



Transcript provided by kaisernetwork.org, a free service of the Kaiser Family Foundation¹
(Tip: Click on the binocular icon to search this document)

PEPFAR Reauthorization: Part 1
Center for Strategic and International Studies
October 16, 2007

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

[START RECORDING]

J. STEPHEN MORRISON: Good morning, and thank you all for coming. I want to extend special thanks to a number of people who put this together; Savannah Lengsfelder from Senator Feingold's office, Martin Dare [misspelled?] from Senator Sununu. Those two Senators are the co-chairs of the CSIS task force on HIV/AIDS. Kate Hoffler from CSIS has been the overall coordinator of all of this. We're very grateful also to Kaiser Family Foundation for web casting this event. There will be a webcast and a transcript posted 48 hours from now.

We brought together a number of different speakers today to talk about PEPFAR reauthorization. We are issuing today four papers, which you'll hear from the authors today and I urge you to pick those up along with some other papers.

The papers that we'll be profiling today are prevention, health workforce, gender, and drug addiction. These are excellent papers. They're all meant to be very user-friendly, short, concise and very focused on what the concrete options are looking forward in the PEPFAR reauthorization process, and they've involved an enormous amount of work and thinking and drawing from lots of other different experts in forming them up, and I'm very grateful to Jen Kates and Phil Nieburg for the Prevention paper, to Allen Moore on the Health Workforce, Zoe Hudson and the Yale Medical School team who put the drug addiction paper together, and Janet Fleischman who

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

heads up our gender working committee and who put the gender paper together.

We are also issuing a number of other papers that will attempt also to put forward some analysis and thoughts for the reauthorization paper. We have Russia, India and China papers coming forward. Russia and China are available today. We'll be doing a separate rollout event on those three papers, tentatively slated for November 20.

We're also going to issue a paper on financing. Jim Sherry's [misspelled?] kindly agreed to help us on that; military to military programs with Mark Schneider [misspelled?] from ICG is heading up, and we'll be putting out a paper on Tuberculosis in relationship TB programs to HIV/AIDS.

On that note, I want to emphasize also tomorrow from noon to two at 628 Dirksen [misspelled?] we are doing a major event on tuberculosis and its intersection with HIV, the new variance that we're seeing and the new technologies that are in development and that will feature former Portuguese President Sampayo, who is the Secretary General of Envoy on TB. It will feature Senator Sherrod Brown, who's taken, for many years, a leadership role on TB, and Mark Dybul will be speaking representing OGAC, Mario Raviglione from WHO, Phil Nieburg from CSIS and Irene Koek from USAID. That's at 628 Dirksen, so please join us for that.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

It's very important that the momentum around reauthorization be sustained and that we move forward rapidly in this next phase into the spring, that we preserve a bipartisan ethos, that we take advantage of this big moment of reflecting on the last five years and what the next phase will look like.

There are very big issues that we'll hear about today from all of our different speakers, and much involved in making the change from emergency to sustainability. How do we draw the new boundaries? How do we draw the new priorities? What kind of concrete options are we going to emphasize? And we will be hearing from all of our speakers today on those issues.

Our first speaker is Mike Merson, familiar to many of you, a very close friend of CSIS task force. He's at the Duke Global Health Institute, formerly at Yale. He was very integral to the IOM, the Institute of Medicine review of PEPFAR. Mike's agreed to say a few opening words about that IOM study and its legacy vis a vis the reauthorization process, and then he will introduce the two paper authors who will speak, and then we will move from there after we've heard from Jen Kates and Allen Moore we'll move to Mark Dybul and onward to Michelle Kazatchkine, head of the Global Fund.

Michelle Sidibe from UNAIDS will be joined over the course of the morning by Congresswoman Nita Lowey around 10, and a little later than that, Congresswoman Barbara Lee.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Senator Sununu will appear at about 11, and Senator Feingold at about 11:30. We'll have some chance for give and take with the audience over the course of this, but we have a lot of speakers and we have to keep this rather brisk, and with no more delay I'd like to ask Mike Merson to please come forward. Yes, please.

MICHAEL MERSON: Morning. Steve asked me to say a few words about the IOM review of PEPFAR. I think probably some of you were at this session in the House a few months ago where we discussed the panel on that, so I'll be very brief.

The book has come out, if you want to know what the book looks like and the IOM book is now out. It looks like this and you can get a copy from IOM if you are - otherwise I'm sure there are copies around.

The IOM, as many of you know, is one of four institutes in national academies in our country. It's private and it's non-profit. It was called on by the Congress in the original legislation for PEPFAR to undertake a midterm evaluation of PEPFAR.

What that meant operationally is that IOM was asked to do this three years after the legislation, but really only two, a little over two years, after PEPFAR had started, so this report really reflects about two years of PEPFAR, and that's important to recognize in - when you read it.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

The committee, like many IOM committees, had 13 members. What was a little different about this committee is it also had 14 members on three different subcommittees, so actually 27 members total who participated in the evaluation.

I was the liaison with the board of global health. As a member of IOM, there are many boards, and there's a board on global health which oversaw this study and I was the liaison between the board and the committee. I did not sign the report, but participated in much of the work.

That work was primarily testimony, plus review of many documents that PEPFAR made available, including these big documents, these 200-opage documents from the different countries, and field visits to 13 of the 15 countries. The other two we couldn't go for security reasons, but we did review in Washington.

I will just summarize very briefly, perhaps for the context of reauthorization, what the report said. I think first and foremost, and I can quote, that the report was very positive about the promising start that PEPFAR had made in treatment prevention and care in the 15 focus countries. I'll just read you one line, "The primary early accomplishment of the U.S. Global AIDS Initiative has been to demonstrate that HIV/AIDS services, particularly treatment, can be scaled up and resource constrained in otherwise severely challenged environments such as those existing in the focus countries.",

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

something many had doubted could be done, so I think one has to start by saying the committee was very appreciative of that.

However, like all committees, we were asked to make recommendations how to move forward. I think what's striking for you all to know is that there were only 12 recommendations. Many IOM reports have a lot more than 12. I hesitate to pick one or the other, but for the sake of time I'll just focus on those that to my mind were the most important, and probably I would start with the sustainability question which Steve has already mentioned.

The committee, right out in front in its report, and over and over in its report, called for a transition from an emergency program to one that's long term with serious efforts of long-term strategic planning and capacity building necessary for sustainability, and that's if you ask me to pick one recommendation, that would come through the report in many ways, that would be it, but I do want to mention a few others, at least three.

One was the area of harmonization, which is a word that's commonly used now in international circles, and it has to do with people working together with common approaches, and there were two areas of harmonization which I want to point out. One was a call for PEPFAR or the U.S. government, if you like, to work more closely, particularly at country level, in

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

its coordination and cooperation with other donors, and this was an issue that came up in quite a few of the field visits.

Secondly and perhaps quite relevant to Congress, the committee called for removal of the budget allocations, primarily because it was seen to impede harmonization. Just to quote one or two lines from the report which I think are important for you to hear, "Contrary to basic principles of good management and accountability, the budget allocations have made spending money in a particular way an end in itself, rather than a means to an end. In this instance, the vitally important end of saving lives today and in the future." And a little bit later in the report, "PEPFAR staff both at headquarters and on the country teams have explained to the committee and others their frustrations with these allocations and have illustrated how they've fraught national strategic planning to meet performance target, thus the manner in which Congress has required the sources to be allocated, rather than what is necessary to have an impact, is having an unwarranted influence on PEPFAR."

So this, and there are other quotes, but I just use those as examples of what the committee felt regarding the importance of removing the budget allocations.

The second area is prevention, and here I would just briefly mention four of the recommendations. One, just in general a call for a much greater emphasis on prevention, and I

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

quote, "with the same urgency and intensity as treatment."

Second, the call for tailoring interventions to address country epidemics; we did not get into this ABC discussion. For us it was quite clear that what needed to happen was that countries needed to tailor their interventions in harmony - the U.S. needed to tailor their support for interventions in harmony with other donors and the country priorities, and that's what was important, not getting into discussions about ABC. We did not have such discussions.

Thirdly was the importance of empowering women and girls for prevention, and fourthly the attention to marginalized populations, and we're going to have papers on those.

And then the third area I just want to point out which was felt to be very important was the building of workforce capacity. Over and over in the field visits we saw many programs overflowing in terms of capacity, insufficient number of staff and it was clear to all of us wherever we went that this must be addressed and there was even a risk that as PEPFAR grew it could even exacerbate these national shortages by shifting a disproportionate share of the workforce to HIV/AIDS.

Now since this report I am certainly aware that PEPFAR has responded to this this year in a number of ways, but I do want to point out, and I know there's legislation in the Congress on this and we will have a paper on this, but I do

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

want to point out that this is an important recommendation in the report.

The report also called for performance targets for orphans and vulnerable children like we have for treatment, prevention, care and support. It called for community based, family centered care, and then lastly it really did make a strong appeal for an expanded knowledge base. In other words for PEPFAR and certainly steps have been taken in that direction to look at the data it's collecting, particularly, for example on whether its prevention efforts are avoiding any infections, and it really called for in the reauthorization, particularly but also right now, for more attention being given to expanding the knowledge base for operations research.

That's a brief summary. I hope that helps you set the context. This report is now six months old, so obviously we'll hear more today about what might have changed, but I do think that there's a lot in here that would be helpful for debate and discussion in thinking about moving PEPFAR forward.

I'll stop here, and move on then to introduce the first two papers, and as Steve said there's going to be four papers, one on prevention and one on health workforce, and then later on in the agenda gender and injecting drug users.

So let me first, you all should have a copy, and I think Jen you're going to present the prevention one, and then

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

maybe just Allen, would you just follow her so I don't need to come back to the microphone, okay? Good.

JENNIFER KATES, M.A., M.P.A.: Thanks, Mike. Good morning, everyone. I'm Jen Kates with the Kaiser Family Foundation and I very much appreciate the opportunity to be here to talk about PEPFAR, to talk about the U.S. global response, and I just want to briefly say a couple of thanks, first to Steve Morrison and the CSIS task force on HIV/AIDS for continuing over many years to be a place where we could have these kinds of discussions, and the Kaiser Family Foundation has found a very welcome partner in that, and so we thank the task force very much.

I also want to thank my coauthor, Phil Nieburg. This, what you are hearing today, is a collaborative effort between myself, Phil, Steve and many people in this room, particularly staff and program staff at the office of the Global AIDS Coordinator, several health staff, many experts in the room and Mike, especially and the IOM report.

So what you'll hear really takes off from the IOM report, and in brief, I will just summarize where we came to with our work on prevention.

What we found in thinking about this very challenging area is that there seems to be general agreement, even consensus that prevention needs to be scaled up. That is what people are saying and I think it's remarkable that we're at

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

that place, because just a few years ago I don't think that was the discussion.

Taking off again from where Mike left around the really tremendous success we've had in treatment; a real success story and one we think needs to be built on.

You've all heard statistics and heard some of the warnings around what could happen if we don't really emphasize and scale up the prevention response, and I'm just going to cite one which is from some recent work done by the Global HIV Prevention Working group, an organization that we co-chair with the Gates Foundation. Recent work from that independent group found that if prevention is not scaled up significantly, scaling up, reaching the populations that need to be reached with the coverage levels that need to be reached, with the intensity that needs to be reached, it's possible that 60 million more people could be infected with HIV by 2015. If the scaled up response were to occur, two thirds of those would be prevented, and a sobering reminder, most of those new infections will actually be in Sub-Saharan Africa.

So these are the stakes, and in looking at this issue from the U.S. perspective, a couple of things I just want to say in introduction to this. One is there's broad agreement about the need to scale up prevention. It's much more difficult to figure out what the best way is to do that. Clearly the U.S. cannot do it alone, and nor should the U.S. be

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

expected to do this on its own, although the U.S. is one of the biggest players to bring this forward.

The other thing I just want to emphasize is that none of this; see that the title is Making HIV Paramount, none of this is meant to be at the expense of treatment, but really to build on the success of treatment and the progress of treatment.

Having said that, talking with several experts, looking at the reports and talking with the office of the Global AIDS Coordinator about what they're already doing, there were several options that came up and things that are already being explored and I will highlight them here.

The first that's being discussed is this issue of designating specific focus countries or hot spots for HIV prevention for a focused effort on HIV prevention; to receive the same kind of intensity that treatment has.

Clearly prevention is a part of the focus country response already, but what we were hearing is that some kind of more focused effort, intense focused effort on prevention in some areas would allow for that coverage in scale to be achieved so that we can hopefully see longer terms results.

The second area that was identified was this issue of investing in some kind of high level global HIV prevention diplomacy. That's something that the U.S. could consider or be

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

thinking about is using diplomacy to talk about prevention, to make prevention paramount as a global issue.

The third area that you've already heard about this morning is this challenge of balancing accountability and flexibility at the country level, and I would just echo what Mike said and what⁵ the IOM report said is that really there is a need for countries to describe what's best for their epidemics based on evidence, based on what we know works.

The fourth area is this challenge of the need to embrace what we call structural HIV prevention, the structural factors that can put people at risk and exacerbate the epidemic. While recognizing that HIV funding from the U.S. and others alone can never address all the structural challenges that people face in their lives, and by structural challenges I mean legal issues, educational challenges, poverty, things that have preceded HIV will be there if we are able to eradicate HIV, but really need to be addressed if we are to make progress, so we make some observations about ways that that can be done.

The fifth option and area is this challenge and need to define a minimum HIV prevention service package. This is work that's already underway. UNAIDS and the Office of the Global AIDS Coordinator and many others are looking at this, but to provide some concrete service packages, two count⁴ries, two programs, to help them better tailor what they're doing.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

The sixth, and again to echo something from the IOM report around workforce, is what we identified as the specific needs for bolstering the HIV prevention workforce. In other words, as workforce is being addressed we notice that one of the challenges in the field is the lack of prevention experts on the ground. There are prevention experts, they are few and far between, that are being sent and doing what they can, but there needs to be a more robust prevention workforce.

And then finally, and this is a big challenge in prevention generally, is how to define success and how to measure impact. Clearly, when we're looking at HIV prevention compared to treatment we have some different ways that we measure its impact, and they take much longer to show, and that is a big challenge that we shouldn't let stop us.

One of the things I'll just highlight that we talk about in the report that is now becoming available and coming online that I think will help in this discussion is more tools to identify recent HIV infection, to be able to allow countries to know where their epidemics are going, coming from and changing on a much more rapid basis.

That will help all of us. It will also help define success and measure impact, so in closing I just want to thank everyone for being here. We look forward to your input on this, and just to again reiterate that these are just options that we identified as ways to bolster our focus on prevention.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

They clearly involve challenges as well, and it all came out of the challenges that we think are still facing the U.S.

response. Thank you.

ALLEN MOORE: I'm Allen Moore. Good morning. I am a fellow at the Global Health Council. I'm also an associate at CSIS. As some of you know, I was up here on the Hill as Policy Director for Senator Frist when PEPFAR was first authorized, so I have some history, at least that which I can remember.

I want to also thank Steve and the task force, and particularly I want to thank Steve because you'll see that he's a coauthor of this particular paper, and let me also mention two other people who were particularly helpful. One was Smita Baruah, my colleague at the Global Health Council and also from Senator Feingold's staff, Savannah, and others as well, but the content at the end of the day is that of the authors.

The paper on health workers reminds us that this is not a new issue. Some people have discovered it only fairly recently, but the shortages of workers and broken health systems is not a new subject. The countries hardest hit by HIV/AIDS generally had very poor health indicators even before AIDS took its deadly toll; high maternal and infant mortality, debilitating infectious disease, poor nutrition, lack of clean water, et cetera. AIDS just made everything worse, and the Leadership Act, when it authorized PEPFAR recognized this and in the paper you will find on the first page several quotes

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

from the Act that include broad responsibilities, requirements and authorities relating both to health workers and health systems.

The paper talks about how PEPFAR can both exacerbate these problems, as Mike Merson mentioned, and improve them, and PEPFAR is investing an enormous amount of money to try to improve things, but nonetheless there is an enormous amount of stress on very fragile systems.

For the reauthorization discussion, should there be new requirements in the law relating to health workers and health systems? There are some advocates who want the U.S. to develop national workforce plans or to require the achievement of specific staffing ratios, for example the WHO recommends that there be 2.3 health workers per thousand people, or 20 doctors per 100,000 people and many of these African countries have only 10 percent to 20 percent or 25 percent of those minimal targets.

Should there be a particular financial earmark associated with health workers? These are ideas that are floating around. Now the paper tries to show how closely linked to the issue of health care workers and the number of health care workers is tied to health systems.

It doesn't make a lot of sense to train a lot of new workers and assure that they get paid, which as many of you

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

know is a huge issue, if they don't have working conditions that allow them to do the work for which they're trained.

They need places to work. They need equipment and supplies. They need some safety in the workplace. They need medicines. They need managers who have some idea of what they're doing and they need work rules that will allow people who are trained to specific tasks to do those tasks rather than requiring doctors or nurses to do everything.

Now PEPFAR spent over \$350 million on worker training and retraining and pay support in 2006. It retrained over 500,000 people in 2005, and it estimates that 70 percent of its investment in the treatment side goes to health system development. This is not an area that's been ignored.

But is that enough? How do we know? And what do we do? The paper identifies five principles that it suggests should be embraced by the U.S. government and therefore by OGAC.

One and these are subjects that are not new and have already even been mentioned, require that decisions on workers on systems be made in partnership with local governments. Two, give program administrators a lot of flexibility so they can respond to the particular needs in a given country. Three, make their decisions based on the best available evidence. Four, require OGAC to report on its plans ahead of time and then report on its results without getting carried away with

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

new massive reporting requirement. And don't hold OGAC responsible for matters that are beyond its control. The U.S. is the biggest player, particularly in the focus countries and many others, but there are plenty of others, and again Mike Merson talked about harmonization. Harmonization is critically important, but it should also remind us that because there are many players we can't do everything. Even if we know what we want to do, we have to cooperate and collaborate with these others and it would be crazy to require OGAC to achieve singular results when there are many players involved.

The paper mentions three options for consideration for the law itself. One, require that OGAC give priority to assuring adequate workforce and health systems to achieve the HIV/AIDS objectives without harming existing systems. It acknowledges the problem, but you've got to be very careful on how you would enforce these requirements, again recognizing the importance of not holding OGAC responsible for things beyond its control.

Two, require OGAC to take the lead, be even more aggressive, in developing and implementing rules on task shifting. Ambassador Dybul can speak for himself, but many of us have heard him say that he thinks that task shifting properly done could increase worker productivity by 30 percent or more.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

And finally consider, consider requiring OGAC to launch a pilot program in one or two focus countries in cooperation with others to build out the health system, to use PEPFAR as a platform for building beyond. Again, it would have to be done in partnership with all parties.

I will stop there so we can hear from the Ambassador himself. Thank you. [Applause]

J. STEPHEN MORRISON: So we're going to shift the order a little bit of the speakers because of people's commitments. It's a great pleasure - Michelle, you're going to go next I think? Yes. Michel Kazatchkine - sorry, my apologies. Michel is the Executive Director, and it's a great, great pleasure for all of us to welcome him here. He has one of the greatest challenges in international development and health in the world right now, directing the Global Fund to fight AIDS, he'd be in Malaria, and personally I can't think of a man more qualified, an individual more qualified and we welcome you to this session.

MICHEL KAZATCHKINE: Thank you, Mike. Throughout the years I did get used to people having trouble [interposing]. That's no problem. Good morning everyone, and thank you for coming here, and thank you for your commitment in fighting AIDS around the world.

At first let me thank Senators Sununu, Feingold, Durbin, Representatives Lowey and Lee for their leadership and

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

support here in Congress. I understand some of them, if not the five of them, will be coming later this morning to share their views with us.

I would also thank Steve and the CSIS task force for bringing us here together today, and special thanks to my friend Ambassador Mark Dybul for his commitment and partnership. Actually since I came on board and Executive Director of the Global Fund, Mark and I have been working closely to ensure that U.S. bilateral efforts and the Global Fund are working effectively and efficiently together. In fact, we're both just returning from a joint mission in Haiti where we discussed how we can make a stronger case of coordination in between the Global Fund and PEPFAR.

Since its initial founding in 2001, the U.S. has played a critical role in the dramatic scale up of Global Funded programs, providing \$2.5 billion in just six years to the Global Fund.

Parallel to the U.S. leadership, other G8 countries and other countries are doing their part, and so millions of lives are being saved.

We at the Global Fund are certainly grateful to the Congress and to the American people for their support and commitment to truly make a difference against AIDS, TB and Malaria.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

The Global Fund was inspired by the vision of how to make a difference. The way we look at it, we're investing the world's money to save lives. This is a huge responsibility, but one that inspires me every day as the Global Fund Executive Director, and it's this very vision that has allowed the Global Fund to come such a long way in a very short period of time.

With \$8.6 billion U.S. in approved funding for programs in 136 countries around the world, the Global Fund now supplies nearly a quarter of the world's financing for AIDS and has provided 1.1 million people with antiretroviral treatment, 9.4 million people with counseling and testing and 1.2 million orphans with basic care and support.

But the Global Fund is also the largest financier of TB and malaria, providing currently two-thirds of international funding for these two diseases.

I believe that this rapid growth of the world's largest multilateral financier of health interventions confirms the strength of the main principles that drive us at the Global Fund.

The commitment of the Global Fund of being a country driven mechanism where a country is decided on their priorities and how to address them; its commitment to partnership with governments, bilateral and multilateral organizations, single society, including faith based organizations and the private sector; its commitment to performance, where programs are

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

accountable to meet set targets; its commitment to operating transparently and with accountability and finally its more recent but strong commitment to strengthening health systems.

The Global Fund is a force on its own, but also a strong complement to PEPFAR as we seek leverage in U.S. activities in the 15 focus countries where both of us are actually operating and other countries supported through U.S. funding, to 136 countries worldwide.

While PEPFAR focuses on stemming the epidemic in the most affected countries, the Global Fund also supports efforts to prevent AIDS from becoming large epidemics in countries with emerging problems.

The Global Fund also addresses TB, which is a major cause of death for people living with HIV, and with nearly one-third of all its funding coming from the U.S., the Global Fund may be regarded and should rightly be regarded at the multilateral arm of PEPFAR.

Just a few months ago in Rwanda in June, the Global Fund and PEPFAR, together with UNAIDS and WHO World Bank, held a joint implementers meeting with over 1,500 participants representing all major partners who met to exchange experiences and how to improve their programs. In addition we are seeing many examples of this coordination between PEPFAR and Global Fund in the field.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

In Rwanda, Ethiopia, Côte d'Ivoire, Haiti we're seeing increasingly deepening collaboration and synergy. In many other countries, coordination and information sharing are excellent. We're working together on how to measure and report results, how to avoid duplications of efforts as well as double counting and competing games for results that stem from support from the two programs.

With all this in mind we know well, and you know well in this room, that we must do more to meet the needs of those affected by AIDS in the developing world, and I would like to briefly address four of the challenges that are addressed by the papers to be discussed today and that were introduced by Mike's remarks. First is resource mobilization, second partnerships, third prevention and then health system strengthening.

Resource mobilization; our commitment to treating people with lifelong antiretroviral treatment makes resource mobilization and maintaining long term, sustainable funding a key issue for the future. The Global Fund board estimates that in addition to other financing efforts, it will have to commit \$6 billion to \$8 billion annually by 2010 to meet the demand for its resources.

Just last month, the 27th of September, the Global Fund engaged in the process to acquire long term pledges and

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

received strong upfront pledges of approximately \$10 billion U.S. for the next three years.

In addition to governments, we are also engaging the private sector through actively contribute and diversify income to meet this goal. As the largest contributor to the Global Fund, a one-third share from the U.S. will be critical in the future.

Second, partnerships; the reauthorization of PEPFAR will allow us to reexamine the key issue of partnership that will have a significant impact on our future success. One of these key issues, a main priority for me since I became Executive Director, is the strengthening of Global Fund's existing partnerships and building new partnerships.

I strongly believe that we need to strengthen and expand our partnerships with bilateral donor programs, with recipient countries, with World Bank and UN agencies, with NGOs and faith based organizations, with the private sector and with academic institutions.

It is critical that these partnerships are built at the Washington-Geneva level, but also and most importantly at the country level to help countries meet their specific challenges.

With each organization, institution bringing its own scope of competencies, this is the spirit of our commitments to harmonize and align in Monterrey and Paris.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Ambassador Dybul and I are strongly committed to having the partnership between the Global Fund and PEPFAR, the two main funders of HIV/AIDS worldwide exemplary and visible.

Health system strengthening; today's briefing will shed light on other key issues that need to be evaluated at the PEPFAR program is reauthorized. Strengthening health systems, gender and prevention; I will not be able to talk, as I said, in detail about each of these topics CSIS is sharing with you today, but they're all very relevant challenges to our work over the coming years and issues that the Global Fund is aggressively addressing, but let me say a couple of words on health system strengthening and prevention.

AIDS has highlighted the fragility of health systems in developing countries. As you said, Allen, done wrong, resources for AIDS can drain public health systems of skilled workers, skew priorities and overburden the services; however, done in a smart and strategic way, the investments to fight AIDS can be the fuel that gets the engine going. It can strengthen overall planning, staffing, procurement and distribution systems, build district clinics, pay for task shifting and village health workers and kick start national health protection systems as we saw in Rwanda and as we're now seeing in Haiti where we were as I said, two days ago with Mark.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Prevention; if we truly are going to turn the tide against the AIDS pandemic, we must have a stronger focus on prevention. I agree with you, Jen, of course, no problem. Even with all of our strides, the number of people infected each day around the world still far outpaces the number of people going on treatment each day, but I do believe that we have moved beyond the sterile treatment versus prevention debate.

Comprehensive programs; this will be critical to success. We must now do prevention in the context of treatment, harnessing the benefits of both. This means treating the mother as well as preventing transmission to the child. It means more routine HIV testing in high prevalence settings, so the people with HIV are not only brought into care but also helped to prevent transmission to others.

So the job of fighting AIDS is far from finished. During the past five years and this is the key message I'd like to provide you with, PEPFAR and the Global Fund together have shown how much can be done. The promise of our initial successes, what I call evidence based hope, increases our obligation to continue.

The world needs five more years of PEPFAR. It needs U.S. leadership and generosity and I would add that PEPFAR needs a strong and well-funded Global Fund to complement its work in and beyond the PEPFAR focus countries.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

It needs a multilateral commitment alongside the U.S. effort. The progress that has been achieved is the result of both our efforts and of our joint efforts. Let us continue this noble and great undertaking. Thank you [applause].

J. STEPHEN MORRISON: Thank you. Our next speaker, Ambassador Mark Dybul, the U.S. Global AIDS Coordinator and someone you all know very well. Welcome.

AMBASSADOR MARK DYBUL, M.D.: Good morning everyone. Of course as soon as Mrs. Lowey comes I will see the floor to her, because her schedule is a little more time restrained than mine.

I'd like to begin as Michel did, by thanking Senators Sununu and Feingold, or Feingold and Sununu, we have a new majority, for hosting this event and for the CSIS task force; also Congresswomen Lowey and Lee. I think what this group represents is what we've had from the beginning, a very strong bipartisan, bicameral support of global AIDS activity, and what it ultimately represents is the President and Congress's action on behalf of a compassionate and generous American people. I think that's what we always need to remember. We're all acting on their behalf.

I'd like to thank CSIS, and particularly Steve Morrison, for the work they've done. It's wonderful - and the IOM. I think it's great that Mike is here and we've very much appreciated the work of the IOM and are working to implement

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

most of the recommendations which we happen to agree with. A couple, maybe not, but most of them we agree with and we're trying to do what we can to implement them now.

It's wonderful to be here with my friends, the Michels. One of the greatest successes of PEPFAR is partnership, as with the Global Fund, and of course the most important partnership is in country. I see our friends from different admissions here from Africa and it is fundamentally a partnership with the people of Africa, Asia and the Caribbean, but our partnerships multilaterally are critical to supporting our efforts in country, and as Michel Kazatchkine pointed out, we have been working closely together. In fact, he and I have been in three different countries in the last three weeks together talking about the partnership of the Global Fund and PEPFAR.

We've been to two countries together on joint missions, Côte d'Ivoire and Haiti, both Francophone countries. I'd like to say I'd been at a disadvantage in those Francophone countries, but his English is also better than mine, so I don't know [laughter].

We have had an emergency response. We have needed an emergency response, and so PEPFAR has, in the first three years, obligated 94 percent of its resources and outlaid or dispersed, spent 67 percent. That's in three and a half years. I challenge you to find a government or non-governmental program anywhere that moved with that pace, and the reason is

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

because of an emergency, and for the largest international health initiative in history to do that is rather extraordinary.

The rapid utilization of resources has led to extraordinary results, and I'd like to start with prevention, because we've had extraordinary prevention results. Five of the focus countries have reached 50 percent PMPTC coverage, which was the goal of the President's mother and child initiative which preceded PEPFAR, so five of the countries have already achieved that goal and have averted approximately 100,000 new infections.

Sixty-one point five million people have received behavior change education; 1.7 billion condoms have been provided. As Peter Piot said, the American people are providing more condoms than the rest of the world put together, so we're doing behavior change and condom, and this includes deep cultural changes focused on gender changes, working importantly with people in prostitution in a compassionate way but also in a preventative way, working on transgenerational sex, and we'll talk a little bit more about some of the other issues.

Importantly we're also improving the blood supply. In the 15 focus countries we've gone from 37 percent clean blood to 53 percent clean blood in just three years; rather extraordinary prevention success.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Of course we've seen success in treatment as well, expanding to 1.1 million people, and in care counseling for over 19 million people, and care for 4.5 million persons, including 2 million orphans and vulnerable children.

That's extraordinary success, and I think we need to recognize that that's in three and a half years; three and a half years. Now we have to improve on everything, and we're going to talk about that in a moment, but I think we need to begin with, as Michel did, with success, and as Mike Merson pointed out, as well.

Now we're still in an emergency response. I agree completely with Mike that we need to begin to shift to sustainability, but we are still in an emergency response.

All of this great success still puts us in a mode of needing to expand services rapidly, but at the same time we agree with IOM that we need to be shifting along the way, and what that means is maintaining a rapid outlay, a rapid expansion of services while at the same time laying a foundation for HIV and actually using HIV as a platform for broader development programs, and we have to do both at the same time. We have to avoid, in this area as well, emergency versus sustainability. It's emergency with sustainability.

There are a lot of things we could talk about. I'm going to focus on a couple today, because we don't have much

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

time. The first issue I'd like to talk about is our programmatic efforts, and I'd like to begin with prevention.

We - Jen pointed out very pointedly work we're doing to expand prevention. Michel talked about it. I think if you look at every document we have ever published, every statement we have ever made, we begin with the foundation of prevention. We begin with the notion that prevention is the foundation of a successful program. It's in everything we've ever said or done, and in fact we always say prevention, treatment and care in that order.

I think we've seen in public commentaries in the last couple of months' dangerous activity, and that is something that is always dangerous in public policy commentaries and always dangerous, more importantly, in public health, and that's pendulum swings. We've had swings towards prevention. We've having a swing back toward treatment. Tragically, care always seems to get lost in the shuffle, so you actually need prevention, treatment and care.

And Congress got it right the last time, and the President got it right the last time, because we have three goals, not one. We have a prevention goal, we have a treatment goal, and we have a care goal, and we need to do that going forward with all of them together.

When the history of public health was written, I think PEPFAR will be remembered for two things; one the size, but two

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

the scope. The notion from the beginning of saying we cannot succeed without integrating prevention, care and treatment and that just makes sense, because it reflects good public health.

Without treatment no one will be tested for HIV. Why would you go in to get a death sentence? We saw that in this country and we're seeing it all over Africa. As treatment has become available, we see 16, 20 fold increases in people willing to be tested.

Without testing we cannot identify HIV positive persons, which means we cannot focus our safe behavior education toward people who can spread the virus, and so you need to test people so you can identify HIV positive people, so you can improve the prevention programs.

Without treatment and care programs we do not have regular access to people who are HIV positive, so we cannot teach and reinforce prevention messages. It's essential integration.

Without testing and treatment, we cannot medicalize HIV/AIDS to reduce stigma and discrimination, something we saw in this country. As we have medicalization and people have understood HIV to be more like diabetes or hypertension, the stigma begins to fall down. Stigma reduction is essential for prevention; again, integration of prevention, care and treatment.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Importantly, without testing and treatment, we have no hope of identifying discordant couples, which is an area of increased concentration for the need for prevention, and women have absolutely no possibility of getting their partners tested unless there's something that can be provided in terms of treatment, so you need care and treatment for every aspect of an effective prevention program.

Importantly also, without prevention we cannot possibly keep up with the need for care and treatment, and so what we need to do is avoid these pendulum swings, stick with good policy, the good policy Congress adopted four years ago and what the president and Congress got right then, let's stick to that initial and historic insight and avoid pendulum swings.

Currently we are at about 46 percent for treatment, 29 percent for prevention if you include counseling and testing. Now is that the right - and the rest for care - is that the right mix going forward? Congresswoman Lowey, welcome. No, no, no. I know your time schedule is much tighter than mine, so as you all say up here I yield to my distinguished colleague, and more importantly to my funder [laughter], Chairwoman Lowey.

CONGRESSWOMAN NITA LOWEY (D-N.Y.): My goodness, thank you. Thank you for all you do. Now wait a minute. Am I going to have my back - which way am I supposed to be talking? I

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

don't think that's very [interposing]. Well, what's the difference? [Laughter]

Good morning, and I am really very flattered, because the person who just yielded to me is probably the most talented, the most capable, the person who really knows as much or more than any of us here, so I thank you very much.

And I want to thank all of the distinguished guests who are here today, as well as the Center for Strategic and International Studies and the task force on HIV/AIDS for hosting this very important event.

I would also like to congratulate the task force - I guess I'll just do a spin around, right? On your new reports that do provide direction and recommendations for Congress as we consider the reauthorization of PEPFAR.

Your input on so many important topics is absolutely vital to this process, and I've had the opportunity to interact with you at many different occasions and I thank you very, very much for your advice and your expertise. We're all trying to sort through these very critical issues.

As we all know, five years ago the Congress, the President and the American people came together to establish the Global AIDS Initiative, and I think we can all be proud of its exceptional and well documented accomplishments.

This morning's important dialogue about the next phase of the Global AIDS Initiative and the United States'

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

partnership with the private sector, the multilateral community, people living in countries heavily impacted by the pandemic itself is a critical step to build on our achievements and realize a world without AIDS.

Over the past five years we've learned that we can provide treatment to millions of people in the developing world. We've learned that we can provide support, care to millions of children impacted by the pandemic. We've learned that we can reduce newborn infections by implementation prevention of mother to child transmission programs, and while we have been inspired by what is possible, we have also certainly encountered many challenges.

The incident rates continue to increase in African countries. Women and girls continue to be impacted disproportionately by the pandemic. The global need for resources continues to outpace available funding, and without finding new ways to overcome these key obstacles, we all know we simply cannot succeed.

In August I traveled with my committee, with several members of the Appropriations Subcommittee. In Uganda we visited TASO, the AIDS service organization, an amazing organization as many of you know who've been there, to learn about its PEPFAR funded program, and while Uganda's prevention success is familiar to all of us, debate about what actually work continues in Uganda.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Ugandans and all of us are concerned about the recent evidence that suggests HIV incidence is rising again. There are some who believe, and we've had quite interesting debates about this, that the introduction and availability of treatment has resulted in the idea that HIV/AIDS is no longer a death sentence, but that it is a treatable chronic disease as was believed in the 80s and early 90s after the high profile death of Philly Lutaaya. In fact, in talking to many people it was clear that the reason there was, shall we say conflict, in where we go from here, is that after he died people really did think it was a death sentence and they were frightened and this did move them to change their behavior, and now that they know and they have many friends who are living, and we are grateful that they are able to live with HIV/AIDS, many people are treating it as I just mentioned, as a chronic disease.

We recognize this phenomenon, because it certainly has occurred here in the United States, and we know the tragic dangers of its emergence in several developing countries today.

In 2006 for every person who received treatment, another six people become infected, and this statistic, as we know, translates into an additional 60 million infections by 2015 if the world does not act now.

We know that the first PEPFAR program changed the world forever by initiating treatment, and in my judgment, and I know many of you agree, this new climate demands that we

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

revolutionize prevention. We really have got to figure it out, and as you have seen many successful programs. I remember a program at Cape Town University, run by EngenderHealth. I've seen so many programs that work.

How can we really multiply the successes and see the statistics turn around? There are a number of options, as you know, we have to consider. For example, increased investments in vaccines, microbicides, a greater focus on male circumcision, to name just a few, must all be carefully evaluated, and strategies must be found to reverse the growing pandemic among young women and girls. Women now account for nearly 60 percent of those living with HIV/AIDS in Sub-Saharan Africa.

In cases between the ages of 15 and 24, nearly three-quarters of the infections are among women. These staggering statistics raise a number of questions about the unique vulnerabilities of women that must be considered as we recalculate our efforts to stop the spread of AIDS.

We must search for successful prevention strategies together, but I do know that programs that improve women's economic opportunities, provide education to young girls, instill in men and boys a sense of respect and responsibility for the family are key, and these are priorities for which I am fighting in Congress, as well as an increased direct investment to end this devastating disease.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

I'm very proud to share with you that the Appropriations Committee will soon complete action on the fiscal year 2008 funding bills. I expect we will provide over \$5 billion to address the global HIV/AIDS pandemic in fiscal year 2008. I'm not quite sure when that's going to happen or how it's going to happen. If any of you have any advanced advice or ideas, let us know. I know you think we all have a great strategy in place, but we're all trying to figure out how we get this done together.

As you know, as Chairwoman of the Committee, the funds stayed and all the foreign aid programs, I've made combating HIV/AIDS a priority, and I look forward to exceeding the President's commitment of an additional \$30 billion over the next five years, but dollars alone cannot sustain our efforts in the face of mounting challenges.

Our battle plan to end the AIDS pandemic must utilize every weapon we have in the most effective way possible, while coordination of U.S. government agency efforts is essential, coordination must transcend our borders, and I've learned first hand, as you have in your travels, the necessity of working with the global community, with other donors, private foundations, as well as multilateral organizations, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria.

We can and must ensure than our collective effort has a greater impact that the sum of our individual initiatives. I

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

mention the importance of working together because whenever I travel, as on this last trip, I am very well aware that unfortunately I can't spend six months in a country, so if you are there for a day or two, and if you're going from six in the morning until 11 as we do, and you all know Michel and we really had a very informative trip, but garnering from you your advice based on your individual experiences really makes the difference, and there are some experiences that I'll never forget.

I remember being in Tanzania and Arusha and meeting with a Masai - she was a leader of the group, but we visited with the entire village, and this particular woman had run away from home three times, and her family finally let her stay in Dar Salam to get an education, and she came back, and as she visited this village you see that she, and many of you have probably been there, and you see all of the huts around it, and it's very clear how HIV/AIDS spreads in that village. The chief just goes from one hut to another hut, to another hut, to another hut, and as I addressed this group with this extraordinary young woman who was so strong and so determined, you can almost wager that there are going to be changes in that village as a result of her leadership, and as the education she got and the strength of this woman, which many of us have seen replicated many times over everywhere, that can make a difference, and you look at the overall statistics and

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

sometimes we get a little depressed, but you know that if you can invest in education, you can develop leaders that can change one village at a time.

We really can make a difference, and lick this. So I just want to close by thanking all of you. I look forward to working with you. We are all involved with the reorganization bill right now, and the various strategies and everyone has different ideas how to go forward, but I welcome the advice of everyone here and all of you, and I want to thank you again, mark, for your skills, your leadership and your commitment, and everyone who is gathered here today. Thank you very much [applause]. So have a great conference, meeting, and I look forward to getting the benefit of all your wisdom. Thanks so much.

MICHAEL MERSON: Well it was a great pleasure to yield the floor to one of the people who probably the most important person during the '07 vote, one of the most important people in the '07 budget difficulties. Chairwoman Lowey has done an extraordinary job supporting HIV/AIDS in the world. It was a great pleasure to yield the floor.

It was also good because no one remembers how long I spoke for, so now I have a little more time [laughter]. Where we've gotten to is where we are with prevention, care and treatment vision, and again 46 percent for treatment, around 29

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

percent for prevention if you include counseling and testing, which most of the international community agrees with.

Now is that the right mix going forward? I don't know. I don't know that anyone knows, and that's why we actually don't support directives this time around for big ticket prevention and treatment. We only support directives related to ensuring comprehensive prevention, including ABC and for orphan care, keeping in mind the IOM recommendation.

Also going forward we need to recognize a very reality that's been mentioned. We are not the only game in town. We have the global fund, which is a major player, and as Michel said we are integrating more and more every day. There are other bilaterals. There are new organizations like UNITAID, private foundations like the Gates Foundation, the Clinton Foundation, Duke-Ford Foundations, and many others, including the Kaiser Family Foundation.

And so we need to be a part of a puzzle in country to support the national strategies, and we can't shape the piece of the puzzle in advance. We need to have the shape of the piece of the puzzle developed over time as we support the countries, and so I think we need to be careful about these pendulum swings and keep flexibility.

One of the reasons for the pendulum swing is you can talk about treatment much more easily, and when you're doing rapid reporting every couple of months, it's even easier to

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

talk about treatment. Prevention is much more difficult, and it's partially because of the measurements that people are starting to come to conclusions they ought not make, such as prevention has failed. Prevention has not failed. We've seen a stabilization or decline in Sub-Saharan Africa. We've seen 23 percent, 30 percent declines in some key countries. We've seen stabilizations or declines in the Caribbean, yet we see some disturbing increases in other parts of the world.

Something we need to remember about prevention is that it is far more difficult to change human behavior than it is to care and treat, as difficult as care and treatment is, and we're talking about generational changes, and things that cannot be measured, because prevalence is actually a look backward, not a look forward, and we don't have good incidence markers right now.

So I beg all of us to have a little policy view of this and to remember that we need a balance and to have a little patience and persistence. We've been at this for three and a half years on generational activities for changing people's behavior; people's behavior around their sexual activity, people's behavior in terms of gender relationships. This is going to take time, and if we jump too quickly we could actually harm things.

But there's also no question that we need to improve what we're doing, and I think for the most part the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

recommendations that have come forth from the Institute of Medicine, from the Kaiser Family Foundation and the CSIS are actually solid recommendations, but I also think we need to remember what the data show as we look forward, so I just want to highlight three things.

One, the available data are overwhelming, and I came to this as a treatment scientist, not a prevention scientist, so I've had to look at all the data, but to me the data are overwhelming that in generalized epidemics such as where we're doing most of our work we need A, B and C, all three components, and the data show that that will be the most effective approach to behavior change.

It's also important to understand that ABC is not as simple as letters sound. We're talking about deep changes in human behavior, deep changes in cultural behavior. We're talking about delaying when you become sexually active until you have a partner. We're talking about reducing your partners, and this is where we've seen a lot of success in terms of partner reduction; importantly both casual partnerships and regular partnerships, multiple discordant partnerships. We're talking about teaching youth at a young age, because it's much harder to teach a 25-year old behavior than a 10-year old going forward. We're talking about teaching youth to respect themselves and each other, which actually has a tremendous impact on gender, and we're already starting to

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

see this in the youth, teaching kids to respect themselves and others, but it's going to take time.

We're talking about identifying discordant couples, which requires treatment, and our counseling, testing and treatment. We're seeing a significant contribution to the epidemic and focusing programs on discordant couples. We're talking about dealing with transgenerational sex, older men prey on younger girls. We're reducing stigma against people with HIV/AIDS, but also reducing stigma against people who choose health behaviors, particularly in the West. Someone who chooses to delay their sexual activity or reduce their partners is not making an aberrant choice, and we need to stop stigmatizing them for doing so.

We need to prevent sexual violence. Again, life skills is an essential component of that, teaching kids to respect themselves. We need to teach correct and consistent condom use for people who are sexually active, because anyone who is sexually active in a high prevalence place is at high risk of HIV. We need particular use on condom use in discordant couples, which means we have to identify.

This is all ABC activity. It is not a simple thing. This is a deep seated cultural change, a behavioral change.

The second important lesson is one size does not fit all. You have to know your epidemic, and this is an important insight that came out of the IOM and out of CSIS. You need a

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

much different approach in a generalized epidemic and a concentrated epidemic.

The thing that's not overly understood and sometimes it's complicated is that we don't have the same approach in generalized and concentrated epidemics. We have radically different approaches in Vietnam than we have in Kenya, so we don't apply the current directive on a country by country basis. In fact, we ask countries with concentrated epidemics to deal with their concentrated epidemic.

It's also important to understand that individual countries can have concentrated and general epidemics, so in a generalized epidemic you still need to identify people engaged in prostitution and deal with that. We need to focus on people at high risk. We need to focus on discordant couples. You know, Uganda has had such a tremendous success with ABC programs in the youth, that their highest risk right now is discordant couples, so you've got to know your epidemiology and follow it, and that required better epidemiology, and that's something we're all doing better at, and UNAIDS has been one of the leaders in teaching us how to do this.

The third lesson is we need to move prevention to the next level. We are still doing approaches that we were doing 20 years ago. We've got to move into the 21st century with prevention activity. We've got to engage with people who know

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

how to change kids' behavior and how to change behavior among people as they grow older.

Importantly we need to do what was mentioned, which is focus on prevention like we focused on treatment, so we're actually talking about combination prevention to mirror combination treatment.

We have a lot of good programs, but they're individual type programs, and we have to hit kids at every turn, which means some kids will listen to faith leaders to a certain age, some not at all, so you need to engage the faith leaders, but kids - we need to engage kids in school, but then kids will leave school. You've got to hit kids at every turn, and that means combination prevention. That means geographic combination prevention and putting all the good programs in a single place, and we have some fascinating and exciting new programs to do that.

We also have to create more effective approaches to the older population such as discordant couples, and again we're behind there, and discordant couples are going to be one of the most complicated groups to deal with because they will not use condoms in regular partnerships, and so we have to really step up our activity there.

We also have to implement common sense approaches because it's an emergency, so even where we don't have data, such as gender and job opportunity and other things that make

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

sense in terms of prevention, we need to implement them, but we also need to evaluate them in real time, and if gender interventions about job creation is shown to decrease HIV in a significant way, then it's the purview of PEPFAR. If they just show that they improve women's empowerment and give people jobs for development, that's someone else's responsibility, but we need to know that and we need to begin programs, and we're actually doing this.

Jen pointed out a number of the areas we're growing in these areas, and we're doing it now. We also need to modularize our prevention activities so that we can scale them up as rapidly as possible.

The fourth thing we need to do in prevention is rapidly incorporate the latest scientific advances, including male circumcision.

PEPFAR is by far the most aggressive organization in the world right now, working closely with the Gates Foundation on these approaches, and it might be very important in discordant couples where the woman is positive and the man isn't, and we need to focus on that as well.

There's a misunderstanding that in discordant couples it's all men who are positive and women are negative. In fact in many countries there are more women positive than men in discordant couples, so we really need to focus on male

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

circumcision but do it intelligently where prevalence is high and where people are at the highest risk groups.

We need to focus for the future on pre-exposure prophylaxis, microbicides, vaccines when we get them, and we also need to incorporate the latest scientific advances in evaluation.

We hope to have an incidence marker not only validated but calibrated in the next six months, and that will radically change our ability to effectively look at our prevention programs.

The other big problematic area we need to work on is connecting the dots of development. As I mentioned, PEPFAR has succeeded because of our partnerships with countries. Eighty-three percent of our partners are local organizations.

Michel and I were just in Haiti and we saw a program posed that jointly is supported by PEPFAR and Global Fund to build local capacity to expand their programs for general health.

Like the pendulum swing in prevention, treatment and care, the current commentaries on public debate about health systems and other things are a lot of comment but not a lot of substantiation. The chairman of the Institute of Medicine has said that PEPFAR is building, has sustainable health systems. A peer review paper from Haiti showed how HIV programs expanded dramatically in the health system. A recent report from Rwanda

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

shows how HIV/AIDS dollars increased family planning and antenatal care in 17 of 22 non-HIV/AIDS indicators.

Importantly, data from Rwanda and Zambia are showing marked reduction in hospitalizations; 30 percent reduction in hospitalizations in Rwanda because of HIV/AIDS programs. You just increased the health capacity by 30 percent by reducing hospitalizations by 30 percent.

These are the things we need to talk about in terms of what HIV/AIDS is doing to improve the financial and human resource and physical space systems, but we also need to do better at what we're doing, and we need to concentrate on connecting the dots of development. We're doing this. We're working with the President's malaria initiative, the Millennium Challenge Corporation, the UF process, to ensure that we are an integrated program expanding all programs, and we need to do it in a more systematic way.

It's important to remember that PEPFAR is part of a much larger hole. President Bush has doubled resources for development, quadrupled them for Africa, all with strong bipartisan support. There's the Millennium Challenge Corporation, the President's Malaria Initiative, Women's Justice Empowerment Initiative, African Education Initiative, not to mention debt relief and doubling of trade. We are a piece of all of that.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

PEPFAR, and as we talk about reauthorization, is responsible for a piece of development, not all of development, and so we cannot and should not become U-S-A-I-D, or MCC or PMI. We are part of a larger whole and should be responsible only for the piece that is directly related to us.

Finally we need to improve our indicators, and we're working on the process to move from outputs to outcomes. We've engaging many stakeholders, including the Global AIDS Round Table so we can improve our indicators, and if we improve our indicators we can then improve our programs.

Just a few thoughts; I'd like to end by pointing out something that the Minister of Health in Haiti asked with Michel there last week. His first question to me was what happens next? The first question we have been getting from every Minister of Health is what happens next?

Now there's a big difference between policymakers in countries and implementing agencies and implementing partners. From policymakers they are very concerned about what comes after PEPFAR and they're anxious about scaling up programs in 2008, so we believe we need to act now. We need to act rapidly, and the Ministers of Health in virtually every country we're working in would agree with that.

Not at the cost of quality; we need to think together about how to have a good program, but we need to move, and so President Bush has called for early bipartisan action on

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

PEPFAR. We are committed to working on that, and we will work with you.

One of the things the IOM said about PEPFAR is we're a learning organization, and the greatest risk going forward is that we lose that, that we become a bureaucracy, and we will become a bureaucracy if we all start getting into spheres that we need to do this or we need to do that. We need to let flexibility go, and we need to learn as we go.

Through PEPFAR and a broader development agenda, the American people are engaged in one of the greatest humanitarian efforts in history, and I don't think we ought to forget that.

The foundation of the success is partnership, rejecting donors and recipients, working to support countries in a unified way with all of our partners, multilateral and bilateral. Partnership is founded in a profound sense of the dignity and worth of every human life, and this belief and action based on this belief is causing great hope among individuals, communities and nations, and is actually transforming individuals, and communities and nations and in the case of Africa, and entire sub-continent.

And importantly the people of those countries have a new window into the hearts of Americans and know what we stand for, and that we stand with them. This was made clear by President Mogae of Botswana and President Kikwete of Tanzania last month when they were here and thanked the American people

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

for what they're doing to support their people, and as President Bush has said, what we are doing is also good for our national character and who we are as a people.

So this great work of which PEPFAR is a part, this noble and ennobling work has only begun, and working together we need to expand it by respecting the dignity and value of every human life through hope and through the power of partnerships, and together we can do all of those, so thank you all for what you have done and we've enjoyed greatly working with you, and we look forward to working with you more and more [applause].

J. STEPHEN MORRISON: Our next speaker, Michel Sidibe, is the Deputy Executive Director of UNAIDS, has come all the way from Geneva to be with us today. Welcome.

MICHEL SIDIBE: Thank you very much, and let me start by saying congratulations to [inaudible] and particularly to the leadership of Stephen Morrison, who is helping us really to keep our attention on critical issues, and fosters a space for public debate, which is certainly what is missing to make a difference in the fight against HIV/AIDS.

I want also to congratulate the Senators Feingold and Sununu and also the Congresswomen; I think we have just had the privilege to meet Lowey, talking to us and also Barbara Lee. I think their dedication and commitment inspire us. Let me also congratulate my two good friends, one on the left, Michel K,

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Michel Kazatchkine and Ambassador [inaudible] Mark Dybul for their leadership and fine talk.

I think it is so critical for us to have them [inaudible]. Billions, literally billions of dollars of public funds dedicated for combating this epidemic, but what I want really to say in a few minutes because I have five minutes to talk, is that in 26 years we are really in the turning point. We cannot continue any more to just focus on emergency response. It's time for us to have a long term view, to try to look at what are the major societal drivers, and I have you presenting some of them.

It's surely interesting what is happening in the respective setting today and how we deal with those societal drivers, how we make sure that we don't limit our effort on biological drivers which we know are certainly important, but how we move to that one, to more structural issues which are critical for us.

[Inaudible] any doubt, defining issues. I can even say that it is certainly the most critical leadership challenge of our time. I know that we are facing a period where people are talking about normalization of HIV/AIDS. I know that some people are saying that too much money are investing in AIDS, but let me just ask you if it's really time for a disease that will kill almost 8,000 people every day, to call that epidemic

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

a normal epidemic? I think it's time for us to look at the complexity of this epidemic.

This epidemic is teaching us every day that we cannot deal with it with a simple remedy. You are facing today a major feminization, gender issues which you have been talking about. We are even seeing reverse in some development achievement. You can take the main profits in Botswana, as was mentioned by Ambassador Mark Dybul, as the success countries, but we are losing almost 8 percent of that profit every year due to HIV/AIDS.

Not mentioning what is happening in Zambia on tourism, where they are losing almost 11 percent of their staff to support these critical areas of their work. We are facing one of the major social crises, which is building up in my own continent with more than 15 million orphans. We are seeing every day, everywhere that AIDS remains attached to the critical issues of abuse, human rights.

We can say that it is a normal epidemic. We can say that it's time for us to move on. It will be terrible. It will be terrible for the millions of people without ways.

And I want to take one second to really thank the American people for their commitment and their full engagement making this epidemic and exceptional one, and to really find through their generosity, the way to maintain it as a priority of other years.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

I want just to say that PEPFAR is working. I don't want to repeat what Ambassador Dybul or Michel Kazatchkine were saying. It's working in a very simple way, because it's producing results.

I was here, I remember, and some of you were in the room when Morrison called for the same type of meeting. It was the beginning of PEPFAR and Mogae was here, the President Mogae from Botswana, and we remember that day that we were not talking about results of PEPFAR. We were just talking about it's possible. How will we do it? And Botswana was having less than 25 percent of mother to child prevention, PMTCP program. Today there are almost reaching universal access. This is just simple like that. I don't want to go to all the numbers the Ambassador was giving you.

What is more important for me to underline is the hope. No one was talking about hope. Millions of people were outside there. Their single hope is to make sure that those resources will not disappear. Those resources will help us to reinforce the system to make sure that they continue to get the services which is vital for them, so it's a resource which is giving hope to millions of people, to inspire also many other donors to join the fight, [inaudible] financial resources available for problems and help it to build a new partnership with communities and we saw that during the implementers' meetings in Kigali.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Like any other startup programs, we learn a lot. I am privileged because I am responsible for programs in more than 100 countries of UNAIDS, traveling a lot, interacting I can say in almost a daily manner with PEPFAR groups, and if I want to share few lessons which I personally feel, which could be important for the future to keep in our mind, I will just say four are critical.

The first one is really how we better coordinate, how PEPFAR, through the reauthorization will help us to better coordinate the technical support and financial resources which are made available at country levels in order to align those resources to evidence based, priorities well costed national operational plan.

For me that is the first things which is very important. I heard about harmonization. I heard about simplification, but harmonization will never happen if we don't have well prioritized, costed, evidence based plan.

It is difficult for anyone who is invested to invest without a strong national plan, an operational plan, so this alignment will happen and this harmonization will be more effective if that is happening.

This other one which is very important for me is multiyear funding. It's important. It's very difficult for any country to make a difference if you don't have the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

opportunity to plan ahead. If [audio gap start 1:30:33] [audio gap end 1:30:40]-

JANET FLEISCHMAN: -Eliminate those restrictions, but we also need to come together and set out clear priorities for action to make a gender policy, and I think this is a moment when, as we're debating the funding levels and specific allocations for the next phase of PEPFAR, Congress should recognize the fundamental importance of gender policies and programs for an effective, sustainable and cost-effective global AIDS strategy. That means mandating that the gender related programs receive significant levels of new U.S. investment going forward in the new PEPFAR.

Obviously the longer discussion of these issues and the progress made thus far in PEPFAR and some of the gaps and weaknesses are all covered in the report that you have copies of, so let me just run through some of our key recommendations on this, and how we see this is as the best opportunities for moving forward.

Now, some of this is clearly directed at Congress in terms of legislative changes, and some of this is about how OGAC itself can be looking at implementation to ensure more effective gender policies.

The first area to focus on is strengthening evaluation and investing resources in what works. There's been -
Ambassador Dybul talked about needing to move forward in real

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

time, figuring out what works and what is the HIV outcome of looking at the gender programs, and I think that's critical. We need to be developing indicators and monitoring mechanisms on gender, conducting gender assessments in PEPFAR country programs, strengthening PEPFAR's technical capacity on gender, investing in wraparound programs and coordinating funding and programs with other health and development programs.

Let me just go back for a second to that question of wraparound programs. In a way, that's what Ambassador Dybul was saying when he mentioned connecting the dots to development. The reality is that there's great confusion about how do you do wraparound programs and what does it mean? And we need to have guidance to the field and look at how we are linking the HIV/AIDS response with issues of education, with issues of reproductive health and family planning, with issues of legal reform, with issues of economic empowerment for women and skills training.

It's complicated, but we have to look at what's the HIV/AIDS piece of these other programs and how PEPFAR can help leverage the response, and that's an area that I think we're going to have to really look at in the new PEPFAR.

The second area is expanding PMTCT coverage and strengthening linkages with reproductive health and family planning. As we know, except in a couple of countries, the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

levels of PMTCT coverage are very, very low, and this should be an area that we could get right.

We should, I think, in the new PEPFAR be looking at requiring country specific strategies to increase PMTCT coverage and strengthening the linkages with reproductive health programs, and looking at what are the obstacles that women face in accessing PMTCT programs.

We need to be looking at ways that we can be training the providers of PMTCT, of VCT, of ARVs to include training on family planning and reproductive health and vice-versa, so that it is a much more integrated approach to reaching women and girls, and by strengthening reproductive health programs as an entry point for HIV/AIDS and vice-versa, we have a much better chance of reaching women and girls with the kinds of information and services they need at the places where they are most willing to go for information and care.

The third area is expanding comprehensive prevention approaches. There's a lot of talk about ABC. I think many of us have talked about this in many ways over the years of PEPFAR and I think it is quite clear that we need to expand and strengthen prevention approaches that go beyond A, B and C, but particularly beyond A and B, which is a way to address the gender related barriers that women face in prevention, increasing programs focusing on violence against women, link to their HIV status, strengthening prevention programs, working

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

with men and boys, modifying or eliminating the policy restrictions emanating from both the legislative and executive branches of this government that themselves are creating barriers to effective HIV prevention among certain populations, and that is particularly looking at the abstinence earmark, the prostitution pledge and the Mexico City policies.

And finally looking at how do we actually operationalize gender programs? Because in the end of the day, that's what we fail to do, and part of that's going to involve issuing guidance to PEPFAR country teams to outline expectations for programs targeting women and girls under care, prevention and treatment.

It means expanding PEPFAR's existing gender strategies, which in and of themselves are very strong, by adding a new focus on integrating reproductive health and family planning with HIV/AIDS, again for the HIV/AIDS outcomes this is a crucial strategy and one that PEPFAR could have great impact by expanding.

Creating a gender focal point in every PEPFAR country team would give them the internal expertise to strengthen the capacity of PEPFAR and of their partners.

Enhancing coordination of gender strategies with other partners, including, of course, national governments, international donors and very importantly civil society groups and ensuring that women living with HIV/AIDS and women's groups

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

are actually participating in the design and implementation of programs that are targeting women and girls. That's essential if we're going to get it right.

So these are some of the recommendations that we've outlined for moving forward and we'd be happy to take questions in the final session. Thank you [applause].

J. STEPHEN MORRISON: Thank you, Janet. I want to point out that there will be a conference November 30, correct? I mean October 30, I'm sorry. Zoe Hudson, from the Open Society Institute kindly brought to our attention a major paper that she was involved with which she will explain, authored by several experts at Yale Medical School.

We will be publishing the full report in early December at a task force event, and Zoe thank you so much for bringing this to our attention. I think this is a major contribution. Thank you.

ZOE HUDSON: Thank you. You all have been very patient sitting through almost two hours of speeches so far, and I think we'll come to the Q&A session soon.

The good news is that we've also come to the sex, drugs and rock n' roll portion of the program and I will do this quickly. CSIS, I think to its credit, has been trying to stay ahead of the curve in the analysis about the U.S. response to the global HIV/AIDS epidemic and one of the major pieces of this paper that we've published is to redirect attention to HIV

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

epidemics outside of Africa, so one of the goals in the coming years is to make sure that the U.S. has a truly global response, that we can respond to specific HIV epidemics and to direct resources where they're needed most, and so the alarming statistic is that outside of Africa one-third of all HIV infections are from injection drug use, and so the U.S. response outside of Africa has to address injection drug use.

The other important driver here is that these drug driven epidemics are taking place in large, populous countries like Russia, Indonesia, Malaysia and China, so even small percentage increases in HIV prevalence mean large numbers of people, so you rapidly move to millions of people living with HIV through drug use in places like China and Russia.

So what are we proposing as a policy solution? The international community is united on a three pronged approach to address HIV among drug injectors. Those three components are needle and syringe exchange, drug treatment and linkages to health and social services.

For the U.S. portion of the response the paper proposes that we're uniquely positioned to make a significant global impact on the intersection between drug treatment and HIV prevention. It's not a complicated logic. If less people are injecting drugs, they are less at risk for HIV.

The good news, if we can call it that, is that most people who inject drugs inject heroin, and heroin is uniquely

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

suited to drug treatment. It has some of the best outcomes for drug treatment services, particularly with two medications, methadone and buprenorphine.

To be clear, the PEPFAR program should not fund all drug treatment. We're not proposing that the PEPFAR program become the U.S. arm of international drug treatment programs. What we are proposing is that the PEPFAR program target people who inject drugs or who are at risk of injecting drugs, and that that narrow focus can yield significant results in global HIV prevention and targets.

So methadone and buprenorphine, as I mentioned before, are the gold standard of drug treatment for heroin injectors. They reduce injection by, on average, 50 percent, and the longer people stay in drug treatment, the greater those numbers become, and so the goal for any drug treatment program is to keep somebody in treatment for as long as possible.

The bad news is that these services are almost non-existent in the developing world right now. You'll see in the paper there's a chart of the 12 countries which we surveyed. Ten of them were outside of Africa and two were inside Africa where we're seeing emerging drug driven epidemics, so in half the countries that we surveyed there were no services whatsoever. This means that people who are addicted to heroin, who seek effective treatment, cannot find it in their country.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

China and Malaysia distinguish themselves by being on the road to full scale treatment, but there are significant gaps in coverage and problems with the way that those programs are delivered that limit their effectiveness as an HIV prevention strategy, and so the U.S. can do more with the international community to improve those programs.

Outside of China and Malaysia in the handful of countries that have introduced methadone and buprenorphine, none of those countries have met even 5 percent of the need, so that's a rather alarming statistic, and unless you bring that number up dramatically you will not see any impact on the HIV epidemic.

We've called this phenomenon death by pilot, and so if you travel to many of these countries they'll say oh no you're not coming with another pilot. What they're asking for is to bring these pilots to scale.

And then just one word about Sub Saharan Africa, which is, as you know, the epicenter of the global AIDS epidemic and I'm sorry to say that on top of the nature of challenges that they're facing, they're about to face a growing challenge of injection drug use, which will have profound impacts on the other efforts under way to prevent HIV/AIDS in the region.

In Kenya, for example, one in four drug users are already HIV positive, and those numbers could grow very quickly and most countries, once HIV is introduced into a drug using

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

population it tends to grow by about 15 percent a year, so what are we proposing that PEPFAR can do in the next five years?

It's not that complicated. To its credit, the office of the Global AIDS Coordinator has issued guidance authorizing methadone and buprenorphine treatment, but there are two key constraints in the guidance as it's currently written.

First and foremost, the guidance targets HIV positive people for methadone and buprenorphine treatment. This is absolutely needed for those populations, but both HIV positive and negative people need access to methadone and buprenorphine, and the U.S. is missing an important opportunity by not targeting resources for people who HIV negative and helping them to remain negative.

It's also important to note that the U.S. has only authorized funding for medications in one country, which is Vietnam, and sadly methadone is still not available in the country, although I think the U.S. has done a tremendous amount to try to help the Vietnamese bring it to scale.

The focus elsewhere around the world has been on technical assistance for these programs, and while that's needed, it's not enough, and so we'd urge the U.S. to move toward funding methadone and buprenorphine in other countries with drug driven HIV epidemics.

We also propose that the U.S. scale up access to methadone and buprenorphine and in short this will mean in some

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

cases introducing programs where none currently exist, and in other countries it means bringing pilot programs to scale.

Other panelists noted the importance of an integrated approach to HIV prevention programs and it's no exception here. People using needle exchange programs should be referred to methadone and buprenorphine programs and those people who are relapsing in drug treatment programs should have ready access to needle exchange programs.

Finally we do want to ask the United States to focus on the growing problem of drug injection in Sub Saharan Africa, and here the United States is uniquely positioned to help with better surveillance systems, so nowhere, with the possible exception of South Africa, do we have good data on the growing problem of drug use and HIV injection. Where we have surveillance systems they're focused on prenatal services directed at women, and that just misses the vast majority of early drug users entirely, and so I think the U.S. could make a real contribution in helping to improve surveillance systems.

Those are the highlights. I'd encourage you to read the paper and we'll be here for the question and answer period. Thank you [applause].

J. STEPHEN MORRISON: Thank you. I think Senator Sununu is here.

[Laughter]

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

We're proud to welcome Senator Sununu, our co-chair of the task force. Senator?

SENATOR JOHN SUNUNU (R-N.H.): Thank you very much. I think I'm on time. I hope I'm on time [laughter]. The calmness of the room as I walked in, though, gave me the feeling that I might be a little bit late. I don't think that's the case, and I apologize if it is.

I really just want to take four or five minutes to give you a bit of my perspective on progress we've made in the reauthorization process, and then what's the format? Are we taking questions? What would you like me to do? [Interposing] Okay.

We'll open it up for questions, and I only hesitate because that's something of an open-ended offer to give to a United States Senator [laughter]. We may be here longer than you want, but I'll try to keep my answers brief and not take too much of your time, because I know that you've got a pretty full agenda.

I want to begin by of course thanking the task force for its work, the stakeholders that have participated in their work or have worked as activists in other areas dealing with the AIDS, tuberculosis and malaria in Africa and in other parts of the world. It's taken a lot of work to get to where we are.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

There's a lot of consensus that's out there that I think we need to take advantage of as legislators and as policymakers.

There's some disagreement as to exactly how to pursue in certain areas, but it's very important work. It's important work because I think it's - you'd be hard-pressed to find a more significant or devastating issue affecting people's lives, people's livelihoods, potential for future prosperity, quality of life. Really there's no greater humanitarian issue facing the world than the impact of HIV/AIDS, tuberculosis and malaria, and so I think we need to recognize its importance as a priority in a legislative session and in a world where there are many other competing priorities, but I can't think of anything that's more pressing than this, so I appreciate the work and the dedication and the commitment of the people in this room.

Next I think it's important to understand how much progress we've made and in part to be successful as we go through PEPFAR reauthorization and other efforts to deal with these issues and to fund these issues. It's important that we recognize the progress that's been made, both in terms of funding - I think if you're a member of Congress or a senator you always have a reasonable understanding of dollars and cents, whether it's \$4 ½ billion last year, whether it's the \$30 billion request over five years for reauthorization. We

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

can fit that into a big budget. Those are very large numbers and they should be large numbers, but we can fit them into a budget.

But also to talk about progress that's been made in a more human context; having 1.5 million people on ARVs, the degree to which PEPFAR and Global Fund have been able to distribute bed netting and treatment for malaria. I think it's very realistic to talk about the number of malaria deaths that have been prevented, not in terms of hundreds of thousands, but in terms of millions, and also to talk about the importance and the value of prevention in slowing the spread of HIV, certainly in parts of Sub-Saharan Africa, but at the same time the infection rates remain very high, and I think that's something that needs to be a priority in reauthorization is making sure we strike a balance on both prevention and treatment.

But talking about the benefits and the human impact of funding that's been allocated to date and programs that have been implemented to date is important because that provides legislators that might not be focused on these issues with incentive to either increase their level of involvement or, quite frankly, to vote for a good reauthorization package when we get there.

So as stakeholders and people that are interested in the debate, you may all know what the impact has been over the last four or five years of both Global Fund and PEPFAR, but we

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

need to continue to share that information with the public and with members of Congress, and even members of Congress that have been supporters of PEPFAR or Global Fund, they may not be fully aware of what's really been taking place around the world and what the scope of the impact has been.

Second, moving to process and politics, it's important that we approach PEPFAR reauthorization as apolitically as we possibly can. We're talking about foreign assistance. We're talking about humanitarian assistance for regions of the world that have been hit hardest by the epidemic of HIV and AIDS.

There are always going to be differences of opinions about the best approach in certain areas of these programs; however, there's just too much consensus to allow those differences to overwhelm the debate, so we need to undertake the reauthorization process in as open a way as possible, and that means on the right there have at times been people, organizations that are focused on a particular social agenda or social concerns and those may be legitimate concerns, but again they can't be allowed to overwhelm the debate, and on the left there have been a lot of constituencies that just don't like President Bush and so they've allowed sort of their dislike for this president to sort of overwhelm or shape their approach to reauthorization, but this is a reauthorization that needs to work for this administration and future administrations, and so what does that mean?

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

That means we need to minimize the number of earmarks that are in the legislation. It means we need to take a balanced approach to both prevention and treatment. The treatment is very, very important. It's been a great success story in increasing the number of people on ARVs, but prevention is critical if we're going to do a better job of reducing the rate of infection, and an ounce of prevention being worth a pound of cure; it's a very old adage, but it's true in this case as in just about any other area of humanitarian action you can think of, so it's got to be a balanced approach in terms of prevention and treatment.

And I think we need to make sure we maintain as much flexibility, both in deciding what that appropriate balance is, and flexibility for the administration of the program, both in striking that balance but/and in terms of reacting, because we're going to do a reauthorization, we don't know what specific challenges are going to confront the delivery of these resources and support, education around the world three years from now or four years from now or five years from now, but I would want a program and a reauthorization, whether it's two or three or four or five year reauthorization, that gives flexibility to those managing the allocation of resources some additional flexibility in responding to whatever those challenges may be. They may be political challenges. They may be economic challenges. They may be cultural, social

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

challenges, not just where the programs are being overseen, but they could be challenges that we suddenly face in Congress, an unexpected political debate where flexibility at the administration level is helpful in overcoming the obstacles.

The third thing that I want to touch on, because I think it's important, and it's not specific to PEPFAR reauthorization but important to maximizing our success in dealing with HIV infection, tuberculosis and malaria in health care generally, and improving condition of health and human services in Sub Saharan Africa and elsewhere in the world.

It is issues of governance. I think given the interest and commitment everyone in this room has to improving conditions of life, opportunities for success in the parts of the world that are hit hardest by these epidemics, I think we need to be honest about recognizing the importance of good governance in facilitating support for dealing with this epidemic and in minimizing the impacts of these epidemics.

Governance is absolutely essential to wealth creation and economic opportunity, and wealth creation and economic opportunity is absolutely essential to having better systems of distribution for medical equipment, for ARVs and for that which is needed to treat these epidemics, for the health care infrastructure that supports NGOs, the health care workers that are out there in the field dealing with these epidemics, the communications infrastructure that's necessary if you're going

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

to have a strong and effective effort at education and prevention. Those are all driven by economic development, and economic development is affected to an enormous degree by governance issues such as movement to market economy, dealing with corruption, an education system that educates men and women, boys and girls equally. These are the foundations of strong social systems, strong cultural systems, strong economic systems, and you can look and see enormous disparities between performance in those countries that have improved the administration of government and management of the economy and those that have gone the other way, and I don't think that can be left out of this debate because the impact of those good choices where governance and economics is concerned has the potential to dwarf the amount that's being contributed on a humanitarian basis, not just by the United States but by all of our partners.

Talking about important sums of money, five and six and seven and eight billion dollars a year from PEPFAR and the Global Fund combined, but as important as those resources are in a \$100 billion economy that's growing 10 percent a year rather than 5 percent a year is creating \$5 billion more in wealth than it otherwise would, and many of these economies are much more significant than that, so we can't leave that out of the debate.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

I thank you for your interest. Thank you for the invitation to be here, and thank you very much for all the work that you've put into the task force. [Applause]

MICHAEL MERSON: Senator, as the co-chair, I'm Mike Merson. I'm from Duke but I'm really here discussing the Institute of Medicine report and for the sake of time with Congresswoman Lee here, maybe I could just ask a couple of questions that you could respond quickly to on behalf of the group. One is your first comment in particular dealt with the need to mobilize the Congress to get some champions around this. What has been your experience about what people in the room can do specifically about PEPFAR, about global health? I know you've been interested in global health in general, but at a time with an election coming up and all the issues we're all dealing with, what are some of the real critical issues for getting a core group of senators, let's say, to really support PEPFAR? That's one question.

And then maybe I'll just ask the second one you can comment on. We've talked a lot here about the workforce issue and the real challenge of whatever programs the U.S. government is going to fund in Africa. How are we going to address that, and is the Congress - there's legislation pending now and is there hope that we can do something additional about that?

SENATOR JOHN SUNUNU, (R-N.H.): Well first the point I made in my opening was that it's important to share with

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

members of Congress in your interaction with them and others', information about what's been done to date, where the impact has been. The statistics that I went through at the opening about the number of people that are in treatment, where infection rates have gone down, why they've gone down, how PEPFAR/Global Fund has helped to create those successes, and sharing at every opportunity that information with Congress.

I would love to have more allies in this effort, but at the same time I'm the first to recognize I have many Congressional allies in this effort. I'm not standing here as an individual, and I'm sure there are many in Congress that have been working on these issues as long or longer than I have.

I only came to Congress in '96, probably started pursuing these issues very aggressively in 1999, so there are many engaged champions, but there are also a lot of members of Congress on the periphery that don't have or haven't really seen the data and the information that's been developed over the last two and three years to demonstrate where and why success has been achieved in Africa and around the world, so that was my point about helping to engage more people in the debate and that can be done through visits in their office, visits with their staff, organizations that are working on these issues back in their home states or districts where

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

there's a relationship, but the point is to share the information, share the information with them.

The second question?

MICHAEL MERSON: About the workforce?

SENATOR JOHN SUNUNU, (R-N.H.): Sure, well workforce is important. I think you're talking about the workforce necessary to administer and deliver and implement, sure [interposing], and I think there are some things that we can do at the Federal level, sort of on the margin, that highlight the importance of pursuing effort and work in these areas; however, I think the most important thing we can do is to provide a strong reauthorization and consistent funding that sends the message to the world to people in these health care areas that this is something that's a priority for their country. This is an area where they can have the maximum impact as an individual or as someone that's committed themselves to the area, so I think the workforce and prioritization that's made at the personal level to pursuer work in these areas often follows work of Congress to make it a priority to provide a consistent commitment, which is what a five year, six year reauthorization is all about, and then to follow it up with real dollars and real funding.

That's about as strong of a statement that can possibly be made to people that would seek careers in this area. Thank you all very much [applause].

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

MICHAEL MERSON: Thank you very much, Senator Sununu. We're thrilled also to host today Congresswoman Barbara Lee, familiar to many of you. She's been a champion of HIV/AIDS leadership by the U.S. for many years in her role on Appropriations where she has introduced over the years several different innovative funding bills related to the Global Fund, PEPFAR, orphan protection and most recently has undertaken through HR 1317 with Congressman Shays, a very important bill related to the gender and prevention issues.

Welcome, Congresswoman Lee. [Applause]

CONGRESSWOMAN BARBARA LEE, (D-CALIF.): Thank you very much, Michael, and let me thank you, Stephen and CSIS for continuing to be an organization doing the work that we need done to make sure that this issue continues to be a bipartisan issue and that we have the validators, the researchers and all of those - all of you who really can help us make HIV and AIDS a thing of the past one day. I mean that's what this is about, saving lives, stamping this disease from the face of the earth, and your work is so important in that effort.

Let me just also to the task force members Senator Feingold and Senator Sununu, the honorary co-chairs of the CSIS task force on HIV and AIDS how remarkable their work has been, and once again this has been bicameral. I've been here since '98. It's been bipartisan and in this place there are very few issues that can be bipartisan or have been bipartisan, so it's

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

been a remarkable journey and much is left to be done, and so these reports and what you're doing here today is extremely important and very timely.

I was one of the five original coauthors of the legislation that created PEPFAR in 2003. We actually had written a bill the year prior to that, got over here into the Senate and didn't go very far until the following year, and so we have been working on this day and night for many, many years, and so it's good to see some of the progress that's been made, but we have a lot more work to do.

We have really begun, I know as you heard from Senator Sununu, with regard to the antiretroviral treatment - what is this now, about a million, 1.1 million people? While the Global Fund has reached over 1.1 million people with ARVs, but the reality is that over 7.1 million people are in need of treatment, and so again, what you're doing here today and what your work is all about - yes, prevention has got to be a focus but also we can't forget that treatment is still necessary, and so I'm glad the debate about prevention and treatment in terms of which is more important has been a debate that we probably won't need to engage in now, because I think everyone knows that a comprehensive approach to this pandemic is what is necessary, but we do have to make sure that the prevention piece is strong and robust and we find more ways to enhance prevention without sacrificing the treatment, because as I said

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

there are an additional 7.1 million people who are in need of treatment.

Now I served on the Foreign Affairs Committee, formerly the International Relations Committee for eight years, and now I'm on the Appropriations Committee and I serve also on the Labor, HHS Subcommittee and Foreign Ops Subcommittee, and so of course our Global Fund resources and money and for the Global Fund and PEPFAR come through these committees, so once again we're very involved in crafting the appropriate reauthorization bill that we can, and my commitment is to work like I have been to fully fund what the President asks for, but of course for me and beyond that, but some of the issues that we have discussed, and let me just take a minute to introduce, for those of you who don't know, Christos Tsentas on my staff who has really led this in my office for many, many years and his remarkable work keeps us focused, and thank you, Christos, and so some of the issues I'm going to lay out right now, of course Christos and I have worked on, and he's convinced me and I am convinced [laughter] that these are the top issues that we need to look at [laughter].

One, of course, is prevention and the need to, again it may be controversial, but we've got to address this abstinence until marriage earmark, and also the very onerous prostitution pledge.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

I was opposed, of course, to both of these provisions when the initial PEPFAR legislation was written. I tried to stop it with amendments, but unfortunately the political dynamics wouldn't allow that, so we're going to continue to push forward on those two issues.

Secondly, gender and the need to address the real vulnerabilities of women and girls including through our legislation the pathway act. You will know, we know, that the key to addressing HIV and AIDS is women empowerment, and women deserve the type of resources that we can provide for them so that they can get their lives together and become empowered to take control of their lives and their families, and so the Pathway Act is a bill that provides a path for women to become independent, empowered, which of course will lead to a healthier life for them and their children.

We must continue to focus on orphans and vulnerable children. My bill was signed into law I guess a couple of years ago that established the Office of Orphans and Vulnerable Children. We have a coordinator and we've got to put more resources into that. I've been out into the field several times now, and the focus on orphans and vulnerable children is beginning to take hold, but we have not done enough and we need to have more resources put into that office and we need to do that and do it in a big way.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

The debate during that time was should we do - one of the debates was village care, community care versus orphanages, well we were able, in the legislation to write both, and I've seen phenomenal orphanages that are doing phenomenal things, but also I've seen great communities and villages which are providing care and education and the quality of life that the children deserve and so both are working, and so we need to continue to do that and we need to fund more of those efforts.

Also better integration in terms of nutrition and the so called wraparound programs; I was in Uganda, up in the North, and one of the issues had to do with food security and why we could not use some of our resources because the food program was running out in October, and many people are infected with HIV and they were receiving their treatment, but without the food and without the continuation, they didn't know what to do and we didn't know what to do, and I said we need to figure out a way that we can better integrate nutrition, food security and also a little bit more flexibility in terms of the resources. Communities and villages are running out of food and people are on antiretroviral drugs, and you know the results could be very harmful and not very effective, and so we've got to do a better job in that.

And finally of course the overall funding question; what does doubling really mean? I know many of us believe that \$50 billion is a more realistic number, and so we're going to

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

set our sights at \$50 billion and I'm sure we'll end up somewhere between 30 and 50, but I've got to be at 50 mind you, and I hope that we can work toward being advocates for the most amount of money that we can do.

I think the taxpayers want to see their resources put into these types of initiatives. There may or may not be a political constituency out there, but the American people want our development assistance and our health care funding used in a way that's going to touch people's lives and save lives.

We did, in conclusion, introduce the African health capacity act, which is HR 3812. This is the companion bill that Senator Durbin introduced here on the Senate side. We need and I know you know; I know CSIS knows the importance of developing the infrastructure of health care professionals, capacity building in especially developing countries and continents such as Africa with regard to health care professions, so we're working very hard on that bill and I hope we can garner your support for that.

Once again, thank you for inviting me to be with you. Again we've come a long way. I was elected in 1998 and it's just remarkable to see how far we've come when we couldn't have done it without you, Stephen. We still have a long way to go. Thank you again very much [applause].

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

MICHAEL MERSON: Thank you, Congresswoman. Before you leave, could you tell us all when the reauthorization will be voted on?

CONGRESSWOMAN BARBARA LEE, (D-CALIF.): [Laughter] I'm going to dodge that since I'm not on the authorization panel, committee, but I'm working very closely with Chairman Lantos. We're looking at what, early next year, Christos, maybe the end of the year, early next year? I don't see it within the next month or so, but I think we need to take a little time, because I want to make sure that we can fix what we need to fix and make sure it's written in a way that garners the bipartisan support, but also that has some of the more controversial issued in it so we can move forward, and so that's going to take some time to build that kind of support. Okay, well thank you all very much, and once again thank you so much for your work. It's making a difference. [Applause]

[END RECORDING]

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.