Commentary

A Cure for the Asian Flu

RUTH LEVINE

IN THE PERPETUALLY RESOURCE-STARVED environment of public health, where each disease or risk factor has to fight for a scrap of the federal budget, it is easy to forget how fast progress can be made when appropriate policy attention and resources are marshaled to solve a problem. The natural response of public health professionals to the starvation diet is to maintain low expectations. But those who see the global importance of dealing with current health threats and preparing for future ones should demand a seat at the table and argue for a full plate.

To do this, draw inspiration from the Asian flu. No, in this case I do not mean the H5N1 avian influenza, the human form of which may be emerging somewhere in Asia. I mean the so-called Asian flu of 1997, in which the economies of Indonesia, Thailand, and other countries in Asia came very close to being destroyed by a financial crisis of immense proportions. Economists and market watchers called this the Asian flu because they feared, as is always the case during financial crisis, that because of the global nature of capital and the quick movement of traders’ panic from one market to the next, the crisis in Asia would quickly spread to Japan, then to the U.S. and Europe. Using a term borrowed without acknowledgment from public health, this is the “financial contagion” feared by the leaders of the International Monetary Fund, the U.S. Treasury, and other institutions.

What we can learn from that Asian flu, and from international responses to the financial crises in Mexico, Brazil, Turkey, and elsewhere, is that for some types of global threats, wealthy countries and international institutions have the motivation, the mechanisms, and the money to mitigate the risk—precisely what they have not yet mustered for the health threats on the horizon.

UNDERSTANDING GLOBAL CONNECTIONS

By motivation, I mean that leaders in countries that are relatively stable and affluent—take, for example, the U.S.—understand the vulnerability of their nation’s medium-term welfare to events that take place thousands of miles away. In the financial sector, the intensity of the global connections is very well understood. Currency traders, Wall Street wizards, CEOs of major corporations, the U.S. Secretary of the Treasury, and the Trade Representative live and breathe those connections. The demand for U.S. Treasury bonds is directly related to the exchange rate for the Chinese yuan; Wall Street hiccups when left-leaning candidates go up in the public opinion polls in Brazil. In the Asian financial crisis, for example, President Clinton spent a week in the affected region, jawboning the leadership of several countries to face up to the problem and take immediate corrective actions, with support from the U.S.

In sharp contrast, most policymakers lack this same type of instinctive understanding about the spread of disease. They do not fully comprehend that the spread of SARS to Toronto and other cities was directly correlated with the number of jumbo jets en route from China and other points east. They do not understand that “fighting it over there so we don’t have to fight it over here” has profound resonance in the infectious disease world. Instead, these policymakers have to be reeducated about the global connections each time a problem emerges, and they often start with misconceptions about the ways we can protect ourselves by helping others.

To put a fine point on this, I was recently told of a meeting in official Washington at which the issue of

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stockpiling future avian flu vaccines and therapeutics for U.S. use was discussed. One high-level policymaker sought to justify large-scale stockpiling even if countries affected by the disease might be unable to have access to supplies: “If your neighbors are starving and your family is starving, you feed your own family first.” That is a terrifyingly inappropriate analogy. How about, “If your neighbor’s house is on fire, would you hoard all the water while you waited for the flames to come your way?”

As an aside, it is worth wondering how those in poorer countries view countries that stockpile potentially life-saving drugs like Tamiflu; I think it does little to enhance our standing in the world. Suffice it to say that we need to work much more on creating a genuine motivation to act appropriately because of a true appreciation of what it means to live in a connected world.

**CREATING THE WAYS**

Motivation alone will not do the trick; motivation alone will lead to more fear-mongering and isolation. You need the mechanisms or instruments through which public policymakers can take constructive action. Again, the financial sector provides some interesting insights.

The first is that strong institutions that are essential for preparedness can be built, if they are given an unambiguous technical mandate. One of the distinguishing characteristics of the financial sector is the existence of central banks, like the Federal Reserve, which are relatively insulated from political forces and operate with an unusual degree of transparency about purpose, process, and data.

This is true not only in the advanced economies but also in relatively poor countries. In fact, in many low- and middle-income countries where the ministry of health has little influence and is beset by the problems of patronage appointments, and where the health information and surveillance functions are grossly underfunded, technically weak, and unaccountable internationally, you often see a surprising thing: The central banks are well run, with a stable and technically capable staff that is maintained regardless of political dynamics. Data on economic performance are reported using international standards to an international body (namely, the IMF). What this means is that good institutions that generate credible information, even about potentially damaging developments, can be created if the incentives and the mission are right.

In the public health sphere, too, we have had some examples, but they are rare and rarely as enduring as central banks. Take the Centers for Disease Control and Prevention, for example, which in the U.S. plays the “central bank” role as the standard-bearer and repository for information on reportable disease. This is a critical function, at which the CDC has often excelled. It must be protected at all times from political influence and left in the hands of highly technically qualified and motivated professionals; when it goes astray, it is the responsibility of public health professionals to blow the whistle.

The second insight is that wealthy countries can use their resources strategically to mitigate the impact of contagion in poorer countries. In the financial sector, this might be through a loan made available overnight to a struggling country, so it can pay its creditors and work its way out of a crisis. In the case of infectious disease, there are several possible ways to do this, including but not limited to these:

- Perhaps countries need to be compensated by an international insurance-type mechanism if, by reporting on an outbreak of disease, they suffer from capital flight or other economic problems.
- At the more micro-level, in the case of avian influenza, it’s clear that farmers will have to be compensated for the chickens they sacrifice to slow the spread of the disease.
- As another example, rich countries could use their resources to create an advance commitment to the pharmaceutical and biotech industry: “If you develop an avian influenza drug, diagnostic, or vaccine that is appropriate for use in developing countries, and you manufacture at a sufficient scale to supply those countries, we will promise to purchase that product at a price that is commercially viable.”

In short, there are ways in which international actions could make a huge difference in the eventual impact of a disease. But we do not have the mechanisms at the ready, to be deployed when the time arises.

The third insight is that speed matters. In the financial sector, high stakes decisions are taken very quickly when a threat emerges. The response does not resemble in any way the endless task forces, hearings, and lengthy reports that seem to be the bread and butter of the global health world.

**FINDING THE MEANS**

Motivation and mechanisms turn into real action when they are backed by money. Here, I can only give some comparisons between public health and financial sector threats. Like many comparisons, these are not really fair ones. They are apples and oranges, or maybe even apples and meatballs.

- In 1995, when Mexico faced the so-called Tequila crisis, which threatened international investors (and par-
particularly U.S. banks), the U.S. arranged currency swaps and loan guarantees of $20 billion. The IMF promised an 18-month standby loan of around $18 billion. And the Bank for International Settlements offered a $10 billion line of credit.

• In 1998, Brazil’s economy was in jeopardy because of a severe crisis in the financial sector, and the international community rallied to provide a $41 billion aid package over 3 years. A few years later, the IMF offered another $11 billion, deciding on this course of action in a few hours after a particular political development.

• In the Asian financial crisis that started in 1997, the rescue package included commitments of $35 billion from the IMF for Indonesia, Korea, and Thailand and another $85 billion from other multilateral and bilateral sources.

And now for the comparison: The target amount for the global plan to combat avian influenza announced last year was $1.2 billion. It is impossible to know what the real resource “need” is, but just as one illustrative point, it is estimated that to take a drug or vaccine from scientific discovery to licensure, not even counting manufacture, requires close to $800 million. It really is very hard to see how the resource needs to deal in any serious way with avian flu would be less than many multiples of the current “ask.”

Now, against this request, the U.S. committed $330 million in January 2006. This, out of a total U.S. budget of about $2.3 trillion. The World Bank has pledged to devote $500 million toward combatting avian influenza—out of total lending this year of something like $4.5 billion.

So, the bottom line on the bottom line is simply that the public health community has become accustomed to crumbs, and wealthy countries and international financial institutions commit very little to solving public health problems—even ones with major health and economic consequences for ourselves. We appear to be far less willing to spend or lend big than we are when faced with financial sector contagion.

HOLDING POLICYMAKERS TO ACCOUNT: A PUBLIC HEALTH PRIORITY

These few examples, and this argument by analogy, suggests that there are, in fact, ways in which the U.S. and international institutions could make a huge positive difference—but we need to focus on the motivation, the mechanisms, and the money. But they will not develop any of these things unless they are pressured to do so. And in that, public health professionals have a special role to play.

On motivation: I think we would all be happier if arguments about human welfare and justice were sufficient motivation to the policy community for far larger spending on public health, both at home and abroad. But history demonstrates that they are not. Public health would benefit by working closely with those who understand how to estimate the economic impact as contagion spreads across the world. This does not mean only coming up with big, scary numbers. It also means pushing those involved in the global financial sector to understand how their welfare is connected to the control of communicable disease and then making sure that policymakers who are responsive to the financial community get the picture.

On mechanisms: We have a long way to go to create the institutions and policy instruments to deal with the global nature of infectious disease. If we as a global community cared as much about lives as we do about money, we would have an extremely robust and well-resourced set of institutions at the national and international levels, and we would have established instruments to mitigate the risk of infectious disease. Creating an agenda around these mechanisms and implementing it in a serious way represents one of the great challenges of our age.

On money: When trying to influence decisions about the allocation of resources to global control of infectious disease, we should set our sights higher than we usually do and stop thinking of the game as competing with other health programs. Frankly, there is nothing sadder than hearing public health professionals argue that a dollar spent on avian flu vaccine research is more important than a dollar spent on health worker training in Africa. We have to take as an object lesson the large amounts of resources that are routinely made available by this very wealthy country of ours for all manner of urgent problems, be they commercial or military.

There is one additional powerful lesson we can learn from the handling of financial crises. Those in the financial sector who lobby the hardest, communicate the best, and get the results they seek are those who push hard because their livelihoods depend on it. We who care about better public health outcomes around the world, and who really understand that the health of our children depends on the health of those in distant lands, should push at least as hard—because our lives depend on it.

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