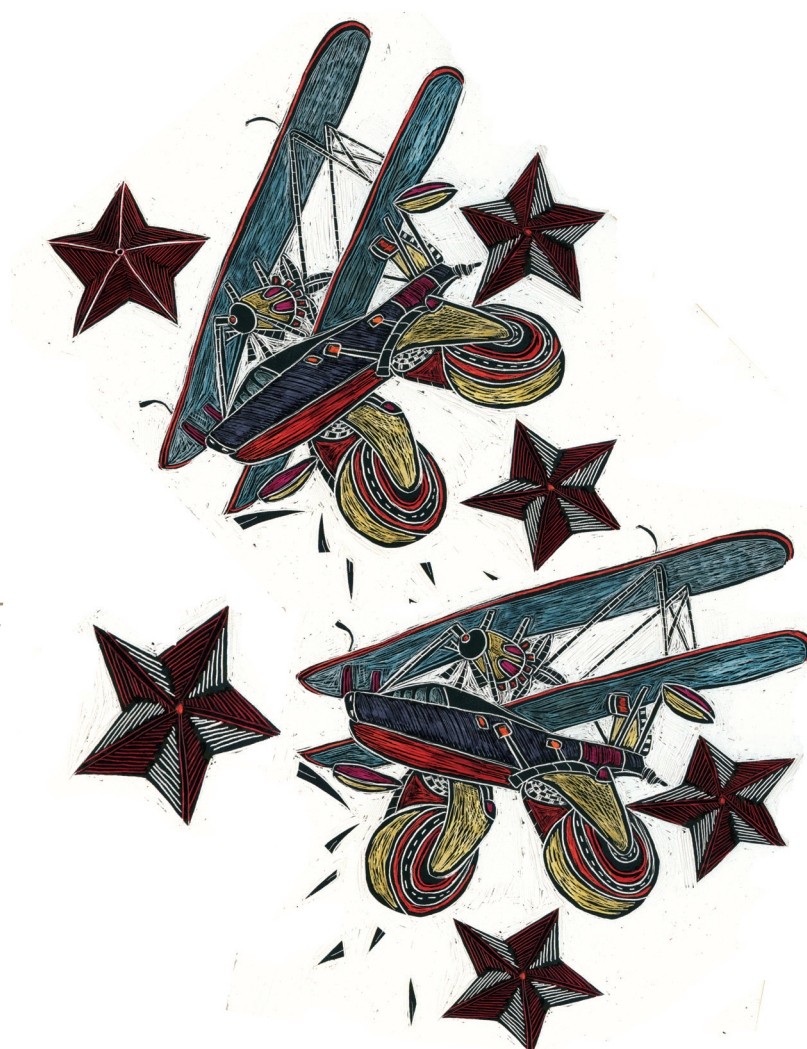


health cooperation

Collaboration and ownership:

*our only weapons
in the fight against
microscopic
enemies*



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ABSTRACT: As a recent international conference initiated and hosted by Afghanistan showed, there is no substitute for collaborative action fuelled by a common vision — and when it comes to eradicating the six deadliest diseases in the world today (HIV/Aids, malaria, cholera, polio, tuberculosis and avian influenza), political boundaries and territorial conflicts become irrelevant. The fact is that communicable diseases know no boundaries and make no distinctions among their victims. Accordingly, the only way to combat them will be an approach that links specialists from all global regions in a co-operative attempt to rid the planet of these scourges and save the lives of millions of individuals who succumb to them daily.

Everything we have accomplished as societies could be wiped out by microscopic enemies: viruses, microbes and bacteria. With avian influenza, we do not know whether we are on the verge of a major global epidemic with potentially devastating effects on people's lives and livelihoods. Polio, a disease that was all but eradicated globally, has now come back in places where paranoia and politics have trumped good sense.

Tuberculosis and HIV/Aids are two inter-related diseases whose continued advance is accelerated by stigma. Malaria is Africa's leading cause of death for children under five years old¹. Cholera can kill in hours, destroys carefully cultivated commercial relationships, and overwhelms already strained health services².

Modern transportation and open borders between countries mean that these diseases can travel quickly and easily from one country to another. Namibia's most recent polio outbreak has been traced back to India via Angola³. The difficulty of tracing a patient undergoing treatment who travels back and forth across a border has been

noted by many health professionals, including those in Central Asia.

COMBATING COMMUNICABLE DISEASES IN CENTRAL ASIA.

Considering the generally weak health delivery systems and tremendous resource constraints in the countries in this region, the incomparable complexity of the communicable disease challenge is obvious. There is no substitute for cross-border collaboration and innovative and creative responses that engage multiple stakeholders and get professionals from various disciplines working productively together. The price of not collaborating is high: communicable diseases thrive and spread when we are not paying attention or arguing about the best ways to go about combating them.

In a time of increasing polarisation, especially between Christian and Muslim countries, and between the US and those who see it as evil incarnate, was there any chance that a regional conference on communicable diseases held in Kabul, Afghanistan, could succeed?

It was this challenge that brought together senior health officials from seven countries – Afghanistan, Iran, Iraq, Pakistan, Tajikistan, Turkey and Turkmenistan – in a region that has been plagued by more calamities in the last five years than many people in the West can remember from a lifetime.

In an act that was courageous and far-sighted, high-level officials from Afghanistan's Ministry of Public Health began a dialogue in mid-2005 with representatives from various agencies involved in rebuilding the health sector in Afghanistan about the possibility of bringing together neighbouring countries to discuss the threat of communicable diseases. By hosting this conference, Afghanistan hoped to demonstrate that, after so many decades of war and destruction of its health system and infrastructure, it had resumed its place in the community of nations.

With financial and technical support from the US Agency for International Development and the World Health Organisation, the conference materialised under the name "Health for All and Health by All: Communicable Diseases Recognise No Borders".

The Rural Expansion of Afghanistan's Community-based Healthcare (REACH) programme was funded by

USAID to serve as conference secretariat and provide technical input for the conference.

The aims of the conference were to develop a commitment to collaborate in the fight against communicable diseases in the region and to prepare a written testimony to the commitment made during the conference.

DESIGNING THE CONFERENCE. The organisers envisaged a Kabul Declaration on Health that would represent a unity of purpose and action focusing attention on a few common

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themes that could be translated into an agenda for action addressing all communicable diseases.

The conference's profile was heightened by speeches and presentations by Hamid Karzai, president of Afghanistan, and by senior officials from the World Health Organisation and other well-known experts engaged in the worldwide fight against communicable diseases.

The presence of these experts ensured that the lessons learned from past successful campaigns (smallpox and severe acute respiratory syndrome) would be heeded. Nevertheless, it was clear that the conference delegates would have to produce their own blueprint for how to prepare for outbreaks in the face of powerful forces that would prefer to deny that action is needed.

SEEING THEMES EMERGE. It is always a challenge to sort through multiple points of view and expert opinions and look for common themes. In a time of over-specialisation, each expert tends to over-emphasise the importance of his specialty. Yet the Kabul Declaration was to embody broad consensus on the critical issues in the prevention or control of all six major communicable diseases under discussion at the conference: HIV/Aids, tuberculosis, malaria, avian influenza, polio and cholera.

A graphic artist was engaged to convert what the participants said into large, attractive images and key words. These drawings remained posted on the conference room walls throughout the conference for

ready reference and provided a graphic synthesis that allowed participants to see themes emerge.

CREATING CONVERGENCE: A COMMON VISION. The creation of a shared vision aligned participants around the goal of successful containment or eradication of the six focus diseases. Accordingly, the first two days of the conference were dedicated to learning and sharing to ensure that the latest and most expert thinking went into conference deliberations. Participants learnt about key factors facilitating transmission and strategies to neutralise

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them, methods of surveillance, ways to improve the free exchange of surveillance information, best practices and ways to scale up the most promising approaches.

As disease-focused discussion groups presented their conclusions for each theme, the graphic artist synthesised their words as noted above. The resulting graphic “notes” formed the raw material out of which the commitments identified in the Kabul Declaration evolved:

- Establishment of political will at the top.
- Identification of critical populations.
- Harmonisation of health messages to the public.
- Optimisation of best practices.
- Exchange of high-quality surveillance information.
- Standardised organisation and management for effective control and prevention.

DEVELOPING THE KABUL DECLARATION. By the time technical delegates were joined by their Ministers or Deputy Ministers from their respective countries on the third day of the conference, the first version of the Kabul Declaration had been drafted for presentation to all participants. Using an iterative process, small groups reviewed sections of the declaration and note-takers combined all comments and redrafted the final document for signing. In addition, each participant was provided with an opportunity to suggest next steps that could be integrated into existing action plans at the national and institutional levels. The entire process produced the kind

of full ownership that made final agreement and signing the declaration a simple last step. Such was the sense of ownership that one of the Ministers of Health dismissed the offer to provide him with a version he could actually read (in Russian). The ministers and other designated representatives signed the declaration on the final day of the conference under the watchful eye of the press.

In our connected world, there is no substitute for collective action rooted in a common vision and fuelled by a spirit of cooperation and collaboration. Cooperation literally means operating together, connecting our operations to those of our neighbour. Our smallest enemies, which hop unseen onto planes or buses with us and cross borders without anyone noticing, will keep challenging us until we learn this lesson.

This conference was a model of cooperation and collaboration, in both its preparation and its execution, and was conducted in a poor, post-conflict country. It sowed the seeds for making available swift corrective action when our tiniest enemies rear their ugly heads. The delegates know that the systems, processes and rules that operate in the developed world may be only partially applicable to their situations. They know they have to come up with their own approaches, using what works and adapting what does not.

The world has changed since smallpox was eradicated; it has become smaller in many ways. Afghanistan and its neighbours are all in transition. In a world where Indian polio strains paralyse Namibian babies, we must believe in our ability to cooperate and collaborate, since the consequences of failing will be disastrous for the health of people everywhere. ■

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Acknowledgement:

- a. With great appreciation to Dr Sayed Amin Fatimie, Minister of Public Health and Dr Faizullah Kakar, Afghanistan’s Ministry of Public Health and to Dr Mubarakshah Mubarak, Dr Fred Hartman and Rachel Woloszyn from Management Sciences for Health (Kabul and Cambridge, MA, USA).
- b. Funding for this article was provided by the US Agency for International Development under the REACH programme, contract number EEE-C-00-03-00021-00. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.