

***Third Panel: Best Practices in Interagency Collaboration***  
**December 3<sup>rd</sup> 2002, 2:30-3:45 pm**

**Dr. Irene Klinger:**

Welcome to PAHO. After a very interesting lunch in the Inter-American Development Bank, everybody is welcome back. We are going to continue our Symposium today. We had two very interesting panels this morning. We talked about the Millennium Development Goals as principals for guiding us in terms of what International Health Cooperation should be today. We had a second panel reviewing the regional mandates that came out of the Summit of the Americas and how the international communities are responding to them and how the countries are preparing to follow on the mandates of the Presidents and Heads of States. Now we have an opportunity in this third panel to review best practices interagency collaborations. The chairperson for this panel is Dr. Julie Louise Gerberding. She is the Director for the Centers of Disease Control and Prevention. She is an associate clinical professor of medicine Infectious Diseases at Emory University. She earned her BA degree Magna Cum Laude in Chemistry and Biology. An MD degree Case Western Reserve University in Cleveland. As acting Deputy Director of National Center for Infectious Diseases, Dr. Gerberding played a major role in leading citizen response to the Anthrax Bioterrorism events last fall. She joined CDC in 1998, as Director Division of Health Care Quality Promotion, where she developed CDC patient safe initiatives and other programs to prevent infections, antimicrobial resistance and medical errors in health care settings. Dr. Gerberding has been very involved in HIV/AIDs prevention programs in Uganda and has participated in programs in the Dominica Republic and in Brazil. Dr. Gerberding please (applauses).

**Dr. Julie Gerberding:**

Thank you. It is a very big honor to be here to participate in this Symposium. I think that there is a great deal to celebrate as we look back over the first century and there is a great deal to do as I think Sir George told us in his introductory remarks yesterday there are many challenges that lay ahead. Certainly from the perspective of CDC and the Department of Health and Human Services, we acknowledge the challenges and we recognize the important responsibility we have to do our part to contribute to those solutions. It's a great honor for me also to be the Chair of this particular panel of very distinguished colleagues who will present their perspectives on the important role that partnerships play in this process. I will like to begin by introducing our first panelist, Dr. William Richardson, who is the President and Chief Executive Officer of the WK Kellogg Foundation of Battlecreek Michigan. Before he joined the Foundation, he was President of John Hopkins University in Baltimore, a position he held since 1990. In addition he was professor of Health Policy and Management at the University and had been appointed professor and President Emeritus. I should also tell you a little bit of the Kellogg Foundation in case you are not familiar with that important organization. It was established in 1930, to help people help themselves through the practical application of knowledge and resources, to improve their quality of life and that of future generations. Its programming activities center around the common vision of a world in which each

person has a sense of worth, accepts responsibility for self, family, community and societal well-being and has a capacity to be productive and to help create nurturing families, responsive institutions and healthy communities. It sounds like a formula for partnership so I think it is very appropriate that he will be the lead off speaker of this panel. Let me introduce to you, Dr. William Richardson (applauses).

**Dr. William Richardson:**

Dr. Gerberding, thank you very much and thanks for the warm welcome. I am just delighted to be here and have the opportunity to talk about interagency collaboration, particularly on this wonderful occasion of PAHO's centennial celebration. For 60 years out of the 100, PAHO and the Kellogg Foundation have truly had an extraordinary relationship. I'll say more in a moment about what we learned together but let me first just go into a little bit about how this came to pass and how the Kellogg foundation came about implementing that rather straight forward mission statement, which we think about everyday, wherever we are around the world. In 1931, which was just one year after Mr. Kellogg established the foundation, putting essentially all of his worth and all of his holding in the company into the foundation for the benefit of that generation and the ones to follow, the formation of the first partnership was really the major activity of consequence for that year and followed through for another 14 or 15 years as a very important part of what we did.

That initial partnership was known as the Michigan Community Health Partnership or MCHP, and much of what we learned in rural Michigan during the Great Depression in the United States, is still very pertinent today relevant in our work in the United States, in Latin America and the Caribbean and also in Africa. The MCHP served farm counties in an age before rural electricity had come along and before indoor plumbing in most farm families and homes. Health programs were practically non-existent, schools were negligent or inadequate particularly in these rural areas, and hospitals and libraries were either absent or outdated. There was no shortage, interestingly enough, of doctors or dentists or teachers or nurses or community leaders, but what was lacking, and this will sound familiar to most of you, was a logical way to arrange those services into a really useful a system of public health care. To build a functioning public health system, the MCHP not only brought together doctors and nurses and dentists, but also mayors and ministers and dairy farmers and well-diggers. It opened county health departments where none had existed, it formed citizens councils which identified public health problems at the grassroots level, and which shaped local solutions for schools and for hospitals and for libraries. Eventually the MCHP served 7 counties and a quarter of a million people and it became a national model in the United States for system change in public health.

Just a decade later, the Kellogg foundation embarked on what turned out to be a very long and a very fruitful partnership with PAHO. At first we funded several projects in Central America that focused on communicable diseases and nutrition. Incidentally we've also enjoyed a highly productive partnership with Dr. Brathwaite to my left and his

organization, the Inter-American Institute for the cooperation on Agriculture. Along with our PAHO partnership, we also funded numerous others during the last 72 years and let me share just four rather straight forward, but we think important, lessons that we have learned over the years.

The first and most important lesson is to find the right partner. Now that may sound self-evident but miss-matched partners really can waste considerable time and money and energy, and in the end leave disappointment in their wake. Opposites may attract in romance, although Sir George assures me that that's not even true, but a partnership between organizations whose fundamental goals, values and philosophies are not aligned, is much less likely to succeed. This is why I think the partnership between the Kellogg Foundation and PAHO has in fact lasted 60 years. It's a collaboration of two organizations that share many common areas of emphasis including health promotion and prevention, community based services and primary care. Our resources are complimentary, yet independent. After so many years of working together, our two organizations really have become like twin helixes intertwined, but separate. Even when we are directly collaborating, many of our projects tend to reinforce and support each other's work. So the first really is, be sure it's the right partner.

The second lesson for good partnerships is to have clear expectations and specific outcomes, because if you don't know where you are going, obviously you are not likely to get there, or wherever it is that you do get is not clear to anyone else. In 1997 for example, the Adolescent Health and Development unit of PAHO and the Kellogg Foundation embarked on an ambitious program to benefit the adolescents and youth in Latin America and the Caribbean. The goals were I think clear and specific: to place adolescent health on the public agenda, to gain the commitment of the mass media, and to improve the capacity of nations to address the needs of youth through youth oriented public policy initiatives, human resource development and technical knowledge. With these specific goals in site from the very first day, the journey has been a success, and by the end of 2001, 30% of the 26 participating countries had begun implementing public policies for adolescents within a conceptual framework of health and development, 70% had national comprehensive health programs with a situational diagnosis, norms of care and monitoring and evaluation of existing programs, 70% had professional and other personnel trained to support the implementation of plans and programs and services at both the nation and local level, and 30% had built the capacity for promoting adolescent health through social communication.

Another example of the benefits of clear expectations and goals involved the dissemination of salt fluoridation processes and practices. Efforts in Switzerland indicated that fluoridation of table salt instead of water might be an excellent way to reduce caries and other oral health problems for rural populations without public water infrastructures. A field study near Medellin, Colombia confirmed that by adding sodium-fluoride or calcium-fluoride to table salt produces oral health benefits that are similar to those produced by water fluoridation. The Kellogg Foundation supported an international symposium under the auspices of PAHO and the WHO and through dissemination by universities and other organizations were able to get this information

out. In the 1980s, the Kellogg Foundation helped implement salt-fluoridation practices in Costa Rica and Peru. By the mid 1990s we had seen clear examples of their success. For example, for every dollar invested in salt-fluoridation programs, countries could save more than \$40 in curative oral health care. We provided follow-up funding so that PAHO could extend salt-fluoridation to tens and tens of million people in other countries in the Region. The effort has dramatically reduced oral health problems and carries in particular.

The third lesson is that partnership really is a relationship. Even in today's high tech world, partnerships are still based on the strength of relationships between the people involved and people still do things that computers can't. Among other things people can get caught in Detroit and not get to dinners that they really wanted to attend. PAHO and Kellogg have witnessed the power of human relationships is several ways but I am thinking in particular of the UNI program, the community partnerships program in Latin America. This program brought together community organizations, universities and private and public sector health systems to extend primary and preventative health care to rural and urban populations. The programs main goals were to build teaching models at universities that emphasized interdisciplinary principles and multi-professional teams, to support the formation of local health systems characterized by universal health coverage, comprehensive health services and effective management of services. And third, to forge health care and training models in which the community participated in a permanent, sustainable, organized manner. One of most gratifying results of UNI, was the success of getting teachers and students out of the ivory tower of academia and into local communities. Most health professions education in Latin America, in the United States and in the rest of the world takes place in hospitals that emphasize costly, curative care. Research has shown that health professionals who train in hospitals are likely to spend a disproportionate amount of their time practicing there, even though increasingly the greatest demand for health professionals is at the community level. UNI established academic, community-based health care centers where students could in fact learn and practice in an interdisciplinary community setting. Students learned the rewards and benefits of working in and among families and building personal relationships at the neighborhood level.

The fourth lesson in partnership concerns the importance of shared benefits and shared gain. A true partnership really is a two way street. Therefore the initial question to ask about a potential partnership should not be what's in it for us, but what's in it for all of us. Sometimes you get more benefits than you bargain for. In the UNI program for example, the universities were asked to make major changes in their health professionals' curricula, but the universities found the UNI approach has applications beyond the health professions and has helped them find new relevance in their communities. Some universities have proposed the UNI approach in other career fields, which will have long lasting implications for their broad support, both socially and politically. A key strength of the Kellogg-PAHO partnership is our ability to multiply benefits for all partners involved. In essence we achieve more together than we ever could alone. Together we marshal the resources necessary to study a problem, identify solutions, help communities, implement those solutions locally and then replicate successful models regionally. Here,

as far as I'm concerned, is the key. The Kellogg Foundation has the means to support local initiatives on the ground, and PAHO has the influence and reach to turn local successes in to national policies and broadly applied practices. Interagency collaborations are challenging to be sure. It's difficult to focus on established public health policies and maintain long term commitments to programs when governments are constantly rotating. Yet, the health issues facing Latin America and the Caribbean are urgent, and without the advantage of good health, it really is very hard to pursue many of the things that people in the Region so much need: education, economic improvement, political involvement.

Without good health, it's hard to hope for ones future for ones children, indeed sometimes for ones country. We know that interagency collaborations work and they work well when they are done right, when they are long term relationship, a partnership with common goals and interests and well specified outcomes. That's why we are here today, to share what we've learned and to make our partnerships more effective, more vital and more beneficial to those we serve, because ultimately those are the people with whom we are all in partnership. So on behalf of the Kellogg Foundation we look forward to building more successful partnerships even in the future, under new leadership, which we look forward to as we have so enjoyed the leadership of this organization in the past many years. We look forward to inspiring effective partnerships with this organization in its second century. Thank you.

**Dr. Julie Gerberding:**

Thank you, it's great to begin a panel with a wonderful success story; so, thank you for that. Our next panelist is Mr. Frank Devlyn from Mexico City in Mexico who's the trusty designate from the Rotary Foundation. He served as a Rotary president in the past and has been involved with Rotary activities from many, many years. He is also President of the Devlyn Optical Group of Mexico and is obviously involved in the retail business distributing and marketing optical products. But he grew up in Ciudad Juarez in Mexico and in El Paso so perhaps he will have some comments about border issues because I recognize the importance of that aspect of health in the Americas as well. He has many, many honors and his resume really speaks too a plethora of interactions between agencies taking on various kinds of community service including the Young Men Christian Association, The National Pro-Blind Association and the National Mexican Association of Public and Private Administration. He has also been an adviser to the Commission of Health to the Handicapped and serves on Boards of the National Bank of Mexico and other corporate structures. But one of the things that he reminded me to specifically mention, I think, is the source of great pride and a testimony to the contributions that he's made as a fact that he received the entrepreneur of the year award for Mexico, an award that was bestowed by President Fox and the Mexican Chamber of Commerce in Mexico City. So I think he has personal record, observes to partnerships and obviously must know a great deal about interagency collaboration but also through the work of the Rotary has really participated in some of the really critically important health initiatives and speaking from a CDC prospective, probably no one knows better than CDC how critically important the partnership with Rotary has been in the Health

initiatives as Polio in other critically important international health initiatives that could not possible occur without the support of this organization so we look forward to hearing your comments. Thank you.

**Mr. Frank Devlyn:**

Buenas tardes.. Good afternoon, familia y amigos de PAHO, la Organización Mundial de Salud también. I am in a dilemma; I don't know whether in speak in Spanish or English. I have some good friends here, my mentor, the first Mexican President of Rotary, Carlos Canseco, said you should speak in Spanish, Dr. Acuna used to be the Director of the Pan American Health Organization said you should speak in English but now ...personality Guillermo Soberon past Minister of Health, Head of the largest Universities in ...city said you should speak in English and Spanish.

So put your earphones on now and I will give you a little bit of both tanto en español como ingles, y estos, Guillermo tu fuiste el que sugeriste esto, que hablara tanto en español como en ingles. Pero a nombre de Rotary International me da mucho gusto estar aquí celebrando los 100 anos, 100 anos de la Organización Panamericana de Salud. Sir George agradecemos la invitación, agradecemos la invitación por parte de Rotary and we are very happy to be here not only we are celebrating the 100 anniversary but is a work in celebration for we have the opportunity of interchanging ideas and listening, I've heard some outstanding speakers, I want to complement all of them I am glad I'm here in a panel with distinguished persons, just as an example, I've been waiting to speak with the head of Kellogg and the head of Merck and here I have them right next to me and this is the way, personas importantes están aquí el día de hoy donde podemos conversar y hablar de los beneficios de alianzas. Alianzas, asociaciones, partnerships por lo tanto Sir George felicitaciones, felicitaciones por haber trabajado para celebrar 100 anos. Felicitamos también a la Dra. Mirta Roses, quien también está heredando una gran organización en este Segundo siglo donde vamos a estar trabajando pienso todos juntos trabajando y esto es lo que queremos hablar los Rotarios. Su servidor es una persona que creo en la firmeza, en los beneficios de asociarse grupos con otros grupos.

I believe in partnerships, but I want you to understand about a partnership that has been an important to all of us, but you should know a little bit about Rotary. I invite all of you a visitar el stand que tenemos aca afuera donde tenemos literatura de lo que es Rotary, lo mucho que es Rotary, 31,800, clubs que sesionan cada semana, once a week they come together almost 1.3 billion rotarians and many of you here are involved with Rotary or had been involved with Rotary or your fathers even some of you had your grandfathers involved with Rotary, but what we do, there is not any kind of project that Rotary is not involved with, we are involved with everything, from literacy, wheelchairs, working on violence, education, the girl child , so many things. The Rotary foundation invests approximately 9 billion dollars, every year, on different kinds of projects; projects that many of you are talking about. But, there is a project that shows the beauty of partnership.

Algo que ha demostrado lo que se puede hacer cuando reunimos esfuerzos y eso es la historia de Polio Plus. Estan con nosotros personas sobresalientes, la persona que llamamos el padre del Polio Plus, el doctor Carlos Canseco, pero quiero que ustedes vean como trabaja una Alianza. This is how a Alliance works, I see Dr. Canseco who had the vision, we were working on Polio in the Philippines but he had the vision of making it large and then another Rotarian, a past Governor, but also a past Director here, of the PAHO or Organización Panamericana de la Salud, Dr. Acuna, the men with the vision and the men with a context and both working together, and then I see Dr. Guillermo Soberon who was a Minister of Health of Mexico. This is how I see things working all over the world and I see a Dr. John Sever in the back who is here in Washington, a past Governor of Rotary who has the expertise and Rotarians as Tom Kuako who is here with us today too; everybody coming together but that's Rotary. Well the story of that success it's being mentioned. Jull.. you mentioned it by yourself, Dr. Brundtland has mentioned it too. ... is mentioned is coming together and doing something together. The eradication of Polio and we hope que podemos celebrar el ano 2005, que sea controlado lo que es la Poliomyelitis a nivel mundial. El ejemplo de que se puede hacer algo, what better example, ..that why I mention that .... only a example, we talked about that in many occasions, but how can you partner with Rotary, como pueden ustedes asociarse con Rotary. Por lo tanto lo que hicimos con Poliomyelitis, lo que estabamos haciendo es un ejemplo, un... es el mayor ejemplo que se ha visto a nivel mundial y todo el mundo lo menciona.

Pero hay muchos mas proyectos y lo mencione hay tantos proyectos, hay proyectos de todo tipo, yo estaba comentando con varios de ustedes que es de ceguera evitable en el cual estamos trabajando también los Rotarios, pero fijense es uno de muchos, de cientos de proyectos, pero cuantas agrupaciones pueden mencionar that 400 thousand people had received some kind of benefit in the last two years, from cataract surgery to eye glasses, simply that benefit of coming together with Rotary. I call it whatever the project might be Rotary Seal of Approval, un sello de aprobacion que significa muchisimo a nivel mundial. El simple hecho de que Rotary esta involucrado significa muchisimo, es un poder que tiene Rotary es algo que se llama credibilidad y lo hemos demostrado por casi 100 anos, tene mos 3 anos menos que la Organizacion Panamericana de Salud, pero eso es lo que tenemos y lo que debemos todos pensar que eso ofrece posibilidades y ofrece oportunidades. Possibilities and opportunities that some of you will see, some I doubt it, this .. the ones here today are leaders, you are going to see those possibilities and opportunities. But how you get involved with Rotary, first, many of you should become Rotarians and because of that I have a little book called "Frank talk" Frank talk tells the benefits of belonging the Rotary and usually costs 12.95 but you are going to get it for free, those you can get outside and pick it up and you may want to get an autograph from Dr. Canseco and Dr. Acuna and some other Rotarians here too. But invite any club member of Rotary anywhere in the world to visit a project, that's the first thing you have to say what the project is to get Rotarians at the local club involved because partnerships at the international level are only for Polio.

We also are involved with goodwill industries, we also are in a program for literacy and we also...these are the things we do at the international level but at the club

level that all has to start. So go invite Rotarians to visit your projects, give a presentation at any one of 31, 800 of Rotary clubs that.. in a podium such as this. Hablando como estoy hablando el dia de hoy 31,800 clubes tienen un podium esta hablando y hay mensajes que se estan dando, presentense ustedes para hablar de los proyectos de ustedes. You can also invite club members to address your organization. Hay personas, gobernadores, presidentes que estan dispuestos para hablar de lo que estamos haciendo los rotarios y por lo tanto ustedes pueden mencionar y tenemos [www.rotary.org](http://www.rotary.org) para hacer todo lo que estoy yo mencionando. Recuerden Alianzas, trabajo que estamos haciendo mucho de nosotros se hace a nivel internacional pero todo comienza a nivel local, a nivel local y estamos trabajando en todos los proyectos que estan trabajando ustedes. En conclusion que puedo mencionarles, Rotary ofrece posibilidades, ofrece oportunidades, lo hemos demostrado con esa gran historia erradicando Polio, lo he demostrado mencionando al Dr. Carlos Canseco, el Dr. Acuna y el Dr. Soberon, el Dr. Sever y rotarios como Tom Kwaco, eso es lo puedes hacer ustedes a nivel local por lo tanto esperamos que ustedes se acerquen a nosotros y que nos digan que es lo que tienen y si ustedes pueden ayudarnos a nosotros podemos hacer mucho mas porque el mundo necesita de personas como los que estan aqui reunidos. Felicitaciones por 100 anos y muchas felicidades por otros 100 anos que vamos a estar trabajando aun mas. Muchas gracias.”

**Dr. Julie Gerberding:**

Thank you, all I can say to that is: sign me up. Our next panelist is Dr. Chelston Brathwaite, who is the Director General, Inter-American Institute for Cooperation on Agriculture. He was elected to this position last year and began serving the term of 2002 to 2006. He is a native of Barbados and has had many prestigious positions prior to this particular position. He has a bachelor’s of science in agriculture from the University of the West Indies, St. Augustine, Trinidad and Tobago; a Doctorate in plant pathology from Cornell University and a Diploma in agricultural development, with distinction, from the University of London. He has been recognized for many varied contributions, but in particular for his administrative, technical and institutional leadership in international agricultural development. He has broad experience in managing the design and implementation of technical cooperation projects, and is especially interested in the multicultural and multinational aspects of agriculture and rural development. Clearly he is a man of great distinction who has an important perspective to lend to the theme of this panel on inter-agency cooperation and best practices, so let me welcome you to the podium.

**Dr. Chelston Brathwaite:**

Thank you Madame for that warm welcome in this cold city. Director General of the Pan American Health Organization, Distinguished Panelists, Honored Guests, Colleagues working for the development of our world, Ladies and Gentleman:

I would first like to congratulate PAHO on 100 years of excellent and far-ranging service to the health and well-being of our people throughout the hemisphere. Health has improved and PAHO has played an important part in making our children’s lives better.

And, as always, success generates new hope and, in turn, new expectations for a better life. Today, I would like to share with you some of our dreams that we have begun to share as sister organizations for the Americas.

IICA and PAHO share common goals and have collaborated for many years on different activities related to public health, animal health and food safety. Both play critical and complementary roles in the areas of health and agriculture development that extend beyond those traditional fields of collaboration, and are essential for prosperity in rural communities. In addition, both organizations have a network of offices in Member States that facilitate joint action.

PAHO and IICA signed a General Cooperation Agreement of unlimited duration in 1983. Two of its objectives are to contribute to increasing and making better use of food production, and to improving health and rural life in their Member States. As partners, both our institutions face important challenges in this regard:

At the political level, the two organizations serve as the secretariats of their respective ministerial meetings on health and agriculture and rural life. In addition, at the Third Summit of the Americas (held in Canada in April 2001), they were both called upon to support implementation of the Summit's Plan of Action.

IICA and PAHO fully support the commitment assumed by the Heads of State and Government in the Declaration of the Third Summit:

- To further efforts to reach international development goals, especially the reduction by 50% by the year 2015 of the proportion of people living in extreme poverty.
- To promote programs for the improvement of agriculture, rural life and agro business as an essential contribution to poverty reduction and integral development.

Accordingly, PAHO and IIC reaffirm the importance of pooling their capabilities in support of efforts to further development in their Member States, and their commitment to:

- The principle of Pan Americanism, which calls for cooperating with the countries of the Americas so that, in working together, they can promote their development;
- Equitable development and the achievement of the objectives of health for all in the hemisphere, and the reduction of differences in health indicators among and within countries; and
- The promotion of prosperity in rural communities, including a reduction of inequalities among their inhabitants and, above all, increasing human freedoms.

IICA and PAHO will strengthen their joint technical cooperation actions, with a view to helping the countries of the Americas achieve health and prosperity in their rural communities. They will do this by supporting the efforts of the ministries of agriculture and health, with the active participation of rural communities.

The Plan of Action sets the parameters for the cooperation, which will focus on actions in the following areas:

Animal Health, Public Health, Zoonoses and Food Safety: IICA and PAHO will exchange information, ideas and experiences in the respective areas of specialization. Also, they will carry out a number of actions in these areas whose results will have a favorable impact on the agriculture sector, nutrition and public health in rural communities and consequently, on national economies.

These actions include:

- To strengthen the management skills of those who occupy executive or supervisory positions in national agricultural health and veterinary public health and food safety programs, with a view of making them more efficient and effective.
- To foster more attractive participation by the members of agrifood chains in agricultural health processes, in order to improve the safety of products and, as a result, public health and access to markets.
- To strengthen the use of information in agricultural epidemiological surveillance systems.

Joint Actions within the framework of the Summit Process

This includes the exchange of information and the participation of both organizations in preparatory activities and in the ministerial meetings on health and agriculture and rural life. It also includes the exchange of information on progress in, and possible joint actions for, complying with the mandates of the Summits, including efforts to increase the participation of civil society, especially the private sector.

Mechanisms for planning, programming, monitoring and evaluation, and performance management

This involves the exchange of experiences in these areas, and of information useful in developing the IICA evaluation system and the support instruments for managing organizational performance.

Exchange of information and Experiences

This involves the exchanges of information, joint events using the infrastructure of both organizations, and collaboration in providing logistical support services for technical meetings and activities.

These actions are undertaken as our world faces unprecedented challenges. Perhaps every generation sees their future in this way. As PAHO celebrates 100 years, the velocity of change, its magnitude and scope and the real possibilities to fundamentally alter the human condition do create special circumstances for us today. This is especially true in agriculture and health. Advances in science and technology are blurring traditional fields of study and demanding that people and institutions collaborate in new ways. The Americas hemisphere is steward to over 40% of the world's fresh water resources and produces most of the world's food. It is witness to the possibilities of

globalization and trade to enrich human lives. But more needs to be done. More can be done. More must be done. And to do it we have to learn how to work together: better, smarter, more effectively. In this brief moment I would like to explore with you hope through partnership.

Partnership is listed as the last of the eight Millennium Development Goals; a clear recognition that only by working together can we achieve prosperity for all. All international agencies agree that collaboration, coordination and joint action is the way to go. We are making progress; albeit slowly. I believe that we can accelerate the pace of institutional reform necessary for us to work more effectively together. Yes, I do believe we each must change how our institutions work so that we can work together, I also believe in the fierce urgency of now. Poverty and hunger threaten our children and social stability every day. In Latin America and the Caribbean I am convinced that through greater hemispheric solidarity we can surpass the Millennium Development Goals in all of our nations.

Working together through partnership requires the initial step of wanting to do it. After that, we need new technology, new methods of intervention, and new ways of thinking. IICA is transforming itself inside and out to be a more effective partner with other international institutions and also with Member States. Internally, in addition to new systems for greater administrative efficiency and technical performance, we have been working hard to get Member States to work more closely together; to use IICA as a multilateral forum for dialogue, training and information on pressing rural and agricultural issues. Multilateral institutions have multiple stakeholders and part of our responsibility is to develop stakeholders' capacity for greater voice and advocacy in our decision making processes. Equally important is that they possess the capabilities to work together amongst themselves and through the Institute. We have made strides with some important stakeholders; with others we are still searching to identify the best way for them to develop their potential.

One example that IICA has been promoting and continues to resonate in the international community is the Inter-Agency Working Group on Rural Development. For me it illustrates four key considerations for the development of effective partnerships that are adapted from the writings of Dr. Jeffrey Sachs: the importance of considering scale, science, specificity, and selectivity. I would like to address these four "S's" through our reflections on this unique and promising international Inter-Agency experience.

The group is composed of IICA, FAO, IFAD, ECLAC, GTZ and IDB and was created at the IDB Annual Meeting in New Orleans (March 2000). The Inter-Agency Group is an informal working group to share information and implement joint projects among the agencies. The World Bank joined the Inter-Agency Working Group on Rural Development, at the Annual Meeting of the Board of Governors held in Santiago, Chile, in March 2001. Later, the United States Agency for International Development (USAID) joined the Inter-Agency Group at the Annual Meeting of the Board of Governors that was held in Fortaleza, Brazil, in March 2002. Prospective members include the British

governmental development agency, DFID and AECI, Spain's governmental development agency. We would also like to see PAHO as a participating member in the near future.

The need for partnership to face the issues of rural poverty and more effectively develop reforms was recognized by all members of the Group. In its Charter Agreement, the Group emphasizes that "rural poverty reinforces the need to move forward in building a new regional consensus on how to improve policy orientations...and there is a consensus in the Latin American and Caribbean region that efforts for rural development should have a broad-based, all-embracing, multisector approach." The Group's central purpose is "to facilitate the sharing of information and working experience and to carry out joint activities at the regional, sub regional and national levels to increase the efficiency and effectiveness of the services provided to the countries of the region."

Inter-agency activities have been underway since the signing of the Charter Agreement in New Orleans on March 24, 2000. The commitment to partnership is evidenced by the biannual meetings of institutional representatives spread from Rome to Washington to Costa Rica. The group has engaged in sharing information and best practice through the promotion of technical for a strategically placed in the regular meetings of the Board of Governors of the IDB and the Inter- American Board of Agriculture. These spaces serve to promote new concepts in rural development and to forge new policy challenges with key policymakers from all our Member States. At the same time, bilateral arrangements between members of the group have been forged for joint initiatives including policy research, policy skills training and, more slowly, joint project implementation initiatives.

What have we been able to learn so far about partnership from the experience of the Inter-agency Working Group on Rural Development? First of all, genuine dialogue is paramount to build trust. The Group is based on an open systems approach: information is shared in the collective construction of the Group's agenda, in developing ideas and concept papers regarding key actions. When new partnerships are being formed, it is mostly the attitudes of the individuals participating in it which determine whether the partnership develops. Institutions are made up of people and this can not be overlooked. Dialogue must occur with the right people in the right place at the right time with the right attitude and the right skills. Listening is an important part of any successful partnership to understand the position of each stakeholder, acknowledging the legitimacy and relevance of their interests and concerns. In our Group we listen.

At the same time the Group has sought to practice the concept of subsidiarity in its actions. That is to assume the kinds of activities that correspond to the scale and scope of the partnership. The Group never undertakes any action that could best be done by someone else or by one of its members alone. It seeks actions that can benefit all its members and our Member States throughout the hemisphere with new ideas for more effective development policy. As the partnership has begun, activities with limited budgets have been undertaken to establish appropriate protocols. Research on poverty assessments from a multidimensional perspective, the documentation of successful cases in rural municipal development and training on poverty reduction policy have filled

important needs for information to suggest further avenues of exploration. The results of these initiatives generate recommendations for innovation in our project cycles and policy processes. In our Group we innovate to replicate.

The Group seeks to mobilize the best science available. The research methodologies all include open, inclusive and consultative processes with key organizations in our Member States: public agencies, private entities and civil society. In policy for a, we have brought together the best and the brightest in technical areas crucial to rural development. National policy makers throughout the continent have the opportunity to hear of pioneering experiences, new policy regimes and alternative investment strategies to enrich the opportunities for progress. In our Group we share knowledge.

The activities undertaken clearly recognize the specificity of conditions on the ground. We build on actions that are underway and partner with one another when possible. Our approach to joint action is incremental. That is start small and build on success. And start where other stakeholders need the most insight, taking into account diversity and identifying common needs. At the same time we never lose sight of the fact that each of our institutions needs to project rural development better inside their own organizations. We support Member States in understanding the intricacies of the new challenges of our time for better food, better health, environmental stewardship and greater opportunity for all. Our collective understanding of these challenges provides new hope for achieving the Millennium Development Goals. In our Group we do challenge ourselves and our Member States.

Lastly, the Group has been very selective about what it undertakes. Paradigm building for a new consensus on concepts, trends and method for greater effectiveness and impact is what we seek. Concretely, we want to convert the project cycle into a learning cycle built upon listening, piloting, demonstrating and mainstreaming. Here, the donor's cycle must coincide with the Member State's cycle to build in ownership based on a more long-term vision of the process. The Working Group seeks to partner with Member States interested in piloting new ideas and demonstrating new policy instruments. In our Group we learn how to work together, better.

Let me end by saying that our experience in the Inter-Agency Working Group on Rural Development raises important challenges for effective partnerships so that they lead to improving development effectiveness and sustainability. Each member institution is required to recognize the competencies and areas of influence of its partners. This is especially crucial as concerted action is undertaken together with Member States. Listening better to their needs and concerns, and translating these into more effective programs, is the challenge for sustainable development. Group members have to recognize that development is a complex, multifaceted process. No one institution can carry out its mandate effectively without significant collaboration with others. Complexity requires simplifying things into workable parts with appropriate protocols. All processes require sustained and determined action over time to ensure that learning does take place, and that change progressively creates new opportunities available to everyone. Development is nothing less than possibility.

The international arrangements at the national level are still too often not coordinated for multinational multifaceted action. Improved joint action among international institutions and governmental agencies that more effectively address the multiple needs of a diverse rural sector demands more than partnerships. New institutional architectures must be explored, including the idea of rural development ministries that promote partnership and more holistic approaches. Partnership challenges us to think outside of our own institutional box.

We can never lose sight that the fundamental basis of our cooperation must always be our clients and their needs. If we begin with this as the basis of our cooperation, then we can advance in arriving at a coalition of efforts to contribute to the development of our economies. This is the time of the partnership challenge, the time to act and the time to win the war on poverty. We can do it and we will do it, together.

Thank you.

**Dr. Julie Gerberding:**

Thank you. Our final panelist is Grey Warner, who is the Senior Vice-President for Latin America Merck, Human Health Division. Mr. Warner's entire professional career has been with Merck and Company Incorporated. He started there as a professional sales representative in 1978. After that he had many other positions that involved successive responsibilities in sales and marketing in the United States as well as in the World Wide Human Health Marketing Organization. Since 1993 he's been the Senior Vice-President for Latin America for Merck and in that position he's been responsible for all Merck Human Health activities in Latin America. An area that is comprised of all the countries ranging from the Caribbean Region and Mexico in the North to Argentina in the South. And he asked that I make a statement about Merck's overall mission in this arena and that is the overall objective is to ensure the availability of it's medicines to all the people in the region who need them. So let me introduce to you, Mr. Warner (applauses).

**Mr. Grey Warner:**

You would not think that eliminating onchocerciasis - or river blindness, as it is commonly known - as a public health disease would be so difficult. All it requires is taking one dose once or twice a year. So why does it take the combined efforts and close partnership of several bilateral aid and multilateral development agencies including PAHO, the World Health Organization, the Inter-American Development Bank, the World Bank; more than 30 non-government development organizations ranging from the Carter Center to Rotary International; dozens of national ministries of health; thousands of local community health workers; in addition to my company which, among other things, donates the medicine, to successfully combat this debilitating, disfiguring and blinding disease endemic in 35 countries in sub-Saharan Africa, Yemen and six countries in our hemisphere?

Let me try to answer this by telling you Claudete's story. Claudete is a 32 year-old laboratory technician, responsible for the MECTIZAN administration program for the Yanomami ethnic group living in the heart of the Amazon rainforest in Brazil. Claudete works for a local Brazilian, or NGO, that is affiliated with an international NGO headquartered in Oakbrook, Illinois, that was hired by the Brazilian government through a grant from the Inter-American Development Bank, to support the oncho program in Brazil.

Claudette lives in the town of Boa Vista, in the very north of Brazil. Each month, she travels to Yanomami villages, spending 10-15 days with them, conducting health programs and administering MECTIZAN, the pill discovered, manufactured and distributed free of charge by Merck to people around the world living in affected areas. To travel into the Yanomami region, Claudete flies two hours from Boa Vista in a very small airplane, paid for and provided by the Government of Brazil for use in this program. She lands at a base area from where she departs for one of the many villages or "malocas" –where the Yanomami live. Depending on how far or accessible a maloca is, Claudete travels by boat, helicopter or on foot. Only a local Yanomami can drive a boat in the region because they are the only ones who know how to navigate through the ever-changing water pathways. On several occasions, Claudete's boat capsized and she lost all the medicines and food she had brought with her. To reach the most remote malocas, Claudete can spend over 2 days walking in the jungle, through dangerous waterfalls and circumnavigating other natural obstacles. Usually Claudete stays in a village or maloca for 2 to 7 days, but depending on the conditions of the area, sometimes it is impossible for her to return and she has to stay for a month or more.

Once last year, Claudete walked for two days in the jungle only to find that the village she was delivering MECTIZAN to was completely empty. This group of Yanomami Indians – who frequently are on the move - had traveled to neighboring Venezuela. Weather conditions were so bad that she could not travel back to her base. Claudete found herself with no more food and had to survive by eating small monkeys and snakes.

Claudete is used to taking malaria pills but despite that, and due to resistance, she has been infected by malaria more than 10 times. Over the years and with much perseverance and dedication, Claudete has learned the Yanomami language. She has learned about the Yanomami culture. She has learned to eat their food and survive as they do. She has gained the Yanomami people's trust and respect. In turn, they depend on her for providing basic health services and medicines.

Claudete is only one of many health workers living and working among the Yanomami Indians in the Amazon at risk of onchocerciasis. There are over 6,000 Yanomami living in the Amazon – for whom the administration of the MECTIZAN pill is used to treat oncho and prevent the symptoms of the disease, which include severe itching, disfigurement and often blindness.

Claudete's story is repeated in 33 countries around the world – including six countries in our hemisphere – where people are at risk for infection. In Latin America alone, an estimated half a million people are at risk in Brazil, Colombia, Ecuador, Guatemala, Mexico and Venezuela. Worldwide, the World Health Organization estimates that more than 100 million people are at risk for infection, over 18 million people are currently infected, and 800,000 people are visually impaired from the disease, over one-third of whom are blind.

Since Merck began donating MECTIZAN for the treatment of onchocerciasis in 1987, more than 750 million tablets have been administered. Today, more than 30 million are being treated with MECTIZAN each year.

The donation of MECTIZAN is the largest ongoing medical donation program to date, and is one example of my company's commitment to improving access to medicines in developing countries around the world. It also serves as a model for successful partnerships – a critical factor if we are to solve some of the world's most challenging health problems. As Dr. William Foege, the first chairman of the MECTIZAN Expert Committee and one of Dr. Gerberding's predecessors as Director of the United States Centers for Disease Control and Prevention recently stated at the commemoration of the 15<sup>th</sup> anniversary of the MECTIZAN program, quote "The success of this program demonstrates that public/private cooperation can and does work to create sustainable solutions to the world's most complex public-health challenges."

I think we all realize that, today, it is no longer an option of whether we will work together through partnerships, but how we can work together -- combining our unique expertise and skills and recognizing the comparative advantage that each of us brings.

I appreciate that the organizations and institutions represented here today are different. We may have different priorities, different ways of working, and different philosophies. But, at the end of the day, all of us share one common goal: improving health for all people in our region.

Merck -- or Merck Sharp & Dohme as we are known outside the U.S. – has had the pleasure of working with many of you and your organizations throughout the years. I want to pay special tribute to Sir George and PAHO, not only for having invited me to this panel to discuss the value of partnerships but also because I know that Dr. George Alleyne and his staff are strong believers in and practitioners of partnerships. And, from my recent discussions with Dr. Roses, I know she is as well and we look forward to working with her.

I believe there are five factors that are essential for partnerships to work. They are:

1. Commitment
2. Ongoing dialogue
3. Transparency
4. Trust

## 5. And respect

When you create an environment where these factors are present, anything is possible. I will not sit here and tell you that these factors are present in all the partnerships Merck is involved in today – they are not – and I am sure they are not in the partnerships your organizations are involved in either. But this is the model we should all strive for if we hope to achieve our goal of improving health.

The Merck MECTIZAN Donation program is an example of an effectively functioning global partnership based on cooperation among diverse organizations and governments, the provision of necessary resources, long-term commitment and a comprehensive, sustainable approach to a complex, multi-country problem. Merck has learned through the MECTIZAN Donation Program and other experiences that partnerships work best when based on clear objectives, trust, complementary expertise and mutual benefits.

The success of this partnership lies in the ability of diverse organizations to set aside their own agendas and biases, to accept one another's structural and philosophical differences and to work toward the common goal – in this case, the distribution of MECTIZAN to the affected populations until onchocerciasis is eliminated as a public health problem and socio-economic constraint. Organizational differences should be embraced rather than feared or ignored. Individual expertise needs to be identified and applied to well-defined goals. Sustainable resources should also be identified, and there is a need for mechanisms to evaluate the impact, both health and economic, of partnership initiatives.

So, taking the example of MECTIZAN, what is necessary to develop a sustainable private-public partnership and ensure its continuation?

- First, define the problem – in this example onchocerciasis - and have a common solution – providing access to MECTIZAN to all affected people.
- ◆ Second, have compatible strategies and coordinated efforts for implementing the solution.
- ◆ Third, all partners must remain focused on the health challenge and motivated in implementing its solution for as long as it takes.
- ◆ Fourth, there must be active participation of all partners at all times and at all levels. Without this, people like Claudete cannot succeed in their efforts.
- ◆ Fifth, there must be respect, trust, transparency, and open communication between all partners at all times.
- ◆ Sixth, all partners must work together to resolve problems and overcome barriers.

- ◆ Seventh, all partners must remain flexible.
- ◆ Eighth, all partners should work to enhance and maintain political will and financial support for implementing the solution.
- ◆ And ninth, all partners should encourage the dissemination of “lessons learned” from the partnership to assist in the implementation of other solutions to other problems, such as we are doing today on this panel.

The case of the MECTIZAN Donation Program clearly demonstrates the power and possibilities of strong, transparent and creative public-private partnerships in helping to address the enormous public health challenges facing developing countries today. The value of partnerships in advancing the cause of global health cannot be overstated. The complexity of the issues we face, the entrenched nature of the diseases we fight, and the fragility of the health care infrastructures we seek to build and/or strengthen are all beyond the ability of one organization or country to address alone.

Merck has already applied the lessons learned in the MECTIZAN Donation Program to a whole host of other health challenges. Tackling the pandemic of HIV/AIDS is probably the single most critical and complicated challenge the world faces today. As we address this and other health challenges, it is good if we all remind ourselves of the need for partnerships and what it takes to make partnerships work. And, we must always remember the Claudete's of the world because in addition to her own fortitude and ability, she can only be as successful as the partnerships that she has put in place at the local, affected area, but also those that we here in this room put in place at the regional and global level to enable and empower her to do her job.

Allow me to conclude by quoting U.S. Secretary of State Colin Powell's comments at the recent World Summit on Sustainable Development. He said,

“Plans are good. But [only] actions can put clean water in the mouths of thirsty girls and boys, prevent the transmission of a deadly virus from mother to child, and preserve the biodiversity of a fragile ecosystem.”

It is indeed time to act. At Merck, we are committed to moving beyond advocacy, beyond argument, beyond planning, to take actions on global health that can make a difference now. And we are here to encourage others to work with us and with PAHO as partners in action.

Thank you.

**Dr. Julie Gerberding:**

With that we will close this panel and prepare for the next panel. I think that we should give all of our panelists a round of applause because they did an excellent job. Thank you.