

**The Global Fund to Fight AIDS, Tuberculosis, and Malaria
International Meeting to Support the Global Fund:
“The Opportunity of the Global Fund to Fight AIDS,
Tuberculosis, and Malaria”
July 16, 2003**

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[START OF RECORDING]

CHARITY NGILU: Good morning, ladies and gentlemen. My name is Charity Ngilu, I am the Minister of Health in Kenya. My good friend and a colleague, who was supposed to be the moderator this morning for this session, Ms. Awa Coll Seck, regrets that she was unable to be here this morning and I was asked, requested to Chair this panel. Therefore, I think we should start immediately. We are late, we are, we should have started at eleven o'clock and we end at about twelve thirty. I would like to propose that we'll end maybe at twelve forty-five, take fifteen minutes more, so that we'll begin now. This second panel is meant to address a Global Fund, specifically it's role and purpose, and most importantly it's progress over the last eighteen months. It is therefore important that we examine this progress but at the level of the Fund's governors and operations but also results and process on the ground. To do this, we'll start first of all by showing a very short film on the Global Fund's work around the world. This film has been produced in the last month and the growth in programs that are receiving funds from the Global Fund. What you see would not have been possible without a Global Funds Fund. Let us see the film now.

[Foreign Language]

MALE VOICE: This disease spreads insidiously, especially among the world's poorest and most vulnerable.

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[Foreign Language]

MALE VOICE: Stopping the spread of disease is necessary for human and economic development.

[Foreign Language]

MALE VOICE: How are you doing. Do you see any reason why we should have [inaudible]?

[Foreign Language]

MALE VOICE: The need for development and reduction of poverty cannot take place where disease is rampant. Prevention and treatment of tuberculosis, malaria and HIV/AIDS is well within our means. These are abstract figures, that behind each dollar spent for storing, not just of the prevention and treatment of disease, but also of something just as important.

[Foreign Language]

MALE VOICE: Health volunteer Esconio Martinez [Misspelled?] is one of more than 50,000 Cuna Indians living in the San Blas Islands, off the Atlantic Coast of Panama. He is responsible for tuberculosis patients at the Health Center of Carti-Sugtupu and 25 small islands nearby.

[Foreign Language]

MALE VOICE: Cunas are five times more likely to be infected with tuberculosis than others in [inaudible] and ten times more likely to die of the disease.

[Foreign Language]

MALE VOICE: For the past two years, health volunteers

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in San Blas have been fighting tuberculosis using the method known as DOTS.

[Foreign Language]

MALE VOICE: When a patient like Sipu Balboa

[Misspelled?] can't come to the clinic, health volunteers go to her.

[Foreign Language]

MALE VOICE: Today, the DOTS Program has been

implemented in 3% of indigenous communities in Panama. Global Fund grants will help health workers reach 85% of these communities and cut the mortality rate by half. The day after his visit, Esconio's patient has come to the Carti-Sugtupu Health Center to pick up her medication.

[Foreign Language]

MALE VOICE: And with the help of Hy May [Misspelled?],

her volunteer trainee on her island, she will finish her treatment.

[Foreign Language]

MALE VOICE: For the farmers in this agrarian region, a

malaria epidemic can be crippling. Ill and unable to work, a family may be left without both food and [inaudible]. To address the problem, the Global Fund is underwriting a major malaria control program, spearheaded by local NGO Chandradasa.

MALE VOICE: In this project, there are a few

components. One and the most important is the

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[unintelligible] in the community. So we do that by poster campaign, distributing leaflets and also by having a workshop or seminar.

[Foreign Language]

MALE VOICE: The seminar run in the three common groups. One in the school children, that is from 16 to 20. They are a bit educated and they can have an affect on their peers and also on their families and the community.

[Foreign Language]

MALE VOICE: Monitoring the presence of malaria in an area is an important facet of the program. At the FASTERI Colin Cuna [Misspelled?] School, first graders are tested to help determine progress.

[Foreign Language]

MALE VOICE: In his follow-up house calls, Marcandu [Misspelled?] makes sure that [inaudible] is used correctly.

[Foreign Language]

MALE VOICE: In Victor Suarenz' [Misspelled?] case, he finds that Savordia [Misspelled?] is getting the message across.

[Foreign Language]

MALE VOICE: I hope the experience raised by the community in the involvement of the problem of malaria. When we add a new set of thought, thinking among them, which is helping their control of other diseases as well.

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[Foreign Language]

MALE VOICE: Now remember this person has failed in nevirapine, which has belonged.

MALE VOICE: To strengthen the network of people living with HIV/AIDS, Natalio [Misspelled?] organizes an annual summer camp, which is part of the Global Fund, which provides information on recent HIV medical developments to participants throughout the Ukraine.

[Foreign Language]

MALE VOICE: The Labra Clinic, where Lilia works is the only place in the Ukraine where patients can get anti-retroviral treatments for HIV and AIDS.

[Foreign Language]

MALE VOICE: Unfortunately, there is still a very limited supply of anti-retroviral drugs available for the Ukraine's 250,000 HIV-positive individuals. The Clinic provides anti-retroviral treatment to fewer than 50 of its patients, but with the help of the Global Fund, the Clinic hopes to deliver lifesaving ARVs to four thousand patients by the end of 2003.

[Foreign Language]

MALE VOICE: In addition to drug therapy, a crucial factor in treatment is counseling by people living with HIV/AIDS.

[Foreign Language]

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MALE VOICE: Lilia, HIV-positive herself, is a perfect example of this strategy.

[Foreign Language]

MALE VOICE: Back at the camp, the benefits of getting together with other people living with HIV/AIDS go beyond the sharing of technical information.

[Foreign Language]

MALE VOICE: The camp is the kind of experience that sustains people and nurses hope in the wait for treatment.

[Foreign Language]

MALE VOICE: If AIDS has an epicenter, it's sub-Saharan Africa. In 2002, more than 3,000,000 people died of AIDS; 2.4 million of them were Africans.

[Foreign Language]

MALE VOICE: Rwanda is Africa's most densely populated country. Although more than 13% of adults here are living with HIV, only 500 of them have access to antiretroviral drugs.

[Foreign Language]

MALE VOICE: Although Odette was deemed eligible for ARVs, she can't obtain them for her son.

[Foreign Language]

MALE VOICE: Extraordinary adversity calls for extraordinary initiative and Rwanda has developed an aggressive plan to combat HIV/AIDS. With its first Global Fund Grant, Rwanda will equip 97 health centers to offer testing,

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counseling for treatment and 75% of health care personnel in the country will be trained in HIV/AIDS care and support. Most remarkably, as many as 6,000 Rwandans will be provided with anti-retroviral drugs by the end of 2004. Added funds will expand distribution of ARVs to thousands more.

[Foreign Language]

MALE VOICE: [unintelligible] were sitting with free shipment with antiretrovirals from the Global Fund. Up to now, very few people can afford testing because it could do very little for them.

MALE VOICE: Rwanda's ambitious plan is just the first giant step in the country's fight against HIV/AIDS.

MALE VOICE: This will give them hope as much of a rate of other people who come up to now for testing.

[Foreign Language]

MALE VOICE: Odette has three of her own children and is also raising four children orphaned by the 1994 genocide. Their future depends on her well-being.

[Foreign Language]

MALE VOICE: Each dollar spent by the Global Fund leads to the story of a person working to improve health in their community.

[Foreign Language]

MALE VOICE: Global Fund Grants to date would cure 2,000,000 people of tuberculosis and detect 2,000,000

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additional cases.

MALE VOICE: The biggest thing is the distribution of nets for [unintelligible]. That never happened in [unintelligible] we are using insecticide-impregnated nets. By another five years, each house will have one net.

MALE VOICE: Over the next two years, the Global Fund will become the largest buyer of insecticide-treated bednets in the world. Grants will also fund 20,000,000 courses of treatment over drug-resistant malaria.

[Foreign Language]

MALE VOICE: Global Fund Grants awarded so far will reach half a million people with anti-retroviral treatment and support activities to prevent HIV/AIDS. Thousands of people in almost 100 countries, including world's poorest, are showing that HIV/AIDS, malaria and tuberculosis can be treated and that their spread can be stopped. The Global Fund is making their work possible. Once created, hope is infectious. As action spreads, as communities begin to recognize what is possible, the demand for resources increases. The Global Fund will need \$3,000,000,000 by the end of 2004 to insure that supported communities have the best possible stories to tell.

CHARITY NGILU: Thank you very much for that film. I believe that we have all seen the positive impact that Global Fund Funds have made. People will have a [unintelligible] access and I think this gives us a good base to begin this

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panel. With me we have five presenters here. We begin with, I want to introduce them fast. We have Dr. Richard Feachem, who is the Executive Director on my right hand side of Global Funds. You have all met of course Dr. Tommy Thompson, who is on the far right. We have the Prime Minister of Honduras, Mr. Luis Cosenza Jimenez. On my immediate left is Mr. Vinya Ariyaratne, who is the Executive Director of Sarvodaya Shramadana Movement in Sri Lanka and next is Father Angelo D'Agastino, founder of Nyumani Orphanage in Kenya. And next in your program you must be having Anuj Shah, Director to A to Z Textile Mills in Tanzania. However, he was not able to come and in his place we have the [unintelligible] representative from the private sector, Masri Banaman [Misspelled?] from Guyana. This panel, I would like to ask each panelist to take only five minutes so that we have more participation from the floor. Let me now ask Dr. Feachem to take the floor.

DR. RICHARD FEACHEM: Well good morning ladies and gentlemen and a very warm welcome and thank you all for coming and joining in this day to discuss and support the Global Fund. You represent donors, recipients, development partners, people living with and affected by AIDS, TB and malaria. NGO's activists, the great faiths of the world, the scientific community and others. You called for a Global Fund two years ago, you supported the development of the Global Fund and as a result of your efforts and the efforts of hundreds of thousands

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of people not with us here today, we now have a Global Fund. A Global Fund that is up and running and as we saw in that film, is just beginning to make a tiny difference in the world.

Thank you all. I'd like to pay a special tribute, as others have, to our co-chairs and hosts, the French and U.S.

Governments and all individuals who have worked to bring this meeting to fruition. And of course a special mention of France and the U.S. is appropriate because of their leadership in confronting the pandemics and in supporting the Global Fund. I also want to pay tribute to the Vice-Chair of our Board, Dr. Suette [Misspelled?], who has not previously been thanked or mentioned. He's sitting in the front row here, maybe he'll stand. Dr. Suette, thank you. For his tireless support of the Global Fund, the voice of the south and as some of you may know Dr. Suette is a marathon runner and marathon runners have to be tough and have stamina and have perseverance and Dr. Suette has brought all those qualities in high measure to the work of the Global Fund and we owe him a great debt. I have five minutes to tell you all about the Global Fund. Let me try and accomplish that, that challenging task by posing and answering four questions. Questions which we and I think everyone in this room gets asked often. Why is the Global Fund needed? How is the Global Fund distinctive? What has the Global Fund achieved and what does the Global Fund need? So firstly, why does the world need a Global Fund? I think it's been more than

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answered by the speakers in the earlier panels and far more eloquently than I could and so I won't read my prepared remarks. It's quite obvious that the world needs massive additional finance for the scale-up of the known effective prevention and treatment programs that the world so desperately needs. And let there be no doubt that as AIDS, TB and malaria worsen in the world, and they are worsening, and in the case of HIV/AIDS there, they are, it is an unparalleled catastrophe, that the longer we wait to mount a full-scale counterattack, the worse the situation will become, the more difficult will be the pandemics to control and the more expensive will become our task. Investment now will prevent much larger needs for investment in the future. So let me come now to the second question - how is the Global Fund distinctive? And let me just highlight a few features of our design and our operations which many people in this room have contributed to. Firstly, the Global Fund is entirely country-driven. We finance what Malawians think is best for Malawi, not what we think is best for Malawi. Secondly, the Global Fund invests in everybody's capacity, not just in government capacity. Roughly half of our money is going to NGO's faith-based organizations and other non-governmental recipients who are doing good work and could do more good work if the resources are available. Next, the Global Fund matches the need for accountability with likeness in an innovative way. As others have commented, we have a very

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low cost of doing business. Our overhead weight is very low, we are only 70 people, we are entirely in Geneva, we run no offices around the world in other countries. In order to keep an eye on the investments and to represent us in our recipient countries, we have appointed local fund agents and they are our contractors to play that role. And they include prominently private sector firms, such as Pricewaterhouse Coopers and KPMG. We have unrivaled transparency through our website and this transparency has increasingly become a key weapon in accountability because through our website, everyone will be able to keep an eye on everybody else and that will help the money get spent quickly and effectively on the right purposes. And finally, in terms of our distinctiveness, we are solely a financing instrument. We have no other purpose and we rely on partners to provide the input that we cannot and should not provide. Notably among those partners, are the World Health Organization and UNAIDS and I'm especially delighted that the head of UNAIDS, Peter Piot and the new head of the World Health Organization, J.W. Lee, have joined us today. Peter has spoken, J.W. will be speaking in the afternoon and I thank them for their support for this great initiative and for the close working relationship we have with their organizations. The third question then, what has the Global Fund achieved? And we saw some snapshots of that in the film. Well, on the income side, as has been mentioned, we had received firm

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pledges of 4.7 billion dollars, which is three times the amount we had two years ago when the Global Fund was initially conceived at the G8 Summit in Geneva and the UNGASS Meeting later in 2001. We have committed 1.5 billion dollars to support over 150 programs in 92 countries, which already meets 10% of the Global financing gap. We have signed grant agreements with 60 countries and by October we will have signed all of the outstanding Grant agreements and commenced all disbursements. But already today, we have disbursed \$65,000,000 to 40 countries and that is 3 times more than we had disbursed 2 months ago. So the upward projectory of the Global Fund, having now brought it's systems in place, is very rapid. We have made six second disbursements and that is significant because we have committed to performance-based funding and second and subsequent disbursements only follow the reporting and validation of results achieved, and in six cases now, that system's worked. Recipients have reported results to us, those results are being rapidly validated and a second check has been sent and so for the next three weeks, many, many more second disbursements and the beginnings of the third disbursements will take place. And let me give you just a few snapshots of the work that is getting underway in countries and at the local level, and this is the important thing. In Haiti hundreds of additional people are on ARVs and DOTS and infrastructure has been improved. Where a health clinic

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reopened and several we stocked with essential medicines, more women are receiving prophylactic treatment to prevent HIV transmission to their children. In Tanzania, Sri Lanka and elsewhere, bednet distribution is increasing, with thousands of new insecticide-treated nets being purchased and distributed and we saw that in the Sri Lankan case in the film. DOTS coverage is expanding. In China, where the Global Fund Program will build on the Tuberculosis Program supported by the World Bank and the Department for International Development at the U.K., our money has already expanded training and is now providing treatment, with DOTS coverage extending from a population of 326,000,000 to a population of 393,000,000. Hundreds are already receiving treatment in Mongolia also. In Rwanda, which again we saw in the film, a training program that will reach 75% of the country's health care workers is underway and anti-retroviral have been ordered, so the people living with HIV will be on therapy this month. More Africans on anti-retroviral therapy, this is one of the major goals to which we are committed and we are very conscious of the WHO goal, which we fully share, of 3,000,000 people on anti-retroviral therapy in the most affected countries by 2005. Is it possible? Yes it is. In Honduras, 500 people living with HIV will begin anti-retroviral therapy over the next month and by the end of the year 2,000 people will be on anti-retroviral therapy, helped by finance by the Global Fund. Indonesia has trained

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over a hundred health care workers for TB control and NGO's working on AIDS in, NGO's working, I'm sorry. And NGO's fighting TB in some of the remote islands and now also working on AIDS. Anti-retroviral therapy coverage is expanding in Eastern Europe, with Armenia and Georgia are planning to reach 100% coverage of those who need this therapy by the end of this year. Zambia, very interesting case, is mobilizing to scale-up artemisia-based treatment of malaria. The country was concerned, however, that the lead time prior to the delivery of the product, would be too long and that the intervention would not be ready for the forthcoming malaria season in Zambia, which I think starts in October with a vengeance. In response, we have been working with WHO and the manufacturer of the drug, Novartis, to expedite the supply of drugs to Zambia so that the work can start before this malaria season. Many of the countries that I have mentioned are represented here and it's to you, it's to the people in the countries concerned where the battle is being fought on the front line, that we all owe the depth of gratitude and it's your work that we are here to support in the place of the Global Fund to support financially. And I want to just applaud the recipients and the developing country representation of all kinds that is with us today, because it is they who are doing the important work and delivering the programs that people so desperately need and I want to pay tribute to you all.

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[Applause]

So to my fourth and last question, what does the Global Fund need? Well three things - firstly, in country partnerships, to increase the impact of our investments and to provide the inputs that we cannot provide. Let me give two examples, there are many others. Partnerships with the private sectors and the private corporations; many major corporations, Anglo American, we heard from Brian Brink earlier, Heineken, DaimlerChrysler, others. Some represented here, some not represented here have made commitments to provide prevention and treatment to their workers and the immediate families of their workers. And those programs are expanding rapidly in Africa and elsewhere. And the Global Fund is willing to invest, would like to invest and I think will soon in be investing in a co-investment program which will expand those programs to the whole community in which those industries are located. A win-win public private partnership. A second example of partnerships and country is the partnership with WHO, UN AIDS and other development partners, who are providing technical support to insure the programs are effectively implemented and that their impact is accurately measured. This technical support is critical to the success of our collective effort. It does not come free, however. We applaud those donors such Canada, Germany and Norway who have provided funding to our partners specifically to assist and collaborate

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in those ways and of course more such support is needed. A second need for the Global Fund is the whole area of operational support. We have received magnificent operational support from McKinsey and Company and its Global CEO Rajat Gupta is here with us today and will be moderating a panel this afternoon. We are also receiving substantial operational support from the firm publicist, who is helping us with our image and our branding and our name recognition around the world, remembering that the fund raising from individuals and fund raising from the private sector depends on being a household name. If you're not a household name, nobody's going to write you a check and so publicists will help us greatly to develop that higher profile and that clear identity in the mind of the public. And there are other forms of operational support, particularly from the private sector under discussion and we welcome those. Third and most importantly for today and for this conference, the Global Fund must be refinanced. As I mentioned, we have the 4.7 billion dollars in pledges, but that stretches out to 2007 or 2008 and we need to receive \$3,000,000,000 by the end of 2004. President Bush has signed an authorization bill giving the Global Fund up to \$1,000,000,000 in 2004 and the appropriations process, which must now follow that authorization, is underway in Washington and has so far delivered perhaps half of that amount. President Chirac is leading European efforts aided by Tony

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Blair and others to find the 1,000,000,000 from Europe and France, Italy and the European community and perhaps others today, have already made major new near-term pledges in support of that European 1,000,000,000. And the third 1,000,000,000 of course, comes from all other sources. Sources which include Australia, Canada, Japan, the oil-rich states which have so far been, not been supporters of the Global Fund. We must reach out to them and of course the private sector and the individual citizens and foundations. The additional 3,000,000,000 is needed for a very simple reason. In order to fully fund round three this year and rounds four and five next year. This is the promise of the Global Fund, this is the growth of the new financing instrument that was the vision when the Global Fund was created. We are on track and with your efforts we will stay on track, but that means a fully-funded round three and rounds four and five in 2004.

[Applause]

So in conclusion, the world clearly needs the Global Fund. You have created it and it is doing what you asked it to do. At the end of last week, with some of you I was in Maputo, at the African Union Summit and African leaders called clearly and loudly at that Summit for the Global Fund to be fully supported, in order that the excellent large-scale programs that Africa is ready to implement can be implemented. And the voice of African leadership was clearly heard last Friday in

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Maputo. The Global Fund now needs more in order that it can do more. Thank you very much.

[Applause]

CHARITY NGILU: Thank you very much, Richard for that comprehensive overview that has answered most of the questions that the participants here would have wished to ask. May I now ask the Prime Minister, Your Excellency, to stand and give your presentation? Thank you.

LUIS COSENZA JIMENEZ: We're going to start [unintelligible] and now that I've got your attention and everybody is reaching for headphones, I will continue in Spanish if you'll allow me.

[Spanish Language]

[Applause]

CHARITY NGILU: Thank you very much Your Excellency, the Prime Minister. May I next call Dr. Vinya to take the floor? Thank you.

DR. VINYA ARIYARATNE: Madame Chairperson, ladies and gentlemen, it is a great privilege and a pleasure to be in the panel today, representing an NGO from the south. I come from Sri Lanka, as you have seen in the film. We, the [unintelligible] of Sri Lanka, is known as the principle recipient in implementation of Global Fund, Funded Project in malaria and TB in Sri Lanka. The Global Fund, when I look at it from our country's perspective, really provided an impetus

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at the time when our country was recovering from 20-year-old war. The Fund provided especially to assist in the central programs of malaria and TB in the Northeast Provinces of Sri Lanka, which have been demonstrated by the war and we were selected on the recommendation of the Secretary to the Minister of Health as one of the principle recipients. We have two principle recipients in Sri Lanka, one for the Angio Sector, we are the principle recipients for the Angio Sector and the government health ministry is responsible for the components that are handled by the respective control campaigns of malaria and treat TB in the Global Fund Funded Project. Global Fund, [unintelligible] funding really provided at the highest policy-making level that recognition on the role of the communities and the civil society in control of these diseases. Traditionally the control and prevention programs of malaria and TB in particular have been confined to the government sector. By getting the NGOs and other civil society organizations into the Global Fund Funded activities really provided an opportunity to scale-up, especially for organizations like ourselves which are being established as development organizations working in community health for a long time to where they appear to expand and reach the communities which were not reachable otherwise. Therefore it is with great pleasure that we associated with the Global Fund in implementing its programs in Sri Lanka. The need to really

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have a multi-pronged, multi-sectoral leverage to control diseases has always been there but this need was never met. The country coordinating mechanism brought together the main actives weighing more in the control of these diseases in Sri Lanka. Although in the first round we got funding only for malaria and TB, we have a very strong partnership with businesses in the private sector and the government sector and the private sector in implementing all the activities that are coming under the purview of the Global Fund assisted activities. As an NGO, when we play out the role of principle recipient, they have a lot of challenges, but on the whole they give a lot of flexibility for us to work with other NGOs who were serving as sub-recipients to reach some of the remotest communities in also very different ways. You, you could see some of the activities that we have seen. There are only a few components of an integrated approach. Distribution of [unintelligible] not only are the main intervention in the control of malaria, there are other methods. We were promoting biological methods of control, for example breeding of larvivorous fish and introducing them to the breeding site. These were undertaken by the communities themselves. We provided with technical support and the necessary knowledge. There are other things like recognition of the locally available muscutorical [Misspelled?] implants, which are also promoted, so that activities that really integrated. They had

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a wide variety of locally suitable actually appropriate methods of controlling, which I see as a very unique feature in other programs in the Global Fund in Sri Lanka. This also enhanced the acceptability. Now this same program had been done exclusively through the government sector but I think by bringing in the civil society it not only made it, it made a greater impact, but also paved the way for a long-term sustenance of these activities. Even after the Global Fund in five years phases out, these communities who are now really taking on these activities are able to carry on forever the essential interventions that are necessary in their own communities. That's why we had a very strong emphasis on developing the capacity of the community. It is very strong educational interventions are going on as you can see. Mobilizing the children, school children, the ordinary people in the communities. Lastly, the intents of the targets that we have set for our country, as you know the national figures may hide the regional differences in most of the diseases that we are encountered with, especially in the north and the east where the problem of malaria is really great especially after the cease-fire. There was an opportunity for us to move fast and Global Fund provided that opportunity. The incidence is nearly 16 per 1,000 population in those areas. We want to bring it down to 2 per 1,000 population within 3 to 5 years and I think it is quite possible with the assistance of the Global

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Fund and this also contributes to the peace process in Sri Lanka. The communities have yet to receive the benefits of the cease-fire and this provided the, Global Fund interventions provided directly benefits to the community in terms of controlling TB and malaria. Therefore, you see I am very convinced that if we follow the same methodology for the next two or three years and with the flexibility without compromising any technical standards of accountability in terms of fund management, we can make a very big impact. Therefore, on behalf of the communities we now are part of the [unintelligible] in the south, I make an appeal to all the donors who are present here, who are supporting the Global Fund, to continue supporting the Global Fund. At the same time, to those who are yet to support the Global Fund, I make an appeal on behalf of the principle recipients, especially in the NGO sector, to consider seriously supporting the Global Fund because we are convinced that this is one of the best ways to reach the communities directly and also strengthening the communities in one capacity to, in the long-term, address those deficits. Thank you very much.

CHARITY NGILU: Thank you very much Vinya, you really kept to your five minutes. Let me now call Father Angelo D'Agastino to make his presentation. Thank you.

FATHER ANGELO D'AGASTINO: Ms. Secretary, Donna Conti [Misspelled?], Chairman of Global Fund, Dr. Richard Feachem,

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the Executive Director of Global Fund, Madam Minister Charity Ngilu from Kenya. I'd like to share three points with you this morning concerning our experience in Kenya and hopefully some way forward. I'm a physician and a Jesuit Priest in Kenya for the past 20 years. I founded the first and largest orphanage for HIV-positive children and today we have 90 in residence as well as a program of 600 in the community. The only difference between the two groups is that the ones in the orphanage have been receiving ARVs and we've only had one death a year for the last three years or as with two or three the month before that, thanks to the Logis of the Brazilian government and then however the 600 in the community we cannot afford and they are dying at the rate of 2 or 3 a month. As a Jesuit missionary, I came to East Africa in 1980, but thanks to the encouragement and the influence of the Minister of Health in 1991 the then Honorable Moi Kabaki, I was able to follow the Christian Mandate in Matthew 25, which says when you did it to one of these least my brethren you did it to me. I, I am happy to say that the Minister of Health now happily the President of Kenya and he's brought with him an intelligent, committed team of which our moderator is one of the outstanding examples. Kenya has had a, the benefit of 100 years of missionary activity. Today some 60% of all the health facilities in Kenya are faith-based. There are 61 hospitals, 134 health delivery systems, 150 church-related health programs, 528 dispensaries. That's

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838 ways in which faith-based institutions cater to the health of people of Kenya. I shudder to think what were to happen if for any reason those institutions were not able to function any longer. The way forward - in Kenya the most socially disruptive and very obvious fallout from the AIDS pandemic is the presence of street children. There are expected to be some 2,000,000 by the turn of this decade. Our organization is far advanced in providing a socially acceptable and viable solution to that horrendous problem, a problem that is faced by all of Africa, a problem that has never been faced before in human history. Forty million orphans are expected in sub-Saharan Africa. With the help of another well-known faith-based organization is Samaritan's Purse and that from the private sector partner, the Noel Group, headed by Mr. John Noel, who is here with us today. We are in the final stages of acquiring some 1,400 acres of land to establish a self-sustaining culturally sensitive habitation for 1,000 street children but also included some 250 members of another very needy segment of society in Kenya that is quite neglected and that is the elderly. These elderly will allow us to cover the bridge, the bridge over that gap between the young and the elderly that has been made by the loss of that intermediate generation. We have, well we have start-up funds from these various organizations. We need to make it a viable reality with the help of the Global Fund. We already have been designated a

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UNICEF Special Project as well as the UNOPS, which is committed to us. Finally, and I can tell you that ladies and gentlemen, that along with the care and the treatment of HIV/AIDS infected people, you must remember that the plight of the affected is also famine. The community and the basic foundation of the family are being destroyed. You have to understand that what happens when there's no mother or father and no community valiance disappear. Hope is gone for millions of little ones. The Ibani Village, which we are proposing, would be a leader in helping to rebuild that community and the Ibani Villages will be leaders in bringing together diverse members of all sectors including government, business leaders, religious and international aid groups and so the development of the villages in all other parts of Africa will happen with God's help. The question is will you be a part of our rebuilding of a community? I pray that God will bless you all and will bless us for our efforts. Thank you.

[Applause]

CHARITY NGILU: Thank you, Father D'Agastino for those remarks you have made. Finally last but not least, let me call upon Masri to make her presentation. Thank you.

MASRI BANAMAN: Thank you Madame Chairman. Ladies and gentlemen, I speak on behalf of the CCM of Ghana. That as in many other countries, Ghana has for a long time been grappling with the mechanism for instituting effective sub-private public

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partnerships. Through the CCM of the Global Fund, various strides have been made on this Fund now, then active partnerships developing with increased confidence and clarity of purpose between the two partners. The private partners through the CCM, now have meaningful representation in the planning process as well as implementation of programs in the ever increasing complexity of matching our problems. In the first round of the proposals of the TB Program in Ghana, also in increasing the level of public private partnership, using innovative ways to integrate the metropolitan health service there with the private providers in care detection and so I'm leading to more quiet diagnosis of tuberculosis and the treatment using the DOTS and improving the quality of care, while at the same time establishing an effective referral mechanism between the private and the public sector and to improve case holding. Now through the Global Fund, the public sector has supported the private sector this time around in improving human resource capacity, as well as in supporting that movement of infrastructure, something that has never been done before of the private providers to absorb their increased participation in the TB control program. The private sector participation has been flexible with the providers selecting their level of participation intervention. Some of them want to stay at the diagnostic level, others are going on to management of cases and others will go on further to monitor and

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follow-up of case holding. So and other private providers are involved that includes the [unintelligible] of private medical laboratories. We have the Society of the General Medical Practitioners and head the Society for the Prevention of Tuberculosis who are private people who never do much with the public sector. Now with any sure success of a TB program, we have presented a proposal for round three and for HIV/AIDS tapping on the [unintelligible] for the TB program, in collaborating further with the private sector. Fifteen large companies will be involved in voluntary counseling and testing and in the HARTS Program, with training programs for care providers in diagnosis and treatment of HIV/AIDS and also the treatment of other [unintelligible] infections. There will be training for them in counseling. They are there to build a [unintelligible] treatment centers and there are going to be 18 new clinics for sexual and productive health, put out by the private sector in partnership with the public sector and now we have also developed programs where there will be partnership and procurements and providership of equipment, commodities and drugs for employees and the communities in which these companies are operating. The Global Fund, through the country quality mechanism, has increased the level of transparency and accountability in running its programs and has subsequently improved the level of trust and confidence between the private and the public sector. And this has strengthened the

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partnership tremendously in helping to tackle problems which affect communities which they both work and serve in. The Global Fund, even in it's infancy [unintelligible] has to us become very, very relevant not only for tackling the diseases that are creating the problem, but also in affecting the systems and structures, which can help to improve the running of all our systems. So we will employ also from Ghana that the Global Fund has given maximum support to continue the good work that it's doing. Thank you very much.

[Applause]

CHARITY NGILU: Thank you very much indeed Masri for the intervention. Before I start calling on all members from the floor who want to ask or make a short statement from the floor, I would like to ask whether Dr. Thompson has something to add to what the panelists have said.

TOMMY THOMPSON: I would just like to take this opportunity Charity, to thank you for being the convener of this wonderful panel and I want to thank all of the panelists for all of their tremendous insight and their reports, what they said about the Global Fund and how we have to work together, whether it be faith-based bother or it would be through the CCMS or whether it be in Sri Lanka or Honduras. I, I was very impressed by all of your stories and your, and your information and I think all of this information is going to help us today encourage more contributions, more resources

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because what you're telling us are life stories that are really needed and how the resources can help each of you in your respective countries. So I, I applaud you, I thank you for what you're doing. Keep doing the fine work that you're doing, continue to try and raise the dollars to make sure that you have the resources necessary to continue to carry out your good work. So thank you very much.

CHARITY NGILU: OK. Thank you. I thank you very much, Dr. Thompson. I think from the comments that we have now gotten we are able to go start the discussions from the floor, at least I would expect that you talk about your own experiences now from the floor and say also what you have experienced if you have already received any Global Funds in the past. What also you have learned, what do you think the way in which public and private partners can take advantage and participate in the Global Fund. Is it bringing together partnership at the local levels? How is the Global Fund bring at meeting the needs of it's various stakeholders, the NGOs, the private sector, the government and others? So I hope this can now come from the floor. I have a very, very long list indeed and I hope you could keep to maybe at most, at most two minutes. Not more than that and I sat with them, Morelli Garenza [Misspelled?], President of Honduras Association of People Living with HIV/AIDS. Is she here?

ANNA MARIA GARCIA: Yes.

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CHARITY NGILU: Please go on, you have the floor.

ANNA MARIA GARCIA: OK, thank you. I'm from Honduras and my name is Anna Maria Garcia and I perform meetings with HIV.

[Spanish Language]

CHARITY NGILU: Please make it short so others can make their contribution please.

FEMALE VOICE: OK.

[Spanish Language]

[Applause]

CHARITY NGILU: Thank you very much indeed. May I have the Ukraine Minister of Health?

MALE VOICE: [Ukrainian Language]

[Applause]

CHARITY NGILU: Thank you very much indeed. Yes? Yes the gentleman here. Yes? Yes?

MALE VOICE: [Foreign Language]

CHARITY NGILU: Thank you very much. Because we do not have much time now, I'll take only two short, very short indeed interventions. One from the gentleman who has already stood up if I give him time and Alex Mucca [Misspelled?] of Malaria Program in Tanzania. Yes?

BILL HADDAD: My name is Bill Haddad [Misspelled?], I'm a generic drug manufacturer and I'm usually the skunk at the garden party but that's not my role here today. I represent

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SIPLER and Dr. Husaf Hamid [Misspelled?], which with MSF started the campaign to reduce the price of AIDS drugs and they've gone from \$12,000 a year to less than \$300 a year. I also represent the WHO, asked me to bring together all of the companies and all of the nations manufacturing ARVs and we did. SIPLER supplies nevirapine without cost to pediatric institutions around the world, transfers technology without cost, as does Brazil and I am setting up local manufacturing around the world. There have been several significant things that have happened. One, the WHO pre-approval process to enable smaller countries to rely on a third party for certification. Second, the Global Fund for the first time in three years there is hope around the world, real hope, people now believe in you. Third, there was President Bush's courageous, faith-based personal commitment not only to the \$15,000,000,000, but to the \$300 generic price and I'm a Kennedy Democrat, having worked for President and Robert Kennedy. The fourth is something that most people in this room do not know about. We were banned from the Accelerated Access to Medicines Program created by the United Nations. It took us two years to break that ban. It broke in Lima, with nine Andean Nations and Mexico. They did what Mr. Feachem has said at this press conference, head-to-head bargaining, we did that. None of the national bids were accepted, several generic bids were accepted. At the end of that conference, the Ministers of

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Health said the following - we can now treat 150,000 more people at a saving of \$170,000,000. Those nations here, who are now going to buy antiretrovirals, you should know about that negotiation and I think it should be politically impossible for you to pay a higher price than these nations, La Argentina, Venezuela, Peru, Bolivia, all of those countries pay. If you pay a higher price, you should be out of office. Finally, there's a campaign underway now. We got into Lima on one condition, pre-approval by WHO. That condition is now being challenged secretly by multi-nationals and others. Without that condition, Mr. Feachem, which is basically your condition, we're out of business. You're not going to get the \$300 drugs. Let me see, let me read one last line that comes from the Talking Point Paper and I'll be willing to give it to you of, given to the CEOs fighting some of the Bush proposals. A supporting sum in fighting. They say that the WHO does not assure the quality of medicines to be purchased. Unproven World Health Organization Pilot Product to safeguard the quality of medicines be it be purchased with U.S. funds has never said that such products of a sure quality. Mr. Thompson, I know we're not supposed to ask questions, will you stand by the President's statement? We're busting our butt to get money in the Global Fund, but will you stand by the President's personal commitment to the generic drugs? I'd like to see that and I would like to have a restatement from the Global Fund

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that the WHO approval process is successful. Thank you very much.

[Applause]

CHARITY NGILU: Thank you.

TOMMY THOMPSON: You asked a question and I guess I'm supposed to answer that.

[Laughter]

My President has stated quite clearly and I'm a member of his cabinet. I support your enthusiasm.

[Applause]

CHARITY NGILU: Thank you very much Dr. Thompson.

ALEX MUCCA: Thank you Madam Chair. My name is Alex Mucca. I come from the National Malaria Control Program, Minister of Health Tanzania. Madame Chair and ladies and gentlemen, among the various diseases of massive destruction that affect most of our countries, that is HIV, malaria and tuberculosis, in Tanzania malaria is by far the most important disease. Malaria kills 100,000 Tanzanians annually and 90% of the affected 3,000,000 Tanzanians are [unintelligible] of malaria. However, the good [unintelligible]. It is for this reason that the Minister of Health and partners decided to give priority to these two groups, that is the pregnant mothers in women and these kids which you call the Tanzania Vulture Skin for nets and insecticide. We are glad that the Global Fund has been very supporting and in fact where one will be first

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recipients in round one and hope that the support will be groundbreaking in malaria control at national scale and it will offer Tanzania a chance to make the Abuja targets [Misspelling?], that is to make sure that at least 60% of women, pregnant women and children who are dying are covered by an insecticide-treated net. We, this opportunity are welcome, what's left in the Global Fund is to be more flexible. We are, we have told you that, we are the Global Fund is working for the country and the flexibility that we are requesting is that we know we are very tight [unintelligible] but at sometime we must prepare the ground, such that intervention is smooth. Because I have very little time and I think I have spent the two minutes already, I would like to reiterate that the Global Fund is making a difference in Tanzania and that in the coming five years we shall meet the Abuja targets and we hope that the number of children that are dying of malaria will be reduced by up to 30% and the number of pregnant mothers that will die of malaria will also be reduced. Without the Global Fund this all will have been very different. Thank you very much.

CHARITY NGILU: Thank you very much indeed. We have only one other person before we go for lunch and that is Mr. Sheffad Smith [Misspelled?] . He's the President of the Institute for Youth and Development.

SHEFFAD SMITH: Thank you very much. A lot of, a lot has been said this morning about money and I want to remind

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people here how important it is, but how important other elements are also in respect to fighting HIV and AIDS. Respective intangibles like commitment and dedication and messages that are given and the partnerships that need to be built to bring communities together. In the United States we're spending over \$10,000,000,000 a year, yet in some communities that have received a lot of funding we still have very significant epidemics and, and I want to just stress that we have to, we have to bring people together and it's not only money. In respect to that, in bringing people together, we began giving from our own organization in the '80s to people outside our country and the people that we found to help us care for people affected and infected were most often in communities of faith and those communities of faith represented, particularly in the early parts of the epidemic, a valuable asset and one that I think we need to exploit more, to leverage more and to involve more in these meetings. In attending many international AIDS conferences, it is almost as if communities of faith were excluded and many friends from those communities who did attend felt unwelcome. In order to really make a difference in this epidemic, I would encourage the Global Fund to not only allow participation, but to reach out and try to as much as you can, include communities of faith in every aspect of what you do. Thank you very much.

[Applause]

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CHARITY NGILU: Thank you very much and let me take this opportunity to thank the panelists who have made such great presentations this afternoon and to.

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