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Fuente: World Bank

<http://www.worldbank.org>**European Firms Join Fight To Stem Diseases**

/noticias.info/ In a bid to fill gaps in a global campaign against diseases afflicting the world's poor, European companies have followed the lead of counterparts in Japan and the United States in pledging more direct involvement to fight AIDS, malaria and tuberculosis with the launch yesterday in Paris of the European "Friends of the Global Fund", reports The International Herald Tribune.

The planned projects are similar to those already undertaken in South Africa and Mozambique and will operate in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, an organization established in 2002 to coordinate public and private efforts to fight epidemics. Under a partnership program, companies like the French utility Veolia and the construction company Lafarge are expected to extend programs for sick workers in other parts of Africa and Asia to cover the wider communities in countries where they do business. The initiative shows how the "world work force and tomorrow's resources are directly concerned" by epidemics, Michèle Barzach, who will lead the European group, says.

Up to now, the private sector has contributed four percent of Global Fund's budget, with 51 percent of the \$3 billion spent so far coming from European governments, 31 percent from the United States and 14 percent from other countries. The Global Fund is aiming for a budget of \$2.3 billion for 2005 as part of its fight to check diseases that kill more than 16,000 people every day, or six million people every year.

Development Minister Xavier Darcos of France reiterated his country's view that airline companies or passengers should pay a voluntary tax to bolster the Global Fund's cash resources. Darcos said that France was already the second-largest donor to the Global Fund behind the United States and that contributions from the private sector must rise to keep pace with the fund's needs. Asking airlines and passengers to pay extra taxes, he said, "is scary for some people, but we're going to have to work more on this type of approach." But that suggestion was met with skepticism by one of France's most prominent AIDS activists, wary that taxes will add to donor fatigue. "We've seen a huge drop in contributions," said Pierre Bergé, president of Sidaction, which raises money to for AIDS research.

Libération (France) further reports that Richard Feachem, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, referred to the launch of the European "Friends of The Global Fund" as a historical day, destined to "promote the Fund within European public opinion," and to "awaken industrial and trade sectors to the challenges of international solidarity."

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To breathe fresh air into the Global Fund, which, in its two years of existence has launched 300 programs in 127 countries, "companies must mobilize," Barzach said. However, the public-private partnerships (PPP) are not working, notes the daily. A recent report by the World Economic Forum confirmed this. Last year, less than 4 percent of the Fund's resources came from the private sector. "There were two or three firms that gave us \$1 million, like Winterthur and Statoil," Feachem said.

However the cause is not desperate: one only needs to look at the names of the CEOs of multinationals that make up the board of directors of the Friends of the Fund Europe: Jean-Pierre Garnier (Glaxo-Smith-Kline), Jean-François Dehecq (Sanofi Aventis), Anne Lauvergeon (Areva), and Henri Proglio (Veolia). "We need money," says Feachem. "We need \$2.3 billion in 2005, \$3.5 billion in 2006, and \$7.8 billion in 2008." Feachem says this is possible if a double "revolution" occurs. First, firms must become aware of the impact of AIDS on their employees. Second, new sources of financing will also have to be created.

In related news, The Wall Street Journal notes that in order to fill a yawning doctor gap in many AIDS-stricken countries, a medical advisory board is calling for the creation of an AIDS "Peace Corps" to send US doctors, nurses, pharmacists and other health-care workers abroad to treat patients and train caregivers. Access to cheap generic AIDS drugs has exploded in recent years, but a critical shortage of health-care workers has stymied the progress of many treatment programs. The Institute of Medicine, an affiliate of the National Academy of Sciences in Washington, DC, proposed launching what it calls the US Global Health Service in its report "Healers Abroad: Americans Responding to the Human Resources Crisis in HIV/AIDS." Envisioned under the proposal is a select corps of 150 AIDS physicians and other specialists, who would give two years of service as federal employees in exchange for \$225,000 in salary and benefits for the period. Additional fellowships, perhaps 100 to start with, would be available to early and mid-career professionals, paying \$35,000 in exchange for a year of service. And a debt-for-service plan would offer an initial 100 graduates of medical school and other health-care training loan repayments of as much as \$25,000 a year for two years of service. "Twinning" partnerships would send US professionals to fill in for local health-care workers who receive training outside their native country.

The Washington Post further reports that AIDS is no longer an unavoidable death sentence in most of the world. Even in much of Africa, billions of dollars in international aid has made it a chronic, controllable disease for a small but growing number of patients with access to antiretroviral medicine. But this relief is arriving in a profoundly uneven way, dividing the continent into areas where AIDS is survivable and areas where it is not. The average amount of international funding each year in southern Africa is \$74 per person infected with HIV, according to UNICEF. In Zimbabwe, that figure is \$4. The discrepancy is even more dramatic when compared with sums received over the border in Zambia, where international donors provide \$187 per infected person. The results can be seen in the relative availability of medicine. In Zambia, antiretroviral drugs are reaching 13 percent of those who need them, according to WHO statistics. Zimbabwe's southwestern neighbor, Botswana, which has a much higher per capita income and receives substantial health care funding from the Bill and Melinda Gates Foundation, is getting antiretrovirals to 50 percent of those who need it.

Meanwhile, in a commentary published in The Financial Times, Maureen Lewis, a senior fellow at the Center for Global Development, writes that in the global war against AIDS, funds have come from various sources almost simultaneously, typically with a "use it or lose it" clause. The wave of cash pouring into countries previously starved for funds is far larger than all other public health spending and donors still want to do more. But even though the need for funding is great, developing countries grappling with the AIDS epidemic are less able to adapt than rich countries, because of logistical constraints on the systems to provide drugs and supplies, shortages of key staff and a limited local pool of managerial and medical expertise. Quick fixes will not work, Lewis argues. Recipient countries must be allowed to bank incoming funds rather than be forced to spend the money all at once. Second, funds to fight AIDS need to be focused not only where there is immediate need but where they can be used most effectively. That means a heavy emphasis on prevention and on areas where personnel and infrastructure are already in place. Finally, and most important, the fight against HIV/AIDS cannot be separated from initiatives to strengthen national healthcare institutions. Large vertical programs, such as those for HIV/AIDS, undermine the building of effective health institutions by distorting existing mechanisms for dealing with other health challenges and bleeding the rest of the system of much-needed human resources.

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