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CSIS Conference on HIV/AIDS
Center for Strategic and International Studies
July 15, 2008

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J. STEPHEN MORRISON, PH.D: We are thrilled to be joined now by Senator Sherrod Brown. He was elected to the Senate in 2006, prior to that served in the '80s as Secretary of State in Ohio and elected to Congress in 1993 through 2006 in representing the 13th District in Ohio.

He has taken a special interest in leadership role on public health matters since early in his career with a focus on trying to combat antibiotic resistance threats to our public health system, taking some concrete steps to strengthen the Centers for Disease Control, particularly to guard against public health threats from terrorism, Bird Flu, Tuberculosis, and MRSA.

He has most recently been very active legislatively on matters around Global TB control and diagnostics and has had a special interest in Eastern Europe and Russia in these areas.

So, we are delighted that you have come to join us today and welcome. [Applause]

SENATOR SHERROD BROWN (D-OHIO): Stephen thank you and thank you all for your activism and your involvement in international public health. It is so important and thanks to CSIS and all of you that are activists on the Hill and Foundations, citizens, all that you are doing.

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Two people I wanted to introduce that use to work in my office, Arlen Fuller and Katie Porter have. It is always a great feeling when you hire people when they are particularly young and they both look pretty young sitting there. But I hired them many, many years ago when I was in the House of Representatives and when they leave a Congressional office and go out and do public health and public service and work for social economic justice it makes me proud and thanks to both of you, I appreciate that. [Applause]

In the back of the room and who works in my office is Roberta Donahue, who is not planning to leave soon I hope. So! [laughter] To go out and do something else of great consequence like that.

I feel an honor to speak after Ambassador Dybul, the terrific work that he has done and Dr. Gayle has done, and I guess Senator Kerry and Senator Feingold who are here also, and Dr. Fauci, so the terrific work that they have done.

First, I want to tell a little story about this building. Most of you have been around here for some time. This building is the Russell Senate Office Building. It use to be called just Senate Office Building because it was the first building that was opened, in I believe 1909. I think it has been opened 99 years and this building as I said was originally just called Senate Office Building, so Harry Truman use to say,

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if you want to write me a letter, send it to Harry Truman SOB and it will get there. [laughter] So that is enough about this building.

Let me tell you a story, a young man, a relatively young man from Kenya who lives in Mansfield, Ohio, my home town came to see me the other day, came to an event in this building that my office held. And he grew up in a Lake Victoria Region of Kenya, spent much of life there, came to this country as a student, met a woman from Mansfield, Ohio and they were married.

He told me he had lost both of his parents to Malaria. His sister died at 39 of Tuberculosis, she was co-infected with HIV, which is what happens over and over, because you in this group know so much about HIV, you know more often than not, in many countries of the world what kills people ultimately is their inability to resist to the TB bacteria, and that is ultimately what kills them.

He himself had had Malaria. This young man had had Malaria. His weight had dropped to 110 pounds, now he is healthy. He is finishing his degree at Overland College in Ohio. His life's goal is to train health care workers to work in Africa to combat TB and HIV and Malaria. And he knows the importance of investing in public health. What he wants to do

is what many of you want to do, and that kind of activism is making a difference in the developing world and all over.

Let me tell you another story, closer to home. I conduct around Ohio and my 60 or my 18 months or so in the Senate I have convened groups of 20 people in a community kind of a cross section of people and most of Ohio's 88 counties I have done this and ask some questions for an hour and a half and unbelievable so for a U.S. Senator actually I do not do the talking, they do the talking for the hour and a half as I ask some questions.

And one of these round tables I held, there were two young doctors there, actually a young doctor and the husband and wife, one was not there the other was there who have started this group in this community, this town of about 50,000 in Ohio.

The husband is an internist, the wife is a pediatrician and what they have gone into, they have looked at two zip codes in this city. One is predominantly African American, one is predominantly White. And in these few zip codes they have found that the low birth weight baby rate had access of 20-percent in both of these zip codes. The national average in our country is 5-percent.

And so, they hired a bunch of 23, 24, 25 year old women, black women to do the African American area, they came

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from the community. White women do the more appellation white area. People were high school graduates some were not even high school graduates who had gotten their GEDs. They trained them to be community health workers, a fairly new [inaudible] under the nursing board in Ohio, Nurses Examining Board in Ohio.

And over a period these young women without much education themselves, but knowing what they were doing, well trained would go into their communities and they would talk, they would find pregnant women and they would bring them in, get them to an OB/GYN as early in their pregnancy as possible, talk to them about nutrition, take care of them in ways that they had not been taken care of in the past. In the space of three years they dropped the low birth weight baby rate from 20-percent down slightly below the national 5-percent average.

And that is what we can sort of learn from what is happening internationally and I kind of learned about this through my interest in tuberculosis initially. Some almost 15 years ago when I was first in Congress, a woman by the name of Joanne Carter with a group called RESULTS, came to me and she said, Tuberculosis is a major international problem, and I admit I did not know that.

My only recall of tuberculosis is my dad, one time when I was a senior in high school in Mansfield we were driving by a

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clinic. It said Batey [misspelled?] Clinic, I said what is that, and he said it is a tuberculosis sanitarium and they are about close it because we do not have TB in Mansfield anymore. And that is kind of the last thing I thought about, except to read novels about people dying of consumption, the same thing as TB as you know.

And so, but the U.S. Government in these 15 years, and I tell you this story about the group, RESULTS coming to me and then later Paul Farmer and Jim Kim two great outstanding public health advocates that Arlan now works for a group called Partners In Health in Attleboro, Massachusetts. How their activism and their reaching out to elected officials has spurred so many of us on.

It is not an issue I would not have thought about if somebody had not brought it to me. And that is a role that all of you can play as activists, as people who care about international health, domestic health too, but especially international health, especially HIV. Your role to educate all of us that are in an elective office, because we surely do not pay enough attention to a lot of these issues.

And my message today to you is mostly one of gratitude to you, as activists for wanting to do this because so few people relatively do. But my message also is that you as activists, it is a small number of committed activists really

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have made a real difference. You have made a difference in what this government is doing. PEPFAR is on the floor today as you know. That does not happen by accident, it happens because activists made things happen.

And I would tell one other story that maybe a call to action. too. I wear in my lapel, a pin you probably cannot see from there. It is a picture of a canary in a bird cage. I was given it about eight or nine years. I was given this by someone at a worker's Memorial Day, a day to celebrate and honor those workers and to memorialize those workers who have been killed in on the job in our country.

And the canary in the cage, you may remember the labor history of the worker, we would go down in the mines with a canary and if the canary died from lack of oxygen or from toxic gas, the miner knew he had to get out of the mine. And in those days the miner had no unions strong enough to protect them and no government that cared enough to protect them.

And you think back in those days, 100 years ago, at the turn of the last century, a child born in this country had a life expectancy of about 45 years. Today, in this country we live, a child born today has a life expectancy of about three decades longer.

And it is really is because of activism, it is not high tech medicine. It is not chemotherapy that lengthened our life

expectancy by 30 years. It certainly helps in some cases, but it was public health, it was safe drinking water and clean air. It was the creation of the FDA and Food Safety. It was the prohibition on child labor, it was civil rights, it was voting rights, it was Medicare, it was Social Security, it was their Environmental Protection Agency, it was protections for workers. And all of those things happened because people of faith and their churches.

In temples people that were activists and advocates for children and advocates for civil rights and advocates for labor rights and all of that, pushed their government to do that. And you look at the progress we have made these 100 years. We can take that same faith, that same union activism, that same public health activism and extend that around the world as so many of you are doing.

I will close with an announcement if you will, of legislation that I, an announcement of a Bill that I am introducing. With Betty McCollum has introduced the Focus on Health Family Worldwide at H.R. 1225 as many of you know, I am introducing the Bill, her Bill, the same Bill in the Senate. It has 61 co-sponsors in the House. U.S. Funding for National Family Planning Today provides services to only 20 million couples in the world's poorest countries. I mean that is a great thing, but it is obviously not enough.

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By funding family planning we improve, you know all of this. We improve maternal health; we reduce maternal and infant deaths. We prevent abortion. For HIV positive women, family planning is the smartest and most cost effective way to avoid the transmission of HIV from mother to child. The Bill includes a sense of the Senate stating our government needs to partner with developing countries to expand access to voluntary family planning programs and to increase access to modern contraceptives.

The bill includes assistance to improve public knowledge of family planning programs, to provide improved coordination among family planning programs and U.S. funded HIV programs and to the strengthen the supply chain for the reliable distribution of contraceptives. Women all over the world should have the opportunity to make their own decisions regarding when to have a child. The best answer to that is providing access of course, to reliable family planning and this is what this legislation hopes to do. [Applause]

And I would close with my favorite quote, which a Mississippi civil rights leader in the 1960s once said. "Don't tell me what you believe, show me what you do and I will tell you what you believe". And all of you are showing the world what you are doing and I am proud of you for that and I thank you for your activism. Thanks. [Applause]

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J. STEPHEN MORRISON, PH.D.: Thank you, Senator Brown. I have asked Jennifer Kates, Vice President of the Kaiser Family Foundation to speak for a few minutes here on a recent analysis issued by Kaiser Family Foundation, on International Response.

Senator Brownback we have been informed will not be able to join us in this time slot. Senator Feingold will be here at 12:40, 12:45. So we have some time, Jen if you could come up, please. Thank you. [Applause]

JENNIFER KATES: Hi everyone and thank you to Steve Morrison and John Hamre for from CSIS and the Task Force.

Kaiser Family Foundation has been very fortunate to be involved with the Task Force for these seven years, and have benefited greatly from the involvement. The Task Force in my opinion has really pushed forward the discussion, the dialogue on Global HIV Policy more than any other process that has been going on in Washington. And so we are really proud to be part of it, and I would send so from Drew Altman, the President of Kaiser.

Steve asked me to just speak briefly on a new analysis that we are recently completed and released with UNAIDS. It is something that we do annually with UNAIDS to look at donor government assistance for HIV in developing countries. And as you know that is a critical thing to track. It is a hard thing

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to track, and we felt at Kaiser that somebody needed to track it so we really understood where it was going, was it moving in the direction that we hoped it was moving in. Where was it coming from, and what were some of the issues.

We begin this collaboration with UNAIDS a few years ago, and we actually, what we do for those of you who are interested, is we pretty much call all of the government, the major governments, the GA leaders, as well as many of the other donor governments and collect the data from them and verify the data from them.

For those of you who have looked at this issue, donor governments really do make up the bulk of the resources going to HIV in low and middle income countries. That is not to say that there are not many other important resources made available, whether it is from private philanthropy, from effected country governments, from individuals, from multilaterals, but much of the funding will always come from donor governments. So understanding where it is moving is critical.

In our most recent analysis, we were looking at 2007 funding amounts, and the report looks like this, we have brought many here. It is on our website, it is on the UNAIDS website, it was released right before the G8 Summit. And our main findings, just our big take home findings are that we

continue to see donor government commitments for HIV and disbursements for HIV increasing.

In 2007, international assistance from the G8, the European Commission and the other donor governments reached about $6.6 billion in commitments. But more importantly, we looked at disbursements.

So commitments are what donor governments are committing in general, but wet money is actually being put out to recipients, and recipients could mean multilaterals. It could mean affected countries. We found that in 2007 $4.9 billion was disbursed. Both of those, the commitment figure, the disbursement figure represent increases.

We also found, we looked at the major donors and no surprise the U.S. is the biggest donor of any government, of any single government providing 40-percent of disbursements in 2007 by donor governments. And in fact when we looked at all of the resources being made available in 2007 by any entity, whether it was donors, multilaterals, affected country governments, the U.S. also comprised 20-percent of all those resources. So that is significant.

Other donors that provide a lot of funding, the UK, the Netherlands, we also included Ireland and Australia and other governments that do not always get their information out about what they are providing.

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We look very closely to see how donors are funding the response. Are they funding bilaterally, are they funding through multilateral channels? And by and large, a bilateral approach is how most donors are addressing HIV and collectively the funding is provided bilaterally, with the remainder provided through the Global Fund. And that is for many different reasons, and very unique to each donor, but in general it falls down on the bilateral side.

We also with UNAIDS looked at their recent analysis of how much is needed to combat HIV, and still find a gap. So although donor government assistance is increasing, there is still a gap between what is needed to really amount an affective response and what is available in general from donors and others.

The last thing I will highlight because we get this question at Kaiser a lot. Is okay, so the U.S. provides 40-percent and the UK provides this amount, but how does that break down. Is everyone doing their fair share? It is a question that I think is very hard to answer, there is no one way to answer that question, and we try to look at it from many different perspectives. One simply is who is providing the most? Another way to look at it is, to look at how countries fall out compared to their share of the GDP in the world. And when we look at that for example, we see some different

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results. The U.S. is providing a little bit less than its share of GDP.

We also standardize it. We say well we know that the countries economies are quite different in size. So if we standardize the response by the size of an economy, how does it look? And there we have some different relative contributions fall out differently with, the UK for example, being fourth, and the U.S. being fifth.

So, it is really important to understand that there is no one way to look at that question. There is many different ways to look at it. We try to present some in our report, but at the end of the day, I think the good message from the report is that donor government assistance continues to increase. We will also continue to monitor that and release another report on this topic next year.

If anyone has any questions, we would be happy to answer them. Whether it is about how we do this, and more data and those kinds of things. So, thank you Steve for the opportunity to talk about the report. [Applause]

J. STEPHEN MORRISON, PH.D.: Just a couple of notices that I had hoped to make. Next week on the 25th at CSIS at 10:00am, we are going to gather a group to talk about the outcomes of the G8. Professor Dakeene [misspelled?] who is head of the Global Health Team that was put together in

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preparing for Okido will be coming down from Boston for that. Mike Green who is the CSIS Chair, Japan Chair will be speaking.

We will have someone from the White House there, and Jen Kates and myself will be speaking on some of the other facets. We will be treating this for the Global Health Food Security, the kind of issues around the accountability for donor contributions dating back to Glen Eagle's and elsewhere. So, please, please join us if you can.

On the 29th, at from 9 to 11:00am in this room will be having a gathering for the release of a paper on Global Food Insecurity, that a CSIS Task Force that was formed two months ago, co-chaired by Senators Lugar and Casey. Robert Casey and Senator Lugar kindly agreed to co-chair that effort.

We put together a group of experts on Global Food Insecurity and charged by Senator's Lugar we have put a short statement that we will be publishing that lays out an agenda for U.S. action in the near to middle term, and so please join us for that. And Josette Sheeran, the Executive Director of the World Food Program will be here to speak.

Henrietta Fore, Deputy Secretary of State and the USAID Administrator who heads up the Task Force on Global Food Insecurity will be speaking. Senator's Lugar and Casey will be speaking and we will have some other members of that group present to speak.

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We are trying to see if Senator Feingold is able to join us a little earlier. There was a conflict with the Zimbabwe Hearing that was held at the SFRC that he is chairing over in the 419 Durksin [misspelled?] right now, so just bare with us. He will be here momentarily. Yes, Allen.

ALLEN: Just a piece of information that you maybe interested in. As you know they are debating PEPFAR on the floor and the pending item from last night, was the first agreement [inaudible] was to reduce the overall authorization 50 to 35 billion.

And the Senator in the second amendment [misspelled?], which was a procedural item that would have applied so called Kemp-Kasten anti-abortion language to all U.S. aid spending. The Senate voted just a little while ago a procedural motion, not a procedural motion sort of technical motion to table or bring down both amendments. They do that by bringing down the first amendment, and that effort succeeded, 70 to 24. So PEPFAR is moving forward. [Applause]

J. STEPHEN MORRISON, PH.D.: Thank you all. Our final closing speaker today is our co-chair, Senator Russ Feingold, who has been a very loyal and active supporter of our efforts here and a leader here in the Senate on HIV/AIDS and related infectious disease issues.

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In Congress at this key moment, we are also very grateful to Sarah Margone [misspelled?] and Savannah Langfelder [misspelled?] who has moved on to graduate school, for all of their work. We have had a very close working relationship since Senator Feingold agreed in 2004 to come on as our Honorary Co-Chair, and we look forward to continuing to working with you, Senator as we move to the creation of the Center on Global Health. Thank you very much. [Applause]

SENATOR RUSSELL FEINGOLD (D-WISCONSIN): Hello, it is my honor and pleasure to offer just a few remarks at the end of this conference, and the end of the CSIS HIV/AIDS Task Force, at least in its present form.

As usual, Dr. Steve Morrison, you have succeeded in gathering many of this country's most distinguished experts who have been the impetus and implementers of much of the great work being done to combat HIV/AIDS around the world. I am also pleased to be able to build upon the remarks of my colleagues who have championed this issue in Congress for years, who have prioritized this issue, and have worked hard to keep it at the top of the U.S. government's agenda.

Thank you all, organizers, presenters, colleagues and guests, for being here and for being champions of this very worthy cause.

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To follow the path taken by this conference, allow me to begin by looking back on how far we have come in raising awareness of the diverse and disbursed impact that HIV/AIDS has around the world.

In 1999, I returned in December from visiting 10 African countries determined to do everything in my power to insure that the United States addresses the HIV/AIDS crisis with the urgency and seriousness demanded by this devastating disease.

My previous trip to Africa had been actually intended to be focused and was significantly focused on the affects of war, and the prospects for peace. But in the 1999 trip, I learned that since its emergence AIDS had killed more Africans than any of that region's horrific wars, and I saw and heard evidence of this scope of this epidemic virtually everywhere.

Herring statistics came to life in the frightened faces of HIV positive Namibians or forced to keep their illness a secret because of strong social stigma. And hundreds of Zambian AIDS Orphans who had lost both their parents in childhoods to the disease, and unlike refugees displaced by war, these people had little hope of ever returning to their past lives.

Now much has changed since that trip, in large part because of the leadership that the United States has

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demonstrated in providing abundant resources, devoting high level attention, developing new prevention and treatment strategies and working at the local, national and international levels to engage and empower those most vulnerable to this disease.

When I returned from my trip in 1999, would speak about the urgency and severity of the HIV/AIDS epidemic, particularly in Africa, few saw a major role for the United States, so I was pleased. When the Clinton Administration announced it would ask Congress for $100 million to support Global HIV/AIDS efforts, but I knew these funds would not come easily and would frankly make a limited difference due to the enormous scale of this epidemic.

2003, Declaration of the President's emergency plan for AIDS Relief, PEPFAR saw the United States finally assume a role on this issue, that of a world leader. In its first five year phase, over $19 billion has been provided to treat and care for HIV/AIDS victims and to prevent millions of new infections. Perhaps, even more important however, have been some of the unattended consequences of this engagement.

For one thing thanks to increasingly effective, available and affordable antiretroviral medications, HIV is no longer necessarily a death sentence. We take it for granted now, that HIV positive people should have access to life

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extending drugs, but it was not long ago, actually that the idea of treating a disease with no cure and no vaccine in sight seemed impractical.

Additionally, aggressive U.S. leadership in HIV/AIDS has catalyzed bold action on this issue for other donor governments, civil society organizations, host nations and multilateral bodies. Similarly, efforts to fight HIV/AIDS have paved the way for more ambitious engagement on other illnesses, such as Malaria, Tuberculosis and also the strengthening of developing country health systems.

We American Policymakers, and the wider internationally community have also learned a great deal about the best practices over those past few years. The importance of tailoring programs to meet local needs, especially when designing prevention strategies has become evident as has a greater need for reliability and flexibility and funding streams.

Efforts to help those most vulnerable to HIV/AIDS have expanded to include programs that address such issues as gender inequity, food and nutrition and social stigma. Treatment is no longer limited to the provision of drugs, but can also and sometimes does include counseling, livelihood support and the training of skilled health workers.

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U.S. leadership on HIV/AIDS has benefited the U.S. as well. At a time when our international reputation is suffering because of other elements of U.S. Foreign Policy, U.S. Global Health Programs have actually earned our country tremendous goodwill, in the developing countries where we are saving lives, and among other donors who share our objectives.

Here in the United States a growing constituency of Global Health Advocates, including student groups, our religious congregations, charitable foundations, research institutions, civil society organizations and even private companies are coming together to support and reinforce the efforts of the United States Government.

And in large part, because of this growing and widening global health advocacy, here in Congress, HIV/AIDS and Global Health more broadly has become one of the few issues that consistently receives bipartisan attention. As I am sure it has been mentioned, it is almost a surprising procedural results of this week. Our result of the fact that this exists and it is different than on so many other issues, and is in part because of your good work.

Yet despite all these gains, we must remain vigilant and insure that this progress is not lost. As you know, my colleagues and I are expected to vote later this week on this reauthorization of the Global AIDS Program, committing $50

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billion to fight HIV/AIDS, Malaria and Tuberculosis over the next five years.

No one disputes the urgency and the seriousness of the HIV/AIDS epidemic, but unfortunately this Bill has already been delayed unnecessarily too long. And that is why it is so important that you are gathered here today to remind us of how far we have come, and yet how far we still have to go.

Beyond renewing U.S. commitment to HIV/AIDS, there is much work to be done to build in the progress that has been made and adapt to emerging challenges. We cannot treat our way out of this epidemic, and so need to be exploring, investing in new techniques to stend the spread of HIV.

A related, but distinct threat is the increasing numbers of people in the developing world contracting drug resistant HIV. Second line antiretroviral drugs for treating their drug resistant HIV are likely to be much costlier and potentially less affective then the current therapies.

Perhaps the most pressing challenge facing the global health community today is the need for new resources and reforms to strengthen health systems to better meet national and local needs. The developing countries are unable to train and retain sufficient numbers of health care professionals we will be compelled to fight an uphill battle for decades to

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come. The sustainability of our efforts today will be the ultimate measure of their success.

So with that, I would like to thank you all for coming today, and for your past, present and future efforts to make the world a healthier place.

It has been a privilege, Steve to be Honorary Co-Chair of the CSIS HIV/AIDS Task Force for the past five years. I am very proud as what has been accomplished. The CSIS HIV/AIDS Task Force was established in 2001, to build on a coalition of HIV/AIDS Experts from the Congress, the Administration. Public Health Groups, the Corporate Sector, Activists and others.

The affective ness of the Task Force is evident in this room today, and the quality, diversity and dedication of the individuals who are present.

Again, thank you and I look forward to continuing this ongoing effort with you in the days and years ahead. Thank you. [Applause]

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