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**The Future of U.S. Global Health Policy and Programs  
Kaiser Family Foundation  
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**JEN KATES:** Good morning. Let's get started. Good morning and welcome to the Kaiser Family Foundation. I first wanted to say, I am glad this is not on a Friday when we are expecting a major snow storm. Let's hear it for that. Thank you very much for coming today to our event focused on the future of US Global Health Policy and Programs.

As we all know and are probably thinking about for those of us here, 2016 could be a pretty consequential year for U.S. global health policy. We will have a new president voted in after 8 years of the Obama administration, and also after the Bush administration. Two administrations that have been strong supporters of global health efforts. We'll have congressional elections.

On the global health front in 2016, the U.S. joins the rest of the world in the post 2015, post Paris climate conference period of international development just as there are reemerging concerns about security and other foreign policy crisis around the world. As we all know global health has enjoyed strong bipartisan support, not seen in most other areas of government. That has weathered many changes in administrations and congress. I don't think any of us would

There does remain an open question about the future, not necessarily because of global health specifically, but the larger climate. With changes on the horizon, there are several questions that we want to consider. How will the global health policy baton be passed to new leaders in the US? Could the transitions affect what has been a pretty durable bipartisan support, or are there new opportunities that we can look ahead towards.

We wanted to convene an event today in the New Year to talk about these issues as the presidential campaign heats up and to really discuss with experts and you what your thoughts are and concerns, and questions and opportunities. Before we go on to that, I just want to first thank my amazing team at Kaiser Family Foundation for pulling this event together. We have overflow. There is a lot of people here. I just want to call out in particular Josh Michaud, who is the Associate Director of Global Health Policy and my thought partner in crime. Kate Smith, who does our communication and made this event happen. Thanks to both of you and everybody else at Kaiser.

First to feed into the conversation we're going to have with panelists today, we are releasing several new studies.

of the American public on global health. We have some new research conducted with foreign policy and health experts.

I am going to give a short overview of some highlights from these analyses before we go to the panel. First some highlights, I want to start with the budget. To do that I need to give a shout out to Adam Wexler, and Allison Valentine at Kaiser who really led this analysis. Looking at the final spending bill for 2016 that was approved in December, and where global health ended up.

As you can see from this graph looking at the long picture, there is some good news and challenging news. The good news here is that global health has been relatively flat. This is all of the global health funding that can be identified in the budget. As you see, it's been relatively flat which is not a bad story in the current climate. In fiscal year 15, you see that bump. That's the emergency Ebola funding which is a little bit of a different entity, but it's important to acknowledge. Also, not shown here, but it's in our report, global health has grown as a share of the international affairs-based budget. It continues to stay steady while the base budget has declined. I think that is some good news. Interestingly, if you look at the past few years, Congress has

both sides strong bipartisan support for global health programs in the midst of a pretty tight budget climate.

This just shows the pie of the programs for fiscal year 16, showing that as we've seen for many years HIV and the Global Fund are the majority of the funding. What's not shown here is some of the key trends. We have those in our reports. For HIV, for example, that funding has been relatively flat, and is actually lower than the peak which was in 2010. We know that the epidemic is bigger than what it was in 2010. These are some ongoing challenges.

Now I want to highlight some findings from our new poll that we are releasing this morning on Americans' views on the US role in global health. Something we've been tracking in-depth since 2009. We have some trend data and several of my colleagues who are in our California office worked on this poll, Bianca DiJulio, Mira Norton, and Mollyann Brodie. Thanks to them who led this analysis. Just some highlights that I hope will help provide a backdrop for our conversation.

One is most Americans want the US to play a major or leading role in World Affairs. Actually, if you look by party identification, Republicans are more likely to say leading role than Democrats. There is a strong bipartisan support for the

enough to improve health in developing countries. This looks at a whole range of other actors. You can see where the public feels more could be done. This is not necessarily a bad thing. People feel like the US has been engaged.

We find that nearly half say the US contributes more than its fair share to global health. That's something you can look at the data. The US does provide the lion's share of funding for global health in the world. That fair share belief is really driven by views of Republicans who are almost 2/3 say that the US is contributing more than its fair share compared to about a 1/3 of Democrats who say that. There is a partisan difference in what the US should be doing and how the US should be engaging in global health.

Actually not shown here—actually let me go right to spending. When we look at spending we find some mixed findings. First of all, we find that about, on the good side, about 60-percent say the US spends too little or about the right amount on global health. About 30-percent say too much. Most people are saying we should do more, or stay the course where we are.

If you look at party ID, more Republicans say that the US is spending too much, while Democrats say it's spending too

the effectiveness of funding. We've seen this over the years polling the public. It's not specific to global health, but there is concerns about the effectiveness of foreign aid spending, and concerns that more spending will not necessarily lead to progress. We see that also there is a gap by party on this and that's been widening.

Of course, what's driving some of this? Not shown here, but in the report, is that great slide that we always have. How much do we spend on foreign aid? As we know, the public overestimates this dramatically. In this latest poll, the average was 31-percent of the federal budget is spent on foreign aid. Yes, that would be a whole different ballgame and we're not there.

Despite these differences, I think it's important to really underscore that half or more of Republicans, Independents, and Democrats do say the US is spending about the right amount, or too little on global health. Most Americans say, when we ask why should we be doing this work? What's important about this work from your perspective in the world? It's the moral reason. It's because it's the right thing to do. These arguments that we use, and we think are important do resonate to some extent. Really, it's, at least when you ask

Another finding that we've been tracking over time, we ask, how should the US engage. Should the US do it alone, or engage with international partners? There is a growing desire to have the US engage with others. I think in the climate that we all know is in the backdrop, that is potentially a good message. Particularly in the SDG era, and when we know that there is an increasing reliance on the multilateral institutions in the future. This is really a statement from the Americans that the way the US works with others is important on global health.

This is really just a very short snapshot of a much longer report that I want to provide highlights from. I also, now want to just turn over to some new research that we also worked on with Hart Associates, and Public Opinion Strategies with Geoff Garin and Elizabeth Harrington. We asked them if they could talk to foreign policy and global health experts in the DC environment, and get a sense from them on a smaller scale qualitative sense where is the future here? I am going to turn it over to them. Let them provide some highlights there, and then we'll come back to our panel. Geoff and Elizabeth. Thank you.

**GEOFF GARIN:** Good morning, everybody. I'm Geoff Garin



Strategies. They do work on a lot—Liz will come up and speak with you in a moment. They do a lot of work on a lot of different topics. All of their political work is on the Republican side.

This was intentionally very much of a bipartisan project. In that regard, we were very deliberate about making sure that in speaking with experts, that we were talking both to Democrats, and Republicans, and people who come at this from a center-right perspective as well as a center-left perspective. This was all qualitative in nature.

Some people we talked with in a group setting. Some people we spoke with on an individual basis. We spoke with 51 prominent people who work in this field, either work generally in foreign assistance more broadly or global health more specifically. Of those 51, 22 are people who are engaged every day in the policy making process.

One positive piece of news out of this is, in a way it's somewhat reflective of what you just heard from the public, is that among both Democrats and Republicans there is a view that the United States government should continue to play a leadership role in global health. There is a—this is a time when there's not a lot of points of consensus that cut across

important protection for Americans. That it leads to greater stability. It creates better economic partners, and that it also advances good will to the United States.

As you saw reflected in the poll of the public, there is also a fundamental sense that supporting global health is part of our national character, and a moral obligation given our wealth and our leadership in the world. Again, that is a view that cuts across party and ideological divides. Finally, in a practical sense, relative to other areas of foreign assisted spending, there is a sense that the spending investments we make in global health are more likely to pay off in the success and create high returns. When we ask people about what's working and what's not working, there is a sense that there have been a lot of very, very important successes. That they are the product of thoughtful coalitions. That there have been clear targets in our spending with measurable goals. Unlike other areas of the government spending, there is ongoing bipartisan support for spending in the global health sector. More on the democrat and left-leaning respondents, people credit the Millennium Development Goals in providing a focus and an organizing principle for a lot of what's going on in the past decade in global health.

initiatives are siloed and don't recognize appropriate intersections. One of the take-aways from the Ebola crisis is an underlying weakness in the monitoring and the management of infectious diseases. There is some concern that US government funding crowds out other initiatives that might be taking place.

In terms of looking ahead and what might affect the future trajectory of our global health, there is an expectation from both the left-leaning and right-leaning respondents that we are entering a world of global conflict, and mass migration, witnessed by the current refugee crisis that create new vulnerabilities to disease, and will create new requirements for global health investments. Democrats, but not Republicans, talk about the impact that climate change might have on various factors effecting global health.

One thing that we heard that was a little bit new was that there will be a greater need over time to address noncommunicable diseases in developing countries where there are aging populations, but no real health systems to deal with noncommunicable diseases. Heart disease is mentioned most frequently. There is, we hear pretty frequently throughout the research, a desire for more sustainable solutions to global

back on things that are working well. There is a sense that our priorities ought to include extending our wins, particularly with regard to HIV/AIDS, malaria, and maternal and child health mortality.

There is a demand really from both sides of the aisle for greater integration and coordination between both the various actors in global health, and various the funding streams for global health. They believe that the United States government has an important role to play in global health, and has certain unique capacities that need to be part of the tool kit for addressing global health needs.

I mentioned in terms of priorities that our respondents identified, there is, in addition to maintaining momentum in prevention and treatment of infectious diseases, and addressing maternal health and child mortality. There is an interest in investing in greater surveillance and respond to avert pandemics. The salience to that obviously raised by the Ebola crisis, and people referring to that pretty consistently will see the durability of that interest. It was omnipresent at the time we did this research, these investments in self-sufficiency and sustainability. There are also another one of the take-aways from the Ebola crisis is the need to rebuild key

Among our Republican respondents, there was an interest in the greater focus on initiatives that are tied to clearly defined metric and a greater measurement of success. In terms of their predictions and expectations for funding, while there is a consensus on both sides that our commitment to global health or the US government to global health ought to continue unabated. Democrats were a little bit more optimistic that that will be the case than our Republican respondents. Where that Democrats believe that their Republican colleagues have a genuine commitment to global health funding. They site various Republican leaders who are effective spokespeople and real advocates for this. There is not an expectation that in the current budget environment that there is any realistic prospect that funding levels will be increased.

The folks we spoke with on the Hill, on the Republican side, were a little less confident that funding would be maintained. They had a greater sense of the challenge of that, both in terms of the politics around global health funding, and the views of some members themselves who are more inward looking.

We asked people about their own sense of what works. When they are being lobbied or when there is a debate about

poll that Jen mentioned. Republican member respondents thought it was very important to accentuate the initial security aspects of these issues. Both Democrats and Republican people on the left and the right also thought that a key case for our continued investment in global health is the fact that disease is communicable. This is an important investment in protecting the health and the lives of Americans.

They think that there are some arguments that the people in the global health community often make that don't resonate quite as much. They think that you can overplay the extent to which investments in global health will alleviate terrorism and the inclination to anti-American feeling. That you can overplay the economic argument. On the Republican side a little bit more, the idea that there is deep appreciation in the world for our global health investments.

Finally, we asked our respondents who they thought are the most important advocates? What voices are most important to bring to bear in making the case for global health? They start with people who have health expertise, whether they're in the World Health Organization or the Centers for Disease Control, or National Institutes of Health. They think the voices of NGOs and on the ground practitioners are very

and funders. I think with specific reference to Bill Gates and some mention celebrities.

From the right, they think it is important to bring to bear the voices of people who are known conservatives. From the left, they think President Obama has particular capacity to grab attention for this, also bringing corporate voices to bear.

With that background on the research, very quick tour, I think you have a more detailed analysis on the summary of our findings. Let me call Liz Harrington to the stage to say a few words about the findings among Republicans.

**ELIZABETH HARRINGTON:** Hi. I'm just going to highlight a few things that Geoff already went over and point out little differences on the right. I think it's important that there is across both Republicans and Democrats that we did this research with in terms of the policy leaders. There is support for the US playing a leadership role in global health. While Democrats think of it as a moral obligation, Republicans talk about it as our responsibility as being part of a world leader as well as our resources.

The priorities that both parties focus on are addressing specific diseases. Eradicating them, strengthening

of eradicating disease. A lot of folks want immediate results from the investment. I think the focus tends to be where you can see measurable results the fastest.

On the right, there is this greater concern to make sure funding is tied to specific measurable results, specific actually metrics so that we can monitor the successes as well as the return on the investment of the funding. In terms of initiatives that are funded, they also feel that way. In terms of, they want it to be evidence driven so that the initiative should be driven based on the evidence from past success. They want us to also better determine the effectiveness of current global health programs to make sure that the funding that is being used is being used appropriately.

They want an expansion of this public/private partnership. I think that was part of the findings on the right is that we can better leverage our dollars, our funding dollars if we expand public/private partnerships.

In terms of the funding levels, we did this research between September and November. It's qualitative in nature, again. Although the Republicans were a bit more skeptical about the funding levels being maintained, they did say, most respondents did believe that they would be maintained. They



immediate prevalent threats arose where the funds might be diverted or needed to be diverted for.

In terms of the national security message, I think it's really a three-prong message for the Republicans. They do see—so tying in global health to national security is important for them. They do see preventing disease on US soil as a national threat, national security threat. They also see a need for tying global health to the political unrest can happen where people are unhealthy. There is this hope that the US steps in before another country steps in like China or Russia. When you are talking about the national security message to them, it's two-prong in terms of it affecting us, as well as our responsibility, and making sure that others don't step in. That is the difference on the right. I'll turn it back over to Geoff.

**JEN KATES:** Thanks very much. If there are questions about that research, we will just take them at the end when we open up to general questions. I just want to say, while it is qualitative in nature, and we did ask that Geoff and Elizabeth talk to experts in the field, I think it's interesting that the level of awareness about global health programs investments is relatively high. If we thought 10 years ago, or not talking to

done to really raise awareness in the programs being affective on the ground.

With that I'd like to ask our panelists to come up here, and we'll start our discussion. AS I mentioned earlier—is this on? Are we good? Okay. The purpose of the research that we released today was really a backdrop. The heart of this event is hearing from the experts up here. When I and others at Kaiser thought about having this discussion, we actually identified these people and said these are the folks that we would want to hear from to help shed light on this current moment and looking ahead.

I first want to thank them all for making time and being here with us. I'm going to briefly introduce them. I'm going to start asking them some questions. We'll have a dialogue and then we'll open it up to you.

There are full bios in the packets. I will just say some brief highlights, in brief because all of them have a very long list of many accomplishments that they have done and are doing. First I'm very happy to have here, and we really thank him for being here, Tommy Thompson who is the Chairman and CEO of Thompson Holdings, and as we all know, the former Secretary of Health and Human Services, and four-term Governor of

We also have Ambassador-at-large, Debbi Birx who is the coordinator of the US government activities to combat HIV/AIDS PEPFAR, and the US Special Representative for Global Health Diplomacy. As we know, she is a world renowned expert on HIV. She has been working in that field for more than three decades. She is somebody that I turn to when I have questions about how we can move ahead on HIV. We're really glad that you are here. Thank you.

We also have Dr. Helene Gayle who is the CEO of McKinsey Social Initiative, which is a nonprofit organization that addresses complex social challenges. Previously we know, she worked as CEO of Care USA for many years. Prior to that was at the Gates Foundation and was for 20 years at CDC, and also at USAID. She has a long history of working in different sectors on HIV, and global health.

Finally, Steve Morrison who is the Senior Vice President at CSIS, and Director of its Global Health Policy Center and really a key partner of the Kaiser Family Foundation, and someone we work very closely with. When I need some input or expertise on something I call Steve. We're really, really excited that you're here today. Steve has also worked in the Clinton Administration, worked on the Hill. He

the issue that we talk about, and cared about before funding increased, before there was a lot of attention, and have seen that change. I think that perspective is really important now. One of the reasons we asked all of you to be here.

To get us started, I'm going to turn to Governor Thompson. I just want to get a sense from you, given the senior role that you played in the administration that created PEPFAR, can you provide your insight, and thoughts on the challenges or opportunities really from moving this agenda forward in this next phase.

**GOVERNOR TOMMY THOMPSON:** Absolutely, Jen. First off, I've got to give you a little history because what I'm telling you today has never been written. Most of you don't even understand it, or know it. I'm going to quickly delve into it. I was there at the start of not only PEPFAR, but also of the Global Fund. Kofi Annan called Colin Powell one weekend on a Saturday and said, "I would like to come down and see if there's a chance that we could put together an initiative for the United States, and the Global Fund. We can't do it without the United States." Colin Powell said, "Sure, come on down." He said, "We got to have Tommy involved because he's Secretary of Health." Colin Powell called me in Wisconsin on a Saturday

W. Bush on a Sunday afternoon. Now, the president doesn't like to work on a Sunday afternoon. Nobody does, but we went over to the White House, and talked to him about the Global Fund. He bought into it. He said, "Yes, that sounds like a great idea." The next morning Kofi Annan came down. We met with him, Colin and I did. We went over to the White House, and in the Rose Garden, President Bush announced 100 million dollars for the Global Fund. That was the beginning of the Global Fund. Congress then put 250 million dollars in. Congress always raises a Republican President, that's always good. We had 250 million dollars. I decided that I was really going to become active in it. I became the second Chairman of the Global Fund and was served in a longer capacity than anybody else has ever served in there.

I then took a group of 105 very distinguished people from all over the United States. We got on a plane in Germany to fly to Russia, and Kenya to take a look at a CDC outpost on AIDS. There were so many high-falutin, high important people that we didn't use any fuel flying from Germany. We just floated on the hot air that was in that plane. Then, I made everybody go out and spend the day in a house with a person with HIV/AIDS. We came out of that and we decided to start

orphanage. The orphanage was just young children that had lost their mother. Their father had already died of AIDS. These children were anywhere from just babies to 5 years old. All HIV positive. Tony Fauci with me, and says, you know if we gave these mothers nevirapine, we would be able to prevent the transmission of AIDS from the mother to the child through breast milk. I handed a child, I was holding a young baby, and all that baby wanted to do was be held, and to be loved. I handed one to Hank McKinnell. He didn't want to particularly to pick up a child that was HIV positive, but did. I could see a tear coming down his face. He wrote out a very large personal check when we walked out of that orphanage.

The reason I tell you that is because we, Tony Fauci and I, decided that we were going to fight very hard to get the South African government to give nevirapine to all expecting mothers. The Minister of Health who was a doctor in South Africa, said no, you don't have to have nevirapine. All you have to do is boil potatoes, and eat garlic, and take showers and you'll be able to stop the transmission of AIDS. We started a lawsuit. On the way home on that trip, I told Tony, I said, we have got to do something about this. We came back and we initiated a plan to make sure that we could raise the

lawsuit started against the South African government to allow us to do that.

We went over to see George W. Bush, the president at that time, he says, "Well that sounds great, but that's not very big of a program." He says, "Why don't you go back and think larger." Tony Fauci and I went back and Tony Fauci came up with the remnants and the basic outline of PEPFAR. We went back and President George W. Bush endorsed it and supported it. It was because of the fight against the Minister of Health in South Africa on nevirapine was the birth of the new plan that the President endorsed, and now has become a very successful program that Debbi is running.

It was a strange set of circumstances that we got the program adopted. It has now been very successful. How do we continue? How do we expand it? I was listening to all of the facts and figures up here. There was a tsunami that hit Indonesia. Right before the tsunami hit in Indonesia, Reuters had a poll in Indonesia. They said that there was a real distaste, a hatred for America, 68 to 32. After the tsunami hit, ladies and gentleman, we sent one of our major floating hospital ships. It was either the Comfort, or I think it was the Comfort. It was all volunteer help. They stayed 6 weeks

came down to the Port of Java to raise the American flag and to wave American flags, thanking America for what they did.

Reuters has a poll about a month to two months afterwards, and it was completely transposed. It was 68-percent of those people that were polled favored America. That was the beginning of a new relationship with Indonesia because of global health. It tells you, ladies, and gentlemen, that it does work. That's what we have to do. If you want Republicans, and I was listening to your report. Republicans want a cause. If you really want—you can have stable funding, but if you really want to win this, let's start a real battle to eliminate malaria. Malaria, there's no reason we have a malaria. If you have an initiative where you got a cause, and you're going to be able to raise money and be able to do something. You're going to be able to get Republicans strongly supporting it, and be able to get the kind of money necessary for particular cause. A cause and effect, and have some goals, and have some accountability. You are going to be able to get the Republicans to support and that's what we have to do.

Democrats feel more like it's a moral cause.

Republicans want to make sure that they stop the disease coming into the United States. We can do that together, and we can



Helms, with Bono, Sonny Bono to go to Africa and see it. What happened is that Jesse Helms came back and was the biggest advocate for more funding. Jesse Helms from North Carolina who never saw a tax dollar should be spent any place, came back and authored the proposal for more money for that.

What I'm telling you, ladies, and gentlemen, what I'm telling you, Jen, is we have a tremendous opportunity to make global health a cause celeb to be able to do it. If Republicans see that it's an effective way to be able to convince individuals in those countries to be able to support the United States like we did in the tsunami in Indonesia. We're able to convince strong conservatives like Jesse Helms that this is a cause worth supporting, we can develop a very strong, vigorous, vibrant, bipartisan support. That's what I noticed when I was Secretary of Health. That's why I got involved in the Global Fund and was the Chairman of that. That's why I was very much involved in setting up the PEPFAR program, which has been very effective. George W. Bush will tell you today, it's the best program he developed while he was president, even though it was Tony Fauci, and Tommy Thompson that developed it. We never got the credit. Be that way, he is the President. He deserves it. I just talked too long.

**JEN KATES:** Thank you. That's actually a perfect segue to go to Ambassador Birx who is running the largest health program in the world focused on a single disease, PEPFAR, and it's the largest part of the US global health investment. Really what happens to PEPFAR and its future is the future of US global health in many ways. What do you see as the opportunities, risks, things you want to highlight at this moment? I know you have some slides for us today.

**DEBORAH BIRX:** Yes, and I won't go through them in detail. I just think what you are doing right now, Jen, once again reminding us that the world continues to shift. We need to shift with it. We need to address the concerns that anyone might, or should, or will have. I think that's the kind of proactive piece that you constantly have to be looking for. I think we heard what you heard from the Republicans, and the Democrats. We heard this real issue of value for money and really showing our impact and changing from indicators to really outcomes and impacts, and measuring it very clearly. We've launched these prevalence and incidence studies around the globe in every PEPFAR country to really look at how much we've driven the incidence and prevalence. More importantly, we heard your issue about multilaterals and working more

level. We very carefully mapped all of our data, and what services we're providing down to the site level, taking those diagrams and detailed information and meet with the fund portfolio managers of the Global Fund to make sure that we're not duplicating any single thing. You heard our budget was flat. What's not often told is President Obama more than doubled our investment in the Global Fund. When you have a flat budget and you double the investment in the Global Fund, it means the bilateral programs had to take a cut. That is fine, because what we have said is we will figure out how to make every dollar go further and use data to drive our program for program improvement.

I think that reality of a flat budget or declining budget really woke us up to say, we have to really reach out to people. I look at many of you around in the audience who have been extraordinary partners of PEPFAR, driving innovation and changing how we're thinking.

The other big piece of this is we can't—the world is moving so quickly, you can't look at data yearly. You can't look at data and say, this is what we've done and we've looked it over the last 12 months. We've moved all of our data analysis to quarterly. I'm sure some of the partners in the

work with donors around the world to show that we are being very responsible with what we're doing. Then, really launching bold initiatives with a public/private partnership like we did with DREAMS, a very aggressive program with a drive down incidence in young women by 40-percent. Launched with a whole series of the private sector partners to bring that innovation and knowledge. We launched ATC, the Accelerating Treatment for Children, again, with a private sector partner. I think that is bringing not just dollars, but knowledge for solutions for us to be more effective and focused.

Finally, one thing I want to leave you with is we focus on dollars all the time, but policy changes can be a complete game changer. I think we haven't focused enough on the translation of the WHO policies in to action immediately. We are so proud that we're translating the great work of NIH all the time in to an implemented program, from circumcision, to test and start. All of this work is now weeks rather than months. We have WHO guidelines that sit there for years that countries don't adopt.

I just want to show you what is possible. Today, we could double the number of people on treatment in a level budget. You say, how is that possible? This shows how much it

every month a followup to every three to six months to followup. That's using the same health structure, the same infrastructure, and every health provider now can see twice as many patients because they're seeing them less frequently. It drives down the cost of drugs. It drives down the cost of laboratory, and the orange bars show the cost of seeing two clients pre year versus one client per year.

These are the kinds of business cases and innovations we need to work in partnership with the Global Fund and countries and partners to make this information real. We will be held accountable as a multilateral group, as Americans that we have the science and the tools to eliminate malaria, and change the very course of the HIV/AIDS epidemic, and therefore also drive down TB rates. We didn't seize that moment.

I think we feel a real responsibility all the time. I think President Obama has done an amazing thing for us by announcing our targets at the interface of the MDGs, and SDGs. He says to everyone the United States has unfinished business that we're committed to, and took that time to announce bold targets that cross into the next administration.

Those are the kinds of things we feel are really critical. Responding to what the Hill concerns are, and being

cross administrations, and keep us all accountable through that political change time. President Obama did that for us.

I think it's really a very exciting time. I do believe that we can do more with the money we have. We are about a third of our dollars are in the Health System. If we want to take on noncommunicable diseases, we have to create a structure that can see clients every six months. You're not going to be able to see people with diabetes, and hypertension monthly. We have to right now, work with countries to develop that kind of approach. We are excited about not only how we can change the very course of the HIV/AIDS epidemic, and impact malaria, and TB, and maternal child health through PEPFAR. We're excited about creating the road map of the Health System for the 21<sup>st</sup> century that can respond to these other noncommunicable diseases in an effective way. I think it's a great opportunity and we're excited to be part of it.

**JEN KATES:** Thank you. Even though some of you who are first having to response of regular data request needs, I think we can all say, I'm not personally aware of another global health program that has data, and in real time that we now have with PEPFAR. It speaks to a lot of the concerns we've heard. I think a critical way forward. Before we move to Helene, and

sector and staying focused on global and domestic health, you've mentioned the private sector, and you did do. What do you see, and that's come up? What do you see as a way forward to increase that more or make that involvement more well known among policymakers?

**GOVERNOR TOMMY THOMPSON:** In the business world, where I am right now, and just for getting America excited, you have to have a cause. Whether it be malaria, whether it be driving down AIDS by 50-percent, if there's a start and a finish. If you want Republicans to really get focused, you have to have a start and a finish. You've got to have some goals and some accountability. The business community is very much the same way. I think, whether it be neglected tropical diseases, which we could eliminate if we really wanted to. Malaria if we put the necessary emphasis on it. If we wanted to drive down AIDS 50-percent. If we went to America and said, for another-if everybody contributed, we raise some dollars, and we wanted to eliminate malaria in five years like we wanted to eliminate polio, or small pox which we have, the only one. We are very close on polio. There's a beginning and an end, and a cause. That's what the business community.

Just to say, well let's spend another 100 billion

dollars from your companies, and we can come up with a plan, and we have a plan to eliminate malaria by 2020. You would be amazed by how much money you can get, and how many people would rally around it. Invite those business people to Africa to see it. Seeing is believing. Seeing and having an opportunity. Going into these villages and seeing what can be done and being able to set up a program. It would be amazing what we could do together. Just saying we're going to spend another 100 billion dollars, or 10 billion dollars to do it doesn't get you excited. It gets you excited if you're going to eliminate something. You're going to win. America loves to win. Let's set up a program in how we go out there and corral something and win, and you can raise the dollars to get it done.

Remember the Red Campaign a few years ago? Everybody you know, you got on a plane, everybody wanted to wear something red. Remember that? It was a cause. You thought you were helping somebody with AIDS. You were going to be able to drive it down. That's what we got to do, get some enthusiasm back in there, like I am and be able to go out there and set up a program. Eliminate malaria. Why in the hell do we still have malaria? It's been around forever. We know how to—how many kids do we kill every year on malaria, and it's



adherence, how many people would get excited about it. I'm sorry.

**JEN KATES:** No, no, I think malaria advocates in the room are probably thrilled right now, between that and the State of the Union where we're moving forward. I'm going to turn over to Helene. Just in general, your thoughts hearing all of this. You served across multiple administrations in different capacities. You saw the transition from a point in time when getting any attention to HIV was really difficult to a really bipartisan cause. Can you comment on that and what it might mean for today?

**HELENE GAYLE:** Yes, and I'm going to sound real dull compared to Secretary Thompson. Just to say I'm equally enthusiastic. I just maybe don't get revved up quite as much, but anyway. Thank you. Thanks for that enthusiasm. I think it is that kind of enthusiasm that is incredibly important.

I'll just make a few reflections as I've listened to the different excellent presentations as well as the comments. First, while it's always easy when you're listening and you're polling and you're almost trying to look at what distinctions are to make the distinctions greater than they actually are. I think one of the things that both of you put out is how much

think, first, just listening to the polling information. Let's use that to think about how do we sell our arguments, and how are we smarter when we think about the different constituents that we want to reach on this issue.

To the point, that several have made to the programs that we have like PEPFAR, like the President's Malaria Initiative, like the Global Fund are the kinds of things that galvanize peoples—get people's juices up. People feel like there is a cause. There is something that there's a beginning and an end. I do worry that if we only think about the things in terms of almost sequential elimination efforts that we're not going to get to the point where we're actually putting in place the infrastructures that are necessary so that when the Ebolas occur, or when we start facing the chronic disease epidemics that we know are really starting to be much more serious than a lot of the infectious disease killers that we've been dealing with. We're not going to be prepared.

I think we have to think smarter about how do we use, and Debbi talked about it well. Using the PEPFAR platform to prepare us for the future where we're also looking at the health infrastructure, but doing it through things that people can get excited about. Anybody who has ever tried to go and

surveillance, and all of these things. The average person doesn't get excited about it. The average person gets excited when they look into the eyes of a child and they know that they are going to make a difference by giving that child's mother nevirapine, et cetera.

We have to remember what it is that motivates people. How do we use those motivations to then put in place the things that we want? I think we have to be a little bit more aggressive in our ability to think smartly about this. If we continue to focus on disease by disease, we are going to still be where we are a decade from now. I think it—the world is going to judge us poorly if we continue to see the next crisis not have the infrastructure in place. Lastly, I just think this issue around partnership, and particularly private sector, is one that I think we haven't paid enough attention. Increasingly, if we look around the world, in Africa over 50-percent of funds in the health system are actually spent through private practitioners. We've not given enough focus because so much of our money is government money, so much of our infrastructure, and so much of our work is through public sector. I think we really got to think a lot more about the opportunities with the private sector. Not just our private

continuing to think public sector to public sector and not looking at the private sector as an engine of change, and engine of innovation, and as a huge provider, and as a change to stretch our dollars and leverage our resources a lot more.

**JEN KATES:** I actually have a follow-up for you. My follow-up, it gets a little bit to the point about what we focus on. How we do, and if we go for the cause with the shorter term, identifiable things, we don't want to do at the expenses of building infrastructure. One of the issues I know that you are very much focused on now, is the importance of addressing the health of women, and girls and families. In fact, you're chairing a new CSIS task force on women and family health. Can you talk a little bit about that as an example, or not just an example but a real fundamental view and approach to the interconnectedness of these issues and building that larger support?

**HELENE GAYLE:** Yes, that was what I was about to throw in when you stepped back. I think it is one of those areas that can get people excited because I think there's a whole range of issues around girls and women. The disproportion impact, HIV for instance on girls and women. I think that as it's also tied to economics around the world. The McKinsey

includes several major health issues like access to reproductive health services, as well as gender-based violence and issues like that. We know that focusing on girls and women would be a great leading edge. It is an issue if framed well that really does galvanize a lot of attention. I think that it is one of those ways that we can have a greater integrated approach to health.

**JEN KATES:** Steve, I definitely want to hear your thoughts on that too. Before that, I would love to get your broader take on the current political environments and what you see in this election year going ahead. I know you're not shy to share your views on this. One other thing I'll ask about that is with the next president, whoever it is, do you see room for a new global health initiative coming forward, or are we looking at a steady state?

**STEPHEN MORRISON:** Okay. Thank you all. I want to answer that question with just three quick points. One is it's terribly important that we, as we've already begun to celebrate and congratulate the successes that have been here. I think that the work that Adam Wexler did in the budget analysis, which is very important and very powerful, the work that Geoff Garin and Liz Harrington pulled together and Mollyann Brodie

complexity of support, the strength of the coalition, and the fact that there has been across several presidents now, an evolving commitment that has allowed for strong presidential leadership and continuity.

I congratulate—congratulations to Deborah for the State of the Union address. The President demonstrating to us the centrality of ongoing high level presidential commitment, and leadership. This is a State of the Union address that we were told was devoid of major initiatives, but which made this very strong commitment on both HIV/AIDS, and malaria, which is further testimony.

On the other two points are, what are we going to make of the Obama Administration as we enter this period of transition and think about the next phase which will remain uncertain for some time. That is the debate that is beginning now. I think there's a couple of very key points that we need to keep in mind. One, I've already made, which is presidential leadership is a sine qua non. It is what we need to be targeting. We did not get to where we are, were it not for the sequence of Clinton, Bush, Obama. That cannot be broken. That has to continue.

We have been able to keep a program of roughly ten

and extraordinary, and it's rested on the end of the day on presidential leadership. The Obama Administration showed a significant guts, I think, in rescuing the Global Fund. In rescuing the response to the Ebola crisis, and today in trying to labor in this next upcoming week at fixing WHO, after we had such a catastrophic sequence of events.

We have multi-lateralized, successfully, as Deborah has told us. GAVI is in a much better position today than before. The Global Fund went through crisis, came back stronger. We have introduced in this era a very aggressive health security agenda through the Global Health Security agenda itself. The 5.4 billion that came out of the emergency Ebola money, a billion to create capacities for detection and response, and prevention of outbreaks.

That leaves us with a question of what comes next? We do not know if there will be continuity on that side of things. We know the drama around the Global Health Initiative which was attempting to overcome fragmentation and bring unified leadership. That did not succeed. There is still the outstanding question, as we go forward, as to is it possible to bring greater unity of effort, oversight, and the like across a system that performs reasonably well, but which it continues to

polls showed 80-percent of Americans don't even understand what those are. We have a framework that sets targets in a coherent way that has not been embraced nor understood by Americans. I think that simply falling back on moral obligation, and national security arguments only carries us so far. We need to be able to embed our actions in something that will be intelligible to an American public. Right now, the SDGs are not intelligible, or useful. They will become more useful in time, but I think we need to focus on that.

The widening global disorder, the largest human crisis that we face since World War II is disrupting politics in Europe. It is causing agonizing, agonizing situations that we are not equipped to deal with, and the price tag is going to be very substantial. We need to make sure that the agenda that we're talking about is linked to answering those problems, and it's not—it does not become a zero-sum problem.

We know that the agony that the Republican party is going through today. We know the dangers of a nihilist, antiestablishment, sentiment that could disregard or consciously and actively eviscerate worthy programs domestically, and internally. That risk is very high right now. We don't know where that is moving. The surveys that



agonizing debates that are going on as to where this is going to go. I flagged that, along with the widening global disorder as one of the biggest threats to preserving a bipartisan leadership and coalition. Whoever's the next President, that President requires a strong and durable bipartisan consensus within Congress, and a broader American public.

We need a functional Republican party that is coherent and committed. I think we're at a certain hazard about this. NCDs and climate change have been mentioned. The absence of big wins. We need to ask ourselves, Governor Thompson, I think rightfully exhorted us to have big goals that will excite people. We have some very big goals that are very important right now. They are not going to necessarily be attainable in a dramatic and definitive, and categorical way immediately. They are going to be ones that the American people have to continue to be reminded that we're making progress on malaria, on HIV, on polio. These big goals are ones that I think are going to carry us way beyond this next phase. Thank you.

**JEN KATES:** Really quickly, because I know there's questions, you want to get there. On the task force that you just launched, in picking up from what Helene said, can you just really quickly remind us what the goal is? Is it helping

**STEPHEN MORRISON:** The taskforce is on women and family health. We choose four sectors: reproductive health, family planning, maternal and child health, immunizations and nutrition. We choose those as four sectors that remain vitally important that should be integrated in a better fashion. This draws into one of the big meta themes that Geoff and Liz's analysis revealed in terms of sentiment, the desire to see greater integration. It is going to be very difficult. These are areas where we believe there is a well of support for moving ahead. There is a momentum. There's been substantial progress, and greater consciousness of the centrality of this agenda for the future. When we went to recruit the members, there are 23 members of this. There's a website that I urge you to go to that lays out the goals, and the membership and the like. On the membership side, first we enlisted Helene, and John Hammergren, the President and CEO of McKesson, to co-chair these. They're both very active trustees of CSIS. Then, we went out and enlisted members of Congress as one priority. We were able to succeed in enlisting six members, three Republican, three Democrats, equally divided House and Senate. That really astonished me. It astonished me because there is an appetite on the Hill to find a worthy and compelling goal

excites people, builds on a sense of momentum and success, and an opportunity to carry this forward.

**HELENE GAYLE:** I was just going to add one more thing, and back to the comment around the issues around women and girls. I think that this is the area of family planning, and reproductive health, which is such a key one when we think about child health and women's health that has been a divisive issue. I think the very response that we got to this taskforce, I think, shows that there are enough people who want to figure out a way to talk about this issue that has been divisive in a way that really brings people together. I interpreted some of the eagerness to really be able to talk about how does this fit in the broader context of saving the lives of children, and women and not use it as a divisive factor.

I think there is—there continues to be this eagerness to have global health, and the issues around global health be something that brings people together as opposed to tears people apart.

**JEN KATES:** I think that DREAMS is an example of—

**DEBORAH BIRX:** Yes, but we have to be honest when we talk about integration. There is not integration for the care

very difficult. We've never tried it before. I think, what we're trying to do is build on the knowledge that PEPFAR has been successful, and using that to take on some really high-risk issues of driving down incidence by 40-percent. When you look at where the issues are, there is no healthcare from the time you are five, to the time you are pregnant. I think that's the kind of bridge that we all have to work on. There's nothing—there's not binding sites to integrate to. I think we have to be honest about where the gap really is, and then figure out do we strength the school system for health, and do we show that there's school systems of health for primary school. Do we get girls in secondary school? Do we use education to drive down gender-based violence, and improve health? All of these issues we're having to take on within DREAMS, but we think will be very valuable to this initiative where we're really having to be very really honest about what health looks like for young women. It actually looks worse for young men, and men in general. We have to also be very realistic about that. There are really no binding sites for men between 25 and 45. When you trying to get them to acknowledge that they have HIV and they need care, I think we have that problem in the United States also.

has a fit bit. All driving behavioral change. We know that people do accept—

**GOVERNOR TOMMY THOMPSON:** Bipartisanship.

**HELENE GAYLE:** This is for keeping time.

**DEBORAH BIRX:** Yes, I'm sure you look at it also. I mean, we know there is a better technique in technology now that we can tap into to really help us both monitor and really improve health, in a different way. Who would have thought that Tommy Thompson would be wearing a fit bit?

**HELENE GAYLE:** He had one before us though.

**DEBORAH BIRX:** I know. Ten years ago.

**GOVERNOR TOMMY THOMPSON:** I had a 1,000 of these when I was Secretary as most people would know.

**DEBORAH BIRX:** We do.

**HELENE GAYLE:** Last word, before—I know you want to turn it over, but you mentioned something Debbi that came up in the polls that I just want to return to. That is the issue of the social determinants of health. Having for the last decade been in a development organization where health was part of a development agenda, I do think that's another part of the future, is how do we look more at integrating health into the broader arena of development. Even in this country, community

whole umbrella of other things that I think we need to, as we think about, how do you maintain some of these gains when they are so linked to broader social issues. It was interesting to see that the social determinants are starting to pop up a lot more as people think in a much broader way about what actually influences health at community and individual level.

**GOVERNOR TOMMY THOMPSON:** I'd like to just—Steve is my friend, and he is a devout Democrat, and that's his problem not mine.

**HELENE GAYLE:** He doesn't wear a fit bit.

**DEBORAH BIRX:** I know.

**GOVERNOR TOMMY THOMPSON:** Before he leaves the feeling that the Republican party is on its way out. I just would like to point out that I would much rather be a Republican in this presidential election than a Democrat with a 75-year-old socialist who wants to spend 90-percent, and a presidential candidate that's being under investigation. I think the Democrats got as many problems on their side as Republicans. Let's face it, you know, there's the old surrogate judge from New York who said, "If you like good laws and good sausages, the best thing is not to watch them being manufactured."

I think presidential politics is the same way. We—

to move very much to the middle after the primary's over and the Republicans will. I think we're going to have one of the most spirited and exciting presidential campaigns ever. I think we're going to have a very good president that comes out of it no matter what. That president is going to be much more moderate than what the campaigns are at this point in time. Mark my word.

**JEN KATES:** All I was going to say is I need to go get a fit bit. Thank you. Let's go to questions. We're going to take three at time. Please when you start your question, say who you are. If it's directed at somebody, let us know, or if it's a general question. We have, yes, go ahead.

**JOHNATHAN DANIELS:** Hello. Hi, Johnathan Daniels with Aeras. Great panel I appreciate all your different versions of incredible enthusiasm. One of the things I wanted—I was really curious about that we didn't really touch on in this panel is the role of the research and development in driving some of these programs. PEPFAR being a great example of this. A wonderful program, probably wouldn't not have been able to exist without the immense amount of money funneled into R&D for antiretroviral drugs and other HIV prevention forms. Very curious in looking at TB as another example I heard, mentioned

tools are going to be necessary in order for us to really handle the TB epidemic and certainly looking at drug-resistant TB. I am curious as to what all of you see the role of government and also public and private partnerships is in funding R&D for global health issues. Not so much on the domestic side, but funding them for diseases that are more of an issue abroad.

**JEN KATES:** Next question? I think we had one here and then here, or wherever. Yes.

**LATASHA LEE:** LaTasha Lee, Senator Brown, kind of echoing his conversation. We heard a lot today about HIV/AIDS as well as malaria. Could you speak more to TB, especially multi-drug resistant TB, and the effect it could have here in the US, especially since the reauthorization of domestic TB policy was not fixed by Congress.

**JEN KATES:** Thanks and last question for this round. Letting them figure it out.

**ROB LOVELACE:** Rob Lovelace, Trade Union Sustainable Development Unit. I am curious—thank you very much for your presentations. Very insightful, right on target. Those of us who work in the international advocacy community are seeing universal health coverage suck a lot of air out of the room. I



**JEN KATES:** We have three questions, one on R&D, one on TB specifically, and one on UHC. Does anybody want to take-

**GOVERNOR TOMMY THOMPSON:** Can I take the research one?

**JEN KATES:** Yes.

**GOVERNOR TOMMY THOMPSON:** When I was Secretary, we were able to double the amount of money that went into NIH. NIH has been sort of level funded since then. The truth of the matter is, NIH is one of the most exciting and most wonderful institutions that the government of the United States has ever funded or set up. There is tremendous research going out. I'm in the private sector. Right now I'm involved with 30-some companies. All in startup healthcare. I am absolutely amazed what's out there. What's really going to take place, we are going to find a cure for HIV, and it's going to come sooner, than I think, what most people in this room expect. I've got a company that's right now is on the verge of trying a new vaccine that looks very promising. I know Tony Fauci is working on this day in and day out. We've got to.

Infectious diseases as Helene has pointed out, and knows much better than me, is something that we have all got to be concerned about. The way we win is through research and development. There's so many wonderful scientists out there.

It's going to be very helpful. I only wish big Pharma would not have gotten out of the research and development end of it. I think they made a big mistake, but they have. They're waiting for small companies to come, then they buy them and put them in, and up the prices of the medicines which, I—that's a free enterprise system. I would much rather have seen Pharma spend some of their own money to discover some of these cures. I am very—me, I am very excited, very optimistic about cures coming in the area of research and development. Thank you very much for the question.

**DEBORAH BIRX:** I'll be very quick about the R&D piece. I think Dr. Fauci and others are really doing extraordinary research. We hope for both the vaccine and the cure, because what we're going to try to do is control until we get those. I think the other research piece that I'm very excited about what's happening, is the dialogue between program and research, and using that as a dialogue. That didn't really exist before because we didn't have the level of data to really drive the next set of questions. I think, that dialogue that we're at right now, and the millennials innovation ideas, which I find quite extraordinary because they don't seem as encumbered with dogma as we were when growing up, or traditional pieces.

500 dots, and coming up with a new solution. I think between the millennials, and the work that between program and research, it's incredibly exciting.

Very quick on the TB issue. I think we have to recognize that there are different drivers of TB. We have to be responsible for stopping the TB that we can stop today. We know we can stop 75-percent of it if we go to test and start. We know if we can get people on treatment before their T-cells drop, they won't have reactivation of TB and they won't spread TB. That will take care of a significant component of TB. There's a whole other part of TB out there in central Asia and southeast Asia that we all have to collectively take very seriously. I think the new initiatives, and the new strategies will really help with that. We do have to do—we just finally got one new drug for TB. We're talking about something that's been around 100s of years. Yes, much better R&D in TB. We have to recognize these are difficult diseases, but they've driven how we think about immunology. Things that reactivate. Things that hide. That's helping us with herpes. It's helping us with cancers. These diseases will help us take, and take on broader diseases. We have to recognize that these are difficult. We certainly have to invest in the research, and we

**HELENE GAYLE:** Just one other point on the R&D. I think, obviously, hugely important. I think as an example the new malaria vaccine that GSK with Gates funded—Gates Foundation funding is launching, that's incredibly exciting. I think we've got to continue to balance how do you make sure that something is often driven by market forces has other partners in it, the Government, private philanthropy, et cetera, so that the needs of poor communities around the world get met. I think, again, malaria vaccine is a great example. That said, I think we always have to balance is how many new tools versus how much of what we already know isn't getting out there. Are we doing the kind of research that Debbi was talking about that is more focused on innovations sometimes in programs, and how are we being more effective in how we get out the things that we already know works. Always, I think that balance.

Nothing to add to the TB drug. Other than again, that's an area where there needs to be research because as we continue to have this evolution of multi-drug resistant TB, it will need more technical solutions as well. The universal health coverage, I didn't say it specifically, but I think those are the kinds of things we start thinking about how are we going to actually set up systems that work for the broadest

earlier points, is that we can't do this thinking this is only a public sector endeavor. I think more innovation around how the private sector models around health, and health insurance are going to be important if we think about more universal access to health services in Africa, Asia, and around the world.

**STEPHEN MORRISON:** A couple of quick points, on R&D, we've had a series of international panels looking at the Ebola experience. The Stocking Panel, the Harvard/London School Panel, the National Academy of Medicine which just rolled out last week. Next week will be the Secretary General's high level panel, high-level political panel.

There's quite a bit of momentum, and continuity across those panels in pushing for the creation of some type of new innovation fund. The price tag varies anywhere from a billion to 3 billion that would be used to incentivize, industry and others to develop and share more broadly, but to identify some of these dangerous pathogens that have been sort of orphaned as Ebola has been because it was not seen as having sufficient scale to warrant the kinds of investments needed.

I think that's very encouraging. I think there's going to be a lot of opportunity in the next year to build off of

I think we're at a moment where in the next year something could happen that would move us ahead dramatically.

On MDR, TB and TB writ large, the White House issued its MDR strategy December 22<sup>nd</sup>, a very important move. It is still to be determined what that means for money. When the new WHO study on global TB came out, it made clear that really for the first time we're officially declaring that this is the largest infectious disease killer worldwide. I think on those two major points, consciousness and awareness of the magnitude of the challenge has changed. I would hope in the next administration we'll see more resources, more leadership, more unity of effort around tuberculosis.

I think, also, we need to work much more closely, and more effectively with industry. There are a lot of solutions that are out there on HPV, on hepatitis C, and other things that it's difficult to get access and delivery of those cures to the populations that need them, and that requires greater US leadership and leadership by others to figure that out. It requires very close interaction with industry.

UHC, universal health coverage, I'm glad you raised that, Rob. That's a central theme of the G-7 Summit in Japan in May. It's a reflection of a broader reality, which is that

that debate is happening. We need to be part of that. I think there's no inconsistency between that and what Deborah was saying about the need to attempt to build on our investments at integrating at a local level. I think it's consistent with many other things that are underway in building basic global health security capacities in West Africa. I actually think this is an encouraging development.

**JEN KATES:** We have time for just 2 questions. Really, this has been a great panel. I hope you think so too, because I can listen to you all for another couple of hours.

**CAROLE TRESTON:** Hi Carole Treston, Association of Nurses and AIDS Care. I was really appreciative of the discussion around moving away from disease silos to strengthening health care systems. Clearly, that speaks to the role of nurses, and especially strengthening not only the role of nurses, but the number of nurses in health care systems globally. We know we're moving into task shifting. In addition to that thinking about expanding the role of nurses in the healthcare response much like we're seeing in the United States with nurse practitioners, and its advanced practice nurses.

I was wondering if the panel could talk for a minute

limited educational systems and pretty restrictive practice authority in some countries. Some of the barriers and possible some of the solutions to expanding the role of nurses in this response.

**JEN KATES:** Last question.

**ERIN ROBERTS:** Hi, I'm Erin Roberts and I am just speaking for myself. I have a comment and then a question.

**JEN KATES:** As long as it's quick.

**ERIN ROBERTS:** Okay, yes. I'm very wary of the emphasis on public/private partnerships especially with the large multinational and their foundations. Ultimately, corporations are profit driven, period. And at the end of the day, their agendas are totally opposed to the global social change that is required for a truly healthy world, like a universal living wage, worker protection, and food and land sovereignty. I mean, we talk about climate change and its effects on food security as if it was not created by agribusiness, and the energy industry who we partner with in our global health endeavors. I'd just like to know if you could speak to some alternative ideas of funding or if we are sort of tied to private partnerships, how do we make them—how do we leverage them to where we can benefit and we're not



**JEN KATES:** So the nurse question and then public/private partners.

**DEBORAH BIRX:** Really quick on the nurses. Thank you for raising that. We believe strongly in the role of nurses, and actually we've supported improvement in nursing education with large not just for PEPFAR, and the task shifting. Let me just make a comment to all of you because I know you work in the global health arena all the time. Please go back to all of your partners. If you have task shifted to a nurse, make sure you task shift some of the nursing responsibilities to another cadre. We have—we are now—we've just task shifted everything to nurses. They're doing ten times more. We just need that other health cadre to help out with that. I think countries are figuring that out for routine immunizations, for routine diagnostic tests. I think that training of a health cadre underneath the nurses, and continuing to strengthening the nurses is absolutely key.

We have changed our approach to public/private partnerships to we now go—we don't accept what private sector wants to bring to us. We go out and say, this is a new, big initiative. What can you do as part of that, and do you want to be part of it? We're not changing the initiative to align

that position, you get unbelievable private sector partners who want to work with you around the exact same vision and impact.

**JEN KATES:** I'm over-riding my last call. We'll just have one more quick question and then we'll go right back to you.

**JIM GLASSMAN:** I'm Jim Glassman, Former Under-Secretary of State for Public Diplomacy, and cofounder of the Strategic Health Diplomacy Initiative. By the way, proud member of Tommy Thompson's entourage on that trip to Africa. I'm just a little bit worried that we're going to leave here a little too sanguine on the political situation. Steve, raised some negative points. The fact is, on table one of this survey, it says or the question is would you say the US government is doing enough or not doing enough to improve the health for people in developing countries. Democrats, 52-percent, small majority, say doing enough. I mean, not doing enough. Sorry, not doing enough. 24-percent of Republicans say not doing enough. I think this is a serious problem when you consider the fact that it was Republicans, President Bush, with tremendous support from Republican Congress, that started-

**GOVERNOR TOMMY THOMPSON:** And Tommy Thompson.

**JIM GLASSMAN:** And Tommy Thompson, absolutely that

surveys have some good indications. My own feeling is pushing the national security argument. I would just like to hear the panelists. Thanks.

**JEN KATES:** The last comments from our panel.

**GOVERNOR TOMMY THOMPSON:** Number one, the nurses. My daughter-in-law is a nurse. My niece is a nurse-practitioner. I went all across the country when I was Secretary trying to get more people enrolled in nursing. Now, the big problem is not people going into nursing, because we have plenty that went to go into nursing. We don't have individuals becoming doctors, PhDs, and professors to teach enough nurses. Second, we have to drive down a lot of the regulations so nurses can do more. Nurses are expected to do more, and they are hampered by the rules and regulations. We've got to get rid of that because nurses are the frontier. They're the first line. I'm all for you. I'll do anything I possibly can to get nurses to do more in the operating room and in the hospitals.

In regards to the lady, I would not subscribe motives to big nationals enough, and start criticizing them. Without their money, we're going nowhere. It's much better to get involved with them. Let's get big goals and go out there and get as much money as possible to fight whatever we're going to

fight HIV/AIDS. There's enough money in this wonderful country, and we have the opportunity to do so.

As far as messaging is concerned, we just got to do a better job. As far as Republicans are concerned, they want big goals. They want accountability, and we can do that Jim. Thank you for being on the trip. Thank you for what you've done in your path. I really think that this is a bipartisan issue.

Global health can be if you can set it up as a way to show that we can prevent infectious diseases coming into America. We're going to be able to prevent infectious diseases. It's a big issue for both Republicans and Democrats. When Ebola came, people worried. They didn't look around if you were a Republican or Democrat and were going to be stricken by Ebola. It's an equal opportunity infester. You better be able to get all the people's support it.

In warfare, you know if a country has got huge problems, if you look in the past history where countries have huge problems with neglected tropical diseases, with HIV, they're an unstable government. Unstable governments cause ISIS and other nefarious groups that come in. You got to get Republicans to realize that this could be something that we

**JEN KATES:** I think he's the message.

**DEBORAH BIRX:** Jen, because as always, Kaiser, head of the game, really putting out there the next step and to say to Jim about his comments quickly. What the bipartisan center just put out about showing the impact of these health programs on democracy, on governance, on economic development, really. Congress may not be interested in the ones that you talked to. I think that story of what can be driven by these programs is really quite extraordinary. Thank you for your work in really making that clear.

**HELENE GAYLE:** A couple of comments on all three of the comments. First on the nursing, I think I totally agree, but a lot of focus needs to be on the policy shifts in the countries. Everyone knows, and I'm a physician, doctors have hijacked, in some ways, care and have blocked the ability for non-physician providers to do the things that they actually can do quite well. I think we've got to work on breaking some of the policy barriers, and that will take some real strong advocacy in countries in which we're working, along with our own government. Really, a lot of it is at the level of the countries that we're talking about. It's just an area that I don't think there's been enough focus on. How do you make

that we're breaking the backs of the very people who can have an impact?

The public/private partnerships, I understand the skepticism. On the other hand, there are two renewable sources of funding in this world, taxes that come through the public sector, and economic that are created by purchasing, and purchasing power. The private sector does have a huge role because if we're talking about sustainable ways of funding, it is important that we look at what are ways of linking with the private sector. The private sector is as vast as any other sector. A lot of work that's being done is with small and medium-size enterprises that are very much launched from the very communities that we're talking about. I think we shouldn't have this blanket approach to the private sector when it is one of the renewable sources of creating economic financial flows which are so important for sustainability. If you look at any country, it is because of economic-creating economic value that social value is created.

I think we shouldn't look at those two things as opposite, as if economic value sits in one side and social value creation sits on another. It's the only way that societies have advanced, is when we advance together. I think

Economic incentives are incredibly important for driving things in a variety of ways, including social issues.

I think the final issue around how do we get this back on the agenda? I think, again, I think the polling data give us a wonderful handbook around what are the messages. There is no one message. There are messages that will meet the needs of different constituents. I have my own favorite message because I know what listen to. I know what incentivizes me. Everybody is incentivized in different ways, and that is why the messaging is so important. I mean, we've got to get back to the days where we were bolder about using our messaging in a much more aggressive way than we are. I think in some ways we're almost a victim of our own successes. We think that we now have a lot of resources. We're making a lot of progress. I think we should think about rolling back to the days when we were pretty aggressive. You know, when people were chaining themselves to offices. Now, do we need to go back to that? I don't know.

I think we've got to get back to the point where there's a sense of urgency, a sense of righteous indignation about that fact that lives are continuing to be lost around the world unnecessarily. I think we've got to put that kind of

techniques that marketers do to get those messages out there to the right audiences.

**STEPHEN MORRISON:** Thank you. On the nurse question, I don't think I have a whole lot substantively to add. My mother's a nurse so I've been imprinted for several decades with that perspective and we certainly carry that forward in our work. During the Ebola crisis, of the 500 victims, health providers, the majority were nurses. We look at what happened in Dallas. It was the nurses who bore the secondary infection. They carry enormous risks and responsibilities across the board.

Jim Glassman's question. I agree with that number, that 24-percent number is something that should give us pause. That we should be looking at that as an evidence of a steady erosion, and a potentially worsening vulnerability on the Republican side. We should keep our eyes open, wide open about that. I think what that says to us is there has to be active renewal from the Republican side at the leadership level to get those numbers back up. We have to be consciously avoiding applying partisan labels to initiatives.

All of the achievements of the Obama Administration in global health are to in one respect or another based on



Party, there is a hazard of applying partisan labels to things that are not worthy of being cast in that way. We need to be very conscious of that and working very hard to avoid partisan labels being slapped on things for the sake of trying to break things down to demonstrate your virility in destroying sort of governing achievements.

As far as industry, I share Helene's very eloquent statement. There's a lot of soul searching within industry right now. Industry is essential in terms of supply chains bringing forth commodities, discovery and development of new tools, be they vaccines, therapies, diagnostics, other devices. They account for a huge share of the private sector, accounts for a huge share of the delivery of health. We've had problems in developing the functional and meaningful dialogue with industry because there's lots of barriers. WHO has been broken for years in this regard. More needs to be done there.

There is a high-level panel that the Secretary General has pulled together on access which brings many of the most progressive leaders of industry together with the advocates, and political leaders on a fast track, which as I understand will deliver some recommendations in June. I think that's reflective of the fact that of the shared awareness that we

and we need to do much better. That's something that could be made a priority of this next administration and Congress.

Thank you.

**JEN KATES:** Geoff, you wanted to say something really quickly.

**GEOFF GARIN:** Yes, please. In-Jim for your question in messaging research that we also did with Public Opinion Strategies, one of the things we found with Republican voters is that attaching this in a kind of a very bold way to American exceptionalism, is really quite powerful. To talk about our work in this area and our kind of our moral commitments as part of what makes America different and better really appeals to a lot of republican voters.

The other thing in this research, is we did an experiment. We gave half of a sample, lots of messages about the benefit. This is really about the foreign assistance funding more generally, about the kind of need for and the benefits of what the United States does. The other half of the sample we just told them one thing, is that it's only one-percent. The half to the sample, to whom we said it's only one-percent, moved more dramatically in support of foreign assistance funding than this other half of the sample that got

number was in that poll is really important in terms of keeping people on board.

**JEN KATES:** Thanks. I don't know about you, but I could stay here for another couple of hours having this conversation. I'm cognizant that we've hit up against our time. I want to thank Geoff and Liz for the research that they did to contribute to this very helpful. Really please join me in thanking Governor Thompson, Ambassador Birx, Dr. Gayle, Dr. Morrison. Thank you all for being here and I'm going to get a fit bit now, and I will see you.

[END RECORDING]