

**Taking a Stand: Challenges and Controversies in
Reproductive Health, Maternal Mortality and HIV/AIDS:
Welcome and “Responding to HIV/AIDS”
June 8, 2006**

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health²
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

[START RECORDING]

LEE BOLLINGER: We are ready to begin today's symposium and as all of you know, we are doing this in honor of Allan Rosenfield, and I would like to begin with a special applause for Allan Rosenfield. [Applause] We began a few months ago a plan to try to raise \$20 million dollars to complete the building in which the Mailman School of Public Health exists, and I was able to announce last night that we have now raised \$36 million dollars towards that project, which has been one of Allan's greatest goals as dean of the Mailman School of Public Health as a sign of the monetary affection that was just reflected in the applause. We also announced last night that we are naming the building the Allan Rosenfield Building. [Applause] Allan said that is great, but couldn't we name the University the Allan Rosenfield Columbia University? [Laughter] I would also like to acknowledge and have stand please Allan's wife Claire and their children Jill and Paul. [Applause] We also have with us today Columbia Trustee Faye Wattleton. We have Phyllis Mailman and her family, who have of course given so much of themselves and their foundation to the school. We also have Lee Goldman and Jerry Fishback, former Massachusetts governor Michael Dukakis, and many other distinguished guests here.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health,³
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

The World Leader's Forum is an effort to try to use the convening power of Columbia in order to discuss great issues of the day, teaching subjects and developing knowledge in the unit of courses meeting three times a week for an hour each or being alone writing books or in a laboratory doing scientific research are extremely powerful ways of developing knowledge and conveying knowledge, but there are other ways to learn too and a University, given the power that New York City gives to Columbia, there are other ways for us to engage with issues of the day especially, and that is what this is all about and we have tried and with great success to build this up over the past few years and we have great plans for the program in the future.

Today we take up subjects of AIDS and reproductive health, two things, two areas to which Allan Rosenfield has devoted his life. I think it is fair to say that one of the most profound issues in the world is the degree of inequality that exists and that inequality is growing just as it is in this country and one of the manifestations of inequality is the impact of disease and the way in which it is treated or not treated, and that is our subject today.

I would like to introduce our first speaker, Bill Foege. He is certainly no stranger to tackling these kinds of issues on a global level. As an epidemiologist, he worked on the successful campaign to eradicate smallpox in the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health#
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

1970's and was shortly thereafter appointed director of the U.S. Centers for Disease Control. He has also served at the Carter Center, Emory University, and the Bill & Melinda Gates Foundation. Now, in a half-hearted version of retirement, Dr. Foege remains active at Emory and at the Gates Foundation as a senior advisor. He has climbed mountains in his career, both literally and figuratively. He conquered smallpox and Kilimanjaro over the age of 60 and with a hip replacement. His approach to life both professionally and personally is best explained when he says, "If you only did safe things, you wouldn't be in public health." Welcome to the very unsafe, Dr. Foege. [Applause]

WILLIAM FOEGE, MD, MPH: Over the years, I have collected many quotes, only four of them that I will use as they relate to Allan. Henry Ford seems to have known you when he said "There are two kinds of people, those who think they can and those who think they can't and they are both right." Allan has always thought he could. F. Scott Fitzgerald, "the test of a first rate intelligence is the ability to hold two opposing ideas in mind at the same time such as this is hopeless and here is how we will fix it." William Penn, "To help mend the world is true religion." Leonard Shealy, our surgeon general from 1948 to 1956, "The world cannot be allowed to exist half healthy and half sick." As we watch the tribute that your brother showed last night,

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health⁵
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

I found myself thinking about a friend, a woman minister who on the back of her calling card has "working to beat hell."
[Laughter] We meet today in one of the most exciting moments that Allan and I have seen in global health since we both worked in Nigeria four decades ago. Why? Because global health is achieving critical mass. We have all experienced those moments of convergence, when things come together, sometimes during test week when suddenly you see a concept that had eluded you. It may have been when you encountered a mentor and it changed your life's projectory. For me, it usually comes moments after I finish a speech and realized what I should have said, but convergence is what is happening in global health today. Number one, the tools just continue to multiply. It has happened in our lifetime that we now have measles vaccine, polio vaccine, hepatitis B vaccine, and we take it for granted. We take it so much for granted that we will have miracle tools that we risk becoming nonchalant about the miracle of a human papilloma virus vaccine about to change the history of carcinoma of the cervix. We take it for granted that we have medications that are sufficiently safe to be used in public health settings, mectizan, albendazole, praziquantel, Zithromax, not to mention all of the drugs now being used for AIDS. This wasn't even envisioned when we were young and very naïve. We now know that these miracles are only the beginning of what we will

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

see in sophistication in prevention, treatment, and diagnosis. But number two, the resources, the resource explosion allows us to use these tools. Resources from foundations, from governments, individuals, corporations, and when we used to dream about resources, we always dreamt about some resources. Now we dream about adequate resources. Number three, the interest. Global health used to engender so little interest that everyone involved knew each other. It mattered not where in the world we met. We knew each other. But then you look at last night and today, and you realize that the field is getting credibility. Students are interested in careers. Researchers are engaging the problems of poor countries. Universities are expanding their capacity, and student enrollment in the global health council, yet another of Allen's countless boards, student enrollment has increased 60-percent in just the last 12 months, but then the real surprise, the 10th as we saw last night, literally is enlarged to include economists and movie stars and politicians and rock stars and church groups giving credibility to global health. The golden quarter century has started. The last five years have been prelude in what you and I spent our careers hoping for now we see. The next quarter century will build on this and become so great that I now tell students to sign up fast because this will be the last time in global health that they can still be both

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health7
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

pioneers and historians. The year 2031, 25 years from now, will not see health equity in the world but the gap will be narrowed substantially. Sometimes there is a long incubation period, and then it is followed by sudden change as we saw with the ending of slavery, the vote for women, or women in medicine. In 25 years, we will see how fast this change has taken place. Children will get 20 routine vaccinations regardless of where they are born. The secrets of malaria and oncocerciasis and schistosomiasis, tuberculosis, lymphatic filariasis, AIDS, licheniasis, will cease to be secrets, and children in African villages will have their iris read by a handheld computer and their immunization record will come up on the screen no matter how many clinics have given them vaccines in the past, and on the screen will be highlighted the vaccines they need right now because no one will any longer be able to keep track of the immunization schedule and then as they get those vaccines, the same handheld computer will read the vaccine vial and the electronic medical record will be updated by the wireless system covering all of Africa, and no one will ever again have to write an article about where is the M in MCH? The majority of women everywhere will know the options available to them. Most will have power, even if born in a village. They will make decisions. They will have access to disease and pregnancy protection, and they will describe to their

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

daughters a world that existed only 25 years earlier, in 2006, where men were apparently mindless, not just the men in their village, not just men leading their country, but men who were leading rich countries, men in global organizations, and then those mothers will tell stories about the pioneers, the people who changed all of this. Most will be women, but there will be a few men who were different, and they will mention from our own cohort, Hoften Mailer and Jim Grant and the Carters and the Gates Family, Patti Stonecypher, Stephen Lewis, President Clinton, and Allan Rosenfield. The chapter on Allan Rosenfield will describe a man who understood the challenges because he took the time to live amongst the challenges of Africa and Asia, getting experience, testing systems, understanding the way the world works. Samuel Johnson said we cannot tell the precise moment when friendship is formed, as in filling a vessel drop by drop, there is that last drop that makes it run over, so in a series of kindnesses there is at last one which makes the heart run over. We have a room full of people here this morning who know their hearts ran over, and by being here today are helping to write that chapter about Allan.

I used to urge tenacity in students by quoting Mae West, who described a suitor as being so tenacious, she said "he was the kind of man you had to marry to get rid of!" [Laughter] But after last night, I am going to use Allan as

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health,
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

my example. [Laughter] And while today is a celebration of your role in AIDS and women's health, the chapter will actually be much broader as it talks about your role in public health and global health in general. It will talk about your stewardship, of a great school that took public health seriously. It will speak of your mentorship, of countless students who attended the school because of your reputation and found here an example to live up to. Gandhi said that people often become what they believe themselves to be and you believed yourself to be a voice for the voiceless and that is what you became. It will describe more than a restless seeker after truth, it will also describe a burr in the saddle, a truth teller who can flavor the truth with wit, but not too much, to allow the recipient to laugh it off, and a chapter will include a list of those who proudly will declare he was my mentor, a list that will be vastly exceeded in length by a list that declares he saved my life. Thank you, Allan. [Applause]

LEE BOLLINGER: Thank you very much, Bill. I would now like to introduce Jeff Sachs, director of The Earth Institute, Kofi Annan's chief advisor on the millennium development goals, economist, and advocate for the poor. This is an introduction that many, many have given and everyone in this room probably has heard. Extraordinary person and we are very proud to have at Columbia. The only

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

thing I would say is that I have had the good fortune to travel together with Jeff and with Allan, and I have visited offices in Africa, offices of the administrators of health, prime ministers, presidents, Bangladesh, India, and I will tell you something, no one can handle Jeff Sachs and Allan Rosenfield together. [Laughter] These presidents and prime ministers and ministers of health are overwhelmed when these two people have walked into their offices and told them what they need to do and offered to help in doing them. It is my great pleasure to give you Jeff Sachs. [Applause]

JEFFREY SACHS, PhD: Allan, what this man has to put up with between the two of us, what an incredible pleasure to stand before you and to help to testify to your world changing accomplishments, Allan, and what an honor to follow Bill Foege and Lee Bollinger, who are world changers as well. What a tribute that we have in this room, great leaders across the fields of public health and public policy to come to pay tribute to Allan and to plan on how we are going to get to 2031 and that glorious state that Bill Foege convinced us just a moment ago we will indeed achieve. I think there really are very few people in the world that have accomplished what Allan has done and have been so galvanizing as a single individual of such a central agenda for the world. It is really awe inspiring to hold in your hand this article "Maternal Mortality: A Neglected Tragedy" from

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

Lancet, 1985. It was a world changer, Allan's article with Deborah Maine. In a history of the struggle for maternal rights, that wonderful survey done by the World Health Organization on safe motherhood, a brief history of the global movement, 1947 to 2002, it says that "A key perception to emerge over the period of the 1980's was the relative neglect of women's health compared with the attention then being given to child survival and health, a point most forcefully made by Allan Rosenfield and Deborah Maine in their seminal article, Where is the M in MCH?" There has been a long incubation period since that day. It is worth our understanding what happened since that breakthrough, where we were, and where we are now, because this room includes not only today's leaders but so many of the students who are going to be the leaders soon enough in carrying this agenda forward and enabling to reach what Bill has already told us we need to reach and will reach within our generation.

In 1985 when the article was written, nobody knew how many women were dying in childbirth and it is quite striking to look at the conclusion of what was then called the Decade for Women and a statement called the Nairobi Forward Looking Strategy. It did say in 1985 that in view of the unacceptably high levels of maternal mortality in many developing countries, the reduction of maternal mortality

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

from now to the year 2000 to a minimum level should be a key target for governments and non-governmental organizations. What is notable in that statement is how vague it is. There were no numbers, no quantitative targets, because there could not be. Nobody had collected the data. No one had prepared an agenda, and it was Allan's article that really triggered the onset of the agenda. WHO took up the call, started the basic epidemiology, worked with field studies, community studies to come up with the estimates of approximately half a million women dying in childbirth. In 1987, the Safe Motherhood Initiative was inaugurated as a direct result undoubtedly of the article and Allan's call to action. Why did the article have such a pivotal affect at that moment? Well, of course most importantly was that Allan had put his finger on an issue of global priority that had been profoundly neglected, but I think it was the way that he did it, the insight that it contained, and his unique blend of skills, an extraordinarily rare combination of skills that explains it. First, I would say that Allan brought and brings clinical insights to public health. This may sound obvious, but it is actually not so obvious. Allan trained as a doctor and became a public health leader. That is important because public health by itself without the clinical side can get a lot wrong. The article itself and many things that Allan wrote later stressed how one of the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

great maxims of public health, that prevention is vastly more cost effective, that treatment is just wrong in the setting of maternal survival, because prevention doesn't work. What is needed is the treatment, the emergency obstetrical care, a clinician needed to make that point to public health, but Allan also brought public health insights to clinical medicine. It went the other way. In fact, this is really a lecture to the obstetricians and the gynecologists, this paper. It is a complaint pretty straight out that you are neglecting the population aspects of the calling, because Allan says here with Deborah and in his subsequent writing how many meetings of OB-GYN specialists are devoted to the latest high technology while neglecting the mass suffering and the mass numbers of women that could be saved with existing technologies? So, the lessons went from clinical to public health and from public health back to clinical medicine, but then with the two additional features that are Allan's uniqueness, the profound sense of practicality, the statements what can be done and how to do it, because it is already laid out in 1985. What kinds of clinical services, what are the key conditions that need to be addressed? And then finally, and of course distinctly, uniquely, and crucially, the voice of justice, the call to action, and the call to action on basic principles of justice, and with that finger pointed, even to his own profession, the world's

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

obstetricians are particularly neglectful of their duty in this regard, says Allan right at the front of the article, so this is throwing down the gauntlet, and the gauntlet was picked up. By 1987, there was the Safe Motherhood Initiative. By 1990, the obstetrical and gynecological professional communities globally had gotten engaged, and by 1994 striking at the Cairo summit how much had changed already, because instead of the vague statement of that Nairobi forward looking strategy, you now had in Article VIII quote "Countries should strive to affect significant reductions in maternal mortality by the year 2015, a reduction in maternal mortality by one half of the 1990 levels by the year 2000, and a further one half by 2015." Things had become quantified, goals had been set, and timetables had been set. This is absolutely a direct legacy of the paper. This was again quantified in Beijing the year after in the Beijing conference on women.

Now by 1999, Allan was writing again another pivotal article called "The Safe Motherhood Initiative: Why has it stalled?" Again, Allan and Deborah Maine, saying that lots of talk but where is the action? And this is the long gestation period that Bill Foege was talking about, because while there was supposed to be a halving of maternal mortality during the 1990's, it did not occur. By the year 2000, the agenda though was center stage and when eight goals

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

were set for the new millennium on fighting poverty, hunger, and disease, goal #5 front and center in a way that was unthinkable 10 or 15 years before was the goal of reducing maternal mortality by three fourths by the year 2015. Now you know where it came from, half by 2000, another half by 2015, but now all compressed into a 15 year period because we had squandered the first 10 years of that interval essentially. Allan of course never paused at that moment. He showed how it could be done with an initiative that he launched, pioneered, funded, told the agencies, the foundations how crucial it was to get behind which they did, the AMVD initiative on averting maternal death and disability that was pioneered by Allan and by Deborah Maine, by Columbia, and by the Mailman School of Public Health, and that showed on the ground and it continues to show on the ground in dozens of countries what can be accomplished. When I was honored by Kofi Annan to head the implementation strategy on the millennium development goals, of course I turned to Allan for his leadership on the issues of maternal and child health. He turned to his colleague at the school, Ron Waldman, Lynn Friedman, and others, and to his long-standing colleague, Moustafa Chowdry [misspelled?] at Brock and brought all of this wisdom again to the world's attention through the millennium development goals and the power that

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

they give in helping to mobilize a world around a shared set of commitments.

Where are we today? Well, unfortunately we have squandered a few more years and less action than needed. We have reached 2006 with nine years left to go, some progress is some countries, but woefully little in so much of Sub Sahara and Africa, and so many other impoverished parts of the world. What we do have though is what Bill Foege told us. We have more clarity of purpose, more clarity of methods, more clarity of how this can be accomplished than ever before. Allan's work in heading the task force on maternal and child health is being put into action all over the world. A couple of weeks ago in Nigeria, Africa's leaders got together to plot their next steps on the millennium development goals and we were treated to a speech by U.K. chancellor Gordon Brown, who has become the leading spokesperson for western fulfillment of promises and commitments. Gordon Brown called for a global new deal. He called for a new marshall plan for the world. He promised to the finance ministers and African presidents assembled there that it was time for them to scale up, to get serious because they would have the backing. He said that the lessons of the millennium project in health needed to be put into action, and the world's leaders all have come behind that as of last September at the U.N. World Summit as well. Allan has fought

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

this battle valiantly every step of the way. It is his war. He is our leader in this. We can see ahead now a clear path for what he has accomplished. His leadership brings to my mind another apostle of justice, Martin Luther King, who said "let justice roll down like waters, and righteousness like a mighty stream." Allan, you have been to the mountaintop and you have seen and you have shown us the Promised Land. We are grateful. [Applause]

LEE BOLLINGER: We will now turn to the first panel that will be moderated by Charles Ogletree, professor at Harvard, and executive director of the Charles Hamilton Houston Institute for Race and Justice. Charles?

CHARLES OGLETREE JR., J.D.: Good morning, and welcome to you all. I am very delighted to have the honor of moderating this panel in honor of Allan and this great university and this great program, and I wanted to at least point out my connection to Allan. We have served on the Henry J. Kaiser Family Foundation board for many years, and he has been an incredible mentor, friend, advisor, and if you know Allan, a frequent critic when he needed to be, but it is a wonderful occasion to be here to celebrate his great work and to do it with such a distinguished panel of individuals. I am going to briefly introduce these panelists. Their biographical information is in the program, but I want you to know who they are. Starting to my far right is Seth Berkley,

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

the president and CEO of International AIDS Vaccine Initiative. Next to him is Dr. Wafaa El-Sadr, who is the director of the International Center for AIDS Care and Treatment Programs. Next to her is Dr. Jim Yong Kim, who is the chief of Division of Social Medicine and Health Inequalities at Harvard Medical School. Next to him is Dr. Nafis Sadik, who is a UN. Special envoy for HIV/AIDS in Asia and the Pacific, and next to her is Dr. Geeta Gupta, who is the president of the International Center for Research on Women, and to my immediate right and her left is Mark Harrington, who is executive director of Treatment Action Group, and these are our panelists who will be discussing these issues today. We also have cards in the audience if you have a question, and I hope this audience has many more health care officials than legal officials because lawyers aren't good at asking questions but I hope you will ask a question. We will collect those cards and sift them. You can write a question now or I will let you know again about halfway through when we will take the final question that will be presented to this panel as well. I want to put a context to this session we are going to have with the short time that we have, and that is this. All of you know me. My name is Dr. Allan Rosenfield. [Laughter] You don't have to call me Dr. Rosenfield. Just call me "His Excellency."

[Laughter] What I want to do is, this is 25 years since the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

moment we began to understand the crisis of HIV and AIDS in America, and I am trying to figure out now is the glass half empty? Or is it half full? Mark Harrington, where are we 25 years after this country and the world finally recognized that there was an epidemic called AIDS?

MARK HARRINGTON: Well, thanks for putting me on the spot. [Laughter] I think we heard some exciting progress in maternal and child health that Dr. Rosenfield helped to lead over the last 20 years, and I think we have to realize that the glass is neither half empty nor half full. The journey is only beginning. I believe that AIDS will be with humanity for the rest of our existence as a race. I don't think it is going to go away. Look at tuberculosis. It has been with us for a million years. It has been curable for 50 years. It has been vaccinatable for 80 years, and it still kills 2 million people a year. HIV is new to the human race and so it represents a profound evolutionary challenge to our immune systems that we can't handle so far. Tools alone, even if we had the vaccine and the cure, wouldn't get us there without something that has been grossly missing over the last 25 years with just political will. We will not get human rights public health or social justice in the absence of political will. Last week, in a disgraceful setback for global public health, we saw world leaders led by the United States in an axis of reaction, with governments like those in Egypt,

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

Syria, Yemen, Gabon, and South Africa, opposing the setting of global targets for treatment and prevention for HIV by the year 2010, opposing language empowering women and girls, opposing the mention of the vulnerable groups of drug users, gay men, and other vulnerable populations including sex workers, opposing setting prevention in the context of explicit harm reduction and condom use. This was basically a global chance to move us forward and instead in a sick reaction to the qualified success of the 3x5 initiative that Dr. Kim helped to lead at WHO, which was a wake-up call to the world to show that we can get millions of people on antiretroviral treatment in poor countries, the world was afraid by the progress it had made and our leaders once again refused to show us the way by making hard commitments and political will to get us to where we need to go.

CHARLES OGLETREE JR., J.D.: So I'm hearing the glass is half empty. Is that right? [Applause] Dr. Gupta?

GEETA RAO GUPTA, PhD: I think we can start looking at it also as half full because I think the report that was issued at this time showed some progress, et cetera. I can understand why you were disappointed but you know, I have been in the United Nations for I don't know, umpteen years, and Allan has known me for all that I have been there, and I think that it is something that we struggle for still in common, Allan, while you've got the M in maternal health and

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

you have linked the productive health and sexual violence and reproductive, and gender violence, et cetera. The real reluctance in the debate was the reluctance to address the sexuality and reproductive health and the right of women in this field, and you can sense that reduction in all the governments and I am afraid in the male community they are so scared of letting women be in control of their own decisions and that is an underlying factor which in fact is absolutely essential if we really want to prevent HIV infections, and it is no accident that maternal health doesn't get the attention it deserves. It is no accident that there are more women now getting infected with HIV than men. It is no accident that young girls are getting infected at twice the rate of young men, et cetera, et cetera. It is all linked to the situation and the way women are unequal which you have also said, and that reluctance has to change. There is also in the case of HIV/AIDS the reluctance to address issues which are part of our population in all our societies, men who have sex with men, commercial sex workers, et cetera, et cetera. We just don't want to name those and say they are a part of our population, not somewhere there, somewhere isolated, and you know these reluctances to accept reality to have this double standard, to be hypocritical, aided by maybe some very important governments who press ideology over evidence, that is a real, real problem. [Applause]

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

CHARLES OGLETREE JR., J.D.: Let me go to Dr. Gupta now, your response. Are we making progress or no?

GEETA RAO GUPTA, PhD: You know I see Allan's optimism. That is the one thing Allan taught me is always to remain optimistic, so I say it is one-tenth full for women. [Laughter] Because I feel that we have made some progress but it is so minimal that it is appalling and I agree with Nafis entirely. There is a fear, there is an inherent fear about giving women sexual freedom and that is what underlies a lot of the lack of progress that we see, but the other side of it that I want to mention in the AIDS epidemic, the reason why we see such large numbers of women infected, it is 50-percent, it is ironic isn't it? It is a cool irony that they have attained equality in death that they so sought in life, and the reason is that they have suffered inequalities in economic and social sphere, which then gets translated into these global health disasters that they experience, so I think the problem is we haven't made the investments in the last 30-40 years of development in women's education, in women's economic opportunity, in women's security, those are the fundamental vulnerabilities that give us these numbers in the AIDS epidemic that we now see today.

CHARLES OGLETREE JR., J.D.: Dr. Kim, we are hearing bad news and worse news. Do you have any good news?

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

JIM YONG KIM, MD, PhD: Let me talk about three things that I think are really, I think, I mean anthropologist in addition to being a physician, you know you look back on human history and there are some very special moments. Mark Harrington, gay men's health crisis, ACT UP, these folks do things that are just extraordinary. They changed the way the Food & Drug Administration looks at drug approvals. They went into the NIH, threw blood on people, and said you have got to start doing research on HIV/AIDS, but I think the most remarkable thing to happen was that when the drugs became available, they said we are not going to allow you to rule these drugs out and not make them available to everyone, so I actually think that what people like Gay Men's Health Crisis, Mark, and others especially, did in insisting that if drugs are available, everyone has to have access to them, is one of the most remarkable acts of human solidarity in our history, and I think you cannot turn your back on that. The thing that they taught us in doing that, too, was that very powerful people have extraordinarily thin skins, so if you stand up at a meeting and taunt them, they actually will change their behavior, because they don't like it! [Laughter] I hope to write about this! I think that what gay men in the United States and elsewhere, and people like [Inaudible] in South Africa did to extend their solidarity from their groups that were dying all the way to

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

the core in Africa was extraordinary. We can't turn around. [Applause] You know, the decision that people like President Bush and President Chirac and Prime Minister Blair made to offer treatment for HIV, you know, was in some ways not the most "rational" decision to make, but the thing that we have learned, and I have learned this personally from Allan, is that donors and politicians won't stand still for you to give them their logic and then act upon it. They move in all kinds of different ways. We always knew that treatment would be much more appealing to law makers and donors than prevention. It always has been, and we also knew though that if they committed to HIV treatment, they would be committing to providing chronic care for the duration of the lives of poor people, and that is the real opportunity here. Allan, with the MTCT-Plus idea, he told me we are doing it because we know that they can get their heads around protecting children and then if you add the plus, you at least add the women and the people in the family. It is the camel's nose under the tent. We can move from there.

NAFIS SADIK, MD: We know that the PMTCT area is one of the areas where treatment is not apart with treatment, whatever percentage is available like, again no accident because it is women.

CHARLES OGLETREE JR., J.D.: Can we agree on one thing, Seth let me ask you one issue, 11,000 new infections a

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health²⁵
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

day last year, greater infections among children and women,
is it time for us to say that prevention has failed?

SETH BERKLEY, MD: Well, prevention hasn't failed. Prevention has clearly worked in many areas. Certainly you give clean needles out, you prevent infections. You go ahead and give condoms out to people [applause] you can stop transmitting infections, so I certainly agree with the issue of using the evidence to get the tools out there but I think it is totally unrealistic. People say to me we already have a vaccine called morality, [laughter] and the thing that everybody is going to do, this particularly adolescence, we know that adolescence enter their sexual age with a sense of invulnerability that you are never going to get them to 100-percent use these tools and certainly for women, they don't have tools that are appropriate for them so a couple of comments on this. I actually think the glass is maybe not half full, maybe not a tenth full, a couple of things happened that are really important at this particular UNGAST meeting. We can't forget about the fact that there were more NGOs included in this U.N. forum than ever before, and it is a new dialog that is going on. This comes from the AIDS epidemic. It is something that Jim talked about that has happened. In a sense, think about the science effort that happened for these AIDS drugs. When we found out this was a virus in 1984, we went to the scientists and said let's

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

create drugs to try to deal with this and they said we don't know how to make drugs against viruses. One licensed antiviral drug, the activists as you heard said absolutely not do it and now we have more drugs for HIV than all other viruses put together. That is the power of focusing effort and attention. Of course, the tragic thing for me is we have always focused on AIDS as a short-term emergency, not as a long-term issue and the area of vaccines, which is the one way we could end the epidemic, we could provide a pool that we could use in Bill Foege's world 25 years from now where we could protect the world from HIV isn't going to occur unless one focuses on those long-term goals, and that has been a real challenge. There has only been one vaccine fully tested in the world against HIV in 25 years, and the real challenges, and it happens to be HIV now but it is going to be avian flu, it's going to be SARS, it's going to be all these other things, so how do we take the world's science and technology efforts, focus it in on the needs of the poor, on the needs of the disadvantaged, on the needs of women, like microbicides, so that we can have the tools we need to end these epidemics?

CHARLES OGLETREE JR., J.D.: Well read the tea leaves for me, if we follow this vaccine theory, this vaccine mandate, what is your guess in terms of when and how we will

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

solve the problem? Is there a time table at all to think about?

SETH BERKLEY, MD: You can't predict science so at the end of the day, the science challenge is the greatest but for example when we started IAVI 10 years ago and Allan has been an unbelievable supporter of this when people said you really can't do this, is how we drive forward. At that point, the world was spending about \$125 to \$150 million dollars a year. The world, public, private companies, if you think about what it costs to do this, you could never get there. Now, the good news is we have increased 400-percent so a lot more money is going but is it targeted the way it needs to be? Is it driven the way it isn't? So in essence, I think now the world is beginning to enter a renaissance of AIDS vaccines. There is a lot more effort, there is a lot more work on the science, there are a lot more trials going on, but it hasn't reached the type of critical driven mass it needs to in order to get there but I am optimistic that we will have a vaccine. I am optimistic that in the next ten years we are going to show protection in humans from a vaccine. The question then is going to be, and Mark made the point, how are we going to get it out to people? I think the world is a different place now. I am optimistic, very optimistic, that we are in a transition time and that the world is going to get these tools out. I think we have a

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

really good test now with the human papilloma virus, which is this amazing reproductive health tool that is available now, 100-percent effective, the prices in the new effort are talking about being \$300 to \$500 dollars for a course, how are we going to get this to the developing world? This cancer is the worst reproductive cancer in the developing world. Do we have a mechanism in a way we have a test now?

CHARLES OGLETREE JR., J.D.: Dr. El-Sadr, we keep hearing the issue about women. Women represent half of the globe and yet everyone is talking about the powerlessness of women, of mothers, of families, how do we change that paradigm to really make people address this as a gender sensitive issue? How do we get that on the radar? How do we get that on Front Street, anyway, to make some progress? Or can we?

WAFAA EL-SADR, MD, MPH: I think we must. I think we must achieve this, because it is so fundamental to everything related to health and survival of communities and societies. Going back to whether I am optimist or pessimist, I think Allan has taught me one thing, just to go on the ground and see what is happening, and I am an optimistic because what I see is a transformation that is happening because of the work that is being done on the ground, whether it be maternal mortality, reproductive rights, or HIV/AIDS, I see communities that are rallying together. I see women that are

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health²⁹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

speaking up. In many of our programs, in MTCT-Plus for example, women are actually now able to speak up and talk about their HIV with their partners, so in a way I think transformation that is happening, it is small, it is beginning, but HIV is introducing a very important momentum at this point in time in that it is forcing people to talk about women's issues. It is forcing people to talk about the fundamental role of women as central to the family and central to society, and also I see women taking the lead in rallying the NGOs in many of these communities so they are able to be engaged in framing the health care in these societies, so I am an optimist because I think we are in a moment where I believe there is a transformation that is happening, in the conversation about global health and especially in the empowerment of the recipients of global health. You walk into a place now in a country in Sub Sahara and Africa and you see women standing in line and they are bringing their children and they are going to the HIV clinic. People tell me how is stigma? Well, what I see is a transformation. You bring in programs, you bring in good programs that work, people appreciate programs that work and they utilize programs that work, and then they start demanding programs that work. They start demanding not just HIV programs that work, they start demanding pediatric programs that work. They start demanding antenatal clinics

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

that work, so I think in a way by giving a voice to the people themselves, I think that is where the change is going to happen. I do believe that leadership and world global leaders have an important role, but I think we forget sometimes that at the same time we need to generate that leadership and that voice from the ground up.

CHARLES OGLETREE JR., J.D.: So, political leaderships seem to be something that everyone perceives as important, at least one important factor, and that is great. I've got an example from the Rosenfield Directory that is there is this great country called Uganda and they have a great success dealing with HIV/AIDS. They say abstinence until marriage, great political leadership, and so it means lets move away from this idea of condoms. We just need good political leadership and we will solve the problem. Right, Dr. Kim?

JIM YONG KIM, MD, PhD: I was just there in Uganda, and I talked to people at the United States Centers for Disease Control, and they say abstinence, be faithful, condoms, ABC, they say you know what lowered the rate of HIV in Uganda was not ABC, but it was actually D, the death of so many people living with HIV/AIDS. Now there is some good data. The age of first sexual activity has gone up a little bit, but you know, another study showed that the primary risk factor for women to become infected with AV was marriage, so

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

what does be faithful mean in that context? The key is that in terms of prevention, let me just make one point. You know, in the 1990's the United States gave around \$70 to \$80 million dollars a year for global HIV/AIDS activities. That was the sum total, which was exactly the same amount of money that was allocated for Viagra for the U.S. military, so this was not a priority [laughter], HIV was not a priority, and the point I want to make here though is that social strategy is important. It was not a priority until treatment came along. Now there are billions of dollars for prevention so for the people who said treatment would take attention away from prevention, that hasn't happened. It is the other, but leadership in this case for prevention means that you will do anything it takes to stop the virus. China is going to offer methadone and sterile needles to everyone, and when I went there to talk to the people who had just come out of the SARS epidemic, they said hey, we understand something about evidence and telling the truth about what is happening in a particular country at a particular time, so everyone is going to get it because we know it works. You go to Russia, they say things like well, this is pandering to degenerates so we are not going to do it. They are going to have a horrific problem on their hands. Uganda, if they continue to turn ideological, their problem will get worse. They have to offer everything that works and they can't be ideological,

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health²
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

and I fear that they are moving in that direction.

[Applause]

MARK HARRINGTON: I agree completely with what he said. I was actually the ministry of health epidemiologist. Bill Foege placed me there and I was working on an early project [inaudible] that Allan put together in Uganda to look at these issues during the early days and what Jim has said is absolutely right, but two points. One is I hate when people say success. You know what? The infection rate is still high. It is about 5 to 10-percent in the capital city. People are still dying. I remember a panel where somebody was going on from USA, the great success there and some woman stood up and said you know four of my sisters, five of my brothers, my aunt and my uncle have all died of HIV, how can you talk about success? So, point number one, this virus is raging on and there is recidivism in young people. Yes, age of marriage has gone slightly up but condom use is going down. There is a sense now that people aren't dying and treatment is somewhat available that there is no problem. The other point I want to make is -

CHARLES OGLETREE JR., J.D.: So Uganda should be on the alert? We shouldn't see that as a success?

MARK HARRINGTON: Absolutely.

CHARLES OGLETREE JR., J.D.: It's problematic because it is being misconstrued?

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

MARK HARRINGTON: Absolutely but the second point is this abstinence issue is not a wholly owned Uganda thing. It's not like Uganda woke up one day and said abstinence is the only way. They are being heavily influenced by outside forces. In fact, within the country -

MARK HARRINGTON: Outside of the continent of Africa you mean?

MARK HARRINGTON: Absolutely. In fact you might look because there are now billboards. You drive along, about abstinence is the key, they have played into that but if you talk to the people who work on HIV/AIDS there, none of them believe that. None of them believe that including political leaders and the challenge really is comprehensive program. Yes, abstinence has a role to play.

NAFIS SADIK, MD: That is the problem. The problem is they try and pit one against the other and it is stupid to do that. It is creating confrontation where none should exist, and those who know the realities on the ground and who work in programs and provide services know the value of each of those and know fully well that there are many women around the world who cannot use any of those three unless they have certain enabling conditions in place, and that is sort of the argument that has to be understood. It doesn't matter how uncomfortable that is. It has to be part of an AIDS strategy to invest in economic empowerment of women or you cannot make

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

the ABC work for women. It is the bottom line. You can't do it, so AIDS money cannot just be spent on A, B, and C, you have to have an ABC-Plus strategy.

JIM YONG KIM, MD, PhD: I want to shift a little bit from the abstinence to some of the strengths that I have seen in Africa civil society. The African AIDS activist response is driven by women. Like as far as people who are willing to come out, be HIV positive and work in the community to change are women, and in Uganda in particular, civil society has been incredibly strong. It is not what we would call a fully evolved democracy but they still have a press. When they had corruption scandals with the Global Fund, people were able to write about it in the domestic press. They still have a vigorous debate in newspapers and in public and they have always had a strong civil society conversation about AIDS, and there are different views and they get to be expressed and argued and so I think that is one important key thing is that civil society needs to be able to have a seat at the table and to have a free voice and organize and immobilize. Donors and money without accountability and democracy on the ground are not going to get us to the golden age that Dr. Foege was going to say, and I think the global civil society by women's groups, by people with AIDS groups, is going to have to be there on the ground holding governments accountable, watching how the funds get spent, because just

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health⁵
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

pouring money into the pipeline won't work unless there are systems at the other end where health consumers can get high quality services, and we are only beginning to realize how to do that with chronic care.

CHARLES OGLETREE JR., J.D.: Dr. Sadr?

WAFAA EL-SADR, MD, MPH: I just want to say what about Uganda? You know, when Uganda first discovered its AIDS problem, it was in the army that was demanded by President Museveni at that time. Anyway, he campaigned throughout the country as a political leader to do all the comprehensive approach including the right of women to make decisions for themselves and he launched this massive program, banged the heads of all the religious leaders and said they had to support condoms, et cetera, et cetera, even the Catholics and the Muslims, and so on, they were all on his council and they dare not say anything against the approach, and to our surprise, not to our surprise, I mean in fact the program started to make progress and then came the money and some, what do you call it, constraints on how the money should be spent and President Museveni was invited to China to help change the Chinese policy because they had these social evils, you know, commercial sex workers, IV use, et cetera, and low and behold made a speech which left us all flabbergasted, said how abstinence had totally changed the scene in Uganda, totally false, and he was just catering to

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

the money, so you know money corrupts and it corrupts, taking the lives of people, and so that is one point I wanted to make about Uganda. The second point I will make is that the glass is getting drop by drop as Bill Foege said, with the support of people like Allan who have pushed these issues. Many issues that we are discussing here, even here today, were not discussed maybe ten years ago. We didn't discuss the issues of women, reproductive health rights. We didn't discuss the groups that we are talking about today. That in itself is progress. Second, that governments often mouth and say the right words, we don't want to believe it, but they say the right words and they know what is politically correct, but what is I think the real impediment is when a strong government then comes with the position and it influences those policy makers in our country who have been dragged kicking and screaming to the political agenda, to accept the evidence and to do the right things, they suddenly find a reason and a rationale not to, and I think that is what has happened to the sexual and reproductive rights of women. We started very strongly in 1994, '95, and even the five year reviews, but have received a setback and I think if the AIDS prevention program which the report says has not moved as rapidly as well as other parts of the program, again it is no accident, it's because prevention as Dr. Kim said, is not following this wholistic approach in which all parts

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

of the program, including treatment, care, et cetera, all have to get attention but also the social economic and the environment, and I think this whole business of culture and tradition which discriminates, which disempower's people, especially women, and they are to be preserved, is something mind boggling in this day and age to preserve a culture that restricts freedoms and the ability to control your own life and your own health is something unbelievable and that any government would sit down and say this, in our culture we can't do this, is something we must reject.

CHARLES OGLETREE JR., J.D.: Let me ask Mark Harrington a question along those lines, Mark if we think about the success, let's move from the global picture. We have talked a lot about the continent of Africa, let's move to the streets of New York or San Francisco or Chicago or Los Angeles or Washington, D.C., decades ago there was a powerful lobby, it was largely white, it was largely male, but it made a difference in policies here in the United States. It changed things. Now the people who are experiencing infections, the numbers are growing, are largely black and brown and female, without power. Is there any strategy that you could imagine that will allow the young black woman from Atlanta or Washington D.C. or Harlem to have the same impact that ACT UP had and continues to have to get this issue before our political leaders as an issue of great urgency?

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

Because the public perceptions that we've solved the AIDS/HIV crisis is no longer an American problem, it's in Africa and maybe going to India and maybe going to Asia, but it's not an American problem at all, how do we get people to appreciate the fact it's a real problem and it is spreading to a heterosexual community, a young community, and it's not really being addressed either personally or by our state and local officials.

MARK HARRINGTON: Well I think there are three things that need to happen. One is that we need a change in the parties that occupy the senate and the house in the White House. [Laughter - Applause] But that was the easy answer. [Laughter]

CHARLES OGLETREE JR., J.D.: Before you get to the hard answer, let me ask you this. Is it clear, is it absolutely clear, that a change in parties will lead to a change in philosophy about the problem? [Applause]

MARK HARRINGTON: It is not sufficient, no. It could be necessary but it will not be sufficient. Remember when the democrats had both parties in the White House and were unable to get a health care plan through. What we need is a national movement for national health care in this country. [Applause] And you said it was a powerful gay lobby, it was 17 people that got arrested in the first ACT UP demonstration in March of 1987. Later it was 111 people that got arrested

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

at the FDA headquarters in 1988. We were very good at putting on demos that looked good on TV. If you were close enough in it looked like it was a massive demo. [Laughter] We never had more than 1,000 people at a march. When there was discriminative laws against Haitians that were being proposed in the early 90's in this city, they were able to mobilize over 3,000 people to block the Brooklyn Bridge, which was much larger than anything that ACT UP had ever done, so I think there are multiple problems in the communities that are affected by the epidemic now. I don't think that HIV has been taken on as a leadership challenge in the same way as it was in the 80's and I think there has been complacency in the gay community since the drugs became available. There has been a lack of solidarity by the middle class against the poor. There has been a lack of solidarity with drug users. There has been a lack of solidarity with the fact that our society is a sick society with great wealth, fantastic health tools available, and millions and millions of people without health care and with lower survival indicators than countries like England. I mean, even England has better health care than the U.S. So, I think we need a movement to strengthen our social compact with each other. We need a new social contract, and limiting it to any one issue like just AIDS is not going to be strong enough to mobilize the change that is needed. [Applause]

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

And I think internationally we are not going to achieve the millennium development goals unless there is a similar coalescing around a number of different goals, whether it's women's empowerment, whether it is reproductive and child health, whether it's health care for the old, whether it's AIDS, malaria, and TB. None of the little silos are going to be big enough without all getting together and calling for social justice and human rights and political accountability, both domestically and internationally. [Applause]

CHARLES OGLETREE JR., J.D.: Okay you can start also writing your, make sure you are filling out your cards if you have questions and they will be collecting them. We will be going through those pretty soon. Dr. Gupta?

GEETA RAO GUPTA, PhD: I just wanted to say I couldn't agree more, because what AIDS has done is just sort of fed on those fault lines of inequalities and inequities that already existed in society that we failed to address all these years so it is a sort of wake up call and if we then respond to it with only public health measures and by medical measures, we are going to fail yet again, and we aren't going to sustain it the way Seth wants us to sustain it for the long marathon, and that is what I am concerned about is that we continue to talk about AIDS and give the money for AIDS prevention and treatment, all of which is very important, very necessary, but without paying attention to all of those

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

underlying causes that caused this problem in the first place, so that is one point I wanted to make. The other point I wanted to pick up from what Mark said is the power of civil society and the reason why you don't have that response now in the U.S. is that you have very little money going to community based organizations, either in the U.S. or in the developing world. Around the time of the Cairo conference and the Beijing conference, women's groups received quite a lot of money so that they could organize around these conferences. Foundations stepped up to the plate in order to make those conferences a success because it was a very well orchestrated international women's movement sort of effort to make those conferences succeed, but after Beijing and after Cairo, things have fallen off the map. There is not a single foundation in the U.S. today that has women in development or women's issues as a separate program that deserves separate resources. Women's organizations, and I travel in Africa and Asia, I am struck by how little women's organizations at the community level get in terms of resources and yet this struggle, so yes they are powerful leaders on the ground, yes they do all that they do and we see the changes happening because of their efforts, but they work under enormous constraints and a big piece of that is resources and I am always being told why does gender equality need money? It is a cultural issue. It needs no money. It is something that

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

has to change from within. I'm sorry. It needs money.

[Applause] It needs money for economic opportunity to be created. It needs money for education for girls. It is not going to happen without those resources so one of my pleas is to the foundations in the west, recognize that you are going to have to put money behind this or you ain't going to see the change that you are trying hard to get by putting money into what you think is AIDS prevention and treatment.

CHARLES OGLETREE JR., J.D.: Let me ask Dr. Kim a question in terms of moving internationally and the magnitude of the problem, because we are talking about AIDS and HIV, but if you look at the continent of Africa and you start thinking of other countries, there is very little attention to issues of malaria, tuberculosis, maternal mortality, diarrhea in children, and those issues generally have one thing in common: Poverty. How do we give poor people a voice so that these competing health issues are addressed and are we drowning out the new epidemics that are spreading around the continents if AIDS is the issue as opposed to a partner with some other serious life threatening health issues? Can we grapple these issues?

JIM YONG KIM, MD, PhD: Let me just say, you know, one of the things that I have learned, you know, I left the United Nations in December. I call myself a recovering former U.N. employee. [Laughter] But I saw the great power

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

that the multilateral system can potentially have, and I also saw, though, the way that multilateral organizations can do all kinds of things that look great but mean nothing, so there are all these things that say the voices of the poor. We see CDs and movies, but what does that mean if there are no clear targets to fixing the situation? So for example, to be very explicit, you know, HIV/AIDS there is \$10 billion dollars now on the table for HIV/AIDS and a lot of people are saying that is way too much. That money should go elsewhere, and what I would like to say is wait a minute. Now, maybe \$10 billion for HIV and very little for diarrheal disease is an unfortunate situation but compared to \$450 billion dollars this year for the U.S. military, not counting Iraq and Afghanistan vs. \$10 billion for HIV, I think is the real problem; [applause] \$10 billion is still not enough for HIV but we must insist that this HIV money be used for building systems that can help in all these other areas. You can't build an HIV treatment system without focusing on tuberculosis. It makes no sense to ignore malaria, and in the work that we have been doing in Haiti for the past 20 years, we build maternal and child health systems on the back of Global Fund money. We actually went to the Global Fund to fight AIDS, TB, and malaria and told them we cannot do this work unless we invest it in the health of mothers and children, so HIV should be seen as finally we got it right

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

for one of them, and it looks like we are getting it right in terms of the resources. Now the rest have to catch up, and we have to use HIV money to really build comprehensive primary care systems. It is the first time in history since 1978 that we have had the kind of money to finally work toward health for all.

CHARLES OGLETREE JR., J.D.: Seth [inaudible]?

SETH BERKLEY, MD: Just one minor point because HIV came out of Africa and what we have to remember also is the fact that we are a globe. The world has flattened and it's really interesting so we have influenza. We have the same problems in influenza that we have in HIV in terms of vaccines and the way we are accelerating that and the mechanism to do that, but what is interesting is you have Africa which, in the great epidemic of 1918, had a vast number of deaths. We don't know because we can't calculate it but here is a virus that can move like wildfire around the world and clearly if you had an epidemic only in Africa, it is the place for the virus to change, to mutate, and to have things. It affects the whole globe and yet as we think about influenza, you know, who is thinking about supply of influenza drugs to Africa or vaccines for Africa or anything else? It is not happening so even if you didn't care about poor people which of course the world should, the fact is that it is one world now. HIV came out of Africa. If HIV is

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health⁴⁵
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

moving around Africa, it affects all of us. More than 50-percent of the infections that are occurring in the U.K. now are strains out of Africa.

CHARLES OGLETREE JR., J.D.: Do you think that message is being heard in Washington?

SETH BERKLEY, MD: I think people talk about it. I think they talk about it but I don't think they really understand it. There are no barriers for infectious diseases. It is the whole world we have to think of.

GEETA RAO GUPTA, PhD: I think it is also important to keep in mind and it's something that Allan has always stressed very much in the programs we have worked together on, is these issues are interconnected. It is one individual often who has both TB and HIV, and it is probably a woman who needs reproductive health services at the same time and she probably has a child who also has diarrheal disease and needs vaccinations and I think same thing of trying to use the opportunities and the resources we have now to establish systems. Those systems will help everyone. For example, let's think about what HIV has done, the money, the resources with HIV, what they have done is often they have built systems that never existed, that actually helped us dream and implement things that people thought would never be done, a way to distribute drugs to remote rural areas in Mozambique. We can do it today. You can use that system to finally make

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

sure that TB drug is there. You can use those same systems in the future to get the vaccine that Seth is going to discover to the people way out there. We have used systems, Dr. Foebe was talking about the electronic medical record, and finally HIV is making us actually think that is doable. Why is that so? It's because there is this momentum that is built, that is questioning people who say it can't be done. People said this cannot be done. You can't get treatment for HIV to a remote village. You can't bring the woman. The woman will never tell her partner that she is HIV infected. You will never be able to get the drugs there. People will never take the drugs because they don't have watches, somebody did say that, in Africa or that you can't have laboratories or you can't have families coming together. It has been done and I think it is changing the culture. It is changing the reality. It is [inaudible] those systems on the ground that everyone will benefit from and I think the disease that you just mentioned, tuberculosis, malaria, diarrheal diseases are just the ones that actually were if we are smart, and we can work right and work together and help the funders also prioritize right that we can actually establish a new language, a new way in which we can talk about getting complete health care to everybody. So I believe that this is a momentous moment in time now. I don't think anymore of the vaccine vs. the treatment. The systems

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health⁴⁷
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

are going to make it happen for all the health risks that these communities are facing.

CHARLES OGLETREE JR., J.D.: Let's speak systemically for just a moment. That is, we have all these fingers doing different things but we don't have a fist collectively doing the work. Is there a unified organization or institution that should take the moral and political leadership on this issue? WHO, is there some group that should be seen at the lead voice in tracking this massive, now Seth described, a global problem? Is there one? Is WHO or is it United Nations?

MARK HARRINGTON: There isn't one. That is the problem.

CHARLES OGLETREE JR., J.D.: There isn't one. Should there be one?

MARK HARRINGTON: It has to be a system approach. It isn't just civil society. It isn't just governments. It isn't just medical.

WAFAA EL-SADR, MD, MPH: It could be WHO but WHO unfortunately has never seen the leadership to build partnerships and have civil society and all the other groups and as [inaudible - laughter].

CHARLES OGLETREE JR., J.D.: Not on my watch.

WAFAA EL-SADR, MD, MPH: Not on your watch, but what I was going to say is that we have so many vertical programs

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

and what Dr. Foebe started with the need to have a health system which is part of a global health approach, that is not being pushed except by a few people and I think that is what we need to push, that every vertical program must have an element or elements of the capacity building [inaudible]. We don't really have a viable infrastructure on the ground and the point that you were making about HIV/AIDS program that is being used to develop health systems, I think should be used also for all other vertical programs, the point that you made, that the reproductive health programs, family planning program, the vaccine program, et cetera, et cetera, should in the end leave a health system and I think we need Allan to push this challenge forward and look at it as hopeless, how can we do it now? And maybe an academic push would push WHO, which should be a leader, and could be a leader, and behind WHO we should all sort of, if they have the leadership and have the vision, and don't shy away from difficult issues. The reason I say this about WHO only is because you never helped me for reproductive health and rights and sexual health and rights because it was too political, and that has always bothered me that a scientific organization should not cater to politics and I think if we had a leadership that was based on science and evidence and didn't cater to the politics but in fact had the courageous voice to say the things that need to be done and said them repeatedly, invoke

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health⁴⁹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

the civil society to help them, invoke, you know, got the women's groups to help them, I think we can make a change even with the meager resources we have today, but we will get more resources as you said if you get a constituency that bothers the political leaders and denies them their vote, and what better than half the world's population, women, get them on board to do the right thing, elect the right people, and then you will have a change.

CHARLES OGLETREE JR., J.D.: One final question for Dr. El-Sadr [inaudible] and this is the question, with the Kaiser Foundation, we support something called "Love Life" in South Africa.

WAFSA EL-SADR, MD, MPH: Yes, wonderful program.

CHARLES OGLETREE JR., J.D.: And we keep talking about the top, that is WHO, United Nations, United States government, but the idea is what are we doing at the bottom? "Love Life" is designed to get young people to talk about it, which is against all sorts of cultural taboos in a place like South Africa. They are talking about AIDS and HIV. They are talking about their parents and their siblings dying. They are talking about grandmothers raising children. They are talking about raising their own siblings, and they are doing it on radio shows. They are doing it on television programs, and they are talking about things that the fathers and mothers never discussed, ever, about sexuality as one issue,

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

to the United States. Now we see commercials on MTV reaching young people, BET reaching young people, and Univision, and don't we realize or are we thinking about new strategies, that is they are not going to read unfortunately the *Wall Street Journal* or the *New York Times* or the *Washington Post*, but they do have iPods. They are connected to the internet. Are there strategies that we need to use from the bottom up? Should we be encouraging young people to take this battle 25 years after ACT UP took it? Should we be encouraging them to make it clear that this is their survival for the 21st century? How do you do that?

MARK HARRINGTON: MTV did a survey, the reason MTV did that is not because they are being good. The reason they did it is because they did a survey and that is what their audience said they wanted to hear about.

CHARLES OGLETREE JR., J.D.: Which is a good thing, they are learning from their audience, right? But what can we in a sense encourage that in some meaningful way?

SETH BERKLEY, MD: I think it would be a mistake to hold the "Love Life" as really a grassroots phenomenon and I am not sure. It was pretty indirect. It often didn't give direct information about how to avoid getting AIDS, and it was a communication, sort of, it was very media advertising, yet I don't think it was. I have very mixed feelings about saying that would be something that we should really try to

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

export into this country. I think we have a lot of hypocrisy about sex and drugs in this country, and we need to take it head on and I think we need to figure out how to do it in a political way, but I want to go back to your WHO question. WHO currently could not lead this effort. They have the wrong charter. They have the wrong budget. They have the wrong structure, and they would need to be completely reformed to have civil society organizations be part of their board, to not be in the pockets of a few governments, and to not be unable to even hire people. I mean, when Jim moved there he was trying to get 100 people to go into countries to work on 3x5. It took him, before, it was almost the end of 3x5 when they had the people finally in the countries to help scale up 3x5 and then they pointed the finger at WHO and said well you failed but the thing is that the world governments, just the way they failed last week at the UNGAST review, they failed to provide WHO with the support it needs to do all the things that it needs to do and then they point the finger at WHO and blame it for its failure, so it is the fault of the governments that have to change, and without a commitment to a reform, much stronger WHO, it is not going to be able to meet these mandates.

CHARLES OGLETREE JR., J.D.: We are going to take some of your questions now, and if you have other questions, just pass them up forward, but before we get to your

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health⁵²
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

questions I want you to please join me in thanking this panel for their great comments. [Applause]

FEMALE SPEAKER: I'm going to take some questions from the audience and try to continue with the discussion. We have a lot of questions here, but let me take the first one. The question says while the U.S. government contributes more money to HIV/AIDS programs than any other donor. It is often criticized for not giving larger amounts to the Global Fund. Do the panelists believe that the U.S. government funds supporting HIV/AIDS are misdirected? Is there a problem that you see in terms of the funding going directly, U.S. government funding vs. supporting the Global Fund?

JIM YONG KIM, MD, PhD: Let me just make one comment on that. You know, if you look back at the great efforts in public health in history, specifically the smallpox eradication effort, I think one of the most exciting parts of that were that the American CDC, which had most of the vast capacity to tackle the phenomenon, basically melded with WHO. There was hardly any distinction between the two. I have heard that the United States government succeded as many as 200 or 300 people to WHO to do the job, and I think that for the polio eradication effort, it is the same thing. We have recognized that for years in public health that the global mandate of the World Health Organization, its presence in 145 countries with country offices and the brand, which is so

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

powerful still, melded with the vast technical expertise of the CDC, is a winning formula. Unfortunately, that has not happened at all in responding to the HIV epidemic. There is an absolute firewall between the CDC and WHO. I mean, we do have our exchanges. We talk once in awhile, but it hasn't been that kind of interaction and that is one of the things I think I am most sad about, in my experience, is that we didn't have that opportunity, so I believe that if you are taking on a global pandemic, while there has to be multiple organizations involved, there has got to be a global response. There has to be a multilevel response and that has been part of the problem. I think the PEPFAR program has made fantastic accomplishments. They are moving. They are getting things happening. Some of the best programs I've ever seen are funded by PEPFAR. I applaud President Bush's commitment to this issue, but we know about the problems with the abstinence oriented focus and this is a major problem. Multilateralism has got to be promoted. I am glad to see the U.N. standing up for itself now in the last few days and it doesn't work well. Mark is absolutely right. The WHO is an organization with seven elected people inside the [inaudible]. It doesn't function well, but the point is it could be fixed and its brightest moments are when it has joined hands with the U.S. and tackled an epidemic in order to solve the problem.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

WAFAA EL-SADR, MD., MPH: I think the short answer to the question is yes, it is a problem because there are two issues: One is abstinence and the need to devote some amount of money. The second is prohibition of organizations at the country level, especially NGOs, that provide reproductive health services, that ideological position doesn't allow, which is support for abortion, for example, even if it is legal in their country, and the third is this restriction on support for programs directed at sex workers, as they say that if you have programs that improve the health of, I think the word they use is prostitutes, is going to increase sex trafficking because it will make sex work safe, and you know these are all impediments because they have to sign on that they are against prostitution. Of course, nobody is for prostitution, but they do have programs that work with sex workers and so these have been, I mean there is ample evidence to civil society organizations in particular have suffered from lack of access to the resources, but on the other hand the PEPFAR program has done a lot of good. I mean, many countries the local officials, like you have with the Catholic Church, you know there is policy in Rome. Many of the local priests and nuns do what is required on the ground, dispense condoms. I think the same thing has happened with many U.S. AID officials, that they look

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

benignly at programs that have this holistic approach that is based on evidence.

FEMALE SPEAKER: Let's move on to another question and I know Dr. Kim would love to answer this one but we are going to ask Mark to answer this question. [Laughter] What about setting targets? The questioner is asking yes, everybody agrees it is a good idea to set targets but how about setting up realistic targets vs. ambitious targets that cannot be achieved? What do you think?

MARK HARRINGTON: Well, realistic targets aren't worth fighting for. [Laughter - Applause] They are worth getting. It is exciting when you get them but you won't get them if you said we are going to have a realistic target. When Clinton came in, we made recommendations to congress about reforming the NIH AIDS program, and they actually were written and signed into law, and we were worried that AIDS was going to get too much of the new money for NIH, as NIH was rising at the time, so we called for a doubling of the entire budget of the U.S. National Institutes of Health. We never thought it was going to happen, and five years later both parties got together and decided to double the budget of the National Institutes of Health, but you can't set a target that is so far away that everybody will be out of office by the time it's, like eliminating TV by 2050, who is going to be around in 2050 to make sure that those promises were met?

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

Even the MDG's or the global plan to stop TB, it's a plan to be achieved in 2015. All those people that stopped TB department in WHO, they are going to be long since retired and living in Northern Italy when that happens. [Laughter] Setting a very ambitious but achievable target that is casted and is based on rational inputs, the 3x5 target was designed by Bernard Swartlander and colleagues based on credible data in 2001 and published in *Science*. It was endorsed by Dr. Bruntland before she left WHO at the Barcelona AIDS Conference in 2002. There was no plan to put it together. One year later, she unexpectedly decided not to run for reelection and a new director general came in, and he staked his job reputation and organization on the line and said we have less than two years to do it, but we are going to follow our promise and try to give the world the tools and the technical assistance it needs to put 3 million people on therapy by the end of 2005, and they made 1.3 by the end of '05. In the process, they pissed off all the world's governments, none more than the U.S. The U.S. wanted to brag about its own targets, which were PEPFAR targets and 2 million would be on treatment by the end of 2007, but I think that the fact that WHO set ambitious targets and helped countries to develop actual plans to implement them had a galvanizing effect on the scale-up process that is actually still under way and so the next set of targets is universal

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

access and I haven't heard that come up today. You asked if we are happy the U.S. is giving so much, we shouldn't say they are giving so much. We need them to triple. We need all the donors to triple what they are giving so that we can be able to afford universal access and even then, universal access is just going to get us to 2010 and it's not going to help with all of the other diseases that we are concerned about so we need ambitious targets. We need global targets and we also need countries to set their own targets and hold them accountable.

NAFIS SADIK, MD: I just want to add to that and say that targets are essential and I agree that realistic targets are useless because the reason the targets are set is so that you can rev up the advocacy and the activism and get the world to pay attention. I also [inaudible] very important accountability mechanisms, so you said you would do this, why haven't you done that? It is how civil society can then mobilize some action so I think that it is very important to set ambitious targets and to try and hold governments and multilateral institutions and the large financial institutions accountable towards those targets.

FEMALE SPEAKER: [Inaudible] as a follow-up, ask Dr. Kim maybe, I mean clearly the 3x5 targets were quite by, consensus quite valuable in mobilizing and rallying and although they were not achieved I think everybody, there's a

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

consensus that they were very important, but I hear from the panelists that it is also very important to discuss why they were not achieved and having a plan, follow-up plan. Do you see that happening or is it sort of target was set, achieved or not achieved, and then let's move on to set something else rather than a bit of an analysis of what worked, what didn't work, and how to move forward. Do you see that happening?

JIM YONG KIM, MD, PhD: I do, and in fact there is a tremendous interest for example in community health workers and human resources for health. The activists now are running around trying to get more attention to community health workers. I have been working with community health workers for 20 years and it's just extraordinary that we have gone from just a very high level, send the money out, to really talking about health system issues, so I think that first of all, I am disappointed that there have been no interim targets at all. I thought there would be some for the universal access, but I think what we have learned now is that there are ways of making things happen, making things work, like for example bringing lots of new community health workers but let me just say one last thing. I think on the issue of women, we also need concrete targets for women. Steven Lewis has been talking for years now about a U.N. agency for women and I think that is a very important idea but then for example, now that we have gone into HIV/AIDS,

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

now that the entire world including the White House, is very concerned about increasing the number of community health workers, well one of the things that women need more than anything else is jobs and income, so you have the opportunity to build a community health worker network around the response to HIV, at least half of whom and maybe more should be women who are professionalized, paid, and that in itself, my guess, that in itself will be an important preventive tool. So why don't we set a target absolutely that we should have community health workers but they should be focused on women's issues, they should be trained to do more than just HIV and this is the number. This is what they should be paid. This is the professional education they should go through. Set that target in for the very short future and let's see if all this wonderful rhetoric about attention to women can get turned in to the actual empowerment of women through having jobs and a profession.

FEMALE SPEAKER: I know that we have discussed abstinence here by the panel for several minutes at least, and one of the members of the audience is raising the issues that with the focus on the issue of abstinence, is there risk that somehow, that is the main thing that is being discussed at this point, is there risk that some other key issues in terms of impairments to global health or impediments to HIV control are being lost?

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

MARK HARRINGTON: Absolutely. If you focus on, again, abstinence can be a tool for some people, and even in this country we know we have had these promises to stay abstinent and it turns out that the people who fall off the wagon if you want to call it that end up having higher risk than those who have never taken the pledge because of course they are not prepared, they are not educated, they don't have the tools with them. In the developing world, if abstinence becomes the only message, what do we do about people who are injecting drugs? Is that about abstinence? What do we do about women where the single greatest risk factor is the fact that they are married? What do you say to a monogamous married woman? You can't say abstinence because of course in their society, childbearing is important and they may be forced to have sex, so I think the issue is you have to have a more complex message and that really is the challenge. If I could just go back on the target issue, I agree with all that was said, but I think we have to be careful because 3x5 target with no money, you know, we didn't get the 3x5 and you can argue we get more. I think there is a danger of getting, you know, we have an unprecedented amount of money so far. WE need more but there is a danger of having everybody say all right now we have given billions and we haven't made targets and therefore we can't succeed and so somehow we have got to walk a fine line between very aggressive targets but targets

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

that we think are realistic and are doable within some modicum of possibility and I think that is a really important issue, otherwise I worry that we are going to discourage the people who are just now being shamed into putting the types of resources we really put, Jeff used to say we have to think of not the "M" word, a "B" word, and I think that is the critical point. We have shifted to a new level and I think that is important.

MALE SPEAKER: So how much money do you need to bring us 1) safe effective AIDS vaccine?

MARK HARRINGTON: A "B" word. But the only point I am trying to make is that Peter has said it is going to be \$22 billion dollars a year starting in 2008, you know, we need more money in overseas development but the goals are so ambitious and 2010, if we are going to make access for all by 2010, we have to create a health system that I think is implausible that it is going to happen and so the question is how do we balance what is possible and the dreams that we all have with the realistic money that goes with it? I think that is an important partnership. We are moving in that right direction but I think it is important.

GEETA RAO GUPTA, PhD: Another issue that we did not discuss this morning is the issue of microbicides and their potential as a tool for prevention of transmission of HIV.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

WAFAA EL-SADR, MD, MPH: At this conference, I was quite pleased –

GEETA RAO GUPTA, PhD: And the person who put together the question wants us to focus on the issue of what about talk about the market failures?

WAFAA EL-SADR, MD, MPH: About what?

GEETA RAO GUPTA, PhD: Market failures, which prevented the development of a microbicide. There is investment by foundations largely in the effort to find the microbicide, but there isn't as much investment by pharmaceutical companies and so on.

SETH BERKLEY, MD: Well there are a couple of issues. One is clearly around the whole contraception area in general, there is a huge issue in liability, and so contraception development had moved into the not-for-profit sector because of that, so one major thing and I am sorry our moderator is not here, is the issue around the liability side. The second is an issue around this demand in the south. I mean, one of the fears in AIDS vaccines has been you know, gee you make an AIDS vaccine, it's going to be controversial in the north, so it's not going to be required and therefore you are not going to get that high market in the north but it is going to be demanded in the south and you are going to need billions and billions of doses that are not going to be paid for and therefore could in fact do damage to

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

a company because their reputation would be hurt by not making it available. So the interesting question for microbicides and vaccines and frankly other technologies is we need partnerships between the public and private sector. Obviously at the end, the private sector needs incentives to invest in these areas. They need some protection to invest in these areas. We have got to put those in place. On the other hand, if we sit there and say the public sector alone is going to do this, we lose the collected experience of a pharmaceutical industry which really knows how to make these products and I think what happened with HIV drugs is an example of what can happen if science is targeted, so for me, the challenge for us is to create these new novel partnerships to bring public and private sector together so that we can succeed in these areas.

GEETA RAO GUPTA, PhD: What about from perspective of women and microbicides, is it possible that the lack of interest and so on in the development of microbicides is because it is something that will empower women? It is a product that women can actually use that they can control.

WAFAA EL-SADR, MD, MPH: I think microbicides was clear empowerment as the premier condom and I was pleased that at this general assembly on HIV/AIDS, both these were in fact mentioned and mentioned quite strongly, not just by the civil society but also echoed by governments but I totally

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

agree with Seth that unless we can find good public private partnerships, the field is not going to move because there is not enough profit for the pharmaceutical company, also the fear of litigation, and so we need to find a formula which allows them to do the research but to be also compensated for their research and I think there are some examples of underwriting by government and if we can get the resources increased and debate and discuss the private partnership, I think this is something that President Clinton, I am sure could address. [Interposing]

NAFIS SADIK, MD: The models exist for that kind of public private partnership. It is a question of making the sufficient investments for microbicides for that to succeed. We have come a long way in microbicide development but need that extra push now in terms of resources to make it happen. Can I make one other point? When we talk about targets and you pointed out, Seth, the need for resources to make those targets at least achievable, there is also the question of institutional accountability. It is very clear, it's very important when you set targets to clarify who is the institution or which is the government or where are we looking for that to happen? That was part of the problem with WHO. We said WHO is responsible for 3x5 but then you completely constrain its ability to be able to reach that goal. With a lot of the targets, the brilliant idea that Jim

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

came up with now, if we set a target like that for women as health workers, who do we hold responsible if it doesn't happen? I think that is key in the U.N. system, in the multilateral system right now, the reason why Steven Lewis is pushing for an agency that is focused on women, is that we have no one place to go to, to say you are accountable. This should've happened for women. It hasn't happened yet.

WAFAA EL-SADR, MD, MPH: Or you should ask for the accountability.

NAFIS SADIK, MD: Of which agency, because everybody passes the buck is what happens a lot with women's issues so I just want to make the point that institutional accountability has to be clarified when targets are set.

WAFAA EL-SADR, MD, MPH: But, including the donors' accountability, because for example on gender equality, every donor pushes it in every organization, but when a program is being approved by the governments, the board of those organizations, they never ask that question. How is this program going to do what it is supposed to do as far as women are concerned or are the resources going to women? They never ask the right questions, certainly not in the health programs, and certainly not in the HIV/AIDS programs, so I think there is a push now to look at programs both from where they are being developed but also from where they are going to be approved to ask the right questions and make sure that

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

they choose that we think are going to move the HIV/AIDS agenda forward are actually addressed in those programs.

GEETA RAO GUPTA, PhD: Another question is going back to the issue of PMTCT, prevention of mother to child transmission, and I think Dr. Sadik mentioned early on in the discussion that is one of the indicators where actually the world has performed probably the poorest, only 10-percent, it is estimated only 10-percent of women have access to programs for prevention of mother to child transmission and there obviously are many reasons for this but maybe Dr. Kim, can you speculate on why there was such a poor achievement in that one area and also others can comment and what are the impediments on the ground for establishing the PMTCT programs globally?

JIM YONG KIM, MD, PhD: Just a couple of quick points, first of all there has never been a real target and there has also never been a really clear system of accountability if we fail to miss that target. Some leader has not stood up and said we had better get to 50-percent by two years and if now, hold me accountable. You know, Jim Grant did that. Dr. Lee did that with 3x5, and whether we meet the target or not, just having someone do something that brave can have an impact. We haven't had a target, but I think the other issue that we have to look at carefully is just testing. We do not know the status of most pregnant

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

women in Africa who need to know their status. There is a lot of movement in this area. I work in a country in [inaudible] to this trying to offer voluntary counseling and testing to everyone in the country and I think something like that is needed. I think we have to be much more serious about first getting treatment and prevention in place so that a test is not just a death sentence, but then once we do that as quickly as we possibly can, we have got to make it a routine part of the medical encounter and once we do that, I think pregnant women will want to protect their children and that is what we have seen over and over again.

GEETA RAO GUPTA, PhD: I have a last question. In the audience, I am sure we have quite a few students and young professionals who are just out of schools of public health and if each of you very quickly had one word of advice on what they should focus on in their career, what they should work towards? What would it be? Let's start with you, Seth.

SETH BERKLEY, MD: I think the critical issue is to marry science and activism. You have heard a lot of about that in Allan, but you have got to be angry. If you just join a system and sit in the system and go along with the system, we will never make the change we want so if you can be, take the anger, take the activism of youth, get the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

skills and work within the system to change the system, I think that is the most powerful combination.

JIM YONG KIM, MD, PhD: What I tell everybody that I deal with in medical school is you have got to find something that every day you wake up and it makes you feel passionate, that you feel like wow, I can't believe they pay me to do this, and those of you who are in this room probably have that choice, but the other thing is that, you know, go back and get in touch with those people who moved whole generations, people like Martin Luther King. It's Martin Luther King especially for us, you know, back in those days and I was very young in those days, but that feeling that you are involved with something that is so transcending that every day you feel that your own problems are a little bit less than what you had thought, find something that will do that for you. You are living in the richest country in the world. You should be able to do that. Find that which motivates you and move in that direction.

WAFAA EL-SADR, MD, MPH: My advice to young people is first of all to choose the global public health and within that, women's health. [Laughter - Applause]

FEMALE SPEAKER: Can I say "ditto?" [Laughs]

NAFIS SADIK, MD: And secondly I would urge them to find the opportunity to actually live in a developing country, because you know, what happens to you here is

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health⁶⁹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

totally [inaudible], you know to move from the realities that we have in our lives and third that you have to be courageous. You have to find a way because you will go to a developing country and those people who are older than you think they know better than you. You have to find a way to speak up without alienating everybody so you keep your objective alive no matter what the opposition but you know, sometimes you lose a battle but you will never lose the war if you come back to fight and fight and fight again, and that is what we have to do to get help for all in this world.

WAFAA EL-SADR, MD, MPH: I just want to say "ditto" to Nafis. Another way to put it is speak truth to power. Keep your eyes wide open, and notice inequities and injustices that others may not talk about but will be visible if you just look for them, and let that be your passion to rectify those inequities and injustices. That is Allan's legacy and that is what you should follow. That is the path to follow, because if each of us do that, someday this will be a more equitable world. Let that anger burn in your belly but remain strategic and figure out how you can get the outcomes you seek by staying calm and speaking powerfully.

MARK HARRINGTON: Well, 20 years ago I moved to New York from Cambridge, Massachusetts, as a young gay man who didn't know what I was going to do in the world and got caught up in ACT UP because my community was getting affected

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Taking a Stand: Challenges and Controversies in Reproductive Health
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006**

by AIDS and originally we didn't know anything about science and we didn't know much about politics, but we knew that we needed to make a very loud noise to make change happen. This morning I got up and took some pills, I take them every day, I've been taking them for ten years. They are keeping me alive. They are keeping over 1 million people in developing countries alive. Ten years ago, we didn't have any of the pills I took this morning. We hadn't even heard about viral load being driven down to undetectable at the Vancouver AIDS Conference, but I agree with Seth, I think that combination of science and social justice and activism has created a revolution in global public health, so you can do work anywhere and make a difference, just look around, figure out what is really bothering you, how to bring the light of science upon that and bring the passion of activism out of the science that you do, or out of the political work that you do, let it be informed by evidence and science and knowledge. Don't act like those are two separate parts. Those are the two hands of what makes us human, and I do believe in the possibility of change. We are all living proof that people can take action to save each other's lives and if the golden quarter century is upon us, then we are all going to have to figure out our own ways of contributing to that together. [Applause]

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Taking a Stand: Challenges and Controversies in Reproductive Health¹
Maternal Mortality and HIV/AIDS: Welcome and "Responding to HIV/AIDS"
06/08/2006

GEETA RAO GUPTA, PhD: So the message is keep your eyes on the prize, stay angry and keep your humanity.

NAFIS SADIK, MD: And do women's health! [Laughter]

GEETA RAO GUPTA, PhD: I want to thank the panelists. I think each and every one of them has fire in their belly. You would agree, and I think you have inspired all of us. Thank you very much for participating today. [Applause]

[END RECORDING]

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.