

The Human Security
Challenges of HIV/AIDS
and Other
Communicable Diseases:
Exploring Effective Regional
and Global Responses

Tokyo, Japan
March 22, 2004



The Asia Society is a nonprofit, nonpartisan public education organization dedicated to increasing American understanding of the more than 30 countries broadly defined as the Asia-Pacific region. Through its programs on current events, business, the fine and performing arts, and elementary and secondary education, the Asia Society reaches audiences across the United States and works closely with colleagues in Asia.

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Agenda

9:30–9:45

Welcome

Nicholas Platt, President, Asia Society

Tadashi Yamamoto, President,
Japan Center for International Exchange

9:45–10:45

Opening Remarks

Yoshiro Mori, Former Prime Minister, Japan

Keynote Address

Tommy S. Thompson, Chairman of the Board,
Global Fund to Fight AIDS, Tuberculosis and Malaria;
Secretary, U.S. Department of Health and Human Services

11:00–12:30

SESSION I:

The Human Security Impact of AIDS and Other Communicable Diseases in Asia

Helene Gayle, Director, HIV/AIDS, TB and
Reproductive Health, Bill & Melinda Gates Foundation

Nafis Sadik, United Nations Special Envoy for HIV/AIDS in
Asia; former Executive Director, United Nations Population Fund
(UNFPA)

Naruo Uehara, Professor, Division of International Health,
Department of Public Health, Tohoku University School of
Medicine

12:30–14:00

Luncheon

- 14:00–15:30 **SESSION II:**
Innovative Responses to the Human Security Impact of AIDS and Other Communicable Diseases in Asia
Marina Mahathir, President, Malaysian AIDS Council
Trevor Neilson, Executive Director, Global Business Coalition on HIV/AIDS (GBC)
Mollie Shields-Uehling, Senior Vice President, Resource Development, International AIDS Vaccine Initiative (IAVI)
- 15:45–17:45 **SESSION III:**
Effective Regional and Global Responses to the Human Security Challenges of AIDS and Other Communicable Diseases in Asia
Christoph Benn, Director, External Relations, Global Fund to Fight AIDS, Tuberculosis and Malaria
Shigeru Omi, Regional Director, Western Pacific Regional Office, World Health Organization (WHO)
Hélène Rossert-Blavier, General Director, AIDES; Board Member, Global Fund to Fight AIDS, Tuberculosis and Malaria
- 18:00 **Reception** hosted by Ichiro Aisawa, Senior Vice Minister, Japanese Ministry of Foreign Affairs

Foreword

Asia is emerging as a crucial new battleground in the fight against AIDS and other communicable diseases. A dramatic expansion of the HIV/AIDS epidemic appears increasingly likely in several Asian countries, with grave implications for economic development, human resource development, political cohesiveness, and ultimately for the security of nation-states. The threat posed by this and other communicable diseases is further amplified by rising regional and global interdependence, and the actions taken today in Asia will determine how successful the world will be in combating these epidemics in the coming decades.

In order to contribute to the formulation of an initial response, the Asia Society and the Japan Center for International Exchange (JCIE) joined forces to convene a major conference in Tokyo, Japan, on March 22, 2004, on the “Human Security Challenges of HIV/AIDS and Communicable Diseases in Asia.” Nearly 120 leaders from a wide range of backgrounds came together on this occasion to discuss how experts, organizations, and governments from Asia and elsewhere around the world can work together in mapping out common strategies and undertake joint policy responses to these shared challenges. This report presents a number of the key themes that emerged from this highly successful conference and documents the intensive discussions of the panelists and participants.

Yoshiro Mori, former prime minister of Japan, opened the conference with his moving personal recollections, and Tommy Thompson, U.S. Secretary for Health and Human services and chair of the Global Fund to Fight AIDS, Tuberculosis and Malaria, gave a rousing call to action in his keynote speech. These were followed by a superb set of presentations by nine speakers, to whom we would like to express our deep gratitude. In addition, we are thankful to Ichiro Aisawa, senior vice minister for foreign affairs, for graciously hosting a reception for the conference participants.

This project was conceptualized under the leadership of Nicholas Platt, who was then president of the Asia Society. We are grateful for his vital contributions to bringing this conference to fruition, and for co-chairing the event itself. Ron Anderson also deserves special recognition, as it was his friendship with both Asia Society and JCIE that brought our institutions together.

Special thanks goes to the staff of our respective institutions who worked tirelessly to make the conference such a success. Rob Radtke, the Asia Society's senior vice president for programs, served as a driving force behind the project, and the planning and program arrangements were deftly handled by Elizabeth H. Williams and Shyama Venkateswar. Hideko Katsumata, Satoko Itoh, Tomoko Suzuki, and Tomone Kozen of JCIE pulled together a diverse set of participants from various sectors of Japanese society and masterfully managed the details of the conference. Our appreciation also goes to James Gannon, who authored the bulk of this report, and again to Elizabeth H. Williams for her many contributions to the report as well as for bringing it to print.

Finally, we are deeply grateful to the Bill & Melinda Gates Foundation, which provided funding for the conference, as well as to the Japanese Ministry of Foreign Affairs for its support. This important meeting would not have been possible without them.

Both the Asia Society and JCIE will continue their efforts to promote comprehensive and effective responses to HIV/AIDS and other communicable diseases: the Asia Society through its landmark AIDS in Asia initiative, and JCIE through its work in the field of human security and its management of the Friends of the Global Fund, Japan. As such, we hope this conference was a significant first step in mobilizing support for a collective response to these shared threats.

Vishakha N. Desai
President
Asia Society

Tadashi Yamamoto
President
Japan Center for International Exchange

Executive Summary

The Asia Society and the Japan Center for International Exchange (JCIE) held a major one-day conference on March 22, 2004, to encourage Asia-Pacific regional dialogue on HIV/AIDS and other communicable diseases and promote joint policy responses and common strategies for action. This meeting brought together nearly 120 representatives of government, civil society, business, labor, medicine and the media from throughout Japan as well as other countries on both sides of the Pacific. Former Japanese Prime Minister Yoshiro Mori opened the conference, and U.S. Secretary of Health and Human Services Tommy Thompson, who serves as chair of the Global Fund to Fight AIDS, Tuberculosis and Malaria, gave the keynote address.

This conference was convened in light of the growing recognition that HIV/AIDS poses one of the gravest challenges of the 21st century to human security in Asia. A rapid expansion of the epidemic in several Asian countries appears increasingly likely and, by some estimates, Asia will surpass Africa as the region with the greatest number of HIV infections by 2010. The potential scope of suffering and loss and the consequent damage to economic and sociopolitical development in Asia is staggering.

The implications of the epidemic were underscored in a 2002 report of the U.S. National Intelligence Council that named China and India, along with Russia, Ethiopia, and Nigeria, as “next wave countries” in the epidemic, projecting that China and India are on track to have a combined 30–40 million HIV cases by the end of the decade, almost as many as the current total number of cases worldwide.

Growing interconnectedness in the region and throughout the world means that the spread of HIV/AIDS in Asia has significant economic, political and security implications, even for countries that have for some time considered themselves insulated from the afflictions of poor countries. For example, businesses in Japan, where HIV prevalence is low and societal awareness of the epidemic muted, will be hurt if the spread of the disease in China is not stemmed, since nearly 3,000 Japanese manufacturers employ workers at plants in China and trade with China has been growing faster than with any other major trading partner. Japan also stands to suffer if the outbreak of the disease destabilizes China or other states in the region.

In addition to HIV/AIDS, other communicable diseases such as tuberculosis and malaria present severe human security challenges to the region, and vulnerability

to these diseases is often interconnected, as are effective responses. For example, according to World Health Organization (WHO) estimates, one-third of people infected with HIV will develop tuberculosis, which is the leading infectious killer of people with AIDS.

Experience with AIDS in Africa, Asia and elsewhere, has demonstrated that these diseases cannot be seen solely as “health issues,” but rather need to be approached within the context of human security. AIDS, for example, is intrinsically linked with a variety of other problems—severe poverty, gender inequality, insufficient public healthcare infrastructures, low levels of education, human rights violations, etc.—which both feed off of the disease and fuel its spread.

As with all human security challenges, the dramatic spread of AIDS requires a comprehensive response, one that involves a deeper engagement on the part of at-risk countries, regional leaders such as Japan, and other countries around the world. One requirement for an effective response is a stronger regional and global commitment to providing the financial and human resources needed to implement prevention and treatment initiatives on a large scale. At the same time, greater participation from all sectors in the Asia-Pacific region is critical in order to ensure that the battle against the disease is waged on all available fronts.

With more funding and more involvement as prerequisites, a truly effective response to the spread of HIV/AIDS and other communicable diseases in Asia would have a number of core components, each of which emerged as key themes during the conference.

1. Political leadership

Determined political leadership in Asia and around the world is integral to launching, sustaining and funding the wide variety of broad initiatives necessary for dealing with the spread of AIDS and other communicable diseases.

2. Multisectoral cooperation

The full engagement of all sectors of society—including government, business, civil society and the media—is necessary, both in at-risk countries and throughout Asia.

3. Community-level engagement

The input and full engagement of affected and at-risk communities is crucial for designing effective programs and for ensuring their successful implementation.

4. A comprehensive, multifaceted response

No single approach is sufficient. Rather, an effective response requires a combination of initiatives to prevent infection, treat its consequences, and remedy the socioeconomic conditions that are contributing to its spread in the region.

5. Addressing the role of gender

Women are especially vulnerable to HIV and bear an inordinate share of the burden when disease strikes their communities; therefore they should be given particular attention in efforts to combat communicable disease.

6. Empowering individuals and communities

When vulnerable and marginalized individuals and communities are empowered, they are more resistant to disease and better equipped to deal with its impact.

7. Improving education at all levels

Formal and informal education can mobilize support for new initiatives to fight disease, play an important role in prevention campaigns, and, in the long run, help eradicate poverty, which increases vulnerability to disease.

8. More research and better data

More interdisciplinary research is needed on the epidemiology of communicable diseases in various communities around Asia, their broader socioeconomic implications, and potential new treatments and vaccines.

9. Heightened coordination and cooperation

Greater coordination of programs and more information sharing among governments, international agencies, funders, NGOs and others is of critical importance.

One of the first major conferences in Japan to bring together a diverse set of leaders from a variety of fields to discuss the human security threat of HIV/AIDS and other communicable diseases in Asia, the March 2004 meeting marked an important step in raising awareness of the issue in Japan and throughout Asia. The co-sponsors, the Asia Society and JCIE, will continue their efforts to promote comprehensive and effective responses to these challenges. In particular, through its AIDS in Asia Initiative, the Asia Society will continue to raise awareness and mobilize support for a collective response to HIV/AIDS in Asia among American policymakers and stakeholders and their Asian counterparts.

One promising development announced at the conference was the launch of the Friends of the Global Fund, Japan, a private group that will encourage the support and participation of diverse sectors in Japan in advancing the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and in tackling the common challenges of HIV/AIDS and other communicable diseases. The group will operate with JCIE as its secretariat, and it will draw on the organizations and individuals convened for the conference in building a multisectoral network to help strengthen Japan's response to this global challenge.

Considerable progress has been made in recent years in battling the spread of communicable diseases, particularly in the fight against AIDS. Nevertheless, in Asia as elsewhere, there is only a narrow window of opportunity to implement

sweeping preventive measures before the epidemic reaches a critical mass. This imbues the effort to mobilize resources with an urgency befitting the millions of lives at stake in the region and around the world. It is important to act quickly. This conference on “The Human Security Challenges of HIV/AIDS and Other Communicable Diseases” was a necessary step, but only a first step, in the important battle against HIV/AIDS.

Conference Overview

A number of themes emerged during conference discussions on how to effectively respond to the spread of HIV/AIDS and other communicable diseases in Asia. Taken together, these provide a broad framework for an approach that takes into account the human security dimensions of the challenge facing the region.

1. Political leadership

The fight against HIV/AIDS in Asia requires heightened awareness of the scope of the problem, a large-scale mobilization of financial and human resources and a broad societal commitment to extensive preventive, treatment and care measures. Strong political leadership is central to all of these tasks, both domestically and internationally.

Participants and panelists alike stressed that local and national political leaders can play an important role by encouraging public acknowledgement of the threat posed by the disease and persuading citizens that preventive measures are necessary before it becomes widespread, particularly in high-risk countries where effective approaches may clash with cultural norms or traditional values. Combating human security problems such as HIV/AIDS requires the active participation of a broad swath of people in potentially affected communities, and positive political leadership is critical in educating and mobilizing communities to confront new and unfamiliar challenges.

Likewise, the support of political leaders must be enlisted in order to launch and sustain potentially costly prevention, education and treatment programs. Participants spoke of how politicians can undercut effective measures when they are not convinced of their value, but also of how positive support can go a long way, noting that a strong and visible political commitment played a critical role in enabling Thailand and Cambodia to successfully lower prevalence rates in the 1990s.

The shared nature of the challenge of HIV/AIDS and the sheer magnitude of the resources needed to combat it mean that the strong commitment of political leaders in less-affected countries is also a crucial component of the regional and global fight against the disease. This is especially true in potential and current donor countries, especially in Japan, the United States and Europe.

Because political leadership affects all dimensions of the response to HIV/AIDS, several participants stressed the importance of educating political leaders, especially parliamentarians, about the human security impact of HIV/AIDS and other communicable diseases. This includes politicians in high-risk countries and especially in countries that are regional and global leaders.

2. Multisectoral cooperation

An effective response to HIV/AIDS requires the active participation of diverse sectors of society, both on the national and international levels. Governments, civil society organizations, businesses, the media, religious leaders and labor unions all have valuable contributions to make in combating the disease.

Government

The commitment of the top leadership of national and local governments in affected countries is a critical component of a multipronged response. One reason is that the epidemic cannot be effectively dealt with by health ministries alone; instead a broad range of government agencies and departments needs to be involved. For example, participants discussed how crucial it is to involve the military in prevention efforts, particularly in a region like Asia that contributes a large share of the world's peacekeeping forces, since militaries are particularly vulnerable to infection and can serve as routes of transmission.

Meanwhile, the sheer magnitude of the resources needed to effectively respond to the epidemic means that the commitment of governments in richer countries in the region and around the world is critical, as is the active involvement of regional and international agencies.

Civil Society

While indispensable, government involvement alone is insufficient. Civil society organizations can do many things that governments cannot. For example, nongovernmental organizations (NGOs) play critical roles by spearheading advocacy and education campaigns, raising awareness among citizens and decision makers, quickly and flexibly implementing programs to provide services to infected and affected populations and reaching out to high-risk populations that governments cannot or will not engage.

The participation of civil society organizations from richer countries is critical, as they possess valuable knowledge and skills, can channel precious resources to the areas of greatest need, and often serve as influential advocates for affected countries and communities in the policy-making processes of potential donor countries. In Japan, NGOs have been active in the fight against HIV/AIDS, both domestically

and internationally, but significantly increased funding and a more supportive environment could help make them even more effective.

The need for civil society involvement does not stop with NGOs as they are typically defined. Participants noted that religious leaders and organizations can be extremely effective in mobilizing broad societal support when they lend their influence to the fight against HIV/AIDS. In addition, engaging religious and cultural leaders is of particular importance in societies where they might otherwise hamper some of the most effective prevention and education efforts or provide indirect support for stigmatizing ideas that make it more difficult to reach out to the people most at risk of infection.

Business

The commitment of the business sector is an integral component of the response to HIV/AIDS, and deeper engagement is in the sector's best interest. The disease threatens businesses' bottom lines as it increases labor costs, undermines morale and productivity and weakens market bases. Given the pace of economic integration, it is not just businesses located in affected countries that have a stake in the fight against HIV/AIDS, but also corporations that have dealings in "next wave" countries such as China and India that stand to lose directly from the spread of the disease.

Although businesses play an important role in providing resources to combat the spread of the disease, their contributions need not be limited to financial donations. Business leaders can be singularly influential in persuading government leaders to move against the disease. They can also play important roles in mobilizing resources and can use their position to help dispel the stigma associated with the disease. Moreover, businesses are often better positioned to involve their employees and their families in HIV prevention and treatment programs than any other entity.

Media

The media plays a particularly important role in informal education and tends to be underutilized in the regional fight against HIV/AIDS. Several participants cited the need for increased coverage of the epidemic in Japan and elsewhere in the region as part of a broader strategy to raise public awareness. Increased education and training efforts aimed at print and television journalists in Japan were suggested as one method of encouraging greater domestic coverage.

3. Community-level engagement

Although the deep commitment of top leaders at the national and international levels is essential in the fight against communicable diseases, efforts will not be effective without active community-level participation. Knowledge about the real needs of communities is often available only at the local level. Participants stressed

that programs developed and applied in a top-down fashion without sufficient understanding of the workings of local communities may fail to serve the people who most need them.

Similarly, it is important to elicit active and broad local participation when carrying out prevention, treatment and care programs. Individuals and communities need to be vested with a sense of ownership and full participation in the programs designed to protect them. The support of a broad range of community leaders can go a long way toward ensuring a program's success.

It is not just the established authorities in these local communities that need to be involved in these efforts. Participants agreed that it is also crucial to engage and empower marginalized high-risk populations such as men who have sex with men, commercial sex workers, migrants and injecting drug users, so they will be better equipped to avoid infection or deal with its implications. In particular, participants stressed that people living with AIDS (PLAs) can make valuable contributions to community-level programs.

4. A comprehensive, multifaceted response

There is no single best approach to HIV/AIDS or other communicable diseases; rather, multifaceted approaches are critical in preventing infection, treating its consequences and ameliorating the conditions that contribute to its spread.

Striking a balance between preventive measures and access to treatment may be difficult, but both approaches are critical and often self-reinforcing. For example, improved access to AIDS treatment helps destigmatize the infection, which in turn raises the likelihood people will take part in voluntary testing and makes it possible to implement more effective prevention programs.

People living with AIDS and those at risk of infection need more options for treatment and prevention. To this end, more research on treatment alternatives is crucial. It is also important to dedicate resources to the development of preventive vaccines so that AIDS can eventually be eradicated.

Of course, the spread of communicable diseases is intrinsically linked to a variety of other socioeconomic problems that also need to be addressed as part of any effective and sustainable approach. Poverty, participants noted, is both a cause and consequence of HIV. Impoverishment reduces opportunities for people to learn about HIV and their own HIV status; it makes at-risk individuals less likely to engage in basic preventive measures such as the use of condoms; it contributes to the desperation that fuels injecting drug use and leads women to succumb to commercial sex work; and it

puts treatment and care out of the reach of many. The weakness of public healthcare and healthcare delivery infrastructures is also a major factor in the spread of disease, and it is clear that in Asia, much needs to be done to improve primary healthcare, access to HIV testing, disease surveillance and basic medical facilities.

5. Addressing the role of gender

Special attention needs to be given to gender in dealing with HIV/AIDS. Women are particularly vulnerable for physical as well as socioeconomic reasons. Faced with social inequality, they are less likely to have access to preventive measures and treatment, their healthcare needs tend to be accorded lower priority than those of men in impoverished and traditional societies, and they are the primary victims of coerced sex, sexual violence, and human trafficking. It is important that these issues be addressed in any a comprehensive response to HIV/AIDS. Similarly, women tend to bear a disproportionate share of the burden when disease strikes. In Asia, it is almost always women who are the caregivers when someone in the family falls ill, and it is girls' education that is abandoned first when economic difficulties ensue.

It is equally true that women represent a vital and underused resource in the fight against HIV/AIDS in Asia, and approaches that capitalize on their societal roles and potential contributions promise to be especially effective and sustainable over the long term. This makes it all the more important to increase educational opportunities for women, encourage their financial independence and ensure their greater protection and more equitable treatment under the law.

6. Empowering individuals and communities

The empowerment of individuals and communities is also an integral component of an effective response to HIV/AIDS and other communicable diseases. Empowering women by educating them, improving their income potential, and helping to better equip them to negotiate safe sex reduces their vulnerability to HIV/AIDS. High-risk marginalized groups such as migrants and refugees, men who have sex with men, injecting drug users, sex workers, prisoners and the severely impoverished also need to be empowered to protect themselves. Strengthening their legal rights and enhancing their opportunities for education and financial independence makes them more resistant to disease and better equipped to deal responsibly with its impact, ultimately helping to forestall the spread of disease into the general population.

7. Improving education at all levels

Participants agreed that one of the keys to effectively countering the spread of HIV/AIDS is improving education at all levels throughout society. The stigma attached to

HIV/AIDS and the marginalized populations who are most closely associated with the disease continues to be a major obstacle to the implementation of effective and broad-based testing, prevention and treatment measures in many Asian countries.

Education, both formal and informal, can go a long way toward removing this stigma and promoting sound preventive practices. The fact that over 50 percent of new HIV infections are found in people under the age of 24 dramatically demonstrates the pressing need for HIV education that targets youth, particularly in the school curriculum. In a broader sense, strengthening formal education also helps individuals and communities rise out of poverty, which further reduces vulnerability to HIV/AIDS and other communicable diseases.

Informal education is also of critical importance in reaching women, high-risk populations, youth who may not be in school, and family decision makers such as parents and grandparents who have influence over vulnerable populations. Education targeting religious and other community leaders can be particularly effective, not just in gaining their approval for and assistance with anti-HIV measures, but also in building the sort of grassroots support that can ultimately encourage political leaders to take bolder preventive steps. Meanwhile, educational efforts aimed at parliamentarians and other political leaders in high-risk countries can bear considerable fruit. Likewise, education and advocacy geared toward political leaders in potential donor countries is important, as are mass media campaigns targeting the general public.

8. More research and better data

More research and better data are needed on the epidemiology of HIV/AIDS and other communicable diseases in Asia, their impact on diverse communities and the many interrelated factors that contribute to vulnerability.

Interdisciplinary research is invaluable for designing an effective regional response, and researchers outside of the disciplines of medicine and public health should be engaged in this effort. Several participants pointed, for example, to the contribution made by the WHO Commission on Macroeconomics and Health in mobilizing attention and resources for the fight against AIDS by highlighting the massive economic and human costs of insufficient health investments. It was also suggested that studies on the microeconomic impact of the epidemic might prove useful in mobilizing more substantial corporate involvement, both among businesses located in Asian countries with high rates of infection and those based in Japan, the United States and elsewhere.

In order to effectively utilize international funding, it is critically important to analyze more deeply the actual needs of affected individuals and better understand how various formal and informal mechanisms function in their communities. Improved knowledge management and further research can help with this, as can the understanding that, given the immense diversity in the region, there will be considerable disparities in findings between different communities and countries.

Continued research into new treatments and preventive AIDS vaccines is also a key component of the long-term response to the disease. It is important that the world's best scientists and companies be enlisted in this endeavor and new incentives and resources for research and development be provided.

9. Heightened coordination and cooperation

Greater coordination and cooperation among a diverse array of actors is needed to maximize the effectiveness of the response to HIV/AIDS and other communicable diseases in Asia. This poses a particular challenge since the response requires broad participation in a region where experiences with multisectoral partnerships tend to be limited. There is an obvious need for coordination in the planning and implementation of prevention and treatment programs, and participants made the point that much progress can be made just by using existing resources more effectively.

Better coordination is not just necessary on the ground in program and service delivery, but also among donors and outside agencies. For example, it is important for donors to harmonize their regulations as well as their monitoring and reporting criteria in order to avoid overburdening local aid recipients. Participants also noted that, in the case of Japan, there is a clear need to better coordinate domestic and international efforts, which so far are carried out independently with little interaction between the relevant policymakers and implementing organizations.

Asia's recent experience with SARS and avian influenza demonstrates the need for a stronger government commitment to timely and extensive information sharing in the region. Participants agreed that better coordination can enhance surveillance measures and generally improve the efficacy of the international community's response to the spread of HIV/AIDS around Asia. In addition to government efforts, participants stressed that strengthening global networks of civil society organizations will facilitate information sharing.

Opening Remarks

Yoshiro Mori
Former Prime Minister, Japan

There is an old saying in Japan: “The people are the foundation stones, the people are the castle.” To me, this means that the people, each and every individual, are the foundation for building a nation. It seems to me, that the two things that support each of us in living out our lives, the two essential pillars of human strength, are none other than education and health.

Sadako Ogata, former United Nations High Commissioner for Refugees, together with Professor Amartya Sen of Cambridge University and some of the wisest minds from five continents, recently proposed that in this era of rapidly advancing globalization, we need a new way to look at human security. Their thinking stems from the idea that in combating the many and various crises being faced today—from wars and conflict to disease—people need to engage in comprehensive, solid community building. That becomes the base to empower people as individuals, enabling them to live life without losing their human dignity. In this vision of human security, good health is an absolutely essential factor.

Today, Japan has the highest average life expectancy of any country in the world, and our country has had a long and varied experience in getting to this point. This experience has been valuable in our efforts to help improve health in developing nations. For example, Japan played a big part in eradicating polio from certain areas in the western Pacific, a successful project that is especially gratifying.

Against this backdrop, I proposed the Okinawa Infectious Diseases Initiative in 2000 at the Kyushu-Okinawa G-8 Summit. The proposal provided for more aggressive moves by Japan toward the eradication of communicable diseases worldwide, and, to that end, our nation pledged US\$3 billion in aid to be used over the next five years in the field of health in developing nations. Later, I proposed the launch of the Human Security Commission before the international community at the 2000 Millennium Summit and then, in 2001, had the privilege of attending the UN AIDS summit as the representative of the Japanese government. The way was well paved, therefore, when the United States and Japan took a leading role in creating a Global Fund in 2002 to fight the world’s three major killer diseases: AIDS, tuberculosis and malaria.

Japan pledged US\$265 million to the newly established Global Fund, more than half of which has already been disbursed. To hear how the Global Fund has already

made such concrete progress gives me great pleasure. Before this meeting, Secretary Thompson and I were able to speak, and he asked that Japan continue to support the Global Fund. I feel strongly about this as well, and I told him I would make certain to relay this to Prime Minister Koizumi.

Still, the road ahead in the fight against communicable diseases will be long and hard. For one thing, many of the most prevalent communicable diseases are becoming more and more difficult to deal with. The frightening resurgence of tuberculosis, for example, is due to the proliferation of multi-drug-resistant bacteria, and the same is true of malaria. As for AIDS, many people believe that AIDS is not a major problem in Asia, but according to the latest report of the Joint United Nations Programme on HIV/AIDS (February 2004), there is no more time to spare in some of the more heavily populated Asian countries like India, China and Indonesia. It is not too late, the report says, but if we do not act now, we face the possibility of a catastrophic AIDS outbreak in those nations. Recently, avian influenza and mad cow disease have become major problems in Japan. The fact that animal-borne diseases are not spread by the movement of people, but can be carried by birds that fly freely all around the world, is illustrative of how disease is not limited to one region or area.

With this in mind, today I would like to stress four points.

First, the crucial importance of prevention. This is especially vital in the fight against diseases like HIV/AIDS, for which there is still not yet any cure, and diseases for which drugs developed so far have lost their effectiveness. It is especially important that children and young people be taught about diseases and disease prevention, and that we take measures to prevent the transmission of HIV from mothers to infants.

Second, the necessity of providing adequate treatment to those who have a communicable disease. This is essential if we are to prevent the further spread of multi-drug-resistant bacteria. Last year the WTO came to an agreement about patents for drugs. It was a welcome development, for it opened the way to supplying drugs at a reasonable cost under certain conditions.

My third point concerns care for people who are afflicted with a communicable disease and their families. For me, the very thought of the 11 million AIDS orphans reported in sub-Saharan Africa is heart-wrenching. This is a complex problem that requires a multifaceted approach, but one thing that should and can be done fairly quickly is to make sure that these children are given regular lunches at school.

As I mentioned to Secretary Thompson this morning, I was in second grade in

elementary school when the war in Japan came to an end. I was told by other children, and even by teachers, that we would be killed or imprisoned by the American army. However, the first thing the American soldiers did when they came to Japan was to give canned milk and beef to starving Japanese children. This was a shock for us children. We would never have even dreamed that the Americans who had defeated Japan would bring us food. I think that all of us around the world can live together in this spirit. It is the responsibility of many people, of all of the politicians from countries blessed with good health, to ensure that the children of Africa are saved.

And thus, it should be possible to guarantee that if a child goes to school, she or he will get a meal, and this will encourage them to stay in school. This may seem to be a small thing, but it could contribute greatly to enabling them to continue their education and prepare for a constructive life later on.

Fourth is the critical importance of building up human resources in these areas that I have mentioned in the developing nations, and it is crucial that a wide variety of people from all over the world work together closely in this regard.

I was a rugby buddy of Ambassador Katsuhiko Oku, who was killed while serving in Iraq. Many people have already heard about how he sent 71 e-mails to the headquarters of the Ministry of Foreign Affairs from his post in Iraq. However, it is not widely known that he was also exchanging messages with some of the players on his old rugby team. Ambassador Oku told these university students, "Right now I am doing something that is extremely risky. I may never return to Japan. But when I look into the bright eyes of the Iraqi children, I want to try to somehow give them a better life. For this reason, I am willing to sacrifice myself for them. The rugby spirit is 'One for all, all for one.' If we can bring this spirit to the whole international community, there is so much we can accomplish."

I first visited Africa as the prime minister of Japan. Sadako Ogata, the former UN high commissioner for refugees, took me to visit a refugee camp in Kakuma, Kenya. Tens of thousands of children were living inside tents. I saw a mother who would not let go of her dead child. The doctors told me that the child had been dead for several hours, but she kept stroking its back. I wanted to do something to save those children. There was a mother who had traveled 200 or 300 kilometers to get to the camp, all the while clutching four infants. Their arms and legs were so covered in dust and sweat that they resembled the shell of a tortoise. Without thinking, I took the hand of one of the children and began wiping off the sand, but the women glared at me and snatched back the child. She probably thought I was going to steal her baby.

Yet with all of this going on around us, when we visited the camp school, I saw that all of the children were sitting on the ground listening attentively to their teacher. When I

joined them, they sang a wonderful song for me. Then I asked them what they wanted most and they told me pencils and notepads. When I returned to Japan, I called together the vice-ministers and ministry officials and told them to gather up pencils and notepads, and we sent three truckloads to Kakuma. This sort of thing does not solve the larger problem, but I was just overtaken by the impulse to do something.

Now, if you look at Japan, there is a great deal of unease with the weak economy. But young people can all buy expensive goods, go to concerts, and follow their favorite singers around Japan or even around the world. That is all Japanese youth are using their money to do. Sometimes they use their money to support themselves, but most are supported by their parents. I wish they would want to give one-tenth or one-twentieth of this money to help the world's children. This is something that we politicians have to call upon the people to do. I hope that everyone gathered here today will call for this to be done all around the world. This is an important role we can all take upon ourselves.

One of the advantages of the Global Fund is that it is not merely a traditional international cooperation scheme driven by governments, but rather one that forges new partnerships combining the strengths of many diverse players. As Ambassador Oku would say, "One for all, all for one." I am delighted by the report of the launching of the Friends of the Global Fund, Japan, at the initiative of Tadashi Yamamoto, which will give form to this spirit in Japan, and I wish to assure my wholehearted support for this effort to draw upon the participation of many in the private sector in encouraging nongovernmental and governmental support to advance the work of the Global Fund. I look forward with great anticipation to working together with everyone gathered today in the global fight against communicable disease in order that every single human being can live life with dignity.

Keynote Address

Tommy S. Thompson

Secretary, U.S. Department of Health and Human Services; Chairman of the Board, Global Fund to Fight AIDS, Tuberculosis and Malaria

In the first week of December of the past year, I led a tour of 103 individuals of different political persuasions from all over the world to visit Africa. It was one of those trips that transformed me, and I believe transformed everyone on that trip, as Prime Minister Mori indicated about his trip to Africa. I go to Africa every year in order to try to assist the people of the continent in their fight with HIV/AIDS, tuberculosis and malaria.

I have to share one story. We traveled out of Kampala, Uganda, one day, for four hours on a bus to a community called Tororo in order to deliver the antiretroviral drugs that are necessary to save people's lives. (We had to distribute the medicines using Suzuki motorcycles, and I was somewhat concerned about that because I come from Wisconsin, where Harley Davidsons are manufactured.) All of us, the one hundred plus individuals, were divided up so that each went to see two families out in the bush. I went to see two families, one led by a woman by the name of Rosemary, and the other by a gentleman whose name was Samson.

Rosemary and her family lived in a mud hut, and her husband had died in 1994 from AIDS, leaving her infected with the virus and with four children. Her brother died in 1995, leaving her with three more children to raise. In 2001, she was on her deathbed and not expected to live. She started receiving antiretroviral drugs and, today, she is surviving and raising enough food on two acres of land to support herself, the seven children, including her own four and her brother's three, and her elderly mother.

I would expect this woman to be despondent and depressed, but she in turn was absolutely optimistic. She told me, as we sat outside on her front lawn, how appreciative she was of the Global Fund and of America and all the generous countries that gave her the opportunity to live and to raise the seven children so they would not be orphans. She believed so much in what we are doing here today to heighten the awareness of the needs of people like Rosemary and the 14 million orphans from this insidious disease in Africa as well as the millions of orphans in China and around Asia.

Today, I also bring greetings from President Bush. America and Japan have long been important allies and strategic partners, and our country values this very strong partnership, this strong friendship. Our alliance is rooted in mutual trust, shared democratic values, and vital economic interests.

Together, the United States and Japan account for roughly 40 percent of the world economy. Because we are economic superpowers, our actions affect the entire world. As a result, we share an important responsibility for what takes place in this world. We are charged with exerting responsible leadership, not only for the benefit of our own people, but also for billions of others around the world.

One responsibility that demands our leadership is the global AIDS epidemic. We have a massive crisis on our hands. AIDS kills more than three million people every year—about 8,500 people each and every day. To put that in perspective, while I am delivering this speech, almost 100 people around the world will die of AIDS. That is the equivalent of everyone in this room, dead from AIDS, in the next 15 minutes.

This crisis is only growing worse. Every day, another 14,000 people are infected. And the pandemic is threatening to destabilize the entire continent of Africa, where a whole generation of children is on its way to being orphaned, as Prime Minister Mori mentioned. If you think about it, these children are not just losing their parents—businesses are losing their workers; communities are losing their teachers, doctors and farmers; entire countries are losing their next generation of leaders.

Make no mistake—this is a war we are waging.

The United States is committed to this cause. And I am pleased that the government of Japan has been committed for several years as well. But this is not just governments' responsibility. Everyone here needs to understand that the crisis of AIDS is far too great for any one government or organization to solve. The sheer magnitude of the crisis demands a joint response that must include other governments, international organizations, nonprofits, businesses and even individuals.

One of the most important mechanisms for action is the Global Fund to Fight AIDS, Tuberculosis and Malaria—of which I am proud to serve as chairman. President Bush and Kofi Annan created the Global Fund almost three years ago, and I was there at the White House when the president of the United States pledged the first \$200 million to the fund. And they were able to do this only because of the momentum and political commitment that came out of the Okinawa Infectious Diseases Initiative, conceived by then Prime Minister Mori at the G-8 Okinawa Summit. It established partnerships between developing nations, G-8 countries, nongovernmental organizations and the free market. I remember well that I saw former Prime Minister Mori when he led the Japanese delegation to the United Nations Special Session on HIV/AIDS in June 2001 to support the Global Fund, and shortly thereafter Prime Minister Koizumi visited Washington and announced Japan's initial contribution to the fund.

Having just come from chairing the fund's seventh board meeting, I can bring you the good news: while the Global Fund is less than 31 months old, we have accomplished a great deal. The fund board has already approved 224 grant programs, totaling more than \$2.1 billion, in 121 different countries. We have raised over \$5 billion in cash and pledges, including a total of \$260 million from the Japanese government.

Japan has been one of the most active and effective members of the Global Fund board since its inception, and I can even say that without the strong involvement of Japan in the complex negotiations that created the fund, it would be a much less innovative and efficient institution than it is today, so I thank the leadership from Japan. I want to take this opportunity to thank Shigeki Sumi, my colleague on the fund's board; Seiji Morimoto, his predecessor as head of the Japanese delegation to the fund and the founding vice-chairman of the fund's board; and Ambassador Ishikawa, one of the founders of the fund, for his role in the original negotiations, for steering the Global Fund in the right direction and always advocating for a strong contribution from Japan. The most recent commitment of \$100 million for the fund announced in December 2003 is a very generous donation and a great example of Japanese leadership. But I am also asking you for a greater commitment of resources, because we have just begun this fight. For the first time, this year, I saw a degree of hope and optimism on the continent of Africa when I visited them. I also found the same degree of hope in China when we visited them in November. But as much as we need your money, we need your friendship, your advice, your support and your cooperation.

Now, why should Japan support the Global Fund and other efforts to combat HIV/AIDS? I understand that HIV/AIDS is not a big problem in Japan, even though it is starting to grow. But the truth is that this pandemic is a problem that the whole world faces, because it is going to take the resources of the whole world to address the crisis. Even though we are spending less than we do on other causes, there is nothing of the magnitude of the fight on HIV/AIDS in the world today.

Prime Minister Mori spoke of the legions of orphans in Africa. I have traveled to Africa twice in the last two years and witnessed the devastation firsthand. You pick up these babies in the orphanages, and all they want is the opportunity to live. They are no different than the children in America, the children in Japan, the children in France, and the children in China. They just want to be able to have the opportunity to live.

I have also witnessed the amazing progress that is taking place because of the Global Fund's programs. Two years ago, there was no hope, there was no optimism, and this has been changed dramatically because of the United States initiative of \$15 billion, because of what the Global Fund is standing for, and because of Japan's commitment as well. It is finally giving people who are suffering from this insidious disease the idea that there is hope, there is the opportunity to live. I salute the work that the United

States and Japan are doing. The money we are investing is paying off in tangible results, just as with the woman called Rosemary in a village called Tororo. These results are fostering a spirit of hope and optimism among those people who have despaired for far too long.

And I also want to give you a report. Japan's program of sending treated bednets to the countries of Africa is saving thousands of children's lives. I ask you if you can continue it and expand it. You cannot realize until you go out into a community where children are dying from malaria the importance of the commitment of 70 cents for a bednet that can prevent a child from getting malaria for several years. Japan is one of the leaders in sending treated bednets to the countries in Africa and others around the world, and for this I thank you.

This is also coming closer to home for all of you. AIDS is attacking your region at an alarming rate. Over 1 million people in Asia and the Pacific acquired HIV in 2003 alone, bringing the estimated number of people now living with the virus in this part of the world to more than 7.4 million. According to UNAIDS data, the epidemic continues to expand in many of Japan's Asian and Pacific neighbors, like Indonesia, Papua New Guinea, India, Vietnam and China. There is a clear link between HIV/AIDS and economic performance. The continuation or acceleration of current trends in new infections and mortality will be a drag on growth and a source of social and political instability in the region if we do not act. That is why Japan is so important.

In Africa, entire societies are crumbling under the burden of HIV/AIDS, as children raise children, parents cannot teach their offspring skills like farming, and the generational passage of cultural values and mores is broken. This could be the future in Asia as well if we do not act together quickly, and commit our resources now to fight this war.

But I am particularly concerned about China, which is one of Japan's biggest trading partners. Experts estimate that more than a million Chinese citizens are living with HIV, which is a small number relative to the whole population. The prevalence of HIV in China has been increasing by about 20 to 30 percent per year. The Ministry of Health officially estimates there are 100,000 orphans in China already, and the real number could be much higher. In a country with more than a billion people, even a small increase in the percentage of the population affected could strike down millions of our fellow men, women and children. That is why it is important for Japan to be involved.

Other recent disease outbreaks, such as SARS and avian flu, have demonstrated how a disease will not only pose a health threat but can also start a major economic crisis that can spread further than the virus. We all know that boundaries do not prevent these diseases. In today's interconnected global economy, the spread of disease can shake business confidence and disrupt entire regional economies.



Tommy S. Thompson,
Secretary, U.S. Department of
Health and Human Services

Yoshiro Mori,
former Prime Minister



Session III: Hel  ne Rossert-Blavier, General
Director, AIDES; Shigeru Omi, Regional
Director, Western Pacific Office, World Health
Organization; Christoph Benn, Director,
External Relations, Global Fund to Fight AIDS,
Tuberculosis, and Malaria; Nicholas Platt,
President Emeritus, Asia Society; Tadashi
Yamamoto, President, Japan Center for
International Exchange

Ronald J. Anderson, Chairman, AIG
Companies, Japan & Korea; Yusuke
Fukuda, Director of International
Cooperation, International Affairs
Division, Ministry of Health, Labour and
Welfare, Japan; Christoph Benn, Director,
External Relations, Global Fund to Fight
AIDS, Tuberculosis and Malaria





Ichiro Aisawa, Senior Vice Minister,
Ministry of Foreign Affairs

Session I: Naruo Uehara, Professor, Tohoku University
School of Medicine; Nafis Sadik, United Nations
Special Envoy for AIDS in Asia; Helene Gayle,
Director, HIV/AIDS, TB and Reproductive Health,
Bill & Melinda Gates Foundation



Session II: Trevor Neilson, Executive Director, Global
Business Coalition on HIV/AIDS; Molly Shields-
Uehling, Senior Vice President, Resource Development,
International AIDS Vaccine Initiative; Marina Mahathir,
President, Malaysian AIDS Council; Nicholas Platt,
President Emeritus, Asia Society

Conference overview



So fighting AIDS is not only the right thing to do. It is also the practical thing to do.

I believe that the spread of AIDS can be reversed, both in Africa and here in Asia. But this cannot happen without your help. Millions of suffering people across Asia and Africa are benefiting from Japan's generosity. And millions more can benefit from even greater Japanese leadership and initiative. I am very pleased today to congratulate Mr. Tadashi Yamamoto on the launch of Friends of the Global Fund, Japan, a partnership to support the Global Fund and increase awareness of and involvement in our work among Japanese philanthropic institutions, private-sector companies and civil society groups.

Yet money alone will not solve these problems. So what can you do? If you are an individual, join Friends of the Global Fund, Japan, and familiarize yourself with what we are doing. If you are a company, join the Global Business Coalition on HIV/AIDS, headed by Richard Holbrooke and represented today by Trevor Neilson. I am sorry to say that we do not have any Japanese companies yet that have joined this coalition. We need the Japanese people, we need your expertise, we need your local knowledge in helping us tackle this problem in your region of the world. Progress will require a long-term commitment, and we need your help to provide it. And also, please continue to support the Japanese government's generosity to the Global Fund and its bilateral efforts against HIV/AIDS, malaria and tuberculosis.

In the past, America and Japan have joined forces to oppose danger and aggression. And we have worked together to bring aid and hope to those in need. Now this disease offers another opportunity for collective action and unified partnership.

I have learned that you do not have to share a man's faith to help save his life. You do not have to speak a woman's language to cure her illnesses. You do not have to understand a village's culture to bring it fresh water. But you do have to understand your place in the world and your responsibility to love your neighbors, whether they live down the street or across the ocean.

My friends, our two countries have unique strengths, and a unique opportunity to combine them for the benefit of the world. Let us embrace this opportunity.

Session I

The Human Security Impact of HIV/AIDS and Other Communicable Diseases in Asia

Overview

Human security can be seen as the capacity of human beings to build a life free from critical and pervasive threats to their health, livelihood and dignity. Communicable diseases such as HIV/AIDS, tuberculosis and malaria are among the greatest human security threats facing Asia, and their implications were taken up in the first session by a panel of three individuals playing key roles in the battle against these diseases. These panelists and the conference participants discussed the impact of the diseases and how the region and the world can respond, focusing particularly on the importance of building sufficient political and societal commitment and mobilizing new and generous resources for the fight against these diseases.

Helene Gayle, director for HIV/AIDS, TB and Reproductive Health for the Bill and Melinda Gates Foundation, explained how improving public health is an integral part of improving human security, noting how health and global development are inextricably linked. The interconnection between poverty and health was taken up by Nafis Sadik, UN special envoy for HIV/AIDS in Asia, who also pointed out the specific vulnerabilities and potential contributions of women in the fight against AIDS. In closing the session, Naruo Uehara, a Tohoku University professor of international health, outlined several of the root causes of human insecurity and spoke of the need for a deeper, more accurate understanding of the real needs of individuals and communities threatened by the spread of communicable diseases.

The remarks of these panelists and the points made in the discussion session by conference participants are summarized below.

Health and Human Security

The session began by looking at health as a way of strengthening human security. Although human security is a simple concept, it has proven to be very difficult to achieve. The world has a long way to go before everyone has equal access to some of the most basic human rights and services.

Public health, the panelists agreed, is a necessary part of the human security agenda. Human insecurity has complex causes, which are often quite difficult to understand, but they can be seen as being related to preventable death, suffering and disabilities.

Human insecurity can arise out of critical events such as disasters and civil strife, it can come from a lack of empowerment of individuals and communities, and it can be related to the functioning of social systems and the need for better governance. This is not to say that there is a one-to-one causal relationship between these factors and human insecurity, but rather that there is a need to decipher these complicated factors and take an interdisciplinary, multifaceted approach that acknowledges the interconnections among them.

Communicable diseases, in particular, are a major cause of death in the developing world and thus deserve special attention. According to a study conducted by one of the participants, for example, approximately 80 percent of communicable disease-related deaths in the developing world could be prevented by effective intervention and the establishment of well-functioning healthcare systems.

Current health trends indicate that human security is severely threatened throughout Asia and elsewhere around the world. Over 7 million people in Asia are infected with HIV/AIDS, and each year there are over 1 million new infections. China, in particular, is of critical concern. While infection rates are still relatively low, current estimates suggest that by 2010, up to 10 million people in China alone will be living with HIV/AIDS. An epidemic of this size, according to UNAIDS estimates, indicates that the magnitude of resources needed to respond to the epidemic in Asia will soon be equivalent to that needed in Africa.

Participants also spoke of the threat of tuberculosis and malaria to human security. Tuberculosis kills more youth and young adults than any other single infectious agent in the world today, and the developing world is the worst affected, with 95 percent of all cases and 98 percent of deaths. Twenty-two “high burden countries” account for 80 percent of the global tuberculosis burden, and a high proportion of these are in Asia.

The battle against communicable diseases in Asia is closely linked to the battle against extreme poverty. Poverty is both a cause and consequence of HIV, and large portions of the population in many Asian countries are living below the poverty line. While ending poverty is a huge task, one participant pointed to the Millennium Development Goals as an important starting point. In 2001, the world leaders agreed on financing for them, although, panelists noted, it is unclear whether these leaders will make good on that commitment.

From this perspective, as one panelist put it, health is an important entry point into global development. Better health improves economic opportunity, and it improves education by allowing children to stay in school rather than stay home sick or caring for ailing parents. It slows population growth by giving families the confidence that their children will survive, a factor that encourages people to have fewer children.

Conversely, when diseases are not addressed, the impact on human security, economic well-being and development can be devastating. A good example can be found in the connection between AIDS and food security. Mothers desperate to feed their children sometimes succumb to commercial sex work, and impoverished children are often pulled out of school to help their families find food.

The Importance of a Gendered Approach

Panelists placed special focus on the gender dimensions of health and human security. Twenty years ago, early in the HIV/AIDS epidemic, women were rarely infected, but by the end of 2003, women accounted for 35–40 percent of infections in South and Southeast Asia, and for the first time, in Africa, more women were infected than men.

This occurs, participants explained, because both biology and society work against women. Women's physiology makes them more vulnerable to HIV infections and other sexually transmitted diseases. Meanwhile, women acquire reproductive-tract infections more easily, which leave them open to HIV infection.

Gender inequality also plays an important role in driving the HIV/AIDS epidemic. In so many parts of the world, women suffer from substandard legal protection and economic opportunity, which puts them at greater risk for infection. In addition, they are often last in line for healthcare. In many societies, culture dictates that “good women” are ignorant about sex and do not take the initiative in sexual interaction. Even if they are informed, they often find it difficult to negotiate safe sex, or the use of condoms.

The stigma against girls and women who are infected with HIV is much greater than that against men. A husband may pick up the infection from a sex worker or male sex partner and pass it on to his wife, but his family and the community at large may blame her for his death. Remarkably, as one panelist noted, women often have no exposure except for their husbands. Studies in South Asia have found that 90–95 percent of infected women had only one sexual partner—their husband. In some states of India, it is now being said that marriage is a special risk factor for HIV/AIDS, because many new cases of infection have been found among young women in arranged marriages to older men.

In addition to women's vulnerability to infection, participants stressed that the burden of responding to the disease often falls primarily upon their shoulders. It should come as no surprise that the poorest women in the poorest communities are most likely to be affected. When disease strikes, it is typically the woman who must care for the sick, often at the expense of her own health needs. The impact of HIV/AIDS on women also extends to children. In general, young children whose mothers

die are at much higher risk of death themselves, and AIDS orphans' risks are even higher because of stigma and because they may also be infected. Meanwhile, it is usually girls who are the first to be pulled from school when sick parents fall behind in paying school fees and need help at home. It is important to note that gender disparities in health and education are wider among the poor and widest in the poorest countries and communities.

For these reasons, panelists stressed the need for an approach that takes into account the special vulnerabilities and needs of women. One cited gender equality as a key component of the Millennium Development Goals, questioning why Asia-Pacific countries still place the empowerment of women low on the development agenda. In the Asia-Pacific region, more women than men live in poverty, and the disparity has increased since the 1998 economic crisis. While empowering women is clearly a matter of basic human rights, the disproportionate numbers of women among the severely impoverished also represent a major resource that can be effectively leveraged with well-designed investments. In essence, investing in women is the right thing to do.

Meeting the Test

Despite the magnitude of the human security threat posed by communicable diseases, participants noted that there is cause for optimism. The past few years have seen remarkable progress in efforts to improve global health, and today, more than ever, the global community's commitment to fighting HIV and other communicable diseases seems to be growing.

Of course, panelists remarked, there is much that can be done with the tools that are already available. Sexually transmitted diseases that fuel the spread of HIV can be treated, and drugs exist that, for pennies a day, can prevent the transmission of HIV from mother to child. A year's supply of condoms can be provided for less than US\$14. Similarly, malarial infections can be drastically reduced with the use of simple, inexpensive bednets. Six months of tuberculosis treatment only costs US\$20, and a full package of immunizations for a child costs only about US\$30.

Success can be achieved, participants concurred, in part by putting the right resources to work. For example, greater coordination of initiatives allowed tuberculosis-related deaths in Nepal to be cut in half in five years, and Vietnam, using insecticide-treated bednets, has cut malaria-related deaths by 97 percent in the last five years.

However, there was general agreement that existing resources are not sufficient and that greater funding for the fight against communicable diseases is imperative. Furthermore, it was agreed, it is in everyone's interest that these resources be new, not

transferred out of other health sector investments. Currently, one panelist remarked, relatively little attention is being paid to the Asia-Pacific region, even though 60 percent of the world's population lives in Asia.

As panelists noted, there have been some encouraging developments over the past few years, including the establishment of the Global Fund, the announcement of President Bush's emergency AIDS plan, the Millennium Challenge Account, and the commitment to dramatically expand antiretroviral therapy through the WHO's Three by Five initiative. One panelist commented that the global community is even within reach of the funding needs estimated by the WHO Commission on Macroeconomics and Health. Donors are expected to provide about \$20 billion, and this is now within the realm of possibility. Still, if millions of lives are to be saved, it is urgent that new and substantial resources be mobilized.

The provision of adequate resources is only part of the picture, however. In order to respond to communicable diseases effectively, it is first necessary to understand them. Obstacles to truly understanding the impact of disease and health on human security include a lack of sufficient knowledge and data, as well as disparities in the data from country to country, and community to community. It is critical to conduct more research, gather better data on the epidemiology of human security, and more effectively share knowledge and findings.

For example, one participant spoke of carrying out a study that found that 86 percent of people in developing countries with serious illness died in their own homes, and only 10 percent in a health facility. Approximately 60 percent of these victims had not received treatment or consultation at public or private health facilities but, notably, this did not appear to be an issue of geographic access. This he interpreted as evidence that simply funding public health systems would be insufficient in fighting communicable diseases and that, instead, it is important to reconfirm the real needs of vulnerable populations and think anew about the most effective methods for meeting those needs.

Panelists also argued in favor of multipronged approaches to combating the spread of HIV/AIDS. One audience member proposed focusing education and preventive measures on vulnerable groups such as injecting drug users, gay men, and sex workers and their clients. In many parts of Asia, he explained, the HIV infection is still limited to specific groups, and targeted interventions have proven to be very effective. Another participant noted that these groups should not just be seen as beneficiaries of programs, because they also have an important role to play in their success. As an example, he pointed to the concept of GIPA (Greater Involvement of People Living with HIV/AIDS), noting that people living with HIV/AIDS have special expertise in the prevention and treatment of the epidemic and are underutilized, but often highly effective, resources.

Meanwhile, other participants stressed the importance of education and prevention programs targeting high-risk groups where the infection is not already widespread, particularly youth, noting that it is critical to bring HIV education into school curricula. Over 50 percent of new infections are found in people under the age of 24, so youth should be an integral part of any prevention campaign. Education is also critical for overcoming poverty, which is closely interconnected with the spread of communicable diseases like HIV/AIDS.

Still, as one panelist remarked, reaching high-risk groups such as young people may require targeting others who are not at much risk at all, but who have considerable influence over them. For example, it may be effective to focus on decisionmakers inside homes, such as grandmothers and grandfathers, who can influence choices about prevention and treatment. Several participants emphasized that a community-based approach is indispensable, not just because it can reach influential decisionmakers, but also because it can reach target populations that are sometimes hidden in communities.

Panelists also noted that HIV/AIDS needs to be taken up as a multisectoral issue, not just as a health issue, in order to best deal with the different factors that put people at greater risk of infection. Several speakers called for greater efforts to elicit the deeper commitment of parliamentarians in fighting HIV/AIDS, both in high-risk countries such as China and India, and in donor countries such as Japan. Strong political leadership in Asia is critical, they noted, in order to effectively implement broad-based prevention and treatment measures and to muster the resources needed to stem the spread of the disease. In addition to national-level leaders, another panelist noted, it is important that local governments and NGOs become more involved in the fight against the disease.

Peacekeeping and war were cited as another dimension of human security that has serious health implications. In conflict situations, health systems break down, family and community networks are fractured and efforts to prevent and treat disease give way to the basic struggle for survival. Even peacekeeping forces can make health problems worse. Peacekeeping forces need to be kept healthy while they are deployed, in part so they do not bring diseases into conflict areas or back home when they are decommissioned. This is a particular concern in Asia because four of the five top contributors of personnel to UN peacekeeping operations—India, Pakistan, Nepal and Bangladesh—are each increasingly affected by the HIV/AIDS epidemic.

Finally, the participants and panelists repeatedly came back to the need for greater coordination between agencies and organizations around the world in dealing with human security challenges. A variety of mechanisms are currently being used by

international agencies and donors in order to avoid duplicating efforts, but, it was argued, much more needs to be done because of the large numbers of actors in the field at the country level. In particular, a call was made for more closely linking Japan's domestic and international responses to HIV/AIDS, which so far have been rather distinct, independent efforts.

Session II

Innovative Responses to the Human Security Impact of HIV/AIDS and Other Communicable Diseases in Asia

Overview

As with all human security challenges, the fight against HIV/AIDS requires innovative multisectoral and interdisciplinary responses. This point was underscored by the discussion in Session II, which was marked by broad agreement that diverse sectors of society must be mobilized in order to effectively counter the spread of HIV/AIDS in the region and around the world.

Marina Mahathir, president of the Malaysian AIDS Council, led the session with a description of how the stigma associated with HIV/AIDS has hampered responses to the disease in Malaysia and around the region. As she explained, the cooperation of government leaders, religious figures and nongovernmental organizations is central to implementing the bold prevention measures that are so sorely needed in Asia. Trevor Neilson, executive director of the Global Business Coalition on HIV/AIDS, followed by outlining the potential contributions of the corporate sector, listing the reasons why companies around the world are finding it so important to become fully engaged in the fight against AIDS and inviting Japanese corporations to join the Global Business Coalition. Molly Shields-Uehling, senior vice-president of the International AIDS Vaccine Initiative (IAVI), then explained how the ultimate resolution to every major modern epidemic has come about through the development and distribution of a preventive vaccine, putting forth IAVI as one example of an organization which relies heavily on cross-sectoral cooperation in its innovative approach to the disease.

The remarks of these panelists and the points made by a wide range of participants in the discussion session are summarized below.

Fighting Stigma and Discrimination

As several panelists remarked, the stigma and discrimination associated with HIV/AIDS undermine human security on the individual and national level. At the individual level, they make people ashamed of their status, and at the macro level, they shape responses to the epidemic. It is critical that stigma and discrimination be confronted in order to effectively respond to the disease, and they can only be confronted with knowledge and education.

For example, stigma and discrimination hinder HIV prevention initiatives. People are afraid of being tested because of the negative connotations involved with visiting testing centers, particularly for women, due to stereotypes about sex workers and HIV. Stigma and discrimination also affect AIDS orphans, who are often hesitant to access help because doing so requires publicly acknowledging why their parents died. In Malaysia, for example, UNAIDS estimates there are 14,000 AIDS orphans, yet only 300 have been identified by people working in the field. They are reluctant to go to government agencies because they do not want to say how they became orphans, and as a result they are not taking advantage of opportunities to attend school or receive funds for books. In the end, this is bound to create a group of young people without marketable skills or future prospects, which is likely to lead to instability and further security problems.

According to panelists, one critical example of the power of stigma and discrimination is the way in which it colors the response of many governments to the spread of HIV among drug users. Injecting drug use is having a major impact on the epidemic in many parts of the world. Stunningly high HIV prevalence rates have been found among injecting drug users in Xingjiang, China; rates range between 60 percent and 75 percent in Manipur, India; and 72 percent of the people reported with HIV/AIDS in Malaysia are drug users.

Panelists argued that the response to this problem has not been commensurate with the rates of prevalence. In Malaysia, for instance, only 4 percent of the AIDS budget goes to programs for injecting drug users, even though they account for 72 percent of cases. This, it was explained, is because drug use has been seen as a criminal problem and not a public health issue. In addition, many people feel that there is little reason to give consideration to drug users, since they are not seen as contributing to society or national development.

When governments have tackled HIV among drug users as a public health problem, they have achieved some successes. For example, harm reduction programs can be used to prevent the spread of HIV. These are often thought of solely as needle exchange programs, but they actually comprise a wide range of methods that can bring drug users into healthcare centers, convince them to use drugs less or stop sharing needles, or even get them off drugs completely. Taken as a whole, harm reduction programs actually help reduce drug use. Many years of thinking about drug use as a criminal problem has made it difficult for antidrug agencies to take this more humanitarian route, though studies have shown that these programs can actually reduce crime. With this in mind, one participant noted that most ODA agencies do not fund harm reduction programs for injecting drug users, and proposed that more research on their effectiveness be carried out so that policymakers may be persuaded to rectify this situation.

Unfortunately, as one panelist noted, the usual method of dealing with drug use is not only an example of stigma, but also encourages further stigma and discrimination. Again in Malaysia, most of the statistics on HIV/AIDS come from mandatory testing of drug users in government rehabilitation centers. This contributes to the impression that only drug users get infected with HIV/AIDS, leading people to blame the condition on drug use and ignore the other routes of infection, and thus creating complacency among non–drug users, as well as the partners and spouses of drug users.

At its very roots, the panel suggested, stigma comes from fear, and fear is alleviated by knowledge. Although this may seem obvious, many segments of society still do not receive adequate AIDS education. More effective education is need for women and for other vulnerable groups, and, just as important, for decisionmakers and policymakers.

Need for Multisectoral Cooperation

There was broad agreement that eliciting the full cooperation and active support of all sectors of society is critical, not just for eradicating stigma and discrimination, but in every aspect of the fight against the spread of HIV/AIDS and other communicable diseases.

Political Leaders: Several speakers stressed the importance of engaging parliamentarians around the world in the battle against HIV/AIDS. In some places, for example in India, parliamentary caucuses have been formed to focus on HIV/AIDS issues with some success. One panelist noted, however, that despite substantial efforts to reach out to parliamentarians and politicians, there is still a pressing need to improve their understanding of the disease, hopefully to encourage them to play a positive role, but sometimes even just to prevent them from obstructing potentially effective measures. The power that a single misguided leader can have was illustrated by one participant's account of an education minister from her country who was convinced that AIDS was not of concern to school children and thus managed to block the implementation of AIDS education in the school system for years.

Religious Leaders: Panelists also stressed the importance of reaching out to religious leaders, particularly those who might otherwise provide cultural and religious support for ideas that stigmatize HIV/AIDS. In many parts of Asia, religious leaders have tremendous influence within communities. Their support can also embolden political leaders to take decisive steps toward HIV prevention. Experiences in Bangladesh and elsewhere in the region indicate that their influence on prevention efforts can be especially valuable. There is a tendency to assume that conservative religious leaders will be hostile to many of the measures that are essential to the battle against HIV/AIDS. Yet one participant who has been particularly active in reaching out to Islamic communities in the region noted that many religious leaders just want the best for their communities, but have their own fears, which can only be alleviated

with accurate knowledge. The experience of her organization has shown that, rather than trying to convince religious leaders to support wholesale initiatives, it is often most effective to begin by providing basic facts about the disease in order to build a foundation of objective knowledge.

Media: The media can play a critical role in raising awareness of the epidemic, particularly in places such as Japan where interest in the issue remains remarkably low. One Japanese journalist suggested that the most effective method of expanding media coverage may be to more clearly identify the links between HIV/AIDS and various social and economic issues. For example, when SARS suddenly swept through China, many Japanese businessmen and their families fled the country and local factories shut down. Although no Japanese fell victim to the disease, media coverage was intense, and the Japanese public was made aware that it cannot turn a blind eye to domestic public health issues in partner countries. In a similar vein, the issue of HIV/AIDS in China can be addressed as a severe problem with significant implications for Japan.

Labor Unions: Several participants remarked that involving labor unions in workforce HIV prevention programs can be particularly fruitful, sometimes in unconventional ways. For example, the Japanese Trade Union Confederation (Rengo), an umbrella organization for Japanese labor unions, is working to introduce AIDS measures in overseas workplaces, most notably in factories in Zambia in cooperation with a counterpart African organization.

Military: The military was mentioned as another sector that can play an important role in the fight against the disease. While military forces are considered particularly susceptible to infection, one participant noted that HIV prevalence is very low among armed forces in Bangladesh, India and Pakistan, despite their high level of participation in peacekeeping operations in areas with high rates of infection. She suggested that a valuable contribution could be made by introducing some of the anti-HIV measures used by these militaries to the general population.

Prisons: Prisons often serve as breeding grounds for HIV/AIDS, and education programs for prisoners were suggested as one often-overlooked area where innovative responses could have considerable impact. Many convicts who enter prison infection-free, often for minor crimes, become infected behind bars. Health ministries have primary responsibility for HIV policy in most countries and, since they rarely coordinate their activities with prison authorities, HIV education usually fails to make its way into the prison system. As a result, many HIV-positive prisoners are released back into the general population without knowing that they should seek treatment or how to avoid passing on the infection.

The Critical Role of Business

The corporate sector was singled out as particularly important for the fight against HIV/AIDS. Businesses have the potential to make many different types of contributions, but panelists and participants concurred that much more effort must be made to engage them in the issue.

Discussion of the critical role of business focused on the reasons companies are compelled to join the global fight against HIV/AIDS. The most important reason is corporate self-interest. Company profits, productivity and morale can be dramatically affected by HIV/AIDS. Companies have to protect their workers, and they can keep their employees and their families healthy by implementing aggressive workforce prevention, testing and treatment programs. Such programs should be offered in every country of the world, not just those with high HIV prevalence.

AIDS is decimating markets around the world, as well as the customer and the manufacturing bases of many companies. Evidence from Botswana and South Africa shows that when HIV prevalence rises above 20 percent, countries begin to lose one percentage point of GDP per year. One percentage point year after year puts countries in an economic spiral that is very difficult to reverse. For this reason, participants called for more research on the economic impact of AIDS, especially its microeconomic impact, so that companies can better comprehend its impact on their businesses.

A second convincing reason for businesses to be involved in the fight against HIV/AIDS is that they are leaders in society. The AIDS crisis cannot be solved just by governments or by governments in partnership with NGOs alone. Elected officials tend to respond to what business leaders say. A group of AIDS activists may tell the U.S. president that they want him to do something about AIDS, but he is more likely to listen if a delegation of oil company executives tells him the same thing.

As one panelist explained, in terms of corporate social responsibility, there is a triple bottom line that companies should use in measuring success: 1) their profits, 2) how their workforce feels about their direction, and 3) how they deal with social issues. With all of today's corporate governance scandals, consumers seem all the more interested in how companies behave in the world.

A third reason for corporate involvement is tied to regional and national security. The CIA has estimated that there are now between three and ten armies around the world with between 40 percent and 60 percent HIV prevalence in their ranks, which destabilizes them and impacts their readiness and morale. Illegal immigration is also linked to AIDS. As governments weaken, natural resources become depleted, and there is less food security, so people seek to go elsewhere. Meanwhile, a reduction in the tax base due to declining productivity and GDP further weakens the capacity of

states to govern. This could lead countries to get trapped in a downward spiral; soon the global community could start to see the failure of states due to HIV. Similarly, as one speaker pointed out, AIDS has created large segments of populations around the world which have nothing to live for and nothing to lose. Thus, he added, AIDS can also be said to be linked to the rise of extremism in poor parts of the world, which makes it a concern to all who are impacted by terrorism.

Finally, participants stressed that companies should be involved in the fight against AIDS for humanitarian reasons. This disease is causing unparalleled human misery around the world, and business leaders have the responsibility to address such issues as citizens and as caring members of society.

Participants noted that advocacy groups and NGOs are much more effective when they work to empower businesses to come to terms with HIV/AIDS rather than just wagging their fingers at them. In Japan and elsewhere, instead of initially approaching corporations with requests for financial contributions, it may be most effective to start to involve them in the struggle to stem the flow of the disease through their workforces—for example, through the implementation of workplace HIV policy and education measures. One Japanese business leader voiced his support for this approach, noting that many corporations in Japan have expressed interest in HIV policy guidelines and adding that one of the real challenges lies in finding ways to sustain the interest of businesses in the issue. He also called attention to the general lack of sufficient HIV education programs for local employees at overseas branches of Japanese corporations and suggested that a review of management guidelines may be in order in many instances.

Innovative Partnerships: The Case of Vaccine Development

Finally, the discussion turned to measures that not only respond to the disease and its impact, but may eventually bring about a resolution. As one participant remarked, every major modern epidemic that has been brought to an end has been stopped by the development and wide distribution of a preventive vaccine. A preventive vaccine is the only way to completely eradicate the global AIDS epidemic, and it is thus highly important to explore innovative models in the search for a vaccine.

Creative approaches to the development of an AIDS vaccine are especially important because there has been market failure in this area. Private industry lacks sufficient incentives to invest in vaccines because of the dynamics of the epidemic, and the public sector, while it has proven good at funding research, has generally pursued vaccine development initiatives that are only national in outlook. Meanwhile, UN agencies, which play an important role, have tended to lack the flexibility needed to move rapidly and with a variety of partners.

On top of this, there are significant financial challenges associated with vaccine development and distribution. The pharmaceutical industry estimates that about \$850 million is needed to bring the average product from the laboratory to humans; vaccine development is typically even more expensive. In 2002, about \$550 million was expended on HIV vaccines, and that figure is expected to be approximately \$750 million next year. Nonetheless, AIDS vaccine research and development accounts for only about 1 percent of global spending on health research and development, and it is just several percentage points of total global AIDS expenditures.

Currently, there is one vaccine, the canary pox vaccine in Thailand, that is about to enter the third and final phase of clinical trials, and two other candidates that are poised to enter this phase. However, the earliest point at which these vaccines could exit trial and be ready for regulatory approval would be between 2008 and 2010. Also, as panelists explained, there are a number of problems with the vaccine pipeline. It is too duplicative, too focused on just one approach to developing the vaccine, and too slow. While noting that remarkable advances are being made in AIDS vaccine research, panelists expressed deep concern that the political will, the resources and the mechanisms necessary for successful vaccine development are still lacking.

The International AIDS Vaccine Initiative (IAVI), a nonprofit organization that was established in 1996, was presented as example of an innovative organization that promotes cross-sectoral partnerships as a means to overcome the massive challenges of AIDS vaccine development. IAVI started as an advocacy organization aiming to encourage governments to create an environment supportive of vaccine research and development, but after a few years, it began engaging in applied research and product development as well.

IAVI works through a large number of partnerships and strives to close the “North-South” divide, taking the science and research of the North and making it applicable to the problems of the South. Its mission is twofold: to accelerate the development of AIDS vaccines, particularly for use in the developing world, and to ensure that the vaccines will be accessible to the people who need them the most. Usually there is a lag time of one or two decades between the introduction of a vaccine in the industrialized countries and in the rest of the world, but IAVI’s goal is to make sure that the vaccine is introduced in poor and rich countries simultaneously.

Policy and advocacy work is a critical part of the organization’s long-term approach to the epidemic. Its “vaccine preparedness” initiatives involve engaging politicians, training the media, interviewing patients and developing voluntary counseling and testing programs, and these are tied to its broader effort to bring vaccine development and the impact of HIV/AIDS to a more prominent position on the political agenda, particularly for the G-8 and the OECD.

Much of what IAVI does to promote treatment and prevention is the same work that is done to prepare for clinical trials in the developing world, such as developing medical infrastructure, training local workers, informing the potential trial population and carrying out voluntary counseling and testing. Because of this overlap, resources targeted for these activities can be optimized by being channeled through vaccine-related programs. While advocacy, science and further incentives for private sector investment are necessary for vaccine development, once a vaccine exists, IAVI seeks to ensure that the most high-risk communities have sufficient access to it from the outset.

Session III

Effective Regional and Global Responses to the Human Security Challenges of HIV/AIDS and Other Communicable Diseases in Asia

Overview

The AIDS epidemic is of such magnitude that broad new approaches and partnerships must be created to combat it. As participants emphasized in the final session, responses to the spread of HIV/AIDS and other communicable diseases can only be effective if they are multisectoral, well coordinated and sufficiently funded.

Shigeru Omi, Western Pacific director for the World Health Organization (WHO), drew on his recent experiences responding to epidemics in Asia, outlining new challenges that face the region. H el ene Rossert-Blavier, general director of AIDES, noted that civil society plays a particularly important role in responding to these challenges, and highlighted the ways nongovernmental organizations (NGOs) can contribute to local and international efforts to stem the spread of HIV/AIDS. Christoph Benn, director of external relations for the Global Fund to Fight AIDS, Tuberculosis and Malaria, explained that the scope of the human security challenges presented by AIDS and other communicable diseases means that the Global Fund needs to be a key component of an effective worldwide response.

A summary of the remarks of these three panelists and a wide range of participants follows.

Recent Successes and New Challenges in the Region

Some important lessons have emerged from the examples of successful HIV/AIDS responses in Asia. One set of success stories involves programs targeting marginalized and vulnerable groups, such as sex workers in Cambodia and Thailand, where prevalence peaked in 1994 and 1995 but has since come down. As one panelist noted, four main factors contributed to this success. First, strong political commitment was demonstrated by leaders in both countries. Second, there was open recognition of the issue by the government. Third, in both Thailand and Cambodia, a multisectoral approach was implemented that brought together not only the ministries of health, but also the education ministries and other government agencies, NGOs, religious organizations, the private sector and the military. Lastly, a very thorough “100% condom use” program was implemented and complemented by outreach activities.

However, the panelist hastened to add, the regional picture is not just rosy. Recently, there has been an emergence, or reemergence, of communicable diseases around the world, and an average of one new disease has been detected per year. This is tied to the mass movement of people and goods that has accompanied globalization, rapid urbanization and deforestation. Also, the panelist noted, health systems have failed as the international community has focused too much on high technology rather than basic care, neglecting public health and engaging in the excessive use of antibiotics.

In some countries in Asia, for example in Malaysia and Vietnam, HIV prevalence continues to rise among injecting drug users. As several panelists noted, governments have a tendency to view such individuals as criminals, leading to the further stigmatization of victims and strengthening societal reluctance to face the need to respond to rising HIV rates among drug users. The inevitable consequence has been a lack of sufficient information to guide proper interventions and a failure to adopt strategies that are proven to be effective.

Despite the growing number of AIDS cases, access to antiretroviral therapy has remained very limited throughout the region. In the case of China, 63,000 people are in need of such drugs, but only about 10 percent have access to them. In Cambodia, 13,000 need them, but only 2,000 are receiving them. Panelists insisted that this is not just a pricing issue, but is also related to the inadequate health infrastructures of many countries, which makes it difficult to monitor the therapy. Plus, there are operational issues, including drug resistance and problems prioritizing patients when there is limited availability of drugs.

Ultimately, panelists remarked, international public health is no longer an issue of development cooperation alone. It is time, they agreed, for political leaders to address the protection of international public health as a cross-cutting development, security and foreign policy issue.

This argument is given credence by the WHO Commission on Macroeconomics and Health, which concluded that a more concerted investment in health would have positive implications for many countries, and that the benefits of such investments far outweigh their cost. For example, one finding of the commission's study was that annual economic growth rates in countries with a high incidence of malaria have been 1.3 percentage points less than in countries without this disease burden. Similar calculations are being done for HIV/AIDS, and new studies indicate that the epidemic's impact on economic development has so far been underestimated.

Another aspect of the human security challenge of communicable diseases was highlighted by the 2002 report of the U.S National Intelligence Council, which drew attention to a new wave of HIV, particularly in five countries—China, India,

Ethiopia, Nigeria and Russia—and warned that there would be tens of millions of new infections in these populous countries. This is of great concern, panelists reiterated, not only because these countries have large populations, but also because they are regional or global powers and their destabilization would have dramatic consequences.

A wide range of participants pressed the point that the various interconnections between health and national and international security make the disastrous health situation in poor countries an issue that should concern more than just agencies dealing specifically with health and development. Contributing to the improvement of health in these countries, they agreed, is in the enlightened self-interest of rich countries. If they fail to invest in the health of the poor, they do so at their own risk.

Key Components of Effective Regional and Global Responses

The central role of cooperation and partnerships emerged as a core theme in the course of this session. A wide range of participants concurred that networks of partnerships are critical for mobilizing domestic support in the countries affected by HIV/AIDS and other communicable diseases, in forging a unified regional response and in tackling the issue on the global level. In order to be effective, it was agreed, it is important to elicit the participation of all sectors of society in such partnerships, both in countries particularly vulnerable to the spread of communicable diseases and in the other countries in the region and around the world.

A considerable portion of the session concentrated on the potential for numerous sectors of Japanese society to contribute to the fight against HIV/AIDS and other communicable diseases in Asia, where the dimensions of this human security challenge are enormous. Several participants remarked that so far the contributions of Japanese corporations, both domestically and internationally, have been limited, and they discussed ways to encourage their greater participation in regional and multisectoral partnerships. In a similar vein, participants repeatedly cited the important potential contributions of Japanese NGOs engaged in HIV/AIDS programs, both domestically and internationally, even though most of these organizations are relatively new and have been operating under various regulatory and fiscal constraints. One participant concluded, “If there is a chance, and I believe there is one, to defeat infectious diseases in general and HIV/AIDS in particular, it will be by mixing together several expertises, respecting one another, sharing, debating and coming to enlightened decisions.”

Improved coordination and cooperation were also cited as key components of effective regional and global responses. Government commitment to prompt information sharing is crucial, panelists asserted, and policies and strategies need to be developed based on this information. As one panelist explained, the 2003 outbreak of SARS in Asia is a

particularly instructive case. In November 2002, the first case of SARS was detected in Guangdong, but it was only in February 2003 that the first case was officially reported to a WHO office. A global alert was then issued in March, leaving a four-month gap between detection and alert. This allowed multicountry outbreaks to develop, clearly demonstrating the importance of better information sharing and greater coordination between national government agencies and international organizations.

Another example of the pressing need for heightened cross-border cooperation, even on the part of the region's richer countries, was raised by a Japanese participant who reported that undocumented immigrants in Japan who are HIV-positive have severe difficulty obtaining proper medical care because, unlike with tuberculosis and many other diseases, arrangements have not been made to meet their special needs. However, even if health care services in Japan are improved, as they need to be, it is equally important to raise standards in the home countries of these migrants in order to make it less likely they become infected in the first place.

Another Japanese participant, infected with HIV, noted that obtaining and transmitting accurate information on treatment in a coordinated fashion should also be a high priority in Asia in order to ensure that HIV treatments are effective. For example, in Japan, some measures taken in the rush to make antiretroviral treatment widely available appear to have contributed to drug resistance. In order to avoid similar problems as antiretroviral treatment becomes more widely available around the region, it is important that information exchange be conducted in various local languages, not only in English. Some participants added that, with the current rise in cross-border migration and economic interaction and interdependence, the need for a joint meeting of the countries in the Asia-Pacific region to discuss these common tasks and issues has become increasingly pressing.

Several participants also stressed the importance of better coordination and stronger cooperation in advocacy efforts, explaining that global networks among advocacy groups are necessary to mobilize the types of resources and societal commitment needed to effectively deal with HIV/AIDS. It is important that these networks include organizations in poor countries most affected by the epidemic. Much work still needs to be done to build these networks, but they have already been successful in some instances. Indeed, as one panelist remarked, it was only concerted advocacy that brought the Global Fund into being.

The importance of widespread participation in funding the fight against HIV/AIDS and other communicable diseases also emerged as a central issue, and there was broad agreement that a sense of equitable burden sharing and the participation of all stakeholders are vital if resource mobilization efforts are to be effective and sustainable. In other words, participants argued, support and funding for the fight

against HIV/AIDS and other communicable diseases must be carried out as a true global partnership. Special mention was made of Japan's pioneering efforts to promote human security around the world and of hopes that the spirit behind these will also be manifested as an even greater commitment, both financially and in terms of the full engagement of various sectors of society, to the regional and global fight against HIV/AIDS.

In stressing the need for a greater commitment of financial resources to the fight against communicable diseases, one participant discussed the "1-1-1" formula, which has recently emerged as a rule of thumb to characterize hopes that Europe, the United States and the rest of the world will each annually allocate US\$1 billion to the Global Fund. As he pointed out, U.S. legislation has been drafted in such a way that every increase from donors around the world also acts as leverage to increase U.S. funding for the organization. Other participants noted that even though outside pressure on countries to contribute in accordance with this formula could be perceived as unfair to countries where communicable diseases are not a top national priority, the 1-1-1 framework has proven effective on a global level in creating a broad sense of equity and shared responsibility.

Civil Society's Critical Role in a Multisectoral Response

Several panelists emphasized the role of civil society organizations in the fight against communicable diseases. One panelist noted that NGOs, particularly those active on the grassroots level, have built up significant expertise that has not been fully utilized in the formulation and implementation of domestic and international policies. Meanwhile, she argued, in Japan and elsewhere, cooperation among government, the private sector, the media and committed NGOs is needed to trigger public interest and a shared commitment to the national and global fight against AIDS.

The creation of a more supportive environment for civil society is important, both in developing and developed countries. Participants noted that local NGOs make many valuable contributions to the fight against AIDS in developing countries, ensuring that people in need are rapidly treated. Furthermore, the development of vibrant nongovernmental sectors in these countries can improve domestic governance and thus help facilitate more responsive policymaking. Meanwhile, greater funding for NGOs in developed countries like Japan—where private and public funding sources are highly limited—can better enable them to share their experiences with developing-country NGOs, helping safeguard donors' commitments, including contributions to the Global Fund. In fact, one panelist argued, health ministries and foreign affairs ministries have a unique opportunity to mitigate the impact of HIV by supporting greater coordination among national and overseas NGOs.

It is important to build global networks of civil society organizations for just these reasons, participants argued. These networks facilitate the sharing of reliable information, prevent civil societies in developing countries from being isolated, empower them and even help them act as an opposition force, vital for the building of democracies. Ultimately, with stronger, more reliable and more accountable NGOs, the efficacy and ownership of efforts to stem the spread of HIV will be greatly enhanced.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund was highlighted as a central component of an effective worldwide response to the spread of communicable diseases. Its creation in 2001 was an unprecedented effort, one which was only possible because the world had come to realize that communicable diseases are not just a health issue, but instead are linked to human security and socioeconomic development.

A unique and innovative instrument for international health financing, the Global Fund is a partnership of governments, civil society, the private sector and, particularly, of communities and individuals affected by AIDS, tuberculosis and malaria. It works closely with many multilateral and bilateral health organizations, not to replace but to complement existing organizations. Its sole purpose is to attract and disburse new resources to help fight these diseases. As such, it has no policy-making role and no country presence whatsoever. National ownership is very important, so the Global Fund strives to ensure that its processes are country-driven.

The Global Fund is operated on the belief that countries can best judge their own priorities, and that its role is to then help them with additional resources. Any country that wants to submit proposals to the Global Fund is required to create a country coordinating mechanism, a kind of roundtable that brings together different government departments and representatives of civil society, of communities affected by the diseases and of the private sector. It also promotes participation from the national to the global level. Not only do governmental and nongovernmental organizations work together in the proposal writing stage, but the technical review panels also include experts from the North and South, and the board brings together donor countries, recipient countries and NGOs, all with equal voting rights.

Since its launch in 2001, the Global Fund has committed about US\$2 billion dollars to programs in 121 countries. It is supporting programs all over the world, and about one-fifth of its resources go to South and Southeast Asia. The scale of these resources allows countries to move successful projects from a pilot-project scale to a national scale. For example, malaria programs in a number of South Pacific islands are aiming for 100 percent coverage of the population. The Global Fund's approach is not to

experiment with approaches that might work, but rather to take what is known to work and try to make it broadly available.

Panelists noted that, as a young organization, the Global Fund faces a number of challenges. It is still struggling in a number of countries with the inability of the existing health infrastructure to absorb large amounts of additional resources in a transparent and accountable way. Another concern is how to make its country coordinating mechanisms truly inclusive and participatory. Also, in order to make the Global Fund a truly public-private partnership, private sector involvement needs to increase. Finally, the Global Fund is faced with the challenge of coordination and harmonization of efforts. Many countries rightly complain that there are many donors and programs, and each comes with its own regulations and monitoring and reporting criteria.

The issue of scale is important in terms of human security, and participants described the Global Fund as unique in that it allows the world to address health challenges on a global scale. The very close link between poverty, disease and political stability cannot be ignored, they added, nor can the fact that HIV is already destabilizing many countries and regions. Responses need to be effective, not just on a small scale but on a large scale, in order to prevent an even larger disaster than the current one. This, many concurred, is why the Global Fund is so central to meeting the monumental challenges presented by the spread of HIV/AIDS and other communicable diseases.

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