

**The Global Fund to Fight AIDS, Tuberculosis and Malaria:
International Meeting to Support the Global Fund
The Global Imperative to Fight AIDS, Tuberculosis, and Malaria
July 16, 2003**

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GEORGE ALLEYNE: it would be almost pathetic of me to try to emphasize again the importance of this meeting. I think that given the introduction by Secretary Thompson and (unintelligible) and the moving words of the UN Secretary General, Kofi Annan, there is no need for further validation of the importance of these issues that we face and the needs to address these modern plagues. There is, obviously, as all speakers have emphasized, a greater need for a more focused and wider—a deeper and wider response, and these great leaders who we have heard this morning have emphasized over and over again the critical importance of partnerships in addressing these modern scourges; and your presence here this morning, the representatives of all the instruments and pillars of state—the public sector, governments, the private sector, the non-governmental organizations, faith-based organizations—is an indication of the width of the response that is taking place, but must be different if we are going to confront these scourges. And there is no doubt of the role of The Global Fund as being essential for us, both as an expression of these partnerships and also for cementing these partnerships.

Before I begin with our panelists, let me explain how this is going to work. All of us know why we are here and we want you all to participate. This panel will not represent, or question and answer, and I will not entertain debate between the panelists and the audience. After the panelists have

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7/16/03

spoken, and I have absolute confidence in their ability to stick to the five minutes that they have been allotted—absolute confidence—we will then open the floor to a few interventions that have been noted to me in advance. At the same time, those of you who wish to make interventions, if you will be kind enough to signal your intention by raising your hand, or otherwise so indicating, and a member of the staff will come to you so I can have your names.

Now with this cleared up, let me get to the panelists. I will not spend a lot of time introducing each one of them. You know them and you are not here to hear who they are; you are here to hear what they will say. So without further ado, let me turn to the first of our panelists, Peter Piot, Executive Director of UNAIDS—Peter.

PETER PIOT: Thank you, George, and Secretary Thompson, and Mr. Lucerc, ladies and gentlemen. At the on-set, and on behalf of the eight organizations that make up UNAIDS, let me reiterate our heart-felt support for The Global Fund. We just heard it from our Secretary General. In this audience, I don't need to reiterate the severity of the global epidemics of AIDS, Tuberculosis, and Malaria. You know the facts. Instead, let me emphasize this, each of these three epidemics is a problem with a solution. And today's challenge is to get full-scale solutions to where they are most needed and where today they are obviously lacking. For example, globally HIV prevention

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7/16/03

reaches only one in five of those at risk of infection. HIV treatment reaches only one percent of the Africans who need it. Fewer than one in ten African children sleep under a bed net that protects them from Malaria; and only one in five of the countries with the biggest TB burden have national plans to fight the disease.

I'm often told that money is not the only solution, but it is undeniably part of the solution, and just as in funding we're moving from the m-word to the b-word—from the millions to the billions of dollars—we need also to move from the little p-word to the big p-word when it comes to programs—from small projects to full-scale programs. And let me address four pervasive myths that hold back scaling-up of our efforts against AIDS.

First, the myth that HIV prevention does not work and therefore that we should not invest in it. Where a combination of prevention efforts have been mounted at full-scale, the evidence from every continent shows that we can reduce HIV infection, particularly among young people.

Secondly, and it is that HIV treatment is impossible or even ineffective in developing countries. Brazil's performance is known world-wide and we'll hear more stories about that, and I saw for myself last month, Cameroon's quiet progress. Every employer I've talked to has begun an HIV workplace treatment program. It's clear that health systems and social systems are

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weak in many countries, so indeed, the challenges are enormous, but they can be overcome.

The third myth is that there is no capacity for large-scale HIV prevention and treatment. The UNAIDS Service on programming capacity shows clearly that there is more capacity than funding available in about every country. But is every school offering health and sex education to prevent Malaria and HIV? Have we tapped into churches and mosques as a reservoir of leadership as well as services? Does every business offer treatment and prevention programs to the workers and families? The answer is clearly no, and we must invest more in building program capacity in both states and non-state sectors.

Finally, there is the myth that we will find a solution in a single intervention—a myth that has gone with us since the beginning of this epidemic. We know about combination therapy for HIV and we know about combination prevention; now let's not neglect combination development. Because, if AIDS funding is taken away from education or rural development money, it will inevitably result in fewer girls in schools, in more rural migration, less food security, more trading of sex for survival, and eventually more AIDS. So combination development is the reason The Global Fund must maintain additionality as a co-principle.

Mr. Chairman, I believe that for the first time in the short history of the AIDS epidemic, and decisively in the case

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7/16/03

of Malaria and TB, we have the chance to reverse these epidemics. And even if it would be irresponsible to underestimate the formidable operational and coordination challenges, they are not insurmountable. The Global Fund is an indispensable resource in seizing this historic opportunity. A vigorous UN system united in its focus on AIDS through UNAIDS—including our co-sponsors on The Global Fund board, WHO and The World Bank—stand committed to make the fund a global success. Above all, we are dedicated to the task of supporting countries and communities in delivering the solutions to AIDS, TB, and Malaria and in spending wisely; because for the foreseeable future resource management will be as important as resource mobilization, and it is only through our joint and concerted efforts that we will meet this historic challenge. Thank you very much.

(Applause)

GEORGE ALLEYNE: Thank you very much, Peter, for that forceful and constructive overview. Now, let us welcome Joy Phumaphi, Minister of Health of Botswana.

JOY PHUMAPHI: I'm sorry, I'm a politician, so I find it difficult to speak sitting down. Chairman of the Board, Secretary Thompson, Peter Piot, Richard Feachem, Director General-elect of WHO, honorable ministers here present, distinguished delegates, we are gathered here this morning because the most critical and powerful (unintelligible) ever

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know to man have human (unintelligible) is under threat. The basic unit of political, social, and (unintelligible) interaction is depleting at a rate that is going to frustrate the development, not only of Africa, but of every country on the globe. The global imperative knows no boundaries as country after country falls victim to the (unintelligible). Twenty years ago no country had the prevalence rate of over one percent of HIV-AIDS infection. Now, over twelve countries have prevalence rates in the two-digit category.

The three epidemics that have brought us here this morning recognize no age, status, and they do not recognize boundaries or economic diversity or wealth. They feed on ignorance, on fear, denial, and discrimination. They (unintelligible) from any of us.

They call for the pledging of new partnerships. When will relationships with mutual respect and understanding guide these contracts rather than individual interests? The call for a common vision that must be shared is the common ground between the comprehensive (unintelligible) strategies and the business strategies and the visions of the donor partner. The new partnerships demand trust between partners. This means that donors must trust governments and take risks, particularly the way a good track record and such that exists to ensure accountability is protected.

A delicate balance has to be struck between the

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7/16/03

overwhelming need to start programs immediately and the absolute requirements to set up systems, to build infrastructure, to change human resources in other ways to build capacity. I do not believe that our system should be delayed because capacity does not exist. I believe that where capacity constraints exist, what it means is that you plant the seeds from the bottom.

The Global Fund has indicated that it is possible to mobilize resources and to implement and intervene effectively within a short period of time. Indications are that the global epidemics that we are discussing today are not abating; but I am encouraged that this morning, though some roads may appear almost intraversable, we are all here to appreciate together that we can succeed. That just as orphans must be kept in schools; every child must be given access to education. As productive humans are (unintelligible) by the (unintelligible) issues, the chances for our young people going to school or obtaining health services sink; instead ignorance and disease are accompanied by deprivation, suffering, and increased exposure to both counter-productive risk behavior and to child labor and trafficking. Once this barrier is crossed, stigma and discrimination, as well as failure to negotiate condom use, further entrenches both women and children even deeper into a (unintelligible) of shame, guilt, denial, that prevent them from seeking assistance even when it is free. These are the

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casualties of war that The Global Fund must seek to address together with the other partners in our global strategy.

The management structure of the fund must temper the monetary and evaluating of projects with support to kinds of programs supported by the funds. This could best be described as a remedial (unintelligible). We are venturing into uncharted territory, so the traveling cannot be easy, yet all of us are gathered here today in a show of confidence in our ability to make it work.

When I was at the Barcelona conference, a young friend of mine lost his life. He was born HIV positive to parents who were living with HIV-AIDS, thirteen years ago, at the time (unintelligible) testing was not available in Africa; neither was prevention of mother-to-child transmission. His parents died five years earlier than he did and were never introduced to the anti-(unintelligible) program. He enrolled last year—the beginning of last year—in the public sector ARV program in Botswana. Yet, his brilliant young life was cut short. He wanted to be a doctor so he, too, could help affected children like themselves. I believe it is for children such as this, the future of humanity, that we are gathered here today; to make sure that we give them a tomorrow that they can be proud of, and give them a legacy of hope. So that they tell a story of a time when their parents fought a battle for survival and won. This is why we are gathered here today, and this is why

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we must make this fund work.

(Applause)

GEORGE ALLEYNE: Thank you, very much, Joy, and also the politician, that we congratulate you having gone to podium and still stuck to your time. Now let me introduce Zakie Achmal, Chairperson of the Treatment Action Campaign in South Africa.

(Applause)

ZACHIE ACHMAT: Good morning. I don't know where to start, except to say that it's a privilege to be here, and I want to thank the Chairperson and the Executive Director for The Global Fund. I am here to bring a message. The message I'm here to bring you, first and foremost from our organization, The Treatment Action Campaign in South Africa, we want to pledge one Euro for every member we have, and we have ten thousand members.

(Applause)

ZACHIE ACHMAT: I want to start by telling you—I want to start by telling you why we believe The Global Fund for AIDS, TB, and Malaria is essential. Everyone here would have read Geoffrey Sax's report, The Sax Commission Report for the World Health Organization, that you cannot have development without ensuring that people have access to health care, without insuring that people have access to primary care, to prevention, and to treatment of many illnesses, including HIV,

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7/16/03

TB, and Malaria.

One of the members in our organization is a mother of more than fifty. Her name is Uzagua (misspelled?). She lost her twenty-year-old daughter to AIDS. She herself was a nurse, and she said to us that as a nurse, she stopped nursing because she could not help her daughter. Her eighteen-year-old son died a few days later when he discovered—after her daughter died—when he discovered that he, too, had HIV. And what killed him was the message that there is no cure for AIDS. He wrote a letter to his mother saying, "There is no cure for AIDS and I can't die in the same way that my sister died." The false messages that we put out, the messages with no hope, is very often reinforced by all of our governments, our international agencies, and in fact, all of us, by not acting and by not pledging and by not committing ourselves to ensure that countries have the resources to deal with this epidemic.

(Applause)

ZACHIE ACHMAT: In the MSF Program in Kilitcha (misspelled?) there's a young man who is dying, and he's been taken out of work, his daughter and wife were getting ill, and he was put onto medicine. Today he's a fruit seller. He is helping to save the lives of his wife and his daughter by his becoming a productive member of his community.

In our country alone—in the continent of SADAC—and I want to congratulate the Minister from Botswana for taking a

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7/16/03

lead in providing treatment and prevention—but in our country alone, six hundred people die every day and fifteen hundred people get infected every day. Now what do we need? We need first and foremost political commitment at every level; but there can be no worse dishonesty than for presidents and countries to say HIV causes AIDS and then throw a pittance at us. What we have received, and what The Global Fund has been pledged, is a quarter of what it needs to be able to deliver what it needs for the next round.

We appeal to you—I want to start with the European Union—and I want to say that The Global Fund is a very useful body to disperse money in a non-honoris (misspelled?), but accountable manner. The European Union has not delivered its promise. We need at least one billion Euros from you, at least one billion.

(Applause)

ZACHIE ACHMAT: Then there is the second largest economy in the world—the second largest economy in the world, Japan. We have to say, “Where is your money?” The epidemic in Asia, the epidemic in Eastern Europe, the epidemic in the Caribbean is only just starting and we all need to get together. Japan, where is your one billion dollars? But not only that, we have seen through the war in the Gulf, the capacity of countries like Kuwait and the Gulf States to pour billions of dollars into armaments and we say to the Gulf

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7/16/03

states, "Where is your contribution?" So from all of us, we want to bring this message to The Global Fund that we are with you; but so far, the governments of this world, the international agencies of this world have all failed you.

I want to congratulate the American government—which is not something I do very often—I want to congratulate the American government for putting some of their money where there mouth is; but that money has to be delivered. And I want to appeal to Secretary Thompson to ensure that a substantial amount of that money goes to The Global Fund, because for us as global citizens, it is really, really important that the institutions of multilateralism are (unintelligible) because that is the only way in which we can ensure human security, and above all, global security for all of us. So I would appeal to you to please ensure that a substantial amount of that money, three billion dollars, comes to The Global Fund.

Without that list of money that—you know, very often—I don't want to be a beggar and I hate being a beggar, but I want to say this to everyone here. All of us have a responsibility in the epidemic, but I want to appeal—and I would be remiss not appeal to you—to assist the Treatment Action Campaign—I see Archbishop Ndungane from South Africa here—to assist all of us to persuade our government to do the right thing. Our government in South Africa is presiding over a holocaust against poor people and particularly black people, and it is

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7/16/03

wrong for the world to remain silent. For President Bush to shake the hand of President Thabo Mbeki without saying, "I want you to treat your people." It is wrong for Tony Blair to stand by Mbeki at the Governor's Conference—at the good Governor's Conference—and not say to him, "President Mbeki, why are you not ensuring that there is a treatment and prevention plan for your country?"

We in Africa don't want to be beggars. We say to you, not only to support The Global Fund, but as the speaker said before me, we must ensure that there is development. And so to Europe, the United States, and Japan, we say to you, "When you go to Cancun, ensure that we have the right to trade, ensure that we have the right to have access to all essential medicines, because that is the only way that we can ensure sustainable development."

I want to thank everyone here, and I invite people to join the protest outside during the break. Thank you very much.

(Applause)

GEORGE ALLEYNE: Thank you very much, Zackie, for that impassioned plea. Let me now introduce Minister Amiran Gamkrelidze, Minister of Labor, Health, and Social Affairs of Georgia. Mr. Minister.

AMIRAN GAMKRELIDZE: Mr. Chairman, ladies and gentlemen, on behalf of the President of Georgia, Mr. Eduard

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Shevardnadze and the Georgian government, let me greet from this high platform and convey the official address of Mr. Shevardnadze to Global Fund authorities. It is my great honor to participate in this outstanding UN (misspelled?). I am confident that the recommendations of this meeting will further strengthen global response to HIV-AIDS, TB, and Malaria. The importance of the establishment of The Global Fund to fight AIDS, TB, and Malaria must be particularly emphasized because of each noble mission to mobilize the world-wide community in the struggle against these three most dangerous diseases responsible for millions of death on the Earth.

During the eighteen months of its existence, several dozen projects are being implemented in various countries, and the first positive outcomes have been already achieved. Thus, the future success of The Global Fund is obvious. My country, Georgia, is situated on the border of the HIV-AIDS pandemic. On the one hand there is wide-scale epidemic in the Ukraine and Russia; on the other hand (unintelligible) belongs to HIV-AIDS low, epidemic regions. But by experts' consideration, unless urgent preventive measures are undertaken immediately, the rapid spreading of HIV-AIDS is expected in Georgia in the close future.

Right now, we still have the so-called "window of opportunity," and the approval of our proposal by The Global Fund gave us the only chance to keep this window open and avoid

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the widespread of AIDS in Georgia. We are well aware that this support—this approval—is the embodiment of The Global Fund’s great support to different—to effective reformation of the health care system and general policy of Georgia. I would like to tell you that working on the HIV problem in Georgia—help began in 1983. At present, there is well-established HIV-AIDS control service staff in Georgia with well-developed infrastructure. It is noteworthy that Georgia was one of the first among the former Soviet Union countries which drafted and adopted the law on HIV-AIDS prevention. Later it was revised and brought into compliance with international legal recommendations. The governmental commission of HIV-AIDS and STDs is established. We have developed the Georgian National HIV-AIDS Prevention and Control Program. Recently, we have completed development of the multi-sectoral five-year program on the prevention of AIDS and STDs. Besides, tens of Georgian specialists got long-term training in the leading institutions of the United States. Owing to these facts, we became capable to successfully implement The Global Fund Project.

I would like to mention that the national strategy plan of action has been recently elaborated, implementation of which requires 15.5 billions—million U.S. dollars in the next five years. Unfortunately, due to a critical economic situation, the Georgian government could cover only 3.5 million U.S. dollars of this amount. The gap will be filled through Global

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Fund support. Full-scale implementation of the proposal project by 2007 would be able to bring the following outcomes: development of adequate legislative basis, insuring accessibility to the highest attainable standards of care, support, and treatment, including—no, contra—high therapy to one hundred percent of HIV-AIDS patients, twenty-five percent annual reduction of expected, predicted HIV prevalence among general population, ensuring access to quality information, education, and conserving service, limiting HIV prevalence among intravenous drug users through implementation of harm reduction (misspelled?), needle exchange, personal treatment, and information, education, and communication programs, ensuring access to quality information, counseling services during ante and perinatal periods.

In the end, implementation of The Global Fund Project will help our country much. Practically, it will enable us to avoid wide-scale HIV-AIDS epidemic and secondly serious (unintelligible). Over twenty years has passed since the world faced the AIDS problem. Those twenty years of experience in the fight against this dangerous disease have demonstrated the crucial need for consolidation of efforts and resources all over the world. Only together we can defeat AIDS. For our part, I would like to assure you that Georgia will do its best to make our contribution in turning back HIV-AIDS global epidemic.

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Today, we are mostly speaking about the AIDS. Besides the AIDS, mounting drug resistance in TB patients and record increase in Malaria cases became (unintelligible) former Soviet Union Central Asian countries' most important public health problems, and Global Fund support will be extremely necessary also in this direction.

Thank you for your attention.

(Applause)

GEORGE ALLEYNE: Thank you very much, Mr. Minister.

Now we will have the last of our panelists, Rabia Mathai, Director of Programs of the Catholic Medical Mission Board.

RABIA MATHAI: Good morning, fellow soldiers in this war. After two ministers and after two charismatic leaders like Peter Piot and Zachie Achmat, what are my three punch-lines in this fight? What I would like to stress on, in this global response that we need for this war which is raging and ravaging communities and families, we need to unleash the bar of those that can help in helping communities and families; basically, the private sector, the faith-based organizations, non-governmental organizations, and citizen's groups.

My second point is, in trying to get treatment for three million by the year 2005, we need to ensure that the most important strategy for this has to be treatment which will strengthen family units and communities, and which will bring outcomes for children and reverse the trend of this alarming

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orphaning of children—especially in Africa and the Caribbean and elsewhere.

The third punch-line that I would like to make is that we must act now. Help cannot wait. Africa and the Caribbean, where the epidemic is raging, must be helped. But we must not forget India, China, and Eastern Europe that is not far behind. Just by the sheer size of India and China, which covers one-third of the world's population, we will have lost the window of opportunity and then it will be too late. We need to address these three.

I would like to thank the two initiatives very much. Thank you for creating The Global Fund. I do not know why it is not called the Global Citizen's Fund and Global People's Fund, because I don't think the global secretariat and the CCM are alone responsible. Each citizen of every country is responsible for monitoring and evaluating. It is our fund and therefore, not only should we ensure that there are sufficient resources, but that resources are managed well. We must not allow the states, the state governments and the national governments, to get away from the major responsibilities. Therefore, CCM is excellent and is good, but just having the CCM is just like having one ATM machine in New York City, and that is in Global—is in the Grand Central Station, and then entry into it is highly limited for others. We need to keep the CCM as the main structure, but we need to unleash the power

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7/16/03

by making another parallel structure that can give funds very easily to groups—community groups—to faith-based organization, and to other NGO partners. And this will help in scaling-up at the global level, just by having this. I work everyday in countries around the world, and everyday that I go, I hear, “Global Fund is very good, it’s excellent, but where is our money?” This is the cry of the faith-based organizations, NGOs and all. Whoever said the ministers of health or the ministries of health and the central government, or the state government, know how to manage funds? It’s the financial institutions, it’s the consulting institutions, it’s the banks that know how to do it. So why don’t we entrust responsibility in the hands of McKenzie and Company, Price-Waterhouse and Company, KPMG, Citibank—we’ve done that; let these institutions manage and then let’s see how scaling-up can be very quick. So basically, we need diversification.

In the scaling-up of treatments for three million, while it’s important to address the military, while it’s very important to address employees and employers—but what we have to remember, in the Caribbean and Africa, the number of women-headed households who are in the informal sector, who do not come under any employment categories—and this is of the men, also, and their spouses, and their children that we have to address. We have to find strategies for it. Moreover, through the prevention of mother-to-child transmission programs we have

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a critical mass of women needing treatment who are now emerging and we have to address this very importantly.

Thirdly, as I said, it's very important to concentrate on Africa and the Caribbean; but it is also very important to look at Asia, especially China and India. Let us just not be complacent thinking that in India and China the epidemics are localized. We've seen the epidemiology in many countries; from targeted interventions we must get into dealing with interventions of populations. There again, faith-based organization and others are very important.

While I'd like to salute The Global Fund under the stewardship of Richard Fischam, a lot has been achieved; but a lot needs to be achieved. We need resources and proper resource management. I'd also like to congratulate President Bush for his leadership outstanding initiative, and we all know Tommy Thompson—the role he has played in championing the efforts and recognizing the role of faith-based organizations. We salute you and we thank you, Tommy Thompson.

The most important thing to know is faith-based organizations—from thirty to fifty percent of health care delivery in Africa and elsewhere—while people think faith-based organizations just represent churches, it's not so. Faith-based institutions have hospitals and their health care network; they have health personnel who have patient-centered management strategies and leadership; they have education

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institutions; they have parish networks through which they have control, and support of communities. Therefore, it's very important to consider this as an alternative, and I'd like to appeal to each one of you to ensure not only that there are funds, that resource management is proper, and in every guideline that are going out—not only from The Global Fund, not only from President Bush's initiative, but from WHO, from UNAIDS—all these things—how to monitor, how to have (unintelligible) mechanism, how to have more women and their spouses and children included in treatment, etcetera, should go out of guidelines then alone in the regions and in the countries should be monitored well. Thank you, very much.

(Applause)

GEORGE ALLEYNE: Thank you very much, Rabia, for those punch-lines, and I must tell you your introduction of the general perspective is music to my ears. Now, Secretary Thompson, would you like to add any comments to the audience?

TOMMY THOMPSON: Thank you very much, George. I'm going to make it very quick, but I do have a couple of comments. I would like to first thank the panel. I thought the panel was outstanding. If this panel is an indication of what we're going to hear today, it's going to be a wonderful, very informational, and stimulating day.

Dr. Piot—Peter Piot—there is a question as to how we are going to make sure we knock down these four myths and be

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able to get that information out. I don't think, even though the myths are out there and we know they're not true, we still are not doing, I don't think, a good enough job of knocking them down, and that is something I would like to have you respond sometime to.

And my good friend, Dr. Phumaphi-Joy, you just always excite me every time you talk in regards—especially to your examples that you used in Botswana. You are an outstanding leader, and I thank you so much for being here. My question and concern, of course, is the infrastructure. This has been my problem, and a lot of other individuals': How are we going to build this infrastructure in Africa and make sure that we're going to get the drugs to the right people at the right time? You say we can't stop, and we can't; it's just how are we going to be able to encourage that infrastructure and start building on it and working on it?

And Director Mathai, thank you so much for what you're doing in the faith-based community. I couldn't agree with you more; we have to use the faith-based community more, we have to integrate you more with The Global Fund and be able to get that done and I thank you for your comments on that. I also would like to also compliment you on your views on China and India. I think that is a place that is just ready to explode unless we get in there with our intervention as soon as possible. So I thank you for bringing all of those things to the forum.

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And there's no question, Zachie, I wished I could bottle your passion and put it in every committee meeting in every government in the country. I would like to quickly point out that the United States is putting a lot of money in The Global Fund. One-third of the cash, forty percent of the money for the next round, comes from the United States. We need to make sure it is broader than that; we need to get more countries involved. In regards to your urging that the Congress puts more money in—the Congressional process is on-going right now; and I don't know if you know this or not, but the request of two hundred million dollars for The Global Fund has already been raised in the first sub-committee to four hundred million plus another hundred million, so it is five hundred million—but we are limited to not put in more than one-third of the money for the fund. So I think we are doing our part, but that doesn't mean you shouldn't be there urging—which I know you will be—and I thank you very much for your passion. I only would like to suggest strongly that we have to get a better intervention program in South Africa on mother-to-child. I have attempted when I have visited there. I would like to, sometime after this, talk to you about how we might be able to do a better job of getting the Verapane, as well as anti-retroviral drugs, into South Africa and I'm sure you can advise me on how we might be able to do that.

In regards to the wonderful minister from Georgia,

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7/16/03

thank you sir, for standing up for what is taking place in Russia and in your country and around you. The fund is the window of opportunity, as you've indicated. We want to be able to work with you and President Shevardnadze and make sure that we do everything we possibly can, because if we don't do it in regards to—on our Eastern side, it's going to be not only going over Georgia, it's coming into Europe, and it's better to fight now. I've always been of the strong belief that if you're going to really control things, you've got to get in at the front-end and try to prevent it before it happens, and that's what the President is trying to do with his initiative on AIDS, and I'm very happy that you and Shevardnadze are doing the same thing in Georgia. And I can compliment you, and also want to tell you that the fund is there to help you and, as you know, we've already given you one grant and are working on another, and we will continue to work with you, and I thank you very much for being here.

So thank you all, those are just my immediate comments.

GEORGE ALLEYNE: Thank you very much, Secretary Thompson. Minister (unintelligible), does he wish to make any comments, as well.

MALE VOICE: He had to leave.

GEORGE ALLEYNE: Secretary Thompson, I'm always amazed and impressed with the global reach of your interests and concerns. Really, thanks very much indeed, it really is

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refreshing. I think that think that these comments have provided for us a very helpful start of discussion. And as we go into the interventions from the floor, having listened to the panelists, can I suggest that we focus our attention on the problem which have been elucidated by them? What are the imperatives upon us as public and (unintelligible) and other agencies, given the urgency of the need that which you've heard so well established? What features must The Global Fund bring to bear to do its part to respond to these great challenges? We've heard some suggestions; what additional suggestions would you have? And how can The Global Fund be most complementary? Dr. Piot mentioned the issue of additionality (misspelled?)—how can The Global Fund be complimentary to other efforts which must go on and which need to be amplified, to be widened, to be deepened? These are some of the issues that have come up from the panelists, and I would ask that we focus on these rather than repeat what the panelists have said.

Now, let me turn to the interventions from the floor. I request that all interventions be kept very brief, no more than three minutes—three minutes, so we can hear from as many people as possible. We have several ministers with us, and I wonder if the minister from Thailand would like to be the first to make an intervention.

SUDARAT KEYURAPHAN: Thank you, Mr. Chairman. I'm Sudarat Keyurahan, Minister of Public Health of Thailand.

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First of all, I would like strongly support and commend the excellent presentations. It is quite clear that all partners need to work together seriously and constructively at all levels for our success in controlling the (unintelligible) of the three diseases.

Mr. Chairman, since early 1990s the title (unintelligible) the crucial roles of the Seria (misspelled?) Society Organization on fighting HIV-AIDS has allocated about two million U.S. dollars each year to support that activity. The representative of the Seria Society, differing with the disease with the Thai business coalition on AIDS and also very active members of our Thai CCM, to involve them further the Thai CCM also provide (unintelligible) Thai Foundations, representing the Thai Seria Society on AIDS to be the second principal recipients of The Global Fund in Thailand last month and the Foundation has (unintelligible) grants agree with The Global Fund.

Mr. Chairman, in commitment of the Thais government to the universal coverage of essential health service for all Thai people and the spirit of The Global Fund, the Thai government has also recently decided to spend about twenty-five million U.S. dollars to scale-up the access to ARV from twelve thousand patients this year to fifty thousand patient in the next year. This of course means the universal coverage for all who need the (unintelligible) in Thailand. This is a very challenging

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7/16/03

task for us and the Seria Society organization to activate in both the planning and management of the program, and in addition to ensure further sustainability, eighty-percent of the cost of the ARV drugs will be from our government budget, as well as contributions from those who are affordable to paying, and for The Global Fund support we go more to do what's necessary as far as a cure, to ensure further (unintelligible), including human resource development and the cities (unintelligible).

Mr. Chairman, to further commit to The Global Fund, in spite of the fact that we have just recovered from one of the most serious economic crisis, our Prime Minister, Branham Silpa-Archa, has decided to contribute one million U.S. dollars for the first year to The Global Fund, and we have already paid the first million. We, the Thai people, are convinced that The Global Fund belongs to everybody. This is our fund and it is our responsibility to (unintelligible) success in the very near future.

Mr. Chairman, I would like to give sincere thanks to the Board of The Global Fund to support our commitment, to scale-up our fight against the three diseases. I would like to welcome all of the board members to the coming board meeting in Chiang Mai, Thailand, in October of this year. We have (unintelligible)for you to (unintelligible). The (unintelligible) of activity of Global Funds as a way of

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sharing our (unintelligible) experience and as the host of the next international AIDS conference in July, next year, I would like, also, to take this opportunity to invite all of the honorable participants to Thailand and ensure that by then the world will envisage more Global Fund activity which will contribute to the spirit of access for all, which is the theme of this conference, and we are looking forward to welcoming all of you to Thailand next year.

Thank you, very much, Mr. Chairman.

GEORGE ALLEYNE: Thank you, Minister, the invitation to Chiang Mai is attractive. May I now call on Archbishop Javier Lozano, President of the Pontifical Counsel for Pastoral Care at the Vatican.

JAVIER LOZANO: Thank you very much, Mr. Alleyne.

(Unintelligible) but it is tough to present a paper on the best (unintelligible) of the action of the faith-based organizations in their fight against AIDS, Malaria, and Tuberculosis. Since I do not have adequate information, other than the Catholic Church, I excuse myself to inform about other faith-based organization. Nevertheless, with all those, I know that they are working very well. (Unintelligible), my paper will be concentrate on the Catholic Church's fight against AIDS. (Unintelligible) for action, information, prevention, care, sanitary assistance and (unintelligible). We give information to help professional and volunteers, as well as information to

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7/16/03

religious and lay people, (unintelligible), and educators of natural family planning. (Unintelligible) To reach out to train groups to educate themselves. In regards to prevention, we educate civilized people in preventive health education, the youths and others on responsible love and respect of the body. We publish official communiqué books and booklets for the school and the general public that encourage the family, and we give proper information to (unintelligible) men and women who organize national and international symposiums in cooperation with the state institution in (unintelligible) and the population in general. We give education for family life, (unintelligible), responsible motherhood and parenthood. We organize seminars for health officials, and we try to level off the self-consciousness of the problem.

On (unintelligible) sanitary assistance, we offer the service of counseling, pre and post (unintelligible), and support them with basic health care. Here, we involve chaplains, volunteers, and Catholic medical personnel. We have a diagnosis center for HIV positive. We cooperate with other health agencies and support national projects on the HIV-AIDS, Malaria, and Tuberculosis. We have (unintelligible) organization for the (unintelligible) congregation, and so on. We promote and support a mutual aid group. We have many sanitarian (unintelligible) center for the sick, we have also a project to support the relatives of the sick in the sanitary,

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psychological, and the spiritual area. There are also free telephones for the orientation of the sick. For every four AIDS patient in the world, the Catholic Church takes care of one of them. With the companion social-sanitary care of those that are sick, the orphans, and the widows, we accompany the AIDS people in (unintelligible). We promote activities directed to the social integration of those who are HIV positive. We have houses for the mothers and children with AIDS (unintelligible) and are then inflicted by this illness. (unintelligible) in forty-eight percent of the cases, we send abstinence aid to several organizations with a success of 42.9 percent. There is an increasing collaboration between governmental organizations and (unintelligible). The direction is centered on projects to educate volunteers to give information and counseling, to acquire drugs and food, to conquer infection in pregnant women, to bring scientific and (unintelligible) to the seminaries, and ecumenical action against AIDS. Those sessions have taken place in the following countries: Africa: Angola, Burkina Faso, Burundi, Cameroon, Ivory Coast, Ghana, Guinea, Kenya, Mali, Mauritania, Mozambique, Central African Republic, Senegal, Uganda, Zambia, Zimbabwe.

Asia: India, Singapore, Thailand, Taiwan, Malaysia, Philippines, and Pakistan.

Europe: Austria, Belgium, France, Germany, Ireland,

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Spain, Scotland, England and Wales, Monaco, (unintelligible),
Czech Republic, (unintelligible), and Poland.

America: Canada, United States, Mexico, Honduras,
Dominican Republic, Argentina, Ecuador, Brazil, Bolivia, and
Venezuela, Oceania, Australia, New Zealand, and New Guinea.

In other countries there are also activities by the
Catholic Church against AVS, but we have not yet received
answers to inquiries we have made in this matter. We have here
(unintelligible). Thank you.

GEORGE ALLEYNE: Thank you very much, Archbishop. Now,
may I ask the minister from Greece to make an intervention? We
need to have all of this on film, so do you mind going to one
of the microphones in the aisle? That will facilitate us
getting it all on record. Would you mind going to one of the
microphones in the aisle? Would you mind? Thank you very
much.

MINISTER FROM GREECE: (French audio)

GEORGE ALLEYNE: Merci, Minister. Now I will call on
Brian Brink, Medical Director of Anglo-American. Where is Mr.
Brink? Ah, please.

BRIAN BRINK: Thank you very much, Chairman. I come
from a company, Anglo-American—it's a global mining and natural
resource company which has more than fifty percent of its
operations in countries of Sub-Saharan and Africa, those that
are highly affected by AIDS, TB, and Malaria. The first point

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7/16/03

that I would like to make is that we are there. We're a big company there, carrying out business in countries that have poor economies. We contribute infrastructure, we contribute jobs, economic growth, tax revenue, foreign exchange. All of these are critically important in helping countries fight these diseases.

The second point that I would like to make is that in doing business in these countries—developing countries—we are confronted by many issues, and these are lack of infrastructure, lack of skills, changing political dynamics, profound social issues often rooted in poverty. AIDS, TB, and Malaria are yet another difficulty that we have to confront in doing business. We see the devastation that these epidemics are wreaking on a daily basis.

The third point I would like to make is that we are, despite all of these difficulties, able to manage our businesses successfully, to be globally competitive, and to contribute. We are very proud of our ability to manage these diseases in the workplace. We have got workplace programs which are efficient and which are based on delivering results. I'd like to give you some examples.

We recently returned to Zambia in the copper mining belt. When we arrived there, we found that the Malaria epidemic was wreaking havoc—devastation—amongst our community of employees and their families. There were fifty deaths every

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year from Malaria, more than half in children. We instituted a program of Malaria control. After three years of that program, last year there were no deaths from Malaria at all. That program has been successfully incorporated into the Zambia national program for Malaria control, and that good work continues today.

With regard to AIDS, we've been involved in fighting this epidemic for some fifteen years. We've had prevention efforts for a long time now, but more recently, at the beginning of this year, we implemented a program of anti-retroviral therapy for employees. Today we have over five hundred employees already on treatment. Those are employees who would otherwise have died and would not be able to continue to support their families. We believe that this is a major contribution, and that the number of people getting access to treatment is growing rapidly. But we recognize that this on its own is quite insufficient. We have to take whatever we've managed to do in the workplace beyond the workplace into communities. We have to get to dependents, but not only to them, to partners and associates of our employees. We believe that this is something that we can't do on our own; we are going to have to do it in partnership. The first partner we have to have must be government, but we also need other partners if we are going to do it.

We believe we can make a difference by starting in

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7/16/03

communities that are associated with our operations, by defining demonstration projects, and delivering results. And we hope, in conjunction with The Global Fund and other partners, we will be able to help deliver effective responses on the ground.

The last point I would like to make is that we are not the only company doing this kind of thing; there are many others where we come from. And in particular, I'd like to draw your attention to the Global Business Coalition on HIV-AIDS, which now has well over one hundred companies that are all dedicated to this fight against the AIDS epidemic, and we look forward to be able to work together with The Global Fund and everyone else in bringing an end to this scourge of these epidemics on the world. Thank you.

(Applause)

GEORGE ALLEYNE: Thank you very much, Mr. Brink, for those positive comments. Now, may I ask the Minister from the Cameroon to make an intervention?

MINISTER FROM THE CAMEROON: (French audio)

GEORGE ALLEYNE: Thank you very much, Mr. Minister. You must excuse me. Sometimes for reasons of age, and the likes of my eyes, I don't see sometimes, the hands that are raised.

DANIEL BERMAN: I would like to address this question to Secretary Thompson as Chairman—

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GEORGE ALLEYNE: Before you begin, let me say that we agreed that there would be no question and answering.

DANIEL BERMAN: Okay, I'll make it a comment then, that's perfect. First, I'm Daniel Berman and I'm with Medicins Sans Frontieres, the Access to Medicines Campaign. So my comment is that we are facing a funding crisis today and I think—and I think many of the members of the NGO community feel—this is the issue that needs to be discussed today. It's a very concrete issue. Of course, I'm not asking a question, but I'm just wondering how is the Board going to address the current deficit?

In October, The Global Fund will have to make some decisions. In Geneva, there are two billion dollars worth of proposals. One hundred of them have already been confirmed as valid by the secretariat. So the situation is this, you have—out of that two billion, the secretariat says that likely half of them could be funded; likely the TRP will recommend—if history holds true—will recommend one billion of proposals. But this is the problem—right now, The Global Fund only has four hundred million available, so there's a deficit of six hundred million dollars. It means you have a choice. The Global Fund can say, "Okay, this proposal is good, it's been recommended, but because the donors in this room—because of Japan, because Denmark says, "It's not the time for treatment now in Africa," because the donors, like Denmark, like many

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others, have said, "No, we don't want to participate, we have a wait and see attitude," because other countries have given pledges that are in the future, because Secretary Thompson, you are not showing leadership by saying, "We are failing, we are going to have to tell countries they have great proposals but we can't fund them."

I want to know, are you going to tell them, "Yes, your proposal is recommended but we can't fund it." Or two, are you going to put the proposals on hold? Are you going to say to the people with AIDS, or the people who are going to die of Malaria--because we are giving old treatments that don't work for ten cents instead of the good treatment that costs one fifty--should we tell those patients, "Sorry, the donors in this room--the rich countries in the world--said 'no', so we only can fund half of what we want to?" That to me is the question today.

(Applause)

GEORGE ALLEYNE: Thank you, very much indeed. I see my friend, Jeffrey Sachs, in the back and I'm going to ask him to make a comment.

JEFFREY SACHS: Thank you, Sir George, it's wonderful to see you there with all the great leadership that you've provided for so many years on these issues. Secretary Thompson said something very important, which is that this is a war unlike all other wars. That the number of deaths is greater

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7/16/03

than all the wars of the twentieth century combined, but we certainly are not fighting it like we fight wars—much like a war that is incomparable to others.

This month we will spend four billion dollars to station our troops in Iraq, and for the cost of less than two days of that is what President Bush has recommended for our full year of contribution to The Global Fund—two days of soldiers in Iraq, one year of U.S. contributions to The Global Fund. Two hundred million dollars, who are we fooling? We are fooling nobody. With all of the spin in the world, with all of the rhetoric, seven million people will die this year of AIDS, TB, and Malaria. No amount of spin, no amount of rhetorical commitment, can keep alive seven million people whose deaths are utterly preventable, whose sicknesses are utterly treatable; and when we look and ask why, it's because we will spend every two days more than we're committing for the whole year.

You talked about the whole world having committed, over five years, 4.7 billion dollars. That's what the United States spends in a single month in Iraq and Afghanistan to station the troops. We're not fighting this war yet, and there is no glory in the rhetorical commitment. The United States has been asked by the President to give two pennies for every one thousand dollars of our income. That is our commitment to The Global Fund—two pennies for every one thousand dollars of our income.

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When will we really begin to fight this war, Mr. Secretary?

Thank you.

(Applause)

GEORGE ALLEYNE: I'm going to—we have to be out of here at a reasonable hour, and there are going to be many other opportunities for action and interaction. I am going to present three more—four more interventions before I close, and the first of those four is the Vice Minister of Health of the Czech Republic, Mr. Slobodan Rostaslav (misspelled?).

SLOBODAN ROSTASLAV (MISSPELLED?): Mr. Chairman, ladies and gentlemen, I would like to talk on behalf of the Czech Republic, which is a very small country in the central (unintelligible) and we have no problem about Malaria, and the incidence of HIV-AIDS is actually very small in our country. There is something like 0.5 new HIV positive cases; there is one hundred thousand in evidence. But, there is—what about Tuberculosis—we are rated by the WHO as the so-called “low volume” country. Which to this group belong most West European countries and also the United States. This is a group where the new cases do not exceed twenty per hundred thousand per year. But, these countries are faced with a very serious challenge that means the control of Tuberculosis in so-called “high risk” groups. “High-risk” groups in our country means homeless people, that means drug addicts, and that means (unintelligible), and in all these groups, the incidence of

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Tuberculosis is about five times higher than among the other population. And therefore, we have tried to establish a program which will be focused on homeless people. We started last year and that is why I am saying about this one, because this problem needs funding. This is the aim, namely, that homeless people who volunteer for the x-ray examination that means a case finding of Tuberculosis, they are supplied, by symbolic voucher, (unintelligible) of one half of Euro. And what we have seen in one year is that the incidence of Tuberculosis in this risk group triplicated—triplicated in relation to the usual active case findings that have been done in previous years.

The costs of these (unintelligible) incentives that are provided by the Minister of Health, by the University Trak (misspelled?), and mainly by non-governmental organizations which deal with homeless people. So this was the first effect. Now we are preparing the same program for drug addicts, which will be much more complicated, and there will be a lot of problems. So this is the message which we would like to present to this conference, in order to pay attention also to this problem which is now faced with most Western European countries, in the United States also, and I am sure they use about the same methods as we, and therefore the international cooperation in funding for this needs really—is very necessary. Thank you, very much.

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GEORGE ALLEYNE: Thank you very much, may I call on Mr. Simon Wright.

SIMON WRIGHT: (unintelligible)

GEORGE ALLEYNE: Just a minute, I think there's a-

SIMON WRIGHT: I want to ask a rhetorical question in the hope that future speakers will answer it. Why are we not hearing today, the announcement of three billion dollars for the fund for 2004? This is what every speaker that speaks from now on today has to tell us. We know it's not because it isn't there.

We know it's there in the American Budget, it's in the bill, there is a billion dollars accessible through the American money. We know it's not because it's not there in the EU, because it is. Tony Blair, Jacques Chirac, at the Summit in Greece, wanted to announce—and could be easily close to announcing—a billion dollars for the fund for 2004; and if those two billion dollars were announced, we would find the third billion. There would be such pressure on the other countries—the other rich countries in the world—to make up the third billion and make that very big step; so it's not because it isn't there and it's not because you don't understand how serious the issue is. We know that from everything you say. We don't need another conference to hear you tell us how important HIV and AIDS is; we know that and we know you know that.

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The question that I want—and would ask all future speakers to tell us—is why are we not hearing today the announcement of the three billion dollars new money for the fund for 2004, because that is what is needed if it's going to have any affect and take any step towards the kind of resources that we need. So it's a rhetorical question, not a direct question; but please, all future speakers, that's what we need to hear. Not how personally committed you are, not how much you understand—where is the three billion dollars for 2004?

(Applause)

GEORGE ALLEYNE: Thank you, very much. The (unintelligible) speaker will be Mr. David Donoghue, Director General for Development Cooperation of Ireland.

DAVID DONOGHUE: Thank you very much, Mr. Chairman. The Irish government is strongly committed to The Global Fund as a key instrument in combating the HIV-AIDS pandemic. We're proud to have been involved in the establishment of the fund, to have made financial commitments to it from the outset, and to have delivered promptly on these pledges. I'm pleased on behalf of the Irish Minister for Development Cooperation to announce an additional 7.1 million today to what we've pledged so far, bringing our contribution to the fund to a total of twenty million Euros over eighteen months.

(Applause)

DAVID DONOGHUE: We naturally associate ourselves with

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a declaration which I gather will be made later on today on behalf of the European Union. Ireland believes that The Global Fund has the potential to make a very real impact on global efforts to combat these three scourges of HIV-AIDS, TB, and Malaria. The Fund's balanced approach is one that we feel comfortable with—a comprehensive approach which covers prevention, treatment, and care. We're pleased, also, with the (unintelligible) structure and the small staffing complement for the funds. We will also, of course, be keeping performance and results under careful review.

Of critical importance, of course, is the need to build capacity in the overstretched health systems in the countries most affected, and to channel assistance through the structures. Fighting HIV is a major priority for the Irish government within our development cooperation program, and we will keep a spotlight on this critically important issue during our presidency of the European Union during the first half of 2004. Thank you.

GEORGE ALLEYNE: I said there would be four speakers, and the last is myself. I am assuming that the chair—that it is a moderator's privilege.

First, I would like to thank all the panelists. But even before that, I think we should thank our co-hosts, the Secretary of Health of the United States, Mr. Thompson, and the Minister of Health of France for having hosted this conference,

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and I ask that you thank them appropriately.

(Applause)

GEORGE ALLEYNE: I think we've begun well. I think—I come from the Caribbean—my accent probably betrays me—and you've heard that we in the Caribbean are not insensitive to the issues you are discussing. We have there one of the highest prevalences of HIV-AIDS in the world, and when the Secretary General asked me to be his special envoy for AIDS, I did not believe that the task would begin to consume me, so great it is.

We find ourselves dealing, at the Fund, with major scourges; and although some may say we should not go over again how important they are, it does not hurt to reemphasize the differences there are with these three major pandemics. The great plagues of the past were equal opportunity killers. AIDS is not an equal opportunity killer; it is a selective opportunity killer, which makes it even more pernicious for countries like ours.

I was very impressed—and the comments—by the impatience. It is proper to be impatient, given the magnitude of the problem. But, I was also impressed by the passion and the compassion, and in several instances, in the compassion being turned into positive commitments. Our whole set-up this morning—this was not a pledging conference; it was not intended as such, but we have heard today, certain countries make

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definitive pledges which is something, I think, more than I expected when I came here.

I admire, as I said, the passion that was shown in many of the interventions. I admired also, the positive approach that many of you took, both as a panelist and the interventions on the floor, and the idea that in fact that these three major diseases can be overcome. There is no doubt about the magnitude of the task, no doubt whatsoever.

The two final comments that I would make—one of my favorite philosophers, Hegle were to say that “without passion, nothing is achieved.” So don’t sell passion lightly; it is important in addressing issues like these that there be passion. And lastly, I’m a great fan of gospel music, and one of my favorite gospel songs ends with this, it says, “Dear God, don’t move away the mountain, just give me the strength to climb.” And in a conference like this, I think we’ve seen demonstrated the ideas that we do have the strength to climb the major mountain of the overcoming of these three scourges.

Let me thank you for this—this panel, and I wish you well for the rest of the day.

(Applause)

[END RECORDING]