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## Opening Remarks

*The conference was opened by Jiefu Huang, China's vice minister of health; Richard Feachem, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria; and Ichiro Aisawa, former senior vice-minister for foreign affairs of Japan and acting secretary-general of the ruling Liberal Democratic Party. Condensed versions of their remarks are presented below.*

### JIEFU HUANG

We all know that infectious diseases respect no national boundaries, and this "Beijing Conference on East Asian Regional Cooperation in the Fight against HIV/AIDS, Tuberculosis, and Malaria" is a landmark in regional cooperation in the fight against these diseases. This shows there is an objective demand for regional cooperation in this fight, and, at the same time, this also represents the fruit of regional cooperation. This conference demonstrates the latest developments in regional cooperation. I am sure that it will promote regional cooperation in an extensive and intensive manner. So, on behalf of the Ministry of Health of the People's Republic of China, I would like to extend our warm congratulations to the conveners of the conference and a warm welcome to all of the participants from home and abroad.

HIV/AIDS, tuberculosis, and malaria are rampant around the world. The three diseases take about six million lives every year, and this number is increasing year on year. They are threatening the existence and the development of human society, and they have become common public health issues for all of the world's countries. Take HIV/AIDS as an example. Asia has followed Africa and has become the region with the most rapidly increasing number of infections. In recent years, we have seen these rapid increases. Starting from 1985 and through to 2005, the number of accu-

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mulated reported cases has been large, and now we have about 650,000 people living with HIV/AIDS in China. Among them, AIDS patients number about 75,000, and new infections are mainly dominated by cases of sexual transmission and injecting drug users (IDUs). Now we find that the infection is expanding from high-risk groups to the general population, and it is becoming more and more serious. Faced with the challenge of HIV/AIDS, the Chinese government adopted a series of measures to implement throughout the country by the end of 2005. The government is taking the lead, while the relevant agencies are taking responsibility, and the whole society has been mobilized to fight against HIV/AIDS. The central budget for HIV/AIDS reached 800 million yuan in 2005, and local budget allocations for HIV/AIDS are also increasing. We have now provided ARV treatment, are preventing mother-to-child transmission, and are actively promoting condom use, as well as methadone treatment and clean needle exchange programs. We have special policies to provide AIDS orphans with free education. Also, NGOs are playing a very important role in this process.

As with our measures to control HIV/AIDS, China is accelerating efforts to control tuberculosis and malaria and we are making sound progress. In controlling the three diseases, the Chinese government has paid attention to international exchange and cooperation. International organizations—both bilateral and multilateral like the Global Fund—have all rendered great support to the Chinese government. So, I would like to take this opportunity to express our sincere appreciation to all of you on behalf of the Chinese government.

While fighting against HIV/AIDS, tuberculosis, and malaria, the Chinese government is fully aware of the importance of regional cooperation. With the economic development of recent years, the movement of people and the movement of goods in the region have accelerated, so regional cooperation has become more important than ever. However, regional efforts also face many challenges. In particular, we have a large drug market in our region, and the abuse of injection drugs has caused serious problems in terms of disease control. At the same time, most of the countries in the eastern part of the region are developing countries, and most of them are also faced with common challenges such as insufficient funding and a high disease burden. In addition to many other difficulties, the poor coverage of HIV/AIDS, tuberculosis, and malaria treatment among high-risk populations has become a barrier in our fight against the diseases.

To address this, the Chinese government has worked actively with the countries in the region to improve regional cooperation. For instance, the Chinese government has received support from the Japanese government, and we have initiated the East Asia Laboratory Network, training laboratory staff and also promoting the exchange of experiences. At the same time, with Myanmar, we have accomplished our action plan in Yunnan Province. And, with the support of the United Nations Development Programme (UNDP) and AusAID, China and ASEAN countries have conducted a series of activities targeted at migrant populations. At the same time, together with Thailand and Vietnam, China has strengthened its efforts in promoting the exchange of knowledge and lessons learned.

HIV/AIDS, tuberculosis, and malaria are common enemies of mankind. To control the spread of the three diseases is our common duty. We are fully aware that the prevention and treatment of HIV/AIDS, tuberculosis, and malaria are long-term tasks, and we look forward to further cooperation with countries around the world. We hope that we can share common resources and exchange our experiences. This conference is a very good platform, and so we hope that, with this platform, we can enhance mutual trust and achieve progress together so that we can contribute to the fight against HIV/AIDS, tuberculosis, and malaria.

## RICHARD FEACHEM

It is particularly appropriate that we are gathered in this region because, of course, this region is where the Global Fund originated. It was in the summer of 2000, in Okinawa at the G8 Summit hosted by Prime Minister Mori, that the idea of the Global Fund was really born. And a year and a half later, in January 2002, the Global Fund came into existence. And we have grown very rapidly. The Global Fund now has total assets of around US\$9 billion and is already supporting 386 programs in 131 countries. And those numbers continue to grow as the portfolio of investments of the Global Fund expands and the income of the Global Fund continues to increase year by year.

Not surprisingly, approximately 60 percent of the investments of the Global Fund go to Africa, the continent where HIV/AIDS is most catastrophic and where tuberculosis and malaria are also running at very high levels. But we also have very substantial investments in this region, which we regard to be of great importance to the global effort. We are, in fact,

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investing in 58 programs in Cambodia, China, East Timor, Indonesia, Lao PDR, Mongolia, the Pacific Islands, Papua New Guinea, the Philippines, Thailand, and Vietnam—in other words, in every country in the region that is not a wealthy country. And the total value of those investments today is US\$1.3 billion, of which US\$350 million has already been disbursed. Those programs are spread across the three challenges: 23 programs for HIV, 18 programs for tuberculosis, 16 programs for malaria, and one very innovative program for strengthening health systems. And, of course, those numbers will grow again this year.

Now, this region is not only important in the fight against HIV/AIDS and the investments that the Global Fund is making. This region is also important as a donor to the Global Fund. And, indeed, Australia, China, Japan, New Zealand, Singapore, South Korea, and Thailand are all donors to the Global Fund. And this is important because it sends a message of global solidarity. It sends a message that all of humankind is facing the tragedy and the scourge of HIV/AIDS and tuberculosis and malaria together, and that all countries should contribute according to their means. And I look forward to a day when every country in this region is a donor to the Global Fund, every country. Even if the sums of money are small, the political significance of those investments in the Global Fund is immense, and the message of regional and global solidarity that it sends is a very important message.

As everybody here knows, the challenges that we face in this region for HIV/AIDS, tuberculosis, and malaria are very large, and we must go forward with a mixture of optimism but also realism about the scale and nature of the challenges. If we look at HIV/AIDS in this region, we see mature epidemics such as Thailand; we see epidemics growing steadily in very large populations, such as in China and in Indonesia; and we also see young and explosive epidemics, epidemics that are newer but growing very rapidly—Papua New Guinea is perhaps the best example of this kind of epidemic. So the region is diverse, but the scale is very large, and we have to join together in implementing effective programs if we are to turn the tide of HIV/AIDS in the region. And today the tide is not turned. I think we are all very clear about that. HIV/AIDS in the region is continuing to expand and to worsen, and we must overcome that.

I mentioned joining together, and I would like to emphasize two different aspects of joining together. The first is the joining together among governments, NGOs, faith-based organizations, private sector organizations, and communities directly affected by HIV/AIDS—the joining together of those

different partners, each of whom can make and is making a substantial contribution. And I want to congratulate the region. As I visit country after country, I see many good examples of government, NGO, faith-based, community, and private sector programs scaling up and working together, but I think we can do more in this arena. I think there is more potential to mobilize the skills and the assets and the talents of each sector in the fight against HIV/AIDS. No one can do this alone. Governments cannot do this alone. Civil society cannot do this alone. We have to join hands.

The second aspect of coming together is the regional or multi-country aspect. HIV is a cross-border issue. Addressing it is a regional public good. Countries must work together, and countries will not be successful if they do not work together. I think this conference symbolizes that need for multi-country and regional efforts. And I hope that the recommendations from this conference will be vigorously implemented in order to achieve that togetherness in the region among countries.

Coming briefly to tuberculosis, despite substantial successes in TB control programs in some countries in the region, tuberculosis continues to worsen and will continue to worsen as long as HIV worsens. Tuberculosis rides on the back of HIV. If HIV is getting worse, then tuberculosis is also getting worse. And along with the frequency of tuberculosis and the expanding use of first-line drugs against tuberculosis, we will see inexorably the development of more and more multidrug-resistant tuberculosis, which is a matter of extreme concern. So I obviously want to encourage everyone—and the Global Fund will be your partner in this—to expand vigorously the programs that are combating tuberculosis, to see tuberculosis and HIV together, to make sure the HIV and tuberculosis programs are working hand in hand, and to prepare for and be ready to counter an increasing load—an increasing burden—of multidrug-resistant tuberculosis.

And finally, malaria is the “quick win” for the Global Fund and the global health community. It is the thing we can conquer quickly if only we implement the programs vigorously and on a large scale. The Global Fund is investing in malaria in every country in this region. In every country in this region, malaria is worsening or at best not improving. In some countries in this region, malaria is worsening quite rapidly, and there is no good reason for this. We have the technologies to fight malaria; we have the money to fight malaria; and increasingly we have the political will to fight malaria. And there is no excuse to see anything other than malaria declining.

Coming to the technologies, we have excellent new diagnostic tests—rapid, easy to use, reliable diagnostic tests. We are not using them widely

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enough or sufficiently. We have new drugs to deal with drug-resistant malaria, particularly the artemisinin combination therapy, the ACT, which has its origins in China, based on a Chinese herbal remedy that has been used for hundreds, perhaps thousands, of years. We now have the new third generation of ACT malaria drugs, which are highly effective and can create a complete cure in a child in a three-day period. Again, we should be using this new drug much more widely and getting it to the patients, particularly the children, who need it.

And finally, we have the new insecticide-treated bed nets. Not the old kind which you have to dip and soak and re-impregnate every six months, but the new kind, in which the insecticide is built into the fabric before the net is made and the insecticidal properties of the net last for five or six years, by which time you have to buy a new net anyway because your net has fallen to pieces. They cost about five or six dollars—that's a dollar per year—to protect your family against malaria. That has got to be a very good purchase for any family. And that technology comes from this region; the technology of incorporating the insecticide into the fabric of the net was discovered by Sumitomo Chemical of Japan and is now being increasingly used around the world.

So we need to scale up; we need to scale up rapidly and massively and apply these technologies widely. And we need to raise our ambitions. We have become a little apathetic about malaria. We have become a little resigned to malaria. We need to regain our ambition and our zeal in the field of malaria, and for many parts of the region we should look for no less than malaria eradication. Tomorrow afternoon I will be signing a new Round Five grant agreement for malaria with China, and within that agreement is the goal of malaria eradication on the island of Hainan in southern China. This is a wonderful goal. It can be achieved. I am sure it will be achieved. And if we can eradicate malaria in Hainan we can then go on to eradicate malaria in the whole of China, and this will send a message of hope across the region that malaria need not be tolerated and malaria can indeed be eradicated. We will match that with some programs in the Pacific Islands—Vanuatu and the Solomon Islands—where island by island we will also be eradicating malaria. It can be done, and we should set our sights high in the field of malaria.

ICHIRO AISAWA

I am excited to have this opportunity to make the opening statement as a representative of the FGFJ. The FGFJ has created a Diet Task Force, a bipartisan group of roughly 25 Diet members. I hope that “friends” groups in other countries will do as we have done and create a kind of cheering section or task force among members of their own parliaments. The chair of the FGFJ, former Prime Minister Yoshiro Mori, was supposed to be here today. But, there has been some turmoil in Japanese politics and he was not able to come to Beijing. He asked me to come here in his place and talk about Japan’s stance and thoughts, so that is why I am here today. I sincerely hope that all of the experts in this field who are gathered here today from China and other countries in East Asia—including representatives of the Global Fund, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and many other international organizations; NGOs; and other participants—will use this opportunity for an open exchange of opinions on ways of dealing with this global challenge facing all of us.

I went to South Africa for the first time just one week ago, with the support of the M•A•C AIDS Fund and along with another Diet member and with FGFJ Director Tadashi Yamamoto. In one sense, South Africa is one of Africa’s strongest economies—an economic power—but it has also been invaded by AIDS. We had the opportunity to fully observe this side of the country. The Global Fund Partnership Forum that took place in Durban offered a forum for an active exchange of ideas among more than 500 participants. In addition, we also took part in a special site visit program. We visited several areas on the outskirts of Durban, where the HIV infection rate is said to be more than 30 percent—the highest in the world. We also encountered the doctors and nurses, as well as the devoted volunteers who, with support from the Global Fund and other sources, are working heroically in the fight against AIDS, tuberculosis, and malaria. This had an enormous impact on me and left a deep impression.

I would like to offer a couple of examples. We visited an area outside of Durban with a high concentration of poor people. There, we saw a four-week-old baby in a family of four or five. Her mother is 28 years old, and her mother’s mother—the baby’s grandmother—is in her 40s. That 40-year-old grandmother is also taking care of an 18-month-old child left behind when her other daughter died. That is the family. Aside from the newborn baby, everyone in the household is infected with HIV. The baby has not had an AIDS test yet, so they do not know if she is positive

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or negative. The baby's mother has to feed her powdered milk to keep her from becoming infected with HIV. She has to be raised on powdered milk. If she is raised on breast milk, the chances that she will become infected are very high. Her mother was somehow able to secure four weeks' worth of powdered milk, but she cannot secure the funds to buy more powdered milk or to pay for transportation to get to the center where she could get the powdered milk.

We visited another house in the same area. Actually, it could not really be called a house. It was a structure built from mud, scrap wood, and discarded sheet metal from the surrounding area. A 28-year-old HIV-positive man lives there by himself. A woman was living there with him until several months earlier, but she died. She had AIDS. The man had come to the city from the countryside, looking for work, but he was not able to find any. Then, he realized that he also had AIDS. He is young, still in his 20s, but—to be blunt—he has no dreams, no desires, and no future. He passes every idle day in those conditions. We saw several such miserable situations. However, in some of the areas, thanks to support from the Global Fund, ARV treatment is becoming relatively more widely distributed. I want to report to you that it is producing huge results and is giving people hope.

Still, given the extent to which infection has spread, I could not ignore the fact that no matter how hard families worked or how hard various communities worked, they were still limited in what they could achieve. In order to effectively address communicable diseases, which spread across national borders, we need to build broad cooperative relationships that also cross national borders, such as those that are being discussed at this conference. Fortunately, with the resolve and goodwill of people around the world, we have begun to realize and act on the recognition that, even on the vast continent of Africa, we need the kinds of policies that supersede national boundaries. I want to offer my praise for that development.

An FGFJ symposium held in Tokyo on June 30, 2005, to commemorate the fifth anniversary of the Kyushu-Okinawa Summit took up the theme of "East Asian Regional Responses to HIV/AIDS, Tuberculosis, and Malaria," with the discussion based on research done by 12 experts from throughout East Asia. This conference here in Beijing is meant to be a follow-up to last year's symposium. The English-language report that came out of last year's symposium has been translated into Chinese in time for this conference and serves as material for discussion, and I think it is valuable. Roughly half of this conference's participants are from China and half from other parts of East Asia. I feel strongly that this is very significant considering, as I



already mentioned, our goal of creating mechanisms for regional cooperation. In addition, at this conference we will hear about a large number of concrete examples of cross-border regional cooperation in the fight against the major communicable diseases in East Asia. We should be able to learn from those achievements, but I also believe that it is important for us to learn lessons from our failures.

I think it is simply amazing—and vitally important—that, envisioning the unfortunate wide spread of AIDS, tuberculosis, and malaria in East Asia and attempting to bring about regional cooperation in the response, it was possible to develop this conference together and create a network of cooperation. Right now, we are witnessing a deepening of mutual interdependence among the countries of East Asia. For example, economic interdependence is so advanced that the level of trade within the region is not all that different from that of the EU. And this trend toward stronger regional ties is one factor contributing to East Asian regional cooperation in the fight against communicable diseases. At the same time, I think that the kind of regional cooperation among various sectors on concrete issues such as communicable diseases will further deepen regional solidarity in East Asia. As a politician, I am aware of this. Last year, heads of state from East Asia—from the ASEAN countries plus China, Japan, Korea, India, Australia, and New Zealand—gathered in Kuala Lumpur for the first East Asia Summit. I would like to appeal to these leaders to take up the important theme of communicable diseases at future East Asia Summits.

I would like to touch on one more aspect of my visit to South Africa. Perhaps this is something that comes from my position as a politician, but I do believe strongly that it will be extremely important to secure political leadership in this area. Political leadership will be an important theme in the years to come as we strengthen cooperation in this field in East Asia. Of course, the efforts of central governments are not enough. We will need cooperation among people from multiple sectors, including local governments, those in the medical field, and corporations. Corporate involvement will require the cooperation of both management and labor. We will also need the cooperation of NGOs and volunteers with various points of view. The participation of people from various sectors is indispensable. I would also like to emphasize that developing stable mechanisms for cooperation requires political leadership in every sense of that term. Of course, when I talk about political leadership, I am doing so from the point of view of a politician who was chosen through an election. But it is not something that belongs only to elected politicians. That is an obvious point, but I

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wanted to make it all the same. We need the kind of political leadership that brings together people from different backgrounds and with different abilities to play catalytic roles.

As politicians, we have a responsibility to guarantee the safety and security of our country's citizens to create a prosperous country. In dealing with large-scale, global challenges, such as major communicable diseases, we need to approach the challenges as problems in our own region. I would also like to emphasize that it is incredibly important that we politicians in East Asia, who find ourselves in a region that is aiming to build some kind of an economic community in the future, will need to develop cooperative relationships with other politicians and people in positions of leadership from many countries around the region. I would like to point out that this conference, where we are building a network through dialogue with people from China and many other countries, is important to the process through which we will exhibit political leadership in the future.

One important thing is that people now know how AIDS, malaria, and tuberculosis are spreading around the world. And people recognize the dire circumstances facing humanity if we do not take adequate steps to stop the spread. But, for example, if I dare say something that sounds a bit critical, one might say that the greatest obstacle to China's growth will not be a financial crisis as some predicted or bad loan problems, but rather the spread of AIDS. That is just one example that I dare to offer up, but that is something that we must acknowledge. So, we need to raise the necessary resources and we have to figure out how to further improve our judgment and our systems so that we will use these resources accurately and effectively.