



**2008 Clinton Global Initiative Annual Meeting:
Joint Education and Global Health Working Session:
Expanding the School-Health Connection
September 25, 2008**

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MALE SPEAKER: Welcome to the Joint Health and Education Session: Expanding the Health-School Connection. Please welcome our moderator for the afternoon, Lael Brainard. [Applause] And please welcome our Panelists, Margaret McGlynn, President of Merck Vaccines and Infectious Diseases, Merck and Company, Incorporated.

 Josette Sheeran, Executive Director – you may applaud, thank you, they are welcome. [Applause] Josette Sheeran, Executive Director of United Nations World Food Programs. Beatrice Were, the Executive Director of the National Coalition of Women with AIDS in Uganda. [Applause] And please give just as warm of welcome to our Education Group Chair, Mr. Gene Sperling. [Applause]

GENE SPERLING: Thank you, thank you very much. I'm here on behalf of myself and Tom Kalil who is head of the Health Working Track. And I think all of us in every sphere we work on, in either domestic or international policy, know that too often things get in silos and it just doesn't make sense, as much as you want to go deep, to not go broader. And I think – Tom and I felt very strongly that that was as true anywhere as it was in school health.

 There's a lot of people who've advised me over the years, Don Bundy, Brad Strickland and others on the connection on school and health and how difficult and challenging it is to

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bring together departments of health, departments of education to have strategies.

But when you look at how you could best prevent HIV/AIDS, when you look at how you could distribute school deworming medicine, when you look at how you could use a school feeding to raise attendance and attentiveness in classrooms you have to look at school [and] health together. And this panel we hope brings that together in the way that Tom and I, and I know President Clinton, would very much like us to have.

I'm just going to say a couple of words about our different panelists. Margaret McGlynn, who you heard was President of Merck's Global Vaccine and Infectious Disease. And you know, she's got many great distinctions, but mostly they have been a real friend of the Clinton Global Initiative and have made four commitments in areas of vaccines over the past three years.

She is responsible for the launch of important new vaccines including Gardasil, the first vaccine approved to prevent cervical cancer. And is responsible for Merck's Infectious Disease business which includes HIV therapies, antibiotics and antifungals and is a member of the GAVI, the global - I guess I don't have to describe to this group what that is - Executive Committee. So, Margaret, we're very happy to have you with us.

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And then my new partner in crime, Josette Sheeran. We met really when we were stuck in a security line in Davos. I had just talked to one of her deputies, Nancy Roman, about [how] we ought to do something on school feeding and that led – it was that conversation that led to the mega commitment that you saw today and helped, I think, inspire us to do school feeding.

She does not need a lot of introduction, a lot because of how important her agency is, a lot because of her skills and her past role as a significant sub-cabinet member at the State Department and as a deputy U.S. trade representative. But also because there just really hasn't been an issue in development as front and center this year as the crisis of higher foods and hunger. So we're very, very happy to have Josette with us.

Now, of all the panelists we have, I'm particularly happy to have Beatrice Were because we're very persistent so it took us a year to get her on this panel. She was flying from Uganda last year to be on our Education Panel. We do many – there's many reasons we choose people, we use YouTube, we do the other things, in this case David Gartner of the Global AIDS Alliance said, "You have to have Beatrice." And that was the determinate of this year and last. Her plane did make it but too late for her panel. So, a year later, we are even that much more happy to have you.

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Beatrice is really quite a significant person. And I don't want to tell too much of her story, but she has – she was one of the first Ugandans ever to declare her HIV status publicly. She founded the Memory Book which encourages HIV positive parents prepare their children for bereavement by recording family memories. She was awarded Human Rights Defender of the Year by Human Rights Watch in both 2005 and 2006. So we're very happy to at last have you here with us.

And finally, Lael Brainard is the vice president and director of Global Economy at Brookings. Lael is by any standard in Washington D.C., one of the most highly respected international economic policy makers and is highly respected on both sides of the aisle. She was the top international economic person on the last few years of the Clinton White House, the G8 sherpa.

And, unlike me, she's actually a real economist with a Ph.D. and an associate professor at MIT. And she has spent much of the time in the last eight years broadening her portfolio from the more core traditional economic issues of trade and globalization to really an expertise and the leader really at Brookings on the area of development.

And so with that, Tom and I feel in very good hands turning the rest of this panel over to Lael, so thank you.

LAEL BRAINARD: I think this is a great moment actually to be talking about these issues. As Gene said, we're really

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kind of getting out of the silos and really today talking about the synergies. And I think we all know just as poorly nourished children have a hard time really absorbing and making the best use of education, so too poorly educated children are not as well equipped to safeguard their own health and that of their family, so there is a very compelling link here.

We know it from de-worming programs which have some of the most cost-effective success rates of any development intervention in the world. We know it between the connection between getting girls in school and the health of their families and fertility rates and, of course, we've seen similar win-win outcomes in school feeding programs. So we're going to talk about some of those things today.

And I'm going to start by turning to Margaret. Merck has done some remarkable things in this area; a lot of the infectious diseases, the vaccines that you work with need to get out to hard-to-reach places in poor communities. How do you do that? How do you use schools as a platform? And how does using schools as a platform differ from a more traditional health facility approach?

MARGARET MCGLYNN, R.PH.: Yes, it's a great question. The first and most important aspect of getting vaccines or anti-infectives to those that need them is all about education. It's making individuals understand that they're at risk or they may already be infected such as in the case of parasites.

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And so it's educating them and motivating them to want to change their behavior. And so there are many programs we've been involved in that we have found very productive from an educational perspective. It's always done in partnership, partnerships certainly with the local community, whether it's the local government or the school system or NGOs or other civil societies. And in many cases partnership with other private companies who have something to offer.

And so, two quick examples I'll give one in the de-worming area. That is an absolute devastating illness that you heard President Clinton say earlier today. 400 million children worldwide infected with these parasites or bacteria. And that doesn't have to happen. And so there's two aspects to the intervention that worked particularly well in a school setting. One is education, education on sanitary conditions, hygiene, the importance of safe water.

And the second is actual intervention. If there's not a better way within that community to administer the de-worming medication, can you actually do it in a school setting? And in many locations, many countries that has been the most effective approach. And so these medications are donated by companies such as mine, GlaxoSmithKline and others. As well as we combine all of our experience in education since that's such an important part of what we do is communicating and persuading people to take action in the best interests of their health.

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The second example would be with immunization – as you are trying to figure out how do you get immunization programs implemented, especially in the world's poorest countries that may not have the healthcare infrastructure. Schools do provide an opportunity and in some countries and in some local areas, our partners have recommended actually bringing the vaccines into the school setting.

And certainly that's something that varies, but where that has been done, you are able to achieve high immunization rates. Now, we clearly don't do that directly; that would be done perhaps through a local government.

We did announce last year a donation program – as one of our commitments to make three million doses of our cervical cancer vaccine available to groups that are providing to low-income countries. And we have just approved the initial set of applications and at least one of the first seven applications approved will bring the vaccine right into the school setting to the adolescent girls that are the right age group for this vaccine.

And PATH, and I think Christopher Elias is here and can tell some of you more about it if you're interested. They are doing demonstration projects in four different countries to help figure out how can GAVI then offer an HPV immunization program in a way that we demonstrate that you are able to reach this age group.

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Because most, if not all, developing countries have a way to administer pediatrics vaccines because that's been so critical in measles, polio and other eradication programs. But when we first launched an HPV vaccine there were many skeptics that said there's really no infrastructure in most of these countries for adolescent immunization.

Well, if these females are attending school and hopefully more and more of them are, that is an appropriate approach. And I know Chris is finding in some of the earlier research they're doing for these demonstration projects that that is a viable approach.

So I think those are two terrific examples of how partnering with other organizations and school systems really can help improve the health and the viability of the community.

LAEL BRAINARD: Let me just take that and turn to Beatrice. Some of these vaccinations are a little bit complicated when you introduce them into new settings. Adolescent girls, HPV vaccine, the social dynamics around those can be quite complex. Beatrice, talk a little bit about how you deal with the introduction of these kinds of new vaccinations, new therapeutics into school settings when there might not be full social acceptance. And how do schools help mediate that, and how do you work with schools to help on that front.

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BEATRICE WERE: I think what is important is to give information in a school. To demystify the mysteries that might surround a vaccine. In most communities in Africa there's a lot of mysteries and also culture plays a major role. So usually when you introduce a vaccine, you have to be conscious of the fact that the cultural beliefs and the community behavior. The health-seeking behavior in our communities play a big role in determining how successful a vaccine may be.

And most of our schools are premised in communities where these beliefs and practices happen. So it is very important to engage and to give information in a cultural setting – in an environment and demystify whatever myths and beliefs [of] children and parents and even the people important in making decisions around this child. Especially the parents and the school environment, the teacher themselves, because normally if those fears are not demystified, if people don't have accurate information they won't know what to fear and what not to fear.

And this normally does happen with vaccination programs and a lot of myths around the fact that these programs come from the North. People usually believe that it's actually not going to work for us, it's an agenda to wipe us out, you know, it's all sorts of things. And I think – what I believe is very important – is dealing with that so that you create a conducive environment to introduce the vaccine and to make it work.

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I think the other thing that is very important to make vaccines work in Africa is also to target strategic people, strategic decision makers. Because normally in Africa a child belongs to an entire community but there are people who are critical in terms of making decisions around this child. The parent, again, especially the men who usually believe the child is theirs because the cultural dynamics are still very important in Africa.

So the gender dynamics also come into play because normally the father makes the decision on what happens to the child and how children access vaccination because he had to provide the resources to enable children access to vaccination and also to allow that child to go to school.

So there's a lot of issues around the gender and parental dynamics and issues around information. For me, I think those are very important in enabling this work.

LAEL BRAINARD: I just wanted to come back to Margaret now thinking more about how you partner. How could you get into those environments if you didn't use local organizations that knew those dynamics and worked with and had the trust?

I mean is that a vital part of your strategy now on getting these kinds of interventions out.

MARGARET MCGLYNN, R.PH.: Oh, absolutely, there's no question that it would be suicidal to try to do it any other way. In the area of vaccine, though we are fortunate to have

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GAVI, the alliance that has been in place six or seven years, first founded after the major commitment by Bill Gates, but now supported by many national governments.

And they work with many partner organizations including WHO, UNICEF, The World Bank, civil societies, etc. and find a way to have the local partnerships and it's all done through the health ministers within the countries. And that is how we have seen a dramatic increase across the board in pediatric immunization rates over the last several years.

So it has to be done through partnerships. One other example which isn't immunization but I really do think it's getting at what Beatrice talked about in terms of demystifying the disease. We've also had a very effective collaboration in Botswana on the African Comprehensive HIV/AIDS Partnership Program that Merck and Bill Gates Foundation started several years ago. And we all know in the area on HIV that education is critically important.

And what's going on, you may be familiar with it, Beatrice, from more of a local level, but what's going on in Botswana is there is an educational aspect that is reaching out to adolescent males and females in order to provide them with the information both to demystify the disease but also to remove the stigma.

And so we are trying to empower these adolescents, how can they protect themselves, how can they feel comfortable

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going forward to get testing and then and only then will they have access to the therapy that is also provided through the program. And so education and partnership with local organizations is absolutely critical to make this work.

LAEL BRAINARD: Well, I want to get back to the HIV/AIDS in schools and how you navigate that, Beatrice. But before I do I wanted to get Josette into the conversation. Josette, big announcement today. And I do want to talk quite a bit about school feeding.

Before we do that, when you walked into office, is this what you anticipated, when you took your first day in the job did you have any inkling that we were going to see as big a threat to the huge progress that has been made on nutrition, on human security as we're seeing today? And tell us a little bit about how you've worked with partners around the world to mobilize to this quite, quite big setback.

JOSETTE SHEERAN: Well, excellent question and a big one. I walked into office about 18 months ago – April, 2007 – and we had been seeing for the five years before that a reversal of many decades of a pattern of increasing food abundance and decreasing food prices. And what you saw for the five years before that was a gradual increase in food prices and a decrease in food stocks in many countries like Liberia and a decrease in cash reserves as they have just tried to deal

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with this but nobody saw it as a permanent trend, just kind of a blip, you know, that was happening.

So I walked into office April, starting in June I gave my first interview and said I think we're bracing for a perfect storm, with soaring food prices, declining reserves in countries, declining cash reserves and the kind of droughts and floods, and it was a terrible feeling because you felt like we were going to get hit with something and I thought that we had about two [missing text].

Starting in June, food prices started to click up in the most aggressive pattern we've ever had in recorded history – 10 percent a month – and so this a cut from Rwanda from one of our school feeding programs. We feed 20 million kids a day with this and between June of '07 and January of this year 40 percent of that food disappeared just because of the high food prices.

We feed three million people every day in Darfur and 40 percent of the ration disappeared over night with the same contribution and so I'm sitting at the World Food Program where we have 90 million people a year who rely on us for their only meals usually, and 40 percent of our food has disappeared. This was an almost billion dollar gap and so we had put out an extraordinary call in February just to keep the cup the full as I said to countries to produce the extra money.

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And I'm amazed, I'm really warmed by the global response. The United States put an extra 2.5 billion on the table. Congress moved, the administration moved. The King of Saudi Arabia personally responded to the appeal with a \$500 million check, the largest in history. Europe responded, Canada, Australia and even countries like Malawi and Pridnestrovie and Uganda, everyone pitching in to try to avoid the kind of devastation we have seen.

Seventy-five million people added to ranks of the hungry in past 10 months. If the prices stay where they are, another 100 million. The issue is resiliency, so this is hitting everyone in the world hard, but remember, for those who live on a dollar a day, 70 percent of their income, up to 70 percent, is typically on food. You lose half that purchasing power, because fundamentally they are buying core commodities. If you buy a box of cereal, right, maybe 5 percent of the cost is the commodity. If you're buying just a bag of rice, you're paying for the whole commodity cost.

So, the devastation is quite severe and it's why we are focused on the school feeding, because for children it costs 25 cents a day, not only to fill this cup with food but to add something like a micronutrients sprinkle for a penny. A deworming tablet, education about sanitation, water purification – we call it the essential package and we have a wonderful partner Margaret Chan at WHO and then the men at UNICEF, the

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World Bank and Bob Zoellick and his team, and the governments themselves to say, let's make schools the center of life and at least provide a safety net.

Families panic if their kids do not [get] food. And so, in Haiti, we extended school feeding in the summer, for example, because kids were reduced to eating mud cakes and other things, just to provide that safety net. So, we do feel school should be a platform of life and of giving people a safety net and families a safety net and it's all the more urgent during this food crisis. And we are not out of the woods on the food crisis.

LAEL BRAINARD: Well, let me ask you a little further there, so schools are great platforms for getting this nutrition out to kids. What about the reverse direction? So when you get the nutrition out to kids, how does that impact your educational outcomes?

JOSETTE SHEERAN: Well, first of all, this is best human rights program ever invented in the history of the world. It just stuns me, the power of this cup of food, which NGOs do this, World Food Program does it, fundamentally governments do that all over the world with school programs.

In Pakistan, 48 percent of the families said they would never send their girls to school. Food was introduced and 100 percent had their girls in school the next year. Why? Because it solves a problem for these families. It's not an

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ideological issue. They want their children to live. And typically, the children have to go out and do what they have to do to find food, and to participate in the family, so this is a benefit.

And if that is the attraction, more power to it. If a father is going to tell their daughter, go to school, if you add an extra ration at the end of the week for girls, bag of rice to take home to the family, guaranteed. Carl Stern of the Boston Consulting Groups, nodding his head – they have been our great partners in studying these patterns that we are seeing. If you add an extra ration at the end of the week for an HIV/AIDS orphan, they're guaranteed a home. They will be taken in by the extended family that cannot afford to take them, but if they contribute something.

The main message here I think is, why not reinforce the social structures through school. And make that the center of life and that intervention package can change, depending on the need. If there is night blindness, it will cut that in half. But plus, we have girls – it increased girls graduation rates from primary school, in some countries, up to 211 percent.

So we know that it – populations typically denied access to food, including very poor children who have to go out and forage for food, or help with the family business, or getting in there. It's a great anti-child-labor effort also.

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LAEL BRAINARD: Let me take that and now come back to the HIV/AIDS schools connection, Beatrice, and ask you to talk a little bit about in high-prevalence areas, how does that impact education? What is the role that schools can play? And I would like it also if you could talk a little bit about the memory project that you helped to create and what role that played in these kinds of environments.

BEATRICE WERE: I think what is important to note and I want to build on the discussion before, in terms of food. I think it's also important to appreciate that in high-prevalence areas, we are now seeing many children in school, who are HIV-positive. And that means that their nutrition needs are very critical, if these children are going to live a long time.

But we're also talking about a time when increasingly treatment is being rolled out in more and more places where treatments, and I mean antiviral treatment, which was not common at the time. We're now talking about a time when governments are stepping up efforts to rule out these treatments, when programs like PEPFAR, Global Fund and others are enabling more people to access treatment.

But it also has implications when it comes to the crisis around food and what is happening to children who are in school, because we know from science that unless – that for commodities or for people who do not have enough food, chances of developing resistance to treatment are very high. And for

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children, when it comes to pediatric AIDS, it actually makes their situation worse. So the crisis is actually having a big implication on AIDS programming and the investments that governments are making in enabling treatment attend to people.

It is also challenging global efforts and our own efforts as activists, as people who have invested so much in doing work around AIDS, as a civil society organization's efforts to campaign around universal access by 2010, are actually threatened by this situation.

The other thing that I also wanted to touch on, and again this is picking on the discussion before, increasingly, AIDS has threatened social security mechanisms in most places in Africa. And we know that social security in Africa was mainly through the family structure; it's not formalized.

What that means is that as more children get orphaned, the social security mechanisms are weakened and children, especially girl children, have taken on the role of looking after families or taking care of the sick, which means that their access to education is affected, which also means that fending for families, the challenge of ensuring that families have enough food, is actually falling on the shoulders of children, especially girl children, [who] would or do not have the capacity to deal with all these challenges.

And that means that if we can provide food, if we can ensure that there's enough food through school program – which

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is part of our social security now, because of what has happened in terms of the community structures – we are actually focusing, we are lifting the padding off the backs of many girl children who are not accessing education. Because then they spend more time in school, without worrying about fending for their siblings and for themselves.

In terms of The Memory Project, The Memory Project started from my personal encounter with AIDS when I lost my husband, 17 years ago. And what happened to me was that I was left with two young children, who I didn't think I would live a long time, until they were of age. Other times my eldest daughter was four years and my youngest was three months. They are now big girls, 20 and 17.

And what then happened to me was that as I became an activist and I began to talk about my HIV status to [inaudible] stigma, my children actually carried the stress. The stigma shifted to them and then I began to struggle with making them understand what was happening, because I lived a different life. At audiences like this, I freely talked about my status.

In my house, I pretended as if everything was normal. And that burden of fear and stigma and guilt is what pushed me to find a way of opening up to my children, so that I could I live a normal life. But also, to demystify what they had heard about AIDS from other people.

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And when I opened up to them that was for me the biggest starting point in my life. And the burden of secrecy and guilt was completely lifted from my shoulders. And that's how I started The Memory Project to enable other parents, talk to their children and enable them to stop worrying by themselves and start planning for them, so that they expend more energy and time supporting them to deal with bereavement and fear.

The project is now one of the international role models that has reached countries like Malawi, Zambia, Botswana, Tanzania and many other places are emulated by organizations like Plan International and Action Aid International, is one of the best ways of supporting children cope AIDS. And I think it's a great project. [Applause]

LAEL BRAINARD: I just wanted to come back to you just briefly. We've also heard that your program is now trying to push its sourcing abroad to the farmers who actually need the income the most. And also now the small holder, sort of agriculture. Tell us a little bit about why you're doing that. How successful the experience has been so far and what kind of political obstacles are you facing here and in other richer countries?

JOSETTE SHEERAN: Well, this is perfect, because the Clinton Global Initiative is all about connections and one of my heroes, Muhammad Yunus, sitting over here and I'm going to

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try to rope him in. Rope him in right now to our revolution in food aid. That was announced yesterday with the Gates Foundation and the Howard Buffet Foundation.

What we announced yesterday is that WFP will take its cash, over a billion dollars a year for food to fill this cup and for rations in Darfur. And we will purchase from farmers in the developing world. But not only will we purchase with them, we're going to really study how to purchase from them.

For example, if we give them a three-year contract with a base price, will that then allow them to get the microcredit to get the better seed and fertilizer, which they have no access to, so they're trapped in a cycle of poverty, because their yields are one-tenth of the farmers in the developed world. [Applause]

And because they can never break that cycle of too low yields to even feed their own families, what this would do, it means - so our goal is to have this cup filled with food, produced by farmers, half of the 90 million people a year WFP feeds are farmers who cannot raise enough food for their own families to survive.

But if we can buy from those farmers, they no longer need food aid. They then learn how to connect to markets. They can get the credit; they can break that cycle of low production. And so we are partnering with FAO, with ETHAD [misspelled?], with governments, with NGOs, with microcredit

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institutions to say if we'll give the guaranteed sale, will you come behind that and connect these farmers to markets, break the cycle of poverty, fill this cup locally and create a real win-win situation, if I could just show one example, because it's just so exciting, because it fits into what we're discussing here.

By the way, this feedbag, you buy it online and it feeds a kid for a year in school and the designers are right here, Lauren and Ellen, right here. But it's sold in Amazon and Whole Foods is now selling it. But the salt here – anyway, I have iodized salt here that's produced by 7000 village producers in Senegal. And these women had no connection to a regular income. We buy the salt for our programs but not only that, salt in Senegal was never iodized for local consumption, so the iodine deficiency disorders are epidemic.

We were able to get with micronutrient initiative and the head of that's right here, the funding to help train them in the iodization, with the help of the government of Canada. OK, now, we buy all our salt from Senegal and for our regional program from 7000 women producers, plus for the school feeding program.

It's iodized, it's helping defeat goiter and iodine deficiency. This is win-win coherent action that you have to have many partners coming together, but it's so powerful. So this is what we announced yesterday. And Gates and Buffet will

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help us study how to interact with small village producers and poor farmers to help break the cycle of hunger and poverty at its root.

LAEL BRAINARD: And then of course as their incomes rise, their kids are more likely to go to school, bringing us to that nice intersection between those two areas. So now we're going to turn it over to you, the audience to take this discussion further. And Gene is going to give you the provocative question to start you off.

GENE SPERLING: Yes, Tom and I have a pretty simple question for you. What'd we miss? And what do we miss in two ways? What hasn't been said in the areas that we're talking about, in HIV/AIDS prevention, school feeding, school de-worming, prevention, what else – what are the deeper points or other points that were not reached yet here?

And secondly, what did we miss in the sense of what other strategies are there? Involving health and school or health and education that we haven't put on the table yet? So that's our question – that's our two part, "what did we miss" question for you. And we'll let you turn to your tables. Thank you.

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