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COMBATING THREATS OF EMERGING DISEASES

Humans and mosquitoes (like other agents that cause or transmit disease) share a common disregard for border formalities along the huge frontiers that countries often share. Common sense, therefore, would seem to dictate that regional cooperation in public health matters be the norm rather than the exception.

In the context of international public health, regional cooperation is usually understood as that occurring among ministries of health of two or more countries in the region, but it can also involve cooperation among USAID missions. In fact, one could argue that strengthening regional activities at the mission level — rather than channeling resources through distant offshore contractual mechanisms of bureaus at the central level — may be the most efficacious use of resources in terms of both technical effectiveness and sustainability. The recent experience of USAID missions in Latin America makes that case.

EXPERIENCE IN LATIN AMERICA SHOWS THAT, IN TERMS OF BOTH TECHNICAL EFFECTIVENESS AND SUSTAINABILITY, STRENGTHENING REGIONAL ACTIVITIES AT THE MISSION LEVEL MAY BE THE BEST USE OF USAID RESOURCES.

BY DR. CHARLES W. OLIVER AND DR. JAIME CHANG NEYRA

Since 1999, USAID/Bolivia, USAID/Peru and USAID/Brazil have actively promoted and supported activities to strengthen regional cooperation. Mutual assets such as institutional experience, project design documents, results of research and, most importantly, human resources (both from respective ministries of health and the missions themselves) have been openly shared and effectively utilized. As a result, a larger pool of regional resources has been generated, and technical assistance from institutions such as the Centers for Disease Control and Prevention, USAID and the Pan American Health Organization has been better coordinated and targeted to serve the region.

Success Stories

The examples of such cooperation are numerous. In the HIV/AIDS arena, USAID/Bolivia and USAID/Brazil have been strengthening coordination related to prevention, control and epidemiological surveillance in key border portal towns. This cooperation may have helped curtail the extent of the pandemic in Bolivia (where there have only been 847 HIV/AIDS cases reported to date). Continued cross-border coordination is envisioned.

Regarding vector-borne diseases control, Peruvian experts from USAID and Peru's Ministry of Health have participated in technical meetings on malaria and yellow fever control in Bolivia. Peru welcomed a Bolivian team to participate in antimalarial drug efficacy trials supported by its Project Vigia (an MOH/USAID collaborative activity), the Peruvian National Institute of Health, CDC, and the U.S. Naval Medical Research Detachment in Peru. The subsequent replication of these trials in Bolivia was accomplished with the support of these same organizations. Further collaboration between ministries of health and other institutions from Peru, Bolivia, Brazil, Colombia, Ecuador, Guyana, Suriname and Venezuela is occurring under a new Amazon Malaria Initiative sponsored by USAID's Bureau for Latin

America and the Caribbean, designed to roll back the resurgence of malaria in the region.

Turning to another ancient tropical scourge, yellow fever, USAID/Bolivia supported key research at the University of Texas Medical Branch in Galveston to determine the transmissibility of the genotype (II) of yellow fever virus found in Peru and Bolivia. This genotype exists among strains of mosquitoes common in rural areas. If the results of this research prove to be definitive, the findings may influence policy-makers in both countries to consider universal immunization for this life-threatening disease.

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Coordinated Training

Another example of effective regional coordination is USAID/Bolivia's development of two interactive computer-based training programs in Spanish, which have been made available free of charge to all missions in the Latin-American region. One program instructs doctors, nurses, and medical students in the proper case management of tuberculosis; the other teaches a global diagnostic and treatment algorithm for the integrated management of childhood illnesses. After sharing the tuberculosis program at a regional conference sponsored by PAHO, several countries in the region, including Nicaragua and Peru, have already requested and received copies of this program, and both Brazil and Haiti have expressed interest in adapting versions in Portuguese and French, respectively. The overarching goal of the training programs is to save lives and resources by reducing the risk of antimicrobial resistance by ensuring strict compliance with treatment regimens.

Cross-border coordination efforts between the health services of Brazil and Bolivia may already have prevented the more virulent form of dengue fever (dengue hemorrhagic fever) from spreading to Bolivia from Brazil, where, according to the Centers for Disease Control, there were some 317,787 cases of the disease reported as of May 2002. More than 15 years ago, USAID/Bolivia helped to establish PROCOSI, a unique network of 24 Bolivian non-governmental organizations that provides vital basic health services and assistance for the poorest sectors of Bolivian society, mostly in remote rural areas of the country. During the past year, USAID/Brazil sent a team to explore the possibilities of adapting the PROCOSI model in the Brazilian context. Through the leadership of USAID, indigenous healthcare NGOs from Bolivia, Brazil and Ecuador (ProSalud, BEMFAM and CEMOPLAF, respectively) were encouraged to coordinate their efforts in the social marketing of basic health services and commodities.

There are also examples of bilateral inter-mission collaboration. USAID/Bolivia's and USAID/Peru's Health Teams share technical documentation and provide each other technical input; e.g., in the preparation and evaluation of proposals and reports presented by consultants. USAID/Peru contributed staff to conduct the evaluation

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This article reflects the personal views and opinions of the authors and not necessarily those of USAID.

of Bolivia's national immunization program, which resulted in Bolivia's adoption of key recommendations that led to significant improvements in its program. Conversely, USAID/Bolivia (as well as the Bureau for Latin America and the Caribbean) sent technical personnel to participate in a joint evaluation of USAID/Peru's bilateral program for infectious diseases.

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Battling Infectious Diseases

The joint evaluation in June 2002 demonstrated the advantages of inter-mission collaboration. Peru chose to conduct a mid-term evaluation of its bilateral infectious diseases project with an infectious diseases advisor from the LAC Bureau, an infectious diseases epidemiologist from USAID/Bolivia and a Peruvian public health consultant. The team members had considerable prior knowledge of the project from previous regional coordination activities, which contributed to what was perceived as a highly effective approach to the design and implementation of the evaluation. More importantly, this approach was well received by counterparts in the Peruvian Ministry of Health, who appreciated being full partners in the process. For the first time, a member of Peru's Office of External Cooperation actively participated in the evaluation process. Moreover, this approach resulted in saving thousands of U.S. taxpayer dollars as the services of the two U.S. members of the team (both USAID employees, one of whom was already resident in the area) were provided at no extra cost.

After USAID/Ecuador's health program was phased out in 2000, USAID/Peru stepped in to provide important technical assistance related to infectious diseases in key border areas of Peru and Ecuador. Undoubtedly Ecuador could have done more and gained more from such regional cooperation to address tuberculosis, malaria and HIV/AIDS if its health program were to be at least partially revived — but, at the same time, all was not lost.

USAID missions in Bolivia, Brazil and Peru provided timely technical feedback in early 2002 to the center regarding a proposed regional strategy for HIV/AIDS in "basic" countries (those on the cusp of the epidemic). As a result, USAID missions in those countries will be able to retain management of their bilateral HIV/AIDS programming resources, with the additional benefit of technical oversight from the newly created HIV/AIDS Division of USAID's Bureau for Global Health. In addition, USAID/Brazil may step up its technical presence in the field, intensifying cross-border collaboration.

Continuing Impact

Other forms of cooperation among USAID missions need to be actively explored. For example, USAID/Nepal has supported development of a vector-borne diseases center at Hetauda in Nepal's tropical lowlands since 1995. In September 2000, a regional conference on strengthening cooperation on vector-borne diseases among neighboring countries of Bhutan, Bangladesh, India and Nepal was successfully conducted at the Hetauda center. Also in 2000, USAID/Bolivia supported a feasibility study for development of a similar center for tropical diseases in the Bolivian Amazon, which was subsequently established by a ministerial resolution in January 2002. If language differences can be sorted out, Bolivian scientists could gain much from the experiences and lessons learned from their Nepali counterparts. An earlier precedent for this type of cooperation was established in the 1990s when a Bolivian team was sent to Zambia to share their experiences with fortification of sugar with Vitamin A, a micronutrient that has proven to demonstrate multiple synergies in improving the health status of young children.

The success of these activities demonstrates the need to maintain in-country technical leadership by Foreign Service officers and Foreign Service Nationals assigned to manage the health programs of individual U.S. missions in the field. Fortunately, top management at the USAID missions in Bolivia, Brazil, Peru and elsewhere already recognizes the comparative advantages in supporting such regional cooperation activities, which will continue to have a significant impact on the health of our partners in the region. ■