

**Summit of the African Union:
Global Forum on Health and Development
Part II: Resources and Priorities
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PRESIDENT ABDELAZIZ BOUTEFLIKA: Thank you, madam. I will start by indicating that the action to be undertaken in order to face pandemics in Africa can only be based on integrated and decentralized approach and an integrated approach. It is necessary and possible to fight the rule and the socioeconomic consequences of this epidemic.

So centralized action is necessary in order to facilitate the access of users and enable the active participation against these pandemics. In order to come back, (unintelligible) your question, I think that it must be appropriate to reduce the efforts to be deployed to one priority.

The struggle against the pandemics is multi-dimensional. I recognize that for reasons of realism and efficiency, the higher - the hierarchy of priorities is important. It's the magnitude of these problems that (unintelligible) divert our efforts. This is why it is necessary to start for a strategy which could cover in a balance to where the meeting of immediate needs was laying the foundations for a good sanitary situation in Africa.

The approach of (unintelligible) from the point of view of help includes these two approaches. And in the face of a challenge of AIDS and other pandemics, it is necessary to allow appropriate resources in order to carry out the necessary

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programs in terms of access to the necessary therapies. But you must be aware that the impact of this program can only be optimal if they can (unintelligible) on adequate health systems.

This will lead me to the necessity to allocate as of now resources in order to pursue the processes of streamlining the development of health systems in order to improve and increase the services in the benefit of population. Experience shows that in adept and costly health systems which do not ensure very large health coverage, are real obstacles for care and treatment.

This operation should put - should be based on the development of how proximity health services of specialized centers and also the rehabilitation of the existing health structures. It will be thus possible to extend these services to populations in terms of diagnosis or curative care.

At this point it is obvious that the increase of health purchase and also financial increase are necessary in order to carry out processes of reform (unintelligible) to a better care of the pandemics which threaten the survival of entire populations of a continent and their future.

It is also necessary to increase the mobilization of the civil society and also private sector in order to ensure the success of health programs in Africa. As thus I will not insist that enough on the crucial importance of mobilization

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and the allocation of resources to back up the implementation of adapted national policies in terms of drugs and also the threat of international negotiation on the facilitation of access to drugs for African countries.

These are the few elements for the answer that I've been asked. I'm quite persuaded that the events today will enable us to locate better the stakes of struggle against this pandemic, and also to advise more the international community of the need for a collective action to face this disease.

As you know, madam, Algeria and the regions of northern (unintelligible) Africa, presents an image which is less than upsetting image. This does not prevent us from pursuing our efforts of prevention in order to prevent any risk of spreading of this disease.

I must here underline that Algeria was in a bad time and greatly affected by malaria and TB, and efforts have been made and have enabled to eradicate these diseases all over our territory. The few cases of malaria and TB which are signaled (unintelligible) are taken care by using the - an accessory services, particularly as concerns TB, as concerns HIV/AIDS.

The same campaigns of prevention are carried out in order to - to control the propagation of this virus. We have also set up the national committee for the fight aga - for combating AIDS and also for the control of blood. We - we must also say that the state takes care fully of the fees for

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treatment of patients. And Algeria invests also in this.

Earlier I tried to use the experience it has acquired in terms of fighting tuberculosis and trying to get African countries involved and benefit from this experience. We are ready, of course, to pursue this cooperation with our African continents.

I thank you, madam.

MS. GRACHA MACHEL: We now move to (unintelligible).

PRESIDENT YOWERI MUSEVENI: (Unintelligible - audio fades in and out).

In 1986 the infection rate in Uganda was 90%. However when we realized the characteristics and we studied it (unintelligible).

The motto is we have now been committed to us, called ABC. Abstinence - young people should be encouraged to abstain from sex instead of proliferating in the cultural sexism that I see in the TVs of the west. We encourage our children to abstain from sex until they are ready to get married.

Once you get married you be loyal to your partner. And then for those who cannot they use the condom. That's why we call it ABC. Abstinence, be loyal to your partner, if you can't use condoms.

The - the second element here is (unintelligible) is to treat opportunistic infections. All these are infections who come with AIDS, and these are (unintelligible).

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Now (unintelligible) those already infected that it is permitted to antiretrovirals (unintelligible) people who are sick with AIDS, they can (unintelligible) their families and the antiretrovirals are used.

However I'd like us to be careful about the argument going on in (unintelligible), mainly pushed by India and Brazil, where they are arguing that the companies invent medicines give up their patent rights and then India and Brazil commercialize those generic drugs.

The argument should be narrowed that if we get generic drugs they should be for our use for opportunistic, not for - for business for Indian companies, for Brazilian companies.

The other program is the care for the orphans. What do you do with orphans? (Unintelligible) of Uganda on account of our extended families, when the parents die the uncle, the aunt takes over the children. However, the only problem with this is pooling costs. Because the family - the uncle can take over the orphan or over the aunt, they can feed the child but the problem will be paying two costs. Or they have their own children then the other orphans, there's really a little bit of pressure.

Now in the government of Uganda, the government is now paying for (unintelligible) with education, but that leaves the other (unintelligible).

Now we have discovered that (unintelligible) of Uganda

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are going to pay more attention (unintelligible).

Now on the side of malaria - but I didn't want to leave the question of the school. Not one third of the population of Uganda now in secondary - in school. Primary schools and secondary schools. Now (unintelligible) instruction that every two weeks the head teacher holds an assembly with the whole school and gives a message about AIDS using centrally prepared material.

Finally, Malaria (unintelligible) immunization, (unintelligible), and treatment. Thank you very much.

MS. GRACHA MACHEL: Thank you, Mr. President. And thank you also for coping with us in terms of time. May I now call President Idriss Deby, representing Central Africa (unintelligible).

PRESIDENT IDRIS DEBY: Thank you. (Unintelligible) that are threatening the whole of Africa, Central Africa in particular, and all of Sub-Saharan Africa. These are two diseases that have different presentations, but that are causing a lot of problems and undermining the African population.

(Unintelligible) have said that we know because (unintelligible) our population for quite a long while. And that is why we need to act. We need to act respectively and to do what we need with resources, and this is what is lacking. None of our countries can be in a position to have adequate

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resources. Even if we devoted 15% to - for it in our government budget it would not be adequate care. And it is also important to underscore the fact that no country can do it alone. Most are moving together from men - from people from one country to another is also - so is this disease moving - being transmitted by human beings from one country to another.

And this is the reason why I want to underscore (unintelligible) in the outcome of any regional cooperation that (unintelligible) beyond our national boundaries we will not be able to cut it out and there will be no need investing (unintelligible) the country single handedly.

There must therefore be (unintelligible) cooperation, sub-regional cooperation. This is a very essential condition for adequate control of that (unintelligible).

Now you have also studied - which country doesn't have a program or need to be. We have a controlled program in our country. I am definitely involved in the program. In the year 2002 I led a caravan - a (unintelligible) caravan on what we called the passage of AIDS. And I have over 30 meetings and seminars along that (unintelligible).

And what was striking about the whole situation was the sight of the orphans, those children of increasingly often (unintelligible) over the years without father, without mother, whose survival has become very problematic. Our country does not have the resources to cope with - are not in a position to

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have - to (unintelligible) of adequate (unintelligible) assistance to be able to take care of these children.

And there is another idea I had that doesn't seem to be appealing. Because our - our developing partners seem to (unintelligible) the idea that an AIDS infected person is as good as a dead person, therefore there is no need doing anything about him. But that is wrong.

And AIDS infected person can still be alive for the next ten years, can still make something. Make - have a productive life for about ten years. And we do not have the idea that even commensurate with our (unintelligible) capacity, not to talk of being avai - affordable.

(Unintelligible) expensive drug and in our country we decided to give drugs because they're - because in 2002 the balance rate in Chad was (unintelligible) and we have decided therefore that the government would be given a (unintelligible) contribution by the (unintelligible).

But this is not an ideal solution. (Unintelligible). But let me give you the example of (unintelligible). In 1995 we were given two billion (unintelligible) and everything was benched on campaign - information campaign. Then we had a - less than 10,000. Today we have over 10,000 (unintelligible).

MS. GRACHA MACHEL: (Unintelligible).

PRESIDENT ABDOULAYE WADE: Thank you, Madam Chairperson. I'll take only one minute, because Senegal, uh,

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one of the newest rate of prevention, 1%, was - when I came to power from years back it was 1.4. But one has to recognize the fact that my predecessor in office has done a great deal about it by giving information to the population. At the time people did not believe (unintelligible).

So we came - we carried out a campaign using the tenant of religious leaders and social leaders. The Catholic Church that did not get involved in the campaign for the popularization of use of condoms later got involved.

When President Bush visited - came to (unintelligible), when we talked about the \$10 billion that he wanted to allocate for the control of HIV/AIDS, I commended him for that but he said Senegal was not included in the list of countries to be considered because we have had a successful control campaign. That is a mistake however.

What I would like to say has to do with malaria and TB. A country like Morocco, for instance, has been able to eradicate malaria. I think it's possible to do that. It's possible to do so but we have to delay (unintelligible) on prevention because I believe that trying to cure a disease is a battle that is almost considered as lost.

In fact our Minister of Health (unintelligible) Prime Minister (unintelligible) Minister of Health and prevention of diseases because I believe that it is very important. And the third minister was called Minister of Health because I told him

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that prevention is so important that I might have a whole minister in charge of prevention of diseases. So prevention is very important.

When - until we decide for instance to remove all the water forms and all the sources of mosquitoes environment, we will not have waged an adequate war against mosquitoes.

Talking about HIV/AIDS I want to mention that President Bush said a (unintelligible) - a \$400 million fund, I think is a (unintelligible) fund he called it, which can be made - which can be accessible to.

And then I want to talk about the last (unintelligible) we had in Senegal. We are making a fund raising program, which has already brought in about 2 billion (unintelligible) for the prevention of...

MS. GRACHA MACHEL: (Unintelligible). Can we now move, please, to Prime Minister Pakakalitha Mosisil who will address us on behalf of Southern Africa.

PRIME MINISTER PAKAKALITHA MOSISIL: Thank you very much, Madam Chair. Let me (unintelligible).

We in Southern Africa are convinced that the HIV/AIDS pandemic can, must, and will be (unintelligible). To this end the Southern Africa development community region (unintelligible) committed themselves to combating the HIV/AIDS pandemic, all its manifestations through multi-cultural programs in contained in the (unintelligible) HIV/AIDS

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strategic framework and program of action, 2003, 2007. Adopted by (unintelligible) it's our roadmap, or if you like, our war plan.

Through the (unintelligible) on HIV/AIDS adopted a four-pronged approach carrying four priority areas as requiring urgent attention and therefore underpinning our response, challenge, and opportunity.

First off is prevention. Prevention of new infections and propose to do that through education and social mobilization. This includes intensifying the provision of reproductive health services for the youth and for men and women in the prime of life.

It includes scaling up programs of prevention of mother-to-child transmission of HIV. And scaling up the role of education in partnership with all these stakeholders.

Two, improving care, access to counseling and healthcare services and treatment and support for the infected and affected. This entails strengthening healthcare systems, facilitating expansion of (unintelligible) programs on HIV/AIDS supported by appropriate policies and legislation.

Also includes expanding access to voluntary counseling and testing, increasing access to affordable essential (unintelligible) including antiretroviral therapy and related technology through regional initiatives, using funds from national budgets as well as from the international community.

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It also entails investing in nutrition programs and promoting use of locally available foodstuffs and traditional medicines. But that area -- the priority area -- has to do with accelerating development and mitigating the impact of HIV/AIDS by creating and involvement (unintelligible) and broad-based socioeconomic development of the region, and harmonizing policies and strategies in the priority intervention area, which include prevention, treatment, care, support, nutrition, and food security.

There's no doubt in our minds in the Southern region that HIV/AIDS where there's poverty and famine and HIV/AIDS are the real (unintelligible) of evil in Southern African. (Unintelligible) area is intensifying resource mobilization, implementing the (unintelligible) on allocating at least 15% of annual national budget to improvement of the health sector, strengthening involvement and participation of our stakeholders such as the public, private, and NGO sectors to contribute to our HIV/AIDS program, and establishing (unintelligible) for timely investment of funds and ensuring their accessibility to all communities.

Let me conclude, Madam Chair, by pointing out that while we agree that all these four priority areas are important and indeed interlinked. We submit that prevention of new HIV infection with the youth, to men and women in their prime of life, and to the babies born in our towns and villages

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constitutes the front line of the war against HIV/AIDS.

Thank you.

MS. GRACHA MACHEL: Thank you so much Prime Minister.

Let us move on now to (unintelligible).

DR. HARRY MCCONNELL: We now have an audio link to Jeffrey Sachs, Director of (unintelligible), Dublin.

JEFFREY SACHS: ...and others. I'm always very honored to be with you and I'm so happy to have this occasion again to speak to you about the health crisis in Africa.

As I've had a chance to meet with so many of you on so many occasions I can only reiterate how many thousands of eyes of Africans - dying Africans I've looked into in the last five years as I've chaired the Commission on Macroeconomics and Health for the World Health Organization and worked as Special Advisor to the UN Secretary General.

Seeing Africans dying throughout the continent of malaria, of AIDS, of TB. Not because they have to die but because they're too poor to remain alive, and nobody has helped them yet. And the African governments do not have the resources themselves to do this.

Africa has been trying. It's been fighting. But in the midst of poverty without much more financial help from the rest of the world it will simply be impossible to sustain lives.

The extent of the crisis cannot be exaggerated.

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Looking in comparison with the whole world, Africa's life expectancy now is 45 years compared to a life expectancy in a rich world of almost 80 years. And of course it's not only AIDS. It's also malaria, it's tuberculosis, it's many other killer diseases.

The commission that I chaired for the World Health Organization said that with enough help to you, with enough financial support, 5 million Africans a year that are now dying could be saved. Fourteen thousand people every day that that are dying now could be saved if they were given access to basic health services, both preventative and treatment.

And this, I hope, your Excellencies, you will help the world to understand. This is no time for spin. This is no time for saying we're doing more than others. We're doing the most. We've got a program. All that counts is the bottom line - how many people are being saved and how many people are dying needlessly.

If the U.S. has said that in its program - in a five-year program it will get 2 million people on treatment, there are 30 million people infected and dying of HIV right now. And the U.S. initiative doesn't even address malaria where 3 million people in Africa will die this year. Nor does it address tuberculosis because it has not made money available to the Global Fund in anything like an amount that is necessary. It is the wrong direction and this is extremely important to

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I've been estimating for years the scale of money that's needed. We have task forces throughout the world working on this. AIDS will require at least \$10 billion a year, malaria 2 to \$3 billion a year from donors, tuberculosis \$2 billion a year because Africa cannot afford this scale of help on its own.

That's \$14 billion per year and the Global Fund should be doing about one-third of that - almost \$5 billion a year. The Global Fund needs at least \$3 billion of new commitments -- and this is important -- at least \$3 billion of new commitments for the year 2004.

When the United States gives only \$200 million -- which is only 70 cents per American -- for 2004, this is not a program. This, I'm afraid to say, is - is a big mistake. It means that millions of people will die unnecessarily.

Next week there is an important meeting, July 16, in Paris where the donors are coming together to talk about the Global Fund. This is crucial for Africa's future and I believe it's crucial for the world to hear Africa's honest needs.

Africa needs at least \$3 billion committed for 2004, and for the next few years after that. At least \$1 billion a year from the United States for the Global Fund. At least \$1 billion a year from the European Union. At least \$1 billion a year from Japan and other donors. Without that Africans --

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innocent Africans -- will die by the millions.

So one billion from the U.S., one billion from Europe, one billion from Japan and others. And you're not going to get it right now on the rhetoric of the United States, which is only \$200 million for next year - completely inadequate. You will not get it from the others who, if they see the United States is not leading, will also not give this funding.

Can the U.S. and others afford this? Of course they can. We just heard yesterday from our Defense Secretary that it is costing \$3.9 billion per month for the U.S. troops in Iraq. Now \$3.9 billion in a month could save a lot of Africans. That kind of money needs to come to Africa. We can't even get that for one year, much less one month right now.

We just learned last month that our top 400 income earners in the United States -- 400 people -- had a combined income in the year 2000 of \$69 billion. That's more than the combined gross national product of Nigeria, of Senegal, of Uganda, and of Botswana combined. Four stops on the President's trip. Four hundred individuals.

One of them, Bill Gates, has given \$20 billion of his own money. But the others have gotten tax cuts and then the United States said it does not have enough.

If I could make two suggestions humbly to your Excellencies because I can't stress - this is a life and death

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issue of a continent facing the worst disease crisis in the entire world. Do not fear to demand justice from the world of an appropriate amount of money - at least \$3 billion a year from the Global Fund. Of course it should be even more than that.

Your people need justice. They need help. They need the drugs. If the money is only \$200 million from the U.S., Africans will die unnecessarily, tragically. The Global Fund next Wednesday must commit to \$3 billion a year.

Second, it is intolerable that in the year 2003 Africa is still paying foreign debt service at all when so many millions of Africans are dying because they don't have healthcare. The creditors should stop asking for any debt service at all as long as African leaders commit to using the savings to keep children alive and to keep them in school.

And I would urge you -- and it may sound reckless and it may sound radical, but I believe it deeply because it's been my experience in other parts of the world -- that Africa should take up this debt initiative on its own. It should say we can no longer pay our debts. We will transfer them to accounts to save lives of our children and - and their parents in AIDS, malaria, TB, because that's what this money must be used for.

So, your Excellencies, it is an honor to be with you. You are at a critical moment to save Africa, to find and fight this - these scourges that are keeping Africa alone in the

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whole world with a life expectancy of 45 years. This is no longer just, it is no longer tolerable, it is no longer safe, it is no longer secure.

The Global Fund to fight AIDS, TB, and malaria, if it is spending at least \$3 billion a year, can be a tremendous hope for the continent. But you must tell the leadership bravely in the United States and in Europe and in Japan. They desperately need to contribute to the Global Fund. No more spin. No more excuses. No more numbers that don't add up.

They must contribute at least \$3 billion next year because otherwise innocent people will die by the millions. And we're fighting the terror of disease in Africa and we have to fight that with every ounce of strength as much as we fight the war on terrorism itself.

Thank you so much for the honor of being with you.

MS. GRACHA MACHEL: Thank you, Jeffrey Sachs. Thank you very much for your insights. And now I think the first round of (unintelligible) those who have joined us from other sites.

I will turn now the audience, heads of state, who were not in the first panel who would like to make short interventions.

I think we still have time to be able to take up to five of them. So far I have the request of his majesty, the King of (unintelligible), who has requested to

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MALE VOICE 2: Thank you, Chairperson, for giving me this opportunity. I know the issue (unintelligible) is about malaria, TB, HIV/AIDS, but I wish to look at some more on HIV/AIDS because there is - I have seen many effects about HIV/AIDS.

When one visits a village (unintelligible) and only to discover that a six-year or an eight-year-old is now in charge of their family because everyone within that family has passed away. (Unintelligible) put more effort in order to fight this terrible disease.

We are doing many, many things in terms of educating our people about the disease. We are also revising our own practices of encouraging abstinence, and also when you look at the women who are pregnant and some of them have got the disease who will give it to their child as well (unintelligible).

There are many, many things one can mention and when you look at the number of people now who are infected with the disease, mostly it is the young people - especially those who have just finished school and are waiting to find a job (unintelligible) and while they are waiting they find that they have nothing to do, and while they are waiting they get caught along the line on the disease. The - one can see that there is a lot (unintelligible).

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We are grateful that there are donor countries who are making a lot of the contributions. The Global Fund is also making contributions in the fight against HIV/AIDS, and many, many countries including the American initiative, which has been (unintelligible) by President Bush is trying to give African 15 billion. We hope - and many, many other countries who are making contributions.

We hope this will make a lot of change for them. If one can go on about this disease, there are many, many things that one could do. But all I can say is that we need to put our efforts together and find ways and means of fighting this disease.

(Unintelligible) but if we can commit our funds as governments with the resources that we have we find that fighting the problem of HIV/AIDS is endless and the resources which are available, it is clear that (unintelligible) and more and more and more, even with all the organizations that are there and definitely making contributions.

It is still very clear that to mobilize our forces and to create (unintelligible) this terrible disease. It's something which we must do. (Unintelligible) the others who are ready to do something, we have also done something at home.

We have created a (unintelligible) which is trying to mobilize their resources, and we have now created - we have started to - we have established a CD which is about 18 songs,

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and this CD is comprised of African artists and American artists. And we hope with the sale of the CD we can be able to get some financing, which can also - can make some kind of contribution in the fight in HIV.

Two weeks back I actually launched the CD and I hope I will be able to even give everyone a copy. Each (unintelligible) will get about two copies here in the house, which we hope every delegation will go out today and be able to promote the CD with all the various companies that they are assigned. And we hope - because we feel the business community can also make another contribution, it would be very much appreciated.

The CD is being arranged at the moment to come in inside but I'm told all the preparations to (unintelligible) are still being made. So I hope by the time we leave tomorrow -- it is not possible today -- that everyone will get a copy. So we hope you can all go and listen to the music and then we'll see how we can work together, because the idea of creating this CD is really to mobilize the resources.

We look forward (unintelligible) accommodations with UNAIDS and the Global Fund to see how we can promote this idea that we came about with. We realize that to do anything about fighting HIV/AIDS is in our hands. We have to do it.

I was about to finish up. So I was just saying that we need all of us to put together our efforts and really try and

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see ways and means of how to fight this disease. Many people are looking at us but we need to make a change. So I hope here I will be able to get a little support with this.

I thank you.

MS. GRACHA MACHEL: With all respect to your majesty, I'm sorry to have interrupted. I'm really under pressure (unintelligible) to push with our program this afternoon. We still have - there is somebody else who would like to make a very short remarks (unintelligible) heads of state.

Thank you very much. Before I hand over to President Chissano, I'd just like to say on the basis of this discussion we had here (unintelligible) agreement that, yes, AIDS, malaria, and tuberculosis are a crisis for our countries and for our (unintelligible), but the good news is that all of them can be prevented.

So prevention, prevention, prevention. This cannot be understated. We need to concentrate efforts - also to give you examples of education and information, more particularly concentrating on young people. Among young people (unintelligible).

It's clearly stated here that we need an integrated approach - a (unintelligible) approach, again to educate people but also to pool together the human, financial, and material resources we have to make a better impact.

It's also important to have a sub-regional cooperation

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because none of our countries can make it alone. Many communicable diseases need a sub-regional cooperation because these diseases do not recognize borders.

It was raised with concern the issue of orphans which are appearing in hundreds of thousands. Children who are taking responsibilities of adults while are still very young. Relation to these has increased not only the social responsibility of nations, but costs of education are becoming higher.

We're also told with sad conviction that those countries which have lower rates of infection have to be kept (unintelligible). So it's not correct to concentrate only on the countries which are highly infected. We must selectively (unintelligible) those countries which are not in crisis who never get (unintelligible).

It's all - also with a strong conviction AIDS can - must - will be defeated. It was mentioned at the beginning of this session that there is a very high level of commitment, and more than this (unintelligible) regions can, must, will be defeated. We think it's the best commitment we could have from our heads of state.

And from contributions outside I'll refer more to Jeffrey Sachs, who said we, as Africans, can -- because we have a right -- demand from the rest of the national community - especially our heads of state - our heads of state. More

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resources have to be (unintelligible) no less than \$3 billion a year if we are to make an impact.

If the national community continues to make commitments then it means also it has to make resources available at the level of the (unintelligible) of the problem, not less than what would be expected to (unintelligible).

We all agree, I think, that resources must be funneled through the Global Fund. (Unintelligible) all the national community has agreed upon, but more importantly because it's addressed to three (unintelligible) which we are discussing here.

I think we were told Africans do not - do not need to die unnecessarily. And I think also (unintelligible) to really come to a point where we can feel that we are doing our best. We have given all the best we can, not only in our locational (unintelligible) but more importantly the mobilization of our (unintelligible).

Make sure that every single citizen in our countries are involved, are active in the fight against disease.

I thank you very much and once again I feel very humbled to have been given this opportunity to moderate this session. And I'll pass it on more rightly to my President, who is the President of (unintelligible).

Thank you very much.

PRESIDENT CHISSANO: Thank you very much. To conclude

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I would like to make a very short remark in support of what Jeffrey Sachs has said. We - I think that we will be told to prepare very good lines. We have a very convincing justification in order to preserve the investment of funds. My comment is how does one make one without knowing which bounds - funds they may come?

What magnitude of plans can we make? It's like saying to someone who has got fire in his house, okay, tell me how much and what are you need in order to finish fire. How are you going to do the work of extinguishing fire?

When the house is on fire I think we need to make available water and all other means we can (unintelligible) to extinguish the fire. You don't ask how are you going to extinguish the fire? How much water do you need? How much - much gas do you need to extinguish it? How many extinguishers do you need?

You'll see that the fire is indeed fire and you come and help. Don't put so many questions about if how we are in Africa. Come and help us. You have the money. Jeffrey Sachs has said that you have the money. It's not me. He made that - the calculation and he told us very openly.

So there are commitments. We are going to thank President Bush. I have thanked him already because when someone gives you something you thank him. Okay? You thank him. But you are not (unintelligible) to tell him that what he

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give you will get exhausted before it meets the objective.

This is what we are telling them.

So I would like to conclude by thanking Mr. Machel and all the organizers of this videoconference, which has brought, I believe, a big awareness of all of us of the well wishers and of those who did not understand the plight of Africa. They may understand it now (unintelligible), and we, the Africans, may understand better what our responsibilities are.

So I'm happy that we have started our heated discussions with a point which is the most important point within our program of poverty alleviation within the (unintelligible). We did not waste time. We went to the point - one of the agenda items which is crucial for us to change the face of our development towards the (unintelligible). So we want the whole world to be concerned and to come to help in a very effective manner.

I thank you very much.

Now I have to announce that at the end - not now, but at the end we are going to adopt a resolution on this subject - on this subject, HIV/AIDS, malaria, TB. And the declaration has been already distributed. Maybe after this discussion we'll acquire some touches there so that we devise a strong point.

Thank you very much.

Now the following items will be elections according to

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the agenda. Now we - we are going to - the first - next meeting session we are going to do election and therefore we have to have a bit of interval so that they prepare the conditions for the election.

South Africa (unintelligible).

[END OF RECORDING]