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**Advancing Country Ownership - Achieving Program
Sustainability and Long Term Impact
Kaiser Family Foundation
July 18, 2010**

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[START RECORDING]

JENNIFER KATES: They're still getting food, but we're going to get started, particularly since I think this is the heart of the discussion, is really from a country perspective, that's something we've been hearing all morning. But now we're actually going to hear from countries themselves. I'm going to tell you who we'll hear from on two separate panels, representing two different country perspectives. We're going to hear - actually why don't we - I'll do the first one first, because then we'll have a discussion and go to the second one.

The first panel, and I'm going to have all three of them come up, and be up here, and then they'll each present, is Botswana representatives, and we're going to hear from three people. Joseph Kefas, who is the Chief IAC Officer of the National AIDS Coordination Agency; Ona Johnson, the group manager of HIV/AIDS Impact Management, at the Debswana Diamond Company, and Daniel Motsatsing, the Executive Director of the Botswana Network of Aids Service Organizations.

Each of them will come up, they'll speak briefly, they have presentations and I want to let everyone know, because we've gotten some questions, this is being webcast, and all the presentations that you see here will be available to you. So don't worry, you can get those online.

So, please, Joseph, Ona and Daniel, please come up.

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JOSEPH KEFAS: Ladies and gentlemen, the panel from Botswana is very thrilled to be here today, to share some thoughts and experiences on the country ownership perspectives relating to the national response to HIV and AIDS in Botswana. And let me just start by - I work for the National AIDS Coordinating Agency in Government, which is a ministry in the - in Botswana, in the Office of the President.

Now, what I'll just share, in terms of what we understand by country ownership is an environment where there is agreed policy, strategies and programs where all key players play a critical part in ensuring that whatever policies, strategies and programs that are implemented in the country have been agreed upon, and there is substantive - substantial ownership and agreement on those.

And just to also talk about the whole issue of distribution of resources, especially around the country where they are - where we would get funding, either through government sources, Ministry of Finance and Development Planning, and through donor support, country as well as other involvement partners; very whole issue of equitable distribution.

And the whole issue of national engagement has been said here by previous speakers, that how much do we engage communities or other structures that are involved in

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implantation of our programs, political commitment, right from the head of state through to all cabinet ministers, other key players in government, as well as non-government.

The rule of law here, just implying the fact that even as we do have policy, we also as a country uphold to some principle of legislations that have been implemented in the country; hence as a nation, this is something that we feel we uphold.

Accountability here relates to issues of resources, as to how well do we account for these resources, issues relating to whether we are able to say this program has indeed succeeded; and if it has succeeded - people were talking about indicators earlier on - if it has succeeded, what is it that we see that makes us believe that indeed it has succeeded? Well, you can go from one indicator to another, but what is it that indeed facilitates that?

Now, a team earlier on talked about the Three Ones Principles, and this is one national coordinating body, which we have been able to establish over a couple of years ago. National strategy framework, we have gone through the first one; we have just come back with a national strategy framework, number two; and we have also been able to come back with a national monitoring and evaluation framework, which is the Botswana HIV Response Information Management System.

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Now this is just a structure to indicate where we are in terms of partnerships. Right at the top of there we have the National AIDS Council, which is a body that guides in terms of policy and at the national level.

That guides the national response, and it has been chaired by His Excellency Festus Mogae, former president. He continues to chair it now, and assisted by His Honor, the Vice President. And the National AIDS Coordinating Agency, the Secretariat to the Council, and all the other stakeholders as we see up here.

Now, in terms of the strengths of the national response to HIV and AIDS in Botswana, we see very strong policy and program development, stemming out of political commitment that has been stewarded by the Presidency, as well as all the other key players, strengthened management and coordination of all the issues relating to funding, information and other resources, as well as monitoring and evaluation of the national response.

The National AIDS Council does meet every quarter to review program implementation, and that provides an opportunity for us to ensure that there is continued check on things. Now, while I just want to share this. As we progress in terms of involvement, we also see, as part of the national vision, zero transmission, zero new transmission of HIV, especially as a

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national focus. And that aligns very well with achieving program sustainability, which is part of the theme of this session.

Now, some challenges or missed opportunities, we have been guided by the former president and the current government on advocacy and putting HIV and Botswana on the international map; however, we still need to do much more relating to advocacy of some key issues. We are grappling with issues of [inaudible] populations. We are grappling with advocacy for resources, and as we know, the economic crisis has hit everyone equally perhaps, but we still are grappling with issues relating to resources.

Now analysis of what works, actually, what is it that works? Sometimes we know, sometimes we don't know; but we continue to find ways of establishing what really works. Now this slide here just represents - this is the Botswana AIDS Impact Survey. This is just to illustrate the - our ability to generate information, and we do impact surveys every four years.

We shan't go into the specifics of the slide, but HIV prevalence in Botswana is 17.6-percent, as it is incidence 2.9. This again just to illustrate our ability to also generate data on pregnant mothers 15 to 49 years, prevalence at the moment amongst that population, 32-percent.

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And now, national strategic framework, these are the priorities. We have prioritized four areas: prevention of new infections, systems, strategic information, and scaling up treatment. Now again, these are just programs, concurrent partnerships, and [inaudible] somebody talked about it earlier; I'm just flashing through this.

Now in terms of funding, you see there has been some growth, you know, from 2003. We do national AIDS spending assessment. We have had two so far; we are currently having a draft of the second one, where you see international funding increasing, as well as all the other sources.

What you see in the middle, which is private funds, this is out-of-pocket funding, and obviously we see huge amounts coming out of government. And this again, just to illustrate in U.S. dollar terms, how far we have come in terms of the AIDS budget.

Now, as relating to - in the national strategy framework one, we have had five goals, and this is just to illustrate that we have been very low on the legal and ethics and human rights area, and we have been looking at ourselves just how best did we pluck those gaps that relates to our ability to ensure that all the key players relating to our legislation, human rights issues, are taken care of appropriately.

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And this is just to illustrate - the attempt here is not to relate what you see in terms of text to the organization, but just to make sure that we - we do have these requirements that - from development partners, that - especially financing, where there are different formats, different styles, different fiscal years, and that presents a big challenge.

We have over time been working with our partners, especially PEPFAR, where we need to -- where we have been coming very close to aligning our styles and formats, and then that has been working very well, but we still have challenges. And obviously, again, there's also a huge [inaudible] of data collection and data policy.

Now, as I conclude, we have been continuing to strengthen management and coordination of the national response. We are currently developing the national operational plan for NSF 2, which is going to give us an idea of how best we get to move, and how everyone is going to play. Evidencing formed program development, part of the evidence that we collect so that we don't do - we don't implement a program that has not been based on any evidence, and we continue to sharpen that.

That is a big challenge for us. Equity in resource allocation, we see some districts of course, as think it

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happens in many countries as well, we see some districts heavily resourced as opposed to others, and that presents a challenge to us, and we need to ensure that that allocation is equitable.

Prudence in the management of resources, we have had challenges in managing some of our resources, but we continue to ensure that there is efficiencies. And as I said earlier, what really works is something that we want to - we continue to undertake. We have just done a Know Your Epidemic Know Your Response assessment, and it has come back with some recommendations, as well as harmonizing reporting things.

Now, this is just something that I think many of us here know, that the problems that we face now, perhaps they'll not be solved by the same mindset that we have had when we created those conditions. I shall end here and just also note that - now, when Britain was hit by cholera and many other countries as well, somebody just left and turned off the tap. This is Jones Know, in Bond Street.

And this - what it means here is that what we do downstream can only be perhaps solved by going upstream and turn off the tap. Another example is the barefoot doctor in India, or the zero grazing concept in Uganda. Think about it. Thank you. [applause]

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ONALETHATA JOHNSON: Thank you very much for the opportunity. My name is Onalethata Johnson. As has been mentioned, I work for Debswana, which is a downwind company, downwind mining company in Botswana, a partnership between Botswana government and DBS, and which is also actually the largest contributor to the national GDP. My presentation is going to be on country ownership, giving the private sector perspective in Botswana.

Going through the literature, one would say there are three focus areas as far as country ownership is concerned, and this is governments providing leadership in the formulation of policies, programs and plans; and this is based on evidence that has been derived within country.

The idea being that these policies and programs, anyone who participate in, which is point number three, meaningful participation, should align to. Country ownership also calls for government coordination of the use of the resources, regardless of their source, and also taking responsibility for making sure that they are adequate and working; monitoring and evaluating systems in place to promote accountability and give confidence that indeed there is effective and efficient use.

The last point, which is meaningful participation of all stakeholders, including the private sector, is also one key important area as far as - or element as far as country

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ownership is concerned; and this again, from the perspective of where I'm coming from means that private sector or anyone else who participates in the response should align to the policies and programs that are in place.

As my colleague has just mentioned, a lot has been achieved in terms of Botswana's setting. Government has indeed set up or provided leadership in formulating the policies. The second National Strategic Framework is in place, and is actually aligned to the National Vision 2016, which is a development plan, as well as the National Development Plan 10.

All stakeholders, as I've mentioned, have an opportunity to meaningfully participate in a joint manner in the planning process, right from the design of policies to design of programs and strategies, right down to implementation level.

There are a number of rungs through which we can do this set up in the country, some of which are called partnership forums. The government has also shown strong strategic leadership in the fault oversight area. The previous speakers talked about the Three Once Principle, one of which is one, monitoring and evaluation system.

I'm also happy to note that the government finances the bulk of the HIV response budget, and it's somewhere sitting around 85-percent at the moment. And this is important because

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the source of funding for in country responses has been found as one of the key elements important in fostering country ownership.

And one area is not accessed to this funding and other sources of funding has been extended to non-stakeholders such as the Civil Society, including the private sector. I have mentioned that strong partnerships have been formed with the private sector, with Civil Society, as well as development partners.

Now, the National Strategic Framework calls for a multi-sector approach in the fight against HIV and AIDS, and in heeding that call, the private sector has responded in two levels.

At national level, where Botswana Business Coalition on AIDS was established in 1994, part funded by donations by then NORAT, and also by an in-kind contribution from founding members, some of which includes Debswana and Medical Aides and some commercial banks; the idea being to coordinate the private sector response, working within the context of the national strategic framework.

And so this is where alignment comes in, to ensure that the private sector capacity is built, and to the extent necessary, to be able to meaningfully participate. We are aligned to the national monitoring and evaluation, where the

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idea is to align to the monitoring and evaluation framework, the BRIMS, so as to facilitate information flow from the private sector level to national level for a more comprehensive approach to monitoring and evaluation.

Currently, BBKA, which is the Botswana Coalition on AIDS, is funded by a few development partners: HATAB, CDC, [inaudible] as well as some access to minimal funding from the government.

And then in terms of individual businesses, there has been strong leadership shown in terms of interventions in the treatment, care and support, in the form of provision of ARVs, or anti-retroviral therapy for employees or in - through work place programs, as well as in some areas training of health care - training of health care workers by some of the businesses, like Associated Fund Administrators.

There also have been working partnerships established between the private sector and government, an example of which is the Public Private Partnership between Debswana and the Ministry of Health.

And this slide is just to illustrate the extent to which Debswana has gone to extend reach of its services beyond the company boundaries, and this is through the Public Private Partnership, between Debswana as I mentioned, and Botswana government through the Ministry of Health, to increase

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capacity, enrich the national ARV program, and through this partnership, Debswana provides the medical personnel, who are employees of the company, and as well as the infrastructure in the form of hospitals, as well as Level 2 facilities, while the Ministry of Health provides the anti-retrovirals themselves, and the other related.

Through this partnership, we've been able to provide anti-retroviral therapy, the MASSA Program [misspelled?], to up to five percent of those who are enrolled in the national program.

A lot has been done as I've mentioned, but there are gaps that still exist, one of which is that the low level of development of BBICA, as well as its maturity, has really resulted in poorer cognition of this body as the private sector coordinating body.

And this is not only from government level, but also from the private sector itself. Looking at the extent to which they can put a finger on how much support and guidance they have gotten from the business coalition.

So participation has really been, in terms of influencing the policies and strategies at national level, has been limited to individual businesses, usually who are larger in size, are labor-intensive and limited to specific industries.

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So this would be organizations where there is a good appreciation of the fact that HIV as a risk can have an impact on labor productivity. And some of these examples would be mining companies.

Another challenge has been the perception that - perception carried mostly by the private sector that private sector is only concerned with making profit, and therefore, historically, the focus in terms of partnerships or collaborations have been on the civil society more so than on the private sector.

One of the key challenges again is lack of taking count and financial capacity to implement or facilitate work place programs. And this is both at individual company level, especially when you look at the fact that Botswana's private sector is made up of about 80-percent small and micro businesses who really don't have the capacity, financial and otherwise, to go into some of these programs.

But also from the coordinating body, the business coalition, the fact that the BBKA's challenge in terms of financial as well as technical capacity, running with a staff of four looking after the whole country, makes it a bit difficult in terms of making any meaningful impact or participation in developing programs.

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Again, there is minimal access to public funding or any of development partners funding, making it even - or further complicating the fact that BBKA is unable to participate to the expected level. There are no reporting requirements as has been that at national level in terms of any financial contributions that any business undertakes in terms of HIV/AIDS interventions.

Now, in terms of funding that we could or have been able to access through from international funding, a lot of the processes involved here are quite fragmented. One can - there is funding that can be accessed, not necessarily through government, but directly with the individual funders, and also the divestment systems also proves a challenge in the sense that the requirements for a lot of these international funding is that the government - the private sector should go through the public sector to be able to access the services.

And this would be well and good if the challenge associated with the perception around the private sector was not a big issue.

As it has been mentioned, external funding also comes with its own mandate, its own focus, its own conditions and requirements as far as reporting is concerned, which can pose a challenge to effectiveness. This slide really talks to country

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ownership from the perspective of a balance between rights and responsibilities.

For government to be able to exercise the right to expect, or to have certain expectations from the private sector to participate or render support to the initiatives, it must have certain responsibilities, may be in the form of support in its incentives. And the same thing goes for the private sector.

It is - although the business of business is business, it is in the interest of business to ensure that it gets to participate in initiatives that look into mitigating the risks that is associated with HIV, especially on productivity and obviously the bottom line.

And obviously, sound policies, authoritative policies and response strategies are key to ensuring that this commitment from both angles and goes through to ultimately lead us to strong country ownership and the resultant sustainability that we all want to end up at.

Now in terms of recommendations, one key recommendation would be the need to change the mindset, advocacy to change mindset. And this is important, especially when you look at the fact that one of the elements associated with country ownership is channeling international funding or development partner funding through the public sector systems.

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And without that mindset change as far as the public sector is concerned, it will be a challenge for the private sector to access the funding required. In terms of supporting initiatives, one area that I would like to quickly touch on is the issue of building national capacity through public private partnerships; leveraging the business skills and co-competencies as it was mentioned earlier, to fill those capacity gaps.

There are also, in terms of support to the governments, the issue of further enforcement of the Three Ones, especially in the monitoring and evaluation space, to ensure that the government can give confidence that indeed the support that is given to it is used as effectively as possible.

The issue of tax rebates as an inducement of forming a full contribution is one area that really hasn't been done, but I think could be looked into as a way of trying to get the business sector to appreciate what's in it for it. Certainly, resource mobilization from the business sector itself; companies who can should be encouraged to set up own work place programs.

The commitment as they exist that a lot of these businesses really don't know how to go about it, and also strengthening the BBKA membership just to ensure that resources are available.

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And last but not least, if everything else fails, maybe we need to look into the campaign of is the right thing to do, and make businesses see that by going into this space and acting, they will end themselves license to operate. Thank you. [applause]

DANIEL MOTSATSING: Good morning ladies and gentlemen. My name is Daniel Motsatsing. I work for an organization called Botswana Network of AIDS Service Organizations in Botswana. That is a civil society. To share with you the presentation layout, we are going to be looking at the definition of country ownership being a perspective from the civil society. Why country ownership and attempt to define who the civil society is and then the rationale for the CSO participation in the national response.

We'll also give sector perspective, the CSO participation and also make an attempt to reflect on what will be country owned about that and then we will address the gaps and challenges for the CSOs in line with the country ownership concept. Lastly, we'll look at the way forward having some suggestions and thoughts.

To kick off the presentation in terms of attempting to define what the country ownership is, we'll look at the various definitions that suffice but focus more on the actual agenda for action in 2008, which puts focus on country leadership. It

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also looks at the need to embrace effective partnerships as well as promote meaningful broad citizen participation and engagement.

I will try to run over these definitions because I believe my colleagues have also touched on them. There's also the need here for the nationalized authorities whether you call them nationalized counsels or commissions to set the agenda for designing, implementing and assessing programs.

The NACs need to put into practice coordination and leadership capacity assistance. We move further to say this approach also means that governments must have oversight of all resources committed to the AIDS strategy. There's need for supervision and implementation at country level as well as coordination of information which is quite crucial that leads to the monitoring and evaluation of the response.

Lastly, governments on this definition, governments need to articulate a national agenda, set authoritative policies and strategies and donors or development partners. We need to align their programs to the government policies and systems and not create parallel processes. This is about [inaudible] and this comes from the organization of economic and corporation development also attempting to define country ownership.

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Why country ownership? Why can't we just leave the processes to go on on their own? Some views here look at the country ownership being essential for enhanced efficiency and achievement of better results especially in competing global agendas in financial crisis.

What we are saying here is that if there is no agenda set at national level for others to fit into, when we have challenges as we currently have economic crisis, it becomes difficult for the leadership of the country to prioritize. In a developing country like Botswana which is still charged with the responsibilities of building clinics and roads, there are areas where there's need to prioritize.

And in line with that, this simply means that the national AIDS spending assessments would need to reflect funds coming more from local funding sources because if the alternative is the situation, it becomes difficult really to be able to manage your own response if more funds are coming from outside. I think the colleague from [inaudible] on and off budget resources.

And also the view here is that we need country ownership as a concept because in fragile environments which are characterized by weak systems and poor coordination opportunities will necessarily manage for development partners to claim a share of the operating space and also adopt their

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own rules of engagement and this is coming from the UN AIDS briefing notes.

Let us now look at what we perceive or we define as civil society in the context of Botswana and I believe in other areas. UNAIDS here gives a guidance and defines civil society broadly as AIDS service organizations or groups of people living with HIV/AIDS, youth, women and business organizations, trade unions, professional and scientific organizations both in faith based institutions as well as international induced from the global and the country level.

This induced or civil society would normally be distinct in institutional form from state, family and market although in practice boundaries seem to be [inaudible] complex and often contested or negotiated. The broad definition here would include charities, NGOs, CBOs and professional associations as well as social movements, coalitions, media, academia and advocacy groups.

What then is the view in terms of the sector perspective, what is country owned about it? In Botswana, the civil society organizations are recognized by both government and development partners and they also participate in the development of and influences policies and laws.

They do get invited to various technical committees, to various policy agendas and they partner with international

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institutions and government to work with and reminds the communities while accessing technical and financial support from local and outside sources.

They seem to be less bureaucratic and contribute to addressing a common national agenda or goal. Some of the areas that they cover include education, prevention, stigma reduction, counseling and testing services, care and support just to mention but a few.

What then are the gaps and challenges for the CSOs in the context of country of ownership? The CSOs have constrained human resource capital both in terms of numbers in the skill base and the majority are dependent on local and international donor funding to sustain their personnel and program input.

This lack of [inaudible] diversified to resource mobilization initiatives, accessing funding from the same institution that coordinates the response would necessarily blare their independence of how an organization can effectively contribute.

You become constrained to say you don't want to bite the hand that feeds you and we know the old adage that he who pays the pipers call the tune so you sort of get constrained in terms of how much can you say. There are experiences whereby you'd ask for funding support and it will take forever for an organization to get supported, not that what we have submitted

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who have not technically sound, per se, but other issues would arise and then it becomes difficult really to have your own independence.

Some CSOs have weak governments and leadership structures as little or no steps are taken to effectively capacitate the same and this raised capability issues I mean credibility issues and also leaves the field wide open for other players to say because the CSOs are weak, we can't entrust them with the funds to implement programs especially international induced and they would want to do it themselves and some I have seen is actually setting out parallel implementation structures and not necessarily working with the mandate of capacitating the local institutions to do the work.

And there's also limited capacity to influence policy makers that needs to get changed. In some cases, the CSOs we feel we're not taken seriously in terms of what we would want to do.

An example I can give you is that on Friday when I left my country to come to this conference, I came with a heavy heart. A heavy heart because in the morning of that day, there was a CCM meeting one of the agenda items being to decide on the potential principal recipient for global fund as the country's out writing around ten proposals.

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And the decision taken by the CCM was to have the Academy for Educational Development, the AED, an international NGO from the U.S. to be earmarked to be the principal recipient for civil society.

The question that myself and my colleagues from the civil society ask is this is contrary to the global fund established cardinal principal of local ownership to say in functional governments and stable political democracies like Botswana really by now the focus should be developing local institutions to be able to take up the mantle and also because the origin is awashed with examples.

If you go to Namibia you find that Namibia network of AIDS organization is the principal recipient for one of the global fund rounds. You go to Zambia and find [inaudible] the same thing. Zambia national network of AIDS service organizations is doing the same [inaudible] to the countries like Zimbabwe and others.

But then the [inaudible] term has been there independent for 43 years. We are not doing it so these are some of the issues that we are looking at.

Going forward we are seeing country is a creation of a great national strategy to support CSO institutional growth. We need to focus on coordination of partners input and set a true blood participation in the national response. Assessments

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for positive outcome let us change our mindset that my
colleague from Botswana is talking about.

By setting the CSOs themselves, we need to change the
way we are doing things and the partners also need to have a
change of mindset to see value in taking deliberate steps to
support the CSO and trust them with the way capacity asked them
to account.

It should not always be this one to say CSOs are weak
but little or nothing be done to ensure that they're
capacitated. And when doing this, they should be able to
deliver on that mandate and meet expectations of partners and
beneficiaries. And lastly to initiate joint planning and
harmonizing input to partners and CSOs can push for the right
of operational terrain.

We indicated that the development agenda by its nature
is a fantastic terrain and unless □ if we really push it
forward to claim our space it's slowly being eaten away. Let
me thank you for listening [applause].

JENNIFER KATES: Thanks very much to all three of you.
We have some time for questions before we go to the next panel
so if you have a question, please just go to the mic and
introduce yourself and ask your question as quickly as
possible, quick questions.

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MARYBETH HASTINGS: Hi, I'm Marybeth Hastings. I'm with the Center for Health and Gender Equity in Washington, D.C. Thank you all for your presentations and especially Daniel I wanted to thank you for the comments about civil society participation and the example you gave about AED and we certainly share your core at the inclusion of international NGOs as being represented above civil society when they're really based in the United States.

My question for Daniel quickly is what can the U.S. government do to support civil society in being an active, and being a respected participant in these decisions and particularly with CSOs that represent stigmatized groups such as sex workers and those that tend to be marginalized from government decisions?

And then my broader question for the rest of the group is as the United States government moves toward integration of HIV within sexual and reproductive health, what are the challenges in Botswana?

Is that something that you see as a priority in Botswana and if so, what are the challenges to that especially given that there's HIV/AIDS funding from the United States and not family planning and reproductive health funding from the United States? Thank you.

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JENNIFER KATES: Thanks. Okay who wants to I think Daniel was the go ahead.

DANIEL MOTSATSING: Okay. Thank you very much. Let me start with the question directed to myself and then I'll leave the other one for my colleagues. What can the U.S. government do to support the CSOs in Botswana?

I would summarily believe that if there is a deliberate problem to have U.S. government based organizations in Botswana to have a partnership arrangement with the local CSOs and there has been a work plan, a program and outline to say this is how capacity bid and it should be done.

There has to be a third party who needs to assess if it's actually done and not only in rhetoric but in reality and then there has to be targets set that need to be achieved. That to me has not been done to date.

It's just a wishy-washy way of doing it and some organizations would come and indicate that they have the ability to capacitate and there would be agreements to say okay, we are partnering with so and so. Eventually and slowly and slowly they take over the mandate, those that are supposed to be capacitated because there is no set agenda.

You remember the definition of country ownership, set agenda to say this is how we want it to be done in the country. So in my view, it brings in the input of the local government

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also to say this is how we want things to be done. I gave an example of Namibia, Zambia and other countries. It's not rocket science, it has been done elsewhere so why can't we also do it?

So my view is that there has to be very clear agenda of how we want to do it. Currently it's all mixed up. To me, it hasn't really reflected as something that somebody has said I want to do it because it can be done. Thank you.

JOSEPH KEFAS: I'll just touch on the question the general question that you ask and then perhaps also touch on the country coordinating mechanism. As far as HIV and SRH is concerned over the say 20 years ago we have had almost power programs especially in delivering health to the country and we have integrated our programs in such a way that currently you'd find SRH integrated in the mainstream of health services as well as of course HIV.

Now we are doing that especially led by Minister of Health. Oh yes, the other players like the Minister of Youth and Sports and Culture and other NGO partners that have come into the role of assisting with the implementation, involvement of amenities relating to SRH or adolescent as well, adolescent sexual [inaudible].

So it may well be that as U.S. government and any other key players bring along assistance be it resources that relates

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to money or technical expertise around the whole are of SRH we would almost invariably see that in terms of the context of integration and demonstrating of our [inaudible] compartmentalized programs.

So that is the position. Now in terms of country coordinating mechanism, we have been striking to balance intricately resources that we have around all our partners relating to national NGOs and private sector as well as the international NGOs and country coordinating mechanism for global fund does provide a system that engages all partners and members to ensure that there is transparency and goodwill around management of the fund.

What has hitherto been a challenge is of course issues of capacity, ease of implementation and we continue to look at these challenges and ensure that perhaps there is a very good balance between management of the fund as well as an expected outcome of the results that we need to attain. So that's as far as I can go on that one. Thank you very much for the question.

JENNIFER KATES: I don't know if there's any other specific questions for this panel quickly because I want to keep us on schedule and we have more time at the end of the next panel. Okay, great. Thank you. So please join me in thanking all three of our panelists from Botswana [applause].

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We're going to do a quick switch and I'll introduce the other the next panel in just a moment. Okay. Just five minutes off schedule, great.

We're now going to turn to the perspective from Malawi and we have three speakers, three panelists and I'll ask you to come up as I introduce you. We're going to hear from Andrew Chikopa, who's the Executive Director of Malawi Business Coalition Against HIV/AIDS; Maclean Sonoso, the Executive Director of Friends of AIDS Support Trust and the Chairperson of Malawi Network of AIDS Service Organizations; and Madalo Nyambose, the Assistant Director of the Debt and Aid Division of the Ministry of Finance.

And we'll hear from them and then we'll go to a longer Q&A with them and generally and then we'll close this all up and make our collective observations. Do you want to start? We're figuring out a technical challenge here. Hold on.

ANDREW CHIKOPA: Good morning ladies and gentlemen. I am Andy Chikopa from Malawi. I'm the Executive Director of the Malawi Business Coalition Against HIV/AIDS in Malawi. I'll now just give you an overview of my presentation. I'll first of all give you Malawi's HIV and AIDS profile in brief and also in brief I explain about the private sector response as far as HIV/AIDS is concerned in Malawi.

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I'm from a private sector perspective what we understand by the national issue for HIV/AIDS response and I will also explain about some of the gaps that I've seen in the private sector and after I will conclude my presentation.

Malawi has a population □ Malawi is a country with a population of 12 million people and HIV progress rate of 12-percent. We have one million people living with the virus and about 500,000 people, children have been [inaudible] due to the HIV/AIDS epidemic. As of the first of March, 2010, we had [inaudible] providing ART, 315 of them are run by the public sector and 58 are private sector sites. I'll explain more about that.

With approximately 212,000 people who are on ART and 15,000 of those are being managed by the private sector ART program. I will now briefly mention about the private sector HIV and AIDS response which is basically coordinated by the MBC. The MBC was incorporated under the Trustee's Act of Malawi and is registered with the Counsel for Non-Government Organizations in Malawi. Basically we are an umbrella body mandated by the private sector and the government to coordinate the HIV/AIDS response in the country.

This was against the background that previously the response in the private sector was uncoordinated and it was fragmented and as we all know that HIV/AIDS as also mentioned

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by the previous speakers affects greatly the private sector especially the 15 to 49 year age bracket in terms of overall productivity and profitability.

As an organization our mission is to mobilize, coordinate and then locate for the development and implementation of HIV/AIDS policies and programs in the private sector, in so doing ensuring of the sustenance of our businesses as far as the private sector is concerned and also the lives of the employees and their families in the country.

In brief, as far as the private sector is concerned, in relation to them MBC has activities. We have a membership of 78 companies and small and medium enterprises. Malawi as a developing poor nation, most of the private sector organizations belong in the SMA category and this also has got the repercussions as I'll explain later on about how those small and medium enterprises can actually contribute more as far as resource mobilization is concerned as we talk about the national ownership of the response.

Basically we mobilize and coordinate the private sector improving their capacity through various initiatives basically to make sure that the mainstream HIV/AIDS in their day to day activities in the private sector. We are also coordinating and managing the private sector energy program.

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This is a public, private partnership as also I think mentioned by my colleagues from Botswana whereby we have got 58 private sector clinics and the private sector organizations do contribute the infrastructure and the personnel and the drugs we get them through the Ministry of Health from the government and this is one of the initiatives that have also contributed to the scale up of [inaudible] in the country.

As mission data on, we have 58 clinics and there are 13,000 people in the private sector who are actually benefiting from that arrangement. Also as an organization we are monitoring and evaluating of the private sector response and also advocacy in terms of issues that concern the private sector, policy issues, making sure that the private sector voice is not only heard but those issues are also taken into account in the overall policy making as far as HIV/AIDS is concerned.

An available example one is our advocacy did a presentation as far as the NGO HIV/AIDS law is concerned in Malawi. Now I'll briefly explain about the national ownership of HIV/AIDS response from the private sector's perspective and as I mentioned earlier I will also diagram the gaps there as far as the private sector is concerned.

Let me mention that the coordination of HIV/AIDS response in Malawi is based on [inaudible] approach as

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mentioned by the previous speakers and this whereby the government of Malawi provides overall policy framework and direction.

Quoting from the policy declaration on the effectiveness in 2005 this is whereby ownership of a national response of [inaudible] countries exercise effective leadership over their development policies, strategies and coordinate developing actions.

As far as Malawi is concerned, the overall direction and policy framework comes from the office of the President Cabinet and the National AIDS Commission is responsible for the overall national coordination of the response. Our understanding of national response also from the private sector perspective draws on the fact that there should be active and meaningful participation of all state quarters.

We believe that under this issue of active and meaningful participation, there should be equitable participation by all people, the government itself, the civil society and the private sector to which we belong.

And I'm glad to report that in Malawi the private sector has been well represented for example in the Malawi Partnership for the CCM and the technical working groups so we are able to not only offer our competitive advantage in terms of private sector's experience in financial management,

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governance and other issues as also explained by the previous speakers but we are also able to contribute to the overall planning and review of the national response at the national level.

We also believe that as far as national ownership is concerned, this should translate into the mainstreaming initialization over HIV/AIDS in all the various sectors. We believe that as far as private sector is concerned, we should be able to mainstream HIV/AIDS into our day to day businesses including making sure that we actually are providing appropriate resources for AIDS. This is in line to the next issue as far as ownership is concerned of global financing over HIV/AIDS.

I think this is an area that including also private sector we have quite a gap because our understanding of this issue as a nation and also our private sector is concerned, we should be contributing more as far as committing the expenses of the national expense.

I believe the national assessment, I think remain around 1-percent of the contribution is coming from the private sector, so this is why I mention about the gap and also an area that I think not only the private sector but all other sectors, we can also do more to make sure that we are not only active and meaningful but speaking in the ownership of the response,

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but actually making sure that we are also involved in its local financing [inaudible] poor nation.

But also to mention that as far as national ownership is concerned, our understanding is that this should translate into capacity building of the various institutional organizations in the various sectors, both the private sector and the national level, the civil society sectors and including the faith-based organizations.

In addition to the issue of the local financing that they mentioned earlier on, this is also an area where we have adapt because as a nation later on, most organizations in Malawi belong in the small and medium enterprise categories. We have got weak incision of infrastructures and also have got less abilities to finance, not only the organizations' activities, but also issues relating to HIV/AIDS if you have not yet mainstreamed those activities into their day-to-day operations.

So in briefly, this is our understanding of the ownership from the private sector response, and we believe that apart from the various shortfalls that I've mentioned, the private sector in Malawi is making a strong contribution to the country's overall HIV and AIDS response, including attainment of various HIV/AIDS targets, including the Malawi Growth and Development Strategy.

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And that the private sector then regularly contributes to the national ownership of HIV and AIDS response, despite the fact that most of the private sector members belong to a small, medium enterprises and that this is a shortcoming as far as the institutional capacity is concerned because they are [inaudible].

In conclusion, as a summation by the previous speakers, we need to own the national HIV/AIDS response for our program and long-term sustainability, in line with the definitions that I've mentioned in terms of what we understand by the national ownership of HIV/AIDS response as far as the private sector is concerned in Malawi.

Thank you very much. [Applause]

MADALO NYAMBOSE: I think I've already been introduced. I'm Madalo Nyambose, assistant director in the minister of finance. You might be wondering why a minister of finance person is doing in HIV and AIDS but then I will, however, try to explain where minister of finance is fitting.

One thing that I always say that is challenging for somebody working in the ministry of finance from the perspective of an LCD like my country is everything is a priority. Now you've got to find or unravel priorities within priorities, and that's a tough job.

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However, I will not give you background because I think Mac already did that. However, I would want to briefly explain what we understand by country ownership and how that is being translated in the perspective of Malawi.

I think country ownership is a provision of leadership and stewardship in planning, monitoring, evolution in an all-inclusive manner regardless of the source of funding.

In the case of Malawi, HIV and AIDS has been identified as a cost-cutting issue even in the Malawi Growth Development Strategy which is the all-ranking policy of Malawi government. How is this being translated? Is there embracement of the three ones?

We have what we call the NAF, the National HIV and AIDS Framework which articulates the apologies, the eight areas. And then we have one coordinating body, National AIDS Commission (NAC) which it draws, the board of the NAC draws from various constituencies, including traditional leaders. Somebody did talk about the social cultural issues when it comes to the sub-Saharan Africa and this is where we engage our local leaders.

There are certain traditional practices that are actually not good for the HIV/AIDS, I should say they actually increase HIV/AIDS transmission. So this is where we engage them and, of course, one [inaudible] framework.

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It has also been trusted into the institutional arrangement, this is both at centralized development and the local level. We have the OPC that provides the policy direction. And I think we all appreciate that HIV and AIDS has brought several perspectives. You have the political perspective of the pandemic.

You have the social perspective, the economic perspective, and the rest. So we thought that's the place to be in the office of the president and cabinet. And then, the NAC, of course the coordinating body, Minister of Health that provides the direction in the biomedical service delivery and local government, this is at a district level, where coordination is done at that local level.

What is the role of the minister of finance in all this? The minister of finance is the peacekeeper. So it coordinates all the financing to the national response. And, of course, in the case of Malawi, it's enforcing the mainstreaming of HIV and AIDS.

Just for information with the minister of finance in concentration with other sec holders directed that 2-percent of the operating cost of the ministries and departments of government should be allocated to workplace-based interventions. So it enforces - should a minister not provide a 2-percent, the minister of finance will make sure that the 2-

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percent is seen in the budget and then, in response to the ineffectiveness, ensure a management for results.

It also is the main focus when it comes to the healthy swap. I think some of you would know that without the healthy swap in Malawi, so the minister of finance actually chairs the finance management and procurement working group in their health. Minister of wealth is a very, very important implementer in that response as it regards the biomedical side.

Then, I think since this is part of issues to do with PEPFAR, I just wanted to talk briefly about the PEPFAR support. The PEPFAR support that we signed now, we signed it in May 2009, and the framework is so much aligned to the NAF. It does complement the NAF as the formation was done in concentration with all the state workers including the public sector, and it does promote ownership in the response.

Where would we want to see the money going in future? We want to see the money going to prevention. Currently as it is, we already have the national prevention strategy and we would want PEPFAR to help us, especially amongst the youth as we strive going towards an HIV-free Malawi. We think that's where we have to go. Having more people under treatment and care is very expensive and for a country like Malawi to afford that would be very, very difficult.

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But we think the way to go is to prevent more people to be infected, therefore no people should go under treatment and care. And then we would want to see more money going into the mitigation of economic and psychological effects. I think much of this can be preceded by so many here.

And then, also, I think that was the Botswana Civil Society they were talking about the building capacity. We would want to promote meaningful participation of all district orders as this, the service should be for every Malawian. And would also request that since the director of PEPFAR is here, next time the format would be 100-percent aligned to the NAF.

What are the challenges that we have currently? Currently, the response in Malawi is highly dependent on extended financing. So, we want to move towards how we can actually finance some of the areas to the response locally. And then the M&E report is not all-inclusive.

I think somebody pointed out that there are so many players in the response. This is also true with Malawi. Some of them that don't even report the areas they are working on, their results. Now we would want to have everybody else reporting so that we have a real, national report and outputs and outcomes.

Of course we have an upcoming bill that would make it mandatory that everybody else who has been spending in the

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National AIDS, in the response, should actually be reporting to NAC.

And the issue of human resources, especially to move the biomedical response, we still need a lot of people and in not the type of specialized in essence or medical personnel that maybe our colleagues can, but rather we would want people that are general-fitters, so to say.

We don't want to have them just specifically for HIV and AIDS because we have to remain trim so that HIV and AIDS when you go and you go to the medical part of it, it means an HIV and AIDS patient should not be treated differently or specifically or aside to the other facilities. But rather, they should be all integrated into the health systems of Malawi. [Inaudible]. Thank you very much. [Applause]

MACLEAN SOSONO: Thank you. My name is MacLean Sosono. I know it was wrongly written. It was written Sonoso, but my name is MacLean Sosono. I'm trying to correct that. Let me give you the presentation details. I will give you an introduction and our understanding of ownership as civil society organizations and what has been the civil society response to HIV and AIDS in Malawi. Permission, ownership and participation - sorry, thank you - and finally, a summary.

My colleagues have really given an introduction of Malawi as a country. We are land-locked, are in the

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southeastern part of Africa, and the HIV prevalence includes the significance since the first case was diagnosed in 1985.

It rose to 16.2-percent in 1999 before becoming down and stabilizing at 12-percent since 2005. The diverse social culture factors drive the transmission of HIV in the country.

Our understanding of country ownership, let me borrow Gregory Macogery's [misspelled?] definition. In 2005 he said, you could have the participation of people, including civil society, government and private sector. And Antonio Trigen [misspelled?] also described this ownership as a process whereby different actors interact in formulation, institutionalization of development processes, policies, decision-making, and program implementation.

Also, the mind that the country ownership can only be done if government takes the leadership and stewardship of policies, resource mobilization, design and overall implementation including the most critical component of monitoring and evaluation and also that all players mainstream HIV/AIDS in their core business.

The civil society response to HIV/AIDS, MANASO Malawi Network of AIDS Service Organizations, just like BANASO in Botswana, coordinates the civil society response to HIV/AIDS in Malawi. It's registered with my government under the trustees and corporation act and is a member of the Southern African

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Board, member of the Southern African Network of AIDS Service Organizations.

Its mandate is to coordinate HIV/AIDS interventions and promote collaboration and interaction among its AIDS service organizations in Malawi. We have over 1,050 member organizations of which over 70-percent are community-based organizations and 20-percent are local non-government organizations and over 5-percent international organizations.

We are there to organize resources and allocate financial and material sources to its members. And mostly this is done to community-based organizations and who keeps its members with knowledge, skills, and competences through capacity building initiatives because that's the only way we believe that if we want to have country ownership, there should be capacity built among its locals.

National ownership and participation of civil society, as I said, government should provide the overall policy, framework, or leadership. And this is done in Malawi through the office of the president and cabinet which is chaired by the president and the National AIDS Commission which provides coordination.

In Malawi, there is a deliberate arrangement, especially in the institutional arrangement, the civil society members to the National AIDS Commission Board which is usually

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the Commission Board is appointed or adopted by the president, but members of the civil society are some of the members of the National AIDS Commission Board.

Where the institutional arrangement in Malawi partnership forum where civil society members are members of this partnership forum and this is an advisory committee that advises the National AIDS Commission Board. And there are technical working groups. These are the thematic groups.

And members of the civil society are members to different technical working groups. And in addition, the Malawi Global Fund Coordinating Committee where the civil society is there as well to give its own opinion or views.

We believe that national ownership can only be achieved really if there is local ownership. I think my colleague from the minister of finance has alluded to that Malawi government has given in about 2-percent of their resources towards HIV/AIDS.

And the other issue, I think the issue of capacity building. Capacity development at all levels, it would be very, very important for us to achieve that national ownership.

HIV/AIDS is being mainstreamed and nationalized. Now that different companies or organizations are now developing of the workplace policies to mainstream HIV/AIDS and institutionalize it. And a number of trainings have been done

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to strengthen institutions and organizations, and active and meaningful engagement of all stakeholders.

Deliberate attempts are being done to engage all stakeholders in the design and implementation of various programs in Malawi, and I believe that effort is being done now that every citizen should play their role in terms of our responsibilities of HIV and AIDS.

In summary, I should say that the civil society organizations is very instrumental in making significant contributions towards country ownership through development of mutual benchmarks for national ownership.

And again establish a mutual contribution mechanisms in relation to community responses and promotion of volunteerism although not high-classed people are not ready to offer, they don't offer some time of themselves to volunteer in some of the activities. And most of the activities are being warranted by community members and, - thank you. [Applause]

JENNIFER KATES: Okay, we now have time, actually more time for questions. So please again line up at the microphone, introduce yourselves, and we'll take questions. I think there's a microphone here and there.

EUGENE ZIMULINDA: Thank you very much presenters for excellent presentations. I'm Eugene Zimulinda from Rwanda PEPFAR. I have a question today, really from the minister of

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finance, you did mention that most of the financial support you get is from the outside, external, which is political money to some of the countries in South Africa.

My question is, as regards to sustainability, what has developing capacity building is a possibility for sustainability. I was wondering from the financial aspect of it, do you have some specific strategies to be able to financially be stable in the next five years, despite all the government did achieve, despite the civil society involvement since it imparts suspicion. I'm really concerned if there is a strategy specific for financial sustainability in the next five years. Thank you.

MADALO NYAMBOSE: I'll take this one. A short answer would be no. We don't have, but it's in the process of discussion actually. It's just been, the first meeting I think will be happening, I think, in September. That will actually look at how we go forward in the raising funds locally for the response.

However, to say that the 2-percent that I'm talking about, it's from the government budget, but then also government contributes to the national response through the National AIDS Commission. On top of that, most of the facilities that have been used at all move, especially the

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biomedical response, they are government facilities and the people that are working there are government officials.

So when we are talking to money that attempts, then you find that the contribution from Malawi government would be the two million a year's dollars that it contributes to the NAC.

And of course the 2-percent that is of the operating budget for the uses of departments but it leaves out the facilities and the people that are moving there, the response. Thank you. I hope that answers your question.

JENNIFER KATES: I just want to remind people that if you do have a question as well for Kate or for Tim since we weren't able to do those, please just direct those.

NONKOSA COMANRA: Thanks. My name is Nonkosa Comanra [misspelled?], chairperson of treatment, Ancient Companions, South Africa. My first question is directed to Andrew, MacLean, and Ma -

MADALO NYAMBOSE: - dalo.

NONKOSA COMANRA: dalo.

MADALO NYAMBOSE: Madalo. [Interposing]

NONKOSA COMANRA: I'm not sure whether I'm understanding you correctly in terms of budgeting because my question is the same as the gentleman to say how much percent of local financing is actually directed to HIV/AIDS funding,

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compared to what the extent of development partners are contributing in Malawi?

Because, I mean, we hear a lot of stories, defense stories around how Malawi does not have money to put more people in treatment, I mean, you're talking about scaling up on prevention which is utmost important because if we want to deal with this epidemic, we need to prevent new infections. I mean, it's important for us to understand what is that ratio of funding between what we can depend on locally compared to what we're getting externally to fund all programs in our southern African countries.

My second question, and I'm not sure who to ask but would say ministry in the finance because that's where government is located for now, and so this means I was coming to you. To what extent are the, and I'll say it roughly as it is, to what extent are the discriminatory laws in Malawi going to affect the strategy in dealing with HIV going forward and that relates to laws against homosexuality, laws against sex with which are violatable groups who needs to be acknowledged as groups that exist in our communities.

I mean, in effect that we are not there yet at the moment in some African countries, to what extent is that going to be in the plan you're discussing in September to support the overall strategy. Thanks.

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MACLEAN SOSONO: I think they're both to you.

MADALO NYAMBOSE: Yeah. Oh, should I pick them now?

JENNIFER KATES: Sure. We have some time, so please.

MADALO NYAMBOSE: I will be at pace to talk about the proportionality. If I talk about the proportionality of funding, looking at just the funding that goes to the National AIDS Commission, then I would say 95-percent is external. Of course, we are looking at scaling up the treatment and care. And of course, we are also looking at adopting the new WHO guidelines which means more people coming on to a treatment and more money. We are still appealing to our cooperating partners actually to help on that one.

But then I think if you actually followed what I was saying is, knowing that treatment and care is very expensive, government would want to put emphasis on prevention. Such that not many people should go to there, I mean should contract AIDS. I mean should contract the virus, I think that's the way to go.

I cannot give you all stuff because what it means is that we have to literally look at the whole response and look at how much is my government putting in, I need to sit down and look at the budget instead of speculating because there is also the money, but then, at the end of the day, for the personnel,

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we also need - it means we need to reallocate to do some attribution in Malawi and this is not only in this for malaria or for cancer or whatever.

They actually do everything. So the attribution aspect would be very difficult to do at the moment, but I think we can work out that one if you give me your contacts, I should be able to give you something.

On the discrimination laws, I think you've talked about discrimination laws and other things. What I can say is, the HIV/AIDS response in Malawi is available to every Malawian. That's the short answer I can give.

JENNIFER KATES: This is what happens when you have the Ministry of Finance up on the panels. You get all the questions, and I apologize. I actually meant if you have questions for Krista or Tim, we can take those as well.

EEDWADE: Alright, my names is Eedwade [misspelled]. I'm from Action Aid Nigeria. My question is for the last speaker and it has to do with the composition of your civil society MANASO organization, a response to HIV/AIDS. You mentioned that the 5-percent of your membership are INGO's.

From Nigeria, where I come from, there is INGO group and there is a civil society group and this mainly because they're a do no agenda that are being pushed and having these INGO as part of the civil society organization in Malawi, how

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are you able to deal with the issues of power relations, assuming that some of these, pre-supposing that some of these INGO bring in money into Malawi and funding some of these civil society organizations.

So how are you able to deal with the agenda and the actual issues that come in to their, that civil society stand to deal with in Malawi. Thank you.

MACLEAN SOSONO: I think I need to start by saying that MANASO is a membership organization. Members join the organization voluntarily, and in this case, members are organizations. And in Malawi, there's a deliberate move to say that MANASO should be able to coordinate all activities of the civil society in relation to HIV and AIDS.

Now the question is what about [inaudible] relations. I think this is an issue of a mutual understanding. When you join in the association, you should be able to appreciate what are their norms, rules of that organization.

So I think, in terms of prior relations where they're lacking because most of the members who joined the organization, before they joined, they're able to appreciate what is it that MANASO as an organization does.

And, for your information, as I say that the organization, over 70-percent of its members are local or, in this case, community-based organizations. And this 5-percent,

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these international organizations who are there probably to bring in to viewed capacities of these small organizations and at the same time, they are able to report to the National AIDS Commission.

I think, if I've answered your question well.

KIM DIONNE: Hello, my name is Kim Dionne and I'm from Texas A&M University in the U.S. Ms. Nyambose briefly raised an important point that in a poor country like Malawi, everything is a priority. And all of you have talked about the importance of incorporating stakeholders and my question is about an important group of stakeholders and that is the citizens of Malawi.

My own research across the three regions of Malawi asked how real Malawians would rank five policy priorities and, of those five policy priorities, HIV/AIDS ranked last. Those findings are in line with data that was gathered by the Afrobarometer, which is a public opinion survey conducted not just in Malawi, but 17 other sub-Saharan African countries and I'm just wondering how a country can take ownership of what we all can say is an important problem if its' citizens aren't giving it great priority.

It's not because Malawi is a place where there's high stigma or high denial. I mean people know about AIDS and people aren't denying that people die of it and that they know

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people dying of it. So they know it's serious but in a place with so many other priorities, how can you really take ownership if its' citizens aren't giving it a high priority. Thank you.

JENNIFER KATES: Actually I think that anyone here can-

MALE SPEAKER: Thank you very much. I think I can start commenting before my colleagues can comment. Thank you for your good question. F

irst of all, I just want to comment about maybe the survey you did that maybe we can have more information about it but as a member of the Malawi Partnership Forum, Malawi is representing the private sector on the MPF, I can actually set into the fact that there is mostly participation not only from the private sector but also from the civil society organizations.

Because at each and every level, how people are going to find themselves to not only to comment but at the different levels of the planning and the review monitoring and evaluation is the response when she was mentioning about recognition of the response.

It's also at the level, it's coordinated from sectorial coordination whereby [inaudible], the private sector, faith-based organizations including youth organizations and all those are actually, the sectors that actually coordinate those

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citizens are responsible for making sure that the voice of the citizens are heard and actually are in active participation at that level.

So I think as much as I'm not questioning your credibility of what you did but we're speaking from the Malawi Partnership Forum's perspective and also as a representation from the other various coordination bodies that is indeed active participation. If there are shortfalls, there's always room for improvement and as a country, we're about to take that forward.

MADALO NYAMBOSE: I just wanted to say something was that [inaudible] said as for Malawi, everything is a priority. So I seriously understand from a Malawian point of view, first I think it's food on the table and then maybe a good road, how about water, I want to go to the hospital and get treatment. In understanding that, that is why I would say there are priorities that Malawi government is mainstreaming.

In the Malawi growth and development strategy, HIV and AIDS is a cost cutting issue. Therefore, if you are doing construction, you have to input HIV and AIDS in construction. In water there's something, actually it's a requirement in Malawi that you have to have a proportion of the money in construction, water, anything go to HIV and AIDS. Thank you.

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MYO WADUAL: Good afternoon. My name is Myo Wadual [misspelled?], I work for Communication for Development Center and Organization based in Nigeria. First I want to thank the organizers of this session especially with inclusion of CSOs and subsidies of the government.

Looking forward towards the [inaudible] 2011, which was [inaudible] ownership, accountability, and scale-up, I think this session is such a very good prelude towards that. Two, comments or questions. Number one is on the low funding for HIV/AIDS program in our countries.

We do some basic survey, we discovered that it's an average of less than 10-percent for HIV/AIDS program in our countries and when we are talking about ownership, I think the first thing that comes into mind apart from taking leadership and coordination is also the funding.

So our country's going to increase the funding for HIV/AIDS and for health. I want to comment on Botswana but I also expect them to answer, they've done a lot of good job in giving a lot of money to that but our country's going to increase the funding for HIV.

We have seen a lot of things back home, the development partners are cutting down of what they are given and they are putting it in a cup and there are many people that can enroll

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into the service programs and we are having [inaudible] test kits are going to be available.

We are having some [inaudible] so when is the government going to and how does the government intend to increase funding for HIV/AIDS? So that these services can be back to normal?

My second question and comment is to the U.S. PEPFAR and GHI. There's been a lot of support for [inaudible] provision, now that we're talking about country ownership, what are your plans towards supporting the countries to take ownership? Thank you.

JENNIFER KATES: Who wants to answer?

MADALO NYAMBOSE: Well I think the issue was about funding and as a finance person, I would want to pick up that one but I think I did answer previously, the other two previous questions actually on the funding, I don't want to share my personal view on that one but rather I think as I said it's an area that government has identified as a program. I think if you would even see most of our papers, it's an issue. It's a challenge that government is looking at.

So if we have, in fact one of the speakers here talked about the MCC, in energy, the paper that they've based to give us the funding, it is an assessment that was done by Malawi government by civil servants in the OPC. So that tells you how

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far serious we are and how far we know our challenges and we are ready to beat them head on. I hope that answers your question. Thank you.

MALE SPEAKER: I think the other one was directed to PEPFAR. So I don't know.

JENNIFER KATES: I would also say that the issue of funding and that delicate balance between when a country's able to take over more of the budget and when it's not is a critical one. Maybe we'll get to that a little bit more in the summary as well as hear about the second question, which is directed to PEPFAR. I think we'll also hear a little bit about that in the summary. Next.

JOHN OLCLIK: Yes, John Olclik [misspelled?] with the Nonprofit Management Sciences for Health. This has been an, all of the panels this morning have been great and sort of atypical mix in some ways. So that's wonderful. The public sector, the private sector, and the civil society each have unique contributions but they're very different sectors.

I'm wondering if the panel could comment on what you've seen in terms of trends in the dynamics and the ability to work together of the three sectors and also specifically whether you have any experience with Global Fund country collaborating mechanisms as a way of bringing together those three sectors because a decade ago, there was no place that you could have a

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conversation between those three sectors that would lead to any meaningful action.

Now they come together, they're managing tens of hundreds of millions of dollars and trying to make some collective decisions. So if you have any comments on either trends in relations or specifically any observations on how CCMs have affected the dynamics. Thank you.

JENNIFER KATES: If anyone from the Botswana panel wants to speak to those as well, please.

JOSEPH KEFAS: Sure. Of course, I think let's just share with you what happens. There is the Malawi Partnership Forum. This is like a general assembly of the response. The general assembly of the response has everyone from the public sector to the private sector to the academia, everyone else. It's like an open parliament for the national response. So we effectively come together and look at issues and respond to them in that manner.

Then there's the MGFCC. That's the mechanism that you're talking about of the Global Fund, what the MGFCC's, the Malawi Global Fund Coordinating Committee where the public sector like the Minister of Finance, Minister of Health, they are kind of like ex-officials, local government, these are central ministries to the response, the OPC.

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I mean they are central and the MGFCC as well. It's made up of, draws these members from all these other constituencies that we are talking about. So yes, there's that fora and it's very vibrant. One of these days should you have the chance, please come and attend.

MALE SPEAKER: And even the technical working groups, the technical working groups are comprised of different people, of different backgrounds.

JENNIFER KATES: We have about two more questions. Would you like to speak to that? Please, yes.

JOSEPH KEFAS: Thank you for requesting just to echo what my colleagues have said that those three bodies are evolved in the running of the national response to HIV and AIDS through Botswana Partnership Forum where all the key players are involved. We also had country coordinating mechanism for Global Fund and I must mention here that Mr. Mozazim [misspelled?] has been a chair of the country coordinating mechanism.

Through these structures as well as technical working groups, through these structures we are able to bring together the resources that reside in the private sector, civil society organizations, and non-government institutions just so that it can also share and provide guidance to the national response. Thank you.

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JENNIFER KATES: So we have time for both of your questions. Why don't we get both of those and then we'll have the response. Then we'll move to the closing.

DASO MANALA: I'm Daso Manala [misspelled?] from Sierra Leone working with the local NGO called the [inaudible] Less Privileged that is based in [inaudible] in the interior of Sierra Leone. My question is coordination is very key for ownership. Now I just want to ask whether Botswana or Malawi, at district level and a community level, how do you do coordination because in my country, we have the national AIDS coordinating committee, NACC.

On a district level, we have district AIDS coordinating committee but in my district where I come from, it's not well functioning. The reason is they do not have the logistics on financial support that they need. This is the same thing in our country or it's not how you're doing it. That's what I want to know. Thank you very much.

JENNIFER KATES: Let's just get the last question.

JUSTIN PARKER: Thank you. Justin Parker, [inaudible] Hygiene. Thank you for letting me ask a second question today. It's more concerned actually again to come back to one of the issues raised earlier, one of the other speakers mentioned it but the word empowerment's not used a lot.

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We talk primarily of engagement with CSOs or CBOs but I don't think that's necessarily the same thing as empowerment of local communities.

To me, good governance is when you have an engaged civil society and an empowered citizenship who make their needs known to a government not because we facilitate them to do so but because they know how to do so for any issue that comes around not because they're already organized but because they know how to become organized.

Similarly a government that responds to their needs not because we tell them to respond to those needs from outside not because we pay them to do so, offer them incentives but because if they don't respond to citizens' needs, they'll have no legitimacy from the citizenship and it won't be in power for very long.

So I think if we're going to assume that the only way to build good governance or empowerment is through CBOs, we need to have much more of a discussion, I would hope, perhaps in the future about how we do bottom up empowerment. Does it always have to come through top-down processes of empowering or enabling or engaging the CBOs?

Do all CBOs necessarily represent the needs of the people, many as we know, non-government organizations,

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community organizations, are basically set up to chase money grants.

We need to have that engagement and work beyond this kind of blanket assumption that engagement with CBOs is the only thing we can do because we're here to spend money or give grants from the outside. Thank you.

JENNIFER KATES: I think the last one I was going to take it. I was just talking about the local response. I think when I was doing my presentation is you have the central level and then you have the local level where that goes to the districts. That was then and of the districts, the districts are much more responsible for the CBOs.

These are in the advocacy and the other areas and also I should just say they coordinate the HIV and AIDS response at the district level to respond properly to the requirements and the needs of the district because as Malawi is, it is worth so many tribes and we have different cultural practices, language.

We face different challenges. Now it was decentralized at that level to meet the needs of the people living in those areas. So I don't know how I should answer that but the money's available both from government and from the National AIDS Commission. They provide the resources for the response to take place at that level. Thank you.

JENNIFER KATES: Any quick other responses?

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MALE SPEAKER: Maybe to add more on the issue of coordination as very, very critical in the issues of ownership. You have the right to say that at a district level, you have a district AIDS coordinating committee.

In Malawi, the scenario is quite the same. At the district level, we have the district AIDS coordinating committee and at the traditional community level, we have what we call the community AIDS committee and at a group village level, we have what we call the village AIDS committee.

These committees are established structures that were established by government. All players or all stakeholders involved in HIV/AIDS are in all those levels, are supposed to participate or share meetings. The purpose of these meetings is meant to be like information sharing and networking and less on the sharing forums.

As to how we are doing it in Malawi, what as you say that, the challenge that is there that most districts or traditional level committees, the challenge is that maybe they don't share resources. If you look at government to fund everything, then I don't think we will move forward.

So what do we do in Malawi? For example is at a district level, we have different players involved in HIV/AIDS. These players register through the district counsel, the district assembly. During the meetings, they're encouraged to

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provide resources that would necessitate or facilitate meetings so we don't have to wait for government to fund a meeting. You don't have government to influence, to organize a meeting. What happens is the membership use their resources to organize meetings where they can share information and share resources.

With regards to empowerment, there's a question to issues on empowerment. I will agree that civil society need to be empowered so that they can engage a government in issues of policy or strategic direction. Let me say that CBOs are formed out of concerned communities.

CBOs are never formed by an organization. This is a group of people in a specific area concerned with the issues that affect them and they get organized. They should have legal documents whether they will register with the district counsel and they're able to meet.

In terms of empowerment, as an organization that coordinates community-based organizations we believe that if these people's capacity's built, they will be able to be empowered and they will be able to engage government in issues concerning policies and program design.

JENNIFER KATES: Very quick because we're out of time. so if it's a quick comment, okay. You can have the final word on the panel.

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FEMALE SPEAKER: Yes, just a final word, of course we ran out of time. Considerations in Malawi, even at the budget level, goes down even to the traditional leaders. So that's how you take in the concerns from the community. Of course the CBOs, they are voluntary. I just wanted to say something about funding. I think the way we have to look at HIV and AIDS, we have to look at this holistically because HIV and AIDS need, I mean it requires nutrition.

Now if there's money being spent in the midst of agriculture or nutrition or in Ministry of Health or nutrition, it's not only going to look at HIV and AIDS but they are part of it. If we don't have [inaudible] then a person cannot access the hospital faster you see? So they suggested so much. I mean if we can sit down and do the attribution, we find that we spend a lot of money on HIV and AIDS. Thank you very much.

JENNIFER KATES: Thank you very much to all three of you. Please join me in thanking our final panel [applause]. Now I'm happy to be able to turn this back over to Ambassador Goosby who's going to provide some remarks to summarize all that we've heard and bring it back together.

AMBASSADOR ERIC GOOSBY: Well thank you everybody has held out here to the end. That was a stimulating series of discussions on what really is a very complicated highly nuanced problem.

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As we move into different relationships, we move into different community concerns interfacing with different aspects of the community, government, civil society taking on roles and positions, taking different responsibility for the integrity of a program and it takes a while for those relative relationships to find an equilibration that is meaningful, that keeps programs interfaced with populations that allows those programs to stay interfaced with those populations over the duration of what is a chronic progressive disease.

I think that we have been very fortunate to have what I really consider real insightful comments and concerns. I think we saw the moment at which clarity moved into confusion or differences in opinion.

The outcomes being that we're trying to make and establish these programs for the duration would be an iterative process, different in each location, but at the same time, I think there's a commonality of both the need and the variety of responses that I think we'll be able to tease out so that they're concrete enough so that we can move through them in a way that allows us to be respectful to the partner country that we are working in, to allow for the community and the government to be empowered.

I appreciate the distinction that was made by our colleague from the London School that that empowerment is

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important that it generate and well up from concerns that are in and of the community that is most impacted. That is the ideal but not often what we are able to put in place but remains the goal of what we want to put in place.

I want to ask Zeke Emmanuel, who's here from the United States, the White House, to come up and just reflect on some of the comments and issues that were put forward and Dr. Emmanuel is right here from Office of Management and Budget.

ZEKE EMMANUEL: Thank you. It's a great honor to be here at the end of a clearly productive session where we got the useful perspectives from both the donors who give the money as well as the countries that receive it and have to deal with it. I would just like to, in closing, echo some of the themes that have come through here and probably make four points.

The first one is that when President Obama took office and asked the team to develop the Global Health Initiative, it was country ownership was one of the fundamental principles that had to be included in the Global Health Initiative. It was made quite clear that this had to be central to going forward.

The second thing that was clear is that this was not a principle or an objective that stood alone. It stood enmeshed in other principles that you've heard echoed here today and I want to just highlight two of them in this context. One you've

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heard over and over again, the importance of having country ownership married to sustainability. One of the reasons we're interested in country ownership is to have a sustainable program.

After all, HIV and AIDS and the other health problems faced by many developing countries are not an acute problem that's going to be cured by quick surgery in and out. These have become chronic problems and they are going to take a sustained structure to address them. Therefore one of the reasons we're interested in country ownership is to begin to establish and develop the capacity for that sustained response.

Second, country ownership is married to another principle, which also I think is very, very important to the Global Health Initiative and that is assessing what we do by substantive outcomes. We just cannot any longer and not that we have but we cannot not measure what we do.

As many in the business community will say, if you don't measure it, you can't improve it and you can't fix it and you don't really know what you're doing. So one of the fundamental elements of country ownership is to be able to produce outcomes, substantive outcomes, that we can measure and we can hold ourselves accountable to.

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So country ownership was fundamental to the development of President Obama's Global Health Initiative and one of the reasons we're happy PEPFAR sponsored this session on.

The second thing I would say is to try to elaborate a little bit about our understanding of country ownership. I want to make four points here about how we begin to understand country ownership. I want to suggest that it's really about having a partnership between the donor and the recipient countries.

One of the things certainly negotiating theory would tell you about partnerships is that you need a very knowledgeable other side that the other side has to be have its' capacity understand its' own needs and if you come into a negotiating situation where the other side doesn't have knowledge, doesn't have understanding. You actually have to expend effort to help educate them.

So negotiation should not be seen as somehow conflictual but actually it's important to have both sides be knowledgeable, informed partners. That's central to our view of ownership.

It's certainly central to something that many people emphasize, which is importance of capacity development both individual people, having them trained, as well as larger institutions. Let me say a word about this from a prior life

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mind, which is working mostly as a research scientist in developing countries and to look at the amount of effort that we have expended, we being the United States government, in focusing on capacity training in the science area.

The NIH, our main but by no means only funder of science, has spent an enormous amount on capacity development of individuals and units. In order to develop research infrastructure, better collaborations, it's essential if we're going to have partners and do work in these countries for the long haul on improving health, we follow that kind of model, training individuals, getting them skills, putting them not alone but in a matrix and a network of other trained individuals into comprehensive units.

So one of the fundamental aspects, I believe, of country ownership that is pivotal to our going forward is capacity development of both individuals and institutions. I want to pick up on what our friend from the World Bank said about the importance of institutions. Again this capacity development is critical to not only ownership but sustainability of the programs having educated capable people and those people within larger institutions.

Second point I want to emphasize is that a fundamental aspect of this ownership and being able to be a responsible partner is to establish priorities. I think a point that many

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of the questions suggested is one of the frustrations certainly of trying to improve how and improve the HIV situation in many of these countries is the fact that there is a very long list of needs, which we all want to address but one of the issues and one of the important things of country ownership is to be able to establish priorities.

We can't address all all the time at the same time. The international community just has not committed itself enough to that. So one of the things that we look to country ownership for is to help us understand priorities and actually take all of those needs and establish priorities.

A third area fundamental to country ownership and again that we heard discussed here and I want to emphasize is that country ownership assumes responsibility for implementation and for assisting implementation. It's not just being the recipient.

Ownership and partnership mean you are going to implement. You are going to help implement. You are going to take responsibility for things like making sure the program is efficient, making sure we're not wasting things, making sure that what's accomplished is sustained over time.

So I think one of the key aspects of ownership and maybe this is something that has diverted from the last number of years or decades that many funders have been in the area is

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this issue of having countries be partners and own the implementation process.

I think it changes the attitude from one of being a recipient to one of being responsible. That gets to the last point that I think was emphasized by a number of speakers here, which is the issue of ownership is this lovely double edged sword, beware of what you ask for, which is that if you want to own something, you also have to be accountable for it.

One of the important aspects, again, of seeing country ownership is essential to a partnership between the donor and the host countries is the fact that there is mutual accountability. It is on both sides. That means that I will tell you that from our perspective, it's very important that we retain the confidence of the public that money is well spent, that we are getting positive results, that we're moving in a forward direction. I think that can only be achieved if we work together.

Let me say, so if I've outlined four points about what we understand country ownership to be, the idea of capacity development not just of individuals but of these institutions that can sustain program establishing priorities, in helping with the implementation and being responsible for the implementation, and finally accountability, I want to say a couple of words about what country ownership is not.

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The first thing it's not is an attempt to give money and walk away or as many people might think, not give money and walk away from a problem and somehow wash our hands of a problem as important as HIV/AIDS. We did not put country ownership in the Global Health Initiative in an effort to just walk away and shirk our responsibility.

The United States government has recognized its' responsibility in combating the global epidemic of HIV/AIDS. It remains the majority funder of HIV/AIDS programs around the world and in this tight and very difficult fiscal environment, we have not walked away contrary to claims by very many people. We have not reduced either our global health budget or our PEPFAR budget dedicated to HIV. It would have been easy to do that.

In the United States, we have witnessed a loss of 8 million jobs, a wipeout of trillions of dollars of assets. It could have been easy to say country ownership that's a way for us to wash our hands. That was not President Obama's attitude. His attitude is this is a very important area.

It is one of the most cost effective things we can do in the world with our resources. We are not walking away. We are, in the name of country ownership, trying to create partners with whom we can work.

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The last thing I want to say is something that has been echoed over and over again and something that I want to concur with. That is that country ownership, we specifically chose that word not to be government ownership, we understand as has been well recognized here the absolute vital importance of other members of a country besides the sitting government whether it's civil society, professional organizations, advocacy organizations, religious leaders, all of those people have to be engaged for successful stable, sustainable programs.

This was never conceived of as government driven, government ownership, or as someone mentioned at the start of the program, a way for the government to get its' favorite program, whether it's relevant to HIV work or development or what have you.

Let me end with one final point. You have heard and I implied but maybe didn't emphasize it enough at the start that it's very important for our work going forward especially in the HIV community to be outcomes-based, to drive to substantive outcomes to hold ourselves accountable for substantive outcomes.

One of the speakers in the day mentioned that this requires us to focus in on what works. I absolutely agree, we need to know what works. We need to build on what works but equally importantly and this would be my challenge to the HIV

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community, we also need to know what is failing and to stop doing what is failing. That is part of having country ownership, implementing programs, and being accountable.

One of the things I've learned certainly in my new job is that one of the differences between the public sector and the private sector is not the number of failures we have but how quickly we terminate and stop doing things that are failing and that are not successful.

It turns out that one of the things governments have a hard time doing because of interest groups and whatever is stopping things that are failing and redirecting that manpower and resources to things that are succeeding.

So I think one of our challenges, collectively, in the era going forward is to figure out what's failing quickly and stop that and direct it. We have that obligation not mainly for economic reasons but mainly for moral reasons because if we're wasting money, it means we're not saving lives and not helping people who are in need.

Failing them is our failure for them. This has been a wonderful session for me and I look forward over the years as we develop the President's Global Health Initiative and the integral role of PEPFAR to continue to work with you and to learn from you. Thank you very much [applause].

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AMBASSADOR ERIC GOOSBY: Thanks Zeke. I appreciate it. Those were all wonderful points to make. I'm going to wrap this up quickly. I want to thank the participants. I want to thank our wonderful moderator for her wonderful orchestration for all of it, her attentiveness to detail, and give just a couple words on what we're going to do with all of this.

It was our intent to use this as a forum of discussion so we could put some of the issues that have frustrated us in our work within OGAC to understand how we take the need to move toward a permanent and embedded system of care in our PEPFAR portfolio of activity and increase the likelihood and ensure that these programs are sustained.

It, as Zeke said, was clear to us the missing component that convenes and anchors these programs in the social systems in societies in which they are implemented is a robust embedment in the civil society in country leadership that both national, provincial district, and village levels that make these programs last.

And it most specifically is the people who use these services who get and feel as if there are services that they have every right to be in dialogue with decision makers and policy makers as the programs mature that we wanted to try to put in on the table for dialogue, for reflection so we can glean out of this and we're in an aggressive process of trying

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to do this on multiple levels, the constructs that will enable us to build or help build in partnership with country leadership the foundation that will ensure that this indeed does move forward into the future.

I want to thank all of you. You've all contributed. It was an especially rich discussion for me. I assure you we will take the points that were made, the issues that were confronted, and reflect on them and indeed engage in dialogue with our multilateral friends and colleagues at WHO, UNAIDS in particular, and our colleagues who we will partner with to try to develop a strategy of technical assistance that addresses all of those component parts. So we better ensure that we're successful.

So thank you very much. I hope this kicks you off into a wonderful five-day meeting and again thank you for participating so early on a Sunday morning [applause].

[END RECORDING]

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