

STATEMENT BY TOMMY G. THOMPSON
Secretary of Health and Human Services
Regarding the President's Emergency Plan for AIDS Relief

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GENERAL COLIN POWELL: Good afternoon ladies and gentlemen. I'm very pleased to be joined today by Secretary of Health and Human Services Tommy Thompson, my cabinet colleague and also joined by Andrew Natsios, the administrator of USAID, and of course Randy Tobias who is our coordinator for our global HIV/AIDS programs.

Eight thousand people will die today because of AIDS. It is a pandemic. When this administration took office the President committed to the American people and to the people of the world that we would do everything we could about it. We charged Secretary Thompson and me to work hard on it. We formed a cabinet-level taskforce and we have done a great deal over the last several years. We helped Secretary General Annan when he set up the health fund, the global health fund, and not too long ago, a year or so ago, the President made a very powerful statement to the world when he said that the United States would contribute \$15 billion over a five-year period to deal with this pandemic.

Much more has to be done and I think the United States is showing bold leadership to the rest of the world on what we have to do.

Today we've asked you to come together because we have finished the President's emergency plan for AIDS relief which is going up to Capitol Hill today. The Congress has approved the President's program and appropriated some money for that

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program and will also be describing how the first \$350 million dollars will be used to get the program underway.

This is something we are all committed to, we are all solidly behind. And I'm going to ask Secretary Thompson to say a word or two and then Administrator Natsios and then turn it over to Ambassador Randy Tobias, Global AIDS Coordinator, to give you the details of both the plan that's going up to the Hill and how the \$350 million is going to be used against what kinds of programs around the world; how it will support our overall effort. And then Ambassador Tobias will be prepared to take questions.

Let me, before turning it over to Tommy Thompson, thank Ambassador Tobias and his staff for the great work that they have done in pulling this plan together. And now let me turn it over to Secretary of Health and Human Services, Tommy Thompson.

TOMMY G. THOMPSON: Thank you very much Secretary Powell for your passion on this subject. And thank you for your introduction. An old Irish philosopher said that all deals are off until the money hits the table. Well today the money hits the table. The \$350 million that we are releasing this morning is going to save the lives and relieve suffering in our 14 focus countries.

I'd like to thank Secretary Powell for his leadership on this subject. I certainly want to thank my friend

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Ambassador Randall Tobias for his passion, his leadership and his willingness to serve as well as his staff for their efforts to get this money turned around so quickly. It's one thing to say we're going to do something. It's another thing to send the check. These funds will directly affect the lives of millions of people. I also want to thank him for his confidence in the Department of Health and Human Services because we'll receive \$109 million of the dollars plus an additional \$80 million that we are contributing from our department.

This administration has made an unprecedented commitment to fight global AIDS. It's a commitment that is growing. No government has ever invested the time, the energy and the resources to fighting AIDS as the United States has under President George W. Bush. An important part of that investment is going to go to the Global Fund to fight AIDS, tuberculosis and malaria. I am proud to serve as Chairman of the Global Fund. And I am proud of the contributions the United States is making to that fund.

America has spent, requested or vowed to seek nearly two billion dollars to the Global Fund. That's more than a third of the \$5.3 billion pledged to the fund by all governments, organizations and individuals. We have recognized our serious responsibility as a nation. And we're meeting that responsibility. To date the fund has approved 224 grant

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programs in 121 countries totaling more than two billion dollars.

Our continued commitment to the Global Fund will equip public, private partnerships, mobilize resources to fight the spread of diseases around the world. So let's not lose sight of the bigger picture. The United States will provide unprecedented resources but the crisis of Global AIDS is so far and so vast it's too great for any one country to solve. President Bush and all of us here today continue to call on more countries to get involved with the global effort by contributing more resources to the Global Fund. This is a commitment that the whole world must keep.

I've traveled to Africa twice in the past two years. The first time I saw the damage with my own eyes. I saw the despair. In November I returned as Chairman of the Global Fund. Again I saw the devastation but this time with Ambassador Tobias we saw a great deal of optimism and hope.

The treatment and prevention programs that we're supporting under both the bilateral and the Global Fund are starting to work and are starting to show results. The money that we're releasing today holds the same promise, the same hope, the same optimism for the future. Thank you very much.

GENERAL COLIN POWELL: Mr. Natsios?

ANDREW S. NATSIOS: Thank you very much Mr. Secretary. AID is part of the team that Ambassador Tobias has assembled to

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fight this terrible pandemic. We've been working in a very integrated way not only in Washington but, of course, in the field where our AID field missions have a large presence. We have several hundred people working on this in the targeted countries. But there are two specific things I'd like to focus on this morning. And that is that we're integrating the programs that Ambassador Tobias are in charge of with our existing AID portfolio that is not part of the \$2.4 billion dollar appropriation. In other words, for example, we're taking our food aid programs in a number of the countries where there are rising rates of acute malnutrition as a result of most of the able bodied adults having either died or being very sick, so sick they cannot plant the crops and they can't harvest them. So we're seeing very high rates of malnutrition when there is no, supposed, famine. There's no drought. There's no war going on. It is a function of the able bodied adults not being able to farm.

And so we're integrating our food aid programs to reduce the malnutrition rates because we know there's a relationship between the onset of the disease and malnutrition. The second thing is that we are using, at Ambassador Tobias' insistence, the existing infrastructure and networks that we have all over the developing world to move this money as fast as possible.

If you set up new networks it takes much longer to do

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that. So we're using the existing religious institutions at the local level, the NGO communities, the missionary hospitals, the ministries of health and other mechanisms that already are in place in order to move this money as rapidly as possible.

But one example; last Friday we provided four grants to faith-based NGO's including Catholic Relief Services, World Relief, Habitat for Humanitarian Opportunities International which have an excellent record of connections into the existing infrastructure within Africa in particular.

In October I was in Addis (misspelled?) meeting with Prime Minister Melis (misspelled?) about the near famine conditions that existed last year which we've overcome. But I took the opportunity to meet the patriarch of the Ethiopian Orthodox Church. Forty percent of Ethiopians are Orthodox. It's an ancient church. It goes back to the third century. But they have 200,000 priests at the local level. We've been training them using grant money in understanding what the pandemic is about and providing literature to those churches to how the disease can be prevented from spreading.

I also met with the Imam who's the head of all Muslims in Ethiopia. Forty percent of Ethiopians are also Muslim. And we're doing the same thing for 125,000 Imams, I'm sorry, Mullah's at the mosques and the villages. With literature and training we can use these existing infrastructures to change people's behavior so that the disease is not spread as rapidly.

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And so using these mechanisms we will advance the objectives of President Bush and make this whole effort move more rapidly. It is a great pleasure to be working with Randy Tobias who's a man of great conviction and managerial competence and leadership ability. And our people are really pleased he's doing this and we're working in a very integrated fashion with his staff.

GENERAL COLIN POWELL: Thank you very much Andrew. Tommy and Andrew thank you for being here this morning. I'm going to turn it over to Ambassador Tobias now. But I hope you've seen from what we've said so far that this is an integrated effort. We're all working together pulling the bilateral programs that have existed previously, the Global Health Fund programs that Secretary Thompson spoke about with what Ambassador Tobias will now be doing with the new funds so that it is all integrated and not just on HIV/AIDS but, as Andrew pointed out, integrated in the feeding programs and other programs all related to bringing help to those people greatest in need.

And now it's my great pleasure to turn these proceedings over to Ambassador Randall Tobias and to thank him and his staff for a great work they have done in pulling this all together. And once again thank Secretary Thompson and Andrew Natsios for all their great work in helping Ambassador Tobias. Thank you very much. Randy?

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AMBASSADOR RANDALL TOBIAS: Thank you very much

Secretary Powell, Secretary Thompson, Administrator Natsios for taking the time to be here this morning. And more particularly for the kind of support that I think you can see here. As you all know in the State of the Union Address in 2003 President Bush called for an unprecedented act of compassion to address the ravages around the world of HIV/AIDS.

The President committed \$15 billion over five years to address this global pandemic; more money than has ever been committed before by any nation for any health initiative. Nine billion dollars of the \$15 billion will go to new programs to address HIV/AIDS in 14 of the world's most affected nations with a 15th country to be added to that focus country list in the next few weeks.

These countries account for more than 50% of the world's AIDS infections. Five billion dollars will go to provide continuing support in the approximately 100 nations where the United States currently has bilateral HIV/AIDS programs. And one billion dollars will go to support our principle, multilateral partner the Global Fund to fight AIDS, tuberculosis and malaria that Secretary Thompson shares.

Well today President Bush's vision is becoming reality. Just four and a half months after we launched the office of the Global AIDS Coordinator and less than one month after Congress appropriated the funds for the first year of the President's

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emergency plan \$350 million, the first release of not only the plan but the first release of this year, is today going into the hands of service providers in these focus countries.

This money will go to scale up programs that are providing antiretroviral treatment, prevention programs including those targeted to youth and safe medical practices programs and programs to provide care for orphans and vulnerable children. We expect to be funding several national safe blood programs very shortly. But they're not included in this money.

These target areas were chosen because they are at the heart of the treatment, prevention and care goals that are the focus of President Bush's plan. The programs of these specific recipients were chosen because these are organizations that have existing operations on the ground. They have a proven track record. And they have the capacity to rapidly scale up their operations so that we can begin having an immediate impact when these dollars are out the door.

Our intent has been to move as quickly as possible in order to bring immediate relief to those suffering the devastation of AIDS. And by initially concentrating on scaling up existing programs that is exactly what we believe we are able to do. With our next round of funding we expect to place an additional focus on also attracting new partners who can bring expanded capacity and who can bring innovative and new

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thinking to this effort.

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Now with just this first round of funds an additional 50,000 people living with HIV/AIDS will begin to receive treatment. And that will nearly double the number of people currently receiving treatment in all of sub-Saharan Africa.

In addition prevention through abstinence messages for young people will reach about 500,000 additional young people. And resources are being provided to assist in the care of about 60,000 additional orphans.

In addition to announcing this first round of funding, today we are also submitting to Congress a comprehensive, five-year strategic plan. This is the strategy called for in the authorizing legislation. But this is also the strategy that will direct our work in implementing the President's emergency plan for AIDS relief.

This strategic plan will guide us in deploying our resources to maximum effect. We will be concentrating on prevention, treatment and care; the three areas that are the focus of the President's emergency plan. In the focus countries over the five years of the plan we will provide treatment for two million people. We will prevent seven million AIDS deaths and we will provide care to ten million people who are infected to affected by the disease who reside in those focus countries.

As Administrator Natsios said, we are not starting this

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effort from scratch. Rather we're capitalizing on the existing core strengths of the United States government by using established funding and dispersement mechanisms, by going to school on nearly two decades of expertise in fighting HIV/AIDS around the world, utilizing a field presence and strong relationships with host governments in over 100 countries, using well developed partnerships with non governmental, faith-based and international organizations who can help us deliver these HIV/AIDS programs.

We are not implementing a new bureaucracy. But rather we are implementing a new leadership model for all of these existing capabilities and adding new capabilities to that. We're implementing a model that will bring together under the direction of the United States Global AIDS Coordinator all of the programs and all of the personnel of all of the agencies and departments of the United States government who are engaged in this effort.

This plan is built on four cornerstones. One; rapidly expanding integrated prevention, care and treatment services in the focus countries by building on existing, successful programs that are consistent with the principles and goals of the plan. That's similar to what we have already done with the \$350 million that we've just announced.

Second; we will be identifying new partners and building more capacity to sustain a long-term and broad

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Third; we will be encouraging bold, national leadership in countries around the world and encouraging the creation of sound, enabling policy environments in every country for combating AIDS and mitigating its consequences.

And, finally, we will be implementing strong, strategic information systems that will provide vital feedback and input that will direct our continued learning, the identification of best practices, the knowledge about what is working so that we can fund more of that and what is not working so that we can stop funding that and put the money in places where we think it will work.

Within this framework we will strive to coordinate and collaborate our efforts to respond to local needs which will vary from country to country and place to place within countries and to integrate our efforts with those of the host governments, with their strategies and with their priorities.

In addition we intend to amplify our own worldwide response to HIV/AIDS by working closely with international partners. Partners such as UN AIDS, the World Health Organization and the Global Fund as well as working through NGO's, faith-based organizations, private sector companies and others who can help us in many ways; help assist us in engendering new leadership and help leverage the resources to fight HIV/AIDS.

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I think there is no doubt in anyone's mind that this is one of the greatest challenges of our time. And it's going to require a constant and concerted commitment from all of us working closely together if we are to get a handle on it and to defeat it. The limits of what we can accomplish in eradicating AIDS and its consequences are defined, I think, only by the limits of our collective moral imagination. And one of the things that inspired me as we embark on this effort is the remarkable self-help already under way in fighting HIV/AIDS by some of the most under-resourced countries and communities in the world.

These communities have, in many cases, responded in whatever way they can to their fellow community members in need. But with our support we hope to amplify and sustain their efforts to combat the devastation of this disease. And that is why getting this first wave of funding released today is so important.

Finally before I open the floor to your questions I just want to say how grateful I am to be working for President Bush who is so committed to defeating this HIV/AIDS pandemic. And also for the support of Secretary Powell and others without whose help in creating this new model and bringing everything and everybody together and getting everybody pointed in the same direction would have been much more difficult. That leadership, starting with the President, has facilitated the

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speed with which we are responding to people in need. And that commitment, I think, will help ensure our success.

I do not want to underestimate for a moment the degree of difficulty associated with what we are taking on. But I do believe we can bring hope. And I do believe we can make a huge difference. Our success will be measured in the lives saved, in the families held intact, in the nations moving forward with development. And I can think of nothing more important to be doing at the moment.

And now I will be pleased to take your questions.

MALE VOICE 1: Africa News (unintelligible); you have said that there's going to be a (unintelligible) mechanism to, for feedback as to what is going on. Would you consider any mechanism for checking fraud and other improprieties in this kind of program?

AMBASSADOR RANDALL TOBIAS: Well checking fraud and other improprieties in this program will be a very, very important element of our monitoring mechanisms and approaches to this. We will use, and I think this is one of the strengths in starting by using mechanisms and capabilities and procedures that are well established, we will principally be using those same mechanisms to monitor the use of the money and be sure the money is being used properly and for the purposes for which it is intended. And we will add to that to whatever other mechanisms that are needed.

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In addition to that we will be monitoring to ensure that the money is used for the programs for which it is being granted as we go forward. And most particularly we will be monitoring the results that are achieved through these expenditures against the goals that have been established and will be established in each of these programs going forward.

But all of that monitoring and feedback is very important for a whole variety of reasons from the integrity of the process all the way through to being sure we're using the money in the most effective, useful way. Yes?

MALE VOICE 2: (Unintelligible) the goal is not to create a new bureaucracy. I was wondering if you could tell us sort of what you see as the scope of your office, how much personnel and also sort of ask the question why do you need to exist given that we do have the Global AIDS Fund?

AMBASSADOR RANDALL TOBIAS: Well I would remind you that the United States government has been doing this for about 20 years. And the Global Fund, which we view as an extremely important partner and an organization that's going to be very important going forward, is an organization that's only two years old. So the Global Fund is really just getting started.

I think they're doing an excellent job. We're working very closely with what they're doing. But the kinds of things that the Global Fund can address are, to some degree, different from the kinds of things that we will do in our bilateral

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programs. People are always trying to draw me into a sort of a competitive discussion. And these are really two important parts of the overall strategy. That's why President Bush was involved in the launching of the Global Fund. He made, in fact, on behalf of the United States government the first contribution to the Global Fund.

What we're doing is to take all of the resources that exist, principally in USAID and in the Department of Health and Human Services, and within Health and Human Services and the Centers for Disease Control, those are the principal field programs, but in HERSA, in NIH, elsewhere in the Office of Global Affairs, elsewhere in HHS. And there are pockets of program activity and other opportunities that exist throughout the government.

For example; in most of the stricken countries the prevalence rates among the military tend to be higher than the population in general. I believe there are ways that we can reach military through the resources of the Defense Department as but one example. There are things the Commerce Department is doing and can do to help reach the private sector in various countries. There are things that the Department of Labor is doing with respect to workforce issues. So there are a number of things that we can do.

I have about 20 people who work directly for me at the moment, most of whom are borrowed. I've been trying to explain

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to people about the Hotel California where once you check in you can never check out because I've got some incredibly capable people who have been detailed here from various parts of the government. I would expect at our peak that we would not be more than 50 to 60 people at the most if you count the people who are going to directly report to me. But if you count all the people who are involved in all of these programs I have no idea how many. I supposed they're in the thousands. Yes?

FEMALE VOICE 1: (Unintelligible) promotion of abstinence. What do you say to the African nations, the other nations, say you know this isn't what we need? You know it's not up to you to tell us how to live our lives.

AMBASSADOR RANDALL TOBIAS: I think that's a message we're mostly hearing from Americans. The abstinence program directed at youth, in Uganda in particular which was initiated by the Ugandans in 1986, is the program for young people that tends to provide the best statistical data that seems to be making a difference.

But let me just take a minute, if I could, and explain what we're talking about when we're talking about the so-called ABC model of prevention which is abstinence, be faithful and the correct and consistent use of condoms when appropriate. I think some people see that ABC model and see that as multiple choice so take your pick. It's not that at all. If you start

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with young people and recently I was in a primary school in Uganda with the Ugandan Minister of Primary Education looking at the program that they have initiated that they use in their primary schools. They have two assemblies a month. And the first thing you have to realize the context that exists there. There are children in those schools whose father has died. Their mother has died. Maybe aunts and uncles have died. Their teachers have died. They're seeing death all around them. And for starters they need hope.

And the first part of the message that these children are taught is the message of self esteem and a message of taking control and the opportunity that there are things that they can really do to take control of their own lives. And as they get a little older, and it's age appropriate to do so, then they are given more specific messages about how HIV/AIDS is spread and about the importance of abstinence until they get to the age where they get into a committed relationship, hopefully in marriage, but if not in a committed, monogamous relationship with a single partner.

And there's a lot of evidence to suggest that in Uganda by simply delaying the average age of first sexual experience, which is what's happened in Uganda that average age has moved out by a year or more, that can have a profound effect on the infection rates.

Then the message shifts to one of being faithful. The

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Ugandans use a phrase about zero grazing to describe what they're talking about. But the idea is that for a couple in a committed relationship to both be tested, to both know what their status is and to be faithful to each other.

But ABC does have a C. And the C for condoms means that there is a role for condoms to play. Condoms are a risk reduction tool. They're not a risk elimination tool. But for people who are engaged in high-risk behavior condoms can play a very important element. So these are all elements that target specific segments of the population.

But with young people the abstinence message is really the message that is proven to be most effective over the years in really changing behavior and thus having an impact and results. Yes?

FEMALE VOICE 2: (Unintelligible) there will be, on the treatment aspect, there will be a focus on kind of brand-name prescription drugs and not kind of using the kind of generic drugs that will allow more people to be treated. Can you talk a little bit about that?

AMBASSADOR RANDALL TOBIAS: Now I keep saying what our policy is. I keep getting asked the same questions. And until we get to the point of actually buying the drugs I think it's a logical question.

What our policy will be, will be to buy drugs that are safe and effective at the lowest possible price. Now if those

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happen to be drugs that are manufactured by generic companies; fine. If those are drugs that are manufactured by brand name companies; fine. But it's very important that there be some standards, some principles by which we can make those decisions.

So at our encouragement the United States government, led by the Food and Drug Administration, is having a meeting in March co-sponsored by the World Health Organization and UN AIDS and the Southern African, I'm sorry, I forget exactly what the name of the organization is but it's sort of the regulatory oversight organization for the countries in southern Africa. But all of these organizations are co-sponsoring a meeting to come together to try to define some principles. They're not going to turn into a regulatory body. But they're going to try to define some principles by which people who are making these decisions can be examining the alternatives in the market in order to ensure that the money is being spent for drugs that are safe and drugs that are going to be effective and that can be purchased at the lowest possible cost.

Now in the meantime a number of the intellectual property issues that have been a source of great concern have by and large been resolved I think. And the prices have come down dramatically. So I think that once we get past these issues the next issue, which is sort of a good news, bad news issue, is going to be if we are successful in getting the

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infrastructure in place and getting these programs ramped up and getting more people under treatment then the next issue is going to be having a continuous supply with ensuring that there's adequate manufacturing capacity in the world. Because as many of you know but perhaps some of you don't; when you put someone on antiretroviral treatment it is everyday for the rest of their lives. It's not like treating somebody for cancer where you get them under remission and then the treatment backs off. If you treat somebody for seven years and they have to take the medication at the right time in the right order every day and not miss a treatment. If they do that for seven years and then stop taking the treatment they will immediately go right back to where they were before they started.

So it will be a terrible thing to put people under treatment and then find out the supply of drugs was no longer coming and was no longer dependable. So we have to have both short term and long term solutions to this.

There are also very complicated issues relating to drug resistance and some of those kinds of things that a lot of technical people are looking at. Donna?

DONNA: (Unintelligible) we've created, come up with any new approaches, new ideas dealing with the issue of AIDS? Or you're merely plugging into the organizations and ideas that already exist?

AMBASSADOR RANDALL TOBIAS: I'd say it's more of the

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latter. It's more plugging into the ideas that exist out there. But there are a lot of ideas that exist out there that have not been particularly well know and scaled up. So we're beginning to get into understanding what those things are and what programs people have used in various places that seem to be working. And I expect that this will be a learning experience going forward.

You'll find in the letter that I put at the beginning of the emergency plan the fact that I want everyone to understand, starting with the people in the United States government, that this has to be a work in progress. This is not a case where you can go out, figure out what the answers are, put them in a document like this and go forward. Because there is so much to learn and so much we need to bring together here. Yes?

FEMALE VOICE 3: Do you, does your office intend to try to come up with new approaches, new ideas? Or are you going to be the global equivalent of AID that you hand out money?

AMBASSADOR RANDALL TOBIAS: Well I think we will do some of both. I don't see our office as being a think tank in that regard where we will have people whose job it is to creatively think of new solutions. But I do see it as providing a strong, assertive leadership role in finding out the things that exist and the things that are working. And out of that I'm sure that new ideas will emerge.

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But the reason we set it up was not really to be a creative think tank per se but more to provide leadership for all of the efforts that are underway. Yes?

FEMALE VOICE 4: A lot of the organizations have said the absorptive capacity argument isn't completely valid. And, for example, they often cite the Global Fund which is saying they need a lot more money. Why has the President not pursuing the global need that has been established by development experts which is \$5.4 billion for FY05?

AMBASSADOR RANDALL TOBIAS: Well let me first point out that the United States government in 2002 and 2003 provided funding for international HIV/AIDS activities equal to the funding provided by the rest of the world combined. In the fiscal year 2004 budget, which is the budget that was just appropriated, if you start with the assumption, which I hope is a false assumption, but if you start with the assumption that the rest of the world's contributions stay flat to where they were in 2003 then the United States government in 2004 will be giving twice as much as the rest of the world combined.

So in terms of measuring what are we doing relative to what other people are doing; we're doing an enormous amount already. But you're asking a different question. And that is what is it that needs to be done going forward. And I think the starting point is to get the rest of the world to begin to step up to what President Bush and this administration have

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done. At the same time as we begin to understand what can best be done and where can it best be done and how can it best be done then we can begin to get a handle on what really are the definitions of the needs going forward and figure out where that money is going to come from.

But right now for people who are close to the situation in Africa I think a lot of what you hear, a lot of what I hear about we need more money is a virtuous argument mostly related to the magnitude of the problem. But a different question is how much money can we effectively, efficiently use right now and put to work. And you know the Global Fund has done, I would say, an excellent job for a brand new organization. But they, and when I say they we are very much a part of they, they are not able to get all of the money out the door instantly relative to the needs that they have identified in the grants that they have approved.

I don't anticipate that we're going to be able to do that either. So they're really two separate issues here; what is the magnitude of the problem. Right now in all of sub-Saharan African, I don't know what the number is, but they're probably maybe as many as six million people who could benefit from being on antiretroviral treatment. In all of sub-Saharan Africa the best number I have would suggest that there are about 50,000 people in total on antiretroviral treatment. So when you compare 50,000 to a need of six million the need is

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enormous. But when you say well why is it only 50,000 it's because it takes human resources and physical resources and other capabilities that need to be scaled up in order to make this happen. And that's what we're all working so hard together to get done.

I really think we need to stop spending all the energy beating up on each other and try to figure out how can we all get moving in the same direction and moving ahead. Yes?

MALE VOICE 3: Mr. Ambassador we heard the word integrate several times at the beginning.

AMBASSADOR RANDALL TOBIAS: I'm sorry. The word?

MALE VOICE 3: Integrate.

AMBASSADOR RANDALL TOBIAS: Integrate.

MALE VOICE 3: Integrate in the opening remarks. Can I ask how will all these bilateral and multilateral programs effectively mesh together? And, in particular, how will existing USAID and (unintelligible) programs in the field be folded in? And what are the opportunities to further coordinate and streamline the international response to create synergism and not just of Global Fund and WHO but the World Bank?

AMBASSADOR RANDALL TOBIAS: Yes.

MALE VOICE 3: And lastly could I ask you to comment on the joint U.S. U.K. taskforce announced in December?

AMBASSADOR RANDALL TOBIAS: Yes. Well that's a very

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important, overarching question because the good news is that more and more organizations are arriving in all of these countries to help. The bad news is that more and more of these organizations are arriving and they're going to put a huge strain on host country resources unless we are all headed in the same direction.

The President of Botswana described to me early on after I arrived in this job about what he was describing as kind of a domino effect of the first international agency arrives. They're there to help. And the first thing they do is hire away some of the best people from the Ministry of Health. The next organization arrives. They hire away the people the first agency hired who in turn hire more people away from the Ministry of Health. And there's nobody there to coordinate all these efforts.

So that's just one simple reason of how and why we have to get together.

I've spent a good deal of time with the head of the World Bank, the head of the World Health Organization, the head of the UN AIDS as have people on my staff and their staffs talking about ways that we can collaborate. The first thing we are doing is trying to harmonize the measurement and evaluation tools and techniques that we are using so we're not placing duplicative demands on every country as we try to get a handle around about what we're doing and the way in which we're going

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to measure these results.

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There need to be some kind of coordinating mechanisms. In some countries there are some things that we can probably use that already exist. In others we're going to have to create some things. They may be formal. They may be informal. But I think they're going to have to take place at a country level.

As you made reference to I went with President Bush early last fall I guess to 10 Downing Street in his meeting with Prime Minister Blair. And the entire focus of that meeting was on HIV/AIDS. The President and the Prime Minister invited health ministers from five countries in Africa and a number of other AIDS activists and others from these five countries in Africa where both the UK and the US have bilateral programs to talk or hear from them about what the particular needs are. And out of that we, the two countries, the President and the Prime Minister entered into an agreement to try to coordinate our bilateral efforts.

Ambassador John Lange, who is one of my deputies, is in Dublin at the moment at a meeting that the EU is having focused on HIV/AIDS. And one of the activities that he will engage in while he is there is to have another follow-up meeting; there have already been some, with his colleagues in the UK side about how we're going to coordinate these things together.

But there are all kinds of opportunities for this sort

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of effort.

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MALE VOICE 4: Why the delay in identifying the 15th focus country? There some kind of problem?

AMBASSADOR RANDALL TOBIAS: Well in the President's plan there were 14 countries. When the Congress appropriated the funds they designated in the appropriating legislation that the administration is to select a 15th country. And that country is to be somewhere other than Africa or the Caribbean where the first 14 are. So that was done less than a month ago.

I've got some work underway to sort of look at criteria that we might use in making that selection. But I've been kind of up to my eyeballs in this. But now that we have this done I would expect to do that fairly shortly. Thank you all very much.

[END RECORDING]

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