

**Keynote Speech by Rear Admiral Timothy Ziemer (USN, Retired), U.S. Global Malaria Coordinator, U.S. President's Malaria Initiative, U.S. Agency for International Development at the Lower Mekong Initiative Conference**

**HANOI, June 17, 2010 --**

**Honorable Excellencies, Colleagues, Friends**

It's an honor to join you here at the Lower Mekong Initiative Infectious Disease Conference and to be able to share the next two days with you.

I want to thank our host – the Vietnamese government and VMOH Dr. Trinh Quan Huan and Ambassador Michalak and the embassy staff for the preparations put into this conference.

It's an honor for me to return to Vietnam. I was here 40 years ago and from a very personal perspective, I must tell you how pleased I am to see that part of history behind us and to be able to participate in a renewed commitment for collaboration to improve the lives of those we are privileged to represent.

The objectives of this conference are quite clear and simple:

- a. To gain an understanding of the revised International Health Regulations as they apply to the Lower Mekong Initiative countries; and
- b. To look at case presentations, discuss the successes and challenges of implementing the International Health Regulations in the Lower Mekong Initiative countries, and identify gaps and lessons learned that could be addressed through regional health collaboration.

Achieving these objectives will require some work by all of us and our teams. It may be challenging, but it is work well worth doing.

Together as partners we have an opportunity to contribute to truly high-impact health reform and effectiveness. Through these efforts, new opportunities for people in more isolated and vulnerable areas can be provided tangible support and hope for the future.

Our understanding of effective development, particularly in public health has improved significantly in the last several decades and is always evolving.

As many of you know, President Obama has communicated a clear and bold new vision for American engagement in the world. His plan is for a more peaceful world centered on enhancing prosperity in our partner countries through development and better integrating it with diplomacy and defense as part of our foreign policy. That is why President Obama pledged in his inaugural address that we would work alongside the people of lower-income countries and their governments to help alleviate poverty. And

that is why U.S. Secretary of State Clinton together with U.N. Secretary-Gen. Ban Ki-Moon drew together leaders from more than 130 countries around the world last September for a special session at the U.N. General Assembly, asking each of them to make commitments to this global cause. And that's why we're here today.

President Obama's administration is focusing our development efforts around four goals that help us set priorities and define our work.

- Commit to honoring the Millennium Development Goals (MDGs)
- Ensure country ownership and growth through trade, cost-effective and long-term investments, and diplomacy
- Use science and technology to develop and deliver transformative tools and innovations
- Ensure that the U.S. Government is planning and implementing foreign assistance in the most efficient way.

We have a champion in Secretary Clinton who is a knowledgeable and passionate advocate for development.

Secretary Clinton refers to two inescapable facts that define our world. First, that no nation can meet the world's challenges alone. And second, that we face very real obstacles that stand in the way of turning mutual interests into mutual action. Thus, leadership means overcoming those obstacles by building the coalitions that can produce results against those shared challenges. It means providing incentives for countries with shared interests that enable and encourages them to live up to responsibilities that even a decade ago would never have thought possible and disincentives for those who do not.

This conference is a step towards developing and affirming a systematic strategy for cultivating a partnership that can help us address not only regional challenges, but global challenges.

I'm encouraged that we are building strategies to strengthen our ability to engage with regional and global institutions such as WHO, ASEAN, the World Bank and the Global Fund. Perhaps our time over the next two days can be devoted to accelerating the progress needed to not only develop strategies but implement them more effectively.

USAID Administrator, Dr. Rajiv Shah is tasked with coordinating the U.S. Government agencies to more effectively achieve President Obama's foreign assistance goals.

**As I mentioned, the first is honoring our commitment to the Millennium Development Goals – not only by delivering services but by building sustainable systems to support healthy and productive lives.**

Significant progress has been made toward meeting the MDGs in the Mekong region. I was encouraged to read the progress made in Vietnam. We should recognize, celebrate, and support these achievements. But much more remains to be done, and the road ahead will likely be more difficult than the road already traveled. For this reason, we will be even more determined as we strive to meet the MDGs in five years.

The U.S. Government has prioritized two development initiatives - global health and food security.

We are striving to make our investments sustainable by developing robust service-delivery systems, measuring and monitoring results and supporting local capacity.

**Second, we are strengthening our ability to invest in country-owned models of inclusive growth and development success.**

We know now that rapid and sustained growth is not a miracle; it's a matter of getting the right mix of ingredients.

It's time to think differently more creatively about how we partner together where the ingredients for growth are favorable; where there is good governance, economic stability, global connectivity and market orientation.

By doing so, we could serve as engines of growth that could power entire regions and demonstrate what is possible when the right people, ideas, policies, and resources come together.

This requires an alignment of factors in specific countries that share a mutual commitment. And it requires learning and building upon the lessons learned and the current regional initiatives and then applied in each of the partner countries.

**Third, we are finding new ways to leverage science and technology to develop and deliver tools and innovations that we believe can lead to significant growth and effective change.**

Science and technology innovations are critical drivers of growth – some estimates attribute up to half of GDP gains to this kind of innovation. Science and engineering has opened the door to revolutions in our field.

We know that scientists in the Lower Mekong region are working on new higher yielding and more nutritious and drought tolerant crops, more efficient renewable energy systems, vaccines and drugs for our most devastating diseases such as AIDS and Malaria.

**Fourth, and finally, during these tough economic times, it is more important now more than ever for us to be able to demonstrate real results and efficiency in achieving them.**

At this point I'd like to share a few comments about President Obama's Global Health Initiative.

Building upon President Bush's PEPFAR and Malaria Initiatives, President Obama has launched a \$63 billion 5 year initiative to focus attention on broader global health challenges, including child and maternal health, family planning, and neglected tropical diseases. The initiative adopts a more integrated approach to fighting diseases, improving health, and strengthening health systems.

One of the chief goals of the GHI is to work towards improving sustainability of health programs by better integration and partnerships – starting within our own government agencies, our multi-lateral partners and most importantly with the host countries.

The GHI has set clear guiding principles:

- It is centered around woman's health. A core objective of the GHI is to improve health outcomes among women and girls, both for their own sake and because of the centrality of women to the health of their families and communities. AIDS is the leading cause of death among women of reproductive age worldwide, and nearly 60% of those living with HIV in sub-Saharan Africa are women. Moreover, the ability of mothers to access health-related knowledge and services is fundamental to the health of their families. Over the long term, the health of women acts as a positive multiplier, benefiting social and economic development through the health of future generations.
- The GHI is being implemented with an unprecedented level of collaboration and coordination within our own government. It is truly an interagency effort, being led by USAID Administrator Dr. Rajiv Shah, CDC Director Dr. Tom Frieden and U.S. Global AIDS Coordinator Ambassador Eric Goosby.
- The GHI is built on the recognition that improving global health outcomes is a shared responsibility. The U.S. government is joining multilateral, partner country, NGO, and private sector efforts to make progress toward achieving the health-related Millennium Development Goals.
- A core principle of the GHI is to embrace country ownership and invest in country-led plans. The GHI will work closely with partner governments, as well as civil society organizations, to ensure that investments are aligned with national priorities.
- Another core principle is to build sustainability through Health Systems Strengthening and to work towards ensuring that all levels of a functioning health system are being put in place.

- Lastly, but very important, monitoring, evaluation, research, learning and innovation are integral to all aspects of the GHI and critical to its success. Information will be shared with all GHI partners to facilitate wider learning, systems strengthening, and continuous quality improvements.

The GHI program will apply everywhere U.S. government global health dollars are at work which is approximately 80 countries.

### **Regional Health Initiative**

In July, 2009, Secretary Clinton and the Foreign Ministers of Cambodia, Laos, Thailand, and Vietnam met for the first time as a group in Phuket, Thailand to highlight the increasing cooperation between the United States and the Lower Mekong countries in the areas of the environment, health, and education. At this event, the Secretary announced the U.S. would continue its health assistance to the Lower Mekong countries and would develop integrated approaches to prevent and combat the spread of infectious disease in the region. Total 2009 U.S. health assistance in the region was over \$135 million with the focus on HIV/AIDS, pandemic influenza preparedness, malaria, tuberculosis, maternal and child health, and family planning and reproductive health.

The Mekong Regional Program reflects the ideals of the President's Initiative. The U.S. Government and bilateral partners pool their resources to accomplish health goals and to achieve sustainable public health activities in all LMI countries.

We are prepared to work with you and other partners such as The Global Fund to Fight AIDS, Tuberculosis, and Malaria (to which the U.S. Government contributes close to 1/3 of the funds), the World Bank, non-profit organizations, and bilateral partners to address our targets and achieve sustainability in the region.

Some specific examples include:

Working in partnership with Mekong countries, ongoing U.S. assistance has contributed to the 50% reduction in HIV/AIDS infection rate in Cambodia, and provided treatment and prevention services to over 2 million people across the region.

The CDC's Global Disease Detection Regional Center in Thailand supports International Health Regulations implementation in the region mainly through capacity strengthening in laboratory diagnostics, surveillance, epidemiology, and outbreak detection and response. Their Division of Global Disease Detection and Emergency Response was designated in December 2009 as the first WHO Collaborating Center for the Implementation of the revised International Health Regulations National Surveillance and Response Capacity.

In Pandemic influenza the U.S. has provided \$95 million since 2006 to support ongoing programs in Mekong countries to prepare for, and respond to threats from, outbreaks of pandemic influenza.

We would like to thank the Government of Vietnam for hosting the 2010 International Ministerial Conference on Animal and Human Influenza this April—and to thank the other LMI countries for joining in that important effort. The conference built on a series of preceding international ministerial conferences and senior officials meetings since 2005, which have provided a platform for an unprecedented coordination in planning and action to respond to highly pathogenic avian influenza (HPAI) caused by the A/H5N1 strain, to prepare for a possible influenza pandemic and to strengthen jointly animal and human health systems on a long term basis. This conference renewed the international community's commitment to continuing and reinforcing the long-term partnership, by working within the United Nations system and through existing networks to increase our capacity and cooperation on surveillance systems, epidemiological research, antiviral and vaccine research and development, health and veterinary systems strengthening, as well as safe and resilient systems for food production, and to evaluate periodically our preparedness and action plans for pandemics.

In malaria there has been substantial progress in malaria control in the region, particularly Vietnam where the number of cases has declined from about 190,000 in 1991 to less than 15,000 by 2008.

While cases are down, the region is detecting the emergence of parasite resistance to artemisinin. First detected in western Cambodia in 2007 there are now indications of artemisinin resistance in other parts of the region, including southern Burma and possible emergence on the Sino-Burma border and here in Southern Vietnam near the Vietnam – Cambodia border in Binh Phouc across from Snoul Province Cambodia.

Malaria and drug resistance is a regional issue and we're taking a regional approach. Managed out of our regional office in Bangkok, we work closely with WHO and the National Programs to coordinate an effective response.

The U.S. Government funding through the regional office has been over \$24 million since 2006 which represents tripling of our funding since 2000. Our investment has been to support WHO and to support strategic capacity and information, particularly focused on drug resistance, drug quality and improving the efficiencies of national program implementation. President Obama released the U.S. Government's five-year malaria strategy to our Congress and we have committed to expanding our investment through the regional office to expand the work on resistance and drug quality. We consider that as one of the top priorities of our malaria foreign assistance program.

With the national commitments and additional support from WHO, the Global Fund, the U.S. Government, and other partners like The Gates Foundation, the Japanese Government, the Three Diseases Fund in Burma which is supported by Australia, the European Commission, Netherlands, Norway, Sweden and the United Kingdom, overall malaria rates have fallen dramatically – but it is essential that national governments remain focused to contain and eventually eliminate these multi-drug resistant strains, least our global efforts are negated

One very important part of the regional strategy is of course the elimination of fake and substandard medicines that we will be discussing here. Beyond the impact of counterfeit and substandard drugs on resistance, trafficking in fake drugs is murder.

The regional collaboration shown by the national regulatory authorities, ministries of health, ASEAN, technical agencies and INTERPOL is exemplary, and a model for international collaboration.

Many of you realize that what we do here to strengthen regional cooperation to stop the manufacturing and distribution of counterfeit and substandard medicines is only part of the solution.

We also need to remain focused on the basic elements of providing reliable access to quality curative and preventive services, and as I described above ensure that as we focus on this specific drug issue, we are developing sustainable, accountable and efficient systems for malaria, health and community development

In summary and before I conclude, I'm reminded of Secretary Clinton's statement that ... "development (particularly in global health) is a strategic, economic and moral imperative."

As we meet over the next two days, I believe we have a unique opportunity before us. The goal of our efforts is to embrace the WHO's International Health Regulations and do everything we can to implement them. Through partnership we can achieve that more easily and more effectively. Through partnership we can reduce and address the unknown, and still to be discovered global health threats. It's through partnership that we can come closer to reducing destabilizing threats and build a more sustainable foundation to meet the needs of our people.

I am confident that we will learn from each other and will be open to changing as we look ahead. And, I am optimistic that when we leave, we'll have advanced the objectives of this conference from theory into reality for the people we represent.

Thank you