China, India, South Africa, Brazil: How Will They Use Their Leadership to Advance the AIDS Response?
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STEPHEN MORRISON: Welcome to this afternoon's hour long exchange on China, South Africa, Brazil, India, how will they use their leadership to advance the AIDS response? I'm J. Steven Morrison, senior vice president and director of the Global Health Policy at CSIS, it's the center for strategic and international studies here in Washington DC. CSIS is in its 50th years as an independent nonpartisan think tank focused predominantly on US Foreign Policy and Security and over the last decade our global health work has blossomed into CSIS's largest program reflective of just how significant the field of global health has become to US foreign policy. A high priority over the last several years has been the evolving of US health policies of the emerging powers both with respect to their domestic and internal priorities as well their outside their borders including how their diplomacy, international trade, use of multilateral institutions has evolved and continues to evolve in very important ways.

I'm honored to be moderator of this forum this afternoon. I wish to single out in pulling this together, my CSIS colleague, Matthew Fisher, Elizabeth Hendry from the International AIDS Secretariat and conference co-chairs Diane Havlir and incoming president of IAS, Chris Beyrer. Through a high level CSIS advisory group, we have had the great pleasure

of working closely throughout the past year in supporting Diane and Chris as they've led the way in organizing AIDS 2012. I want to congratulate them for their remarkable success and leadership together with co-chair Elly Katabira.

Our goal this afternoon is to have a interactive lively roundtable exchange that both examines retrospectively how South Africa, Brazil and China's and India's major accomplishments over the past year evolved and look at prospectively how these four countries future leadership paths are going to evolve at home and abroad. Time is short, allow me to introduce these remarkable individual who will be joining this conversation.

To my right is Aaron Motsoaledi, Minister of Health for South Africa. He's a medical practitioner, has a BA in medicine and surgery from the university of Natal where following his studies, he practiced and served underserved communities in the Limpopo Province. He was appointed minister in May of 2009. He's served in very senior positions within the national executive committee of the ANC as well as prominent positions in the Limpopo Province for almost two decades.

To my left is Dr. Zunyou Wu, a friend who is the director of the National Center for AIDS and STD Control and Prevention at the Chinese Center for Disease Control and

Prevention. He is a PhD in epidemiology at UCLA where he was a Fogarty fellow. He's made repeated very significant contributions in Chinese policy among prevention among vulnerable groups, sex workers, drug users, former plasma donors, migrants, men who have sex with men. In 1995, he was the first official to report HIV outbreak among commercial plasma donors. In recent years, he's pioneered projects focused on sex workers and driven national policy forward in terms of condom promotion and other prevention measures.

To Dr. Motsoaledi's right, is DIRCEU GRECO, an M.D. and PhD appointed in July 2010 to be director of the department of STD, ADIS and Viral Hepatitis at the Brazilian Ministry of Health. He's a tenured professor in internal medicine and infectious disease at the Federal University of Minas Gerais. He coordinated the first AIDS vaccine clinical trials in Brazil in the mid-90s and has been a leader in infectious disease and ethics in Brazil and internationally.

I want to introduce to my left Professor Jeffery Sachs, known to many of you, he's the director of the Earth Institute at Columbia University, professor of sustainable development and health policy and management, special advisor to U.N. Secretary General Ban Ki-moon and the millennium development goals, co-founder of the Millennium Promise Alliance and the Millennium Villages Project and he's a renown economist,

published very widely and over ten years ago, chaired the WHO commission on the Macroeconomics of health, a landmark work which we'll be asking him to reflect on.

We're also joined today by Ms. Aradhana Johri who is the additional secretary to the government of India heading the National AIDS Control Program in India. She has a masters in public administration from Harvard University, over 15 years of experience in the health sector in the areas of maternal and child health, polio and communicable disease.

I had asked Jeff if he might open up this conversation with just a few minutes of reflections. I've asked him to talk for five minutes reflecting back on the landmark macroeconomics of health study which he directed.

Jeff, in your estimation, what happened in that decade afterwards in terms of emerging powers and the capacities and impacts that they were able to register in that ten year period, especially concentrated on the area of HIV and AIDS? Thank you.

JEFFERY SACHS: Thank you very much, thanks for the opportunity to be together with this wonderful panel. I think the story starts perhaps back perhaps a little over sixty years ago when the world committed to health for all in the Universal Declaration of Human Rights and also in the charter of the WHO. When we came to 1978, to the famous Declaration of Health for

All by the year 2000 was adopted by the world's health ministers. When 2000 rolled around, of course not only did we not have health for all, we had massive pandemic diseases raging throughout the world, AIDS, resurgent malaria, multi-drug resistant TB and it was at the point Dr. Gro Harlem Brundtland, the director general of the World Health Organization, asked me very kindly if I would bring together finance ministers and health ministers to look at the question investing in more in health and what the prospects were for getting a return both in terms of health and in terms of economic performance. We met for two years around the time of the adoption of the Millennium Development Goals. We advocated very strongly that health is a core investment, not only in its central and main purpose that it is an end goal of human beings to have healthy lives, but also it is an instrumental way to spur economic well-being and economic growth, so investing in health is a very powerful return.

We argued in this report that we needed to scale up the investments dramatically in the fight against AIDS, TB and malaria, the commission made a clarion call for a new global fund. I think it was one of the progenitors of the global fund. Kofi Annan took the recommendations and carried them forward. We had the launch of the Global Fund. When I consider ten years ago the BRICs, now we're with the BICs

today, we don't have Russia on the panel, but we do have four of the five major emerging economies of the world represented here. It was a complicated mix for these countries. Brazil was already in the world forefront in the fight against AIDS. Brazil had already pioneered the development of generics. It was Brazil's voice that was making a huge difference globally telling other countries, get on with it! We gotta break through these intellectual property standards that have been put in the Uruguay round and Brazil played a huge role.

I would say for the other countries, it was much more complicated. South Africa was entering its democratization, but as the very epicenter of the AIDS pandemic. India, to my shock, was chronically underinvested in health for decades and one of the joys for me as the chair of the Commission on Macroeconomics and Health was to have a finance minister, Manmohan Singh, who is now India's Prime Minster as one of the key members and he carried that message so wonderfully to the scale up of health in India.

Very briefly in China, China had gone through a remarkable dismantling of its basic rural health systems as part of its privatization and then had to reconstruct a public led health system over the last ten years, so the experiences that we're going to hear are very diverse and very dramatic stories of these countries, but I want to come back after we

these examples to talk about the leadership of these countries globally because all of these countries are now global leaders, not only having achieved tremendous economic progress in the last ten years, but a voice that is not only a regional power, but a global power.

We're at a crossroads, ladies and gentlemen. The ten year of scaling up has more or less leveled off, thought the need has continued to rise and while Secretary Clinton in this room yesterday pledged an AIDS free generation, we do not have the resources for that now. We have a global fund that's struggling with inadequate resources. We're going to need the leadership in these countries to carry this progress that has been made over the past ten years forward and I know we're going to come back to that part of the discussion, so I'll turn it back to you, Steve.

STEPHEN MORRISON: Thank you. Thank you very much. Let's turn now to hear from Aaron, Zunyou, Dirceu and Aradhana. I'd like each of you to look back at the past decade or more as your country has confronted HIV/AIDS inside your borders and tell us what were the one to two really signature achievements and the most important, pivotal moments in defining the response and how do you explain that shift that happened and what were the impacts? We'll ask each of you to speak for a

few moments on that question and then we'll come back to talk a little bit about the outstanding priorities.

Aaron, would you care to open things up please?

AARON MATSOALEDI: Thank you, thanks. Thank you for inviting me. Yes, one new start that these countries cater roughly 42-percent of the world's population. We've seen them, but one also knows that we are home to one third of the HIV-positive population of the world, so it means if there has to be a change in the dynamics of HIV and AIDS, it must have been within the BRIC countries and top among them is my country, unfortunately, South Africa, because we carry the biggest burden of them all.

But I must say, over the past three years, since 2009, this is the first of December 2009, World AIDS Day, when the president made far reaching announcements on how to turn the tide, I must say within that three years, we have traveled a very long journey, but which has been very fruitful because out of the massive AIDS City Campaign to test 50 million South Africans, as I'm sitting here at this event today. I cannot test that. We have tested 20 million South Africans.

We're also able to work with development partners, especially UNAIDS, the Clinton Foundation, the World Organization, other partners, PEPFAR. We work together to

reduce the cost of ARVs by a staggering 53-percent in South Africa and BRIC countries were very in the midst of that.

We are now able to put 1.7 million people in treatment. There are only 900,000 people three years ago, but now there are 1.7 million. We've just announced last week the tremendous achievement in dropping vertical transmission from mother to child. It was 8-percent in 2008, in 2010, it fell by half to 3.5-percent. Now last week we have just announced that it went down to 2.7-percent, meaning that we are on cost, that by 2015, we might actually see the number of children still born HIV positive through South Africa is insignificant. It has fallen below the insignificance level. Of course we'll be happy if it goes down to zero.

Same thing with TB, we're now trying to integrate TB and HIV and AIDS because they go together and 70-percent of the gene expert technology in the whole world is in South Africa and we are very happy for that.

So under the leadership of the deputy president, the South African nation is AIDS Counsel, a counsel with 19 sectors in the country. We have now taken the lead, we are now together, you are our way as our Deputy President has said. Our start was more or less, as the whole world knows, it was a little bit problematic, but now we've found our footing and we're moving along and we're very happy about the progress.

STEPHEN MORRISON: Thank you very much. It is remarkable when you look back to 2009, that turning point and the things that have followed from it are really profound. Most people would attribute that to the simple fact that there was change of leadership at the very highest level, but I think there has to be more to the explanation. I mean the leadership was vital, but can you say a few words about, as you look back, what were the factors that made those rapid, swift changes possible?

AARON MATSOALEDI: Well, as you say leadership is extremely important. So happy that in 2009, in the present time of government, the Department of Healthcare and with what you call a ten point program to attend the health situation around not only HIV/AIDs, but the whole health situation. We came up with ten points and the first one was leadership. It was an 18 year study about what went wrong within health in South Africa. It was not done by the Department. It was a study done by the Development Bank of Southern Africa. That used everything in their power to study the past 15 years and tell us what went wrong and how to correct it.

They came up with a ten point program and number one was leadership. They said without leadership there is no amount of science or discoveries that can never help because

you need leaders to move the nation and that's exactly what has happened. It was very important.

But the second thing is as you know, there's been a battle between government and civil society, even taking me to court, about prevention of transmission. That is over now. We no longer go to court. We now work with each other. We have got common peoples. We are moving in together with civil society. I think those two main points and of course the population also is very receptive. They were tired of –

STEPHEN MORRISON: So you were feeling a lot of popular demand to move forward.

AARON MATSOALEDI: Oh yes, oh yes.

STEPHEN MORRISON: So just in terms of the democratic expression of demand, you were feeling this intensely in this period.

AARON MATSOALEDI: Well, it's not that one could say we were really being pushed, but look, the statistics. Let me tell you the first thing that happened in South Africa in 2009, I went back to [inaudible] and from that there is a lot of material that was collected about HIV/AIDS internationally and even within my country. I put that together in a very comprehensible way, something that will be understood even by people who are not within health. My president and deputy president are not necessarily, they are just good leaders, but

they are not health trained. So I took that information and said to them and took them through it, maternal mortality, child mortality rate, everything that has been brought by the pandemic, showed them the effects to the country to the economy and everything and that's when everything started to change because they now understood that nobody told us this before. We didn't have this information and now that we got it, and to get the information, we need to move forward. And that's why we took everybody along.

STEPHEN MORRISON: Thank you very much and congratulations on that. Zunyou, can you tell us in your view as you look back a decade or more on the Chinese experience where there's been also startlingly dramatic changes, what were one or two signature changes that happened and why?

ZUNYOU WU: Yeah, if we push it back, I think China made significant change from previously denial to now facing reality. The big change, it's a stronger political commitment and financial commitment. I think if we look and ask ourselves what the reason was to make the change, the direct reason was SARS outbreak in 2003 and the central government recognized public health. It's a very important issue and then the government health had a stronger political commitment and issued almost all the supportive policy for implementing even

sensitive AIDS policy including harm reduction, condom promotion.

If we look at the financial location, before the SARS outbreak, most of resources were for AIDS program, it comes from international support. Now the AIDS budget is almost 80- to 90-percent from China's government, given that is support, and we scared up the AIDS program.

For example, last year, we have over 80 million people being tested for HIV. This year, my estimation is about at least 100 million people been tested. We have cumulatively about 160,000 already put in the ARV. Last year we had over 45,000 newly put in the ARV and we also scared up medicine maintenance, probably one of the largest and rapidest scale in the world, so that's remarkable change.

STEPHEN MORRISON: Now, you said that's SARS was a trigger point and I remember that, I was there as that was unfolding and it was very dramatic, but there were other things happening internal to China at that time that moved the leadership to embrace these radical changes very rapidly. What can you say a bit more about what else was going on in society and politically that moved the dial so dramatically and so quickly?

ZUNYOU WU: I think another reason for that shift to change I think now we are changing our perception about how to

respect the people, how to protect the health of people and respect the human rights and responded to HIV/AIDS. It's one of big issue to protect the rights, particularly for marginalized groups, so we promote people have equal rights to benefit from economical development.

STEPHEN MORRISON: Yes, it's interesting what the Minister was recounting about brining information forward and engaging with leadership. Peter Piot just published his memoirs, No Time To Lose, and there's a very poignant passage in there in which he describes I think much to his astonishment his engagement with the top leadership at a critical China had this dramatic impact; and he's not claiming credit, but rather it was around this phenomenon that you described.

Dr. Greco, could you tell the story that Brazil was in the vanguard, it was far out in front, it sent down many standards, there was a heavy trade in economic and a heavy ethical component to this, can you tell us a bit about the key turning points?

DIRCEU GRECO: Okay, thanks very much for the invitation and I think we have a lot in common, the four countries. We are very rich countries with a lot of disparities with the poor population which is started to being emancipated to us for that they have rights. So in Brazil if you look back, we have to catch up because we had 300 years of

slavery and then in the 1980s, we have 21 years of military dictatorship and everyone that who went through that knows how difficult that is, so the inception of that program was exactly after we got rid of the dictatorship with one constitution that said that health is a right to everyone and it's an obligation for the state to provide it. That was the first point. The was beginning on that.

We established that and I can say that without being afraid of saying it wrongly is that Brazil's the only country with more than 100 million people that have one public system to all. That made a tremendous difference.

What we see there is that without that, we wouldn't be able to do what we have been doing and we did a lot. I have been saying to my friends, we are not in paradise, but it's a very livable purgatory, different from other countries including this one with in relation to HIV/AIDS, so what we decide in that beginning was that the participation was supposed to be from everyone, and it was not a given thing. What we say and we repeat, that's a very known Brazilian indicator, is that if people do not emancipate and fight for their rights, they do not have to expect that their leaders will give that to them, so that's the thing that Brazil has been doing all the time, saying if the things are a policy of

the state and not the policy to government, it's going to be forever.

So what have we accomplished? And I think Jeffery mentioned some of that. 1985, we established an AIDs program. That was national. We started providing medication in 1987 and in 1996 we had a law that said that everyone who had AIDS should have medication. We start producing in Brazil. We have now twenty medication that's given to everyone. We have every people hat needs HIV medications diagnose, they have access to twenty different drugs, ten of them produced locally by Brazil producers, official producers.

One more thing that's very important is that everything that we spend came from what we paid in taxes, so 100-percent of our response is Brazilian. We're able to produce medication and produce condoms and every time I put my hands in my pockets, it gets at least two condoms made in Brazil from the Amazon region with lactics extracted there, distributed to everyone. I invite you to come to our standards. A lot of those there.

We have been producing rapid tests also. You mentioned something I think Jared had mentioned that, is that in 2007, we decided that Effeverance was made by Americans was too expensive. We tried to negotiate. They did not accept it so we open a compulsory license we produce it in Brazil now. So

completely produced. We're doing the same with Tenofovir, accept to pay them. So with that in hand and of course saying that it's with that we can collaborate. We have been collaborating. I have been meeting the same persons in many of the places when we go together. I will finish this beginning saying that we have been giving in a way with no strings attached technical expertise with countries like ours. We haven't changed that. And two days ago, Brazil helped Mozambique operate its first plant that'd producing antiretrovirals.

Everything was transferred. No royalty, nothing. That's a thing that we think we can do together, not only to protect our conscience, but I think internationalize and not only with HIV/AIDS, I have to be very strict about that. We talk about health and we mention that very well. HIV/AIDS is just part of a much harder problem is that to change the obscene disparities that our countries still have.

STEPHEN MORRISON: It's interesting that you tie those major national changes in health policy to a transition towards democratic governance. You see those two as aligned in the history looking back historically.

Aradhana, can you offer us a couple of quick insights on the major signature achievements and decisions taken in the last decade?

ARADHANA JOHRI: Thank you very much for this opportunity to come here. We were late starters. Our program really started in 1992 and that too was just an initial startup. Earlier projections about India were very gloomy. It was portended that there would be 20 to 25 million people living with HIV in 2010, but we've proved the skeptics wrong. Today, we have a declining epidemic, we are low prevalence with 0.31-percent adult prevalence and what we call a concentrated epidemic, which is concentrated amongst most at-risk populations.

We have also managed to bring down the new cases; incidence has been reduced by more than half in the last decade. There have been declining AIDS related deaths, so that is briefly where it stands today.

Professor Sachs has mentioned about the India program, the health program being underfunded. On a broader plane, yes, the government of India is increasing its funding from the National Health Mission; we've been working with the government very closely, but specifically to talk about the HIV budget, it has gone up four times in the last two decades, from 4 million to 1.7 billion and as donor engagement is receding, government of India has stepped up its investment to now about 76-percent in this year. So the level of funding has not gone down, level

of funding has been maintained and the domestic obligation has increased.

STEPHEN MORRISON: So what changed? What changed? What accounts for this change that happened?

ARADHANA JOHRI: There is a realization. There has been a lot of advocacy. You see, often in an AIDS program in a country which low prevalence, which is concentrated epidemic, the issue is a lot we have a lot of deaths from tuberculosis, malaria, maternal deaths, it's competing priorities, so what we have managed to do is to keep it on the front burner. One aspect f the program is its scientific approach. Use of evidence, use of data. We've been tracking vulnerabilities., We've been tracking achievements. We've been tracking interventions and we've been able to use it very effectively.

If I were to say what is the hallmark of the India program, I would say it's the dramatic scale up. Just to read some numbers: we have covered most of the population, we have reach out to about 80-percent of those, we have got about 10.1 million STI cases treated annually. Condom market is about 3 billion now. Almost 20 million people are tested annually, counseled and tested annually. And 0.5 million are under treatment.

The root very quickly, I think communities have been at the center of our response. We have worked very closely with

our communities. We have not lost our prevention focus. With 99.7-percent HIV free, we realize we have to focus on prevention which is difficult at times because if you have a treatment need, it has to be met. Also since India is the largest supplier of generics in the world, I mean, there's obviously all kinds of pressures. At the same time, anybody in need to treatment ahs got treatment.

Lastly what I would say is that there has been leadership by the government. There have been very forward looking policies. There has been an enabling environment for this program. I'll just give one example. Harm reduction related to IDUs. We have different ministries of government of India, which have different mandates. The Ministry of Home Affairs deals with narcotics and baned substances. The Ministry of Social Justice says, no you must do complete drug addiction, but our mandate is basically to ensure that harm reduction. We sat round the table and, yes, we've come up with the hard reduction policy, so I think this entire package led by the national government with very forward looking policies I think has been what has worked.

STEPHEN MORRISON: Great. Thank you. I'd like to come around to each of you and ask you, what keeps you awake at night? What is it that you worry about in terms of the

toughest outstanding challenge for HIV/AIDS control? Mr. Minister?

AARON MATSOALEDI: Well, firstly it is such a huge program in the case of South Africa, it's the biggest treatment program in the world. 1.7 million people. Anything can go wrong. People may opt out of treatment. They can develop resistance. They can just disappear. We can have a few side effects and a few problems here and there. It keeps you on your toes all the time. You must be aware that something can go wrong because it's a huge program.

Secondly, talking about mother to child transmission, we want to have an AIDS free society. We're itching at what time we are going to wake up and say yes, all children are born HIV/AIDS free. It's one of the things that will keep one awake during the night, but also these mothers that are on these PMTCT program. How many of them will still stay alive? It's a very important that you also make them to stay alive and that's why throughout this conference, I've been hearing about the method of moving forward to make sure that all the women who are on this program are on this treatment forever, which is called B-Plus. We looking forward into it.

All those things are still challenges that are awaiting us. They are enough to keep one awake at night, but for the moment, we still holding on.

STEPHEN MORRISON: Dr. Greco, what keeps you awake at night?

DIRCEU GRECO: Yeah, lately I have been sleeping very well, but the thing that keeps us awake, I think the same as the Minister mentioned, is that if we have a country the size of Brazil, the fifth in the world, with people throughout the country receiving drugs and who have 38 different kinds of drugs, it keeps us all the time working hard for how do we have the medication at the point of care all the time? So that's the thing that keep us all everyday thinking how to make it better.

In a way, it should be the simplest. What keeps me awake really is how are we going to not only to sustain response, keep those people because luckily they are surviving, they are going to be with us for many, many years, but how can we prevent other people to get infected? So what we have been doing and one thing that keeps us going and not only, we sleep well, but we work a lot during the day, is to make a way that not only prevention gets everywhere, we distribute condoms throughout the country. We have almost 700 million, that's much smaller than India, but also how to get the tests to get everywhere in the way that's a human rights base fighting against the stigma and discrimination and helping people to be

sure that they can be safely tested and if they get infected, they can have adequate care and treatment.

STEPHEN MORRISON: Thank you. Dr. Wu? What are your biggest challenges right now?

ZUNYOU WU: I say we have a few challenges, one of most is stigma. Even stigma have reduced, however, we still face tremendous stigma. Stigma has become a big barrier for delivery prevention for treatment. We still do not understand how to tackle the stigma issues. That's one of most challenge.

The second challenge is the capacity to response. Even if we have knowledge about how to prevent and provide treatment, however, the capacity to respond is still limited in terms of the health system and also in the NGO and working with marginalized groups depends on government assistance is not enough. Now China's government is being reorganized and providing support for NGO working with government assistant however with NGO in China is a new phenomenon, even the capacity for NGO to work with us. Still, lot of things need to be done, so the capacity, stigma is the two most issues we face. Challenges.

STEPHEN MORRISON: I'd like to ask Aradhana to comment and then I'd like to come to Jeff and ask Jeff to talk a bit about the whole question of global leadership and the transition and the emergence of the need really for very strong

engagement by emerging powers in some of these issues.

Aradhana.

ARADHANA JOHRI: The first challenge that we have in handling successfully so far but as the program expands more and more, the challenge of balancing prevention and treatment of balancing a whole lot of things. Of maintaining the quality of program has gone to such a huge scale. As my friend from Brazil also mentioned, we also have a lot of regional diversities, which are factored into our program.

Another challenge and work in progress with us is how long will we maintain a vertical program? Yet, we don't want to lose focus, we are working with most at-risk populations which are totally marginalized. So I think that's a major challenge: how to work with a larger health system and yet maintain focus?

For example, I'll just refer to the example of PMTCT and how the larger program impacts us is to deliveries used to be extremely low. Anti-natal care was extremely low. In other words, contacts off the health system with the mother to be were very low. Now naturally in such a situation, if you have to get counseling and testing for HIV and coverage with the treatments so that obviously is going to be a challenge, but now with the institutional deliveries going up with the maternity benefit scheme, with more and more women coming in,

we are able to convert better. But then in a way we are dependent on the larger system, so here the challenge is to try converge, yet maintain our focus.

Another issue that we're looking at is now the supply chain. The logistics of the whole program has become very large, so that's an area we are working in.

Lastly, like other countries, I think the issues of stigma is extremely challenging still and if you ask me if there's something about the program, the only thing about the program that keeps me awake at night is the issue of stigma and I think my dream is when a member of the most at-risk population of the marginalized groups can go and get stigma free treatment at a public healthcare setting, that's a dream we have to achieve.

STEPHEN MORRISON: Thank you. It's interesting that none of you put a major focus on the sustainability of programs and the rising costs that you confront, I mean, in the case of Brazil, you have many people, you have 220,000 people in treatment, you have many of them going onto a third or fourth line of treatment. The cost factors go up. 1.7 million is a huge long-term responsibility.

Yesterday in this space, Secretary Clinton gave a very powerful and dramatic speech about an AIDS free generation and the hall was entirely full and one of her arguments was as we

got towards the conclusion of her speech was that for this to be possible, was going to require new shared responsibility involving both the governments that are the principal partner governments, but also emerging powers and she singled out in her speech, she singled out the Global Fund as an instrument that is in particularly perilous condition at the moment in terms of its long-term financing.

Jeff, can you say a few words about the broad environment of looking out at the next ten or twenty years and the leadership role that one envisions?

JEFFERY SACHS: One of the things that one of the things that distinguishes this group of countries is that they're middle income countries and there's an economic base to be able to handle this and at least for the countries other than South Africa, the prevalence rates are low enough and relative to a healthy economy that these programs can be well financed domestically.

The big challenge is for the poorest countries in terms of finance. There is really where the critical barrier has been hit because while the decade from 2000 to 2010 mark the scaling up of international finance, once the global financial crisis hit Europe and the United States, that international financing got stuck and actually went into reverse last year.

The Global Fund is in financial crisis right now. Of course, I think the United States and Europe absolutely can and should do more, there's too many linkages of rich people putting their money in tax havens rather than paying the taxes that could finance these investments [applause] and so it's not that we're short of money, it's that we're not collecting it.

I noted yesterday that the 1200 richest people have a net worth of $4.5 trillion, so just 1-percent from 1200 people would be enough to pay for all of the health financing gap of the poorest countries in the world. That's how odd our world is right now.

So we need a lot of leadership. I think for these countries, first we need the leadership to show that this can be done at big scale. You're all showing it, you're all running large programs, you've scaled up enormously. The fact that Brazil has a unified health systems for almost 200 million people is a phenomenally important reality for everyone to understand and that there's a major scaling up of health systems of China and India in the last decade I think is also phenomenal. We need your voices for public health. We also need your voices for leadership inside the global Fund.

China was the beneficiary for the Global Fund for some time. It can become a major donor of the Global Fund I hope in future years. This is befitting China's great leadership in the

world. Its rapid economic advance and it capacity as it just hosted so many leaders from Africa this past week in Beijing, that's a major contribution that I hope and would expect to see China play, but I do want to stress that we're at a crossroads right now.

The Global Fund had to suspend Round 11. It has not funded new programs. This has been the key way for dozens and dozens of countries to face not only the AIDS pandemic, but also malaria, TB, and general primary health services. So this is vital and I think the experience and leadership of your countries can play a huge roll. Don't let it please just sit in the hands of the high income countries that might not be able or willing to do their job right now. You all can play a global leadership role that I think can be a huge, huge contribution for the world.

STEPHEN MORRISON: Thank you, Jeff. Mr. Minister, the Global Fund is one dimension, but I think the world is for all of the emerging powers is looking at them as a place that has important political voice, trade muscle, scientific expertise and many other special assets that can be brought to the table in a global fashion and there are many options and pathways that one can go for.

Tell us about that going forward. How does South Africa HIV/AIDS global epidemic and imagine using its influence and its special assets in these coming years?

AARON MATSOALEDI: Firstly, we accept our responsibility. We accept our responsibility as a country. That must take the lead. Not only within the continent of Africa, but within the whole world in leading by example to show that actually we can have an AIDS free world. South Africa must take the lead. That's why we painfully await those responsibilities.

We are very proud to be a part of BRICs, as I said, having 42-percent of the world population within the BRIC countries and being responsible for one third of people who are HIV positive, also comes up with responsibly. We have already started to meet as ministers of health within BRICs. We've already had the number of meetings where we agreed we need to share lessons in terms of technology transfer, in terms of using BRICs market for drugs and diagnostics to bring down global prices. Brazil has already led by example, early example.

I am painfully aware of the effectiveness that is established just next door to us where they're producing a lot of generics. I know that in India, they are also leading the way so together, all these countries, we can actually help

bring down the prices because we followed that happening to produce generics. Without that happening, you're right, when you said that you expected us to have mentioned the sustainability is one of the things that make us stay awake. Very obviously. Once we put 1.7 million people on treatment, you worry is how am I going to sustain this? In South Africa, we believe by 2016, we should have put 3 million people on treatment. That's our target.

Obviously sustainability is going to be very, very important and now having within BRICs, that technical capacity and the political wing, for technology transfer, to enter the generics market, to try and bring down the prices, I think that's going to be very valuable to the rest of the world, even to the main founders because I'm sure everybody is looking for cheaper drugs, that they're easily available. They are good quality, not only quality sustainable medication. Yes.

STEPHEN MORRISON: Dr. Greco, the Brazil has pioneered health diplomacy as an art and made its part of it foreign ministry for years now. What's the priority looking forward? What can we expect to see in the next few years?

DIRCEU GRECO: I think one thing that Jeffery mentioned again is that we have a unified public health. I know people only look at it. You should see how it works and see if it can be done in countries like the United States, I mean, the United

States could use our example and have a public health system for all here [applause]. That'd be the first thing to be done that is an example to work.

The second thing is about human rights. We didn't that much, we mentioned about MARPs, but I think that is we don't together, the four countries, the five countries, they can in all the places that we go, we have to fight the key populations are heard. They participate, they're named. For many years, we could not even mention homosexuals, drug users, female sex workers and men that documents that emanates from us from those documents, so we have to be together to fight for them because those people are the ones who are going to be infected. They're the ones that do not get access to medical care, so that's thing that we can do together. We can make a difference. Many times and I was talking to you before that we participate together in some of these venues. Four countries, many time they are together fighting for that. So that's one point.

Sustainability, we have not mentioned the drug companies. We mentioned that were making generics, but it's obscene what they charge us. We don't talk about that. So that's the thing that we can make a difference, like if you can make generics in Brazil, we can make together in South Africa and Mozambique and we can phase them in a way that it won't be

possible to treat people if we keep buying things at that price.

The last one is what I have been mentioning is that the result of cooperation of all those countries is that of North/South, that we come to the United States and we talk about it. We have to keep doing our work together horizontally and teaching many things that developed world has to learn with us.

STEPHEN MORRISON: Aradhana, how is it likely to use its influence, its expansive influence outside its borders?

ARADHANA JOHRI: You know, I'd love to lend my voice to the issues of generics that has been mentioned so eloquently from my colleagues from South Africa and Brazil, and just to remind, that it was Indian generics that brought the international prices down from $7200 per patient per year to $200. Apart from this, we have also been working the signs of prevention as I mentioned earlier and cost for infection averted is also $100. It just happens to be around $100 and we developed a very unit costed standardized approach which we'll be very happy to share the technical capacity on both these fronts.

I mentioned earlier the use of evidence, basically I'm talking about the technical capacity to rule out the program.

We'll be very happy to share it and I think that is also very necessary.

Apart from putting our voices together for the cause, it is an international forum and I think the governments of countries who are sitting here have been very, very proactive in the IPR debate, the WTO, the WHO, etcetera.

Lastly I would also endorse that the time has come to set up a South/South platform. We have something like a South/South platform in population which was formed after the Cairo conference, but we have nothing for HIV and we would be very happy to host the hub in India and we could have a South/South platform which works on an institutionalized basis, rather than a case by case, issue by issue, it would be great to have an institutionalized platform that can identify issues that can keep evolving with the type and address them as they come.

STEPHEN MORRISON: We're getting towards the end of our hours. Dr. Wu, we know that China has been very active in Africa, it's very active within its own region. Dr. Chan has just been elected to a second five year term. Tell us a bit about what ewe might expect in terms of China's calculations around using its expansive influence its borders on HIV/AIDS.

ZUNYOU WU: It's important first I think that China's government increased budget of scientific research here's a

significant increase in the research. We hope they produced the scientific result will benefit for China as well as for other countries. China has in terms of population size and it's one of largest and if large countries like China. India, Brazil, South Africa, if we could address the issue of a cell, it is contribution to the world's response to HIV/AIDS.

About two weeks ago, China's government announced donation of $20 billion USD to support African countries. That is support to put HIV/AIDS in the broad context of the social development. We do not address HIV [inaudible], so we support African countries, the overall social development. That we will address HIV/AIDS and other health issue that will reduce the competition resource for other price, so I think there's Chinese government that makes a contribution to the world.

STEPHEN MORRISON: That was a very dramatic announcement, the doubling in this year's cycle. Jeff, you want to offer the closing thought for this panel?

JEFFERY SACHS: Well, this the panel that gives us lots of optimism is doing something dramatic internally and every country is doing something very dramatic for global leadership. That's on every count; how to do these things on the science, on production, on health systems, and on financing, so I think this really is an extremely encouraging session and a very positive on. I want to thank you for bringing us together.

STEPHEN MORRISON: Please join me in thanking our terrific panelists here.

[END RECORDING]

[1] 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.