

INTERNATIONAL CIVIL SOCIETY SUPPORT

**Moderator: Joanne Carter
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8:00 am CT**

Operator: Good day and welcome to the International Civil Society Support Cost of Inaction Report Launch conference call. Today's conference is being recorded.

At this time I would like to turn the conference over to Joanne Carter, Executive Director, RESULTS Educational Fund. Please go ahead.

Joanne Carter: Thanks very much operator. And welcome and thank you to everyone participating on this call today to discuss the findings of a report that shows it's possible to save millions of lives, avert tens of billions of dollars in future treatment costs and put us on the path to defeating AIDS, TB and malaria through robust Global Fund and global health investments, and specifically through fully funding the Global Fund at its replenishment conference this fall.

As you heard I'm Joanne Carter. I'm Executive Director of RESULTS and RESULTS Educational Fund and a former member of the Global Fund Board, and I'll be moderating today's call.

And in just a moment you'll be hearing initial comments from our speakers, Ray Chambers, UN Special Envoy for Financing the Health Millennium Development Goals and for Malaria, Dr. Mark Dybul, the Executive Director of the Global Fund, and Lucy Chesire, TB and HIV activist and Board member of the Global Fund Board representing communities affected by the diseases.

Then journalists will have an opportunity to ask questions of our speakers. I'll let you know in advance you can ask a question by hitting star 1 to get into a queue, and we'll remind you again at the question period.

I want to begin by just very briefly outlining the most important findings of the report, the Cost of Inaction released today. The report was developed for the Global Fund Advocates Network by International Civil Society Support with support of the Global Fund and key technical partners UNAIDS, the STOP TB Partnership, the Roll Back Malaria Partnership.

And first the report highlights the enormous progress that's been made against AIDS, TB and malaria in the last decade fueled by significant increases in donor investments, especially through the Global Fund and other key donor funding mechanisms and also through domestic resources invested in these areas.

You know, in 2000 just 50,000 people in sub-Saharan Africa were receiving antiretroviral treatment. By 2011 that's climbed to over seven million. Just over a decade ago only 43% of TB cases were detected and just 67% of those treated successfully in the highest TB burdened countries.

By 2011 that's 2/3 of cases detected and 87% of those treated successfully. And I know in a moment Ray Chambers will speak about the real enormous impact made against malaria and even just in the last five years.

These efforts have yielded huge reductions in death and illness and second, the report lays out that we're at a tipping point in the fight against AIDS, TB and malaria with this massive scale up of treatment and prevention over the last decade.

And the creation of health delivery platforms in countries and new scientific and health breakthroughs show that if we invest ambitiously now we can save millions of lives and literally defeat these diseases in our lifetime.

And to provide some context, a contribution of \$15 billion to the Global Fund from donors over the next three years combined with other external commitments and increased domestic financing by countries would allow us to cover an estimated 87% of the funding needed to reach vulnerable populations in Global Fund eligible countries with essential services to bring all three diseases under control.

And for the report and for the world that's the opportunity and the challenge before us. And finally I'd just say the report makes clear that the cost of inaction is far greater than the cost of action from both a moral and an economic perspective.

If global funding for AIDS, TB and malaria were to flat line and if the Global Fund were not to be funded at at least \$15 billion, there would be some 3.9 million additional avoidable HIV infections in 2014 to 2016, and some \$47 billion in estimated costs throughout the lifetimes of those infected.

Three million fewer people would be treated for TB and a million lives would be unnecessarily lost, and an estimated - for malaria an estimated 196,000 lives could be lost per year and 430 million malaria cases that could've been prevented.

And this represents again a loss of tens of billions in GDP over the - that period. And again there's real risk not only of needless deaths and massive additional costs, but also losing the window we have for defeating these diseases.

Finally I'd just say as a centerpiece of the global effort to defeat these diseases, the Global Fund is seeking and advocates are strongly supporting \$15 billion over the next three years.

And from our perspective this target should be considered an absolute minimum, because modeling done to generate the estimate also includes ambitious estimates for increased domestic and also other external donor financing, as well as an assumption of decreasing treatment costs to cover additional costs of expanded treatment guidelines.

And we fully support this ambition but it also means there is no room for error in meeting this \$15 billion goal. In summary I'd just say from the report in terms of lives and in terms of economics, inaction is simply too expensive.

Now I'm going to ask our speakers to make some remarks and then we'll give you a chance to ask questions. So first I'd like to ask Ray Chambers, UN Special Envoy for Financing the Health MDGs and for Malaria, to make some opening remarks. Ray, please go ahead.

Ray Chambers: Thank you Joanne and greetings to everybody. I would echo every word that Joanne spoke and in my role as the UN Secretary General's Special Envoy for Malaria over the last five years, the Global Fund has been by far the most significant source of funding to achieve what we've achieved.

Six years ago almost 1.2 million children in Sub-Saharan Africa annually under the age of 5 perished from malaria. With the lead of the Global Fund and the ability to leverage the Global

Fund's lead financing, we were able to cover 800 million people in the last five years with insecticide treated mosquito nets.

And as a result of that we're estimating about 500,000 deaths of children this year, down from 1.2 million six years ago. There's no way that it could've happened without the lead funding of the Global Fund.

And as we look at what's happened to the economies of the Sub-Saharan African countries, we've estimated that malaria was costing over \$40 billion a year to the GDP.

On any given day in certain countries one out of four members of the workforce was absent due to malaria. That has reversed significantly and we think almost half of that \$40 billion cost to the economies of the Sub-Saharan African countries has been reversed.

And we're also seeing that where in most pediatric wards there were two to a bed of children suffering from malaria, we're now seeing empty beds, making those beds available for children with other diseases.

As we look prospectively going forward we have malaria on the run. Our goal is to get down to near zero deaths by the end of 2015. We can't possibly do that unless the Global Fund is replenished with at least \$15 billion.

In addition, the Global Fund through its expertise and key personnel have come up with ways to do bulk tenders of mosquito nets that will save us a significant amount of money and time.

And so the picture keeps getting better because of the financial resources and the expertise within the Global Fund. And then as you probably all know malaria has an impact on TB and HIV/AIDS.

Anybody who has malaria is much more susceptible to HIV and TB, and if somebody has AIDS they're more susceptible to malaria. So the Global Fund being replenished at its maximum is absolutely essential for us to bring this disease under control, which we think we can do by the end of 2015.

The Global Fund has also provided financing for treatment and diagnostics, and they've accounted for perhaps 1/4 of the reduction in deaths of children from malaria.

The Secretary General asked me to take on the additional role of being the Special Envoy for Financing the Health Millennium Development Goals. Goal 4 as you know is to reduce child mortality by 2/3.

Goal 5 is to reduce maternal mortality by 3/4, and Goal 6 is to halt the spread of AIDS, tuberculosis and malaria and begin to reverse the trends of those diseases.

We've set as a target eliminating mother to child transmission of HIV. Three years ago 390,000 babies were born HIV positive. We believe we can get that down to near zero by the end of 2015.

And the WHO has issued new guidelines saying that anybody with the CD4 blood count of 500 or less must be treated for HIV. That would have to take us from 10 million people in the world being treated today to 26 million.

Again the Global Fund will be the principal supplier of the financing to achieve that goal as well. We've seen some very beneficial positive side effects of the Global Fund having stepped forward and provided unprecedented funding in the last six, seven, eight years.

We're seeing people of different faiths coming together and delivering bed nets. In Nigeria we're training 300,000 Imams, ministers and priests who have put aside their differences.

We're also learning that since 40% or more of the children who are dying from these diseases are Muslim, that it's begun to help build a bridge between Muslims and Christians and others with different faiths.

So the giving of the Global Fund and its benefits never stops in terms of having positive impact. So we're imploring everybody to make sure that the Fund gets replenished at its full \$15 billion.

And working with the children and their moms in each of the developing countries, I'll never be able to express adequately enough how much this funding means in terms of saving/preserving lives and getting everybody no matter what their differences might be to truly value human lives. Thank you.

Joanne Carter: Thank you so much Ray for that perspective. Now I'd like to ask Dr. Mark Dybul, the Executive Director of the Global Fund, to make some remarks as well. Please go ahead Mark.

Mark Dybul: Thanks Joanne and thank you very much Ray for starting us off with this great exposition which - to which I don't need to add all that much. I also want to thank Lucy for being on.

You know, Lucy and Joanne represent Civil Society and the people affected, in Lucy's case the communities in a country, and they're just instrumental in the success that's occurred over the last ten years and the possibilities for the future that Ray talked about.

I just wanted to touch briefly on something Joanne talked about and Ray touched on, which is the remarkable historic opportunity we have today. And I really emphasize today when, you know, all the work that Ray and Joanne talked about began about 12 years ago.

What we really need to do is get in and stop the dying and begin to reverse what was happening in the countries. But in the last couple of years the scientific advances in HIV, tuberculosis and malaria, our understanding of the epidemiology allow us to build on and leverage the massive investments of the last ten years and the progress over the last ten years to say something we really have not been able to say before and really couldn't say just a few years ago, which is we can now see the ability to completely control HIV, tuberculosis and malaria while strengthening health systems, and really completely control them, ending them as public health threats.

And, you know, that's a pretty extraordinary historic moment that in some ways is more exciting than the moment 10 years ago, 12 years ago when the historic moment was to get in and stop the dying and to begin to reverse what was happening.

And, you know, malaria and tuberculosis have been around since recorded time or since we've had medical records. HIV is the modern day black plague.

There aren't many times in history when you get a chance to defeat things such as HIV, tuberculosis and malaria. And again it's really because of the investments of the last 12 years that we're in this position, but also because of scientific advances, epidemiological advances, our understanding that allow us to capitalize on those investments to defeat the diseases.

I also want to emphasize that the window of opportunity is not large. I mean, we understand the economic strain today, which hopefully the world is beginning to come out of.

But - and I - we certainly understand if someone were to say, you know, "Why don't we wait five years and get back to this? Let's just tread water for now and get back to this in five years when we've got the money and then we'll worry about it - worry about defeating these diseases."

Unfortunately diseases like HIV, tuberculosis and malaria, communicable diseases, don't pay much attention to fiscal crises or financial cycles. And we have seen - in some areas of Africa in particular and in the United States and in parts of Europe where HIV was controlled, we're starting to see increased rates.

We have basically the best control trial you could imagine on malaria in Zambia and Rwanda. Where nets were not replaced or distributed on time malaria rates shot up immediately, and as soon as the nets came - got back in place the rates went right back down.

Tuberculosis is tracking HIV in Sub-Saharan Africa. It's basically the same disease. It's one disease. Tuberculosis is the leading killer of people with HIV so HIV and TB together as we control them will march together.

But unfortunately in other parts of the world, for example Eastern Europe, we're seeing a very frightening increase in tuberculosis cases and in particular an increase in multi-drug-resistant tuberculosis.

And while the - we have this historic moment now because of the advances in science. We don't have any silver bullet. We'll be cobbling together a lot of partially effective interventions so that the sum is greater than the parts.

And that works when you're on the decline, which is what we're doing right now in HIV, tuberculosis and malaria. The investments of the last ten years as Ray said has the diseases on the run but they're running into pockets.

And those pockets is where they're getting a foothold and where they can - from which they can begin to come back. And if we start to see the infection rates rise this historic moment, this

historic window's going to close because the interventions that we have are only partially effective and will work on the way down, but they're not going to work on the way up.

And so now is the moment to seize and now is the historic moment. And really the question comes down to do we want to tell our children and grandchildren that this was the generation, this was the time we grabbed that historic moment and controlled these infections so that they're not public health threats in their lifetime?

Or do we want to tell them that we let that slip and they have to deal with it? And as Joanne said that has meaning in terms of many millions of lives, but it also has meaning in terms of untold billions of dollars it's going to take to continue to deal with these diseases as massive public health threats for the long-term.

The last thing I just wanted to highlight is Ray's point on economies. You know, the African heads of state have been remarkably strong and powerful in their call to ensure that the Global Fund is replenished, and that bilateral and all the other multilaterals stay in the game on HIV, tuberculosis and malaria until we get to that complete control.

And part of it is because they care about the health of their people, but they also know the reality that Ray talked about. And, you know, put in more human terms it's not just the health of their people and the productivity Ray talked about.

It's the long-term prospect for their economies to grow, which will require foreign investment basically to grow economies and to grow corporations. And who's going to invest in a place where 25% of your workforce is out during the rainy season?

I was just in a coffee plant in Rwanda. There's one woman who determines if the - if they can charge 50 cents or \$3 per pound, because she's learned how to smell and taste the coffee.

I asked the owner what happens if she dies from HIV and he said, "We may as well close up," because he can't determine how to set his economic scales. So, you know, if we're going to see Africa grow, if we're going to see Africa grow to a point where it's a place where goods and services from the north and Europe and the U.S. and China and everywhere else are available, we're going to need investment and we're going to need economic growth and that's going to require a healthy population.

And that's why African heads of state are - have - both for the health of their people but also for the long-term economic health of their people have been so forceful in their support and need for a continued investment.

So I just wanted to thank everyone on this call and thank everyone for their interest in the Global Fund, and really this historic moment to defeat the three diseases while we strengthen health overall.

Joanne Carter: Thanks so much Mark for that really important perspective. And now I'd like to ask Lucy Chesire, TB and HIV activist and Global Fund Board Member - Lucy, if you can go ahead and make some remarks we welcome it.

Lucy Chesire: Thank you very much Joanne and I just want to start by echoing the comments that have actually been made by the Executive Director and also the UN Special Envoy, Ray Chambers, because one thing that really stands out for communities at this critical moment is that when we think about the humanitarian and the moral case for fighting AIDS, TB and malaria intrinsic to our team, it's much more clearer than it was when we started way back in the year 2000.

And I'm saying this because we know very well that AIDS, TB and malaria are the world's greatest infectious killers and yet when you think about the effects that it has had ever since the Global Fund was established, there has been tremendous progress that has been made.

And it gives communities a lot of joy and hope to know that the Global Fund continues to remain, to be the lifeline for AIDS, TB and malaria when it comes to prevention and treatment, care and support.

And when I look back to the year 2000 when we just had about 50,000 people on HIV, I was very lucky to have been among the 50,000 who had access to treatment.

And at that particular point in time the vision was how can we get more people to be able to access treatment? And today it's courtesy of the Global Fund together with other partners.

We have seen the tremendous effect interruption it had in relation to ensuring that over seven million people truly are now on antiretroviral therapy, especially in Sub-Saharan Africa.

And this is the story that can actually be replicated in a number of countries, whether you're looking at it from Kenya, Burundi, Zambia, Ethiopia, Guyana, et cetera and clearly shows us that our labor has actually not been in vain.

And one thing going through the report that actually stood out was we really have to get to that critical moment, and then seeing the Global Fund as the critical investment vehicle for us to be able to actually reach our goals internationally.

And I just want to pause and ask two questions at this particular moment, which are basically in relation to the report that really stood out for me. And I'm saying this because when I knew my

HIV status in 1992, it took me about another ten years of living positively and then starting antiviral therapy.

And that antiretroviral therapy courtesy of knowing my TB closest condition - it wasn't really easy going through TB/HIV co-infection. And today in 2013 when I think about the cost of the inaction if we do not do something now, then basically means that we would be denying over three million people access to TB treatment.

Yet at the end of the day we purely know that TB is treatable and at the same time preventable. So two things actually stand out. One is do we invest now or do we want to pay forever?

And for us from the community's perspective and having positively lived with HIV for 21 years now, I must say that the option we have on the table that would be most critical to enhancing quality of life for people living with HIV, TB and malaria is needing to invest now.

Investing now will actually provide us that opportunity to avert any potential humanitarian crisis, and at the same time to charge to our many brothers, sisters, nieces, nephews who are out there or waiting in clinics to begin their own treatment and yet we cannot be able to get it because their governments cannot be able to afford it.

And therefore it's a matter of how do we combine the efforts when it comes to domestic and external resources? And I say this because when we look at infectious disease control today we know very well that from the science if we do not take care of them, then when it comes to resistance it becomes much more expensive to actually be able to deal with them.

And so I call on each and every one to really ensure that the Global Fund replenishment might be successful, and we can only do that if you both have massive mobilization - if you are able to

have some commitment from donors to ensure the Global Fund replenishment of raising \$15 billion becomes a success.

And lastly what is more important of us? Our success will actually prevent endangering our very brothers and sisters from being able to really have access to treatment, and most importantly the only way we can do that is if we ensure the replenishment is a success.

So let me just stop by saying Joanne that lastly we've got to utilize the historic opportunity as Mark said that is at stake. And we know from the progress that has been made in relation to the Global Fund that there is no better vehicle that donors can actually use to invest their money in besides HIV, TB and malaria in relation to the Global Fund, because we know that investing in the Global Fund is investing in communities because the Global Fund has largely provided a great opportunity for communities to actually get energized and get armies of people to actually - to walk towards ensuring that we have a world that is free of HIV, TB and malaria.

So thanks so much and I hope that we will all walk collectively to ensure the success of the Global Fund so that we do not pay forever for our inaction if we do not take that position today.
Thanks.

Joanne Carter: Thanks so much Lucy for your comments and for your work both in the communities and globally. And now we're going to open it up if there are any questions for our speakers.

Operator can you just remind folks from the media how they can ask a question?

Operator: Sure. Ladies and gentlemen, if you would like to ask a question, please press star 1 on your telephone keypad. If you are using a speakerphone, please make sure your mute function is turned off to allow your signal to reach our equipment.

Once again please press star 1 to ask a question. We have a question from (Paul Bankumoon).

Please go ahead.

(Paul Bankumoon): Yes hello. Hello to everybody. I wanted to ask a question about the announce - the \$15 billion U.S. Dollars needed. As I read in the report the - and the chapter - the challenge we face, contribution of \$15 billion U.S. Dollar to the Global Fund combined with external increased domestic commitments would allow the global community to cover 87% of the total funding needed to effectively fight the three diseases in 2014 and 2016.

And the second phase is remaining \$11 billion U.S. Dollars we still would need and we mobilize to fill that Global Funding debt. So could you elaborate on why they're putting the aim of the \$15 billion and not \$26 billion if I'm - do my math correctly?

Mark Dybul: Joanne did you want me to handle that one or did you want...?

Joanne Carter: Mark if you want to start with just the numbers and what you also see as possible in terms of reduced costs, and then I can maybe follow up.

Mark Dybul: Sure. So (Paul) it's a great question and really it comes from what we believe are efficiencies that we can gain and that we're already seeing. You know, Ray mentioned the tender that we put out collectively, the Global Fund, you know, working in partnership with the other major procurers of bed nets.

This is United Kingdom - the United Kingdom's bilateral development arm, the U.S. President's Emergency Plan or - sorry, old habit - the President's Malaria Initiative and UNICEF.

And by working collectively we were able to put out a tender that will basically save us 30% on the bed nets. We're now working in the same way with the major procurers of

antiretrovirals/diagnostics who collectively are, you know, for - and those are not only external but domestic because South Africa buys a lot of their own antiretrovirals and has the largest antiretroviral program in the world actually.

So by collectively working together we're driving prices down and we're working the same on the distribution chains where - which can be very costly.

So as we're driving greater value for money and we're seeing better efficiencies, we believe we'll see a decrease - the current estimates of cost come down considerably.

Whether or not that's true, you know, we can't say for sure. I also - again this is kind of a more personal view is I actually think we're underestimating our ability to bend the curves down on new infections as we've always done in everything.

You know, the dramatic decreases we've seen in new infections in some places over a three-year period by intensive action in the absence of the currently available new scientific advances - that will actually drive efficiency in the system in terms of cost per infection averted for example.

So I'm - we have some optimism around that because of what we've seen over the last couple of years, and I can give you an example. From PEPFAR, you know, our - the estimated cost for treatment and infections averted wound up being half what we originally thought it was going to be because of the efficiencies, because of the systems, because of the value that you get with growth and with smarter investments.

And we're all focused on that kind of higher impact smarter investments as the diseases are getting pushed into corners. So that's where we have some more - we have some confidence that that \$11 billion is going to collapse and that the \$15 billion matched with the increased domestic resources, which we're very confident in given the past and also what countries are doing

currently, what countries are committing to currently, that we believe the package is as accurate as we can predict right now.

(Paul Bankumoon): Thank you.

Joanne Carter: And if I could just add, you know, I think it's also - your question is right to the heart of it.

It's also why I think you heard many of the other speakers saying also that the \$15 billion is an absolute, is actually a minimum in terms of what we need to make sure because I think we certainly in Civil Society share the ambition of reducing costs.

I know there's the Fund itself, work from Ray and others and many folks to look at how we can reduce costs and increase impacts, and also the ambition to bend the curves faster.

But I think, you know, also realizing that and supporting the ambition to increase domestic financing and to maintain or increase other external financing, but knowing that those things can be, you know, they will have their challenges and we should all work toward them.

But I think it really points to why we have to see that \$15 billion as a real minimum for the down payment to achieve what we want to achieve. And I think many of us are also hopeful with the Global Fund's new funding model that if countries can come in ambitiously with very clear strategies built on national strategies for wanting to ambitiously respond, that there will be ways over the replenishment period to also find additional resources from new donors and also from other just kind of mechanisms, whether they be innovative financing or, you know, new donors coming into the game.

So, you know, I think there's also a hope that the funding mechanism can help to generate increased resources.

(Paul Bankumoon): Thank you.

Joanne Carter: Next question.

Operator: Ladies and gentlemen, as a reminder if you would like to ask a question, please press star 1 on your touch-tone phone. There are no further questions at this time. Please continue.

Joanne Carter: Thanks operator. Maybe I'll just let folks know how they can get further information and just let us know if anyone else does come into the queue. So all the documents around the report will be available at the Web site for ICSS.

It's www.icssupport.org and a recording and also a transcript will be put up as soon as available. And if there are further questions or folks want to get in touch with the speakers or want more background information, they can reach Katy Kydd Wright at ICSS who is on the media advisory and the press release, or Seth Faison at the Global Fund. I'll just check one more time if there's any further questions.

Operator: There are no questions at this time.

Joanne Carter: Okay. Thank you so much to our speakers that were on the call, and thank you and to the journalists and everyone for your leadership and support on this. Thanks so much. Thank you operator.

Mark Dybul: Thank you. Bye-bye.

Operator: Ladies and gentlemen, this concludes the conference call for today. We thank you for your participation. You may now disconnect your line and have a great day.

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