

Private Sector Activities to Reach Millennium Development Goal Six On the U.S.-Mexico Border

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Through company or foundation actions, the private sector is an important actor in international cooperation for development (ICD) in health issues. In this article, I will present a few examples of corporate social responsibility (CSR) by pharmaceutical companies and foundations acting along the Mexico-U.S. border and their contribution to reaching the sixth United Nations Millennium Development Goal (MDG): fighting HIV-AIDS, tuberculosis, dengue, and other serious illnesses. This data will be crossed with the MDG monitoring results.

In 2000, the 189 UN member-countries committed to reaching eight MDGs by 2015, measured in comparison with 1990 indices: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; fight HIV-AIDS, malaria, and other diseases; ensure environmental sustainability; and foster a global partnership for development.¹ In 2014, many countries have partially achieved these goals; however, this does not ensure that they will be met worldwide by 2015. Broadly, there are two ways forward

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to make them a reality: actions by governments themselves and cooperation (ICD).

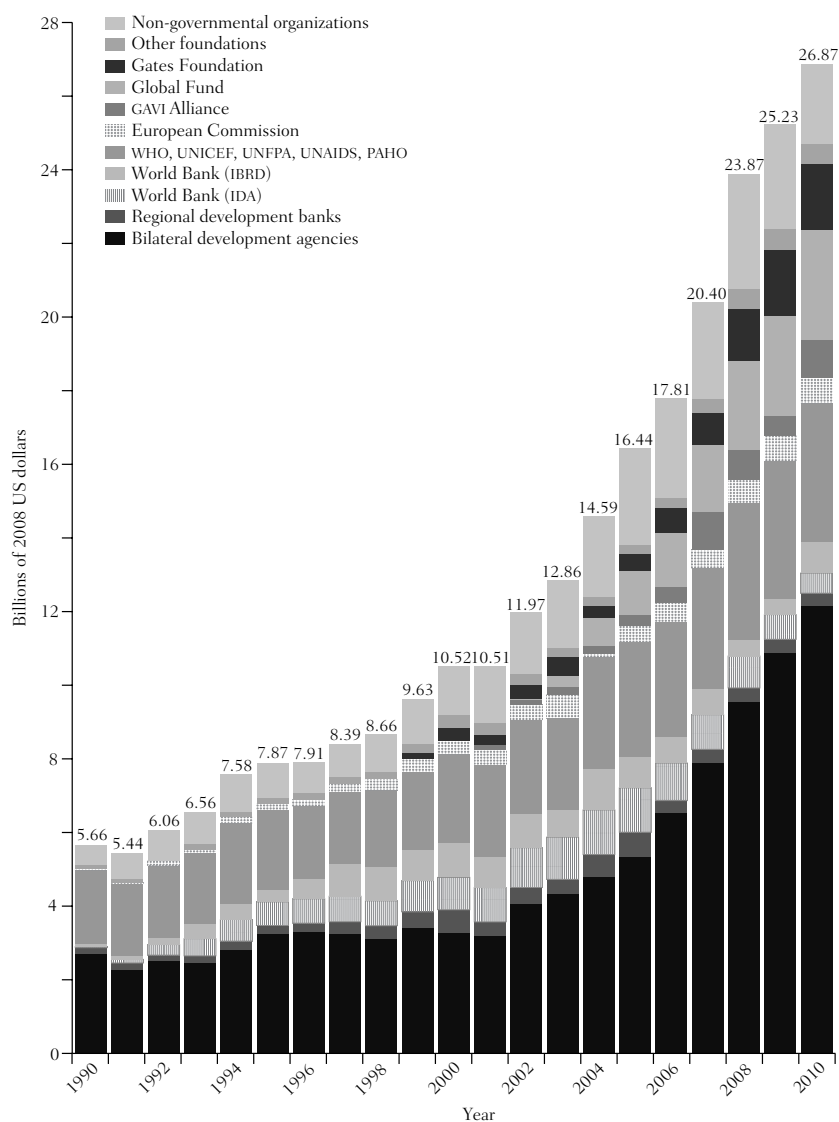
In a context of international economic and financial crisis, the challenge for distributing resources not exclusively from national governments is very large. Regional and governmental bodies have also had their financing cut, and, therefore, the difficulties for reaching the MDGs by 2015 are enormous. For that reason, multinational corporations and foundations are seen as important actors in international cooperation. Their participation is measurable in the framework of their CSR activities; these are not synonymous with philanthropy and social investment since the former imply donations in cash or in kind of goods or services, such as volunteer work, for humanitarian or altruistic purposes. Social investment ac-

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tivities, in contrast, are those that channel company resources into its surroundings or the local community. Their aim is to improve the company's image, and, therefore, is not merely altruistic or humanitarian. CSR actions are more complex, involving the company in processes that not only benefit its reputation or the society in which it is acting, but also the CEO, the workers, the supply chain, the community, and the investors. Through CSR, companies develop a long-term vision involving workers and the local community. It also implies the creation of new forms of organization that promote internal leadership, decentralize authority, and generate an internal climate of trust and commitment to the company's mission through coherent actions.²

In 2009, the Institute for Health Metrics and Evaluation published a report about aid for development in health, according to which, between 1990 and 2007, cooperation in this field has grown. It also reported on the increase in the number of actors and donor institutions, pointing out among the new stakeholders the importance of the Global Compact; Gavi, the Vaccine Alliance; and the Bill and Melinda Gates Foundation. According to 2009 figures, all these actors have been increasing their participation in cooperation for health while some international agencies, like the World Health Organization (WHO), have decreased theirs.³ Graph 1 illustrates the increase in ICD from these new actors in the field of health starting in 2000, and how the participation of NGOs and

GRAPH 1
DONORS IN ASSISTANCE FOR DEVELOPMENT IN HEALTH (1990-2010)



Source: Christopher J. L. Murray, Brent Anderson, Roy Burstein, Katherine Leach-Kemon, Matthew Schneider, Annette Tardif, and Raymond Zhang, "Development Assistance for Health: Trends and Prospects," *The Lancet* 378 (9785), July 2, 2011, p. 10.

Note: The figures for 2009 and 2010 are estimates based on information from the donors.

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foundations has evolved, outstanding among which is the role of the Bill and Melinda Gates Foundation.

CSR AND PHARMACEUTICAL COMPANIES

CSR activities vary according to the characteristics of the company. In the case of pharmaceuticals, activities have covered a wide range. For example, they have increased the resources earmarked for research and development (R&D) to perfect medications and vaccines for children and adults; education and awareness programs about diseases have been created; access to medications and health systems has improved; medication costs have decreased; and mechanisms for transferring technology have been set up.⁴

A 2002 report prepared by Oxfam, Save the Children, and VSO presented five benchmarks in five critical policy areas for measuring 11 pharmaceutical companies' CSR: prices, patents, joint public-private initiatives, R&D, and the appropriate use of medications.⁵ One example of R&D actions is the creation of vaccines against infectious diseases. Sanofi Pasteur created a vaccine against the dengue virus that is in phase three of its development;⁶ it is expected to be distributed in Mexico in late 2015.⁷ This lab also has a vaccine against tuberculosis and a new antigen bank against influenza in Mexico. It should be pointed out that the Sanofi Espoir Foundation donated more than 600 000 vaccine doses in 2012.⁸

NEGLECTED TROPICAL DISEASES ON THE MEXICO-U.S. BORDER

Every year, 350 million people cross the border legally, a dynamic situation that poses huge challenges for the actors charged with preventing infectious diseases in both countries.⁹ This border can be considered an epidemiological unit with the presence of certain infectious diseases, among them what are called neglected tropical diseases (NTD) that

are endemic to the Mexico-Texas border. They are the most common diseases among the 120 million poorest people in the Americas who live on less than US\$2/day. Some are age-old, like hookworm, Chagas disease, amoebiasis, schistosomiasis, vivax malaria, leishmaniasis, and dengue fever.¹⁰

According to the CDC, the diseases of concern to both countries that are present in the border area are the following:¹¹

1. Vaccine-preventable infectious diseases such as rubella and pertussis (whooping cough);
2. Vector-borne diseases such as dengue and Rocky Mountain spotted fever, transmitted by mosquitoes, ticks, or fleas;
3. Zoonotic diseases spread from animals to human such as rabies and brucellosis;
4. Illnesses spread through food and water;
5. Tuberculosis;
6. HIV-AIDS;
7. Pandemic influenza and other global health emergencies; and
8. Chronic health conditions.

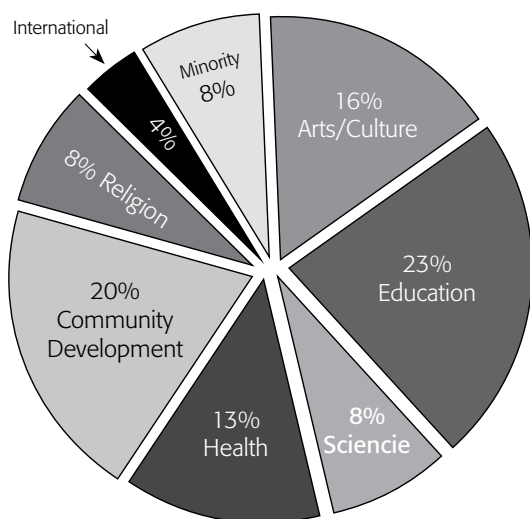
This list contains mainly infectious diseases that are part of MDG 6. As I will analyze later, the existing vaccines and those that will come out onto the market soon can fight them. This is why both R&D and the sale and distribution of vaccines are indicators of best practices for fighting these diseases.

THE ROLE OF FOUNDATIONS

Among the foundations working along the border, the US-Mexico Border Philanthropy Partnership (BPP) should be singled out.¹² This partnership brings together individuals and institutions from both countries to support a network of organizations working on the border. BPP published a report in 2006, "Corporate Giving Trends in the U.S.-Mexico Border," to present the results of a survey of 110 companies operating there to determine where their CSR was being channeled. Of all the goals of the actions carried out, health was the fourth most important after education, community development, and the arts and culture. Health represented 13 percent of the activities. Graph 2 shows the percentages of the priority areas.

Another example is the Binational Health Collaboration Program implemented by the United States-Mexico Foun-

GRAPH 2
AREAS OF INTEREST FOR DONOR CORPORATIONS
ON THE MEXICO-U.S. BORDER (2006) (%)



Source: From U.S.-Mexico Border Philanthropy Partnership, "Corporate Giving Trends in the U.S.-Mexico Border Region," March 2006, p. 31, <http://www.synergos.org/knowledge/06/bordercorporategiving.pdf>.

dation for Science (Fumec). Its aim is to improve Mexican epidemiological tracking systems with resources from the U.S. State and Health and Human Services Departments, as well as the CDC. Fumec acts as a fiduciary agent to channel funds, coordinate health activities, manage technical and administrative aspects of the institutions involved, and link up actors in academic and institutional networks. It has also trained the personnel from Mexico's Ministry of Health Institute of Epidemiological Diagnosis and Reference (InDRE) to handle molecular diagnostic methods in parasitology, focused on preventing and treating vector-transmitted diseases like Chagas, leishmaniasis, and malaria. Fumec has also coordinated meetings for the Brucellosis Epidemiological Surveillance project in order to compare traditional lab practices with other more advanced techniques to detect and treat this disease, which affects human beings, cattle, horses, swine, and some wild species alike.

It has also collaborated in Mexico in monitoring influenza. The Influenza Epidemiological Surveillance System has 583 Influenza Monitoring Health Units distributed in every state of the country. They received support from InDRE to improve the treatment and laboratories system to prevent epidemics and outbreaks of respiratory diseases through surveillance of new cases of influenza.¹³

In general, Mexico has performed well in fulfilling the eight millennium goals. However, it is lagging behind in some of the health-related MDGs.

In Mexico and the United States, actions have also been carried out to fight neglected tropical diseases (NTD). Outstanding among these efforts is the Carlos Slim Health Institute's launch of a binational initiative to develop vaccines against NTDs, starting with Chagas disease and leishmaniasis.¹⁴ The antigens for preparing these vaccines are developed jointly by institutions in Mexico and Texas and are manufactured by Laboratorios de Biológicos y Reactivos de México (Birmex), which has joined the efforts of the U.S. National Institutes of Health. In addition, the Section of Pediatric Tropical Medicine at the Baylor College of Medicine Texas Children's Hospital has linked up with other institutions that belong to the Texas Medical Center and the Sabin Vaccine Institute to develop vaccines and other technology for fighting NTDs.¹⁵

Another infectious disease present along the border is tuberculosis. According to U.S. Customs and Border Protection data, more than 22 million people with documents cross the border from Mexico into the United States every year through El Paso, Texas. This population flow shares infectious agents. In Texas, tuberculosis is one of the main health problems. To treat it, the CDC, the Texas Department of State Health Services, and Mexico's Ministry of Health have made preventive efforts along the 1900 miles of the Texas border.

In addition to these governmental actors, the Mexican Federation of Private Associations Foundation (Femap) has served as the fiscal agent for the fifth year running for the Binational Tuberculosis Program on the border, implemented by the Texas Department of Health and Human Services and the CDC. A total of US\$265 166 was donated by 2014 and earmarked for El Paso, Texas/Ciudad Juárez, Chihuahua; Laredo, Texas/Matamoros and Reynosa, Tamaulipas; and Eagle Pass, Del Río, Texas/Piedras Negras and Ciudad Acuña, Coahuila.¹⁶ Another institution that supports the fight against TB on the border is the International Community Foundation, which is the fiscal sponsor of the Bridges of Hope Program that has been operating since 2006. Its

With regard to the Millenium Development Goals indicators linked to the reduction of the prevalence of and mortality due to tuberculosis, Mexico reached the goal ahead of time.

main functions are to facilitate laboratory testing of individuals from Baja California in San Diego, California; administering anti-TB medications for patients from that state of Mexico; supplying specialized personnel to monitor anti-TB therapy there; and creating a binational network of experts. Thanks to Bridges of Hope, more than 90 percent of the patients registered with TB were able to receive treatment over the last six years.¹⁷

It should be underlined that the states of Baja California, Veracruz, and Chiapas accounted for 25 percent of all TB cases between 2000 and 2010.¹⁸ Baja California was also the state with the highest TB rate in 2012, with 58.5 cases per 100 000 inhabitants, while the average rate nationwide

in that year was 16.8 cases per 100 000 inhabitants. The states with the greatest incidence were those crossed by migratory routes from the South to the North of the country.¹⁹

MEXICO AND MEETING MDG SIX

In general, Mexico has performed well in fulfilling the eight millennium goals. However, it is lagging behind in some of the health-related MDGs, such as the one involving maternal health, which will not be reached by 2015. In general, goal six was met in 2012, as can be seen in Table 1 and Graph 3. Millennium goal six also has specific goals:

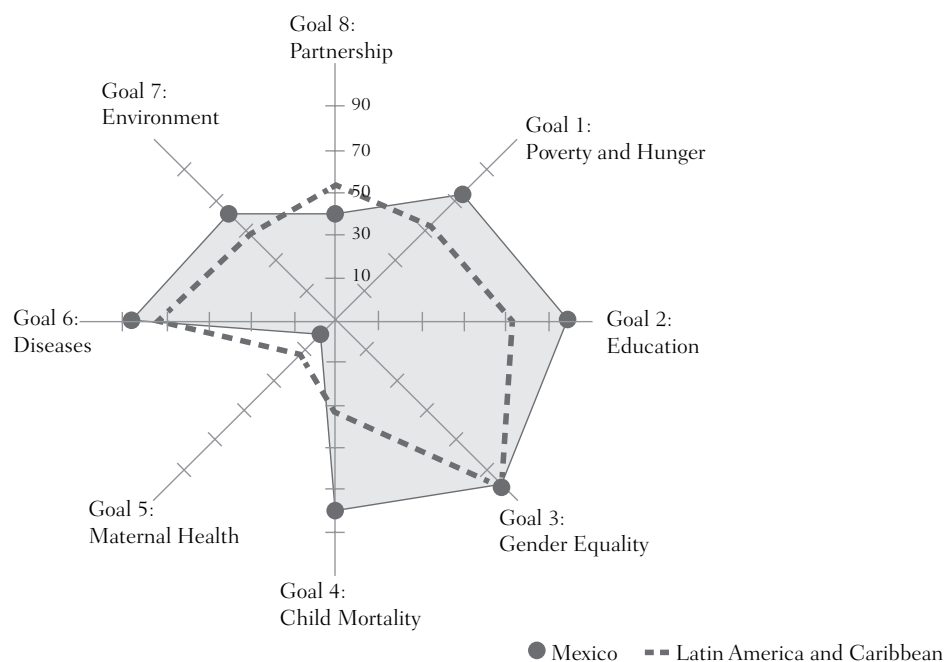
- 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS;
- 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it; and
- 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.²⁰

TABLE 1
PROGRESS ON MILLENIUM DEVELOPMENT GOALS, MEXICO (2014)

MDGs MEXICO	PROGRESS	ACHIEVING TARGET IN...	
Goal 1 Eradicate extreme poverty and hunger	On track for 2015	2014	✓
Goal 2 Achieve universal primary education	Achieved early	2010	✓
Goal 3 Promote gender equality and empower women	Achieved early	2010	✓
Goal 4 Reduce child mortality rate	On track for 2015	2013	✓
Goal 5 Improve maternal health	Not on track	2025	⊘
Goal 6 Combat HIV-AIDS, malaria, and other diseases	On track for 2015	2012	✓
Goal 7 Ensure environmental sustainability	On track for 2020	2016	✓
Goal 8 Develop a global partnership for development	On track for 2020	2019	✓

Source: MDG Track, "MDGs: Where Do We Stand in Mexico?" <http://www.mdgtrack.org/index.php?tab=c&c=MEX>, accessed August 26, 2014.

GRAPH 3
MILLENNIUM DEVELOPMENT GOALS:
WHERE DO WE STAND IN MEXICO? (2014)



Source: MDG Track, "MDGs: Where Do We Stand in Mexico?" <http://www.mdgtrack.org/index.php?tab=c&c=MEX>, accessed August 26, 2014.
References: 0 percent = not on track, 100 percent = completed.

With regard to the MDGs indicators linked to the reduction of the prevalence and mortality due to tuberculosis to 50 percent compared to 1990, Mexico reached the goal ahead of time, according to WHO estimates.²¹ Table 1 shows that, although the goal of stopping cases will not be met in Mexico by 2015, the incidence of tuberculosis has decreased and in general the goal was already met in 2010. Graph 4 illustrates the progress regarding the goals related to HIV and tuberculosis up until August 2014. For the MDGs to be met, government actors must not only carry out actions, but also join with the private sector, civil society organizations, and other non-governmental actors so their efforts can be backed up and multiplied.

CONCLUSIONS

The year 2000 was a watershed in the architecture of international cooperation for development (ICD) in the field of health when the UN announced eight MDGs, three of which are health related. Several corporations have answered the

call by the UN secretary general to become part of the Global Compact and have carried out CSR programs, becoming in the process important ICD actors. We should also underline the work of foundations, which generally act jointly with other actors to improve health along the border between Mexico and the United States.

Both the pharmaceutical companies and the foundations that I studied and that operate on the border have fulfilled the benchmarks mentioned in the Oxfam-Save the Children-VSO 2002 report with regard to public-private initiatives and R&D investment; some examples are the alliances between binational governmental bodies and foundations. With regard to R&D, I have mentioned the development of

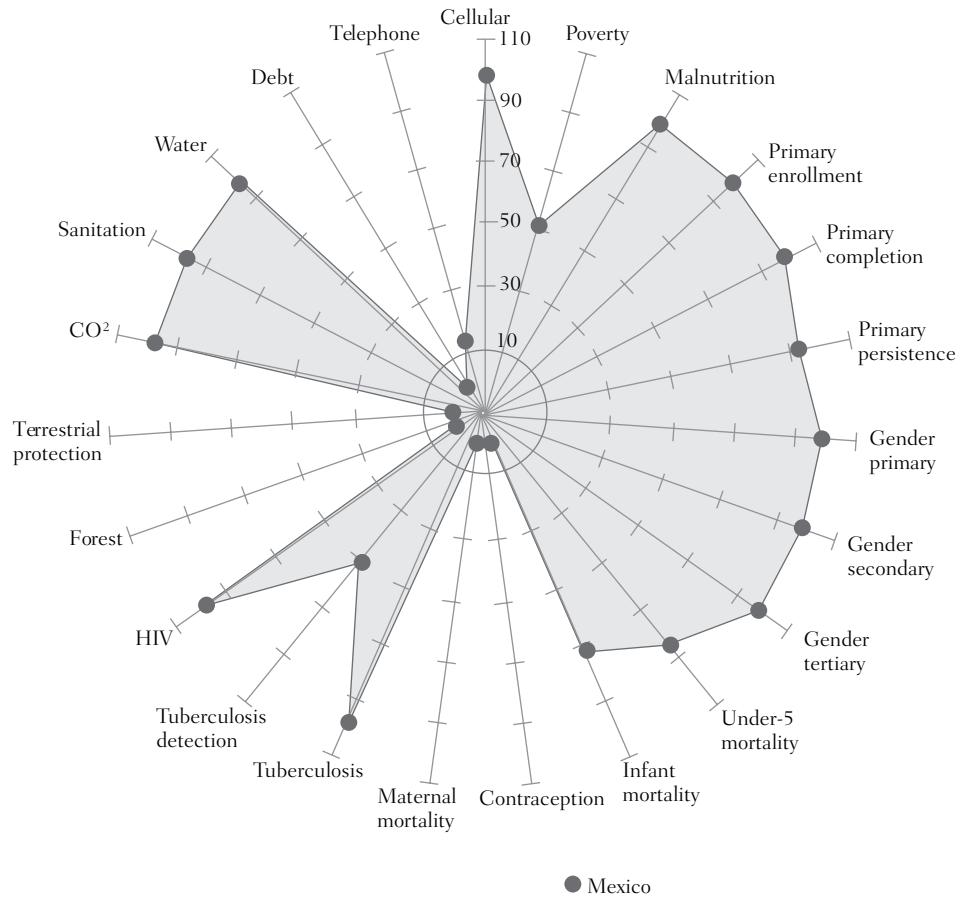
Access to medication and vaccines is fundamental for improving the health of the population on the border. For that, it would be advisable that governmental and non-governmental bodies join forces to donate or distribute at reasonable prices.

TABLE 2
TRACKING MILLENNIUM DEVELOPMENT GOALS, DETAILED INDICATORS. GOAL 6

Mexico. Goal 6: Combat HIV-AIDS, malaria, and other diseases	Initial Value	Last Value	2015 Target	Achieving target in...
Incidence of tuberculosis (per 100 000 people)	61.3	18.7	trend reversal	2010
Tuberculosis case detection rate (all forms)	28.2	92.7	trend reversal	2017
(percent of ages 15-24)	0.2	0.3	trend reversal	2010

Source: Developed by the author based on data from MDG Track, August 19, 2014, <http://www.mdgtrack.org/popup-country.php?t=popup&c=MEX>.

GRAPH 4
TRACKING MILLENNIUM DEVELOPMENT GOALS
BY INDICATOR



Source: MDG Track, August 19, 2014, <http://www.mdgtrack.org/popup-country.php?t=popup&c=MEX>.
References: 0 percent = not on track, 100 percent = completed.

vaccines against dengue fever, tuberculosis, influenza, and Chagas and leishmaniasis.

Public-private alliances will be essential for improving health standards in the near future. To do this, I recommend that foundations like BPP, Fumec, Femap, Carlos Slim Health, International Community, and others not mentioned here continue and step up their activities and programs on the border. Access to medication and vaccines is fundamental for improving the health of the population on the border. For that, it would be advisable that governmental and non-

governmental bodies join forces to donate or distribute at reasonable prices on the border. Binational alliances must be promoted with corporate participation to fulfill MDG six, in particular so that Mexico may meet all the health goals in the near future.

After 2015, it will be important that the private sector continue offering its support for improving health on the border, even if specific MDG health goals are no longer specifically monitored. In addition, we are responsible for following up on these issues that transcend borders. **VM**

NOTES

- ¹ ONU, *Objetivos del milenio*, 2014, <http://www.un.org/es/millenniumgoals/>, accessed August 20, 2014.
- ² Antonio Vives and Estrella Peinado-Vara, eds., *La responsabilidad social de la empresa en América Latina* (New York: Inter-American Development Bank, 2011), pp. 33-34, <http://services.iadb.org/mifdoc/website/publicaciones/8bb3ba36-bec1-42e3-acc2-4a1dd8186402.pdf>.
- ³ Christopher J. L. Murray, Brent Anderson, Roy Burstein, Katherine Leach-Kemon, Matthew Schneider, Annette Tardif, and Raymond Zhang, "Development Assistance for Health: Trends and Prospects," *The Lancet* 378 (9785), July 2, 2011, pp. 8-10, <http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673610623562.pdf?id=8b69abadd6dadf97:-210ea882:1413eb069c7:-18c21379738061006>.
- ⁴ Arun Kumar Khana, "Pharmaceutical Industry's Corporate Social Responsibility towards HIV-AIDS," *Journal of Postgraduate Medicine*, 52 (3), 2006, pp. 194-195, <https://docs.google.com/viewer?a=v&pid=gmail&attid=0.2&thid=1413904256334121&mt=application/pdf&url=https://mail.google.com/mail/u/0/?ui=porciento3D2porciento26ikporciento3D2eeaa76a54porciento26viewporciento3Dattporciento26thporciento3D1413904256334121porciento26attidporciento3D0.2porciento26dispporciento3Dsaferorciento26zw&sig=AHIEtbTTnMeq74UxYWP6wIz2WLUv3PQ>.
- ⁵ Ken Bluestone, Annie Heaton, and Christopher Lewis, *Beyond Philanthropy: the Pharmaceutical Industry, Corporate Social Responsibility and the Developing World*, an Oxfam, Save the Children, and VSO Joint Report, London, 2002, http://www4.dr-rath-foundation.org/pdf-files/beyond_philantropy.pdf.
- ⁶ Dengue fever is an infectious disease transmitted by mosquito. Although it is more common in tropical areas, it has also been detected on the border between Mexico and the United States. To track recent cases in the area, see the dengue map from the Centers for Disease Control and Prevention (CDC), <http://www.cdc.gov/dengue/>, accessed August 19, 2014.
- ⁷ *El Financiero*, "México, el primer país en tener vacuna contra el dengue: Sanofi Pasteur," Mexico City, April 24, 2014, <http://www.elfinanciero.com.mx/empresas/mexico-tendra-vacuna-contra-el-dengue-en-2015-sanofi-pasteur.html>.
- ⁸ Sanofi, "Responsabilidad Social Corporativa, balance 2011-2012," p. 15, <http://www.sanofi.com.mx/l/mx/sp/layout.jsp?scat=93A380DF-29F1-48C5-8B1A-B356F2D13DA6>.
- ⁹ Fundación México-Estados Unidos para la Ciencia (Fumec)/The United States-Mexico Foundation for Science, "Reporte Anual de Actividades 2013," 2013, p. 43, http://fumec.org/v6/htdocs/RepAnual14_Esp.pdf.
- ¹⁰ Peter J. Hotez, María Elena Bottazzi, Eric Dumonteil, Jesús G. Valenzuela, Shaden Kamhawi, Jaime Ortega, Samuel Ponce de León Rosales, Miguel Betancourt Cravioto, and Roberto Tapia-Conyer, "Texas and Mexico: Sharing a Legacy of Poverty and Neglected Tropical Diseases," *PLOS Neglected Tropical Diseases*, March 27, 2012, <http://www.plosntds.org/article/info:doi/10.1371/journal.pntd.0001497>.
- ¹¹ Center for Disease Control and Prevention (CDC), "United States-Mexico Public Health," July 28, 2014, <http://www.cdc.gov/usmexicohealth/>, accessed August 19, 2014.
- ¹² US-Mexico Border Philanthropy Partnership, 2014, <http://borderpartnership.org/>, accessed August 15, 2014.
- ¹³ Fundación México-Estados Unidos para la Ciencia (Fumec)/The United States-Mexico Foundation for Science, *Reporte Anual de Actividades 2013*, 2013, p. 43, http://fumec.org/v6/htdocs/RepAnual14_Esp.pdf.
- ¹⁴ Chagas disease is transmitted by the bite of the bedbug known as the "kissing bug" which introduces the parasite through the blood. The infected person may not know he or she has the disease, which can lead to cardiopathy or even death. Laura Martínez Alarcón, "Mal de Chagas y leishmaniasis en México," *Bienestar* 180, May 28, 2010, <http://bienestar.salud180.com/salud-dia-dia/mal-de-Chagas-y-leishmaniasis-en-mexico>. Leishmaniasis is transmitted by female sand flies (*Plebotomus* or *Lutzomyia*). It can cause symptoms from ulcers on the skin to inflammation of the liver or spleen. It typically presents in poor males without access to health care usually living in rural areas. Instituto Carlos Slim de la Salud, "Leishmaniasis: una enfermedad olvidada que puede ser fatal," August 21, 2014, <http://www.salud.carlosslim.org/leishmaniasis-una-enfermedad-olvidada-que-puede-ser-fatal/>. Instituto Carlos Slim de la Salud, "Iniciativa Slim para el desarrollo de vacunas contra enfermedades tropicales," <http://www.salud.carlosslim.org/vacunacion/>.
- ¹⁵ Peter J. Hotez, et al., op cit.
- ¹⁶ Femap Foundation, "Opening the Doors to Binational Cooperation-Responding to TB along the U.S.-Mexico Border," January 9, 2014, http://www.femap.org/projects_detail.sstg?id=85, accessed August 19, 2014. See also Fundación Femap, <http://www.femap.org.mx/>, accessed August 26, 2014.
- ¹⁷ International Community Foundation, "Online Donation-TB Fund for the Californias Fund," <http://icf-xchange.org/donateonline/?webkey=tbfund>, accessed August 26, 2014.
- ¹⁸ Mario Luis Fuentes, "Tuberculosis: un problema en expansión," CEIDAS, March 12, 2013, <http://mexicosocial.org/index.php/mexico-social-en-excelsior/item/208-tuberculosis-un-problema-en-expansi%C3%B3n.html>, accessed August 26, 2014.
- ¹⁹ OMS/OPS/Secretaría de Salud de México, "Misión de evaluación externa del Programa de Control de Tuberculosis, reporte final," August 2013, p. 7, http://www.cenaprece.salud.gob.mx/programas/interior/micobacteriosis/descargas/pdf/reporte_final_mexico.pdf, accessed August 26, 2014.
- ²⁰ ONU, op. cit.
- ²¹ OMS/OPS/Secretaría de Salud de México, op cit.