

TIME Global Health Summit
Why Do 10 Million Children Have to Die?
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They don't. Every year, more than 10 million children die totally preventable deaths. Six million of these lives could be saved by basic, cost-effective measures such as vaccines, antibiotics, micronutrient supplementation, insecticide-treated bed nets and improved breast-feeding practices. The world knows what it takes to improve child health and survival, but millions still die because they lack access to these basic services. Those who fight on behalf of children share what works, what doesn't and five ways to efficiently and effectively improve children's lives in the world's poorest populations.

Speakers:

Dr. Abhay Bang, Director, Society for Education, Action and Research in Community Health (SEARCH)

Dr. Charles MacCormack, President and CEO, Save the Children Federation

John L. McGoldrick, Executive Vice President, Bristol-Myers Squibb Co.

Dr. Alfred Sommer, Dean Emeritus and Professor of Epidemiology, Ophthalmology and International Health, Johns Hopkins Bloomberg School of Public Health Johns Hopkins University

Ann M. Veneman, Executive Director, UNICEF

Moderator:

Deborah Roberts, Correspondent, ABC News 20/20

At the TIME Global Health Summit, held in New York Nov. 1-3, TIME magazine convened leaders in medicine, government, business, public policy and the arts to develop actions and solutions to the world's health crises.

More information, including archived webcasts of sessions, transcripts and downloadable photos, available online at www.time.com/globalhealth.

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CYNTHIA MCFADDEN: I know that many of you have other good questions, but you know what, now we're a minute over. We're going to cut into Deborah Roberts' time, which wouldn't be nice. So I'm going to call it a day, thank the panel. It will be available – yes let's thank the panel. Great job gentlemen. The panel, for those of you in the room here, the panel is now going to go back to the press room on this very floor, to the left you, exit, so if you have other questions. And I say anybody can be a member of the press.

I'd now like to welcome my distinguished colleague, Ms. Deborah Roberts.

DEBORAH ROBERTS: Hi, how are you?

UNIDENTIFIED: (INAUDIBLE)

DEBORAH ROBERTS: I'm well, thank you. Nice to meet you. Thank you. Very nice (INAUDIBLE).

Thank you, Cynthia. I guess I'll forgive you for going over in time. I'll talk to them, exactly. Well thank you all so much for hanging around. And while we get set up for our next panel discussion, everybody please come on in. And we're going to take a look at a brief clip from "Prescription for Survival" (ph).

(BEGIN VIDEO CLIP)

UNIDENTIFIED: The claims were stunning. A study by a maverick ophthalmologist seemed to indicate that a two-cent nutritional supplement might save the lives of millions of poor children around the world. But health experts were skeptical to say the least.

UNIDENTIFIED: It was just too good to be true. Here's this ophthalmologist, I mean he knows about eyes, but what's he know about children and their lives?

UNIDENTIFIED: Alfred Sommer is indeed an eye doctor who has spent much of his career helping people survive the worst conditions of the developing world.

ALFRED SOMMER (?): I knew I always wanted to be a doctor. I wasn't interested in practicing traditional medicine.

UNIDENTIFIED: What he was interested in was saving vision, especially for the thousands of children he encountered with a condition known as night blindness.

ALFRED SOMMER (?): A child who is night blind literally can't fend for him or herself. They are sort of enclosed by this. If the deficiency is not treated, then the eye is permanently lost. There's nothing you can do about it.

UNIDENTIFIED: As he explored ways to cure this terrible affliction, Alfred Sommer began to notice something remarkable in his data, something that, if he was right, might save far more than the sight of millions of children across the globe.

(END VIDEO CLIP)

DEBORAH ROBERTS: Well, welcome back everyone, and welcome distinguished panelists. I am humbled and honored to be a part of this panel discussion as we speak to try to help our world, to cure our world in some cases, and to do what we can.

And this next discussion is really something that's near and dear to my heart. As a mother of two young, healthy, happy children, it pains me, as much I'm sure as it does so many of you, to know that there are so many children in the world who never even reach that possibility, that there are so many children in the world, 10 million children a year around the world dying before they reach the age of five. So many of these deaths can be prevented.

And we have a distinguished group of panelists here today to talk about this. Dr. Abhay Bang who is with SEARCH, Society for Education Action in Research and Community Health. Dr. Charles MacCormack – and why don't you raise your hands because we're not in order here – who is with Save the Children. John McGoldrick, he is with Bristol Myers Squibb. Alfred, Dr. Alfred Sommer, who is with Johns Hopkins University and Ann Veneman, last but not least, who is Executive Director of UNICEF. Welcome to all of you today.

This subject is just so vast, and it's just so hard to wrap your mind around the notion that 10 million children a year die. And one would think because we've had so many years of seeing the heart tugging, you know, ads from Save the Children and from UNICEF and so forth, that we would have this problem, if not almost eradicated, certainly under control.

And I guess I'll start with you, Dr. Bang, because you're right out there in the trenches, in these rural communities, working with your organization. Of course we're talking about a worldwide number, but when you're in community to community does this number feel real to you?

ABHAY BANG: Yes and no. Yes, at least 10 million children are definitely dying every year, but there is a lot of under estimate. And some (INAUDIBLE) studies that we have done in Marash, Rastage (ph) showed that common (ph) routine data misses out 70 percent of children (ph). But even the best sample system (ph) in India still misses out about 30 percent of the newborn there. And so the newborn that which often (ph) inside of homes, never known outside, are grossly missed. So the real figure would be still higher, more than 10 million. Maybe 11 million. Maybe 12 million.

DEBORAH ROBERTS: And that's what's astounding to me because we're talking about children from birth to about not even a month old, newborn death.

ABHAY BANG: Yes, newborn period is from birth to one month old.

DEBORAH ROBERTS: Dying of what kinds of problems?

ABHAY BANG: Well look, that is the most (INAUDIBLE) period of human life, that one month is as risky as the rest of the entire childhood. So on day-to-day basis, it is 50 times riskier than any other day during childhood. The major causes are babies are born premature. They are born low birth rate because mother is malnourished. They are asphyxiated at birth because of difficult delivery, and last and most important, they develop infections because they are in very unhygienic conditions. So these are the four major causes because of which newborns (ph) die. Four million newborns (ph) every year, counted, the real figure might be even higher.

DEBORAH ROBERTS: And if you break these numbers down, we're talking 30,000 children a day. And some of them can be saved for as little as 15 cents. A cup of coffee to apparently save some children from pneumonia, 30 children from pneumonia.

Let's talk to you John MacGoldrick, if we could, because Bristol Myers Squibb, of course, is out there on the front lines. And you are with, you are obviously trying to make a difference with HIV AIDS. How difficult is it trying to administer this kind of help? You would think, with what we know, and especially in this country with what we have, that we should be able to eradicate this problem. How tough is it trying to get the medicines there?

JOHN MCGOLDRICK: Well of course there are so many pieces of this puzzle. But I'll speak particularly to HIV AIDS and HIV AIDS in Africa, which I know best.

There are many problems, but we've got to stop focusing on the problems and get doing.

DEBORAH ROBERTS: And talk about the solutions. I think you're right, which is what we're here to talk about today.

JOHN MCGOLDRICK: And not just talking about them. We have the capacity to do things and do things right now. The Botswana Baylor (ph) Bristol Myers partnership in Habaronay (ph) is treating 1,400 children today who are HIV positive. That's a small number. It's a tiny number. But it can be done. We're trying to spread that with other centers of excellence with the pediatric AIDS core. I think if you audience you may have some pediatricians who are volunteering their time for a year or two to train and to treat. Not just treat because training is very important, particularly with pediatric AIDS. But in the meantime, we have to treat. We cannot let these children die.

DEBORAH ROBERTS: And what's the biggest impediment? When you say we need to get doing, what's the biggest problem? Why aren't we doing as much as it seems that we should be doing or could be doing?

JOHN MCGOLDRICK: Yes, well it's that ethel-word (ph) infrastructure, which we all hate because it means so much and in ways means so little. But that's what it amounts to. So many, so much of a need for training, for testing, for treatment, for a whole model that is, allows us to prevent, to test, to treat for a life. And to do that in a way that's inexpensive enough that models can be spread around the continent.

DEBORAH ROBERTS: Ann Veneman, I'd like to get you into this discussion because we all think of UNICEF. We know the little treat-or-treat – it was just Halloween – we've all seen the little treat-or-treat boxes for UNICEF for years. Why isn't UNICEF out of business? What is the biggest impediment for you around the world?

ANN VENEMAN: Well that is the objective is for organizations like ours to go out of business because the job is done. But in fact it's not.

DEBORAH ROBERTS: And why not, what's the biggest issue?

ANN VENEMAN: We've seen tremendous increases in the quarter century or so in immunization rates, for example. We have seen the number of child deaths go down, but there are things that have created a backsliding to some extent. One, of course, is immunization rates in certain parts of Africa began to reverse the tide. There are a range of reasons for that, one of which is, of course, conflict situations, losing infrastructure that was one there, a loss of healthcare workers. But also the AIDS epidemic in Africa is really increasing the number of child deaths. And it is very important that we address this issue of the missing face of AIDS and that is children and AIDS.

We know that less than five percent of children who have AIDS get treatment today. We need ...

DEBORAH ROBERTS: Wow.

ANN VENEMAN: ... to reverse that trend. We know that life expectancy in some African countries has gone from the mid-60s to the low 30s. This is what's happening in some of these countries. If we don't turn this tide around, we will continue to have difficulties. We need to educate young people. We need to address the issue of mother to child transmission, get the pregnant mothers in, get them tested so that they can get the necessary antibiotics. And we need to get kids immunized early in their lives to save those lives.

DEBORAH ROBERTS: Well when we talk about HIV AIDS, and we'll talk about other diseases too, but we know and we see every day, I think, evidence of just how huge that problem is. Culturally too, and you mentioned education, you know, we heard a lot of the myths that are perpetrated throughout the continent, things such as men thinking they can sleep with young girls and that will somehow prevent them from getting AIDS.

How difficult is it penetrating those cultural barriers and the education problem? I mean we've heard it time and again in this country, but are people really getting the word? And is that something your organization is working on?

ANN VENEMAN: Absolutely. Along with lots of partner organizations. And education is critical, whether it's educating young people about how AIDS is transmitted, or it's just keeping kids in school generally, particularly girls in school. We know that if you keep girls in school, they will delay pregnancy, they will delay marriage, they will be better mothers, they will probably have less number of children, and that they will be better able to take care of them because they will be better educated.

So the issue of education overall is important, but the issue of education on the whole AIDS epidemic is critical. So I think it's very important that we have governments that are willing to take on the issue of AIDS, to be willing to talk about it in their countries, and that we have various organizations that will help to create the educational programs that can be beneficial to young people and turn this increasing rate of AIDS in these countries around.

DEBORAH ROBERTS: Dr. MacCormack, when you talk about governments – and we all know that the infrastructure and sometimes politics will play a big part in the trouble. Is that a problem for Save the Children?

CHARLES MACCORMACK: Well the good news is that if many things had not been done, we would be looking at 30 million deaths a day. So many, many, many governments and societies have addressed these issues. And 25 years ago, these problems existed in Thailand and Malaysia and many other countries where they don't exist today. So a huge amount of good work has been done. And we shouldn't lose sight of that. Even a country like Bangladesh, which is a poor country, in fact was branded a basket case 25 years ago by our Secretary of State, has managed to dramatically reduce under five mortality and newborn mortality.

And it's pretty clear what you need to do. You need to cross that last 10 kilometers to the poor villages and neighborhoods. You have to get the inexpensive, proven solutions out to the people who don't have them.

If you think of 10 million deaths a year, that would be every child and every newborn in North America and Europe every year. There would be no children left in North America or Europe. And I can guarantee you, if we saw that catastrophe in our countries, this problem would be solved in a month. It's not like avian flu where we don't have the prescriptions. We know what to do. It's available. These are hygiene, and the killers are still diarrheal diseases, respiratory infections and malaria. These are not expensive, hi-tech problems.

DEBORAH ROBERTS: And that's the thing that's amazing. They, some of them just cost, you know, dollars for the treatment. So why aren't they getting them?

MACCORMACK: Well it is a question of political will, and it is a question of infrastructure. You need those two factors.

Now in Bangladesh or Thailand or Malaysia, they had the political wealth. They reached out to their communities. They invested in barefoot workers in their countries, and this has to happen in places like India and Sub-Sahara and Africa and Pakistan where probably 80 percent of these problems continue to exist. We did hear about it in the earlier panel. There needs to be investment in the very unglamorous things like community workers who might receive \$1 a day for their work. And there needs to be investment in the recurring cost. This has to be invested in year-after-year. You can't just do it once.

When Ann Veneman talked about countries where immunization rates have gone down, it's because they didn't have the funds to invest year in and year out. So that's very important.

Save the Children, along with members of congress, are, this week, tabling the child act in the United States, which would double funds for under five health each year for the next two years, from 300 million to 600 million to 1.2 billion. If this happens, we would have done our part and it would provide an incentive for other governments in Sub-Sahara and Africa, in South Asia, to make their own investments.

DEBORAH ROBERTS: So you're talking about money here. And I'm curious Dr. Sommer, do you think the biggest issue is money? Is it concern? Is it apathy? What are the biggest issues as far as you see them?

ALFRED SOMMER: Well the, it's all together, but in fact, all of these diseases that these children die from have to do with poverty. And the lower the socio-economic class, the more poverty there is, even within a low resource country, you see dramatic differences in childhood mortality rates. So in a poor country, the middle class children do infinitely better than the poor children do.

DEBORAH ROBERTS: And the gap is actually widening, too. Isn't it?

ALFRED SOMMER: And certainly between the poor countries and the wealthy countries. I – my major thing is poverty is clearly at the root of it, but the root of the solution is this often used, unfortunate phrase of political will. I mean we have seen dramatic changes in the health of countries because some brave soul

has either shown the way or has convinced the government to put their money where their mouths are. And a number of the heroes here have. You're going to hear from Rom Shresta (ph) at one point, who actually completed vitamin A trials in Nepal, did it with the government, so the government was convinced at the same time the rest of the world was, that this, in fact, for a couple of cents a year to every child would save 35 percent of the children who were dying. They launched a program because Rom (ph) showed them how they could do it cost effectively and went out and did it.

You have the founder of BRAC here, which for all intents and purposes is the delivery system, a private NGO that is a delivery system, the main delivery system for the education that we've heard about that's so critical, and for the healthcare that's so critical in Bangladesh. Infinitely more than the government does. So it is, it really comes down to people who are willing to raise the bar and motivate those people who can make a difference in their country.

DEBORAH ROBERTS: Dr. Bang, we can't just eliminate poverty overnight, as much as we would love to. So is it possible – we were talking about poverty being such an issue here – to make a difference with things like getting the drugs to these children and so forth when we are talking about poverty being a big problem?

ABHAY BANG: Well without disputing the importance and major role of poverty, but if poverty elimination is a long-term goal and if children are dying everyday, we don't have to wait until the economy qualities (ph) is alleviated (ph) because there are other qualities (ph) which can be eliminated faster, quality of knowledge, simple pieces of information, simple pieces of knowledge reaching mothers, what to eat, when to eat, how to breastfeed, what to take during pregnancy, how to identify a sick baby, how to address a sick – simple pieces of knowledge. This quality of knowledge, quality of healthcare in every village, in every community.

China really planned it, in 1951, its healthcare; they decided one very beautiful model. They said how far a mother on foot can walk with a sick baby in her arms. Healthcare must be available within that distance. For a newborn that distance is the door of the house because newborns and their postpartum mother cannot cross even that door.

So the newborn care and the maternal care must reach every home, every hut. If we can demo (ph) those qualities without waiting for the more economic qualities, we can save children today.

DEBORAH ROBERTS: When you say, and a number of you say that we are making progress, the UN set some goals a few years ago saying that we wanted to severely reduce infant mortality and even the deaths of mothers by the year 2015. Are we making any progress?

UNIDENTIFIED: Well I actually chair a committee for the world economic forum called the global governance initiative for health, which every year grades the, it's future looking, so it grades the amount of input in terms of partnerships and financing, going into achieving these millennial (ph) development goals. And we came up with an arbitrary scale of zero to 10. Ten means we're doing today what we need to do in order to accomplish the goals by 2015. In the three years that we've been doing this, the best we've ever given the world is a four.

DEBORAH ROBERTS: Wow.

UNIDENTIFIED: This year we might go up to a five because of promises of support. It remains to be seen whether or not those will be coming forward.

And the main goals are things like a reduction in under five and infant mortality rates by two thirds. The interesting things is we are achieving those rates in the developed world, where you would think it would be the hardest to because we already have very low rates of under five mortality. And in the countries that start with the highest rates, 30 times those rates, they're making no progress whatsoever.

DEBORAH ROBERTS: That's really, really discouraging too.

UNIDENTIFIED: It's very discouraging.

UNIDENTIFIED: I think it's very important for us to simultaneously keep a really long view and a really immediate view. And I think that's hard to do. Again, speaking of just HIV AIDS, we need to keep our eye on the ball of the long-term, new therapies, new medicines, most importantly, new vaccines. All the others working on that because that at the end of the day will solve the problem. In the meantime, we can't wait. It's the immediacy. People, as you say, getting out and doing right now even in an imperfect world and imperfect system because things can be done when people put their shoulder to the wheel. I think we've seen that certainly in our programs in Africa, and others have as well. So it can happen, and it can happen now. We need that sense of immediacy action now.

DEBORAH ROBERTS: You're nodding your head here Dr. MacCormack.

MACCORMACK: Again, if I can say, this is achievable. It is not a financial problem. There is more than enough money at the country level ...

DEBORAH ROBERTS: Well that's what I was going to say because ...

MACCORMACK: ... international bone wars (ph) ...

DEBORAH ROBERTS: ... internationally, and even, I mean just even if we think about this country, the way people reach into their pockets, after hurricane Katrina. We know that people care. We know that people want to put money at these problems.

MACCORMACK: One of the challenges is that it will take 10 or 15 years. It takes a sustained effort. We need your help in the media to keep people looking ...

DEBORAH ROBERTS: Once again the media is the ...

MACCORMACK: ... no, not just this week, but next week and the week after and the week after, so to ...

DEBORAH ROBERTS: ... keep paying this (ph) ...

MACCORMACK: ... political leaders will know that they are going to be rewarded for doing the right thing because every news cycle does bring Katrina or it brings the earthquake or it brings the tsunami, and so naturally there's this huge temptation to take the spotlight off of this, but for the 60,000 parents who will grieve tonight because their child died unnecessarily, this is the most important piece of news on earth. And we do need to keep the spotlight on this.

DEBORAH ROBERTS: I will say though from a news perspective, and I know that obviously we do have some faults here in terms of not keeping the spotlight on it, but it is difficult sometimes to show those pictures night after night after night of the dying children. And people do become inert (ph) after awhile.

How can we best Ann Veneman, as far as you're concerned, in the media, help get this word out to people? I remember seeing, I remember vividly seeing in either Time Magazine or Newsweek a year or two ago, it probably was Time Magazine. I know where my bread is buttered. But a really, really shocking, disturbing picture of a woman in Africa who had just given birth and the child was stillborn. And it was just an amazing photo of the woman lying on the bed looking sort of forlorn and the baby there by her side, and it really, really pricked my heart.

Now on the one hand it moves you to want to change, but on the other hand, sometimes you feel so powerless. So average people, let's say average Americans, what can we do? We always think we can send money. What kinds of things can we do to affect change that maybe we aren't doing, as far as you can see?

ANN VENEMAN: Well obviously money is one way. And resources are very, very important, but I think that it is critical that people begin to look, as you say, beyond our own borders, especially in this country. And that really only happens when we see the picture in front of us. And that is, of course, where the media comes in. And you know, if it's something like the tsunami where we saw it day after day after day, or Katrina, the people opened up their pocketbooks. It hasn't been quite the same, for example, with Pakistan where we've seen over 17,000 kids die just in schools that came down. You know, in some ways ...

DEBORAH ROBERTS: And why do you think that is? Why do you think there wasn't the same kind of reaction?

ANN VENEMAN: There hasn't – there's been a lot of competition in terms of the story itself when it happened. But there's also been a little bit, in my view, of donor fatigue this year. I mean think of what's happened just this year. It's been disaster after disaster after disaster. And so I think that to some extent, people just aren't seeing – they're seeing so many disasters, and even the media is seeing so many disasters they can't keep, you know, just focusing on each disaster, one after another.

But I do think it's important that we make people, we give people the opportunity to understand what is happening around the world. And I think that there are so many people that don't really see what's happening with the child who is suffering from AIDS, the mother who doesn't have enough food. I mean one of the things I think is critical to understand as well is that half of these childhood deaths, lack of proper nutrition is a contributing factor in those deaths. So the food part of it as well as the immunizations is critical if we're to move forward in trying to address the issue of those number of deaths.

UNIDENTIFIED: Just one quick suggestion, if we made the first week of November Global Health Week each year, this has not been an enormously expensive gathering. If we had the television shows, if we had the media, if we had the businesses, if we had the NGOs (ph) gathering, if we celebrated heroes, the ones we celebrate these days we all know are not the only ones, that would be one intervention where we could keep this issue in front of the public year in and year out.

DEBORAH ROBERTS: John McGoldrick.

JOHN MCGOLDRICK: Yes, I was just going to come back to this notion of the image and the media. Be clear, the media is not the problem here. The problem is medicines. The problem is infrastructure. The problem is political will.

But the numbers are so big, they're so overwhelming, they're so mind numbing that if only I think a concrete image that grips people. All of us here have such images in our mind. I think of a boy in a red cloak in northern Amibia (ph) leaning against a door jam dying. And I'll never forget that. I carry it with me everywhere I go. It's much more important to me than the numbers idea.

The media can play its part in providing those images to people, and some of them will catch as that one did for you.

DEBORAH ROBERTS: And that is very important. Dr. Bang, and then we're going to open it up to you for questions because I know that often, you know, you have so many questions that we can't get to. So why don't we – did you want to add a comment there, Dr. Bang?

ABHAY BANG: Yes, I think media can sensitize citizens in U.S. The U.S. is a super power, but then that puts the responsibility on the citizens of super power that they have to be super citizens. And so mere economy globalization, or globalization of trade is not adequate. There has to be then (ph) globalization of higher households (ph). The sensitivities and sensibilities must expand to incorporate the full world. That is not response (ph).

My second appeal would be that don't only trade and send products, manufacture products, some of the manufactured products are very helpful, drug taxing (ph), but some other manufactured products,

particularly essential assorted (ph). Don't give us Pepsis and don't give us McDonalds. So also we told some of this product, which are initially depriving resources from the poor families, and also in the end (ph). Give us knowledge and informants (ph). You cannot save every children, 10 million children, which really means you have to empower one million families and you have to empower one million community health workers to take care of their own communities.

The U.S., the corporation (ph), not only manufacture knowledge, they have enormous capacity how to distribute products. If (INAUDIBLE) reach the remotest part of India, our capital (ph) still has the know how to distribute (INAUDIBLE). How you (ph) this is a place to help here. If this is a place (ph) we chase (ph) our revenue (ph). Far more contribution can be done to saving children.

DEBORAH ROBERTS: Right, right. That's a very good point.

I'd like to open up the floor to questions, though, because I'm sure we will start to have more than we'll have a chance for. Over here we have a question.

MICHAEL WINESNEY (ph): Hi. My name is Michael Winesney (ph). I'm President of the AIDS Healthcare Foundation, and we're involved in many projects developing flight (ph) and treatment in the developing world for AIDS.

Two questions, one is one of the problems that I see in this country and around the world is the devaluation of the role of the non-governmental organizations. It seems to me in the long run that's going to be an issue that has to be addressed. A lot of governments are threatened by NGOs. The other is I'd like to ask Mr. McGoldrick, in some of the projects that are being set up for AIDS around the world, the concern that I have is that they don't seem scalable, that the costs – for example, your project in Botswana, cost per patient is so enormous. It doesn't seem like it represents a model that can be scaled up. And don't we have to go to a more scaled back, you know, essential service model than the ones that, some of the ones that are being created?

JOHN MCGOLDRICK: Let me take that second part first. I think you're absolutely right. The model of the Children's Center of Excellence, which we speak of, is one we now, we're now expanding that to six other countries. And it is actually quite cost effective. But it does have a real expense associated with it.

Our biggest effort, actually, is in something we call community based treatment sites in six remote places in Africa, where, what you suggest, is exactly what we're trying to do. Build and test inexpensive community based models for provision of prevention testing and treatment et cetera, the whole panoply of things that are needed. But measuring the cost, keeping it really low so that it can be scaled up as a model, that maybe among the most important things the world can do.

DEBORAH ROBERTS: And the first part about the NGOs – anybody else want to take that?

UNIDENTIFIED: I don't find that to be as great a problem as the question suggested. I mean there are governments who resent the accountability that checks and balances bring, but when I first visited Bangladesh 25 years ago, there weren't, you could count the number of NGOs in Bangladesh on your fingers. There are tens of thousands, perhaps hundreds of thousands of NGOs in Bangladesh today.

Of course we have to keep working to enjoy the support of stakeholders. We have to prove our own legitimacy and viability, but I think NGOs today are vastly more respected and significant than we were 25 years ago. We have to keep earning it, but I think it's achievable.

DEBORAH ROBERTS: OK, next question, and remember we need to keep the questions brief if we're going to get as many in as we'd like. Yes sir?

ALAN ROSENFELD (ph): Alan Rosenfield (ph), member (ph) of the public health (INAUDIBLE). We have in Africa, perhaps 12 to 14 million orphans from AIDS. Around the world, half a million women die each year from maternal mortality, leaving orphans. I didn't hear any discussion about women in this

panel, and I'd be very interested in hearing some thoughts from some of the panelists about the problems that women's health, maternal mortality, AIDS, the disproportionate role or place of women in the AIDS pandemic. And I just thought that might be a topic worthy of some comment.

DEBORAH ROBERTS: That's a good question. We actually did talk about women as it relates to, you know, child healthcare and prenatal care and so forth. But who would like to talk a little bit about women and the care for women because that is a very interesting and good point when we're talking about children and the mothers of those children. Dr. Bang? Ann Veneman, I'm sorry. You after he makes a couple of comments.

ABHAY BANG: At the proficient level, our policy will be habitat (ph) is to segregate (ph) things specializing to women, certain children have that progress (ph). But at the level of family, there is one thing that you need, and all the separation is artificial. It's super (ph), but it is not relative.

So Dr. Rosenfield (ph) is very correct, without saving mothers, it is difficult to save children. They go together. And hence, any policy cannot be worded (ph), particularly at the level of community that we'll only prevent or we'll treat only one disease. You have to have (ph) enough capacities to take care of everyone available (ph), woman as with child. Especially for saving children, the message is not only saving from one disease.

But the message is we must give them capacities to take care of themselves, their own health. So it has to be a transfer of capacities, transfer of information. If that is done, not only women and children, but everyone in that section (ph) could be saved.

DEBORAH ROBERTS: And how much progress are we making because out of this half million women who are dying every year, my understanding is that that figure has not moved a whole lot in the last decade. So how much progress, Dr. Sommer?

ALFRED SOMMER: It's like so many of these things. It varies, even within close geographic areas. We just have a large study area in the south of Nepal, which we monitor and enroll people in a variety of trials that will improve their health.

And a similar one, only a couple of hundred miles away, in what looked to us initially like an identical population, also in the Great Gangetic (ph) Plain in northern Bangladesh. The diet seemed the same and so forth. The childhood mortality rates are the same. The maternal mortality ratio in this Bangladeshi population is half that in Nepal. And without going into all the specifics because we're not sure we know all the specifics, one of the things that's quite clear is that these women in Bangladesh have enormous access to prenatal and natal care, whereas those in Nepal don't.

DEBORAH ROBERTS: Which is a big problem around a lot of the world.

Right over here please, madam.

UNIDENTIFIED: Thank you very much. I have a couple of questions. One is what are the lessons that we've learned on the field, that what are the challenges that we're facing? Maybe we can learn so we can move forward to reverse this, the thing and the children's death.

And the other thing is, what are some of the things that you think that you want to suggest to the audience that if we do this, in three years, this will happen?

DEBORAH ROBERTS: That's a very good question. So it's a twofold question, what have you learned that we need to change, and then what would you suggest that we could do right away? Any takers?

UNIDENTIFIED: Let me just start with the first part. From our point of view, one of the things we've learned and learned big time is that nobody can do this alone, that partnership, partnership with NGOs, a

wide range of NGOs, not just governments and governments at all levels, is necessary to get it done. Our partnerships with many, many institutions have been vital to what we did.

If I may, you know, we're a big company, but we're good at some things, we're not good at other things. One thing we're usually quite good at is project management, taking something from point A to point B on a timetable with responsibilities, budgets, et cetera.

In dealing with these problems, that maybe needed. It is needed, but it's far from enough. You have to have partnerships with all sectors, including the village, a hi-tech company working with traditional healers, a number of unusual combinations of partnership. I think that's our biggest lesson.

DEBORAH ROBERTS: What about this whole notion if you could just change something? Dr. Sommer?

ALFRED SOMMER: Well I was going to go back to the lesson, and the lesson is, I think in part, but it's a big lesson, is that we have, as we've said early in the program, very effective, very low cost intervention strategies from immunizations to micro-nutrients to oral re-hydration therapy and the like, and they've only not been proven in scientific trials, they're our communities and that's the key thing. It's the communities where they have actually implemented these very inexpensive, cost effective programs, you see a dramatic reduction in child mortality. So the lesson is, we have tools that are very effective and are very inexpensive, very different than the HIV treatment world. Most of the childhood deaths have nothing to do with HIV AIDS at this point in time. We have effective interventions, and there are communities and populations that have shown in the real world in real time under real circumstances, these can be very effective.

DEBORAH ROBERTS: As Dr. Bang said, it's like teaching a man to fish, you know, and getting the communities to actually help themselves.

ABHAY BANG: Yes

DEBORAH ROBERTS: Yes.

ABHAY BANG: We learned two things. One, you know, this year the real (ph) slogan is mother and children count. We feel that mother and children count if you count them correctly. There are deaths, their problems don't become visible unless they are counted, unless it's measured. Neil Gore (ph) once said, nothing exists until it is measured.

So counting correctly, mother's deaths, children's deaths and making government accountable for those children – it is a very powerful message of making the problem visible. Bringing on the higher political priorities, number one, and number two, ordinary women in villages, mothers, grandmothers, traditional birth attendants (ph) come to the end workers (ph). These poor constitute a wonderful theme, if you train them, if you give them, if you support (ph) them the system, they can reduce major part of child mortality. And as Dr. Sommer said, how to duplicate this on the larger scale needs more and more operation (ph) research and community based support.

DEBORAH ROBERTS: But how challenging is it when you talk about training, and it's one thing to say, OK, go in and train, but when you're talking about some of the most remote areas, and also you're talking about educational barriers, how tough is it to go into these areas and train people and to educate people because that's one of the, that's at the heart of what you're saying.

UNIDENTIFIED: Well, you know, again, for the most important, cost effective interventions, you don't need a lot of knowledge. You just need a few skills, and lots of places have shown that they can transfer those skills very effectively. I referred earlier to Rom Shresta (ph), and he has 35,000 Nepali volunteer women who were totally overlooked before, and they taught them a few basic skills, giving polio vaccine, giving vitamin A capsules, giving some nutrition education, and they reach literally millions of children in the course of a couple of days, twice a year.

DEBORAH ROBERTS: And they don't have to be medical professionals ...

UNIDENTIFIED: And they don't have to be anything like medical professional.

DEBORAH ROBERTS: I was struck by one statistic that half of the women in south Asia and parts of Africa give birth along or with untrained help. So that is just astounding that that is a big, big problem.

Yes sir?

LANCE WAFER (ph): Hi. Lance Wafer (ph), Hedge Fund Versus Malaria (ph).

The question I have, basically, in the investment world where we're basically putting money to work and we're looking for volunteers, or people to donate money, which interventions have the highest return on investment? And basically either by disease or within – you know, is it better to spend money on malaria? Is it better to spend money on AIDS within Malaria? Is it better to spend money on bed knit (ph), medications, DPT spraying, and which – and also per child, per country, which countries have the best defenses against each one of these childhood diseases? And if we were looking to put money to work, which countries would you recommend putting money to work in.

DEBORAH ROBERTS: So two very good questions. Who would like to take the first one about the best return on the investment and what the disease is?

Charles MacCormack?

CHARLES MACCORMACK: I think it is investing at the community level at this point. In outreach to the community, one of the great problems is that we have the solutions, but they're not getting offered to the people who most need them. We have something called partner defined quality where you ask community people what they think is needed and how it's needed. It needs to be culturally sensitive. Along with UNICEF, we dramatically increased access to neonatal tetanus vaccines in Pakistan by talking to women, by talking to community leaders to find out that they didn't understand what this was. They thought it was a contraceptive program first of all, and second they needed women health workers to deliver the vaccine. So by listening at the community people, we got the right solution. I think we can't segment these deliveries by Malaria and HIV AIDS and oral re-hydration. You have to bring them in a package to communities, so it's strengthening the absorptive capacity at the community for these several interventions, not just investing in one of them.

DEBORAH ROBERTS: Ann?

ANN VENEMAN: Yes. I think that this is a very important concept, that the integrated approach is the way that we know that we can save the most lives. If we can begin with the pregnant mother, getting the right nutrition, and then engaging that woman in what she's going to need to do for the child to bring it in for the vaccinations, to bring it in and then combine the vaccinations with the whole range of vaccinations along with vitamin A, measles, polio, DPT and bed knit (ph), we find that when you use that kind of integrated approach – and we just did a pilot, 11 countries in west Africa that showed that by using that kind of integrated approach you could save 20 percent more lives at a cost of about \$500 per life saved, which I think is a significant finding, and it's the kind of intervention we need to scale up around the developing worlds that an integrated approach is really where we find the most lives saved.

DEBORAH ROBERTS: How are we doing on polio by the way? When I was in Africa a few years ago, I was struck by the billboards about polio. And in this country you never even think about it. How are we doing around the world with polio?

UNIDENTIFIED: Well it's unfortunate we had the head of the polio program up here the last session ...

DEBORAH ROBERTS: I missed that one.

UNIDENTIFIED: ... and he didn't speak about it very much because he wasn't asked the questions. We are doing phenomenally well, you know, the western hemisphere has been free of polio now for 10, 15 years. Lots of areas that we have reduced the number of cases per year by somewhere around 99 percent, and we're very close to eradication, true eradication of wild (ph) virus.

And then two years ago, many of you will remember, a very fundamentalist minister in Cono State (ph) in Nigeria got concerned that he thought that polio vaccine was an imperialist threat to make Muslim women infertile and stopped the program. From there, the virus reemerged and has traveled through somewhere like 12 or 16 countries, which have now been re-infected when they hadn't had any polio and had been polio free.

DEBORAH ROBERTS: ... so we lost ground?

UNIDENTIFIED: ... there's a massive effort right now to try and put the genie back into the bottle, and it's only a few countries, including Nigeria, and the neighboring Sudan, where it is still a concern. Still very low levels, but we haven't snuffed it out yet. And we have to hope we don't run into a few more of these politic obstacles along the way.

ABHAY BANG: Trying to answer that question again, would be in geographically you had to focus, I would south Asia because India, Pakistan, Bangladesh, Nepal contribute nearly one third of the global challenge (ph). And if you ask in a disease way, 40 to 50 percent of global childhood suffer in (INAUDIBLE), so these two are probably, for cost effective investment, these are the prided (ph) areas, and the cummunitive (ph) approach of saving newborns that we have dell up (ph) and field right (ph), cost of saving one life, preventing one death is \$150. So per life here saved it costs \$7. This is far, far more cost effective than any other technological intervention. So probably priorities for investment and research could be derived from this.

R: Well take a couple of more questions, and I want to give all of you a chance to give us some bottom line advice, too. Right here please.

CHRIS KRANE (ph): Chris Krane (ph) with Opportunity International (ph). Dr. Sommer, you mentioned a microfinance organization in Bangladesh has proven to be the most effective deliverer of education and healthcare information. Could you expand a little more on how they did that, please?

Sommer: Well I really feel foolish doing it when Albert (ph) is around here somewhere. Is Albert (ph) in the audience right now? Well it's a story that you will hear told on our "Rx for Survival (ph)" because it's one of the focuses in the program. And quite appropriately, but they started small. It started right after a terrible cyclone disaster in 1970 that washed away a quarter of a million people in one night, followed by a civil war. Albert (ph) was then working for the oil industry and decided to get involved instead at community development. And that's what BRAC stands for, Bangladesh Rural Action Committee. They started small. They started educating people at the local level, and then as they got their experience, they used trainers of trainers. People saw that they got a return, that these were not, this was not an organization that was trying to make money on them or become popular amongst them, and they have spread. And then they've increased their site. So they started, as you said, micro-credit, oral re-hydration therapy, village schools, they now have a University. And so they kept, they keep expanding their scope as well as expanding their coverage and building on their triumphs. It's really quite a remarkable story.

DEBORAH ROBERTS: Way up here, I think we have a question. I don't know if we can get a microphone to the lady up here.

MOTHER MARY BETH KENNEDY (ph): Mother Mary Beth Kennedy (ph), Director of Community of Caring. My question is how can smaller NGOs access the resources to implement these innovative, but very inexpensive techniques that have proven effective in smaller communities and then on a large scale basis? We have worked with a group in Africa and in western Ivory Coast and southeastern Liberia for about 50 years, and we have many contacts, many of the people would go into these villages, and we have taught them. The things we have taught them, they have implemented, but the question is how to access

funds so that the people, so that the people we have taught can teach others and can move into the communities on a larger scale?

DEBORAH ROBERTS: Mother forgive me for cutting you off, but I'd like to go ahead and get an answer to that because we only have a few more minutes left. Who would like to take that question?

UNIDENTIFIED: Just quickly, I think you point to a great need because if what you hear from all of the people on the panel that community involvement with often very small NGOs is central to getting at a lot of these problems, we need to find ways that small NGOs can access the system, so to speak.

In our Secure the Future (ph) program, one of our primary purposes is to enable small NGOs through building of the capacity, as Dr. Bang said, to train in a way such that small NGOs can go get grants from people. And we do that through a virtual institute and a variety of ways. But we think your point is very important. We're trying to get at it, and I'm not sure as a world we've succeeded very well.

DEBORAH ROBERTS: Before we, I'm sorry. Go ahead Charles MacCormack.

CHARLES MACCORMACK: I was just going to say, I think we all have to network and collaborate better, particularly at the country level. We can't afford to spin our wheels. I think most of the delivery capacities are there. We have to be, imagine that we've talked about Coca-Cola, we've talked about small NGOs, we've talked about the corporate world, we've talked about UNICEF.

We, children cannot afford to have us operating as distinctly as we are. So I think at the country level we've got to get better at organizing all the organizations and capabilities that are there, including wonderful organizations like this one.

DEBORAH ROBERTS: Organizing the organizations. With just a few minutes left, I'd like to get every one of you an opportunity, just 30 seconds if you would, to give us an idea of what we could do today. I mean we've got a lot of officials in this audience, but we also have some regular folks who would like to find a way to make a difference. When we talk globally, it feels so huge. Give us just a few ideas, if you would, of how we can make a difference individually. And Charles, I'll start with you. Quickly please.

CHARLES MACCORMACK: I would take this child act, if we can pass that, if we can double funds for under five survival from the United States government take the lead, it will ramify itself all over the world. All the information about this is on our Save the Children Web site, savethechildren.org. It tells you what you can do through the Save the Children Action Network. Call your member of Congress, write editorials and op ed pieces in your local newspapers. If we can get that passed, it will save hundreds of thousands of lives.

DEBORAH ROBERTS: Ann Veneman?

ANN VENEMAN: Well I agree that resources are critical. I also agree that we do need absolute coordination in the countries. We announced just last week a new children and AIDS global initiative that really is designed to bring together all of the organizations, plus the countries, the donor countries together for everyone that's working on AIDS and children. This is the kind of approach we need on global healthcare issues. We need to bring together education, water and sanitation along with integrated approaches to children's health issues.

DEBORAH ROBERTS: Dr. Bang.

ABHAY BANG: I suggest too, look children, don't work (ph) but they don't have political clout, so probably like it happened on environmental issues that they are met (ph) and started building in the rest, and then it became global. Similar operation needs to be brought on different countries and governments about number of child left suffering in each country. The government needs to be held accountable for number of child left suffering in their country. And I would say second health necessary is capacity building, how to train, how to empower women, change their behavior, (INAUDIBLE) have enormous

American skill of how to change behavior of consumers. So all this skill and capacity should be transferred for changing health behavior, taking care and reaching out to people, taking care to people. So those two health problems (ph) particularly in the U.S. and in the West would enormously help back there.

DEBORAH ROBERTS: John McGoldrick, not to put too much pressure on you, a couple of minutes left, so just 30 seconds please.

JOHN MCGOLDRICK: Thirty seconds, we cannot let our children die this way. One, we need to do just what you say, capacity building at many levels, finding ways to enable those in the regions, in the communities, in the villages to do the work themselves. And at the end of the day, we need a vaccine for HIV AIDS.

DEBORAH ROBERTS: The biggest killer right now in the world. Dr. Sommer?

ALFRED SOMMER: I, since you posed the question what should people in this audience, perhaps who are not directly involved with this do, I would go to Charlie MacCormack's suggestion, put pressure on Congress to put more money that can go out into the field and do two important things, quite apart from supporting UNICEF and Save the Children and the regular work that's going on, is don't forget the need for innovation. You saw the bit about the vitamin A stuff that I was involved with. That was all an accident, that was because our government invested in me and others who were looking for simpler and simpler solutions for things. There are other vitamin A's out there to be discovered, and once you've discovered those, you have to put money in the scaling up, the demonstration, how do you mobilize these programs so, in fact, they can have the impact that we know they can do.

DEBORAH ROBERTS: And the irony is sometimes they're not very expensive. Well thank you very much panel. And I cannot believe it, we made it with a minute to spare.

UNIDENTIFIED: Well I'll take that minute.

DEBORAH ROBERTS: With that in mind – somebody wants to eat up that time – we're going to move into the Alan (ph) room for five letters I think you'll love to hear, L-U-N-C-H, lunchtime. The hi-tech, low-tech display is set up, and also make sure you find some time to go there. It's fascinating stuff I'm told. Last chance for you to work around. And let's enjoy lunch, and we'll be back here at 1:30. Thank you all so much for being with us today.

END

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