

World summit hits hurdles on opening day

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The world summit on sustainable development has swung into gear in Johannesburg this week with all the expected trouble spots continuing to cause disagreement among the working groups still trying to find a common cause for the final statement.

Among these are two areas crucial to health among developing countries: intellectual property rights and how they affect medicines; and sanitation.

There seems to be agreement on deadlines surrounding water provision for the 1.2 billion people without it. However, agreement on setting deadlines to provide sanitation for the 2.4 billion people without it seems remote.

The South African president, Thabo Mbeki, in his opening speech at the summit, was silent on the one topic that most seem

agreed will hold back all efforts at development—the HIV/AIDS epidemic. However, the summit's secretary general, Nitin Desai, stated that AIDS should be central to the summit's proceedings.

The United Nations secretariat released a paper detailing the effects of "avoidable" death from HIV/AIDS, malaria, and tuberculosis; of maternal morbidity and death; and of tobacco related diseases. It said that HIV prevalence of 10-15% in a population could mean a reduction of gross domestic product per capita of 1%. In sub-Saharan Africa these losses are estimated at 12%.

Tuberculosis, which kills 1.5 million people annually, effectively removes \$12bn (£8bn; €12bn) from the incomes of poor countries. And malaria kills more than a million people annually, many of them children in Africa.

These diseases should shift the focus at some point on to the availability of medicine—but all indications are that this issue will find itself pushed out of the

summit and back into the hands of the World Trade Organization and its trade related intellectual property rights system, TRIPS. (See p 460.) □



Nitin Desai, secretary general of the world summit

Head of WHO to stand down

Gavin Yamey *BMJ*

Dr Gro Harlem Brundtland is to stand down as director general of the World Health Organization (WHO) in July 2003, after only one term.



This will be the first time that a WHO director general has not been in office for at least two consecutive terms.

In an interview with the *BMJ* immediately after the announcement, she said that her decision reflected the fact that she would be 69 at the end of a second term. "I don't want to get into a situation in my life where I'm not fully energetic and able to do my job," she said.

Dr Brundtland, a former prime minister of Norway, took over the leadership of the WHO in July 1998, promising major organisational reform. She took office at a time when many in the global health community felt that the organisation had become ineffective as a global health agency and mired in bureaucracy (*BMJ* 1997;314:1359).

Her major achievement, she believes, has been to anchor health firmly on the development agenda. "People cannot move out of poverty unless they

are healthy," she said. She added that her successor should be able to build on the WHO's work on supporting governments in achieving the United Nations millennium development goals, set in 2000, for sustaining development and eliminating poverty.

Dr Julio Frenk, Mexico's minister of health and a former member of Dr Brundtland's cabinet at the WHO, said that her reforms have had three other major successes: making the WHO relevant to both developed and developing countries; giving it a corporate strategy and a better management structure; and "expanding the scope of actors with whom the WHO engages, especially from industry."

Dr Brundtland's decision came as a surprise to many WHO staff, and it has led to speculation among them that her decision may have been influenced by two particular dif-

ficulties she has faced.

She was criticised after publication of the *World Health Report 2000*, which ranked the performance of different countries' health systems in a league table. The report angered some countries (*BMJ* 2001;323:295-6), such as Brazil, which was ranked 125th; other critics argued that it did little to help countries to choose policies that would improve their health systems (*BMJ* 2001;323:678-81).

A second difficulty, say some WHO staff, has been that Dr Brundtland has found it hard to move her structural reforms beyond the headquarters and into the WHO's regional offices.

Dr Frenk, one of the major architects of Dr Brundtland's reform process, said that "the structural change has gone much farther in the headquarters than in the regions. The major agenda for the next period must be to look at the regions." □