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Cross-Border Cooperation in the Global Fight against Communicable Diseases

The following is a condensed version of the presentation made by Christoph Benn, the Global Fund's director of external relations, as part of a session on "Exploring Effective Cross-Border Cooperation in the East Asian Context."

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Why is cross-border cooperation so important? I want to try to address this question by first broadening the perspective and putting it into a more historic and global context and then by focusing on cross-border collaboration in this particular region.

This year, 2006, we are commemorating 25 years of HIV/AIDS. It was exactly 25 years ago that a new, previously unknown disease was identified by a young physician in Los Angeles. It is very easy to overlook how short in historical terms this story is—just 25 years.

Imagine what happened in those 25 years. I would like to divide the response to this particular epidemic—and I will widen this later to tuberculosis and malaria as well—into four stages. The first stage was the discovery of the scientific foundations of the disease. First of all, scientists had to establish the cause of this new disease—the virus that was discovered in 1983—and then they had to find the methods to detect this virus and its antibodies and understand the relationship between the virus and the disease. Within a very short period of time, the world had to understand that this virus spreads in a completely unprecedented way. Within a few years, this virus spread from the very small group of patients in Los Angeles in 1981 to every continent and to almost every country in the world. That is a unique story completely different from other epidemics. SARS, for example, was worrying the world a few years

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ago, but it has not spread globally in the same way as HIV has over the last 25 years. This really was a new phenomenon. We have to recall that the spread of the virus across countries, across borders, and across regions is one of the reasons why it is so important in our response to focus on cross-border approaches.

The second stage was discovering the right methods to address this disease in terms of prevention and treatment. Within a few years we had to learn how to prevent the transmission of the virus and the appropriate method to inform people about the right behavior to avoid transmission. We had to promote the use of condoms; learn about harm reduction methods, needle exchange, and other methods to address the problem of transmission among IDUs; and devise methods of voluntary testing and counseling so that people could become aware of their status. Many different, new methods had to be learned.

Another very important development was the discovery of ARV combination therapy exactly 10 years ago. It was at the international AIDS conference in Vancouver in 1996 that the world first learned about the possibility of effective treatment. These new drugs were not a cure—we do not have a cure—but they provide effective treatment that can prevent the replication of the virus in the human body. That was a major scientific breakthrough. So, within a few years, we learned about the methods of prevention and treatment. Basically we could say then that we knew what needed to be done. But there was also a great awareness that we did not have the means to implement those discoveries across the world.

Then the third and very important stage was to mobilize the financial resources to implement what the world had learned to do, to provide the resources for prevention, care, and treatment. We realized very quickly not only that prevention was not affordable in many countries but that treatment was completely out of reach for 95 percent of all of the people worldwide who were affected by the disease. That was the particular challenge about 10 years ago. Although we have made progress, this situation has not changed completely. As Michel Sidibe from UNAIDS has mentioned, US\$1.6 billion is expected to be available for HIV/AIDS in Asia in 2007, but the actual need is US\$5.1 billion. So there is a significant resource gap just for HIV/AIDS and just for Asia, not to speak about many of the other regions. The Global Fund has certainly had an impact on the availability of resources, but the Global Fund itself faces a shortfall for 2006 and 2007 of about US\$2.1 billion for the three diseases—AIDS, tuberculosis, and malaria. So there is a lot to be done.

Nevertheless, this is an area in which the world has made a lot of progress. There is no question about that. A couple of weeks ago, we had a huge summit meeting in New York on HIV/AIDS organized by the United Nations. And one of the indications of progress that was reported was that available financial resources had quadrupled from 2001, when Kofi Annan called for a UN general assembly on HIV/AIDS for the first time. In 2001, about US\$2 billion was available worldwide for the fight against HIV/AIDS; now there is about US\$8 billion. That is a huge increase and also quite unprecedented compared with any other disease. Nevertheless, it is not sufficient and more needs to be done.

The first three issues that I mentioned—the scientific foundations, the methods, and the financial resources—have been addressed to a certain degree. But now in the fourth stage we are facing a particular challenge and a very significant gap. That stage is characterized by the question of how to reach the people who are in greatest need. We are now talking about universal access to prevention, care, and treatment by the year 2010. That is a commitment made by the United Nations and by the G8 leaders last year. But implementing this commitment requires extraordinary efforts particularly because we have to reach the people who are hard to reach. And with this, I am now coming back to the regional approach.

People are hard to reach, for example, because of geographic location. People are very hard to reach because of stigma and discrimination. They are hard to reach because the people we need to reach very often belong to particularly vulnerable groups. They belong to ethnic minorities and groups that face discrimination like IDUs and men who have sex with men (MSM). In this region, it is estimated that only 4 percent of all IDUs are reached by appropriate services; 7 percent of MSM are reached by appropriate services. That is a very small proportion and it tells us something about the task ahead of us.

In terms of the future course of this pandemic, young people are maybe the most important group and the group that has been neglected too much so far. For HIV/AIDS in particular, we need to reach young people. The UN study that was published for the summit in New York said that actually less than 10 percent of young people from the age of 14 to 25 worldwide have appropriate information about HIV/AIDS and can correctly name the methods to protect themselves. That is a shocking figure. About 22 percent of young people in this region have access to and regularly use condoms. So here is a particular challenge: how do we reach the young people? In spite of all the methods we know and all of our resources, it seems that

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we are not getting to them. There are certainly cultural barriers. There are language barriers. There is a lack of education.

There is also the problem of migrants who are difficult to reach. You cannot locate them in one place where they will stay and you can reach them. You have to reach them where they migrate—in different places. For this reason, we need NGOs and civil society. Why is this so important? Because it is often very difficult for governments to reach precisely the groups we are talking about. Civil society has a particular capacity to reach out to them because of the multitude of NGOs, because of their specialized nature, and because of the importance of peer education. It is much easier for peers—those who belong to the same group and understand the culture and the language—to reach them. And these peers are usually not represented among government authorities. They are often represented by NGOs that these groups have formed. All of this is a particular challenge for the East Asian region.

Let me briefly come to the questions of tuberculosis and malaria as well. You will have recognized that it is a particular concern of mine that we do not focus only on HIV/AIDS. Going back to the four stages that I just described, tuberculosis and malaria are well known and much has been known about them for a long, long time. We know most of the factors that drive these diseases. Interventions to address tuberculosis and malaria are largely available. We know how to treat tuberculosis; we also know how to treat malaria. Yes, there have been new and exciting developments: tuberculosis drugs, new malaria treatment in the form of ACT originating from China, and long-lasting impregnated mosquito nets. These are new developments, but basically all these are interventions that are known and they are even cheap. A mosquito net costs only a few dollars. A complete course of malaria treatment with ACTs costs about one to two dollars. So it is not the money in this case. It is not the availability of the methods. But the problem is precisely what I tried to describe for HIV/AIDS. It is reaching the people. How do you get the mosquito nets to families and to children, to the pregnant women in border areas or among migrants in poor rural areas? That is the challenge. Tuberculosis treatment is relatively straightforward and it is a cure. It is not just a temporary measure. But the case detection rate is low and the challenge is how to get to the people who need the treatment so that you can address them appropriately.

So these are the challenges that I see in terms of the three diseases. Part of the response to reach people is through cross-border programs because they overcome some of the challenges that we are facing when we only

look at mainstream populations in urban centers and places that are easy to reach. In particular, it is important to have cross-border programs that are aimed at vulnerable groups, such as minorities, migrants, and stigmatized groups.

Let me just give you a few examples from the portfolio of the Global Fund in this region. We are already supporting a few regional, multicountry, proposals, and the Global Fund would like to support more in the future. We have a few very interesting proposals in the Pacific, combining a number of Pacific islands for malaria, HIV/AIDS, and tuberculosis. These are coordinated together and they have an exchange program to learn from each other. They are harmonizing their indicators and their monitoring and evaluation systems, and they also have a joint coordinating mechanism. We also have a very interesting malaria grant in China from Round One that is focusing on migrant and mobile populations on the borders with Myanmar, Laos, and Vietnam. We have a number of programs in Thailand that also look at cross-border populations, with voluntary counseling and testing methods, and we have programs that focus on fishermen and seafaring migrants who are working in Thailand but originate from other countries. We are also supporting malaria programs there, on the borders of Cambodia, Laos, and Myanmar, as well as a tuberculosis program. In Cambodia, we have the same. And in Indonesia, we are looking at some very important programs, particularly on the border between Irian Jaya Province of Indonesia and Papua New Guinea. One of the hotspots, Papua New Guinea, probably has the fastest-growing HIV epidemic here in Asia and the Pacific, and it is very important to link their response to activities just across the border in Indonesia, especially in the Papua Province, where there is the highest prevalence in all of Indonesia. Also, we are looking at some cross-border programs between West Timor and East Timor, particularly in terms of malaria but also focusing on the other diseases. And finally, we have some interesting work going on with Mongolia, looking at cross-border programs between Mongolia and Russia on the one hand and Mongolia and China on the other hand.

I think these are early beginnings, but this conference will explore how we can collaborate to expand and enhance these very important initiatives. In that sense this conference will be a great step toward achieving universal access in this region of the world.