated to be as high as \$359 million to bring a product from lab to market] is poor, and where the purchasing power of markets is generally low.

To deal with these challenges, among others, there is no alternative to partnership. If we are going to make the most effective use of resources, and lower the costs and risks facing the private sector, all of us – in the private and public sectors, NGOs, foundations, and international institutions – need to combine our resources and special capabilities.

Corporations are becoming aware that their own success in the long run is connected with their reputation for social and environmental responsibility, and to investment in the health and education of the people who are both their customers and workers. There are a number of examples, and we have been working with groups like the World Business Council for Sustainable Development, and the Prince of Wales Business Leaders Forum, which are pioneering the movement for corporate citizenship.

In this regard, let me mention our **Corporate Citizenship Program**. This program (which we launched at our Annual Meetings 2 months ago) has been helping us learn how to build closer working relations between corporations, civil society and the state for sustainable human and social development – and this is the vision behind our co-sponsorship with INMED of this conference. During our Annual Meetings, we organized a Corporate Citizenship day that quite a few of you probably attended. This program encouraged us to pursue 3 objectives:

- A learning campaign. This will systematically inventory the efforts of corporations to contribute to sustainable development worldwide. We will be doing part of this via the Internet, to consult with corporations around the world and to share our findings.
- A strategic pilots campaign. We will team up with the corporate world to explore the best ways to collaborate through a series of pilot programs.
- An information campaign. This will involve sharing what we and our corporate partners have learned, again making full use of information technology and the World Wide Web.

Public-private partnerships are not just good public relations; they are good business. Just in the past month, I have seen it at first hand in meetings in both Chicago and here in the Washington metropolitan area with leaders from business, government, academia and foundations. They are working together to improve public services, education and economic opportunity for their communities, and this in turn is helping those communities turn around and take advantage of global trade.

Public-private partnerships are critical to meeting the needs of the world's poorest and most disadvantaged people. In the end, everyone wins. And we at the Bank are thoroughly committed to seeing these partnerships take place.

The World Bank Group and Public-Private Partnerships

The World Bank must of course deal with governments as its primary partners in lending operations. The IFC and MIGA, however, form direct partnerships with the private sector, and the Bank itself is increasingly involved in and brokering the public-private partnerships that benefit our client countries.

We are organizing ourselves to be better able to form partnerships:

Private Sector Development Group. We have created *the Private Sector Development Group*, which unifies the different areas of the Bank working on private sector issues. It is making sure that private sector issues are treated in a coordinated way in our country assistance strategies, and that they support environmentally and socially sustainable development. Under this Group we have created a *Business Partnership Center*, as a window for direct contact with the private sector, and a vehicle for more coordinated partnerships with key business groups.

Networks. We are building on our ability to mobilize experts, knowledge and experience through our new networks. These will group together our technical experts around the basic themes of the Bank's work, including Human Development, Poverty Reducation and Economic Management, Private Sector Development and Infrastructure, and Environmental Rural and Social Development. They are intended to put the best global knowledge and expertise – from inside and outside the Bank – in the hands of Bank staff and our clients. They will also make it easier for task teams to find external partners who can help provide the very best global services to our clients.

Public-private partnerships are increasingly integral to our operations and programs. Since the basic topics of this conference concern health, let me focus on what we have been doing in partnerships in the health field:

• The African Programme for Onchocerciasis Control is an example. This is a partnership of African governments, communities, and international organizations (in which the Bank has played a leading role) that is establishing the capacity to deliver the drug that stops River

Blindness to 50 million people in 19 countries (where 15 million people are already infected). It is an outgrowth of the program that has virtually eliminated River Blindness from 11 countries in West Africa over the past 20 years.

The major breakthrough in the battle against river blindness came in 1987 when the drug *ivermectin* (trade name, Mectizan) became available. Its producer, Merck, Sharp & Dohme, decided to provide it free of charge wherever it is needed for as long as it is needed [Merck is represented here today, and I want to thank it for this contribution that has literally saved the lives of millions of people]. Having the right drug in hand is one thing, delivering it where it is needed is another. To do this has involved the participation of the Carter Center in Atlanta (where the drug distribution program is based and monitored), a number of nongovernmental organizations and the Ministries of Health in participating countries. A National Onchocerciasis Task Force formed of the NGOs and Ministries of Health develops national control strategies, and work with communities to set up delivery systems.

• Partnerships for Research and Development. One of the most significant of the challenges we are dealing with is that the R&D pipeline for vaccines, drugs and diagnostics that target the health problems of developing countries is drying up. In part, this is an issue of incentives for pharmaceutical and biotech companies to invest in this work; and in part, a matter of the scarcity of public sector funding and lack of knowhow. We are participating in an initiative with foundations [e.g., Rockefeller and Wellcome Trust] to engage the private sector in health research devoted to producing more cost-effective products that respond to health problems specific to developing countries.

An extremely important example of what this collaboration can produce is the **International AIDS Vaccine Initiative** [in which we are working closely with Rockefeller]. This initiative is working to engage biotech firms in addressing the lack of research into an AIDS vaccine for the strains that affect developing country populations [as opposed to the US and Europe].

- National health programs. We have been having a good deal of success in launching programs involving partnerships between governments, local NGOs and the private sector particularly in the fields of education and health. Our experience from around the world has been that governments have a key role in assuring access to health care for all through funding and regulation; while the private sector is more successful in the actual provision of health services. For example, in Burkina Faso, where HIV infection is a serious threat, we have supported a campaign that builds on government subsidies to private health providers and NGOs to extend information, education, contraceptives and diagnosis to the countryside. We are building on experiences like this to create public-private partnerships throughout our client countries.
- IFPMA Fellow. Exemplifying our growing collaboration with the private sector in health care, we have created a fellowship with the International Federation of Pharmaceutical Manufacturers

 Associations. The purpose is to strengthen the Bank's pharmaceutical expertise for the benefit of its borrowers, while increaseing industry awareness of the Bank's development objectives, especially as they relate to the provision and use of medicines. Our first fellow has been selected jointly by the Bank and the IFPMA following a competitive process [the individual is a German from the Hoechst company], and on December 1st began a two-year stint at the Bank. We're very glad to have him with us.

Conclusion

This conference constitutes for us an important part of our desire to build and strengthen partnerships – and to learn. We want to listen, discuss the issues and hear new ideas. We want to take this opportunity to advance our common agenda of improved health for the world's poor. Working together, we can make a difference.

Thank you.