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**Town Hall Forum: GHI Executive Director Lois Quam on the
Future of the Global Health Initiative
Kaiser Family Foundation
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JEN KATES: Good afternoon. Welcome everyone to the Kaiser Family Foundation. My name is Jen Kates and yes, I have lost my voice but that doesn't matter because fortunately, we're here today, you're here to talk with the newly appointed Executive Director of the Global Health Initiative, Lois Quam, and hear from her, and she hear from you.

I'll try to minimize the amount of talking I do but as everyone here probably knows, Lois was appointed as the first Executive Director of the GHI just five weeks ago today. You have her bio in your packets but if you look at it, you will see that she has accomplished many, many, many things in her career both on the business and management side as well as public service including on health care reform, so an interesting time to be back in Washington.

She's already been incredibly busy in her new role. So we want to thank her for taking the time today to come here and really this is the first time that you'll be speaking as the Executive Director at a public event. So we're really thrilled that you were able to join us.

So as you look at her bio, you'll probably notice that among the things, I want to point out one that I liked in particular named by *Fortune Magazine* as one of America's most powerful women. That's always a good, a wonderful thing to be

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able to say but you'll also notice that in the many things there, there's not work on international health specifically. So one of the questions that I have and I'm sure we all have is what motivated Lois to take this position and how is she planning on making that bridge.

So first before we get to that, for those who don't know Kaiser, just a little bit about us. We are a nonpartisan source of facts, information, analysis, policy makers, media, community, and our product is information. One of the ways we provide it is through forums like this. So that's why we're really glad you're all here, full house. I think we have some overflow upstairs.

The format will be I'll ask Lois a few questions and then just bear my voice. We'll turn it over to you but one of the things that she has asked me to convey and I'm sure she will is that she's five weeks into the job so in addition to, that's not to say don't ask questions but it's also to say that this is an opportunity to provide information coming both ways.

I think it would be really appreciated to hear from everybody who is speaking what your lessons are, your interests are, your concerns or questions might be or from your programs' experience. So let's think of it as a two-way conversation. I will also very much insist that everyone say who they are when they speak.

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So stopping there and starting with the first question, we'd love to hear from you about yourself, your background, and the motivation for coming to take on this challenge but exciting one.

LOIS QUAM: Well thank you Jen. It is terrific to be here at Kaiser today and I'm very grateful for this opportunity to meet with each of you and to begin to hear from you at the beginning of my tenure at the State Department. Before I tell you a little bit about myself, I want to thank you in the room today and those of you on the web cast because it is you that has built the support for global health year in and year out.

You have been steadfast in this cause when it was politically popular and when it wasn't politically popular. In that, you have built up the largest contribution on behalf of the United States to this space that we've ever seen that has saved the lives of millions of people and protected your fellow citizens here in the U.S. at the same time.

So I know in joining this space that I'm following in the footsteps of doctors and nurses and epidemiologists and development workers and others around the world who have made this happen year in and year out. I accepted the Secretary's request because I couldn't think of anything that could be more important to do than to work with you and others around the world to save lives. We can make a tremendous difference in

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this space and with all that we've done, there is a tremendous unmet need.

I also am somebody who really likes a challenge. I'm one of those people that someone says well that's really worth while but it's too hard. That is a sign for me to want to work in that arena. I like challenges and accomplishing things that might have seemed that they were too hard to do.

Throughout my life, whether it's been in religious organizations or in industry or in health care reform domestically or in other spheres like raising three sons under two, that's what I've tried to do. I'm a fighter. We have a cause here that's worth fighting for. We're going to have to fight for it, fight for the resources, fight to overcome the challenges on the ground and in Washington and elsewhere to accomplish it.

So thank you for the chance to work with all of you on this. That's why I took this assignment. I couldn't see anything more important to do ever. I like the kind of challenges that it represents and have enjoyed working with others to accomplish great things and those kinds of challenges in other spheres.

JEN KATES: Thank you. One of the things that you had said to me when we spoke in advance that really stuck out was your desire to also take good creative ideas and make them

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stick and make them continue on and if you could just talk a little bit about that.

LOIS QUAM: Yes. You know, as I said, my profession isn't medicine or epidemiology or development. What I feel my profession is is how to take a good idea and bring it to scale and then sustain it as a legacy. So I really like the challenges of collaborating and working with people who look at problems in very different ways and finding ways that they can work together very effectively because I really found that if you can have different approaches to the same problem, you tend to end up with a more robust and sustainable solution.

The importance of this work is we never take on anything that's easy ever. We aren't doing global health in countries and regions that everything is in place and working. So what I really enjoy doing is finding those ways to work and I've done it in different parts of my career. I chaired the Health Care Reform Commission in Minnesota back in the late 80s and developed our plan for universal coverage and shepherded that through the legislature twice. The first was vetoed because it was too expensive but the governor, same governor, signed a bill that was 10 times more expensive.

I've done that work and working with religious organizations particularly the Lutheran church in looking at how do you take a great history book, prepare it for the

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future. I've done that kind of work in the area of Medicare and changing our health care system so that we can better adapt to the needs of an expanding senior population.

So what's going to be especially important here today and for me in the future is to be able to listen to you and what you found works and what doesn't work and what you see as the biggest challenges or perhaps are neglected areas of focus so that we can do the best job we can at any moment in time to make this stick and prevail into the future successfully.

JEN KATES: One more question and then we're going to get to everybody here. It's been five weeks, what have you done thus far and what's your immediate next step [Laughter] to learn about this?

LOIS QUAM: Yes. I've done a lot of listening. I have been around the State Department of course. I've been to USAID. I have been to PEPFAR. I have been to CDC both in Washington and in Atlanta. I've done a lot of listening. I've done a tremendous amount of reading and I've also really begun to work with my colleagues to gain momentum for the important things that we have underway in the countries where this work is happening.

I am looking forward to going to Africa for the first time next week. I'm very much looking forward to understanding how things are working in country and I'm really looking

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forward to getting to rural areas in the country that we're working from. I'm from rural Minnesota.

So my sort of point of reference is sometimes you see how things really work or don't work when you get away from the Capital city. It's always different. So I'm going to try to take the time in my trips to get out of the Capital cities and really see what's happening on the ground.

I would say that I have been really struck by two things. One is just the immense dedication of people working in this field. I knew that but to be reminded of that every day is very striking. The second and I think this is part of our challenge, I have also been really struck, since coming to Washington, at the distance between Washington and what I've experienced as the mood in the rest of the country. I think we all know that there can be a beltway phenomenon around a capitol city but I think that it is both a challenge for us and an opportunity.

The challenge is there is a really different feeling in the country outside of Washington and for us to lead successfully on behalf of the causes that we care about, we have to understand that and be really relevant to what's happening in America outside Washington.

The opportunity is we know and your research really, your survey research was very helpful in understanding, we know

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there is a huge support for the work of global health in the country, in this country, across this country, throughout all communities and in all walks of life.

People have given generously to the cause of global health for generations in so many areas. We need to really tap into that and to make their care and concern effective as we do our work here in Washington, as we do our work in the field. I think there's a huge opportunity to do that.

JEN KATES: Thanks. I'm going to turn it over to everyone here especially since my voice is really going. We're going to take three questions or comments at a time and please when you have the mic, just say who you are and where you're from. It'll really help Lois in learning who's here.

CHRIS COLLINS: Good afternoon and thank you so much for being with us today. Congratulations on the new position. My name's Chris Collins. I'm with AMFAR. I'm not sure and I may have missed it but looking at the new GHI strategy, which I believe is out today, I don't believe the words human rights are in that document and I know Secretary Clinton has been a real leader on talking about the connection between health and human rights and the need to have both.

Thinking about populations like gay men and other men who have sex with men, injection drug users, sex workers, other people who are marginalized in their communities but also

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sometimes bear the biggest brunt of health care challenges and where the most is needed to help the health care system reach them.

I wonder if you can talk about your commitment and the commitment of GHI to, on those human rights issues as they affect getting health care to marginalized populations but also if you could comment then also on this, I noted that country ownership, for example, in the new GHI strategy has moved up now in terms of your principles.

It's obviously a cornerstone of GHI. Yet we know that, for example, women aren't equal in so many of the countries we're helping. We know that gay behavior is illegal and sometimes there's a death sentence for practicing it in many of the countries that have big MSM epidemics. So as we move to country ownership, how are we going to walk that line in making sure that we don't forget about marginalized folks? Thanks very much.

LOIS QUAM: Thank you very much for your question. First of all, I wanted to really thank you and to all the people here and on the web cast because the advocacy community around HIV and AIDS has made such a remarkable achievement on behalf of all of us in this country and around the world.

When we think about the incredible accomplishments in prevention, in treatment, in care, and the relative speed not

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fast enough but that has occurred, it's a remarkable leadership and the tremendous funds in this area and activities around PEPFAR of course as a result of that advocacy and the insight of the Bush administration and others in getting it there.

So you raise an important question and it was an issue that I discussed on, I think it was my fourth day on the job when I was at CDC with colleagues there, which is how do we handle this tension between country ownership and human rights, whether it pertains to disadvantaged, discriminated populations inside a country or refugee populations that are in a country. I'd like to just say a couple things.

The first is that we are implementing the Secretary's vision around human rights and human rights as it pertains to health. Therefore we have an enormous commitment to the human rights of minority groups within countries and disadvantaged groups within countries. We understand that that creates a challenge around the principle of country ownership.

So as we work towards country ownership that is a constant consideration. We have an interest in country ownership because we want to see countries contributing their own resources towards the treatment, care, and prevention of HIV and AIDS, towards maternal and child health and other areas.

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We want that because that brings greater resources to the table and because it can build a more sustainable way of providing global health services but in doing so, we're very conscious of this challenge and understand that we have to, with you, work our way through judgments related to this challenge over time. It is a challenge. Thank you.

LOYCE PACE: Good afternoon as well. My name is Loyce Pace. I'm with LiveStrong or the Lance Armstrong Foundation. I want to thank you, first of all, for your work with Ovations and in particular the work that they've done globally to support centers of excellence for chronic disease. So thanks very much for that and thanks very much for being here today.

I'm here because or my question is around how we are advising countries around this sort of emerging global health problem in particular cancer and other noncommunicable diseases. So there's a high level meeting coming up this September at the U.N. that will address this and member states will be asked to make pretty serious commitments around NCDs in addition to all the other work that needs to be done in global health.

So how might you advise these countries to approach this priority and maybe even leverage GHI as a resource to help really address this problem alongside the other global health priorities that we have in front of us? Thanks.

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LOIS QUAM: Thank you very much. You reference the work I did in global health when I was in industry and I led the development there of a series of 13 centers of excellence around the world in chronic illness as a part of the Clinton Global Initiative. That's successfully underway.

Part of what we're, is at the foundation of the global health initiative is the recognition that we all do better whatever the challenge is, if we can have an integrated and sustainable health care system that if we look at the perspective of a family where one family member has one illness and one another that if countries have an integrated sustainable health care system that can respond to a variety, a full variety of health care challenges, that it serves us almost effectively.

Now we know we're quite at a distance from that but the experience of chronic illness underscores that. We know that chronic disease is advancing in all countries of the world. So while our focus in GHI has been in many ways, not targeted at chronic illness, the focus of activities to build more integrated and sustainable health care systems that can meet the need of a full population helps prepare countries in many ways for the challenges of preventing and treating and caring for people with chronic illness.

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You had asked me to hear three questions before I answered and I was. I'm kind of jumping in so maybe we could get through more questions though if I group them. So I will now begin to—okay great.

MAURICE MIDDLEBURG: Hello, my name's Maurice Middleburg. I'm with IntraHealth International. Congratulations on your appointment as Executive Director. I actually want to pick up on your comments with regard to sustainable health systems with a specific request that you encourage your colleagues to develop a health workforce strategy under the GHI.

In contrast to some of the other dimensions of the GHI, in all candor, the approach to it is quite vague without specific objectives or resource allocations or priority countries or technical approach. If, in fact, there are to be sustainable systems, we really have to address the health workforce issue and while there's a lot of activity going on, it's not guided by any articulated strategy. So moving forward on developing such a strategy would be a very, very useful step that you might encourage.

SAMBE DUALE: Thank you and congratulations on your new appointment. My name is Sambe Duale. I'm from Africa's Health in 2010. First I like to thank the Kaiser Family Foundation for their analysis of the FY10 GHI resources that came out

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recently. It's obvious from the analysis that one of the core principles of GHI, which is women, girls, and gender equality, is actually not as well funded as we would expect.

My question is this is a big issue in developing countries as women are dying, children are dying. What are your plans to try and reduce the skewed funding that we have right now in the GHI so that we can better address women and girls' health? Thank you.

GARY MERRITT: Hello. Thanks for standing forward in public fora and congratulations on your position. I'm Gary Merritt, a USAID retiree and self-employed consultant now. I was privileged to be working several months in Liberia last year and to program the perhaps the first direct host government funding in the health sector as it turned out and wanted to ask a possibly, impolitic, difficult question to answer but that is given the global financing crisis with respect to overseas assistance and given the President's accent on direct host government grant funding as opposed to contract grantee intermediation.

The combination of those two things is going to put a squeeze, I would guess, on funding in the next few years for the now conventional contractor grantee system that evolved within USAID and the health sector in particular. How do you see that playing out over the next year or so? I should think

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it's going to be especially tough if the President's accent on host government financing and cutbacks in foreign aid happen at the same time.

LOIS QUAM: Thank you. Thanks to each of you. I appreciate the comment on workforce and we've taken note of that. Thank you very much for your comment and your question regarding services to women and girls. As you know, Secretary Clinton has strongly prioritized this area and one of the first things I did in coming to the State Department was meet with Ambassador Verveer who heads the Women's Office at State Department. I'm also really pleased that Dan Singer is here from NIH who heads the Maternal and Child Disease Department. We have enormous work to do at every level.

As you know, we lose hundreds and thousands of women each year in childbirth, in every case preventable. We do not provide the kind of care throughout women's lifetime that are required for women to reach their full potential. It is an area that we will and I will focus on very heavily. It is an area where we can make very significant strides and I assure you the Secretary of State is keenly interested in doing so. So thank you very much.

You raise a really important question that gets at the underlying resources that will be available for global health. I feel very proud to work for a President, President Obama who

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in a difficult budget year where lots of things were flat or even worthwhile things saw a reduction that we saw a very solid increase in support for global health and financial support for global health. That is impressive.

We, now it's important and I go back to this sort of noticeable difference between how that I've noticed between where the country is on things and what you hear about in Washington. I think there is very strong support in the country for global health. When you look at the ways that people have given of their own resources to non-governmental organizations, nonprofits for many, many years to religious organizations doing this work.

I remember my own family growing up that I grew up in an agricultural area in Minnesota so depending on the price of corn, the fortunes of families varied a lot but there was a lot of discussion, I remember being at the kitchen table where my cousins Helen and Orville were saying that no matter what happened year in and year out, we had to support Lutheran World Relief because the work that Lutheran World Relief, and I know they're just one of many organizations that do this kind of work made such a difference.

I think that we all know any one of us could be in this position where we relied on the work and support that this country and the generous people of this country give and

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provide. So it is a crucial moment to take the support that exists for global health and make it visible and relevant and to support these efforts going forward. I'm really proud of what the President has put forward in the budget in this regard.

JEN KATES: Two things really quickly, the analysis of the budget that was mentioned is in your packet. So if anyone is interested in seeing that, it's here. Then secondly, you mentioned a couple times some of the poll findings and there's some interesting findings in a poll, our most recent poll on U.S. public opinion about global health.

One is the usual disconnect between what we spent on foreign aid and what the U.S. public thinks we spent on foreign aid but more interesting and challenging than that is that I think there's a disconnect, the findings seem to suggest this between what people see as foreign aid and what they understand as what we do on global health because the more specific you get in terms of framing findings, the more support there seems to be.

So it's not clear that it's resonating with the public what all of the work in Washington really translates as very striking. Okay next three questions and we'll make sure to get to the back because we also saw some folks back there. Yes, here and there and there and then in the way back after that.

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DARPAHARITA PUROHIT: Hi. My name is Darpaharita Purohit and I'm a student of the Johns Hopkins University. Thank you so much for coming. My question is do you think how effectively the GHI being used as a public diplomacy tool and in your experience, have you come across anything that basically showed that the global health initiative is helping the U.S. build a positive image in the developing countries?

AMY JOHNSON: Yes, good afternoon. Thank you so much for coming. I'm Amy Johnson. I'm with Peace Corps and just a small plug. Thank you very much for doing this on Peace Corps' 50th anniversary. We're one of the agencies that cooperates with State Department and with USAID on almost every spectrum that's covered under GHI.

I was wondering if you could talk a little bit about how you see the whole of government approach applying here for organizations that are not directly included in GHI but that have strong links and I would, on behalf of my colleagues, I work in the inter-America Pacific regions. So we have, Guatemala's one of the GHI-plus countries and then five others in Africa. We would welcome you, at any time in your travels, to visit with our offices and understand a little bit more about what we're doing on the ground.

KIMBERLY SUTTON: Hi, my name is Kimberly Sutton. I work with the Global Health Council. Thank you for being here

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today. I have a rather specific question, so bear with me for just a second. I was doing a brief comparison between the consultation document that was released last year and the recently released strategy document and I noticed one language change around the principle that relates to women and girls.

The consultation document mentioned something more closely aligned with implementing a women and girls-centered approach. The strategy document seems to shift that language to a focus on women, girls, and gender equality. I was wondering if you could speak a little bit to the thinking behind that change and if you think it will influence implementation of the GHI around women and girls.

LOIS QUAM: Thanks to each of you. Thank you very much for your question and I hope you and your colleagues at Johns Hopkins will always study this and give us good feedback. The Secretary has been very articulate in the opportunity for the United States to engage in smarter and more effective ways around the world through using our diplomatic and development capacity as well as our capacity around defense. That is so real in health care.

We have such enormously talented people in this country, in the university sector, in the nonprofits, in industry, across government, and it is such a powerful way to demonstrate the good will and capacity of the American people

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around the world, and to do that in a way that helps every citizen in the world reach their full potential. We have a long ways to go to realize that. So this is at the heart of the work around diplomacy and development and that is a work that will be ongoing throughout the world and over time.

The second questioner, Peace Corps, I was at the Peace Corps my first week and met with your deputy director. I think two things are really exciting. First of all, it is just smart to use this whole of government approach and to rather than everybody working independently to be able to take the different perspectives and strengths of different agencies and combine them around confronting these enormous challenges.

Peace Corps brings incredible energy and also brings a presence in places where they are the only U.S. government agency engaged. In the end, it is really important that we're able to translate the enormous benefits of health to remote rural areas around the world. The Peace Corps provides a really interesting way to think about how we can do that more effectively. So congratulations on the anniversary. The next 50 years are the best is yet to come right?

Then thank you for your question related to the document on and the question about the language. I wasn't here, of course, when the first document was developed but I

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can speak very clearly about our commitment with regard to women and girls.

If you look at Secretary Clinton's incredible commitment in this area and her focus, her creation of Ambassador Verveer's office, the work that we have underway. It's a mess. We're able to, in this work, build on the work that's been done before. I'm really pleased that Rear Admiral Blumenthal's here who sat at the Women's Office at the Department of Health and Human Services. There is only an intensification of our commitment to do this work as we move forward in GHI.

JEN KATES: Just one thing related to that. We recently had a forum here on the principle, women, girls, and gender equality principle on this with several representatives from the interagency taskforce looking at this. This issue came up about the language change and one of the things that got discussed by the many people there was the challenge of not making this just about women as beneficiaries but also as women as actively engaged in programs and development of policy and approach.

So that was one of the things that seemed to shift a little bit with the language or purpose for shifting the language. Okay, I want to make sure to go to the back because

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I don't want to forget about people in the way back who've been raising their hands.

OWEN RYAN: Hi, I'm Owen Ryan from the Bill and Melinda Gates foundation. Thanks for joining us this afternoon. I just wanted to ask in addition to the coordination that you see yourself doing within the government, I'm wondering where your perspective is on coordination with large, multilateral groups like The Global Fund and GAVI. Thanks.

JEN KATES: Two more. Lisa?

LISA CARTY: Thank you and Lisa Carty from CSIS and I wanted to pose this slightly different question. I'm wondering if we could get you to reflect a little but on your past experience and particularly in the context of people often referencing the importance of bringing private sector principles to public sector work but I don't think we ever really well defined what we mean by that.

So I know it's only been five weeks but I'm just curious if in these first five weeks you've already seen things either in how within the GHI people have defined the problems or defined the solutions that as you think about it from a private sector, you maybe see it in a little bit of a different way. Thank you.

NORA SCHAUBLE: Hi, my name is Nora Schauble, I'm here with World Learning, actually just started there as an intern

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and I'm a recent graduate of American University studying international development and global health. One of the things we often talked about in school in some of my global health classes was about tendencies to focus on disease-focused programs rather than system improvements.

It was a topic that was touched on earlier but I was wondering if you have anything to say about programs focused on diseases as is mentioned in the budget such as malaria and HIV and other programs that are more focused on capacity development for the country in terms of long care health systems development integrated for the whole family as you said or the whole individual, maybe not just HIV but every other condition the person might be concerned with.

LOIS QUAM: First of all, thank you very much for the Gates Foundation's leadership in so many areas. It's about getting the job done and getting the job done, it's very important to work with partners around the world whether they be civil society or multilateral organizations or other governments.

So the work with GAVI, the work with the Global Fund is very important to our ability to confront and succeed against these challenges. We look forward to doing that and continually to find better ways to do that.

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Your question about my experiences, I guess what I found in every sector that I worked in is that in the end, the most important thing is to be able to keep a strong focus on the goal that you're trying to achieve and to be able to learn that, I've learned whatever you plan and how ever long you think about a challenge or a problem and you think you planned and designed and has it all laid out, it will not go according to plan.

I think we know that and I think it's so true and that what is important is to keep your eye focused on the goal and be ready to learn and adapt in order to achieve that goal and to resist being distracted by internal matters or other kinds of things that in the end, aren't on that important pathway to get to a goal.

My experience in industry really brought that home, to me. I think that we face that here. What we're trying to do is very challenging. We are trying to reverse not just decades but centuries long obstacles. I'm so hopeful because we have so many wonderful tools now to confront these challenges and very dedicated people.

I think for us to be successful, we're going to have to focus really resolutely on the goals that we're trying to achieve and we're going to need to listen, learn, confront at times what have been our beliefs on how something's going to be

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most successful because we learn that there are other paths that we've learned from others or we've learned on the ground that can get there more effectively and adapt in order to do that.

Your question about the disease-focused approach or the capacity approach, I think they work in concert. It is crystal clear to me that we would have not made the strides that we've made in HIV and AIDS or in other areas had we not focused on making strides and achieving results in that arena. It's also clear to me that we need to build the capacity so that we can sustain the results that we've achieved in individual disease areas and that we can achieve greater things.

As the Secretary said in her speech in August, it is a tragedy to save a woman's life, a woman who has HIV or AIDS and then to see her die in childbirth. You can imagine the tragedy for a parent in having one child that lines up with one of the programs we've gotten in area and having another child whose medical needs don't have anywhere to go.

So I don't think these approaches are in conflict. I think they work in concert and that it is important that we focus in both areas and that we work to move forward and make achievement in them.

DAVID OOT: David Oot from Save the Children. Thank you for joining us today. One comment and a question, the

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comment is we haven't mentioned under-five mortality in the newborn and given that there are something over 8 million kids who still die each year, most of whom die of preventable causes, 40-percent of whom die in the first month of life.

I would hope that we would continue to maintain an important focus on that and the work that we do. The second is an unrelated question. I'm not sure if you've been up to the Hill yet but you'll be going up to the Hill probably often and I'm just wondering what's the toughest question or questions you've been asked or what you expect to be asked when you make those visits.

PORTER MCCONNELL: Hi, I'm Porter McConnell from Oxfam. Just following up on Chris' question earlier. I wanted to read a quick quote from a Ugandan doctor and researcher Freddie Ssenkoobawho said citizens need to be able to hold their governments accountable and when donors bypass ministers of health and set up parallel health programs, citizens give the creditor the blame to donors not to their own government.

So I guess my question for you is in the country strategies that are coming out soon, how do you view the U.S. role in sort of reinforcing that relationship between citizens and their governments in making sure that we do no harm and that we're able to sort of, through our health programming,

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kind of build that link and make sure we're taking care of marginalized populations?

NANCY TOUCHETTE: I'm Nancy Touchette from the National Institute of Allergy, Infectious Diseases at NIH and as we confront many of the challenges in dealing with global health, we're going to need a very hefty toolbox in ensuring that new discoveries are kept online, that new drugs are developed, vaccines that work in the field. What sort of mechanism do you envision for ensuring that we make sure these discoveries are kept going and make it into the global health strategy?

LOIS QUAM: Thank you very much. First of all, thank you so much to Save the Children and one of the things that I learned when I was talking with some of my colleagues at USAID was just the incredible lack of progress we've made in saving the lives of children in their first month of life that we have not made the strides there that we need to make.

I think that that really, really relates to this question of how do we build integrated, sustainable health care delivery systems in countries that can confront the whole range of challenges that we face. So we're very, very conscious of that.

I do expect to get a lot of questions on the Hill. I really am looking forward to spending a lot of time on the Hill. I think that it is very important that members of

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Congress and their staff have a full and deep and rich understanding of the enormous leadership the United States brings in global health around the world, the enormous accomplishments that we've made, yet the very significant work that remains.

I'll look forward to talking about the ways we can improve the effectiveness and the efficiency of what we do and that as we do that, we will save more lives and do even more to make our own citizens in our own country more secure.

The second questioner was the toolbox, who asked the second question? Sorry, your question, okay got it. As I was visiting with my colleagues at CDC, we had really good discussions about how do you build capacities in ministries of health. CDC has done tremendous work over a long period of time in helping to train epidemiologists that work in country.

I had a virtual visit to Kenya and looking forward to going there in person of course where I was on video conference with Kenyan epidemiologists who had been trained by CDC programs. That's an example of building capacity in country. That's powerfully important for that country but, by the way, also protects this country from the spread of epidemic disease, which knows no borders. So thank you for your question.

On research, there is a part of GHI that Dr. Francis Collins from the NIH chairs that looks at the research agenda

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to expand the toolkit for the treatment and care and prevention of disease globally.

We need to both make sure we are getting into practice effectively what we already know because far too many people lose their lives around the world for causes that are utterly preventable that we know how to treat but the services are not available or not provided effectively. At the same time, we need to find ways to invent new tools and characteristics and I'm really tremendously pleased that there is such a strong interest from the NIH in doing this work with us on global health.

JEN KATES: Okay let's take a few more questions. We may only have time for three more. We'll see how long you speak for [Laughter]. One here, there's one way back there, and then back there.

ELIZABETH LEONARD: Thanks for being with us today. My name's Elizabeth Leonard. I work at CARE and I'm a student at the George Washington University. I wanted to ask you about the continuing resolution that was passed in the House. There were a lot of attacks that we saw on international family planning funding. I'd like to know what your approach will be to protecting the efforts of organizations that are out there trying to satisfy the unmet need for family planning. Thanks.

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PHIL CASTLE: Yes, my name's Phil Castle. I'm from the American Society for Clinical Pathology. I used to work at NIH and I've sort of watched the toolbox development. One of the critical gaps, in my opinion, is that there's the development of the technology but there's a lack of translation of that technology into robust tools that would go into low resource settings. Part of the problem is that these tools get handed off to companies and the companies have a bottom line. They have to stay in the black. They have to have that economic incentive.

So what are we going to do to step into the middle of that and help those technologies? You have to lower the cost of the making of the technologies. So we need the companies. I mean my public health buddies will say oh it's the dark side but the truth is without them, we get no tools. So where are we going to step in to really make the tools available?

In the world of vaccines, we have a GAVI but a lot of things are not solvable by vaccine. So in the world of diagnostics, there is no GAVI-like entity that would help develop, validate, and make available robust tools for developing the developing world.

JEN KATES: There's somebody over here too. You can have the last; we might have time for one more.

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SUSAN BLUMENTHAL: I'm Susan Blumenthal from AMFAR and a former U.S. Assistant Surgeon General. Lois, welcome, congratulations. We're all delighted to work with you. As a business leader, technology has permeated almost everything we do from businesses to shopping but health is one of the last sectors that it has permeated in our country and around the world.

In many places in the developing world, the technology that's needed is education and immunizations and medications but nonetheless, how can we speed that science to service gap that we heard about that 17-year science to service gap from new discoveries to the developing world using the tools of technology? How might the GHI incorporate that?

LOIS QUAM: Well thank you for each of these questions. Jen, I hope you'll host me here again sometime because these are excellent comments and I'd really be delighted for that. First of all, CARE, I made my first contribution to global health to CARE when I was in sixth grade. You have these great programs in place that really, I remember great deal of pride, family planning services are very important to us.

Secretary Clinton has been very clear about that. My colleagues at USAID have done tremendous work on that over time and we are very conscious of the tremendous need for family planning services around the world. We'll be working very hard

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to expand family planning services and increase their effectiveness around the world. So thank you very much for your comment.

Your question, these two questions really went together, the second and third question, which is how do we take our knowledge and how do we translate it into the field in ways that are most efficient, that are most affordable, that are most powerful in the setting and we haven't always been good at that. We have such a huge gap between what we know and what happens on the ground consistently.

So when I think about our challenge in GHI, so much of it is about improving the effectiveness and efficiency by which we deliver our knowledge, our capacity, our resources around the world so that we can save more lives, we can reduce the immense suffering and burden of illness, and we can protect our country at the same time.

Public/private partnerships are going to be critical to that because that's a way that we can bring together the knowledge that's represented in a variety of sectors to do that more effectively. I think working across the whole of government is critical to that because we find different knowledge embedded in different places.

Being nimble and adaptive as we learn following where the data leads us as we're working in countries to understand

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what works and what doesn't even if it's different than what we had thought was going to happen, all those things are going to be important to achieving both the combinations of real breakthroughs but also a lot of progress is going to be made by just steady, persistent, adaptive effort.

I am really determined to, with you, fight for these results and for support in the Congress and in the country to make this happen. We have made enormous strides in the last 10 years from the incredible work that PEPFAR represented as a bipartisan approach to take on the scourge of our ages and to prevent and treat and care for individuals with HIV, to the longstanding work that has been done in the development community and in the federal government at USAID, to improve the lives of millions of people around the world and in the way that the Centers for Disease Control is the cornerstone of public health and protects us in this country and others around the world from the spread of epidemic disease but we have only begun to confront the challenges and we know there are going to be new challenges.

So we're going to need to listen and learn and work together and work very hard and in a dedicated way with a very strong focus on our goals to get there. Thank you very much, Jen, for having us here today and will look forward to coming back.

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JEN KATES: Thank you so much. Please join me in thanking Lois [Applause]. It's very clear that you've been very busy for the last five weeks with the amount of information that you already have gathered and so we'd be happy to host any times in particular a year from now would be great to come back and see where we are but thank you so much for taking time. Please join me one more time to thank Lois Quam for being here [Applause].

[END RECORDING]

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