



Transcript provided by the Kaiser Family Foundation<sup>1</sup>  
[Tip: Click on the binocular icon to search this document]

---

## **How Do We Get There? Country Planning for Maximum Impact Kaiser Family Foundation July 23, 2012**

---

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

[START RECORDING]

**MARK DYBUL:** As you can tell we are not Elton John [laughter]; that's in a different room. It's a privilege to co-moderate the session with someone greatly respected in the HIV community. Shawn Mellors is South African; he's been living with HIV for 26 years. He's a board member of the Communities Delegation of the Global Fund, Vice-Chair of the Strategy Investment Impact Committee and works on HIV treatment programs in South Africa.

Just to set the scene for this session, as we all know and have talked about for the last several days, there's been a massive scale-up of prevention care and treatment in the last 10 years. In particular in sub-Saharan Africa and we're privileged to have two of the leaders from Rwanda and South Africa who have been behind those increases.

We're looking forward to ending the epidemic and we're going to talk about that in a little bit, but this session is focused more on how we ensure maximum public health impact and what's needed to achieve this; how best to access and efficiently utilize the resources from different streams and have an optimal return on investment. How do we do as much as possible to align the country needs which are prime, and the most important things with global engagement, and how do we ensure engagement of civil society including people living with HIV. We have a spectrum of academics represented here.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

We have East Africa, South Africa and Eastern Europe, and so we'll have an excellent conversation we think. We have an extraordinary panel to discuss this; His Excellency Motlanthe, Deputy President of South Africa, who has led an extraordinary increase in the response there with remarkable results over the last several years.

Her Excellency Agnes Binagwaho the Minister of Health of Rwanda, who's been involved with the fight in HIV/AIDS. I got to meet my sister when she was the head of the National Aids Council there and has progressively – so she's been leading the AIDS response for many years. Now she's just formally overseeing the whole thing as Minister of Health.

His Excellency Ambassador Eric Goosby, the Director of the PEPFAR program. Dr. Andriy Klepikov who is leading an effort in a very difficult part of the world, in the Ukraine; he leads the International Aids Alliance there; Dr. John Blandford from the U.S. Center for Disease Control and Prevention.

Minor housekeeping, as you can tell from the set-up here, we do not have prepared speeches. We will have no singing since Elton John is in the other session [laughter], unless Your Excellency would like to sing a few bars for us [laughter]. We intend this to be an interactive session, and what we're going to do is follow some themes. There'll be three themes that we're going to be discussing, some of which

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

overlap, but we're going to try to concentrate on them and have an interactive discussion around them.

The themes are process strategy and internal financing, and that will be the first theme we discuss; implementation, challenges and opportunities and thirdly, alignment of country planning and strategies with external partners; which would be the two gentlemen over here to the left. So with that, I'll turn it over to Shawn to introduce the first theme and begin the questioning.

**SHAWN MELLORS:** Great, thank you very much, Mark, and good afternoon ladies and gentlemen. As Mark referred, to ensure that we have an effective HIV response, it does require commitment from a variety of sectors including government, private sectors, civil society, people living with HIV. Mr. Deputy President, under your government and with your personal leadership, South Africa has made remarkable progress in the struggle against HIV. The South African government now provides 90-percent of resources to fight HIV, and as Deputy President and head of SANAC you have all the levels of government involved. Why is HIV a priority for you and your government and what do you think are some of the lessons learned from South Africa's experience that you can share with us in terms of achieving an AIDS free generation?

**KAGLEMA MOTLANTHE:** Well, thank you very much Shawn. AIDS is very important to us, the South African government,

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

because we started off on a rather shaky footing. In the first phase we were overwhelmed by the outbreak of this pandemic and our responses were not well coordinated because, as government, we were pulling in one direction while the civil society, led particularly by activists, those living with HIV, were pulling in a different direction.

We have now reached a point where, through the South African National AIDS Council, we have the same approach. We have government and about 19 different sectors of the South African society participating in Sonic and this body, SANAC, which led, of course, by people living with HIV who are organized in two formations: Nabquah [misspelled?] and TAC [misspelled?].

So the national strategic plan was developed with the all inclusive participation of all these sectors. They involve business people, lows in the entertainment world, sports people, community based formations, traditional leaders. We have, for instance, in one of the provinces, in KwaZulu-Natal, it's a community that has not been practicing male circumcision for over 200 years, but once it was proved that medical male circumcision reduces the chances of infection by about 60-percent, the king of the Zulu people became the champion of persuading male folk to practice medical male circumcision.

So, in a sense, the response has been very positive and we've been able to come to this AIDS 2012 with the

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

understanding that we are about to turn the tide. Through full participation we are at a point where there's no longer any stigma. There's general acceptance with comprehensive response we can create an AIDS free society. Thank you.

**SHAWN MELLORS:** Thank you very much Mr. Deputy President. Minister, if I could turn to you now, part of what His Excellency was saying or referring to is what is needed to turn the tide. Could you share with us a little bit as to what are the drivers of the epidemic in Rwanda? What is the sexist reform in Rwanda in combating infections?

**AGNES BINAGWAHO:** Thank you. Your Excellences and the [inaudible], I think it's, first of all, an honor to be here and to talk about what we have done in Rwanda. So, the driver of the epidemic - I think Rwanda has faced what all African countries have faced in the year '80, but during the genocide, 1994, there was massive rape to kill survivors - the woman - slowly with HIV/AIDS; so this was one of the drivers.

The other drivers - we have done modeling actually. We have done modeling and we know where the drivers are and we have special programs to change behavior. We had the chance to have a high commitment at the highest level. His Excellency, in the year 2000, when I was the Executive Secretary with the National Control Commission, put his personal weight in that fight.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Her Excellency, the First Lady, also, and, for example, it was asked of all leaders when they were out for any speeches to talk about HIV. Meaning you had the Minister of - in charge of [inaudible] planting a tree and saying if you want your children to see this tree grow, protect them against HIV/AIDS. Everything was an opportunity to mainstream the fight. So, this is changed behavior, and that's how we have stabilized the epidemic over time.

Over the last 10 years, 2005 - it's triple-cent and now it's triple-cent. Knowing that we have gotten rid of adherence that is 90-percent, and a very little rate of death; meaning we've started really to control and make it a chronic disease management. How we have gotten there: It is because HIV is not taken as an [inaudible] issue. It's a health issue. Health is just a piece of our development; HIV is a piece of health, so everything comes and flows easily led by the national vision.

What is our vision 2020? This vision has been designed with civil society, the leaders, the parliament, the religious, everybody. Together we have designed the national plan for the country, and in that we have health, and in that we have HIV. So that means everybody is working for the same orientation and it flows. We have a leg-up framework. The other thing why it's a success is because everything is based on equity; that's stated in the constitution.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Geographic equity, gender equity, age equity; meaning we have to assure that everybody is on board and when we - our now journey to access, there is nobody left out for any reason.

**SHAWN MELLORS:** Thanks to both of you. Before I deal a little bit with prevention, I just wanted to follow up a little bit to some of the comments you made because I think they're really important. We have a Deputy President; so you oversee all of Cabinet. You have access to the finance ministers and you can make sure things are integrated.

We heard the Minister talk about the important leadership of the President because it wasn't just health; it involved all of them. I'm wondering if you could - because that's not unique - that's somewhat unique. It doesn't happen anywhere. I'm wondering if - You've already alluded to it, but if you could say a little bit about how it is that you ensure, or what advice - lessons learned - do you have for how you engage across government so that it's not just in health, but that it's seen as part of the finance minister's response and the part of the education response and part of something broader; because as long as we're just in health we're going to get stuck, and both of you, in your countries, have been able to do that. I'm wondering if you could share some lessons learned on what arguments needed to be made to allow that to happen.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**KAGLEMA MOTLANTHE:** Well, in the case of South Africa, as I said, within the South African National AIDS Council where there's a number of government ministers that participate in it; education - basic education - social development, finance, sport and recreation, women, children and people living with disabilities, environment and water phase, so there's a whole range - labor, there's a whole range of ministers that participate within the SANAC structure. Of course, we have an intra-ministry or committee as well within Cabinet to coordinate the response and to ensure that we mainstream the response. The lead ministry is the Ministry of Health, but with the support of the rest of Cabinet and - The important lesson is that because we've had two phases in our response.

The first phase was characterized, broadly speaking, by government, as I said, going one direction and civil society in the opposite direction. Now we have united all the sectors behind the single program; it's a long-term program. The National Strategic Plan now covers the period from 2012 to 2016 and, of course, it forms part of a long-term view with regards to the national plan, as well of the country, which is a 30 year plan. We deal with the social determinates because within SANAC, the people who bring lived experience and all the challenges of whether people who are on treatment can take their treatment on empty stomachs, and so all of these issues are dealt with simultaneously.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

We've had one of the most successful HCT campaigns where people were being tested, not only for HIV, but for all other diseases; high blood pressure, sugar diabetes and so on. So many people came for what we tested. Our target was to test 15 million, we had 20 million. The response has been overwhelming really; the response has been very, very positive. The one lesson I think is important out of all this experience, is how once there is a unity of peoples, where it is possible, and a clear program with clear steps, it is possible to mobilize the broadest cross-section of the population in this effort. Thank you.

**AGNES BINAGWAHO:** I think, Your Excellency, designed what it takes: consensus, participation, bringing old - the constituency together around the subject and ask each and every one what is your priority. Put all those priorities together and do the priority of priority and then draw a plan. When you ask each constituency to do that, to contribute to it, it's easy to implement because from the start they are there; they design with you.

We have what we call our Economic and Development Poverty Reduction Tracking, and we have 12 sections just in government, education, etc. As the country decides that it's a cross-cutting issue, all sections - sectors - have to have a plan for HIV. You have the Minister of Justice the adjournment; we talk about condoms, but who thinks about the

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

recycling of those condoms. This is plastic, you know? So all those things we think about and each sector comes with its own sectorial plan and with that sectorial plan we do the national plan and everybody follows. This is the key of the success.

**MARK DYBUL:** Thank you. Thank you. Excellent lessons from two countries that have succeeded, and the need that AIDS can't be off to the side, it has to be part of a national response from the president on down and the leadership of the Deputy President. We're going to take a slightly different tact now. I'm going to ask Eric and John about this, but I welcome responses, and then we're going to go to Eastern Europe after we leave Africa for a little bit.

One of the things we're talking about at this meeting and President Obama and Secretary Clinton, you Eric, have called for the AIDS free generation, and we do now have technologies that would at least allow us to effectively end the epidemic - which means getting to a low endemic stage - but that takes a lot of planning and strategy for how you do that. We can talk a little bit about that in general, then we'll ask for some input. But one of the striking things, if we want to be data driven, from the data that I've seen over the last three or four years, starting with Namibia then South Africa, now Botswana are rather striking data that young people - variable by country - 21 to 24, we see 50, 60-percent reductions in incidents. Measured off prevalence, but still,

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

it's probably incidents when you're young, right; but no change at all above that. So these 25-percent reductions are actually a balance of 50, 60-percent reductions in the young, and nothing in the older. What are we doing to understand that and can we begin to put together a strategy to end the epidemic unless we have a better grasp on some of these data that are coming out and is that replicable; say the East Africa? Are you all working on that at all and do you think we need to focus on some of these issues if we're really going to understand how to put together a strategy to end the epidemic?

**ERIC GOOSBY:** Well, thanks Mark. That's a tough question. You've highlighted a real dilemma. These epidemics are not one epidemic, they're multiple epidemics. If you are a leadership trying to mount a response to it, you have to think of it as separate epidemics by your demographics of your epidemic; in terms of your risk groups that are participating in behaviors that increase their chances of seroconverting, and you need to geo-map where those populations or individuals are relative to your medical delivery system; both in the prevention and the treatment component, but mostly the prevention.

Once you do map it, you then try to position your prevention interventions so they are in front of that progression through that population. It's a lot easier said than done. The specifics of that mapping change quickly. The

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

events that impact where people live and where they go, how easily they can go there, are they resourced to go there; men, money and movement, kind of ideas that we used to throw out a long time ago, are really still very operant. We need to have the sophistication in our information systems to be able to discern those relatively subtle differences, and then have an implementation system that allows for that kind of flexibility to stop one and move to another or to re-configure those that are already positioned but not interfaced well with the population and not in front of the epidemic.

I think that is really difficult to do, and it requires a sustained political will. It requires a sustained information system that continues to inform; and it requires that communities that are participating in high-risk behaviors that are not legal or are perceived by the society as unacceptable, that they have created in that medical response - in the prevention arena - safe space so they can convene and dialog with medical delivery systems and prevention efforts to better align the intervention in front of that expanding movement of virus.

John can speak to it with a little bit more, I think, science around how to do that, but over the years we have failed miserably at keeping in front of epidemics. I'd include TB in that. We know what to do, but we can't sustain the will and then the repositioning of all those logistical adjustments.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**MARK DYBUL:** Do you want to add anything, John, before we ask our—?

**JOHN BLANDFORD:** No, I think the investors [inaudible].

**MARK DYBUL:** Okay. Your Excellency, Mr. Deputy President, Minister, would you like to reflect on that at all or we can move to Eastern Europe and give you a pass.

**KAGLEMA MOTLANTHE:** No, that's fine. Let's move to Eastern Europe.

**AGNES BINAGWAHO:** I want to say that it's not surprising that the change comes to the youth. The youth are more flexible than people over [inaudible]. I believe I'm very flexible, but [laughter], the youth are more flexible. If you want to change the world, use the youth. Don't use the people over forty even if there's still a lot to propose. I'm not surprised at all; especially when we talk about sex.

**MARK DYBUL:** But if we talk about treatment as prevention, I would be your average age of treatment isn't 22, it's probably closer to 26, 27, yet we're still seeing all the change in the lower age group, not the older age group. As we move into these new modalities, I think you're absolutely right, it's just as Ambassador Goosby said, trying to track these is going to be extremely difficult, and you are, we know, flexible because you change over time. It's going to be hyper-flexible as we start to understand the data.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**JOHN BLANDFORD:** I have one thing on this. There is this intersection between health and wealth that we do know about, and I think one of the things we have seen, profoundly in recent years, has been sort of the tremendous growth in sub-Saharan Africa of the economies. I don't have an answer here, but I would be curious as we investigate going further, where economic opportunities, opportunities for careers, educations, actually lead to lower risk behaviors and whether that's being reflected in some of the recent data.

**MARK DYBUL:** Well, maybe you guys can investigate it because I asked you to four years ago, and - [laughter].  
Shawn.

**SHAWN MELLORS:** Great, thank you very much. Andriy, if we could come across to Eastern Europe now, because I think, unlike Africa where HIV infections are flat-lining or on the decline, it's the complete opposite in Eastern Europe and driven by intravenous drug use. From a planning perspective, what are some of the challenges in trying to address such an epidemic and what are your thoughts around some of the recent data of the epidemic moving into the general population?

**ANDRIY KLEPIKOV:** Yeah, thank you for inviting me, being part of this panel. Actually, the situation in the Ukraine is a bit disuniting with the overall mood of the conference. We don't feel the end of AIDS; we don't feel that we are approaching an AIDS free generation. Unfortunately, in

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

our region, AIDS mortality is still growing. Most of the vulnerable to HIV infection groups are still neglected by the countries and by the government in particular. That's why rarely my attitude, my feeling is rather concerning than optimistic. Nevertheless, it's quite important to think, what can we do in order to get sharp? What we know from our experience is that focused prevention, combination prevention, is working very well in Ukraine. Over seven years we actually managed to stop the epidemic in the population of injecting drug use which used to be a driving force of the epidemic for 20 years. Now, incidents in this group are declining.

In neighboring Russia it's going up. It's going up because there are no current reductions there; because there are no opioid substitution therapies there. That's why, for our region, focus prevention is not only a theoretical model, but actually a proven concept for boosting further HIV/AIDS response. A new concept, treatment as prevention, is very encouraging and very relevant to our region because access to treatment is still very, very limited. Why; again, because active drug users are easily getting neglected by doctors. If we look at the proportion of IDUs among HIV positive people, it's more than 50-percent. If we look at the percentage of active IDUs on HIV treatment, it's not 50-percent, it's not 40-percent, it's only eight percent.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

So that's why our target is actually more difficult than in many other countries. Another thing, the treatment actually, for IDUs is more expensive because you have to treat not only HIV, but also TB; not only HIV, but also Hepatitis C; not only HIV, but also provide substitution therapy. Costs are more expensive, so that's why it's a very challenging context and we need to apply more efforts in order to achieve this overall global target.

**SHAWN MELLORS:** So, in practical terms Andriy, what does that mean from a planning perspective? What has to happen on the country level to address some of those challenges which you've just identified?

**ANDRIY KLEPIKOV:** From one side, its elevating political leadership in caring about this program. The epidemic is still driven by the vulnerable groups, and for some high-level politicians, they don't want to be associated with drug users, with sex workers, with men having sex with men, so they're closing their eyes on this problem. So this is issue number one.

Secondly, at the stage of the national planning, it really looks like a balanced response. We have found an allocation in the national program not only for ART and procurement of test kits, but also for substitution therapy, for focused prevention, for STI treatment. But when it comes to a budget allocation, it comes to zero. It's very important

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

to understand because it might be different for many other countries. From governmental funding, we have zero; zero funding for focused prevention from the state budget. Zero funding for STI treatments. Zero funding for substitution therapy treatment. This is terrible. This is not unique only for Ukrainian context; it's the same in other countries. That's why donors funding from PEPFAR and Global Fund is really decisive funding for the next three, five years to turn the epidemic.

**MARK DYBUL:** Thank you, Andriy, and actually that leads well into what we wanted to talk about next, which is theme two on implementation. We can put great strategies into place, and, of course, political will and money are one part, but we wanted to focus a little more on the nuts and bolts of having a great strategy including one to end the epidemic or becoming a low-level endemic infections or ultimately ending AIDS. It's another to implement it.

In fact, even under the administration prior to yours, Mr. Deputy President, there was a fairly good plan in South Africa - Ambassador Goosby helped write it - it just never got implemented. But now, both of your countries have put together extraordinary plans, but more than that, you've actually implemented them.

Aside from the political issues and the financing issues and the structural issues, what are some of the major

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

implementation challenges to actually go from that vision to getting the country around, to the supply systems, the human resource systems, to making it work? Mr. Deputy President, I know that could be a little bit lower down than you usually deal with, but maybe some high-level thoughts on what you need to do as the Chair of SANAC to focus people on delivering, and then maybe Minister, you could follow up as well with some of the specifics that you have to work on, on a day to day basis.

**KAGLEMA MOTLANTHE:** Well, from our side, in all the members of SANAC, the sub-trial formations, not all of them have national presence. Some are regionally based; that is provincial and some are national; have a national presence. So we initiated a process of ensuring that the structures cascade down and that each of these organizations can do the best with limited resources at the confront where they are involved. So from government side, at the national level we have the inter-ministry committee, the Minister of Health leading and we have, in each province - we have nine provinces in South Africa - and each province is lead by a Premier, so all the Premiers chair the provincial AIDS councils and that cascades down to district level up to local level.

That's to ensure that firstly, that none of these formations lose out on support and funding and secondly, to ensure that they continue to do the good work that they are involved in. If the structure is only efficient and well-oiled

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

at the national level, these formations can very easily fall through the cracks. We made sure that none will lose out of the new effort. We've also, as government, allocated more resources. Whereas the overall budget for health has not increased over the past three years, we have taken a position that the allocation towards the fight against AIDS would be increased by 15-percent over the next three years.

Of course, there are gaps, and that is why we continue to value the support of PEPFAR and Global Fund and so on; all of our traditional partners. But in the main, we have tried to ensure that government also plays its part and we mobilize local business sector by sector. The mining sector in South Africa has many workers who live in single sex accommodations; there are thousands and thousands of them, so we also interact with the Chamber of Mines with the view of integrating the programs. The overall plan also covers them as a sector. That goes for other sectors: the trucking sector and so on.

**MARK DYBUL:** Thank you.

**KAGLEMA MOTLANTHE:** Thank you.

**MARK DYBUL:** Minister?

**AGNES BINAGWAHO:** I think that it's the same principal, and it's those principals that we apply not only to fighting HIV/AIDS, those are principals of governance. The key word is accountability; meaning all along the chain, that each and everyone has a duty to the fight against HIV/AIDS as well as

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

other health issues or social issues, education issues. We have a contract. Personally, I sign a contract with His Excellency every year on key indicators across the health sector; HIV is in there. The mayor, all the mayors - we have 30 districts - sign a contract with His Excellency also, but they also have HIV indicators.

We go up to the village, meaning each and every one is responsible for those indicators, and if I fail - I may have reason to fail; maybe there was a catastrophe or I was sick, I don't know, and I have to explain why, so this makes things happen. His Excellency - There is a minister in charge of the president's office, who follows all these with His Excellency and at the end of the year we have to respond to that and we are evaluated by an independent body. It's not a joke. We take a day; we sit down with all the things we have to achieve, all the reports, all the proven actions. A report is not enough. Also, we then go and see if what I said - what are the benefits for the population?

It's not only that we have to do good, people have to know what you have done for them. Meaning, if you don't do it, they can complain about your lack of efficiency. So accountability, and also it's easy because when you integrate at all levels, HIV is not just an infectious kind of disease now. It's integrated across the health centers. When you do that, you have more - the support of each and every one. I

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

cannot succeed if the minister in charge of local government doesn't do his job; if the mayor doesn't do his job, etc. So, we are all supporting each other, but you are all watching that each and every one is doing his job.

**MARK DYBUL:** So from - so far from both the strategic and implementation, two very successful countries have very similar approaches. From a strategic level it's a government wide approach with all sectors involved and the head of state, and from implementation you decentralize, but have an accountability structure so that the decentralization is reporting up. So it's fascinating that two countries that are successful are doing similar things.

One of the important things you mentioned, Your Excellency, Madam Minister, is the accountability which requires data and reporting systems. Ambassador Goosby, John, maybe in that order, maybe you can talk a little bit about the importance of those accountability systems and the support you're providing to some countries to try to create those, because a lot of what they're trying to do rests on those accountability systems. Of course, they lead and set those systems, but maybe you could talk a little bit about some of the work you're doing to support their efforts.

**ERIC GOOSBY:** I think that those systems become the eyes and ears of the policy decision makers at the clinic level, at the manager level within the clinic, as you move to

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

the hospital, as you aggregate information at district to province to national level, each one of those loops need to be resourced and there needs to be someone who is monitoring it who is anxious and eager for that information to be complete. The data that comes in is - If it never gets back to that provider in the clinic who's seeing patients every day, but who you, as the data retriever, are dependent on to give you the data, you quickly fall apart, and then you start making decisions on partial data and that can often result in inappropriate allocation decisions.

John has spent a tremendous amount of time trying to think about understanding what an analysis of expenditures gives us to increase our understanding of not only what things cost, which are critical, but what are the elements in the continuum of services we have all, by counties leading, defined are the services we want to deliver and make available. How our expenditures reflect or don't reflect the support to that continuum service. Making those connections requires an intelligence in the system that if it is not present at the highest level to keep the expectation at the ministerial level, it all kind of falls out. John, put some meat on that.

**JOHN BLANDFORD:** Yeah, so I think one of the strengths of the global HIV response was to get accountability around program outputs in early and strong. It wasn't perfect to start; it wasn't fully integrated to start, but over time the

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

system's gotten better and better. The other thing that happened early on is there was a lot of attention paid to treatment and treatment costs; what the drivers were; intensive studies around those. We're actually seeing that there's a need for – especially in a rapidly changing, very dynamic HIV response, which varies now by country, by country, and often locally as we talk about the different epidemics – to develop systems around tracking expenditures – link to those results, link to those program outputs – that would allow us to understand how monies are spent to produce the output it creates; by geographic region – whether it be province or state or department – by program area, by cost components – for personnel costs – by implementer itself.

To be able to then use that information to help inform where there are outliers; are there good reasons for the outliers? Are there problematic reasons for the outliers? Are there potential new models of implementation that look very promising? Then also, for the planning purposes, to be able to use those data to actually show how the resources are allocated in a meaningful way knowing that we have multiple partners coming together – multiple donors – and especially with the coordination with the national governments, with the Global Fund to have – better align the resources.

PEPFAR's been highlighting this for two years now; moving toward routine implementation of the system. We're

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

calling it expenditure analysis, but then also in dialog with the national partners, with Global Fund, with World Bank about how to look toward a broader system that actually is fully integrated.

**MARK DYBUL:** Thanks.

**ANDRIY KLEPIKOV:** If I might, from our experience, on the broader context actually, AIDS response is getting into political arenas. So sometimes Ukraine and Russia are competing about who is more effective in the planning. Sometimes we feel pressure from Russia to impose some limitations on AIDS response. In Ukraine and central Asia, particularly, work with injection drug users. So it's very important not to see this as a [inaudible], but also as an opportunity to who can survive. In our case, due to international support, we've managed to achieve a lot positive changes by introducing evidence best practices, by pushing government for locating more resources, but equally for ART treatment.

Another thing, perhaps it's not a secret to anyone, that the procurement is also seen as a potential area for corruption. I recollect times in Ukraine when government bought IAT rocks, paying prices up to 20 times higher that we did in the same country at the same time. It was a huge difference; so due to accountability and great pressure from civil society, current prices are about the same; they have

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

normalized. It's a very important factor in the situation of limited resources. Another thing is policy changes. Just last week Ukraine adopted a new law, special law, regulating tax exemption on the Global Fund grant, which will come to the force on the 1<sup>st</sup> of January next year, but still, the law is adopted for now. It will bring several million U.S. dollars savings to AIDS response.

**AGNES BINAGWAHO:** That's good. I want to say that politics is not always bad [laughter]. There are good-

**ANDRIY KLEPIKOV:** Yes. Absolutely.

**AGNES BINAGWAHO:** I'm very proud to serve the one I'm serving because it's a re-enter to the good of the individual, and that's the change. Corruption is not a fatality; it has to be in the principle of governance. If not, the communities are lost and when we always have to have - who is going to benefit? Who needs it? This is good politics.

**SHAWN MELLORS:** Great, thank you very much Minister. Unfortunately, we have run out of time and they were just so many other questions that we had for you around funding accountability. I would like to thank the panelists for taking the time to be part of the panel. Deputy President, Minister, Andriy, Eric and John, thank you very much. I'm not sure that we answered all the questions. There were interesting examples, interesting experiences and interesting phrases - accountability consensus, working together, politicking. I

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

hope that you've been able to take something out of the session and hopefully are able to learn from countries like Rwanda in terms of how we can apply effective responses to HIV. So, for your time, thank you very much. Enjoy the rest of the conference. [Applause].

[END RECORDING]

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.