

**“Global Forum on Health and Development”
Part I: Challenges and Opportunities
Thursday, July 10, 2003**

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Part I: Challenges and Opportunities

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DR. HARRY MCCONNELL: Welcome everyone to this forum for advancing global health. This is my first time (unintelligible) on so many continents opened their doors to the world (unintelligible), satellite and IBM network to talk about the specific issues of HIV, malaria, and AIDS. This event is not only being broadcast around the world on television and world but it's also being made accessible (unintelligible) and distant satellite, it's also being web-streamed (unintelligible) to remote areas of Africa and et cetera. Video conferencing time to interaction with Cuba, London, Washington, (unintelligible), Nairobi, Geneva, and Dublin as well as video conferencing audiences in (unintelligible), Burundi, Cameroon and the (unintelligible) Republic of Congo, (unintelligible), Benin (misspelled?), Madagascar, Mawali, (unintelligible), Mali, Kenya, (unintelligible), Nigeria, Rwanda, (unintelligible), Ghana, Senegal, Tanzania, and Uganda.

Before passing over to Dr. Mocumbi, I would like to remind all (unintelligible) to use their microphones at all times (unintelligible). Now it is an honor to introduce the Prime Minister Mocumbi from Mozambique.

DR. PASCOAL MOCUMBI: It's my pleasure to welcome you all as all together, collective to discuss the issues about malaria, tuberculosis, HIV/AIDS. When the heads of state are gathered to attend (unintelligible).

Yesterday the heads of state had a dinner

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(unintelligible). Which dinner they (unintelligible) agenda of Africa. Today they join us as (unintelligible) the challenge of (unintelligible) HIV/AIDS, what they have done, what they (unintelligible) in Africa from (unintelligible) 2001 to the present. We take advantage of the technology (unintelligible) and learn from experiences while working in Africa, experiences that work in the other parts of the world are to (unintelligible) are to scale up our activity against HIV/AIDS and other communicable diseases that are a burden to Africa and a burden (unintelligible) for the rest of the world (unintelligible). We must remember the Chinese learned this first in very recent.

When we talk about this (unintelligible) that Africa should think of new technology (unintelligible) Africa in that (unintelligible) organization. We started this at the beginning of (unintelligible) with new technology (unintelligible) to join our hands and we are facing this pandemic and also the challenge of poverty and other poverty diseases.

As I welcome you all I would like to convey a strong message of the (unintelligible) for what we study today. In other meetings of the afternoon or other meetings on leadership in Africa which will really take advantage of this technology to connect to the world.

It's my honor now to introduce Graca Machel our moderator who is a well known, international figure from

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(unintelligible) in Mozambique and therefore the patron in (unintelligible) Mozambique (unintelligible) as an educator and children's champion. She serves my country, my people as Minister of Education. She is an activist, a development activist, founder and (unintelligible) of the Foundation for Community Development. In Mozambique it's known as FDC. Through this foundation it's part of our natural (unintelligible) faith and that (unintelligible) foundation and in (unintelligible) and also among women and the rest of the society. Improving health through development. The (unintelligible) directly (unintelligible) that empower women through their economic stability is very important. So let's (unintelligible) invite (unintelligible) Graca Machel to lead us during this video conference.

MS. GRACA MACHEL: Thank you. Thank you very much, Dr. Mocumbi. I think very (unintelligible) to have been there (unintelligible) at (unintelligible) of our communication (unintelligible) to the rest of the world and I take this opportunity to welcome all who are (unintelligible) but also those who are our (unintelligible) different (unintelligible).

After two days now (unintelligible) of anyone who is concerned with and cares for Africa and her position and obviously one of the major concerns is the outcome from this forum of how in a very clear message, Africa and the world are (unintelligible) HIV/AIDS pandemic, of malaria, and of

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tuberculosis. Assembly called this end of May by African heads of state and (unintelligible) three years back in Nabooja (misspelled?) where they committed (unintelligible) the (unintelligible) opportunity (unintelligible) assess how much (unintelligible).

As an African of course I wanted to see the (unintelligible) clearly measurable results but as a global citizen I also wanted to see an increasingly convincing result of the international body (unintelligible) fulfillment of commitment (unintelligible). I would invite everyone participating in this video conference to (unintelligible) in mind when we discuss the places of (unintelligible), of (unintelligible), of (unintelligible) who are directly affected by the pandemic and then to draw the connection of (unintelligible) but when we say (unintelligible) again here how are we supposed to treat them? Well carefully, as a human being, like every citizen and saying (unintelligible).

As much as my responsibility as a communicator with a (unintelligible) and (unintelligible) when you (unintelligible) very clear indication of what they see as a major sign and a major opportunity to our researchers. I (unintelligible) with Dr. (unintelligible) the Director and the Antiquities Director of (unintelligible) and (unintelligible) very gracious talents and very gracious opportunities.

DR. PETER PIOT: Thank you (unintelligible). Thank you

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for your continuing leadership in this fight against AIDS. AIDS is undoubtedly Africa's greatest leadership challenge. The leadership challenge which was the theme of the Economic Commission for Africa our forum on AIDS a few years ago and I won't go into any of the figures but I'd like to stress the fact that this is a problem with a solution. It's a problem with a solution and the - what we should achieve is clear and simple in context and our first challenge that I see is that our responsibility I would say is to save the young generation from HIV to keep our children, our adolescents HIV free. That's what I would say is our first big challenge.

I think it's the second one because we can't really disassociate them and that is what also this challenge and responsibility to keep alive those who are infected and living with HIV by providing effective keeping and this is not only necessary for these individuals and their families but it's actually essential to save and (unintelligible) our economy. And thirdly it's a challenge to provide safety nets for those who are most vulnerable and protect those that AIDS leaves behind, especially orphans. This is what I would see as the big challenges.

In terms of what we have an opportunity and I think there are many at the moment. The first one is that we're entering a new phase from obviously the end of small (unintelligible) exiting small projects that don't reach the

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whole nation but going to scale is really the key challenge for us and that brings me to the second opportunity and that is there has been a major increase in funding for AIDS in Africa. In the first place by African governments themselves. Increasingly fulfilling their commitments born at the (unintelligible) Summit of (unintelligible) over two years ago but also from the global community, the Global Fund, World Bank, U.S. (unintelligible) and forum and this is the opportunity.

I really think for the first time in this (unintelligible) epidemic that all the (unintelligible) are getting into the right situation from leadership, more money (unintelligible) and we know what works. And then the third opportunity I refer is this is becoming more and more of a problem in women in Africa. There are 10% more women than men infected with HIV and as long as we're now going to address the fundamental concerns with women from lack of access of girls to education and lack of (unintelligible) and property rights and also making sure that women are not the only ones that are not the only ones that are burdened with the care for those who are infected, I don't think we can make real progress against AIDS.

So the opportunity is that every AIDS program should support women's concerns, women's groups, things (unintelligible) program. So this is why I would like to start

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with more than challenge but I think that it's very difficult to go by this illusion that there is one issue or one single intervention that is going to fix this epidemic. We know that that's true, that it's more complicated. Thank you.

MS. GRACA MACHEL: Thank you, Peter. I will now call upon Dr. Nafo-Traoré the Director of Roll Back Malaria WHO (unintelligible) and I will ask you Peter, what do you consider as the greatest opportunity simply because we do have a special variety of malaria and one of the problems is where do we start? And (unintelligible) if you could tell us from your perspective of your insight (unintelligible).

DR. NAFO-TRAORE: For me as a person suffering from malaria what I can say and also as a physician, secondly as a league as the first (unintelligible). I think underneath the (unintelligible) is (unintelligible) - the action that is (unintelligible) successes in the whole area, in few communities, in the few provinces but also in a few (unintelligible) how to (unintelligible) this intervention (unintelligible) which have a very, very effective approach. We know how to go in with prevention, we know how to cure malaria, we have (unintelligible). Most of the (unintelligible) is this intervention and we can (unintelligible) by (unintelligible) of our public health integrity.

We can go in and provide (unintelligible) technologies to Africa, technologies and progress (unintelligible) but also

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technology (unintelligible) we also know that (unintelligible) with (unintelligible) the children there but also (unintelligible) malaria and I think that's (unintelligible). We will make (unintelligible) and of (unintelligible) participation of all (unintelligible) because malaria is (unintelligible) but it's a concern for all communities because it's (unintelligible).

A great (unintelligible) for Africa, something about (unintelligible) and it's an economic impact (unintelligible). Third would be (unintelligible) for Africa and finally I think I would take this support to (unintelligible) and I would tell you that the (unintelligible) corporation and economic (unintelligible) as (unintelligible) malaria as a burden for (unintelligible) because this is a (unintelligible) for Africa but this is a (unintelligible) but more important is (unintelligible) commitment by (unintelligible) the commitment made to the (unintelligible) to malaria but also to (unintelligible) but if we can get more money to spend on malaria intervention because of the (unintelligible).

MS. GRACA MACHEL: Thank you. Thank you very much, Dr. Nafo-Traoré (unintelligible). I have information that the global (unintelligible) activated in the very serious problem but in the global plan it is very difficult to meet with obligations and (unintelligible) even for the year 2004. How to (unintelligible) is something that we should get back in our

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minds and our (unintelligible) and so (unintelligible) first line priority and first line opportunity (unintelligible).

DR. CAROL BELLAMY: Thank you, Graca. I'm going to focus on young people. So I would say that there's no question at all that the (unintelligible) of priorities is the HIV/AIDS. Preventing, fighting HIV/AIDS and then I'm talking about young people, I'm talking about young men and women between the ages of about 15 and 19. They are disproportionately affected by the incidence of HIV and AIDS.

In fact if you look at sub-Saharan Africa which is the region of world most affected by AIDS at this point, when you see if I can go back to Peter's point about and particularly keeping in mind the gender imbalance here, about two thirds of newly infected 15 to 19 year olds in sub-Saharan Africa are girls and in fact you can take a look at some countries places like Ethiopia, Malawi, Santenia (misspelled?), Tanzania, Zambia, Zimbabwe where for every one fellow infected you might have five girls infected.

So no question at all that the priority for young people has to be HIV and AIDS. In terms of the opportunities, there are lots of opportunities. You say one? I would say the one is, bring them in, bring the kids in, involve them in the solution, involve them in designing the programs, involve them in the education messages, involve them in the media messages, get them involved. I mean they have the power and it's in their

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interest and it's those young people who are most open to behavior change. They have the power to make a difference in HIV and AIDS and again, don't forget the girls, they are the ones most affected, make sure they get an education.

MS. GRACA MACHEL: Thank you so much. Thank you very much, Carol. I will turn now to Dr. Amoako who is an expert in the treatment (unintelligible). He is a clinician of AIDS and HIV (unintelligible) in Africa (unintelligible) the previous (unintelligible) what do you see in your intervention (unintelligible) and what would be the major opportunity you see for Africans?

DR. K.Y. AMOAKO: I would have to (unintelligible) and then I think that (unintelligible) crisis and the head issue (unintelligible) but for me the HIV and AIDS crisis is the major (unintelligible) crisis and that's (unintelligible) and that's the issue and I (unintelligible) establishment in terms of the impact of the pandemic on the African's economy group.

There are some countries in Africa (unintelligible) that have the ability (unintelligible) about 20% or 30% (unintelligible). There are countries where (unintelligible) and when you compound it you (unintelligible) the income from government (unintelligible) and it's a government crisis and we need to look at it (unintelligible). When we talk about government we talk about (unintelligible) HIV and (unintelligible) in some African armies the HIV infection rate

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is (unintelligible) and then when you think about the interventions for peace and security. So to me I look at it more comprehensively and as a major issue of the government and we will never be able to (unintelligible) if (unintelligible).

The opportunity for us is that I think in the governments Africans can participate (unintelligible) and focus on the issues and think about it. The government and the (unintelligible) is important (unintelligible) opportunity for us to look at this (unintelligible) issue as a government issue and (unintelligible) and in that context I would (unintelligible) commission on HIV from the (unintelligible) government (unintelligible) and (unintelligible). The idea is to study in depth the impact of HIV on youth and (unintelligible) and come up with (unintelligible) analysis, (unintelligible) every country will have the tools to be able to analyze the impact of the HIV/AIDS pandemic. For example we talk about children (unintelligible) coming down (unintelligible) governments and (unintelligible) up to you, Botswana and others are perfect examples already. So we need to find ways to (unintelligible).

MS. GRACA MACHEL: Thank you very much and I also as an African have a question, are all African cultures at this point (unintelligible) of men (unintelligible) poverty and we've shown a very clear (unintelligible) now (unintelligible) at first and as a (unintelligible) African (unintelligible) who is

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Ebrahim Simba (misspelled?), Samba, sorry who gives the

(unintelligible) for Africa and he is inside (unintelligible) at preventing (unintelligible) and also as an African.

DR. EBRAHIM SAMBA: Thank you. Well (unintelligible) for all the sub-Saharan countries in the (unintelligible) and now what is going on in HIV/AIDS which is a major problem, this is the major problem it's a bigger challenge (unintelligible) and start to (unintelligible) incorporating all that we've heard this morning, the infection of children and women (unintelligible) a 10% (unintelligible) for all big countries in Africa. This is not (unintelligible) it is available in some countries but not all the countries. So to me this is the biggest challenge. The greatest opportunity in my opinion is the involvement and commitment politically at the highest level.

For the first time and I've been involved in health in Africa since 1958 but the period is now. Never before has the health (unintelligible) of Africa been so involved. Starting with the (unintelligible) the malaria and (unintelligible) and then HIV/AIDS, TB and malaria. That's an opportunity and (unintelligible) challenge (unintelligible). All the African (unintelligible) and the (unintelligible) committed to (unintelligible) to fight HIV/AIDS, tuberculosis, and malaria, to (unintelligible) Africa (unintelligible) to (unintelligible). And seriously madam moderator, the global

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(unintelligible) and I see this as a challenge and an opportunity and we hope that (unintelligible) African governments committed to contributing 16% of the national (unintelligible) to (unintelligible) not all (unintelligible) and we would have health access as many Africans (unintelligible) but we Africans are not (unintelligible) our commitment. Thank you.

MS. GRACA MACHEL: Thank you, Dr. Samba. This must be at the highest level and I want to get (unintelligible) a woman, maybe I'll say even as a mother, how those commitments are translated at the national level and exactly sit down and (unintelligible) people especially areas, especially the poorest of the poor, especially (unintelligible) I think it's the responsibility (unintelligible) family (unintelligible) and dying by AIDS. How can we combine (unintelligible) at the grassroots level to make sure that (unintelligible) for those who are affected? And then (unintelligible) some very global insights (unintelligible) experience but especially (unintelligible) activist that has been (unintelligible) mobilization (unintelligible) and I would ask now (unintelligible) women (unintelligible) malaria and global (unintelligible) priority and opportunity.

DR. PETER PIOT: Thank you. I want to take this opportunity to tell you the problem of malaria, TB and HIV/AIDS, whether you a (unintelligible), whether you are

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(unintelligible) America, whether you have the (unintelligible) resources because we share a common (unintelligible) and a global image we are (unintelligible) God. We are one another's (misspelled?) keepers, we are one another's (misspelled?) brothers and sisters. With the (unintelligible) continent of Africa should never (unintelligible) for this three deadly diseases (unintelligible) an effective prevention and a cure and the research brings hope and human dignity as you expect (unintelligible). It's made up of (unintelligible) realities for an African person (unintelligible) supportive (unintelligible) nation which fills the heart and the mind of Africans (unintelligible), through prevention, through the human (unintelligible) approach. With moral and ethical (unintelligible) strong enough to remain firm when faced with too much forfeit of life (unintelligible) which makes this (unintelligible) is not really (unintelligible) of natural resources in Africa but the results are (unintelligible) by the distribution but being a good mathematician have made the (unintelligible) so that the continent of Africa (unintelligible) become (unintelligible) for diseases (unintelligible).

So we make (unintelligible) to four groups we (unintelligible) are the sufferers, we share openly no pain (unintelligible) which show that malaria, TB, and HIV/AIDS are suffering because (unintelligible) and the healthy citizens

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have to have the strength to bare the burden of
(unintelligible). The way I feel (unintelligible) financial
(unintelligible) treatment (unintelligible) the creation of a
healthy environment and we are (unintelligible) just a few
(unintelligible) in my research which will unfailingly
(unintelligible) the debate (unintelligible) these diseases.

MS. GRACA MACHEL: Thank you. Thank you very much
(unintelligible) for this insight and we're (unintelligible)
now of contributions and I will come back now to Dr. Mocumbi
(unintelligible) medical doctor, as the Prime Minister, as a
leader of our country to make now some comments after
(unintelligible).

DR. PASCOAL MOCUMBI: Thank you for that, Graca. As a
doctor there have been some (unintelligible) the system, a
leader of (unintelligible) when I'm not sure of the ability
(unintelligible) and when I am the Prime Minister and I have
the uniform on (unintelligible) and people come to the Prime
Minister and say you're Prime Minister (unintelligible). When
(unintelligible) accepted the highest qualified technicians
from WHO (unintelligible) wife and child (unintelligible) then
(unintelligible) the rest of the world and say look what you
have done (unintelligible) national (unintelligible), national
capacity to (unintelligible) and then conversation
(unintelligible) about how to (unintelligible) accepted by
global funding. By (unintelligible) and (unintelligible) these

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are problems from afar (unintelligible) we cannot sustain (unintelligible) agenda, this organization will be (unintelligible). We know that WHO (unintelligible) but all of this is (unintelligible) because WHO has not (unintelligible) to do that what we need but then they say oh maybe (unintelligible) the human capacity to prepare (unintelligible) and HIV/AIDS and with (unintelligible) but this global dialogue through technology (unintelligible) what can we do to (unintelligible) harmonize (unintelligible) when the (unintelligible) is not there (unintelligible) the capacity we face (unintelligible) the local experts that we (unintelligible) and I would like to make at this juncture of our (unintelligible).

MS. GRACA MACHEL: Thank you, Dr. Mocumbi and if I can take advantage of my position here to say in some cases you have countries (unintelligible) to develop (unintelligible) that's why they have received (unintelligible) of the Global Funds but now (unintelligible) where they cannot but fail (unintelligible) they cannot but fail (unintelligible) because of (unintelligible) with a human need and to relieve (unintelligible) of communication, of (unintelligible) and the (unintelligible) and even (unintelligible) today they say (unintelligible) human development to be told and the (unintelligible) problem of the (unintelligible) so that all the whole world (unintelligible). I'd like to turn now to Dr.

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DR. HARRY MCCONNELL: Thank you. We'll now go to Durban to the Nelson Mandela School of Medicine where we'll hear from Professors Barry (unintelligible) as the Chair of the Department for HIV/AIDS and Professor (unintelligible) for the (unintelligible) for the Global AIDS Council.

DR. JACOBUS LOUW: Greetings to Madam Chair from Durban South Africa the Nelson Mandela School of Medicine and I'm going hand over to Professor Coovadia.

DR. HOUSEN COOVADIA: Thank you very much from what I have gathered onto (unintelligible) about (unintelligible) I agree entirely with all the speakers who have implied that there's no single magic bullet for the cure or management or prevention of HIV/AIDS. What that means is that all reductions of (unintelligible) are not sufficient to the epidemic.

What we need and Peter Piot and others, we need a confidence of approach which takes all aspects of the problem and (unintelligible). The second point I want to make is that we know technically what needs to be done and scale up (unintelligible) what has been done however that's too generous for me and I'd like to quote from our own experience what I think of the specifics of such intervention. I'm an obstetrician and for me the mother to child transmission program are rather important because they illustrate this point.

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They make the point that we know what is to be done, we still need to do a little more research on breast feeding and the key element of this is to (unintelligible) infrastructure, the health (unintelligible) to scale up so that the country can reduce the vast numbers of children who are being HIV infected but the (unintelligible) because this offers us an opportunity not only to treat the children, but to treat the mothers, hopefully the siblings and indeed the partners and the (unintelligible) to support the very portions of our social life which is the family and I think to get family integrity through children and women who are the key aspects of comprehensiveness.

The second point I'd like to make is about AIDS orphans and we in South Africa have a very large number, we don't know exactly how much but maybe in excess of about 300,000 and to me that casts a long shadow for the future. So any development in Africa and South Africa has (unintelligible) quickly the AIDS orphaned has indeed and other vulnerable children because even others are not orphans, are not infected after subject to the problems of the fragility of life in an HIV infected family. So they are children but they are (unintelligible) critical element for the development for Africa in the future.

The last point I want to make and this applies to my country as much as to the rest of the continent is that the key element of the fight, the comprehensive fight against this

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epidemic includes social and economic development but we need more than that, money alone, you can throw millions of dollars at this disease and it will not go away. What we do need is that social development which will encourage changes in social and sexual behavior which will reinforce social provision and fight problems like migration or violence and abuse of women and children and reduce poverty. Thank you very much.

DR. HARRY MCCONNELL: Thank you. Dr. Louw?

DR. JACOBUS LOUW: Madam Chair what I would like to propose is that we should tackle the challenge of improved information flow in our (unintelligible) serious diseases affecting Africa and when we're proposing as an opportunity is that the technology is out there, the knowledge is out there to give us the that knowledge management platform to combat infectious diseases in resources and (unintelligible).

Now the problem is not so much the lack of suitable information as the lack of an appropriate mechanism to collate, (unintelligible) coordinate, evaluate, disseminate, (unintelligible) information and the limited rules that we have to facilitate widespread and (unintelligible) ideas. In essence what we're proposing is that we should (unintelligible) ourselves on existing initiatives and then (unintelligible) a number of them. One can look at the work of CDC in the are of TB with many multi-lateral initiatives for malaria, World Bank, UNAIDS, WHO, (unintelligible) last work and (unintelligible)

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effort of AIDS (unintelligible) focusing on information sharing through various (unintelligible) groups in Southern Africa. We want to include (unintelligible) information flow to assist us as professionals in providing effective treatment and (unintelligible) regimens. Additionally (unintelligible) to share their knowledge with other scientists (unintelligible) scientists to improve (unintelligible) interaction and the development of new drugs and vaccines to (unintelligible) and policies and certainly educators which have been referred to in teaching the young on the truth about the health and disease prevention. So what are we talking about?

We're talking about the convergence of technologies (unintelligible) typical (unintelligible) to the knowledge management effort that (unintelligible) that are out there and at the same time to piggy back on the existing and expanding (unintelligible) telecommunication infrastructure which in essence provides a sound basis for the emergence of technology publications using satellite and Internet computing structures and other devices on wireless (unintelligible). We are talking about in essence for creating a shopping mall for knowledge management to combat these diseases in the African context. One can link on the high end with the rest of the world through for instance high level interaction to (unintelligible) like web computing (unintelligible) and demonstrating (unintelligible) for people who do not have the normal access to the Internet.

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At the same time as I said (unintelligible) initiatives. Intelligent software that can provide (unintelligible) and sufficient access to information.

DR. BARRY KISTNASAMY: That's right this is Barry Kistnasamy again (unintelligible). We're really grateful to be part of this historic summit and to assist in continuing the (unintelligible) that's in Africa. All (unintelligible) the issue around what's (unintelligible) burden of disease which affects us particularly in Africa, (unintelligible) HIV/AIDS, TB, and malaria have been highlighted during the course of this summit and which we have been part of.

This aspect of the disease burden is actually (unintelligible) other aspects of the health and disease (unintelligible) agenda. The issues around the non-communicable diseases have also been crowded out, we have (unintelligible) particularly in South Africa at least (unintelligible) HIV epidemic alongside TB, tuberculosis (unintelligible) malaria (unintelligible) partnerships with (unintelligible) and malaria and (unintelligible) South Africa show how partnerships connected (unintelligible) about malaria and we're grateful where the politicians have come (unintelligible) and the Health Ministry to jointly actually achieve these kinds of gains but the HIV/TB epidemic is now leading to (unintelligible) which (unintelligible) 60% hospital inpatient admissions are HIV related and that's carved out other parts of the health budget

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when we (unintelligible) to like at that.

More importantly is the effect that this epidemic has had on the health workers not from so much as being infected which is also (unintelligible) around the shortage human resources but the effect emotionally to morale, morale lowering aspects in terms of being - of having to confront a disease which they do not see any ending. As (unintelligible) pointed out earlier on we know the intervention should be but (unintelligible) cannot bring hope to the people infected by the condition then it also creates problems amongst us. So one of the key interventions is that we've got to look at this how to stabilize the health workforce both in terms of health profession, education and training but also the emotional support that goes toward getting up and (unintelligible) African health workers and (unintelligible) intervene on that and hopefully that's something within the summit process and intervention that we could look at.

The wider (unintelligible) to look at (unintelligible) related to a stable African continent (unintelligible) three of the non-natural disasters, natural disasters, God help us, hopefully there are issues that we can do about floods and (unintelligible) but the (unintelligible) conflicts, the inequalities and imbalances in economic (unintelligible) that's something that the politicians can actually reach out and create much more stability so that us as health workers can

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continue to be health agenda. Thanks very much for being part of this historic link up, from Durban in South Africa, the Nelson Mandela School of Medicine.

DR. HARRY MCCONNELL: Thank you very much, Durban, we'll now go to Geneva to Dr. David Heymann who is the Director of Communicable Diseases at WHO (unintelligible).

DR. DAVID HEYMANN: Good afternoon, Madam Chair, tuberculosis kills two million people each year in the world and as HIV increases so does tuberculosis. In fact 38% of newly diagnosed cases of tuberculosis in Africa occur in the HIV infected persons, making one half million (unintelligible) infected persons in Africa each year. Curbing tuberculosis (unintelligible) of infected persons for longer life, effective drugs exist to treat TB, they're becoming less effective however because of the development of the resistance to these drugs. They're using tuberculosis drugs in combination in a strategy called direct observed treatment short course or DOTS we can then cure tuberculosis and prevent further infection.

The position to TB control in Africa was to expand DOTS or direct observed treatment short course and to prevent and control HIV. Efforts and approaches to HIV and tuberculosis control miss opportunities. Presently there's a global (unintelligible) for tuberculosis drugs meaning (unintelligible) WHO and as you said there's also the Global Fund on AIDS, tuberculosis and malaria which requires more

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funding. Strengthening links between HIV and prevention will prevent missed opportunities. It includes HIV screening and TB clinics, and TB screening in HIV clinics and combining services for distribution and administration of drugs. Thank you.

DR. HARRY MCCONNELL: Okay. Thank you and we now move directly on to London where we have Dr. Julian Lob-Levyt from the FID and the WHO (unintelligible) from RHN and (unintelligible) exchange.

DR. JULIAN LOB-LEVYT: Thank very much. I hope you can hear me and the hands went up. [Period of silence]

DR. HARRY MCCONNELL: Please go ahead. We can hear you fine.

DR. JULIAN LOB-LEVYT: Okay. Thank you very much. My name's Julian Lob-Levyt and I'm the (unintelligible) and the government advisor in the FID in London. I'm going to be speaking on behalf of at least one (unintelligible).

Firstly the opportunities that have been created by the crisis we face today. The first is the undoubted political commitment of global and in Africa that we need to deliver against (unintelligible). We're beginning to see new resources (unintelligible) there's no question about that and we're seeing those resources flowing through multiple health (unintelligible). We're also seeing national budgets in Africa and elsewhere of course increasing to meet these challenges. We also know what's what, we also know what to do however we know

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less well how to do that and in particular we know less about how we scale up these (unintelligible).

Another opportunity in my view is that the world (unintelligible) with HIV treatments must be part of this response. This challenge though - this raises another challenge though in that unlike the weaknesses in the system that are to deliver against that and yet the public health systems (unintelligible) HIV, TB, and malaria are in a state of collapse or they are setup to work in disease (unintelligible) rather than the (unintelligible) chronic care. Taking it through to the challenges we definitely need new resources no question about that and (unintelligible) beginning to flow and they're beginning to flow through different channels whether it be through global funding instruments such as the Global Fund, they're the (unintelligible) of national funds to these diseases and support the bilateral and multiple and multi-lateral (unintelligible) however I very much agree with the statements made by the honorable Prime Minister Mucumbi that we need to work under a framework of (unintelligible) harmonization, country harmonization for those efforts. That means that we need that long term vision.

We have done (unintelligible) and we need to work through and spend some national systems. The downside of this entire effort is the (unintelligible) transaction costs, the multi-lateral (unintelligible) that national governments have

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to work with and we should listen very closely to our national colleagues on how we should do this.

A further challenge is we've got to work together through and with the UN. We need a stronger UN system and in particular at the country levels to support national governments in their efforts to (unintelligible). Lastly there is a substantial and major technical challenge. We desperately need better partnership, more resources and a more effective engagement of society (unintelligible) to deliver vaccines for all three diseases and new drugs to tackle resistance and more effective delivery. That's all thank you very much.

DR. PASCOAL MOCUMBI: (Unintelligible) what (unintelligible) several times that you know (unintelligible) and I'd like to say that we know that (unintelligible) the knowledge (unintelligible) and we can have basic knowledge (unintelligible) changes (unintelligible) to research because people take very differently (unintelligible) therefore (unintelligible) very happy people to (unintelligible) and that's something that I think (unintelligible). So we're going to learn and get more feedback (unintelligible) right outcomes (unintelligible) research (unintelligible) outcomes. I think that we (unintelligible) technology (unintelligible) and this (unintelligible) information. I think that (unintelligible) every possible direction for answering the questions, the question of the people of (unintelligible) society. We should

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Part I: Challenges and Opportunities

Thursday, July 10, 2003

make sure the information is feasible and relevant to them but that it is in the right format at the right time but we have to ensure that we are not (unintelligible) too much information (unintelligible).

So (unintelligible) for some of the very important (unintelligible) that we have ahead (unintelligible). Finally I would like to say that we need more resources and (unintelligible) conditions. So thank you very much.

MR. ANDREW CHETLEY: Hello. I'm Andrew Chetley, Director of the Exchange program. The program that focuses on effective health communication, we help people identify what works, what doesn't work, why and we help them to use that learning to improve the way they communicate about health.

To me the most critical challenge around the problems affecting health in Africa is also the biggest potential opportunity and that is communication. There are major strides to be made in dealing with these problems. Communication has played a major role in opening up the spaces, the dialog, and for sharing knowledge (unintelligible) to tackle the problems that we face in the healthcare today. That's the potential of communication. That's the opportunity of communication, (unintelligible) the challenge.

The challenge is that effective health communication takes time, resources, effort, energy, and commitment. It is not a one off burst of information injected quickly and left

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unsupported. It's a long term process of building trust and relationships, of working together on the priorities that are (unintelligible) together. It's about making connections, something that we've been hearing about already in today's discussion, the importance of making connections.

I'd like to end by telling you a story that illustrates how important connections are and how important communication is. This is a story about Joseph Dikeeku (misspelled?). Joseph is the Director of the Family Alliance for Development and Cooperation, an organization working with sustainable development and (unintelligible) community (unintelligible) in the Tagara (misspelled?) region of Tanzania. Joseph if you're watching or listening and I hope you've been able to do that today, welcome, thank you for getting touch with me yesterday.

Yesterday Joseph sent me an email in response to a note that we sent out announcing this (unintelligible) and Joseph only has access to the email system part of the day. So receiving my email and sending his email was itself a communication (unintelligible). What he said was, I shall try to participate. I hope the telephone lines will be cleared to enable our participation from the remote Tagara (misspelled?) region. Otherwise if not by Internet, we have the only work based radio receivers in this area. We will make sure that each of our receivers is amplified to reach as wide an audience in our community as possible.

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Joseph wants to participate. He wants to listen to what's being said. He wants to learn to gain some knowledge that will help his work in the community that he's working with and he wants to be able to share that with his neighbors. This story also illustrates another point for us all, Joseph has his own knowledge and his own understanding, he understands the way that poor health can impact on the sustainability of the community he's working with. So as well as Joseph is listening to us, we need to listen to Joseph. The challenge for us is to make sure that at future events like these we can also hear Joseph's voice and others like him. What a powerful opportunity that would be. And now as we end this section from London, where some 40 people are gathered taking part. It's my great pleasure to hand over to Nairobi where also quite a large group has been assembled to take part in the city of (unintelligible) and it's a real pleasure to hand over to Professor Miriam Were who is the Chair of the African Medical Research and Education Foundation (unintelligible) and also the Chair of the National AIDS Council in Kenya. Dr. Were, welcome, over to you and your colleagues in Nairobi.

MALE VOICE 1: (Unintelligible) Are we getting through to them?

MALE VOICE 2: Nothing.

MALE VOICE 1: (Unintelligible)

MALE VOICE 2: Now we are. Testing.

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MALE VOICE 1: (Unintelligible) with you in London, Nairobi - yes. Okay (unintelligible).

MALE VOICE 2: We're having technical difficulty it will be a minute or two before we can hook up to Nairobi.

MALE VOICE 1: Should we wait.

[CROSS TALK]

MALE VOICE 2: Yes. Hang on for one or two minutes and we'll have Nairobi on air.

[LONG PERIOD OF SILENCE]

MALE VOICE 1: (Unintelligible)

DR. ANDREW CHETLEY: Andrew Chetley here in London, I'm told we have Nairobi online now and we're handing over to Professor Miriam Were. No. We're not [laughter]. Almost connected-

DR. PASCOAL MOCUMBI: (Unintelligible) Nairobi online and we're trying to start our discussion are (unintelligible) [cross talk] are they up?

DR. ANDREW CHETLEY: I'm being told I'll have Nairobi in one minute.

DR. PASCOAL MOCUMBI: All right. Okay.

DR. ANDREW CHETLEY: Sorry about this obnoxious satellite connection along the way. Okay (unintelligible) I think we're having a little bit of technical difficulty with out connection with Nairobi so I would suggest that you go ahead with your discussion and we will bring Nairobi in when we

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DR. PASCOAL MOCUMBI: All right we will start the discussion (unintelligible) who made their own (unintelligible) about (unintelligible). It's a (unintelligible) there are challenges and of course opportunities and that's as the discussion that you heard and ideas (unintelligible). We have the (unintelligible) opportunity to (unintelligible).

MS. ANN DIFFICUL: Thank you. My name is Ann Difficul (misspelled?) and I work UNGP (misspelled?) which (unintelligible) I want to come to the front about (unintelligible) and to say for me the big challenge as well as opportunity is not just the focus on the girls and the women but to recognize why the girls and the women are so infected. In the bush region of Southern Africa (unintelligible) because the least primarily of young women and old women there are programs attempting to focus primarily on young women and young girls but perhaps in our programs we need to look at the opportunity to identify abuse and really deal with problem.

Defeat the problem with inter-generational (misspelled?) transmission and let that be the focus of the program which has (unintelligible) wherever it (unintelligible) for the other problems.

DR. PASCOAL MOCUMBI: Okay. Thank you, very much for this introduction but we have to go to more strategies and practical opportunities to consider here and in Mozambique we

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have (unintelligible) that is widespread and more effective and (unintelligible) all that (unintelligible) many girls who have (unintelligible) opportunity to (unintelligible) other (unintelligible) [cross talk] (unintelligible) thank you.

MALE VOICE 3: Thank you. I think this is a really (unintelligible) in fact in one is that (unintelligible) events being (unintelligible) generations and it's a very complicated thing but it is one where men are infected by older men and secondly their women are more susceptible and vulnerable to infection to HIV for several reasons but thirdly I think in turn we always have to be careful when we analyze (unintelligible) what the operation (unintelligible). When we know that young women are more vulnerable to infection the operational indication may actually be you have to (unintelligible) in both factors that make women vulnerable when you look at other things like (unintelligible) rights, property rights for women (unintelligible) it started in Kenya and it showed that a lack of these rights to women resulted actually made them far more vulnerable to HIV infection from either their husbands or - we know that (unintelligible) from the academic analysis to the operation (unintelligible).

DR. PASCOAL MOCUMBI: We know that bigger capacity in the health system (unintelligible) let's (unintelligible) to have the best capacity and a better health systems in Africa (unintelligible).

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MALE VOICE 4: (Unintelligible) and for me I'm looking at the delivery system (unintelligible) and in - with regard to the treatment how this (unintelligible) for implementing for making a (unintelligible) believable by the same (unintelligible) how to inspire a district system so that it's deliverable and dispatched (unintelligible) to HIV/AIDS, malaria, and tuberculosis because the (unintelligible) here are less - have less access to the health system then we have to look at the promotion (unintelligible) who use the same cities as will deliver the same message to community activists (unintelligible) in this country in particular but in many African countries of (unintelligible). The capacity to believe (unintelligible) in the health system (unintelligible) very, very poor. So how to (unintelligible) the packaged treatment of the delivery system but the challenge and I think the (unintelligible) opportunity in (unintelligible) this (unintelligible) of treating the (unintelligible) which is (unintelligible) and I think working together for the treatment will give us the (unintelligible) hard to believe in the (unintelligible) but I (unintelligible).

MS. GRACA MACHEL: Thank you, I just want to come out at this point. Usually the problem is (unintelligible) middle of (unintelligible) if we're talking about (unintelligible) progress is to the community and usually the problem is (unintelligible) because whenever you have a (unintelligible)

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there and they will (unintelligible) but there are not enough human resources. The problem comes at the program level but also at the (unintelligible) because you have (unintelligible) disease and the (unintelligible) and the problem and we need to look at the way (unintelligible) so that we can better integrate. I think (unintelligible) from the fact that we can deliver some product and communication services, food distribution systems and also using the private sector. We are not enough using private sector. In some of the countries a private sector consists of 60% of the health system and it's not possible to (unintelligible) health (unintelligible) always think about our own public health official system and I think that yes we have - we are sheltered from human resources but constructing health policies is also one of the ways to come out (unintelligible). Thank you.

DR. ANDREW CHETLEY: (Unintelligible) this is London, I'm told we now have Nairobi back online and I wonder if we could let Nairobi join in, in your discussion in Maputo? And if we could switch now to Professor Miriam Were in Nairobi.

DR. MIRIAM WERE: Thank you very much, Andrew Chetley. (Unintelligible) to Africa (unintelligible) I want to (unintelligible) and I'm Professor Were the (unintelligible).

DR. WILLIAM LORE: African notions (unintelligible) fighter of solitude (unintelligible) civil unrest (unintelligible). HIV/AIDS, tuberculosis and malaria are

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affecting the health of communities. Africans (unintelligible) that it signifies (unintelligible) now to mention organizations, the private sector has faith based organizations and international partners (unintelligible) by the respective governments themselves. In this respect we have an example of political awareness, politics and action in the fight of HIV (unintelligible) is formidable and (unintelligible) by (unintelligible) the African Union. There is (unintelligible) to ensure that (unintelligible) of community based healthcare as a contribution of their government. That there is no better government without healthy communities, first I think (unintelligible) and our government (unintelligible) to establish a commitment and (unintelligible) through (unintelligible) policy and (unintelligible) poor African people and communities to break loose of the burdens of poverty, disease, hunger, (unintelligible), and underdevelopment. There is a (unintelligible) I hope for Africa. There is under many respective (unintelligible) with this country and the (unintelligible) countries if we can learn from them. Thank you (unintelligible).

DR. PASCOAL MOCUMBI: (Unintelligible) but we need to do it now but from our health (unintelligible) political and public effort in this and we need more (unintelligible).

DR. DAVID HEYMANN: (Unintelligible)

MALE VOICE 5: Yeah.

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DR. DAVID HEYMANN: Thank you. I have to

(unintelligible) and I think that it's extremely important that we expand the resource base in other words the delivery challenge in not only the treatment but also the prevention certainly when it comes to HIV and I would be the first one to say that you can save more lives than doctors when it comes to intervention because of our conversation in education is one that usually is in existing groups in some countries it may be women and in others (unintelligible) it can be a union, it depends on the (unintelligible) environment and that is you know sort of the essence of the prevention projects and it's called mobile effective approach (unintelligible) and it's really limited to existing these healthcare delivery systems other than (unintelligible) or (unintelligible) human resources out there and there has to be everything possible to build them up and strengthen them and I think expanding the resource base is. Another point I'd like to make is that I'm concerned not only about the (unintelligible) of mass (unintelligible) and Prime Minister Mucumbi I think made a very important point, that the (unintelligible) in other words the preventative - the prevention and (unintelligible) the neglected - there should be no funding without a certain percentage of money that goes to the (unintelligible) because we are in a time when some (unintelligible) and that certainly (unintelligible) but in that capacity there's an element in there that's not very

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glorious but it's effective (unintelligible) and also injecting into the underlying issues like native African under aged pregnancies which are (unintelligible) by for example (unintelligible).

DR. PASCOAL MOCUMBI: We should when we think in terms of what is in the forefront and the really the top element and in my own (unintelligible) experience in malaria is that it is very, very real among people from all over (unintelligible) they are dealing both with (unintelligible) very important (unintelligible). Not that (unintelligible) and we have to have a legitimacy (unintelligible) engaged in (unintelligible) in an honorable way to (unintelligible) but we need to keep (unintelligible) out of the African continent and the disease of malaria (unintelligible). Thank you all (unintelligible) rather let's (unintelligible). In my (unintelligible) fundraising and groups with the Global Fund and involved with the hospitals and the doctors and governments and so on (unintelligible) capacity, we often hear (unintelligible) even if you give money, even if you give drugs we cannot (unintelligible). Now all this (unintelligible) to a certain extent (unintelligible) now that is no longer so (unintelligible) proven (unintelligible) meanwhile people are (unintelligible) and they're (unintelligible) is what we have. We will never have in the immediate future enough capacity either in absorption or health systems and so on we'll never

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have but what we have? What can we do, number one, the most important factor is that we are short of resources, it doesn't matter what you do it costs money. We don't have the money and so for the first time (unintelligible) the first time (unintelligible) first time ever we have burst our budget, we have completely stripped our budgets and we have (unintelligible) a lot of (unintelligible) and until (unintelligible) now I am getting (unintelligible)--

[END OF RECORDING]