

White House Summit on Malaria December 14, 2006

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[START RECORDING]

MALE SPEAKER: Ladies and gentlemen, welcome to the White House Summit on Malaria. Now please welcome from Durban, South Africa, the Children of Agape. [APPLAUSE]

CHILDREN OF AGAPE: [SINGING] [APPLAUSE]

MALE SPEAKER: Ladies and gentlemen, please welcome our Master of Ceremonies, Civic Leader, Founder of the Gondobay Manga Foundation and star of ABC's "Grey's Anatomy", Isaiah Washington. [APPLAUSE]

ISAAH WASHINGTON: Greetings and good morning, and in my newfound language, [Bwah?] out of Sierra Leone. What a wonderful, wonderful, wonderful song.

I've been to Africa and I met many, many joyful children like these who are bound by our common hope to see the African children grow up. Defeating malaria is an urgent calling and an achievable goal. Malaria, a completely preventable and treatable disease, kills a child in Africa every 30 seconds. At least one million infants and children under five in sub-Saharan Africa die each year. We have eliminated malaria before and with the help of people across the United States and around the world, we can do it again. It's hard to believe now but just a few generations ago, malaria plagued the Southeastern United States, but after a sustained public effort the United States was declared malaria-free.

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In Panama these same techniques were used last century during construction of the Panama Canal and infection rates for workers dropped 80-percent in two years. Malaria has an enormous economic impact. Malaria makes workers weak and fills hospitals. When individuals cannot work, economies suffer and impoverished nations are subject to conflict. The President and Mrs. Bush's Summit will examine the challenge of malaria facing Africa today. Our public, private partnerships and multi-lateral efforts are addressing this challenge and how we can mobilize grassroots efforts so that individuals can be a part of saving the life of another in Africa. We know we can save millions of lives. We have already begun.

I would now like to introduce a woman who has said herself that our first challenge is to inspire the people of all free nations so that we may unite in a common cause to solve common problems. With honor, I introduce to you Secretary of State, Condoleezza Rice. [APPLAUSE]

CONDOLEEZZA RICE: Good morning, and thank you to Isaiah Washington both for that kind introduction and for the dedication and commitment that you have shown to this and so many causes.

I'm honored to join all of you here today at the White House Summit on Malaria. I'm also pleased by the tremendous support that this Summit has received from America's business community, religious leaders and other concerned citizens. The

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idea of public-private partnerships is at the heart of so much of President Bush's vision for America, and I want to welcome all of you and to thank you for joining us today.

What brings us together today is our basic belief that all human beings are free by nature and equal in dignity. That every life is precious, and as President Bush has said that, "No insignificant person was ever born." We are led, therefore, to this fundamental conviction, that the child suffering from malaria in Africa possesses the same matchless value as the most powerful and prosperous among us. This is a profound and revolutionary idea – a vision of dignity that has transformed our nation, and is transforming our world. It is the idea that is also at the heart of America's public diplomacy, the work that we are doing to help save and transform lives across the world. President Bush has put compassion at the top of our agenda, the American people's concern for equality and dignity at the center of our nation's foreign policy. It is these principles that lead us into the world to support the liberty and human rights of all people, to confront heinous crimes like trafficking in persons, and to fight dreadful diseases that steal human life indiscriminately and tragically; HIV/AIDS, tuberculosis and of course, malaria.

Last year the President resolved that America can and must play a greater role in the global fight against this curable disease, so he launched the President's Malaria

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Initiative, an historic commitment to work with developing nations in Africa and around the world to fight to end malaria, just as we did in this country two generations ago. The President also made it clear that our effort could only succeed if we reached beyond government and mobilized the good faith and the hard work of private partners. Judging by this great audience and this great response, I would say that we are already succeeding together.

One person who has taken tremendous leadership in our fight against malaria is the woman I have the honor of introducing to you today, The First Lady of the United States, Laura Bush. In my four years at the White House, and now in my past two years as Secretary of State, I've had the honor of working closely on some of the most important issues facing the international community, from the promotion of education and literacy in every country in the world to the empowerment of women in places like Iraq and Afghanistan, to the fight against extreme poverty in Africa. In the past year, it has been my privilege to work with the First Lady shoulder-to-shoulder to help advance her vision and the President's vision of a world in which no human life is lost to a disease that we can prevent with something as simple as a well-covered place to sleep. I've seen the passion and the conviction with which the First Lady has tackled this fight against malaria. She has worked tirelessly to mobilize the resources and the goodwill of the

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American people, and she has done a great deal to make this Summit today a reality.

Along with countless others, I have experienced the First Lady's decency, her generosity and her commitment to human dignity. And in that time I have gained an even greater joy, the honor of calling her my friend. So today it is my privilege to introduce to you, a great woman, a compassionate woman – First Lady Laura Bush. [APPLAUSE]

FIRST LADY LAURA BUSH: Thank you all very much. Thank you so much, Dr. Rice. Thank you all. Thanks so much. Thank you very, very much. Thank you so much, Dr. Rice. Thank you for your great work as Secretary of State.

I want to recognize a few people in the audience; Mrs. Chantal de Souza Yayi is here. She's the wife of the President of Benin. She's joining us today. Ambassador Randall Tobias, the Director of Foreign Assistance and Administrator for USAID, who has been very active in both this and earlier in his government career as the AIDS administrator with HIV/AIDS. Admiral Timothy Ziemer, Admiral Ziemer is the one who is the U.S. Global Malaria Coordinator. He's been absolutely instrumental in the development of this summit, and in all the work the President's Malaria Initiative has done so far. Thank you, Admiral Ziemer. Ray Chambers, who is the Chairman of Malaria No More – Ray is an example to all of us of someone who because of fortune in his life, a fortunate life, he has

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reached out around the world to help other people. And thank you so much Ray, for being so involved in this. The members of Congress that are here, thank you all for coming. The members of the diplomatic corps. I want to thank our host at National Geographic, John Fahey and Gilbert Grosvenor. Thank you all very, very much for letting us meet here today.

Educators, business leaders, philanthropists, researchers, activists, and distinguished guests, welcome to the White House Summit on Malaria. Today's gathering presents us with a historic opportunity to end the suffering of millions. Governments, the private sector, and concerned citizens have all united in one place, ready with unprecedented commitments that can turn the tide against malaria.

We're here because eradicating malaria is an urgent calling. The disease claims 1.2 million lives every year. It devastates people living with HIV/AIDS, pregnant women, and especially young children and babies. Malaria kills 3,000 children in Africa every day. Parents grieve for their sons and daughters, communities mourn, and developing countries lose generations of productive citizens.

Adding to the urgency is the fact that malaria is treatable and preventable. The disease once sickened men, women, and children in many parts of the United States, but through advances in science and technology, we learned that the cause of such enormous suffering is a microscopic parasite

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carried by an insect. We learned how to stop the spread of malaria, and the disease was eliminated in the United States nearly 60 years ago. The challenge now is to use this scientific progress so that it benefits people still at risk. In June 2005, President Bush launched the President's Malaria Initiative, a five-year, \$1.2 billion program to combat malaria in 15 of the hardest hit African nations. This initiative calls on developed countries, private foundations and volunteer organizations to join to reduce the suffering and death caused by malaria.

Private foundations and corporations have responded with millions of dollars for prevention and treatment. Civic groups and religious organizations have mobilized thousands of volunteers. Through early PMI partnerships with the first three focus countries, aid from the American people has reached about six million Africans. Next year, 30 million more will receive lifesaving medicines, sprays and nets as the program expands. These partnerships save lives and spread hope. Last year in the Tanzanian villages of Kambini and Kiwani, during the peak infection month of June, local health workers documented more than 450 cases of malaria. This June, one year into PMI, the number of cases plummeted to eight. In some PMI areas, malaria researchers have actually complained that they no longer have enough cases to sustain their studies. They're the only ones complaining. [APPLAUSE]

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For the Malaria Initiative to save even more lives, its resources must be used effectively and strategically. Today, I'm delighted to announce that PMI will launch the Malaria Communities Program – a \$30 million initiative to advance grassroots malaria control projects in Africa. The Malaria Communities Program will provide grants to African and American NGOs, as well as civic and religious groups, to support their malaria control work. It will encourage more charitable organizations to join the fight. The Communities Program complements the efforts of African governments by creating independent, sustainable malaria control programs. In villages throughout Africa, these initiatives can protect children and their families long after PMI sunsets. Most important, the Malaria Communities Program will help citizens take charge of their own health. Defeating this disease requires the cooperation of citizens in Africa. It also requires the support of citizens here, in the United States. Each and every one of us has the responsibility to stop the suffering caused by malaria – because every life, in every land, matters. And all of us can do something to help because one of the best protections against malaria is simple and inexpensive – a long lasting, insecticide treated bed net. Only a fraction of African homes have the bed nets they need. But any individual who can raise \$10 can buy a net and save a life.

Individuals throughout our country are saving lives

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across Africa, thanks to Malaria No More, an enormous grassroots network that will work to provide bed nets for millions of Africans. Communities hold bake sales, raffles, silent auctions and read-a-thons. Students sell tee-shirts and run lemonade stands, and even dress up as mosquitoes to show off their efforts. Concerned citizens can harness the potential of the Internet to launch creative fundraising campaigns. One group, Madness Against Malaria, established an online March Madness fundraising tournament. Sixty-four teams from around the world compete to see who can accumulate the most online donations. The team that buys the most bed nets wins the Malaria Cup trophy and saves thousands of lives.

Defeating malaria also requires education. Lifesaving nets, sprays and medicines work best when people know how to use them. And throughout Africa, people must know how malaria is transmitted, so private citizens in Africa and the United States are building partnerships to improve education in malaria-prone areas.

In Rwanda, Episcopal Bishop John Rucyahana knows that malaria control and education are inseparable. His diocese provides villagers with malaria treatment and also teaches the proper use of sprays and nets. At the 62 schools the bishop oversees, children learn early on that malaria prevention must be a way of life. The bishop's efforts are supported by churches from across the United States. From Chicago to Little

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Rock, from the East coast to the West, caring individuals sponsor students and supply bed nets and medicines. Hundreds of Americans have visited Rwanda as volunteers, educating communities about malaria treatment. A vital part of this education, Bishop Rucyahana says, is teaching villagers how to read. "Illiteracy goes with poverty," the bishop explains, "and both perpetuate the disease." So at every one of the diocese's 360 churches, volunteers offer literacy instruction. Through their women's ministries, the churches make a special effort to reach mothers. They recognize that literate women can make wise decisions that will protect them, and their children, from malaria.

Education in the developed world is equally as important. Across America, the private sector is working to raise the public's awareness of malaria. Later this morning, you'll hear about one example - Nets Are Nice, a picture book that teaches children what they can do to help end this disease. Nets Are Nice was developed by Malaria No More. With corporate and foundation support, the book will be distributed to nearly six million students throughout the United States this spring. Nets Are Nice is a terrific educational resource. And it's a great example of how the government, businesses and private philanthropists can work together to educate children in the United States about malaria.

Individual citizens, too, are doing their part. At

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Lake Oswego High School in Oregon, a 16-year-old student, Emily Fuller, launched a project to raise money for bed nets, and to raise awareness in her community. She and her classmates set up tables outside the school cafeteria and draped them with nets, attracting curious students. Plans are underway to hold educational forums in the school auditorium, and to hold fundraising shoot-out contests during halftime at the school's basketball games. The principal at Lake Oswego High, Bruce Plato, says teachers are planning to work malaria education into their political science and world history classes.

"There's a lot of interest in this," the Principal says.

"Malaria is something that's happening half a world away, but this is something we can do to help."

Every one of us can do to something to help prevent the suffering caused by malaria. And the more people know about this disease, the more quickly we can defeat it. Today, I'm delighted to announce that President Bush will designate April 25, 2007 as Malaria Awareness Day. African countries and other nations commemorate April 25th to raise global awareness of malaria, and to reaffirm their commitment to ending this disease. The United States is proud to stand with them. Ending the malaria epidemic is an ambitious goal, but one we can, and must, achieve. By defeating malaria, the American people can help people in Africa enjoy greater prosperity and good health. Mothers here can help mothers in Africa watch

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their children grow healthy and strong. Children here can help children in Africa delight in the same pleasures they enjoy – going to school, playing games, and making and keeping friends. One of these hopeful children is Kanuri Kimiti, a teenager in Kenya, where malaria kills more than 30,000 children every year. For an essay contest at his school, Kanuri wrote, "If we want to develop a country such as Kenya, we must all come together to help one another, so we may be able to make our world a malaria-free world."

During this holiday season, we urge the citizens of many nations to come together to give the greatest gift to those in need – life. May God bless each of you, and your work to make our world a malaria-free world. Thank you all very much. [APPLAUSE]

MALE SPEAKER: Ladies and gentlemen, please welcome UNICEF's Goodwill Ambassador for Malaria, Yvonne Chaka Chaka. [APPLAUSE]

YVONNE CHAKA CHAKA: Good morning Mrs. Bush, distinguished guests and everyone here. I want to thank you very deeply, Mrs. Bush, for your kind words. It's a great honor for me to be here today all the way from my homeland, South Africa. This isn't the first trip that I've made to come here and speak about malaria and it won't be the last one. I've traveled to many countries to speak to all sorts of people about the need to be done to win this epidemic – the struggle

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against malaria. Malaria has affected Africa, my homeland, in a devastating way. Malaria kills more than one million people a year, mostly children in Africa.

Whether we suffer from malaria or have lost a loved one from this disease, all of us have been touched by malaria and we are united in a common goal to defeat it. Malaria has touched me very closely and one of my special friends died, unfortunately. In 2004 I traveled to Gabon and one of my band members died of malaria. Phumzile Ntuli was a great musician, a young mother – she did not deserve to die. She was a strong young woman, but she fell into a coma and died from this terrible disease. We can't even imagine how desperately ill children feel when they get malaria. Now ladies and gentlemen, Phumzile's death and all the needless deaths of suffering of so many children won't let me rest until this disease is defeated. That's why I've established my own foundation called The Princess of Africa Foundation to make sure that, we need to make sure that there is transparency. We need accountability from our African leaders and to make sure that the donors' money is used appropriately.

We must free Africa from the grip of this disease. We are going to be watching a film, ladies and gentlemen. The film we are just about to see is not a scientific treaty on malaria, rather it is an effort to educate and engage ordinary citizens about the toll of this disease and to show people that

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we can all make a difference in helping Africa fight against malaria, and ultimately give a child the gift of growing up. So let us watch and learn from this film, and then let us all act and end the suffering and the death that malaria inflicts. Mrs. Bush, it is true that behind a great leader there is a caring woman like yourself, and all other women out there like Melinda Gates, [Gras Michele?] and everyone here. Women are an ocean, nurturing and strong. Let's do it for the sake of our children. Thank you very much. [APPLAUSE]

[VIDEO]

[APPLAUSE]

ISAIAH WASHINGTON: Oh, wow. I don't know about you guys, but I was moved. No entity alone can eliminate malaria. Through the President's Malaria Initiative, PMI, which works with local governments, organizations and multi-lateral agencies, the United States has committed \$1.2 billion through 2008 in 15 countries. The goal is to cut malaria's mortality rate by half in the target countries, freeing these nations and their 175 million citizens from the grip of this debilitating disease.

The U.S. is not alone in fighting malaria. PMI is joined by both public and private organizations. Today we'll hear representatives from these non-governmental organizations, foundations, multi-lateral organizations and corporations helping the people of Africa with partnerships, resources and

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boots on the ground. Our first discussion will be moderated by a man who has long been involved in foreign affairs. With his distinguished 31-year career in the Navy, and his work as Executive Director of World Relief, Admiral Ziemer brings both efficiency and compassion to this position. Admiral Timothy Ziemer, the President's Malaria Initiative Coordinator.

[APPLAUSE]

R. TIMOTHY ZIEMER, RADM, USN (RET.): Thank you Isaiah, and good morning to all of you, Mrs. Bush, distinguished guests, friends and colleagues in the fight against malaria. It's my distinct honor to lead the President's Malaria Initiative combined with our good friends and inner agency partners. CDC in Atlanta is forging a wonderful team with our USA team members and it's an exciting team to work with. The President's Malaria Initiative is committed to forging and leading successful partnerships with international organizations, with civic and faith-based groups and with other donors. Ultimately though, the most important partner is the country itself. While the PMI demonstrates the commitment of the American people by providing lifesaving treatment, insecticide treated nets and support of a more aggressive spraying program, including the proper and judicious use of DDT, its primary aim is to assist endemic countries to build and maintain their own successful malaria control programs.

Before I took this job, I talked to a respected friend

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and colleague. When he asked me what I was going to do and I told him, he shook his head. He said there was too much suffering. There is too much red tape. There is too much bureaucracy in the government. "You can't make a difference. Don't take the job." The challenge of malaria can certainly be an insurmountable, but it's a challenge that we all must meet. I can't think of a better place than to be here today with you to take on that cause. In June 2005, when President Bush took up the challenge of malaria, his initiative issued something akin to a wake-up call to the world, challenging governments, foundations, businesses and multi-lateral organizations to put actions behind rhetoric and to help end the suffering. The First Lady has been a remarkable leader and spokesman for us, and we're so grateful for your support and your leadership.

As a follow up to the First Lady's announcement of the Malaria Communities Program, I'm looking forward to working with Jay Hein of the White House Office of Faith-Based and Community Initiatives to host a follow on meeting with interfaith leaders to tap their talents and their human potential and to learn how we can effectively work with our African faith and civic partners. This is just one aspect of engaging broader faith-based and community-based efforts in the Malaria Communities Program.

I also appreciate the support of the United States Congress in supporting the President's Malaria Initiative and I

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look forward to their continued support of his budget. I think it's important to note this morning too, that in addition to the money being invested through the President's Malaria Initiative, over \$459 million have come from our Treasury through the Global Fund to support malaria programs throughout the world. That's in addition to the monies going through the World Bank, World Health Organization and other very important partners.

The PMI is being implemented with unprecedented speed and I view it as something of an emergency response. That urgency is justified and it's paying off. The First Lady referred to already six million beneficiaries in just the initial startup work in three countries. Soon we will be engaging four additional countries and there will be millions more who will benefit from the treatment prevention programs. In line with Ambassador Tobias' leadership, the President's Malaria Initiative is based on his core principles of efficiency – set goals, be accountable and be transparent. Success is measured by outcomes, and in this business it means lives saved, not by the amount of money that we pour into the program. Success of the PMI will be judged by the effectiveness of our partnerships in the world.

You'll note that the power of partnerships is really the unifying theme of today's Summit. To punctuate that, we are privileged to have two individuals with us to share how the

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PMI and their efforts are clearly making a difference. It's now my distinct pleasure to introduce Dr. Mohamed Jiddawi, Permanent Secretary and Minister of Health for Zanzibar. Dr. Jiddawi will give us a glimpse of the challenges and successes of the malaria control programs implemented in Zanzibar. Please greet and welcome Dr. Mohamed Jiddawi as he comes forward. [APPLAUSE]

MOHAMED SALEH JIDDAWI, M.D.: Good morning Mrs. Bush. Mrs. Bush, distinguished guests, as Tim said I come from Zanzibar, a small island nation with a rich history from the days of being an East African trading post known as the Spice Islands to the launching of the exploration of Africa, led by Livingstone, Stanley and Burton, to it's uniting with Tanganyika to form the United Republic of Tanzania.

The greatest [inaudible] of Zanzibar and its one million people has always been malaria. But now, with the assistance of the President's Malaria Initiative, we are on the verge of conquering malaria. I'm here today, ladies and gentlemen, to express my government's and my people's gratitude to the American President and the American people for this historic accomplishment.

Until recently, malaria accounted for 50-percent of all children's deaths in Zanzibar as well as being a burden on the health system, being responsible for half of all outpatient attendances. Think what it would mean to the people of my

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country to eliminate all these deaths and sufferings, and what it would mean to our economy, based on tourism and agriculture, to not have this strain on our productivity and reputation. Zanzibar is implementing its malaria control activities in line with the global goals and objectives of the President's Malaria Initiative. Since 2003, with support from the Global Fund and the Roll Back Malaria Initiative primarily funded by the American government, the Zanzibar Malaria Control Program has been treating malaria with ACTs. We are also using rapid diagnostic tests in clinics without laboratories, and providing intermittent preventive therapy to all pregnant women. Malaria rates started to decline.

Distinguished guests, with the launching of the PMI in December in Zanzibar last December, we were more able to attack this killer. We started by providing 233,000 long-lasting insecticide treated mosquito nets to all under fives and pregnant women in Zanzibar. This was done in conjunction with the Global Fund in a great campaign in December and January when teams went house to house with nails, strings and information to ensure that all bed nets were appropriately hung and used. The results are amazing. Confirmed malaria cases in Pemba, an island comprising one-third of the population of Zanzibar, had been reduced by 87-percent in 2006 compared to 2005. [APPLAUSE]

Pediatric wards which used to have two or three

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children per bed with malaria are now nearly empty. Again, using PMI funds, we sprayed 203,754 residences, or 96-percent of all houses in Zanzibar, between July and September this year with long-lasting insecticides. We will repeat the indoor residual spraying in January 2007, thus giving the mosquitoes no chance.

Zanzibar, ladies and gentlemen, is proud to serve as a great example that the PMI strategy works even in a resource-poor African nation. What we need now is to set up sustainable mosquito control activities, monitoring and rapid response teams so as not to allow malaria to resurge as it happened in the '60s and the '80s.

Finally, I would like to say we greatly appreciate the PMI technical and financial assistance in this and the American vision and leadership in continuing the President's Malaria Initiative until the whole world is malaria free. Thank you very much for your attention and you are very much welcome to visit our soon to be malaria free Spice Islands. [APPLAUSE]

R. TIMOTHY ZIEMER, RADM, USN (RET.): Thank you Dr. Jiddawi. I'm encouraged to hear the positive trends. What great news. But I assure you, your appeal to think long-term about sustainability did not go unnoticed. Dr. Steven Phillips, the Medical Director for Exxon Mobile Corporation is already a key partner in the fight against malaria and with PMI. Dr. Phillips will now share with us how Exxon Mobil is

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partnering with local governments to fight malaria where they work. Please join me in welcoming Dr. Steven Phillips.

[APPLAUSE]

STEVEN PHILLIPS, M.D., M.P.H.: Thank you Admiral Ziemer. It is immensely gratifying to see this unprecedented gathering of so many champions in the fight against malaria. I would also like to thank First Lady and President Bush for hosting us and for their leadership on this issue.

Exxon Mobil is here today because our business presence in Africa has caused us to witness firsthand the devastating health and economic impact malaria has had on our workforce, their families and the communities in which we operate.

When you look at a map of Africa and overlay the pattern of malaria intensity with oil operations, there is a striking confluence. It is a strange coincidence that where there is oil, there are mosquitoes. About five years ago, we decided to tackle this challenge head-on. We put in place a comprehensive workplace malaria control program that covered every one of our African employees at risk. I can now report that over nearly three years, we have recorded one case of malaria in our expatriate employees, and zero cases of serious malaria in our national employees involving a total of 12,000 person years at risk. [APPLAUSE]

We believe that this shows that malaria can be beaten. What does it take? Organization. We are not reveling in the

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success. The mosquito does not respect fence lines, neither is it deterred by national boundaries. So in 2000, the Exxon Mobil Foundation launched our Africa Health Initiative with the goal of making a difference in Africa's fight against malaria, reaching out beyond our operational footprint, across communities and the continent to form partnerships to attack this scourge.

Let me provide one example of a powerful partnership we have engaged in. In 2005, a Memorandum of Understanding was signed by our Angola Company with the government of Angola pledging cooperation in achieving national and PMI goals. Under this umbrella and in response to an assessment of the needs of the National Malaria Control Program, we have funded 10 projects in Angola. These include a range of interventions from net distribution, malaria and pregnancy, pharmaceutical management and results monitoring. Partners have included PMI, UNICEF, WHO, Population Services International, the UN Foundation, Safe Blood for Africa, medicine and [japigo?]. But Angola is only one of 16 African countries we are currently involved in and we provided 28 new grants in 2006 alone. Over the past six years, our Foundation has invested \$30 million in advocacy, research and development and field malaria control projects.

From a business perspective, let me share a few observations from our on the ground experience. First, in the

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energy industry we operate under the belief that if you can't measure it, you can't manage it. We apply the same principle to malaria and we are encouraging our partners to make the fight against this disease as integrated, efficient and performance-oriented as our business operations.

Second, we know from our expert colleagues that malaria is preventable and curable. Now in an era of increased resources, political will and effective tools, why have we not stopped this disease? One missing ingredient, we believe, is organization. This parasite thrives on disorganized human systems. Conversely, it is defeated by collaboration. A battle analogy is frequently applied to fighting malaria. A battle strategy calls for organized planning and logistics to deliver lifesaving interventions to the front lines of the sick and vulnerable.

Third, we frequently hear said in addressing some of Africa's intractable development issues that no one sector, government or institution can solve the problem alone. We submit that this is not a conclusion but a problem statement. When we reach a similar position regarding a business opportunity, we frequently share the risks and rewards related to a common objective by forming a joint venture partnership. This is an approach global health players might consider to make themselves accountable to each other in achieving results.

In conclusion, we at Exxon Mobil see this summit as

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tangible evidence that the tide is turning in this battle. We are proud to continue to do our part by announcing a further \$10 million pledge in 2007. However, we recognize that although funding is important in its own right, its true value is in fostering new ideas to address this global health crisis and to build sustainable, on the ground solutions to save lives. We believe that when our commitment is amplified through the power of organization and partnerships, it is together that we will make a difference. Thank you.

[APPLAUSE]

R. TIMOTHY ZIEMER, RADM, USN (RET.): Thank you Dr. Phillips and Dr. Jiddawi for your remarks and for your contributions. It's key that the message is that we can't do this alone. We have to do it together. Another example of effective partnership comes to us from Uganda where Malaria No More generously contributed \$2 million for the purchase of over 330,000 long-lasting insecticide-treated nets. Their contribution was leveraged with \$1.2 million from the President's Malaria Initiative combined with Global Fund funding, which in fact, allowed us to do the next year's net distribution plan for Uganda's National Malaria Control Plan. Ray Chambers, thank you for your leadership in your contribution of Malaria No More in this specific contribution.

We must come together to leverage our expertise, finances, abilities and cooperate internationally in order to

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do the thing that is really important and that's to build the capacity of our African partners and friends. We have the tools, the leadership and the funding to reduce debts now. And with at least a million lives at stake in the next 12 months, I believe our collective success or failure will be our legacy. That's why we are here together united in our resolve to save countless lives and not let that happen.

With this in mind, it's now time to invite the distinguished speakers of the multi-lateral panel to join me on stage. These individuals lead organizations that have the mission, the disciplines, the resources and technical capacity to advance malaria control efforts with our African partners. I now have the distinct pleasure to introduce the Honorable Professor Lambo, Minister of Health for the Federal Republic of Nigeria. He is also serving as Chairman of the Board for Roll Back Malaria. Professor Lambo. [APPLAUSE] Dr. Richard Feachum, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. [APPLAUSE] Dr. Margaret Chan, Director General-Elect of the World Health Organization. [APPLAUSE] Madame, we collectively convey our congratulations on your new appointment and we are grateful that you are here. The Honorable Ann Veneman, no stranger to any of us, Executive Director of the United Nation's Children's Fund. [APPLAUSE] And the Honorable Paul Wolfowitz, President of the World Bank. [APPLAUSE]

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Thanks again to all of you for being here. Your presence and your investment of time, I think, speaks volumes in terms of punctuating the fact that this is all about partnership at the multi-lateral effort. Thank you so much for being here.

I want to pose the first question to Professor Lambo. As the Minister of Health for Africa's most populous country, sir, what are your challenges on the ground and how can donors and organizations help you fight malaria in your country and elsewhere on the continent?

EYITAYO LAMBO, Ph.D.: Good morning Mrs. Bush and participants. I would like to respond to the question from two perspectives. First as Nigeria's Minister of Health, and secondly as the Chair of the Roll Back Malaria Partnership, I want to just [quantify?] that what is needed in Nigeria is also needed in other African countries, and partnership is a key consideration in fighting malaria. The challenges facing Nigeria include the following; the sheer size of the country with an area of one million square kilometers and a population of 150 million people. That makes me the Minister of Health with arguably the greatest malaria challenge in the whole world. Two is the magnitude of the required resources to deal with the health problem that is responsible for 60-percent of the outpatient visits to health facilities, 30-percent of childhood death, 25-percent of infant mortality, 11-percent of

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maternal deaths on a sustainable basis. The third challenge is the poverty of the population with most expenses for health paid out of pocket. This is very difficult for most affected people to access malaria treatment services when they need these. Number four is the limited capacity of the health systems to effectively deliver cost-effective malaria interventions. Five, some cultural issues such as poor knowledge about malaria and its causes, the negative attitudes toward preventive efforts such as use of bed nets and environmental sanitation, this has worsened the malaria cause in Nigeria and indeed in Africa.

Another challenge is the resistance of the malaria parasite to cheap drugs. Another one is inadequate political commitment by the levels of government in Nigeria. The federal government is very highly committed to health in Nigeria, but we have two other levels of government; state and local government, and they are not as equally committed. Finally, is the inadequate capacity to coordinate the efforts of the stakeholders. There are many players and they have the problem of coordinating their various efforts.

That is the answer to the first part of the question. Donors and organizations most aligning their efforts around country-owned and country-designed plans. They will have to come together to identify and fill the funding gaps needed to implement the National Malaria Plans on a sustainable basis.

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Technical assistance should not only augment the countries systems but also strengthen them for effective malaria control. Fighting malaria requires all donors and organizations to work towards the same goal and this same goal is ensuring that every malaria endemic African country has the capability to implement its malaria control plan as quickly and as effectively as possible to achieve nationwide coverage with malaria prevention and treatment interventions, thereby saving millions of lives of Africans.

The Roll Back Malaria Partnership of which I am chairman has worked to help to meet these challenges. I am proud to have been closely involved in the RBM Partners in revitalizing and refocusing the global partnership which is now poised to make a significant difference at the country level. Finally, I want to say that donors and organizations need to make long-term commitment. This is very important. Malaria control is [inaudible] and [inaudible]. Once we have succeeded in reducing malaria incidents, the illnesses and the deaths, we must continue to work at to continue to keep the levels low. Premature declaration of victory that leaves endemic countries alone to continue the fight against malaria would not be ideal. We all need to dig in together to fight and sustain the work. Thank you very much. [APPLAUSE]

R. TIMOTHY ZIEMER, RADM, USN (RET.): Thank you Professor Lambo. I see emerging constant themes in our

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comments. Dr. Feachum, welcome. As a tremendous advocate for malaria and the fight against malaria and as head of the Global Fund, what needs to be done to help countries affected by malaria to be more effective and competitive in the Global Fund grant process?

RICHARD FEACHEM, Ph.D.: Good morning. Good morning Tim. Thank you very much. It's a great pleasure to be here. Good morning Mrs. Bush, friends and colleagues.

As others have said, we know how to prevent malaria and we know how to treat malaria. The task now is to do it and do it on a large scale. Prevention, of course, depends on insecticide-treated bed nets which cost \$5 or \$6 and last for five or six years; a dollar a year – one of the best buys that's out there – and indoor residual spraying of houses with DDT and other insecticides. Treatment, of course, depends on prompt diagnosis, accurate diagnosis and treatment with new drugs that work rather than with old drugs that don't work. As many of you know the Artemisinin Combination Therapy which is now being increasingly used around the world, and particularly in Africa costs now only 40 cents to treat a baby and \$1.60 to treat an adult. The prices are falling. It's safe and it works.

The Global Fund has so far committed \$2.6 billion to malaria programs in 84 countries and in this audience particularly, and with Mrs. Bush hosting us today, I want to

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mention that 30-percent of that money is provided by the people of the United States of America, and I want to thank you for being the largest and most constant supporter of the Global Fund. [APPLAUSE] Of that \$2.6 billion which has been committed to the 84 countries, \$900 million has actually been spent by the men and women on the front line doing the hard part of this work. That has given us substantial results, encouraging results – 18 million bed nets distributed and when you do the math, that turns into 370,000 lives saved. Twenty million treatments with ACTs and other drugs, safe and effective treatments, but much, much more needs to be done and much, much more is waiting to be done. I think as Admiral Ziemer's question implied, what needs to be done can be best done when we join forces and when we work together.

Let me give three quick examples of the power of working together. What I believe to be Africa's most successful malaria control program today, the program in Southern Mozambique's Swaziland and Northeastern South Africa, was actually initiated by the private sector. It was an aluminum smelting company. It had gotten that work underway. Others joined in. It's now an extraordinarily successful program involving governments, NGOs, the Global Fund, the President's Malaria Initiative, the Gates Foundation and many, many others. It's a remarkable program and it's been done together by joining forces.

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Second example – some of the most successful bed net distribution programs that we've seen in Africa in the last few years have been led by the Red Cross, funded by the Global Fund and others and put on the back of polio immunization campaigns and measles immunization campaigns, joining forces with other parts of the health sector.

The final example – and I want to pay tribute to Professor Lambo and Dr. Awa Coll-Seck, the leaders of the Roll Back Malaria Partnership – a final example is that when countries apply to the Global Fund and they have been helped by the Roll Back Malaria Partnership, 52-percent of their applications are successful. When countries apply to the Global Fund and have not been helped by the Roll Back Malaria Partnership, only 20-percent of their applications are successful, illustrating the power of well-coordinated, effective, technical assistance.

I and my colleagues of the Global Fund stand ready to work with new energy and new commitment with all here who are also committed to ending the ancient scourge of malaria. The President's Malaria Initiative – and I wanted to thank you, Tim, for your remarkable leadership of that initiative, which has become so effective in such a short space of time; WHO, the Roll Back Malaria Partnership, the Gates Foundation, Malaria No More, the World Bank, Médecins Sin Frontiers and many others who are committed to rapid progress against the ancient scourge

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of malaria.

My friend Rick Warren is with us today and we discussed this a few days ago in Saddleback, I think the faith-based organizations under his leadership and the leadership of others are now becoming increasingly engaged in the fight against malaria. I really applaud and welcome that. There is a church in every village – those churches and those congregations can be distributing bed nets and educating men and women about ways to prevent malaria. If I can be permitted once again, Ray, to suggest a new mantra, I think, "Purpose-driven sleeping" is now an opportunity for us.

In closing I would like to pay special tribute to President and Mrs. Bush for their outstanding leadership in the field of malaria and for causing us all to be here today – the first time that this group has ever gathered. And finally, let me say that the company Nike has the right slogan for our efforts on malaria, "Just do it." Thank you. [APPLAUSE]

R. TIMOTHY ZIEMER, RADM, USN (RET.): Dr. Feachum, thank you very much. Lots of passion and support there, and I'm pleased to announce that the President's Malaria Initiative is looking at investing about \$350,000 to provide technical assistance for Global Fund grant processing. So we're with you on that.

Dr. Chan, again welcome and congratulations. I'm sure I won't be the first or the last person to ask you as the new

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DG-Elect, what is it that the World Health Organization does for all of us and what are you going to do to provide the leadership and take WHO forward in the future?

MARGARET CHAN, M.D.: Thank you very much. [Inaudible] Mrs. Bush, distinguished guests – good morning. I would like to start my expressing my heartfelt gratitude to the President's Malaria Initiative. As Richard has put it, this initiative has achieved a great deal of good and social opportunity. We know that you can only do that with good leadership, good planning and most of all, the goodwill of the American people. Thank you very much.

Malaria is a very complex and a very difficult disease, yet it is treatable and preventable. How do we deal with this paradox? Malaria is a problem that is too big for any agency or any country to tackle on its own. So therefore, initiatives like this one is very much welcome. This is a perfect model for public/private partnership, and we would like to see more of it.

Another thing we learned from this is that, speaking as a United Nation agency, oftentimes we are criticized for being very bureaucratic, for being very insular, this is something that we can learn from the corporate sector. We need to take inspiration from their supply chain management. If a soft drink can get to the farthest corner of the world, why can't we get our drugs and our bed nets? So we need to ask that

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question. [APPLAUSE]

At the World Health Organization earlier this year, we recognized that we are not winning the malaria battle fast enough, so we changed our tactic and we changed our strategy. Now we have the global malaria program in place. As I said, this is a very complex disease. It is a very tenacious killer. We have to be aggressive and we have to be tough. We do not need to apologize for that. We feel that at WHO, as a matter of priority, I would like to make sure that we do everything first and foremost to protect the effectiveness of the drugs that are helping us, the drug that we refer to ACT. So WHO negotiated with drug makers and convinced them that we should only put on the market ACT, and not mono-therapy. That's not easy, but we need to take it. We need to bite the bullet.

The second thing is, we need to encourage research and development in coming up with new tools, be it drugs or diagnostics. WHO can do that and we will work with our partners.

The second important thing is we need to nurture more partnerships – public/private partnerships like this one who can deliver lifesaving solutions to the home. This is what I mean – in WHO if you recall, one of my commitments in the next few years is to cultivate value-added, strategic partnerships. There are a lot of partnerships, but we need value-added, strategic and creative partnerships.

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Last but not least, in the field of malaria there is a lot of fragmentation. There is a lack of good data for us to plan policies with strategies, so we need to do a better job. WHO will take this on board. We will monitor the situation, make sure we evaluate our interventions. We know what works best and what doesn't work. This information will feed back into refining our policies, our strategies and our action plan. The objective is to get maximum impact out of the things that we are doing. We are committed to doing that. We must do that and now we have an ideal situation where people from different sectors are coming together, all the sectors that have been referred to by Richard, and I'm not going to repeat them. All of you are very important and there is a lot of new commitment, new energy – we must do it. We must seize this opportunity. Thank you. [APPLAUSE].

R. TIMOTHY ZIEMER, RADM, USN (RET.): Thank you Dr. Chan. I'm looking forward to working with you and I'm sure my panelists are too. Ann, you are and UNICEF is the champion for children around the world. How are your efforts on the ground helping prevent kids from getting malaria and keeping them alive?

ANN VENEMAN, J.D.: Thank you very much. Let me add my words of thanks to the President and Mrs. Bush for this very, very important initiative because it really is so much about the children.

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We've talked about a lot of numbers today, but let me just put them in a bit of a different perspective. There are about 10 million children who die every year of largely preventable causes, primarily disease and malnutrition. Of those, five million are in Africa. Fifty-percent of the deaths are in Africa despite the fact that Africa has only 11-percent of the population. Of these five million deaths, one million can be attributed to malaria, so fully 20-percent of the child deaths in Africa are from malaria. So I commend this initiative for focusing on malaria and for focusing on Africa because it really is where the disease is most impacting.

In UNICEF we have found that distributing bed nets and in addressing the issue of malaria, it is very important to address this through integrated community-based health care approaches. In other words, bed nets need to be a part of basic community health care for mothers and children. Giving bed nets when you come in for prenatal care – mothers getting the bed nets as part of their overall preparedness for delivering a child, and then also giving bed nets as an integrated approach in giving vitamin A supplementation, immunizations, polio and so forth when the children come in for basic health care. Along with this, it's very important that you educate, particularly the mothers, on how to properly use the bed nets.

Another very successful approach in terms of addressing

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the use of bed nets, distribution of bed nets has been in the campaign approach. That is, for example, UNICEF has worked closely with partners in Angola, including the President's Malaria Initiative to distribute bed nets along with campaigns for measles vaccinations. Another double dividend, so to speak, in saving children's lives. The campaign approach is another area in which we can be very effective.

I want to add my support for how important it is that we are all here today as partners to address this issue, to save lives, to work together, to build on the success that each of our organizations has seen, to work with the private sector to address this very important issue that is so critical to saving the lives of mothers and children throughout the world. Thank you. [APPLAUSE]

R. TIMOTHY ZIEMER, RADM, USN (RET.): Thank you very much, Ann. Paul, as President of the World Bank I know you have a passion and you're committed to doing something about malaria. Could you just give us a glimpse of the effect of malaria on the economies in Africa and what the World Bank is doing about it?

PAUL WOLFOWITZ, Ph.D.: I'd be happy to. I'm going to mention some statistics and I think it is important to think about what's behind the statistics. In fact, we've heard several times that horrible statistic of one million children dying a year or 3,000 a day, but just stop and think of

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September 11, 2001 when 3,000 people died in one day in this country and think what it did to us. Then imagine that it's happening every day, day after day in Africa. The kids who die are the worst tragedy, but it's not the end of the tragedy. The ones who survive are sick. In many African countries we have millions of children who are missing on average four weeks of school. Imagine your kids trying to get a decent education when they're sick four weeks out of every school year. Then you think about the parents who have to stay home to take care of those kids, missing four weeks of work.

It's a huge drain on the economy and these are very, very poor economies. In Nigeria the per capita income is just a little bit over \$400. Imagine your family trying to survive on \$400 a person. Then imagine that 13-percent of that \$400 every year is going for malaria treatment. It is a huge drain on the economies and some estimates are that it's costing African countries as much as \$12 billion a year – a staggering number. It makes even the generosity we're talking about here today, with respect to malaria – it dwarfs it. So there is a huge economic gain to be achieved by conquering this disease. It would more than pay for the investment. You ask what the World Bank is doing. I think first of all it's important to repeat what's been said here. No one of us can do this alone. It is a partnership. It's public, private, its private corporations, its faith based groups. As an American, Mrs.

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Bush, I'm incredibly proud of the President's Malaria Initiative and the work Tim Ziemer is doing and the contributions to many organizations.

As head of the World Bank, I want to say I'm proud of what the Bank is doing and to the American taxpayer; I want to tell you that you're getting good value for your money. Every 13 cents of American money, we're leveraging \$1 of contributions. We work at the World Bank with Ministries of Health like Minister Lambo's and I think it's only fair to say that in the first half of this decade none of us were putting sufficient priority on malaria. The result was in five years, in the first half of the decade, World Bank only put \$150 million, just \$30 million a year into malaria campaigns. We looked at that we created 15 months ago, something we called a Malaria Booster Program and I'm very happy to say that we've now already committed \$357 million to some 10 countries plus the Senegal River Basin Project that covers another four. And just two days ago, my Board approved the single biggest program to Nigeria to help Minister Lambo and the seven most vulnerable states in Nigeria with a grant of \$180 million. Very happy about that. [APPLAUSE] There is more coming. Our goal is to reach \$500,000 million in the three years of this program.

Money is just the start. It has to be applied in the right way. We have to coordinate with other donors. Most of all we have to monitor results. We have to see what is

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actually happening on the ground. As Dr. Chan has said in the meeting we had yesterday, "Malaria in Africa is tougher than anywhere else in the world, and what works in some places, may not work in others." Earlier this year in Abuja, Nigeria, we agreed on the Abuja targets so that all of the donors and 20 governments are going to aim for the same results and we're going to measure and monitor ourselves and this disease can be licked and it must be licked. Thank you.

R. TIMOTHY ZIEMER, RADM, USN (RET.): To the entire panel, thank you so much for your time and I want to compliment you on managing the time clock so well. It was an unenviable task that I had. I look forward to working with all of you again. Thanks again for your time, your investment. Again, your presence here today is significant and has not gone unnoticed. Let's please give our panel a round of applause.
[APPLAUSE]

The task before us clearly is to combine and coordinate our efforts and move forward with urgency and with focus. We have a remarkable opportunity as we look to the future, but it's sobering too because we have to hold ourselves accountable for the results. I'm encouraged by the reports today. The commitment to partnership, I think we all recognize that it's going to be a long fight, but it's worth it. There is reason to be hopeful. Together we can be more effective. Together we can raise more resources. Together we can save more lives.

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Let's all commit to working towards that end.

Now I have the distinct honor of introducing Melinda Gates, co-chairman of the Bill and Melinda Gates Foundation. She is a distinguished business leader who is now directing her energy to build awareness and significantly addressing public health issues and threats worldwide. We're really grateful to have her with us today. We're grateful for her leadership and her partnership and the support in this global fight against malaria. Please join me in welcoming Melinda Gates.

[APPLAUSE]

MELINDA FRENCH GATES: Thank you for that kind introduction and thank you to the First Lady for hosting this very important summit. If the global partners fighting malaria had gotten together about a decade ago, I think they might have fit in the broom closet in the back of this building. I would certainly not have been here. Malaria wasn't something Bill and I had thought a whole lot about back then. We were starting to read the mortality and morbidity reports. Those exciting reports that are there and seeing the numbers, but we certainly had not yet internalized the problem that was going on in Africa with malaria because I think like many people, many Americans, it's not something we face in our own country today. So we don't think about it that much until you see it in action on the continent of Africa.

In the past few years many of you have worked really

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tirelessly to push this issue to the top of the global health agenda, and for that we really, really thank you for your efforts. The Nothing But Nets Campaign promoted by *Sports Illustrated* and sponsored by the United Nations Foundation, the Methodist Church, the NBA, will continue to get sports fans engaged in the fight against malaria. Exxon, as we heard earlier and other companies are here demonstrating the crucial role that businesses are going to play in this fight. Malaria No More is a brand new group and I hope it will inspire millions of Americans to join in this really, really important cause.

The President's Malaria Initiative has pledged more than a billion dollars to fight this disease. This is an enormous step forward for this nation and it joins the ongoing efforts that are already happening with WHO, Roll Back Malaria, the Global Fund, the World Bank, our own foundation and many other groups are working to conquer malaria. If we all work together, we will succeed. We already have the tools. We know that bed nets and insecticides protect people from malaria and we know that treating people who are sick can absolutely save their lives. We've seen that time and again, but now we really need to deliver nets and we need to deliver the insecticides to people at risk of getting the disease and we need to really treat those who are already ill.

We also need to keep pushing research into better

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treatments and insecticides and one day we will have the ultimate solution, which we believe is a vaccine. Once we have a malaria vaccine, it's going to take everybody in this room to do exactly what we're trying to do with nets and insecticides. We're going to have to make sure that we deliver a vaccine to the developing world. So I'm confident that we'll deliver the tools that we have and develop the tools because we here in the wealthy nations are starting to recognize, finally, the urgency of this problem.

Until recently I think that many Americans probably didn't know that malaria existed, but creative efforts like those of Rick Reilly's columns in *Sports Illustrated* have helped spread the word. I have to admit *Sports Illustrated* is not on my reading bed stand at night. I have some really exciting things like Disease Control Priorities in Developing Countries. You can tell I sleep really well after reading something like that, but I have younger brothers who read *Sports Illustrated* regularly. As soon as those columns came out, they were in my inbox because my younger brothers were so inspired by those columns, and they weren't somebody that knew much about malaria before but I thought, "Gosh, we really are getting people to understand what the issues are."

So now that we know we're going after malaria, we're doing it I think, because we are a compassionate people. I'm also here to say that we expect results and I love to hear that

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when you hear about the businesses on the ground like Exxon, that they're looking at this like a business problem, because the bottom line here is saving lives, and it can be done. Bill and I have seen firsthand what success looks like. In fact, just three years ago we traveled to a hospital in Mozambique. It was a research station and we were there really to look at the research going on with the intermittent preventative therapy both for pregnant women and infants that was going on, but while we were at the research clinic we also visited the hospital. And there we met a young girl. In fact, she was pictured in the video earlier who was quite sick with malaria. She was shivering with fever and she was on the verge of death. While we were there the doctors were quite afraid she wasn't going to make it through the night and be there the next day. I remember looking down at her on that bed and touching her. I was thinking if this was an American child who was sick, she wouldn't be suffering. Her mother sat nearby and she was gently stroking her daughter's head, and when I talked with her after they were finished shooting the video, she talked about that this was her second child that had been stricken with malaria. She had lost her first one. She was naturally quite concerned about her baby girl. I'm here to say that today that girl we met is alive and healthy. A miracle happened to this beautiful young girl. She received the drug she needed to clear the malaria parasite from her body and it was caught

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literally just in time.

Governments, businesses, foundations and non-profit groups are now working together to see that the miracle that happened with that little girl is repeated millions of times until it's not a miracle anymore. It literally needs to become standard and routine. That's the idea behind the anti-malaria partnership in Zambia known as MACEPA; it's a Malaria Control Evaluation Partnership, which is one of the things that our foundation supports. The government of Zambia has joined with non-profit groups in that country and the funders to scale up malaria prevention and treatment so it literally becomes countrywide in a place like Zambia. Just last March I was in Zambia and wanted to meet the health workers, I wanted to meet the leadership. I met with the Health Minister all the way down to the district leaders, the NGOs in the country and the people who were literally getting the bed nets from procuring them to point of distribution out to mothers in the villages. One of the villages I went out to was a town called Kafue. There I learned from the health workers and the mothers in the village that literally every family had lost at least one person in the village in their family to malaria. Yet the village that I visited still didn't have enough bed nets to go around.

Imagine being a pregnant woman, knowing how vulnerable you and your newborn baby are, and sometimes unborn baby if

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you're pregnant, are to malaria, and yet having absolutely no way to protect yourself. Imagine being the health worker in that village. You must choose which family gets a net and which one doesn't. Imagine being the parent who has to decide at night which of your two children, or three or four or eight, get to sleep under the malaria bed net when only two children can fit, or only a pregnant mother and child can fit. You have to make that very crucial decision each and every night.

Nobody should have to make those decisions, and in Zambia, they won't anymore. Last year, as part of this new program, the government of Zambia decided that they would distribute more than half a million bed nets, and Zambia is making dramatic progress toward its goal of a net for every person who needs one. And when you see the collaboration that is happening on the ground to make that happen, it's really quite amazing.

What I saw in Zambia that was so effective is what we've decided to do here as a community, which is to take an accomplishment and really make it happen. Our foundation has announced a \$20 million grant just recently – this past Monday to expand this particular MACEPA control program to five other nations in Africa. We also announced new grants to accelerate research on malaria drugs, vaccines and diagnostic tests, and to support the Roll Back Malaria Partnership.

The unprecedented attention, resources and new science

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that we as a community in this room have put us all in a position now to win the fight on malaria, however, I'm here to say we have even more to do. We need to close the gap in funding and we have to accelerate the science. Most of all, we need to work together and commit to a coordinated global strategy. This strategy would take into account the lessons we've all learned so far, it would tap into our individual strengths and make sure our work doesn't overlap, so that together we can help developing countries win this fight by making the most of the collective resources that we have, much like what I saw on the ground happening in Zambia.

I hope that we as a community can make that pledge together today because wiping out malaria could join the eradication of small pox as one of the greatest achievements in human history. It's a goal we can achieve in our lifetimes. And Bill and I are committed to working along side all partners in this room and in this effort to make sure that malaria is no more. Thank you for being here today. [APPLAUSE]

MALE SPEAKER: Thank you once again, Mrs. Melinda Gates. Now welcome back to the stage the Children of Agape. [APPLAUSE]

CHILDREN OF AGAPE: [SINGING] [APPLAUSE]

ISAIAH WASHINGTON: Wonderful. These public/private partnerships providing sources, resources in raising awareness in the urgency to fight malaria, but it's not just governments

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and big organizations that can help. We can all help. One organization helping every person to join the fight is Malaria No More, a grassroots organization led by Ray Chambers. Malaria No More aims to work with clubs or organizations to support their outreach and educational efforts especially to young people. Malaria No More has the goal of raising enough funds that when combined with other efforts will provide a bed net to virtually every family in sub-Saharan Africa that needs one. And that people from corporate CEOs to a Girl Scout troop can make a difference. Please welcome a philanthropist and a humanitarian who had directed most of his efforts to at risk youth, Mr. Ray Chambers, Chairman of Malaria No More.

[APPLAUSE]

RAY CHAMBERS: Thank you Isaiah, Mrs. Bush. It's a pleasure to be here. When the White House first announced the Summit on Malaria, Professor Jeffrey [Sacks?] said we really need to applaud the President and First Lady. This is the most important thing to happen for malaria in several decades. As most of you know, Jeff has never been mistaken for a Republican. [LAUGHTER] To hear him say that really had an impact on me, and as we thought through what this Administration has done with PEPFAR, the Millennium [inaudible], the President's Malaria Initiative and now the White House Summit on Malaria.

I was speaking with Mrs. Bush the other night and I

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know of the commitment of the President and the First Lady to do as much as they can by the end of their Administration to bring an end to malaria. So would you please join me in thanking the President and Mrs. Bush for all of their efforts on malaria? [APPLAUSE]

I'd also like to thank the President's Chief of Staff, Josh Bolton, the First Lady's Chief of Staff, Anita McBride and my two cohorts, Gary Edson and John Bridgeland for helping to organize this summit. [APPLAUSE]

I was in Africa in January with Jeff Sacks and others from Millennium Promise who are here today and we met a lot of children in the different villages, some healthy, some sick, and when we returned Jeff showed me a photo of this room of beautifully sleeping children. I said, "Aren't they cute?" He said, "You don't understand, they're all in malaria comas, and they subsequently died." I can't get that image out of my mind's eye.

So I thought about how do we help bring an end to this disease and we learned all the statistics that have been recited here tonight and yet just last week our friends Sheila [Kearney?] and Jim Clifton at Gallup did a poll and found out that malaria was viewed by Americans as the least serious disease in the world. In response to the need for collaboration that you've heard tonight and to bring the private sector, the business sector, the individuals in America

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to become more and more engaged, we're launching here today Malaria No More, a grassroots partnership to raise awareness and to ask each and every American to set aside \$10 to purchase a bed net and save a child's life. One woman said to me, "That's the cost of three lattes." Then she thought and said, "Except if you're in New York, it's two lattes." [LAUGHTER]

This disease, these mosquitoes don't discriminate by race, creed, and religion – therefore this collaboration must be all inclusive. We really want to bring together so many different sectors and people who don't know about malaria, raise that awareness and have this ultimate collaboration. Just the other night the wonderful members of the Core Club in New York had a party to raise a million dollars for Malaria No More. Fred [Matser?] had started Malaria No More, The Netherlands and he intends to bring it throughout Europe. Member of Parliament, Belinda [Stronig?] has started Spread the Net in Canada and that's catching on across Canada. This partnership is so important and it should involve everybody from all the sectors of which we've spoken. We know that with bed nets, with vector control, with medication we can bring an end to this disease.

I'd also like to thank the Abbott Fund for providing the financing for the Nets are Nice books that will wind up in the hands of every first grader, every fifth grader and every sixth grader in the United States. So all we have to do now is

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raise awareness, promote collaboration and exert that will as
in, we will not stop until malaria is no more. [APPLAUSE]

I'd like to introduce two of our Board members, Mr. Ed
Scott, the Founder of the Friends of the Global Fund to fight
AIDS, Tuberculosis and Malaria, and Mr. Tim Shriver of Special
Olympics. [APPLAUSE]

ED SCOTT: Thank you very much Ray. It's certainly an
honor and a pleasure to be here as a member of the Board of
Malaria No More. I want to say that perhaps one of the most
relevant pieces of experience I have with respect to
participating in this Board is that I grew up in Panama. As
you perhaps recall from Isaiah Washington's remarks in the
movie, 100 years ago this disease was brought under control in
Panama. It was brought under control really by organization.
As Dr. Phillips of Exxon said, this disease thrives on
disorganization and organization is really what it's about.

I can remember my grandmother yelling at me when I was
a little boy to get in the house at dusk to avoid being bit by
mosquitoes or yelling at my grandfather to repair holes in the
screen so that the mosquitoes couldn't enter the house. But
this is all about will. It's all about organizing ourselves.
This is a disease we beat once before 100 years ago. We can
clearly beat it again, and with the kind of people we have
gathered here today, I'm very confident that we will. Thank
you. [APPLAUSE]

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TIMOTHY SHRIVER: Thank you Ray, Mrs. Bush. Your leadership, once again is standout for our country and for the world. We're grateful for your presence and the President's leadership on this.

I'm here representing Malaria No More. My day-to-day job is trying to provide support and leadership to over two million athletes in the movement we call Special Olympics. I see my role there largely as a teacher. I try to be a teacher; a teacher of fundamental lessons. The children, adults with disabilities are not weak, vulnerable and pitiful, but strong, gifted, capable of contributing and also to teach those who are seen as strong, gifted and capable in giving they can receive so much more in return.

This is the message and the challenge of Malaria No More – to take those lessons to children, to take it to young people. If we had to look at the track record as Melinda Gates said of the last 10, 20 or 30 years, we haven't done enough. We are here because we have failed as a global community. Now we are issuing the challenge to children and we are saying without a doubt that we are not going to be afraid to ask. We are not going to be afraid to issue a call to young people to engage themselves to give, give, give. Because we know in asking them that we are giving them a chance to make a difference, which is what they want. We are also not going to issue a challenge to see children of Africa as pitiful, as

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pathetic, as sad, as tragic figures, but rather as gifted, strong children; children who can contribute, children who can live full lives. We can teach those lessons in our schools and we will invite African children to join with their American and international counterparts - [APPLAUSE] in a recognition that compassion when taught is a gift that one gives and a gift that one receives in the same act. And that compassion to one child is compassion to yourself, and the dignity of every child is a message that has no room for pity, only room for dignity.

Thank you. [APPLAUSE]

MALE SPEAKER: Ladies and gentlemen, from the Boys and Girls Club of America, please welcome the President, Roxanne Spillettt and the Youth Representatives of the Boys and Girls Clubs of Newark, [Daekwon Foster?] from the Broadway Unit, [Asa Harris?] from Central Ward Unit, [Ebbitt Town?] from Westside Unit, Nicole Rivera from Broadway Unit, Jasmine Johnson from Central Ward Unit and their CEO, Felix [Rause?].

[APPLAUSE]

ROXANNE SPILLETT: We are all so excited to be here on this important day. Mrs. Bush, thank you for caring so deeply about all the world's children. We know you do and we're grateful for you for that.

I'm here representing Boys and Girls Clubs of America, and these are some of the finest young people in the world. They're here because they have a commitment to what brings us

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all together today. Boys and Girls Clubs of America has entered into a partnership with Malaria No More. A partnership that fits perfectly with our century long mission of helping young people become compassionate, caring citizens who give to others less fortunate than themselves. So we're reaching out to our network of 4,000 clubs here in the US and on military bases across the world and we're asking all of our clubs and all of our club leaderships – the over 4.6 million young people whose lives we reach – we're asking them to generate ideas. We're asking them to call their friends to action. We're asking them to raise awareness and we're asking them to raise money to fight malaria. [APPLAUSE]

We're also incorporating the concept of Malaria No More in our private and public youth website called Youth Net. This Youth Net is by teens, our club teens for all teens. The message on that website is all about Malaria No More. It's not just engaging the kids in our clubs, but teens everywhere in the fight against malaria, because we know that knowledge and understanding of a problem is where compassion truly begins.

Over the next year the Boys and Girls Clubs plan to get very active in this regard. We plan to get more clubs and more club members actively involved in educating others about Malaria No More. My friends here are very engaged from the Boys and Girls Clubs of Newark in this effort and we're going to hear from them in a minute, but they're part of a broader

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effort – a broader and more important effort for us to reach beyond the walls of our clubs, to encourage our young people about the importance of engaging, informing and motivating others. Historically this is something that our organization feels very, very committed to. We believe that our children or children who care deeply about others, and yes, they are citizens of America, but they are also citizens of the world. That's why they rose to the occasion to help Afghan children and also engaged in the Tsunami Relief Effort. Our kids have been there to help other kids in need.

Now let me end my little part by quoting a six-year-old from one of our clubs in Illinois who, when asked about a problem said this – her contribution. "A bunch of different people can make one good world." We believe in this too. We're a proud participant in Malaria No More. You have our full support and as Olivia says, we can all help this to be one good world. Thank you. [APPLAUSE]

ASA HARRIS: Hi. I'm Asa Harris [misspelled] and I'm a member of the Boys and Girls Clubs of Newark, Central Ward Unit. As Miss Spillettt stated, we have been busy brainstorming and putting our ideas together to work to find significant ways to help overcome the menace of malaria. So far we have created a webpage for malaria. We are using the webpage in a positive way to spread the word to our network friends on the severity of malaria. We have also produced a video that can be seen on

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YouTube.com. The five-minute, hard-hitting video shows the effects of malaria and asks people to make a difference by getting involved in supporting our efforts to wipe out malaria.

On December 1, our West Side Unit hosted a team party where 370 teams helped to raise \$430. To date, our Malaria No More projects have raised \$1,200. [APPLAUSE] Thank you. There is still much to be done and we are committed to staying to the course, spreading the word and showing others, young and old that by working together all of us can make malaria a thing of the past in Africa. Thank you. [APPLAUSE]

DAEKWON FOSTER: Hello. I'm Daekwon Foster [misspelled?], and I'm a member of the Boys and Girls Club Broadway Unit. As you can see, we are very serious about the malaria project. Not only have we done a video and a webpage, we've done several presentations throughout the Newark community earlier this week spreading the word about malaria. As part of Malaria Awareness Week, the Boys and Girls Club of Newark will be hosting activities and events to educate the youth, their parents and the community about malaria. Some of the activities include educational workshops, Internet research projects, bake sales, quiz bowls, community presentations and a malaria victory party.

This is just the beginning of many activities and projects we'll be hosting throughout the year to raise funds and awareness about malaria. For more information on our

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current and future projects, visit our website at www.bcg.org.

Thank you. [APPLAUSE]

MALE SPEAKER: Ladies and gentlemen, from the National Basketball Association, please welcome Kathleen Behrens; Senior Vice President, Community Player and Programs, along with Ruth [Riley?]; Detroit Shock, WNBA, Andrea [Stinson?]; former player, WNBA, [Darvin Hamm?]; former player, NBA, Jim Jackson; former player, NBA, and Sam Perkins; former player, NBA.

[APPLAUSE]

KATHLEEN BEHRENS: Thank you very much and good morning. I brought some good and tall friends here to help me. Mrs. Bush, we're delighted to be working with you again and we are honored to be here. Like many, we were inspired last year by *Sports Illustrated* columnist, Rick Reilly. It wasn't just Melinda's brothers. It was all of us and sports fans around the world were inspired by Rick's challenge to donate \$10 - to send in that to save a life for children in Africa. With that and thanks to the leadership of [Kathy Bushkin?] and the UN Foundation, Nothing But Nets was born. We're delighted to be working with *Sports Illustrated*, with Malaria No More and with the people of the United Methodist Church on this campaign.

I'm just going to tell you a little bit about what we're hoping to do with it and that's our mission. Our mission is to get long lasting insecticide treated bed nets to children and families who would otherwise unfortunately die without

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them. It's that simple. Over the next two years, Nothing But Nets working with the Measles Initiative will provide nets to families in Africa, focusing specifically on children under the age of five. To date we have raised over \$1.7 million. We have already done one bed nets distribution in Nigeria of 150,000 nets and we look forward to doing even more.

The key message for this campaign is to let people know how simple this is. How powerful, but how simple – and the simple way is this. You log on to Nothing But Nets, you make a donation of \$10 to purchase a net, that net is then distributed to a family. They are also educated on its use. They are helped by a health care worker or community health care worker to properly hang the net, and that net will save the life for a child for up to four years with its proper use.

But the real important work that we're going to be doing – all of my friends – is getting the message out to people. We're going to use the considerable marketing and PR clout of the NBA and the WNBA to do that. We're going to start in January at an event at our NBA store on Fifth Avenue. We're going to be encouraging people to help us cover Africa. More than 20 NBA and WNBA teams are going to be doing in-arena nights, basically focusing on awareness and fundraising efforts. In addition to these terrific athletes and role models, other players, [Lou Al Dang?], [Sagana Jop?], [Kyle Corver?] will be joining NBA and WNBA players acting as

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spokespeople, participating in PSAs, grassroots events, fundraisers and basically spreading the word about the importance of this campaign. We're also going to be doing a PSA campaign with VH1. We are going to be using our NBA broadcasts on NBC, Turner and ESPN to make sure that people who are fans are watching the games; millions around the world understand what this campaign is and how they can help. We will be using all our NBA assets, our Internet, our TV station to present information to our fans as well to our fans.

In addition we have to raise money. This campaign is only going to be successful, so we're going to activate around our more than 2.5 million children and parents who participate in our Junior NBA program. We're going to be going out and doing grassroots events with all of them. We're going to be using our high profile events like NBA All-star. We're going to be using our NBA store, our in-arena opportunities to help spread the word and raise funds.

Then very importantly, we're going to make sure that the people who need the nets get them. We're starting in January. Sam Perkins will be traveling to Nigeria with Nothing But Nets to participate in a distribution and we're going to be doing other distributions as part of our Basketball Without Borders program when we return to South Africa this summer. For the fifth consecutive year we're going to be doing bed nets distributions throughout Africa as part of that campaign as

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well.

Our message is very simple. We're going to use the power, the social responsibility that we take very seriously at the NBA and WNBA to get the message out to our fans that this is an easy way to literally send a net and save a life. We're delighted to be part of this campaign and we urge everyone to continue to participate with us. Thank you. [APPLAUSE]

MALE SPEAKER: Ladies and gentlemen, please welcome Brian A. Gallagher, President and Chief Executive Officer of United Way of America, and Angelina Wapakabulo, Executive Director of United Way of Uganda, Executive Committee.
[APPLAUSE]

BRIAN A. GALLAGHER: Thank you and good morning Mrs. Bush. Thank you for your leadership. The environment is changing so quickly, economically, socially and politically. We knew that the need was also becoming the human need much more compelling as we were interconnected as a globe. So when John Bridgeland brought us this opportunity with such a compelling, simple idea that really saves lives, we knew at United Way that we had to get involved.

I had a mentor early in my career that reminded me that where resources meet need, there is responsibility. And so as the largest private fundraiser in the U.S., we knew we had responsibility to get involved. Our commitment today is to give the opportunity to at least four million employees of the

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Fortune 500 corporate partners that we engage with every year in the country to purchase mosquito nets. Secondly, to give millions more the opportunity through the 1,300 local United Ways across the country to do the same thing; the opportunity not just to build awareness, but for \$10, to save a life. We'll also be involved in monitoring and evaluation to make sure that the resources that our donors commit are used properly and appropriately.

We, as you've heard, have affiliates in 45 countries around the world including United Way Uganda. So it's my pleasure to turn it over to Mama Angelina, the Vice Chair of the United Way Uganda Board. [APPLAUSE]

ANGELINA WAPAKABULO: On behalf of the children, the women, the communities who are out there and least able to fight malaria, I want to say thank you Mrs. Bush, the President and all of you in your various capacities who are engaged in the fight against malaria.

While growing up as a young person, I grew up in a small village where there was a disease and there is a disease called [nyavana?]. [Inaudible] is a child and this disease always causes the child to have fever, to have convulsions and eventually we would say the child has gone mad. Eventually the child would die. I survived, but many others died. I survived because I was near a Catholic mission where I was able to access medical services, but as we speak today in my own

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country [nyavana?] which I later came to learn is malaria. Cerebral malaria is still there and killing up to 30,000 children a year.

United Way in Uganda is eager to partner in the efforts to make sure that malaria is no more. In that regard we wish as the Board of United Way Uganda, and other United Ways across the continent, we wish to engage government, NGOs, academic missions, faith-based institutions as well as the civic and other leaders to ensure that indeed, the mosquito nets, the other services that will be provided will actually reach the most needy and those who need them so together Malaria No More will be reality rather than a dream. United Way Uganda, United Way from Africa will be part of that effort. Thank you.

[APPLAUSE]

MALE SPEAKER: Ladies and gentleman, please welcome the honorable Bonnie McElveen-Hunter, Chairman, American Red Cross.

BONNIE MCELVEEN-HUNTER: Thank you. Mrs. Bush, distinguished guests, I stand before you this morning as a daughter, a sister, a wife, a mother, a business owner, a former U.S. Ambassador and now Chairman of the Board of the American Red Cross. An organization that I have seen that reaches out to the least and the last and the lost at their most critical hour of need, as I did in a Darfur refugee camp just one month ago in Chad.

I stand here also reminded of my grandfather's great

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wise admonition, "It's more important to select your partners than to select your business," and the people in this room, the power of this partnership has the ability to change the course of history. The American Red Cross is proud to be a part of that critical partnership. Our founder said that into your hands the charge is laid. When a nation cries out, suffering as a result of drought or war, when a child cries out in need of measles vaccination or protection from the deadly scourge of malaria; we must be there. We must be there answering the cries sometimes so loud they reverberate around the globe, others so softly they can barely be heard.

We have heard the cries of Africa. We have vaccinated 217 million children in 41 countries from measles, but there is much to do. We are referred to as the army, the boots on the ground. Let me just tell you that this is an army of hope and we are committed to be a part of eliminating malaria across this continent. We are pledging today to activate our army of hope, including mother's clubs who are made up of, yes, wives and mothers and grandmothers, to reach out with 50,000 new volunteers and to reach out to over 10 million people. The needs are enormous and I think when you go to Africa, you recognize there is such great capacity and great opportunity, but you are faced with so many realities of do you curse the darkness or light a candle. The candle and glimmer of hope that I have seen, even in the refugee camps where six babies

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that were born that weighed between six and ten pounds, certainly a gift of a healthy start, but surely malaria – a preventable disease – should not be allowed to distinguish those candles of hope of the lives of those precious children of Africa.

It is my pleasure today to also represent and also to present to you one of our very able leaders in Africa, malaria has much work to do. We can do this together and we're great to have the partnership of the brilliantly [ariadite?] and dedicated President of the Ethiopian Red Cross, Shimelis Adugna, who also represents us in the International Federation of Red Cross Families. Shimelis?

[APPLAUSE]

SHIMELIS ADUGNA: I'm honored today to join you as an African, as a grandfather, and one of 73,000 Ethiopian Red Cross volunteers. To say thank you to the American Red Cross and American government, and America people for volunteering to fight our fight by joining the effort to eradicate and eliminate this killer disease, malaria.

As a child I saw the impact of malaria. I remember seeing people in the hospital beds, every one of them shaking like a leaf. I remember seeing so many children in hospital beds in Kenya when I was a refugee child. I remember so many who were not as lucky. I survived it, but they did not. I remember feeling so cold though my temperature was very high.

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Now as an adult I continue to see the devastating consequences of malaria that inflicts on our African children – death. The pleading eyes of children in pain and in tears. We must wipe away these tears, stop this pain and death from robbing another generation of the bloom and the hope of future nation builders of Africa.

Over the past five years, more than 75,000 Red Cross and Red Crescent volunteers across Africa were trained to give health service advice. They went village by village, house to house, neighborhood by neighborhood, to talk to parents about the importance of getting their children immunized against measles, and it has worked. The same canvassing of communities, volunteer network of the Red Cross, the power of humanity will be used to scale up the fight against malaria. The other day I met very enthusiastic Red Cross volunteers here, and they are similar to ours. They are dedicated. They are energetic. I thank them for their hard work and infectious enthusiasm to do good and save lives.

There is a lot more in us that bind us together in our common humanity. We all want our families to be healthy. We all want to end malaria and end it once for all and truly for all. Together we can do it. Thank you. [APPLAUSE]

MALE SPEAKER: Please welcome, Robert W. Radtke, President of the Episcopal Relief and Development and Rick Warren, Senior Pastor of the Saddleback Church, also Reverend

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Straton Gataha, Senior Pastor, at the Living Church at Kagali Rwanda. [APPLAUSE]

ROBERT RADTKE, Ph.D.: Mrs. Bush, thank you to President and Mrs. Bush very much for hosting this wonderful Summit on Malaria. I want to tell you a story about a child that was told to us by Father Roger Banda, one of our partners in Zambia. We don't know the child's name, but for the purpose of the story, let's call him Albert.

It was the end of the day and Albert was walking towards his home, a single path hidden in the tall grass, eight kilometers off the tarmac road. Albert was looking forward to his family's evening meal with his mother and father and three little sisters. Albert is the first born. He doesn't know exactly how old he is, but he can read. After supper he has chores and homework to do. As he approached his compound he knew immediately that something terrible had happened. There was silence. Then he heard the weeping, his mother, his grandmother and his sisters. One of his three younger sisters had died and the body was lying on the only bed. The fever from early in the morning had developed quickly and she had died just as quickly. Albert was sent to fetch the priest who lived only a short distance away, a half an hour walk away.

As we heard so many times today, malaria is the leading cause of death in children under five in sub-Saharan Africa. In Albert's village babies are not even given a name until they

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are over a year old, for the chance of them being alive and needing a name is so remote. Imagine that priest that Albert went to fetch having the knowledge, the tools, the training, the nets and the volunteers to prevent the needless death of Albert's sister. And not just this little girl, but all those children not yet named, not yet in school being protected from malaria. Episcopal Relief and Development partnership, Nets for Life is contributing one million long lasting insecticide treated nets in 16 countries in sub-Saharan Africa over the next three years, together with training, monitoring and evaluation. Nets for Life's ability to reach the last mile in Africa through it's Anglican and Episcopal Church partners is reducing malaria morbidity and mortality for people who live at the end of the road. Nets for Life is pleased to partner with Malaria No More and I'm delighted today to announce new funding from the Coca-Cola Africa Foundation, the Exxon Mobil Foundation's Africa Health Initiative and Standard Charter Bank totaling nearly \$3.4 million for this important initiative. [APPLAUSE] This support will enable over 28,000 nets to be distributed, more than 800 new volunteers to be trained and 850,000 vulnerable people to be protected from malaria. And not just malaria, but specifically malaria as it affects communities like Albert's and his family living beyond the end of the road. Thank you very much. [APPLAUSE]

REVEREND STRATON GATAHA: I too, want to thank the

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President and Mrs. Bush for bringing us together in this Summit on Malaria. Nothing could be more [inaudible]. I bring greetings from the church of Rwanda. Malaria is rampant in our country due to extreme poverty, ignorance and medical facilities that are inaccessible to many people who live in remote, rural areas. When we were still young, they used to tell us that malaria is caused by eating sugar cane. I'm here today to present [inaudible] of churches in Rwanda around what we call our peace plan. The partnership between government, the private sector and the church joining hands together as one in fighting disease, ignorance, poverty and malnutrition. Therefore, I'm very happy and thankful to the American government for the concern you have expressed and the public and private support you are providing.

Vulnerable children and women in particular are perishing every day because of malaria. The church in Rwanda needs capacity-building so that it can combat malaria for good. The church in Rwanda can intervene as an institution that is very near to the poor communities and even those in remote villages. The church is an organization with so many volunteers, personal information campaigns to raise our awareness against the killer malaria is quicker. The church has the heart and burden for the vulnerable and marginalized people. The church can accelerate the fight against malaria by training community health workers, raising awareness about the

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deadly nature of malaria and how to prevent it, sponsoring [inaudible] facilitative medical institutions, economic development projects, medical training centers, poverty reduction projects or facilities in collaborating with government about the clearing of thickets which harbor mosquitoes, draining stagnant water, proper housing policy and more.

In conclusion, if only we can implement in our country such preventive measures, life expectancy will increase, mortality rates will reduce and the rate of prosperity will also improve. Then malaria will be no more. The church in Rwanda is united and the government is more than ready to engage ourselves in these normal tasks of fighting disease, ignorance and poverty. What is needed is capacity-building so that the church can finish up with this giant, malaria, and we are grateful to the Saddleback Church and Malaria No More, the U.S. Government and international institutions for their help. We look forward to showing how the church with all its volunteers can work in partnership with other institutions to sustain malaria prevention and treatment and to save lives of so many. God bless you and God bless your country. [APPLAUSE]

RICK WARREN: Thank you for caring. Thank you for coming here. No President and no First Lady has ever done more for global health than President and Mrs. Bush. I want you to thank them. [APPLAUSE] First in PEPFAR and now PMI, thank you

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for what you're doing. I want to thank Ray Chambers also for the vision of Malaria No More and for Admiral Ziemer for accepting this challenge. Would you thank them again for doing that? [APPLAUSE]

Pandemic diseases are what I call one of the five global goliaths on our planet. The largest of course, of all the pandemic diseases is malaria as you've heard over and over and over. This problem is solvable, but it's going to take a three-legged stool, not a two-legged stool, not a one-legged stool. A two-legged stool will fall over. This last year I was speaking at the [Davo?] Economic Forum and I kept hearing about public/private partnership. I wanted to say, "Yes, you're there, but you're not quite there." There is a public sector role, there's a private sector role and there is a faith sector role. There's a governmental role and the government has things that only it can bring. It brings leadership. It brings resources. It brings visibility. There is a business and an NGO, a private sector role. And businesses and NGOs bring capital and they bring expertise, and they bring management skills. But the third leg of the stool is the local congregations, whether they are Muslim, or Jewish, or Hindu, or Buddhist or Christian or whatever. You see if you take the faith component off of the agenda, you've ruled out most of the world. There are 600,000 Buddhists in the world. There are 800,000 Hindu's in the world. There are 1.3 billion Muslim's

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in the world. And there are 2.3 billion Christian's in the world. The largest organization in the world is the church. It was global 200 years before anybody started talking about globalization. I could take you to 10 million villages where the only thing in it is a church. So each organization has to bring to the table what it offers. The government has things it can only offer. Business and NGOs have things only they can offer. But local congregations, regardless of what their faith is, bring forth things to the table that we cannot overlook or we will never solve this problem.

The first is universal distribution. As I said, I could take you to millions of villages where the only thing in it is a congregation. Outside of the capital in most countries, the only civil service structure is the church. I wish I had a map I could show you here of just one area of Rwanda where Pastor Straton comes from. In this area of Rwanda, which is about a two days walk, there are three hospitals. Two of them are church based and one of them is government based. There are 18 clinics in this area - 16 of them are church-based and two of them are faith-based. But there are over 800 churches in that same area and if you mobilize those centers of distribution, it's far more than all the franchises ever put together. They have that universal distribution.

The second things churches have, is they have the

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greatest volunteer force. Hundreds of millions of people volunteer every week in their congregation, in their synagogue, in their temple, in the mosque – hundreds of millions every single week. We know from the tsunami in Asia and we know from Hurricane Katrina that they are faster and they are long lasting. They last longer in the area more than anything else. They bring this together. We've been working on a plan for about three years called the Global Peace Plan to mobilize local congregations to take on areas like poverty, disease, illiteracy, corruption, spiritual emptiness.

The third thing that congregations have is local credibility. In that village, people trust their pastor, their priest, their imam, their rabbi more than anybody else because that person is there in the marrying, in the burying, in the stages of life. You cannot stop malaria or for that matter any other health problem without education. When you're going to change minds, you have to have the credibility. Those people at the local level have far more credibility than you do or I do or anybody else, because they sleep as they say in Rwanda, "Under the same blankets every night with the villagers." So you have to have the credibility.

The fourth thing that they offer is good record keeping. If you're going to do trials, if you're going to do testing, if you're going to do monitoring, if you're going to do evaluations, then you have to have somebody keeping good

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records. Three years ago at Saddleback Church we began testing a prototype of an idea with where could we get business leaders, government leaders and church leaders to work together. We called it the Peace Plan. P-E-A-C-E; Providing hope, Equipping leaders, Assisting the poor, Caring for the sick and Educating the next generation. Over the last three years I've had over 7,000, now almost 8,000, members of my church go overseas in 68 countries testing this prototype. This next year we're going to release it to the 400,000 churches in 163 countries. In our network, just alone – that's just one network. Now we began to look for a small country where we could get businesses, government and churches to actually work together. I knew it would never happen in America, but I thought if we could find one small country, maybe we could do this together. And we were looking around and I received a letter from President Paul Kagame, the President of Rwanda. He said, "I've read Purpose Driven Life, I'm a man of purpose. We invite you to come and help us build the first model of the Peace Plan here in our country." So we have done this and we've been working now for a couple of years. I'm very happy to announce today that in partnership with Malaria No More and with well over 1,000 congregations, interfaith congregations in Rwanda, the government of Rwanda and the businesses of Rwanda, the Peace Plan network of churches – we're creating the first national model of an

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eradication of malaria in a nation using churches and congregations, businesses and the government working together. Over 1,000 church leaders have already committed to this, representing about 100,000 volunteers to train about 2.5 million villagers to eradicate, not just release, but eradicate malaria in Rwanda. We can do this. When we hear about Panama and eliminating it within two years, down 80-percent, that's what we need to do today. God bless you. [APPLAUSE]

ISAIAH WASHINGTON: Thank you, Reverend Gataha and Pastor Rick. Thank you all to our panelists from whom we've learned a lot and we can help in the fight against malaria. I thank you all. For the sake of time, we will be taking a very, very short stretching break and will resume momentarily. Thank you.

[END RECORDING]

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