

**Conference: PROVING HOPE: A Brown University HIV/AIDS
Symposium: Development and AIDS: Reflections on an
Evolving Epidemic
April 23, 2004**

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FEMALE VOICE: Hi everyone thanks for coming back for the first panel of this symposium. My name is Titra [Inaudible] [misspelled?]. I'm a senior, community health concentrator, and I've been one of the student organizers for this symposium along with my colleague Mikhail Baca—whose back there—just had surgery on his finger today, and Whitney Bernstein and Sam Hodges. We've seen that and hear from Dr. Piot that AIDS is now a kind of vacuum. It's greatly impacted by many social, political, and economic trends and movements that are occurring around the world.

And in light of this, we're dedicating three panels this weekend to the subject global development and its relationship to the HIV/AIDS epidemic. Today we have the first review panels and I want to introduce our moderator, Dan Smith. Dr. Smith is Assistant Professor with Department of Anthropology and population study. He is currently conducting research in Nigeria on HIV/AIDS and teaches courses in medical anthropology as well as anthropology and development. So turn it over to you.

DANIEL J. SMITH, PhD: Thank you Titra. As we begin this first session at 4:20, I can't help but tell a story about my instructions for today which was that yesterday afternoon when I taught my 4:00 seminar on anthropology in international health, one of the students, Whitney Bronstein who is one of

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the four organizers of the program came and said, "Dr. Smith you need to be there tomorrow at 3:00." I said, "Three o'clock? I thought it started at four o'clock." And she said, "Well, we've agreed that you need to be there at three o'clock." And I said, "Well Dr. Piot is speaking at 2:00, I can probably make it there before three o'clock." But I was thinking to myself, well why do I have to be there at three o'clock? And she said, "well if you're not there by about a quarter to four, or ten to four or so, we're going to all really start panicking and really worrying. [Laughter] Of course the irony is that I was here at 2:30-or shortly before that-listening to Dr. Piot. We now have one of our three panel members so [Laughter] the dream they had about who was going to be late was correct just misplaced about who those people were going to be. [Laughter]"

I do want to just say a couple of words about the students who have organized this. They approached me and other faculty members it seems like its pretty close to a year ago now with the idea of this conference. And at that point they said, you know you do stuff on HIV/AIDS would you be willing to be a participant in the conference. And I said, "Oh, sure. When is it going to be?" They said, "next year sometime." I said, "Oh sure-you know, I thought about my calendar and said it can't be full then." Imaging that it would some kind of small Brown student things with a couple of faculty members and

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maybe some student presenters. And it has been amazing to watch the evolution of this and to see how it's turned into a really important conference about HIV/AIDS that is going to unfold over a period of several days with people as important as we're all going to hear from and have started to hear from already. So I just want to really commend the students for this and express my own gratitude to them, and wonderment at about how effective they've been at pulling this all off. I organized a conference myself a couple of months ago and it was one of the more stressful things I've every done actually and so I can just really empathize and congratulate the students who've pulled this off. [Applause] Yes, I do think they deserve a hand. [Applause]

It's my privilege today to introduce this panel about AIDS and development. And the purpose of the panel is to look into AIDS and development issues. When Dr. Piot was talking just a few minutes ago, he said that when he took his position as the Director of U.N. AIDS, he had three objectives and one of those objectives he said, was to get the world's community, the international public health community, the powers that be—so to speak—in the world to think about AIDS as a development issue. And he also mentioned, as a security issue. And it seems to me that, that has been one of the most important things that has happened in the evolution of the international response to the HIV/AIDS epidemic that we have finally begun to

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recognize the extent to which AIDS is an economic, and political, and cultural, and social problem, as well as being a medical, and public health problem. And so I look forward to hearing from our speakers today about these issues.

Certainly AIDS is a development issue both as—both in terms of the ways in which development failures or conditions of poverty and inequality explain a significant amount, or a significant of the epidemiological picture of AIDS around the globe. It's no coincidence that both internationally within regions and within countries the distribution of the epidemic maps remarkably well onto levels of poverty and inequality. On the other hand, it's not quite so simple—right? I mean there are pockets of AIDS in very rich countries though, as we hear they also map onto issues of marginality and inequality. And there're also issue like countries like Botswana that seem to have relatively good economic indicators and yet are also places where the AIDS epidemic has been quite devastating. So it's clear that AIDS is a development issue, but exactly how it all works I think is something that we're al still thinking about and trying to figure out both in terms of what the mechanisms are, but also in terms of what our responses should be.

And then increasingly, I think people have recognized not only is development, or underdevelopment, or poverty and inequality, not only are they causes or explanations for who

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gets AIDS and who doesn't and how AIDS is distributed around the globe, but increasingly I think it's important to acknowledge that HIV/AIDS may be a development issue in terms of the impact of AIDS morbidity and mortality on future development trajectories in populations that are afflicted with the disease. So I assume we'll hear something about that as well from our speakers.

As you see, and I assume all of you have noticed, that we only have one speaker at the rostrum here, even though we have three on the schedule. Jim Kim who is with the World Health Organization AIDS program is unable to make it today, but Nils Daulaire who is the CEO and President of The Global Health Council is, as I understand, in route as we speak, caught who knows where, we can all imagine, maybe on 128 as he's about to get on 95, or in some, hopefully, in some tie-up before Branch Avenue on 95, but he will be here shortly—we believe—and so we'll invite him to speak when he comes. But in the meantime, we have our very reliable Keith Hansen from The World Bank.

Keith is responsible for the overall policy direction of The World Bank HIV/AIDS work in Africa and for overseeing the ongoing implementation of its regional HIV/AIDS strategy. In particular, he leads Africa's efforts to facilitate implementation of the multi-country HIV/AIDS program for Africa. He also manages the Africa department's relation with

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U.N. aides, donors, and other partners. He's been with ACT Africa since it's in caption when he served as Deputy Manager, and he's one of the principle architects of the entire program. Prior to managing—prior to his work with The World Bank on these projects, he managed health and education projects in Southern Africa, and has also served as a special assistant to the Vice-President for Africa—I don't know which Vice-President. Mr. Hansen has a Bachelor's Degree in Political Science from Yale University, a Graduate Degree in Public Affairs from Princeton, and a law degree from Stanford University. And he also, in his probably not so spare time, manages to teach courses on AIDS as a development issue and on the impact of development assistance at Princeton University. So it's my pleasure to invite to speak to us, Mr. Keith Hansen.

[Applause]

KEITH HANSEN: Thank you very much. I just have to get this on. Thank you very much for the introduction. And in the interests of time, I will try to curtail this a bit, because I realize that Peter has covered much of what I was going to discuss, but—do we have a password? Well, we'll get to the graphics later on. I'm going to speak about basically 3 things today and Professor Smith's introduction was perfect because I really do want to highlight the consequences of development on HIV/AIDS. Primarily, picking up on Dr. Piot, again, and then I want to move into the development roots of AIDS. How AIDS is

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actually exploding divisions and inequalities—or HIV—and this is helping to fuel the epidemic. And then speak a bit about what we need to do in order to address this in a fundamental way instead of simply treating the symptoms. And then speak on just a little at the end, what The World Bank is doing—I'm not here to do a commercial.

It is definitely true that AIDS is a development issue and with Peter, I congratulate the organizers for highlighting that in this conference. For too long, it was addressed as a health issue, as a classical epidemic, and we know now, if we didn't before, that, that was certainly the wrong way to go about it. It is the foremost threat to development now in African, and it is a growing threat to the rest of the developing world. And within a few years, it could be the paramount threat around the world. It has already cost Africa, basically, somewhere between 20 and 30 years of life expectancy in the hardest hit countries. In some ways, we could end the whole discussion right there. Life expectancy is not just a measure of impact; it is also a predictor of the future. If you knew you were only going to live to 30 or 35, you probably would not spend 4 of your few winters sitting here in providence and investing in yourself and your future. Parents are much less likely to invest in themselves and their children if they think lives are going to short. Firms are much less likely to invest. So life expectancy is one good measure of

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the outcome of a society, but is also very important predictor of what is likely to come in the future. And when we see life expectancies hitting rates like 40 or even 35 in southern African countries, it is a terrible harbinger of what is to come. [Inaudible] That's a good sign. Good. I mean here you can just see a graphic illustration of how big the loss has been. Many of you know that in the 40 years from the end of World War II and until about 1990, we made more headway in life expectancy than we had in the previous 4 thousand years combined. And in Africa, and in one generation, AIDS has erased all of that. So this, as I said, this is a terrible harbinger of what we are likely to see and from a developer, practitioner standpoint, is a very fearful picture. This is also usually the best composite indicator of the health and status of a society. This [Inaudible] people who live well, tend to live longer, and societies that are more equal, and fairer, and invest more in their people, tend to live longer still. So it is not just a picture of the length of life, but also the quality, and AIDS has radically reduced both of those where they struck hardest.

The other main threat we face at the moment is to the future. The prevalence rates are terrible enough, as you already know, but they actually understate the lifetime risk that individuals face. In a country such as Ethiopia where prevalence rates are probably near 10%, the lifetime risk that

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a 15 year old today faces of getting AIDS is something more like 30 or 35%. And as you move up this curve, the lifetime risk simply accelerates. So in a country such as Zimbabwe where rates are well above 35%, if nothing changes, if nothing else is done, it is virtually certain that a 15 year old entering his or her sexually active years today is going to get HIV at some point in their lifetime, and most of them within the next 10 to 15 years. So it is also a development threat to the next generation. It's not simply the impact it has had on this generation, their way of work [Inaudible] planting the seeds for future destruction as well.

What does this mean in terms of development? Obviously the humanitarian costs are well known and well documented, and I don't mean to overlook those. I'm going to speak mostly about the development side today—that's what this panel is about. These are two very different looks at the economic impact, and I have to stress that these are highly speculative. All the data we have on the impact of AIDS—the development impact—are quite weak, and they're based on a lot of conjecture, and surmise, and extrapolation, and this is something we need urgently to address. And in the research agenda, Dr. Piot mentioned operations research, this would be one of the first places I would like people to look is much more in depth into the development side of the epidemic. The left hand side is just a correlation of HIV rates in countries

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around the world with loss in economic growth. So the x-axis says, the prevalence rates, and then the y-axis, you see how much per capita growth is loss each year because of AIDS. At about the 0.8% point in prevalence, which is the average in Africa now—sorry, 8%, Africa is losing somewhere between 0.7 and 1% per capita growth per year due to the epidemic alone. This doesn't sound like very much, but Africa as whole, has only posted 1% per capita growth rates for the last 4 to 5 years, and these have been the best 5 years in a generation, so but for ADIS, that might have been 2% or twice as fast progress toward development.

The right hand side is a simulation. It's a model of the South African economy into which HIV/AIDS has been inserted, and you don't need to be an economist to see the completely different trajectories that the South African may take as a result of the epidemic. The upward trend in the blue line is what would have happened, probably, without AIDS. The red line is a simulation of what may well happen as a result of this. And if you imagine a horizontal line going across as 2% to represent the rate of population growth, you can see that basically the average South African will be getting poorer every year for the next decade because of AIDS. And the Bank estimates that by 2010 the South African economy will be about \$20 billion dollars smaller than it would, otherwise, have been, simply because of the epidemic. That's an enormous

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amount of money in Africa where the total GDP is about \$350 billion in year, and that's only in one country. So this is a vast development impact at the most macro level.

But of course AIDS plays itself out through all the different sectors of the economy as well. In the public sector, it has 3 primary impacts. One is on a scarce skilled capacity. As you know, most countries are already suffering from a great dearth of skilled capacity and AIDS is affecting them as it does everyone else in the society. We estimate that every year nearly a million African people lose a teacher to AIDS. In Zambia, for every 2 students who graduate from teacher training colleges now, one acting teacher dies. So replacing one person—I mean you're losing one person for every two that you're graduating, but the one you've lost probably has 10 to 15 years of experience and is a much more seasoned professional. And so basically your attrition rate is 50% right off the bat simply for people that you're graduating. Absenteeism and attrition are skyrocketing across Southern Africa and beginning to grow in other countries as well. This is a huge issue and it's going to become a mountain one. Remember that we've had an HIV epidemic for decades in Africa now, but the AIDS epidemic is only now beginning to gain steam as people convert.

Fiscal capacity is the second area. This simply means the amount of money that comes into government coffers and to

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the economy as a whole. Obviously as the economy is shrinking, as the public sector is shrinking, tax and tariff revenues are likely to decline. And of course, as needs mount both in health and welfare, government spending has to shift increasingly towards those sectors. The Bank estimates that even at a prevalence rate of about 5%, health spending will begin to grow faster. Health needs will begin to grow faster than most governments can keep up with it. In many countries, health spending is likely to double. And without a massive infusion of external funds, the only place that can come from is either debt or other sectors of the economy. Welfare needs—particularly of the million of orphans—are also going to mount, also drawing resources away from other development investments.

And finally, the development investments themselves are likely to be undermined. If you're investing in an education system based on one set of projections about population and how many children or how many teachers there will be, and suddenly you have 20% attrition rate over the space of a decade, many of those investments are likely to be uneconomic. And so AIDS is literally undermining the rest of what economies are trying to do for their own development. And this is why the Bank has said for many years now, this is not just another competing priority, it's not just another claimant for public resources, it is a prerequisite for most other development investments to succeed. And this is one way that the bank—having largely

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neglected AIDS in Africa in the 90s—finally turned itself around realizing that if nothing else, it was a strategic threat to everything else the Bank was investing in, in these economies.

The private sector, of course, very similar outcome, here it showed they're easier to quantify, because they're very bottom line oriented, and they've done much of the work themselves. One sugar estate in Kenya has become emblematic of what can happen to health spending and productivity. Not surprising, the rates at which these have gone in South Africa where mining is the heart of the economy, the firms have actually gone to the extent of quantifying this in terms of it's value in an ounce of gold, and they found it's about \$9.00 per ounce. And then they realized that treating their workers costs only about \$6.00 an ounce, which is why they finally are—began to roll out wide-scale treatment programs in the mining industry which is a welcomed development. But two more troubling developments are that as this happens and as more and more people die, especially in the upper [Inaudible], the premium unskilled labor will increase. Which means people with skills will become scarcer and scarcer, and more and more valuable. And inequality between the skilled and unskilled is going to continue to grow and accelerate.

And second, as firms see labor as a less and less reliable source of investment they are likely—in fact they

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already are—to cut back on training and benefits shift more to capital machines, outsource as much as possible, and begin the [Inaudible] of long term employment with people on which so many depend. The household level—nothing has summarized it for me as well as this quotation from a few years ago—“obviously households bear the vast, vast brunt of the impact of the epidemic as care givers and bread winners fall ill.” Food production, income, care giving must decrease. Children are withdrawn from school to provide work in the fields, to look after those at home. There’s a co-variance in infection so if one spouse becomes infected, the other is also likely to do so, which means households are hit double. Unlike the war where the father may die, or other disease which may only infect one or two of the children, in this case, it can have a devastating impact. We’re seeing terrible numbers out of countries like Tanzania and Kenya where research suggests that when the head of household dies, the household simply dissolves. It just disappears, it doesn’t show up in the next round of longitudinal studies and the household members go to the four winds which make sit very difficult to track the impact.

And of course there is the singular problem of orphans. Dr. Piot mentioned the 14 million that we already have, but the number of double orphans, I think, is doubly alarming. This is something for which we simply have not precedence. No where in experience that we know of have we dealt with numbers or

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percentages of orphans of this level. Not the Soviet Union at the end of World War II, had orphans in this potential. And that means we have no precedence for dealing with this. We literally do not know how countries are going to be able to cope when whole social fabric has been ripped apart and there is no extended family to absorb these millions of children. It is the single most pressing social welfare issue facing Africa today and it will still be there even if we have a perfect cure for AIDS tomorrow.

So in summary, if you take the mining development goals as the sort of goal standard of where we're headed in development, looking for the moment just at Africa, it's clear that of the 8 major categories of MDGs, AIDS is heavily affecting more than half of them. Africa is on the wrong track on at least 3, it is lagging in several others and AIDS is having a major impact on all of that. So it is literally the single biggest drag right now on Africa's hope of obtaining MDGs, and within a matter of years, the same could be true for many large countries in Asia, and possibly even Russia if they don't come to terms with the epidemic.

So this is a summary of why we say this is a development threat and a development issue because it is really sucking the life blood from many of development dynamics which are important for producing prosperity and progress. It is equally, however, a development issue in terms of its roots.

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Professor Smith mentioned this, this is a good of day to corroborate what he said, the left side correlates income inequality with HIV rates, and the right side correlates in equality in terms of access to education for girls with HIV rates. To me, the right hand side is especially interesting because it's sort of inter-generational. The x-axis shows secondary enrollment rates for girls in 1984 and the y-axis shows HIV prevalence in the same countries 13 years later, and as you see, there's a strong and fairly clear relationship here. Such that almost no country that had 60% of its girls in secondary school 20 years ago has an HIV/AIDS crisis today. Again, I have to caution, these data are very speculative. We don't have nearly the kind of robust numbers that we would like, but it certainly bears what a lot of us are seeing anecdotally, and what we would expect intuitively. So HIV exploits inequality, it exploits division both socially and also economically, and certainly on the left hand side, this also bears with experience. Botswana is actually a fairly wealthy country, certainly in Africa. It's had the best economic growth in the last 40 years. It also has the highest HIV rates in the world. Why? Partly because inequality is so high—ditto for South Africa, for Zimbabwe, for Zambia, and others.

The tentative development can also play an important role in spreading HIV. Africa has endured an almost

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historically unprecedented feature in the last 40 years which is urbanization with economic growth. Traditionally from the invest revolution, it has been progress, growth of industry and manufacturing services that have drawn people out of off the farm into the cities in hope of a better life. In Africa, it was basically the ruthless suppression of the agriculture sector and the lack of any opportunities in rural areas that drew people into cities, but we did not see correlative growth going back, which means we had families fractured without at least the opportunity and the resources that growth has brought. In [Inaudible] something like 20% of adult men were migrant workers in South Africa in the late 1980s and of course, this is part of the great long [Inaudible] highway and dynamic of how migrant work and transit contributes to the spread of HIV. So development patterns can also play a very large role in this.

Women-girls in particular, are especially vulnerable—biologically they're also—in developmental terms. This compares rates of girls and boys of the same age in the same country at the same time. And as you see, girls by the age of 20—in some of these cases 20% of them are already infected. And the reason of course is these girls are not having sex with these boys, they're having sex with 30 and 35 year old men. Who are known as sugar daddy's who are basically exploiting their position and their privilege to take advantage of younger

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girls. And unfortunately, many of the girls are not doing this blind. They are doing this because it's maybe their only hope of making their school fees or getting an opportunity to get ahead in life, and they're taking a terrible, calculated risk to them. There's an expression in one state of Nigeria, "There is not romance without finance." There was an article in the New York Times 4 months ago about how many girls—how many men a girl has to sleep through to get to secondary school in Uganda, and at least those girls are getting an education out of it, many others are not. This obviously is not the picture of a happy future.

This on one hand is a happier picture. If you look at the bottom green line for a minute, this shows what HIV prevalence has done in Uganda over the 1990s. It has declined from what was probably the highest rate in the world, to well below 2%. And on the other hand, this is a picture of the future of AIDS. The popularization of the epidemic, because as you can see, it basically correlates levels of education with levels of HIV, and people with secondary education have actually been able to respond, change their behavior, adopt different behaviors, and protect themselves. People with no education or less than primary, rates have not budged in this decade of tremendous progress in Uganda, and so this is something that we are also very concerned about and is likely to repeat itself. In the first generation, AIDS was not

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necessarily disease in poverty. It did not differentially strike the poor, but as the next generation comes in, it is much more likely to become a disease of the poor. And so this also will make the poor more vulnerable and again, shows the developmental roots of how dysfunctional or unequal development helps the spread of the virus. And Dr. Piot eluded to this, what we could well end up with—and I say could, it's not at all certain that this will happen—is a vicious circle in which HIV has exploited vulnerability in this first generation, begins to undermine the development process which leaves [Inaudible] of people weak with poor nutrition, less education, weaker public services, probably an increase in STDs and other things that facilitate HIV, which in turn, of course, increases vulnerability and so forth.

And what need to do then, is obviously to step up these programs. The other part of my message then is that there's an urgent need now to act effectively. And when I say act effectively, I will reinforce everything Dr. Piot said, and actually although I'm from the World Bank, I'm not going to mention money hardly at all because as of today, money is the least of our problems as of today. We do need more money. We need buildings more, we need it soon, but the first thing we need to do is make fast and effective use of the money that's already there. There's been a 10-fold increase in external resources in the last 7 years for AIDS. There is no way that

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any country can claim that it has stepped up it's program or it's coverage, or it's outreach by 10-fold, and until that happens, as Peter remarked, we're not going to get the impact we need, and frankly, we're not going to get more money down the road. This is just an illustration of the state of implementation in African countries. Most of these do have a strategic plan and a coordinating mechanism. West Africa has a state on board, they give eloquent speeches, and they're clearly committed. And as you begin into the more concrete aspects of real implementation, as you see, the numbers drop off. Only about half of countries have an active costed plan for actually carrying out their strategy. Even fewer have laws in place, and almost none have effective monitoring and effective evaluation systems. This is absolutely essential to this next generation if we're going to know if we're making any progress. One reason there's still such lively debate on Uganda is that frankly, we can never prove what happened there, because we don't have good baseline data. We don't know what the status was at the beginning, and unless we lay down those baselines in more and more countries now, we'll still be fighting about these 20 years from now.

This implementation gap by the way is not just the responsibility of the countries affected. It is equally the donors responsibility, who largely over the last 20 years came in with unclear projects of their own pet ideas that they

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wanted to test, measure the impact of their little interventions, often flew in their own specialists, but left very little local capacity in place [Inaudible] duplicated overwhelm national systems and in the end, there was very little capacity in place to do this. So we all bear responsibility and we all have to make sure this doesn't happen this time around.

In terms of funding, the donors have to do a much better job on a number of grounds. And I just want to remind you that when we say things are unaffordable, it's all a matter of perspective. If we're giving 4.7 as the absolute outside the envelope for how much money we have then yes indeed, this is a very expensive program. If you think about how much we spend everyday on agricultural subsidies in the rich world, which is \$1 billion dollars, which produces absolutely nothing for world agriculture and in fact undermines the farm markets of most developing countries, then you can see it is in fact eminently affordable. One week of farm subsidies could pay for the entire global AIDS program with change left over. I'm not even going to put military expenditures up here. [Laughter]

So what would it take? What would it take to actually make a big difference in AIDS? And the challenge I would like to put to all of us is that please let us now just stop AIDS, since this is a development issue it is really like an earthquake, it has revealed a deep fault line in development

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within societies and between societies. We can go back in, we can re-build the buildings just as they were, and we can hook up the phone lines again, and then we can live on that fault for another 20 years and just hope for the best, or we can dig deeper and we can try to begin to repair those faults. Maybe move some of our development of off fault lines. Maybe begin to [Inaudible] some of the inequities that have caused this, and have ourselves something more kin to a truly root and branch reparation of what has gone wrong.

AIDS is a mirror of who we are in development. It's a warning shot from God, and if we take it seriously as that, it may actually be the spur that helps us to do something very different just as the Depression and two World Wars helped the world to rewrite many of their rules of global commerce and trade. If we treat it as a disease, and one day medial science will deliver a miracle I'm sure, we will solve one disease and we will be sitting ducks for the next one.

So what do we need to do to achieve that? First, I very much echo Peter. There are no silver bullets here. There are no single solutions and let's please all just make a vow to stop looking for them. This is a multi-fairness epidemic and it has many root causes that contribute. It's a very different epidemic in each country and it has to be treated as such.

Second, let us intensify implementation as quickly as possible. The countries have to step up the pace. They have

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to stop business as usual. They have to be willing to try new things. They have to be willing to reach out much more to other stake holders. On the donor part, we need to fund this side in full. We need to coordinate with one another. We need to subscribe to Peter's three ones, and we have to finally build capacity within the countries to steer their own response.

Third, we have to redouble development efforts. If a country had all of its girls in secondary school, if they didn't have men working in migrant labor camps for six months of the year, if it didn't have men waiting at truck stops for 8 days to get through custom stops, it probably wouldn't have an HIV/AIDS problem. If we were doing development properly, if every country had what it needed for a full education program, and a robust health system, AIDS might well not even be here. And let's not lose site of that, and above all let's not do what the virus wants us to do which is to take all our resources out of everything else and throw it at the epidemic, and then leave the education system absolutely ripe for disaster. So development itself may be the best process we have. And finally, as I mentioned earlier, let's treat the cause and not just the syndrome. AIDS is every bit as much a development syndrome as it is an immunological one, and what we ultimately need here is a social vaccine. Professor Smith is doing work in this area, many others are, and to me this is the

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most promising frontier to work at the community level. AIDS is what long ago before our clinically literal age we used to call it a social disease. It's really about norms and customs, about peer pressure. We find that again and again, especially in Africa, that knowledge is not protective. Knowledge rates—understanding of HIV—is 90 or 95% in many of these countries and yet people still are taking risks. They still have to sleep with people to get through school; they still are having to negotiate common use of clients and are losing the battle. We need a supportive local environment. We need norms and customs that will change the way people live at the root level at community. Only that way can we overcome the stigma and the silence, and only at community level can we actually reach the groups that are really beyond the reach of government or the public sector. And this is very much [Inaudible] of the World Bank in its own work.

I'll just skip through this very quickly. The Bank has a number of roles in AIDS; obviously economic analysis is near the top of the list. I think we've done some of the past breaking work on the economics of the epidemic. I myself haven't done any of it so I can brag on behalf of my colleagues. We are still the world's largest financier of programs in Africa as well as one of the biggest funders around the world, and half of our money in Africa—in respect of the previous slides—is going directly to civil society and

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community organizations to carry projects of their own design, often small amounts, \$500.00 or \$1,000.00 to help stimulate that social vaccine that is really the ultimate solution to this. We also work in other a number of other areas to help mainstream AIDS into education programs, into transport, to make sure that there's protection in place when we're building pipelines, etcetera. So it is a very major part of our work. It is the center of what we do, and above all, we try to bear in mind that this is an opportunity, as Peter said. Through great crisis comes great opportunity and this is our opportunity to do something different and to remember that even in the past when we face calamity, we have seen changes. And it's simply a matter of whether we can be as wise as our forbearers were 600 years ago and turn this disaster into a chance to change our world. Thank you. [Applause]

DANIEL J. SMITH, PhD: Thank you Keith for a very stimulating and informative presentation. I think that the format that we've agreed upon here is that we'll hear from both speakers and then after that, we'll open the floor for questions. I please that Nils Daulaire who is the President and CEO of The Global Health Council managed to find his way through the Boston—I'm going to blame it on Boston—the Boston traffic on his way to Providence. Nils Daularie is the President and CEO of The Global Health Council which is the world's largest membership alliance dedicated to advancing

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policies and programs that improve health throughout the world.

The council's headquarters is in Vermont and that in itself strikes me as a feat, right? That he gets to have his headquarters in Vermont, but then also have a major office in Washington, D.C. Before assuming leadership of the council in 1998, Dr. Daulaire served for 5 years as the Clinton administration Senior International Health Policy Advisor and is the Deputy Assistant Administrator for Policy and Program Coordination at USAID. He's an expert on maternal and child health, and has worked for two decades in developing countries, managing programs, delivering services, and conducting field research in ways that reduce mortality among high risk groups. He's a graduate of Harvard College. Has his M.D. from Harvard Medical School, his masters from Johns Hopkins University, but perhaps most important for our purposes, his daughter Celie graduated from Brown in 2003 [Laughter] and she is in fact, spending the year in Botswana working on pediatric AIDS prior to starting her own medical school career. Dr. Daulaire.

NILS DAULAIRE, M.D., MPH: Thank you. I'll speak from here if that's okay? The microphone works. Great. One of the great benefits of speaking after Keith is that I knew that he would come well laden with PowerPoints and the facts and a lot of the very important details of economic development issues as they relate to HIV and AIDS. And he did not disappoint. I'm sorry I missed the very beginning, but I certainly think you've

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covered a huge amount of theme. What I'd like to do is to take this from a different vantage point, if you will. And then we can go into our discussion, and questions, and answers.

Let me frame this in terms of where I'm coming from. As you've heard, I'm a doctor. I've spent two decades working in the slums and villages of developing countries. A lot of that time was before AIDS hit really big. I was in Asia when AIDS really emerged in Africa, and then in the early 90s I came back to the U.S. and wound up stumbling into this position with the Clinton administration. So I got to see a very different view of health policy from the political and the Washington side.

Now I have to say that of those two, I prefer the first. That's really where I learned stuff. That's where my values were established, and that's where the battery that drives my work now as the head of an organization that does advocacy work throughout the United States and global health issues, and particularly on AIDS, comes from. And I was delighted that my daughter was here and did not have trouble navigating your streets cause I know my way around here having visited here many times over the prior four years, but even more delighted that she chose to go to work in Botswana to work with some of the most difficult victims of HIV/AIDS, babies who are born with the infection.

So when I talk about development and AIDS, I think you

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can talk about it from a number of different vantage points, and certainly there is a very valid vantage point which Keith really talked about from the economic development standpoint. But the reason that I got into this myself, the reason that I spent time out in these places and that I continue to after almost 30 years to make this my life's work, is really driven by something other than a hardnosed analysis of what makes sense economically, although I think it really does make sense economically. It's really driven by a sense of social priorities and social justice. And that becomes a very powerful part of the message of development as well because you have to balance those two sides of the equation, it can't just be figures. It also can't just be the sentiment of social justice; it has to merge into a solid whole.

Now what I'd like to do is focus on three major aspects of how ADIS and development interrelate viewed through this—the social change and social justice lens. First, you've already heard quite a bit about it so it'll be fairly brief, the interrelationship with other development priorities. Second, the effect on health systems and health systems equity, and third, the way in which AIDS effects and breaks the links of culture and society throughout the world.

Now when we talk about the interrelationship with other development priorities, let me preface it by saying that none of these issues that I'm going to talk about are new to the

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world since the advent of AIDS two decades ago. These are issues that if you had taken somebody in the 1940s or 50s, or 60s, who was out working in the developing countries of the world would have been considered priority issues, but the honest truth is that there are very few people doing that. There were some Peace Corp volunteers, there were aide workers, but for the most part, the west of the world didn't pay an attention. And what were some of these issues? Well, I'll just highlight a few of them because they also go to the issue of social and development. I would say the first—and Keith said this very well with a slide—was the status and the empowerment of women. That has been recognized as a fundamental driver of development or underdevelopment, as the case may be. And as a participant in the 1995 World Summit on women in Beijing, I saw a remarkable, very rich mix of cultures and participants from all over the world, but the ones who really struck me the most were the ones from Africa. Now this was 10 years ago in AIDS, and AIDS had hit Africa, but now where near as hard as it has today, but the kinds of things that these African women came to Beijing to talk about were not stop AIDS, not give us treatment, not give us vaccination, they talked about things like, give us our inheritance rights, a huge issue in terms of women's empowerment in development around the world. In society after society and we heard there are human cases of this in Beijing, a woman whose husband dies

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and in today's world, particularly in Africa, often as a result of HIV and AIDS, has no rights to his property. We heard about women who's husband was sick, suffering from AIDS and different infections from AIDS, at home in bed, they went out to go shopping with whatever meager resources they had left, they came home, the husband had died, and the family had locked the door. They did not let her back—the husband's family—did not let her back in the house because she no longer had a role in that society. She had no rights to inherit, and the debate over inheritance rights became really a central issue at the Beijing Women's conference, because it so much influenced women's power, the intergenerational status of women, and the way in which women could deploy resources. Well AIDS didn't make this happen, but AIDS certainly brought this issue far more to the forebearer. Far more widows in today's world than there were in the world 20 years ago. And that became a highlight for that development issue.

Second issue is one of education, and you saw that earlier. The correlation between women's education and the risk of AIDS, and that is a two way correlation. Well we've long known that two-thirds of the illiterate people in the world are women. We've long known that girls in societies from South Asia to Africa to Latin America are routinely disadvantaged when it comes to access to basic education and almost ruled out in terms of access if they're poor to any sort

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of middle or higher education. We've know that illiterate women have much higher unwanted fertility, many more children. They die at higher rates from maternal causes from pregnancy. Their children die at much higher rates in infancy and childhood, and their children are much less likely to receive and education themselves. And there's almost a step by step correlation of these indicators with the number of years of schooling that woman has. Again, it's nothing new to the AIDS pandemic, but when you look at the driving relationship between HIV/AIDS, the risk of AIDS infection, the susceptibility, the manipulation, to the powerlessness of young girls who need to get their school fees if they're even going to make it through high school, and their sugar daddy's who use that as a tool for their own sexual gratification. Women's education becomes not just a development which we should take care of it sometime; it becomes a matter of survival of a large portion of the human species.

Reproductive rights, I'll come back to that, but reproductive rights were a huge issue at the Beijing conference. The ability of a woman to say, "no", that's not a right that's well recognized in the world. It was certainly highlighted and stressed in the discussions in Beijing and at the Cairo World Conference on Population and Development the year before, but the concept that a woman has the right to refuse sex, that her husband, with no remand, is one that is a

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fundamental issue of social justice and rights, but one which is poorly recognized in the world. While a woman who is forced against her will to have sex with her husband who is HIV positive, who does not have the option to chose to use a condom because her husband will beat her and throw her out on the street if she were to suggest such a thing, that's a woman who is deprived not only of her reproductive rights, an old right, but she's also deprived of her right to survive because of HIV and AIDS. So that's one of the sort of development issues that hits very strongly in this nexus between development and HIV.

Another one is the marginalization of the poor and the dispossessed. The monopoly of power and wealth which is so much the norm in many societies around the world and I will not say that this is unique to poor societies, we see it in many, many places as well, but the marginalization of the poor again, as you saw in front of the graphs just now, makes them inordinately susceptible to HIV infection both because of the work that they're forced to do, because of the lack of information and access to health care that they endure, and because of the dynamics of this disease that feeds—that feeds on injustice. And uses in justice as the basis for it's springboard into the human species.

An issues in which many of us in the health field have focused on for a number of years in which among some is considered kind of a taboo subject, but very appropriate to

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Brown is a focus on the reproductive health needs and realities of young people. And I don't think anybody here is not aware of some of the social stigma attached to even talking about sex with young people, the abstinence only movement that says, you know, if they don't hear about it it's going to be safe. Don't talk about condoms because that, you know, that might make them do all kinds of bad and risky things. Well for years we've known that addressing the reproductive health needs of young people is critical to the future of the world. It drives global population growth. We are perched today at the very crest of the largest generation of young people in human history. We have a billion people entering adolescence right now, and another billion following up. And when you look at what's happened in the world of population growth, these are the people who will drive the next wave of population growth. They will take us from 6 billion people in the world to 9 or 11. Now that's an over development issue. I mean it used to be 5 to 7, now it's 6 to 9, but it's an issue that the development community has been engaged with for 40 years, but today if you don't deal with the reproductive health realities and needs of young people, you're killing them. You're not just making sure that they're going to have more children than they can feed and that they can educate, you're killing them because they don't have the means to protect themselves from HIV infection.

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Another issue that is key to development is that children need special attention and special care. We will build the 21st Century on the back of today's children and young people. And unless they emerge from childhood healthy and reasonably well educated, we won't have an infrastructure to build on in terms of the world that you folks are going to be running in 20, and 30, and 40 years. So that focus on children, again, that's nothing new, we've had the child survival revolution of 1980s. We've had focus on basic and primary education, but today with an entire generation of children born either infected with HIV, orphaned by HIV, or at high risk of AIDS infection before they even enter adolescence, we cannot afford to ignore young people and sort of say this is business as usual, it's going to take care of itself.

We saw on one of the slides that Keith did on how little it really would cost to deal with the issues of AIDS. We have a very rich world. We have world where here in the United States, each of us, on the average, spends \$4,000.00 per person per year in health care. Calculations have been done in terms of what it would take to provide a basic package of essential health care services in the developing world that would cover 80 to 90% of the health needs including AIDS prevention and care. That package comes to about \$35.00 per person per year. Less than 1% of what we spend per person in this country. And so we come back to an issue of social

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justice. In fact, it's interesting; I've been a strong proponent of the recent initiative for HIV/AIDS treatment and care around the world. The \$15 billion dollars that the Bush administration has promised and that Congress has slowly begun to fund, but I'd note that that 5 year, \$15 billion dollar commitment is the same as what we here in the United States spend each year on pet food. Now, you know, I love my pets, you know, I love my family, I don't think that there's anything wrong with my giving my dog canned food, but I can very well spend as much money as that on people living at the margins of poverty and facing the most enormous epidemic in human history. And so there becomes an issue of sharing and of justice between countries as well as within countries. For too long the world has turned its back on these realities and AIDS has really converted what has been historically a shouting cruelty into a shout. And I think that's in some ways, again, as Keith said before, that's one of the opportunities that AIDS presents to us. It makes things so visible that we have to do something about it.

I said there were three things; the second one is its effect on health systems. Now I'm a health techie so I'm going to save you the 45 minute lecture on what a good health system is about, and how you build, and what you need for it, but let me just highlight a couple of things. Health systems that work are health systems that serve equitably all of the basic needs

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of all of the people. They are not, as one of my professor in public health school call them, "disease calluses," built largely to serve the needs of the urban elite. Their primary health programs, they're based on community level health workers most often not physicians, and these are the people I've spent most of my life working with. They are certainly not based on American and European doctors, parachuting in for a week. They're based on people dedicating their lives, or big chunks of their lives to service. And one of the challenges of HIV/AIDS in health systems is that the potential that we might turn all of our resources and attention that do go into the health needs of the poor, which includes maternal and child health, and family planning issues, and reproductive health, and control of other major infectious diseases, that we might say, no, we're taking all that away, and we're just going to put into AIDS, and that would be enormously destructive from a human standpoint and from a developmental standpoint.

What we know is that if we're going to treat AIDS we're going to need to build that treatment model on the basis of a good primary outreach system. We're not going to do it with hospitals because hospitals in the developing world, just like hospitals around the corner here at Brown, don't get out into the communities. Their focus—a hospital's focus, by its nature, are internal, and in order to do good prevention, in order to do good outreach and care, you have to reach out into

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communities and you do that at the most [Inaudible] point in the health system. And how do you build that health system if not through early treatment of childhood diseases? Good pregnancy care? Decent delivery care? Identification and treatment of some of the major diseases that ravage these populations in addition to HIV/AIDS? So it's all built on the same structure and if we try to do something that's just for AIDS, we're going to tear down what's there and we're going to be left with nothing. So the potential here with the resources going into HIV/AIDS is that we could really use this to build a robust and lasting health system that deals not just with HIV, but with the range priority issues. Probably not with cancer, probably not with heart attacks, and high-tech surgery, it's going to deal with the problems that mostly affect the health and survival of the poorest 2 billion, and that's where we have to focus our attention and efforts.

And then finally—so we can get to the conversation part of this—the part about AIDS that is perhaps the most dangerous is the way in which it breaks the links of culture and society. Now the way it does that in the most manifest way is by creating orphans. We live in a world in which values, in which skills, in which the dense relationships of human experience are passed from generation to generation through contact, through iteration, repetition, example, and young person, a child, who is left without parents in a traditional setting

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still has that framework. Still has those ways because in most societies, an extended family will then take over the care of that child and they will continue to grow as a part of the social fabric. But in a society which has suffered the loss of 10%, 20%, 30% of its adults or is suffering that loss as they decline and die, many African societies, and I hear about this weekly from my daughter and her e-mails from Botswana, is they're past the breaking point. They can't absorb anymore orphans. They can't take care of them in a way that's sustainable from their standpoint and so what is going to happen with these, today, 12 to 14 million orphans in Africa? In 15 years and estimated 40 million. They're going to wind up in large numbers on the streets. Mostly in the Kinshasa's, and the Nairobi's, and the Johannesburgs of South Africa. They're going to wind up, as we've seen in some sobering examples in West Africa, and Sierra Leone, and Liberia, they're going to wind easy prey for those who would lead the Lela Brooks [misspelled?], rag tag armies, gangs, because as I hear one insurgent leader in Sierra Leone quoted as saying, "A 12 year old boy is the perfect soldier. He's big enough to carry a gun, he knows enough to follow whatever orders he's given exactly, and he doesn't know that what we're telling him to do is wrong." And we've seen some of the most atrocious acts of human cruelty performed by these child soldiers in some of the civil wars in western Africa.

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I think the risk is with 40 million orphans, and large proportion of those on the streets, we really have broken those links of human relationships and human responsibility. And that's really where we may reap the whirlwind if we don't pay attention to these issues early enough. We're dealing with a bad enough situation today in Iraq, but picture in 25 years, you're kids who are who are at that time be of draft age, being drafted for military action in sub-Saharan Africa because of the rampant breakdown of civil society of social order and are in need at that point to have some of those resources that are so important in Southern Africa and parts of West Africa that feed our economy and therefore are likely to draw us in even if we aren't good guys. To have American GI's at that point facing 12 year old African kids who nothing really to look for, but a great deal of hate for. I think is a sobering part of the future that we could face if we don't address these problems right now. And again, as Peter said earlier, and as Keith said, the issue of orphans really does go to the heart of what we must do as a global society.

But, you know, breaking the links of culture and society is not something that just happens with orphans. It's also something that we are at risk of doing. And that's really where I want to focus the last minute or two of my talk. The opposite of injustice is not wealth, its apathy. As long as we allow things to go on, as long as the people who have the

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knowledge, the means, the resources, and the voice to make a difference in the world don't work to make that difference, then it's just going to happen. And 20 years from now someone will say, gee, I wonder how this happened. But none of this is inevitable and it's our responsibility to create those links with the rest of the world. To manifest our responsibility of doing what is right and what is moral. And I would say that those of you in this room who re here because you care about this issue enough to spend the nice—well it's not that nice out—but a Friday afternoon [Laughter] here instead of going out and who will be seeing Lori Kennedy's wonderful moving later on this evening, your—I'm kind of preaching to the converted—but you have your friends and your roommates, you have your parents and family, you have people that you deal with every single day, we need to hear about these things. And you have a responsibility to inform yourselves, to engage, to become activists, whether it's with an organization, whether ours, The Global Health Council, www.globalhealth.org, [Laughter] or Physicians for Human Rights who are actively involved in this program this weekend. There are lots of us who re working together to try to bring about change in Washington, in New York, in Geneva, and ultimately, in the villages and slums of every single country around the world. And your engagement is really the reason that I'm here. I'm delighted that I have a daughter who's chosen to become engaged herself, but I see

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everyday the potential of people for really making a difference
and I welcome you to that. [Applause]

DANIEL J. SMITH, PhD: What I'd like to do now is
open it up for people to ask questions. [Inaudible]

MALE VOICE: I understand. Two great talks. A
question for Keith Hansen. Although the cost of antiretroviral
drugs has really dropped considerably, we had this big
bottleneck here in the United States with these Presidential
funds, with some of the back and forth about determining
whether the generic drugs are bio-equivalent, and a lot of the
healing cry from the multi-national pharmaceutical companies
saying that if generic drugs are proved as mainstay or
international programs by the U.S. and other developed world
governments, that's going to create a disincentive for them to
create the second, third, fourth generation antiretroviral
drugs and given that the current generation of a fixed drug
combinations have easy barriers to resistance, it's real
threat. And I'm just curious how The World Bank can approach a
way to incentives better behavior on the part of the multi-
nationals to move this forward?

KEITH HANSEN: On the Bank side, we do fund generic
drugs, and in fact, we just signed an agreement with UNICEF and
the Clinton Foundation to take advantage of that deal. At the
same time, I think we all have to acknowledge that never in
history have we had one product that had such potential to save

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lives at least since vaccines were invented. And the interesting set in intellectual property rules simply don't work for this and we have to acknowledge that, and go back to the drawing board on them. And we've only had international intellectual property for less than 20 years and you know what worked for widgets or cd's, is inappropriate for drugs and so I think it's fair for the drug companies to say, you have to insure an ongoing incentive. It's equally fair for the world to say, well we're doing that, let's not let million die. Well we make the rules as we need to, but I think it's clear that everybody has to go back to the table and think very hard about this.

It's not entirely pre-text argument, but we haven't had a new vaccine for tuberculosis in 80 years because it no longer kills rich people, and there's simply no market in it. So we have to be somewhat sensitive to that. I think as long as AIDS is affecting rich people, we will see new products developed, but I would like to see a world where there's this incentive to bring these to market, but there's also the means to get them immediately to those who don't have the means to cover R&D costs.

MALE VOICE: [Inaudible] question today. We have our President in a reception over in the lobby [Inaudible] it's supposed to end at 5:15. [Inaudible] but we appreciate your being here. There is a reception pandemic exhibition.

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[Inaudible] So thank you very much ladies and gentlemen.

[Inaudible] I appreciate it. Thank you. [Applause]

[END RECORDING]