

TIME Global Health Summit
More Heroes
November 2, 2005
1:30 p.m. EST

Heroes:

Dora Akunyili, Head, National Agency for Food and Drug Administration, Nigeria

The drug czar has waged relentless war against counterfeit/adulterated medicines. She has turned down bribes, survived at least two attempts on her life and largely sanitized the drug business in Nigeria. Drugs worth millions of dollars have been seized and destroyed in the last few years.

Andrea and Barry Coleman, Founders, Riders for Health, UK

You could say that motor biking is in Andrea and Barry Coleman's blood. Andrea's grandfather organized the first motorcycle racing event in Britain. Her father was a development engineer and her brother was a top British rider. She received her first road bike at the age of 16 and became a racer at 19. Together with husband Barry and American rider Randy Mamola, Coleman founded Riders for Health to tackle one of the biggest challenges to healthcare delivery in Africa: the lack of suitable, low-maintenance transportation for the dirt roads and tracks in many remote rural areas. Riders for Health has helped local health departments from Ghana to Zimbabwe acquire and maintain hundreds of motorcycles to make healthcare workers more mobile. One district in Zimbabwe saw its malarial death rate drop 20% in the first year after using the bikes to spread the use of mosquito nets and domestic insecticide spraying.

Mechai Viravaidya, Chairman, Population and Community Development Association, Thailand

A charismatic health economist from Thailand, Mechai helped to demystify condom use in Thailand in the 1980s, persuading Buddhist monks to bless them, children to blow them up, and taxi drivers to hand them out--in the interest of reducing population growth and spacing child births at least two years apart. Then he turned his attention to the AIDS epidemic, helping to persuade Thailand's leaders to face its growing crisis, and to address it through programs aimed at educating and helping drug dealers and commercial sex workers to find ways to avoid spreading the virus.

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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UNKNOWN: Good afternoon. Hope you find a seat or do some jumping junks in there after a lunch like that.

But I hope you enjoyed lunch. And we're going to start this afternoon with meeting three more heroes. Our first is Dora Akunyili. Ms. Akunyili is the Director General of the National Agency for Food and Drug Administration and Control in Nigeria. NAFDAC, it was recently reported, has destroyed about 10 billion Nigerian dollars worth of

fake drives and sub standard product in the past five years. Along the way Ms. Akunyili has had to confront the risk to her own safety that comes with the courage to take on corruption at its very root. Her mandate is challenging and critical.

Let's first watch this clip from RX for Survival.

VIDEO

Narrator: Judith heads for a local pharmacy to get anti malarial drugs. There are many medicines for sales, but here in Kenya, few of these remedies are worth buying.

Female: There have been reports that as much as 30 percent of the drugs found in shops in Kenya are counterfeit. This is really a tragedy because mothers think they're doing the right thing, but the drug that they're getting may not help their child at all.

UNKNOWN: Ladies and gentlemen, Ms. Dora Akunyili.

DORA AKUNYILI, DIRECTOR GENERAL, NATIONAL AGENCY FOOD, DRUG ADMINISTRATION CONTROL, NIGERIA: Thank you very much.

At the instruction of the new NAFDAC administration, when I say NAFDAC I mean National Agency for Food and Drug Administration and Control. That is the Nigerian equivalence of FDA. At the beginning of the new administration activities in 2001, we had dumping of fake drugs (INAUDIBLE) of standard cosmetics and other products into Nigeria. Nigeria became one of the countries with the highest level of prevalence for fake drugs. And let me spend a few seconds to explain to you what fake and constituted (ph) drugs are all about.

We have identified fake drugs containing no active ingredient at all. We have identified those (INAUDIBLE), that is lower than what is required. We have drugs labeled what they are not. We have clones of fast (ph) moving drugs. We have drugs that are expired and relabeled. And the drive is cost, and volume.

Corruption was, of course, the driving force. Nigerians, and the whole of West Africa, we are therefore, at the mercy of drug counterfeiters. Estimates of the extent of counterfeit medicine in circulation in Nigeria by reports of 2000 to 2001 had that we had 48 to 80 percent of drugs in circulation are fake. This led to treatment failures, drug resistance, and death of many Nigerians, and of course people living in Nigeria.

The new management of NAFDAC (INAUDIBLE) was compelled to declare a war. In the struggle to protect public health by promoting, wholesomeness, quality, safety, efficacy of processed food, drugs, cosmetics, medical devices, chemical, bottled water, and all drinks we put in place public enlightenment campaigns. And established effective quality assurance systems through strict inspector and enforcement activities throughout Nigeria. Some of the strategies that we evolved to eradicate fake drugs and create a strong regulatory environment are staff reorientation and motivation. Restructuring and modernizing of our regulatory processes. Of course, public enlightenment campaign is key because one of the things that swell (ph) drug counterfeiting is ignorance, lack of awareness.

We have 30 (ph) of the (INAUDIBLE) fake drugs into Nigeria from Salts (ph). When we say Salts (ph) we mean countries where these fake drugs are produced, because Nigerian has 92 drug manufacturing companies producing only about 30 percent of our total drug needs. That means that 70 percent of drugs used in Nigeria are imported. And most of these drugs are coming from Asia. And we all ready found that most of fake drugs found in Nigeria are imported from India and China. And this is why we banned 30 Indian and Chinese companies, and one Pakistani company from importing drugs into Nigeria.

We also mopped up what is all ready in circulation. This is the strategy. In this mopping up, we do sustained surveillance at markets, shops, and also outlets. And this lets the clothing of two drug markets, one for three months, and one for six months. We also close this outlet when we find fake drugs in them. And we also depend on reports from hospitals, patients, tip offs from anybody. We investigate and find out, of course, we enforce.

In the modern (INAUDIBLE) there are two strategies I would want to point out even though I don't have time. Maybe I should leave it. While we monitor local production outfits. We do regular monitoring, and sanction the one necessary. We realigned our enforcement guidelines. And we are very effective in enforcing them. We have administrative guidelines within the law, because the law is very weak. Actually, it's not just in Nigeria. The law against the drugs in all countries are weak. And this is why criminals are now moving. They are shifting from gun running and cocaine pushing, to drug counterfeiting because the laws are weak and the business is lucrative. So (INAUDIBLE) administrative guidelines. That's why we are fighting this counterfeit and they fought back.

They fought back with intimidation, harassment, blackmail, threats. And when (INAUDIBLE) there is (INAUDIBLE) physical attack and action against NAFDAC staff, and the facilities of NAFDAC.

This cumulated in the shooting attack on my person on December 26, 2003. My family members of NAFDAC are not spared. If you look at the third quarter graph, you will see the shooting from the back window screen. The back window screen was shot at. The bullet went through my scalp (INAUDIBLE) my scalp and went through here and went out to the front window screen. Our NAFDAC facilities we are burned across the country within one week.

Fortunately, we are succeeding. We have to desanitize the food and drug – you are taking my time. We have to desanitize the food and drug industry and create it reasonably well regulated environment in Nigeria that has served the lives of millions of people, and boosted our economy by (INAUDIBLE) local industries, genuine imported and foreign investors. Every since (INAUDIBLE) showed that 80 percent – there is 80 percent reduction in the quantity of unauthorized drugs in Nigeria as compared to what this was in 2001, over 80 percent actually.

Production capacity so far local manufacturing companies have increased tremendously with the results (INAUDIBLE) upward movement in the shop prices in the Nigerian stock exchange. Twenty-two new drug manufacturing outfits have been established in the past four years. And multi national that left Nigeria out of frustration are coming back in dozens. Why would they leave? How can you compete with somebody who is compressing chalk? How can you compete with somebody who is adding one cent of the active ingredient or (INAUDIBLE) product, or cloning a product without putting anything R&D without – they invest nothing. They only invest on packaging. And that is why the packaging or counterfeit drugs look better.

The ban on (INAUDIBLE) labs by other West African countries have been lifted. The food and cosmetic industries are not left out. Nigeria is the first developing country to achieve universal (INAUDIBLE). This is quite remarkable because (INAUDIBLE) deficiency is implicated in poor brain development in babies and children among many other health problems. We are also aggressively and forcing Vitamin A fortification of some food items. In addition, sanitization of table water has greatly reduced cholera and other water born diseases in Nigeria.

These accomplishments have given hope to many Nigerians. Our goal is to eradicate fake drugs. And create a strong regulatory environment for food and drug so that Nigeria will continue to play a leading role in food and drug regulation, thus protecting the right to lead a healthy life by West Africans, who are all ready over burned by poverty, hunger, diseases, lack of infrastructure facilities and death.

I want to thank the Melinda Gates, Melinda, good I called the name of the woman first. I want to thank the Melinda and Bill Gates Foundation, and TIME for inviting me to share my experience with you, but I wish I had time. I commend you for organizing this, because it means that are you helping to fight the drugs, because one of the ammunition to fight them is creation of awareness.

I want to finally remind all of the folks that the international community is not paying enough attention to fake and counterfeit drug problem as evidenced by the fact that as of today we don't even have a harmonized definition of counterfeit drug in the world. Every country has her own definition. It's a shame. I want us to remember that fake drug is terrorism against public health. It is an act of economic sabotage. It is worse than heroine, cocaine, and any hard drug. Because these hard drug are taken out of choice and by those that can afford them. It is mass murder. We should take it more seriously.

I believe that it would be necessary, I will have been advocating it in other meetings, but we want you to join us in advocating an international convention on counterfeit drugs. Why not? After all we have an international convention for narcotics. We have an international convention for psychotropic. We have an international

convention for chemicals. Why not for fake drugs? Everything I'm discussing in this hall, if you don't have the right quality drugs, they become nonsense. Right now they have counterfeited antiretroviral drugs. IU (ph) did that. (INAUDIBLE) drugs we have most of them counterfeits.

So if you are talking about six months of treatment you are talking about six months of treatment with chalk. So join us in this campaign. We have great people here that can help and do something.

We are succeeding in Nigeria. But we want to succeed globally, because this is a global problem. I want to thank you very much, and say once again I'm happy to be here.

UNKNOWN: Thank you. Thank you, Dora. You can stay if you'd like. Andrea Coleman along with Barry Coleman and Randy Memoa (ph) is the co founder of Riders for Health. She has a passion for motorcycle sports, and along with her colleagues turned that passion into an organization that is solving logistical transportation nightmares in Africa. Riders for Health among its many contributions maintains motorcycles from Ghana to Zimbabwe, making it possible for healthcare workers to navigate rural communities. It is a valuable piece of the puzzle. So first let's see this clip from RX for Survival.

VIDEO

Narrator: The Aruru's (ph) arrival marks a new beginning for (INAUDIBLE). For Sally Comera (ph) the day is bittersweet.

Sally Comera (ph): I'm sad because we might have saved my daughter if we had had a vehicle like this. But I'm happy too. Our village finally has an ambulance.

UNKNOWN: Ladies and gentlemen, Andrea Coleman. Welcome.

ANDREA COLEMAN: Good afternoon, ladies and gentlemen. I wish I had an easier act to follow than Dora. She's fantastic. I'm a biker. I used to be a motorcycle racer, but I'm probably not what people expect to see as a motorcycle racer. But appearance and assumptions can be very misleading, and no where more so than in Africa and in the development environment.

People seem to assume that if you make enough bed nets, if you make enough drugs, for example, and talk about delivery and talk about distribution, that they will somehow magically reach the men, women and children in rural communities that are so - so desperately need them. Unfortunately, it's not true.

So, why doesn't the development community think more about the transport that covers that vital last mile? The mile that reaches communities reaches children who need vaccines, enable home-based care for TB patients, take their nets, keep water clean, facilitate health education. The list is endless.

And no one should assume that the millennium development goals will be achieved without managed motorized transport. It won't. It won't be achieved. And let's not dwell on the waste of money that happens when vehicles are bought and then not managed. They die after eight months or so.

Well, we think that people may be making the assumption that motorcycles and four-wheel vehicles simply can't cope with the heat and dust of Africa. Or that to focus on transportation is rather beneath them. Transport, isn't that quite low down the intellectual food chain? Engines, maintenance systems, what kind of people do that kind of thing?

But a system for running vehicles, which creates an appropriate, scalable, cost-effective infrastructure for health delivery across Africa, takes intellectual muscle.

Barry Coleman, my fellow "TIME" hero, my joint chief executive and my husband, is also a biker, a lawyer and a Rider. The systems he created mean that a health worker can visit a community on a predictable, reliable and cost-effective basis year in, year out. After all, no good visiting a community once. You know in the case of condoms, you need more than one. Our system can be repeated time and time again across Africa.

Barry and I became Riders because we felt it was - I was going to say unreasonable, but it's outrageous that women and children in African communities, rural communities, die of easily preventable diseases because health workers are not mobile. Or in the rare cases when they have a vehicle, that that vehicle is seriously unreliable.

In the early days, we witnessed a mother who had walked carrying her baby for 10 miles. She had abandoned her field, which is so important for income generation and simply getting from one day's end to the next, to get her baby immunized. The immunization team failed to arrive because their transport broke. She had to walk home, her baby unprotected. She and millions of mothers like her across Africa have had that self-claim experience. Little incentive, I think, to repeat it. So next time when there is an immunization day, she won't go.

Just a few facts about Riders. We have high standards of training. Riders African Replication teams come from each of the Riders programs. The team for our most recent program in the Gambia, or which is in the Gambia, was trained by the Riders teams who are nationals from Nigeria and Zimbabwe. That was very exciting for us to see those two African teams training another African team.

We have those three national programs and a smaller program in Kenya. Riders employs 140 people in Africa and we run more than 2,500 vehicles. We have very accurate calculations for running costs and we rarely buy our own vehicles. We see that as someone else's job.

A mobile public health worker can reach up to 20,000 people in one year. We do evaluations on the impact on health of our work. And in a recent study in Binger District (ph) in Zimbabwe, it was shown that by mobilizing just 16 public health workers for a population of 100,000 people meant that malaria deaths dropped in 20 - by 20 percent in the very first year.

Finally, people seem to think that Riders have some serious funding. We don't. People don't want to fund transportation infrastructure for health delivery in Africa. So we are finance resource poor, but human resource rich, and that means that we make a very little go a very long way.

Many people talk of funding Riders, and we do have one or two very dedicated supporters. But the fact is we earn most of our money from the motorcycle community by putting on events and providing services to motorcyclists with the help of our 150 wonderful volunteers. We're very grateful to those volunteers and to the staff of Riders for health in Africa, because we believe they are the real heroes.

And we're grateful to "TIME" magazine, WGBH, Vulcan and Bill and Melinda Gates for highlighting the vital and much-neglected issue on which Riders has its focus. All of those mentioned above are indeed what they seem. They are people who are seriously concerned about global health, determined to do what they can about a change in a fresh and invigorating way.

Ducati motorcycles made a book for us about our work. It's a beautiful book, beautiful photographs. And if anybody would like us to mail one, just give me your card afterwards.

And try and watch our ex survival (ph) tonight because we're on it.

Thanks a million.

(APPLAUSE)

CLOSE: Thank you very much.

COLEMAN: Thank you for having me.

CLOSE: Thank you.

COLEMAN: You, too.

CLOSE: Thank you, Andrea.

Now our final hero of this afternoon is Mechai - Mechai - Mechai. He has a very complicated last name, and he said just call me the Condom King. Mechai, the Condom King. He is Chairman of the Population and Community Development Association of Thailand. In the 1980s, he demystified the use of condoms in Thailand, enlisting everyone, from Buddhist monks who blessed them, to taxi drivers who handed them out. His work as an activist in the area of family planning and safe sex has brought about a sea change in Thailand.

So, ladies and gentlemen, Thailand's Condom King, Mechai.

MECHAI VIRAVAIIDYA, CHAIRMAN, POPULATION AND COMMUNITY DEVELOPMENT ASSOCIATION: Ladies and gentlemen, before I begin, allow me to present this weapon of mass protection to Glenn.

(APPLAUSE)

CLOSE: Very good.

VIRAVAIIDYA: And perhaps next Olympics we'll do save some lives as well as have some good sports.

My life has been involved in sex, other peoples, quality of life and poverty reduction. And the approach taken has been open, honest and realistic.

We started off in family planning and luckily we had some success. We were able to reduce the rate of number of children per family from 7 to 1.5 over a 25-year period and population growth from 3.3 percent to 0.8.

Now we use the same approach principle to tackling HIV/AIDS, and we have been open and honest about it. And I open with a wallet Valentine Day flower, as you can see up there.

We ask everyone to join us, the people, the poor. The teachers were seen as part of the solution, not the cause of the problem. So the teachers, we trained over 500,000 rural schoolteachers to understand HIV/AIDS and family planning and contraceptives, and the kids, too.

The kids have to understand and to help to prevent. So we have condom blowing championships in all the schools. And I didn't ask permission from the government, because they wouldn't have given it. And in all the work we do, I hope all of you realize that it's easier to ask for forgiveness than to ask for permission.

We even got policemen to help in what we call our Cops & Robbers program. And I'd like to talk to the commissioner of police in New York, maybe get the New York police to do it. I tried to do it in Berlin, but the police there didn't smile enough. But here is another group. They can help prevent deaths, not only on the highways, but in the beds as well.

Also, a very, very strong beginning in 1991, the new prime minister, everyone was involved. A 50-fold increase in HIV/AIDS, no more denial, no more lying and money was given to all sectors to begin to do something. Religious institutions, everybody was involved.

And even we have Buddhist monks sprinkling holy water on contraceptives, including condoms for the sanctity of the family. Now if the churches can help us in life, it can also help us to prevent death. And in Thailand, luckily we have the Buddhist monks who have helped us a lot in the days of family planning. They even blessed a lot of people with the contraceptives. And the women say no wonder we don't have any side effects because it's been blessed.

Also in the West and in many countries we depend on doctors to provide oral contraceptives. We have 1 doctor for 110,000 people, 9 doctors per million. No way to do everything. So we trained ordinary shopkeepers to do, and they did very, very well for the last 30 years. We should be thinking of training chimpanzees to do it soon.

We also got movie stars. We subsidized movies and song. If this were Thailand, we would be subsidizing "TIME" to make sure you really wrote a lot of good stuff on HIV/AIDS and all your TV shows and fun. So the movie stars who are involved.

And we made it compulsory on television, because we face a disaster. Every broadcast, 30 seconds of AIDS information. Every radio station. So everyone heard about HIV/AIDS. And I hope you will be able to see the results later on.

We have these mobile - from a distance it's called Sex Van, but close up it's Sex Education Van, that goes up to many, many quarters and teach people about staying alive, saving lives, HIV/AIDS. And the children were educated and were given AIDS information and condoms to go to every household and got their children to give it to people in the villages. Children have to be used as part of the solution, not seen as part of the problem.

We also got the world's most famous lady to join us. And what she is holding, that's the real reason for her smile. We didn't ask the museum's permission for it, but we thought that saving lives would do some good for the poor.

We also had Captain Condom. And he's a Harvard MBA. And probably the best thing he's ever done with his MBA from Harvard. And also a pageant, Miss Condom. Perhaps we should have Miss Condom Universe. Do much more good than just selling cosmetics.

We also have Christmas in Thailand, but our Santa condom does more than just sit in a shop. He goes around town giving out condoms from his bag. Not just Christmastime, anytime, when it's not too hot.

We also - and we understand in this country you have people who say you should have abstinence and then be faithful. Well, when these two things don't work, and I know they don't work with some Catholic priests either, then we go to the sea. We go to the sea. So we give condoms at a tollbooth, at bus stops and gas stations and even McDonald's to go with your Big Mac.

And I am delighted to hear that ExxonMobil has joined in the move. Why not give our condoms at all gas stations of ExxonMobil. Save some lives as well. That's already being done in Thailand.

So we have restaurants give out condoms.

They put also condoms on pillows, under the pillows, not chocolates. In addition, we have now hotels with condoms in the minibar. After alcohol, who knows what happens? Now imagine if all the hotel chains in the world did that, they would save some lives. It's the best temperature to keep condoms, not in the ice, but in the outside the ice. It's the best temperature.

And even keelings (ph) for hotels now, they're made of condoms. They have many, many messages on them. We even have the Union Jack or the Stars and Stripes on it.

And then we have these T-shirts. We have seen one of mass protection already. And the other one in Thailand, we don't have a god, so we say in rubber we trust. You see. We, in Thailand, we say in rubber we trust. And sometimes the UN tries to assign a god to Thailand, so often on holidays we can't find it, so we help ourselves instead.

Why not get Nike to make some condoms? They have been saving soles long enough, let's save some lives, a lot of young people. I believe the Nike Foundation is here, why not make some condoms? I asked this to President Clinton. I don't know, I don't think he's been very successful convincing Phil Knight to do it, but let's try again.

And then people who are HIV positive need income. We have a program, again, sponsored by the business sect, an American company in fact, Pfizer, posted partnership. An HIV positive person, usually a woman, partners a friend, a cousin, or whatever, business partner, to do business together. And they repay the loan with an income. And the next (ph) person's job is to convince the community not to show discrimination. And it's just been so remarkable that Peter Piot of UN AIDS is now going to do it. That's the best case.

And get it done in other countries. Every country needs to do this. They are so grateful, they will repay the loan better than they repay loans to the banks. And this has been such an eye opener. Probably the most joyful project I have ever undertaken in my 30 years of working around sex and quality of life and poverty reduction.

And then this is access to credit as a human right. The only road out of poverty is through business, and we have to help them to do this. Companies can help train them.

And then finally, what's happened in Thailand is that we have seen a 90 percent decline in new infections between 1991 and the year 2004. However, don't laugh, you can also be knocked out. It's on the rise again. There has been a quieting of public education over the last two or three years and we're seeing a rise in new infections. So even though we did succeed, we can be knocked out and lose again.

So, therefore, don't put all your trust in government. I know this is what you are saying in the U.S. also. You have at last learned it, I think. Even if it succeeds at first, help yourself.

So we have now formed what we call Citizens AIDS Assembly. And this should be done around the world so that people can come up and push. Otherwise, AIDS committees are always Ph.D.s and doctors and so on and important people. These are different levels, anyone can belong, and this has put a new face on the fight against AIDS, AIDS and also the quality of life for those who are living with HIV/AIDS.

And we do many, many other things. These are the other activities that we do. And just wanted to let you know that so much more can be done.

And the only road out of poverty for those living with HIV is through business. And the business community needs to do, not just in HIV/AIDS, but getting people out of poverty, and the answer is in the hands of those who are living in countries that have more than they need.

And I'd like to thank all of you for the fight that you are putting up. Let's do more. And people say what's next for PDA? What about other countries? Well, come and learn how we do it in Thailand and adjust and take it back home. You can't learn a thing from Harvard or Yale or Columbia about doing AIDS in developing country, they're overdeveloped here.

And also, what about for PDA next? If we could get a tenth of Bill Gates' money and distribute it to the poor in such a way, it'll make a big change in the world.

Thank you for having me. Thank you.

(APPLAUSE)

CLOSE: Thank you. (INAUDIBLE). Thanks so much. Thank you.

(APPLAUSE)

CLOSE: I think Mechai should go on all the late night talk shows. It would be a great beginning.

Anyway, that's our heroes for this afternoon.

The next discussions will be led by David Brancaccio of PBS "NOW."

Thank you very much. Have a wonderful afternoon.

(APPLAUSE)

DAVID BRANCACCIO, PBS "NOW": Actually, one of the few anchormen who studied in sub-Saharan Africa. When I was at the University of Ghana all those years ago, one of my professors used to collect proverbs from West Africa.

And as a way of expressing my personal thanks that all of you have devoted all this time, our most precious resource, to spending this week with us, talking about this absolutely crucial issue, I just want to share the tiniest of his proverbs from the Acon (ph) speakers of Ghana. It's simply this: one must come out of one's house to begin learning. So I think that's what we have all done here and we'll continue it now.

As we address question number four on the big questions at this summit is grappling with beyond the charity, can global health be good business? We have got quite a panel here, so we're going to get rocking and rolling.

Let's welcome them up here. First of all, Sir Richard Branson, Chairman of the Virgin Group.

(APPLAUSE)

Professor C.K. Prahalad, from University of Michigan, author of that wonderful book. I commend it to you all the fortune at the bottom of the pyramid that's influenced so much thinking.

(APPLAUSE)

Next up we have Trevor Neilson, who is Executive Director of the Global Business Coalition on HIV/AIDS.

(APPLAUSE)

And I want to welcome Anuge Shaw (ph) in from Tanzania. He is the boss over it. You know Americans would say A to Z textiles. A to Zed, is that a little better?

ANUGE SHAW (ph), TANZANIA: (INAUDIBLE) good (ph).

BRANCACCIO: Thank you, everybody.

And I pledge one thing here, I will reserve a decent amount of time for your questions. I think that's probably the most important part of what we're doing here today.

We tend to finish these panels with a little lightening round. But you know, it's after lunch, let's get the juices flowing. How about a quick, quick lightening round to hear the sound of all your voices by way of introducing you. I'll ask the same question of all four of you, quick answer.

As we just heard, the only role out poverty is through business. And if poverty is inextricably linked with the health care and the health wellbeing and the healthiness of people in poorer countries, share with me, if you would, quickly, what do you, from your perspective, is the biggest misconception that people have about the role of business in addressing these social problems, Sir Richard?

SIR RICHARD BRANSON, CHAIRMAN, VIRGIN GROUP: Well I don't necessarily think it's a misconception. If you go to South Africa and you speak with businesses and you ask them are they treating their staff

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