

TIME Global Health Summit
How Do We Get From Here to There?
November 3, 2005
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Successful and determined leaders talk about specific actions that will create solutions – in culture, science and business. A conversation on practical possibilities for turning big ideas into reality.

Panelists:

Pat Mitchell, President and CEO, Public Broadcasting Service
Prof. Jeffrey D. Sachs, Director, The Earth Institute, Columbia University
Patty Stonesifer, Co-Chair and President, Bill & Melinda Gates Foundation
R.E. “Ted” Turner, Chairman, UN Foundation

Moderator:

Charlie Rose, Host, CHARLIE ROSE

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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MICHAEL ELLIOTT: And my last duty on this session is to hand over I think to my old friend, Charlie Rose, who is going to appear from around – somewhere on the stage.

Here he is.

CHARLIE ROSE: Michael, how are you?

ELLIOTT: Good to see you, buddy.

CHARLIE ROSE: How are you?

ELLIOTT: Very well. Nice to see you.

CHARLIE ROSE: Again.

ELLIOTT: (INAUDIBLE)

UNIDENTIFIED PARTICIPANT: Hey Paul.

UNIDENTIFIED PARTICIPANT: How are you?

UNIDENTIFIED PARTICIPANT: (INAUDIBLE)

CHARLIE ROSE: Let me – one of our panelists has – and I assume most of them have already spoken. While they set up with adding an additional chair I'll say a bit about what we're doing.

We are – this is an opportunity to sum up. Most of you have been listening to smart and eloquent and people who are both working in the vineyards of trying to make a difference, and also people who are trying to create ideas that will make a difference and figure out a way that we can begin to add to addressing questions of health and poverty in the world.

I want to introduce to you now four people who we've heard from before. Pat Mitchell is the President and CEO of PBS. Pat -- they're going to walk up here.

Jeffrey Sachs, who you just heard from, is the Director of The Earth Institute at Columbia University.

Patty Stonesifer as many of you know is Co-Chair and President of the Bill & Melinda Gates Foundation.

And Ted Turner is Chairman of the United Nations Foundation.

I am pleased to have each of them.

Let me begin this notion that we are talking about. How do you take good ideas and make sure you get good action? And how do you turn hopes into reality?

Ted, when you created in 1998, the U.N. Foundation and said, I'm taking a billion dollars of my own money because I believe that the U.N. can make a difference – what kind of marching orders did you give to make sure that your money was going to create a difference?

TED: Well, we really didn't – we didn't have a blueprint, so we just got started and we made some – we made I think some mistakes at the beginning, not – we listened to everybody that was relevant. And that helped us a lot.

But we've learned a lot. But we just had to get started. It was – we were kind of like Columbus with the U.N. Foundation. When he left Europe he didn't know where he was going, when he got there he didn't know where he was, and when he returned he didn't know where he'd been.

CHARLIE ROSE: But Queen Isabella was happy.

TED TURNER: But we learned as we went along and we learned rapidly, and I'm extremely happy with a – I like to think of philanthropy as an investment in the future of humanity, not giving money away, but making an investment in a better world.

CHARLIE ROSE: It's an investment. Tell me what lessons you have learned in the seven years that the U.N. Foundation – since that announcement in '98.

TED TURNER: We've learned that you can make a difference. You can make a significant difference and this whole conference is about making a difference, and I really feel like it's going to be a better world because of things – of the people that are here and the kind of progress and knowledge that we have shared with each other at this meeting.

CHARLIE ROSE: Patty, you've been here participating and I hear lots of good things that have been talked about. At the Bill & Melinda Gates Foundation, you know, what's the test for deciding what you will do, and how does the – does the belief that you can make a difference factor into it? Do you only chose projects where you think you can make a difference?

STONESIFER: Yes, the Gates family starts from this idea that all people, no matter where they're being – where they're lives are being lived should have a chance at a quality of life. And that those two biggest factors are health and education.

And so we focus everything on that, but then look very specifically to what are the gaps in that, and around the world we saw health as the biggest gap and also the biggest opportunity, but also the most neglected situation.

And we are pragmatic givers in that we also look for things, not only where the inequity is huge, the gap in attention (ph) is there, but there's also solutions at hand and sight that if you invest, you will see benefits and you will see that inequity diminished.

And so we use those very practical rationale, the same as you would if you were setting up a business, looking at the landscape, looking at the gaps and determining whether you have a way to do something about it.

CHARLIE ROSE: And then what have you learned since you have been giving away billions of dollars – in terms of vaccine or in terms of going after malaria, and all the areas that you have concentrated on in terms of global health – what have you learned about how you make it a reality? How do you make sure once you've chosen a project that's likely, that you have impact?

PATTY STONESIFER: We could stay all day for all that we've learned and probably the easiest thing to say is, it's not shipping software. That there really are so many players and actors and so much to learn. Not just at the area of the vast need for increased resources on an international basis, but the very significant importance of engagement on the ground, in the family, in the village.

And so there isn't really an area we have (ph) learned, but again, I would say that the other thing that we've learned is for a very reasonable investment you can encourage and see results in the very near term in terms of the opportunities for health, the opportunity for a woman to plan her family size, the opportunity for a child to get the basic nutrition, that if you hold yourself to very clear identification of the benefit that you're going for, you can see results in a short amount of time.

CHARLIE ROSE: Jeffrey, beyond what we are doing in terms of the obvious necessity of having more resources which you have spoken to even here – what do we need to do to make it a reality and to have maximum impact?

JEFFREY SACHS: We need to be systematic which we're not being – still not being. You need to set quantitative targets, time tables and systems.

The last panel which was wonderful in its way didn't talk about the fact that there are any specific goals, time tables to achieve them, measurement, accountability.

And this is the sad part. If we just talk in general we're never going to get anywhere. If we talk about the fact that by 2008, every child could be sleeping under a bed net – and despite Richard Branson, they're very important.

If we talked about the fact that the G8 has stated goals that everybody will be on treatment that needs it for advanced HIV disease/AIDS by 2010, that implies practical things that you need to work towards.

We are not thinking systematically, the White House least of all, frankly. Because there's no combination from goals to quantification to practical steps to operations as any business would do, and if we did this, we would actually solve very, very big problems.

Now, it is being done at small scale in many places for many things, and it's being done at large scale for some specifics such as Rotary taking on polio and leading the way and doing something practical. A time table, achievement, delivery.

It is shocking that we're going to leave 3 million children to die this year of malaria. This is not only perverse from any point of view of own interest, ethics, and all the rest. From an operational point of view it's absolutely absurd because we haven't set basic metrics which are obvious to set, and then steps to actually achieve them.

CHARLIE ROSE: Why not? Why haven't we done that?

JEFFREY SACHS: Because this has not been a priority. Because we don't run this in a serious way. Because our country has been running from the financial responsibilities all along.

CHARLIE ROSE: But ...

JEFFREY SACHS: Because everybody wants to do it without any real resources in this, and when I talk about resources, "oh, yeah, resources, yeah, but let's talk about other things."

You can't do it without some resources systematically applied. And if the resources are not systematically applied, you can't even think clearly.

The reason that we don't have 4,000 nurses for Kenya is simple. The donors have not supported the Kenyan government to hire 4,000 nurses, full stop. I've been there. I've been with the donors, with Charity Ngilu (ph) repeatedly for – you cannot get even millions of dollars -- despite the mythology that exists you can't get even millions to do practical things in this world right now from the public sector.

The public sector has completely stopped doing practical things with almost no exception with all do respect, and there isn't too much.

UNIDENTIFIED PARTICIPANT: Because (INAUDIBLE)

JEFFREY SACHS: And that's because we're not thinking, we're not thinking. We're not being systematic. We're talking. If you want to stop malaria, you can get malaria decisively under control by 2008.

You could have everybody that needs ARVs by 2010 on treatment. Jim Kim, the professional here, he's doing it systematically. He couldn't get the resources that he needed.

I've been talking about malaria for five years. Almost no response. This year the Administration announced at \$1.2 billion five-year program. What's wrong with that number?

First of all, it came out of thin air. It was not the result of a systematic analysis. A systematic analysis shows we need about \$3 billion per year globally.

CHARLIE ROSE: Let me just stop you – but let me stop you there.

JEFFREY SACHS: But Charlie, just one point. The gentleman said about reallocating resources. Take 10 percent of our military budget and then we are at \$50 billion extra to actually do something to save millions of lives per year.

So don't look to the poorest people in the world and keep blaming them, "why aren't you using your resources?" They're using their resources essentially a hundred percent to stay alive and they're not staying alive – 10 million are dying of poverty.

We are not using our resources even to keep ourselves alive.

CHARLIE ROSE: All right. Let me get other people involved. I'll come back to you because I want to know what you mean by systematic and who ought to be doing that kind systematic thinking in terms – and also going beyond getting resources, what you were talking about. How do you take – if you – how do you go about getting the resources, and secondly, once you've got them, how do you do the systematic analysis and who ought to be doing it?

Patty ...

PATTY STONESIFER: Well, I knew when I saw that Jeff and I were both on this panel that he would be the stick and I would be the carrot, because I just want to say ...

SACHS (?): I'll smile (ph) too (ph) ...

PATTY STONESIFER: ... all right. So you'll be a stick with a smile.

It's important to realize that in the last five years this Administration – which if any of you know me very well, know this is not something that I say lightly – has delivered on many promises. We need to ask for those promises to be fully delivered.

The \$15 billion for PEPFAR, the billion-and-a-half for malaria – sure, it starts with an announcement against a podium, but we have to ask and rely upon the fact that our government, if we hold them to it, will deploy those dollars and that we are working with the U.S. government in multiple places to try to see results in Zambia, with The World Bank, with the government of Zambia leading, to try to see that what can you do in the next few years about malaria that can prove to this country and the tax payers and the politicians that we should do it everywhere.

And so, you know, there have in the last five years been dramatic increase in commitments. We need to see those commitments turn into dollars flowing and we need to deliver the attributable benefit to those dollars with the governments that are the recipients of those dollars (INAUDIBLE) ...

CHARLIE ROSE: OK, what's necessary to make that happen? To turn those things into dollars?

PATTY STONESIFER: We have to reduce malaria. You have to actually know exactly what you're going to do, do it the way you do a business roll out and work with the governments involved, to say "here is the target," "here are the interventions," "here's the dollars against it," "here are the human resources necessary." And then next quarter, "here are the results." And the next quarter, "here are the results." And the next quarter, "here are the results."

CHARLIE ROSE: I'll just want to (INAUDIBLE) in just a second.

But what's the conflict between the two of you on this?

JEFFREY SACHS: No conflict (INAUDIBLE) we don't do that, that's the problem, we don't do it.

CHARLIE ROSE: We don't do what?

JEFFREY SACHS: If we don't – we don't make the plans, the quarterly reports and the actual deliverables.

Now, in 2000, the world set goals for 2015, the Millennium Development Goals. They're quantified, they are specific, they are subject to exactly this kind of programming.

I happened to be in charge of the analytical effort to understand why or why not we're on track and what to do about it. We are not on track. When you do exactly that systematic analysis, you can find absolutely concretely the particular things that need to be done ...

CHARLIE ROSE: Yes.

JEFFREY SACHS: ... to be scaled up. The U.S. government has not been interested in that scaling up whatsoever. When I testified with Senior U.S. (INAUDIBLE) official not so long ago, and she was asked by one of the Senators, "So how much would it cost to do a whole country on this?" "On this" being AIDS control. Her answer was, "That's a very interesting question, Senator. We haven't actually looked at that question."

And the fact of the matter is, if we want to get results, we have to take our subject absolutely seriously.

CHARLIE ROSE: Then, there's the question and answer. Did you go to that woman and say, "Here, I can help you understand how to"

JEFFREY SACHS: Yes, Charlie.

CHARLIE ROSE: All right. Pat Mitchell ...

PAT MITCHELL: Well, it ...

CHARLIE ROSE: ... bring the media in in terms of the role of the media, but the ...

PAT MITCHELL: The media is not going to cure malaria. Media is not going to fund the research necessary for the treatment, to buy the bed nets or anything else that's essential.

And we're not going to have the resources to pour into the frontline activism work that's represented on this panel and that's represented in this room.

But media has a huge and important role to play in this. We're the frontline of information. We're the frontline providing the information that can in some countries be an effective vaccine and in this country, certainly prohibits us from sitting back comfortably and saying, "well, we didn't know about the catastrophe of the global health issues, the millions of people dying from preventable diseases."

We can change that. We have an obligation to change that, the knowing.

But I think we're also a bigger link than we are currently assuming in this chain of social responsibility between the knowing and the doing. We can do what this conference is doing. We can print the stories in Time. We can broadcast the programs on PBS and ABC. We can put stories on Web sites. We can increase the awareness.

But there's a person sitting on this panel who's always seeing the next link, and ...

CHARLIE ROSE: All right. I'm going to him right now.

PAT MITCHELL: Yes, Ted. Ted always understood that the power of media had to be used beyond the information. It had to be used to go the action, to the social action attached, and that's a good example of what the rest of us can do.

CHARLIE ROSE: Ted?

TED TURNER: (INAUDIBLE) the question. The question is ...

PAT MITCHELL: Should I tell the story because I worked for him and I know (ph) how he did it.

ROSE (?): She just set you up as the person because you understand how to use media, and I was going to add to that. You understand something about how to build a business I think. Otherwise there wouldn't have been million dollars – a billion dollars to give to the U.N. Foundation.

What – pick up from what she said in terms of making – how media can create the reality.

TED TURNER: Well, people have to – have to be informed. Basically, there are a number of institutions that form our opinions, or help us form our opinions. And one is the educational system. Another is our religious system. And the media – the media is a major one, as well.

And it's very complex because when you run programming like has been produced, the six hours on the medical situation that's going to run on Public Broadcasting – I've seen the first two hours of it and it's really good.

And those people that watch it will learn a lot. Just like the people who have come to this conference are learning a lot, even though we already know a lot.

But unfortunately in the universe that we have of so many channels, there will be a lot of people that won't be watching this program and if they don't see it – and the majority of the people won't probably – that poses a problem.

So we really – we really need to be presenting this in the educational system and the other areas too, as well as the media. Because we've got to do the best that we possibly – that we possibly can to spread the word because we're not in a democracy, we're not going to get the changes in policy that we need until we have a majority of the people wanting to do it.

CHARLIE ROSE: Pat, and then Jeffrey, and then ...

PAT MITCHELL: Well, a couple of things, Charlie. First of all, we can't rely on broadcasts getting the information. But in the pervasive, persistent media environment we all live in we put it everywhere we can.

And this information will – lessons learned from you, Ted – go to classrooms and in every country in this world.

But let me just make a – point out a few statistics about why what media does is critical. I mean, one activist said to me in her country media is the vaccine. That's a country where 85 percent of the people between the ages of 18 and 25 – everything they know about HIV/AIDS they learned on television.

In this country 70 percent of what young people know about HIV/AIDS is from television, nine percent from doctors and three percent from families.

So there is a role to be played in getting the information out there. Now we're not going to provide treatment, but we can certainly play a role in prevention.

CHARLIE ROSE: All right.

Jeffrey, there is also implicit in what you have been saying, and to me on our program – all the conversations we have – this aspect of – is there the political will.

Lots of people come to my show and say, "Poverty and global health has no political constituency."

JEFFREY SACHS: Yes.

CHARLIE ROSE: Media can help create a political constituency by simply addressing the kind of issues that we're talking about. I mean, the more people know, the more you're likely to (INAUDIBLE)

Give me some sense of how you see that, the political will being developed so that there is on the part of people who have the resources – public and private – to do something.

JEFFREY SACHS: I think Time has calculated right that not only is this an important issue, but it's one of a lot of interest to the public ...

CHARLIE ROSE: Right.

JEFFREY SACHS: ... first of all.

Second, I have one bit advice if I could for the media which is, don't just present the problem. Present the solution and then ask how much – how much does it cost and who could actually – how could it actually be done.

Let me give an example very quickly. Yesterday, Michael Wines reported in the New York Times about Malawi, a massive famine which I happen to be very much involved in.

That's a country – he presented the famine. He didn't note the most basic point which is that you could grow three times more food in Malawi by applying some absolutely basic remedies, that the government of Malawi appealed to the world for that help, and that there was no response.

So he missed, in my view, the real story yesterday. Maybe he'll get it the next day. Why? Because if you report the disaster, report the potential solutions, then you'd be led to ask the question – then you'd be led to ask how much? Why? Who did what? Who didn't do what?

But somehow that train of analysis hasn't yet come forward. On all the issues we're talking about the world doesn't want to read any more stories about people dying of AIDS.

The world would like to read stories about what can be done about it, who could do it, what would be the time table, what's the accountability?

CHARLIE ROSE: (INAUDIBLE)

JEFFREY SACHS: Now this – there's – and just to finish a thought – there's an enormous interest in this country of rich and poor people to do more. We're finding in our private philanthropic activities for this a huge outpouring of concern and response – tens-of-millions of dollars of private individuals ready to step up to any particular problem in the poorest places of the world, even places they don't know – once they see that there are practical approaches that can be done that will lead to the change.

CHARLIE ROSE: Patty ...

JEFFREY SACHS: The good news is, they exist.

PATTY STONESIFER: Well ...

CHARLIE ROSE: You were listening intently (INAUDIBLE)

PATTY STONESIFER: I would just say that listen, over the last five years – five years ago, maybe four years ago – we sat in (INAUDIBLE) and announced this bold effort to try to address the 30 million children who remain unimmunized for a small package of money per kid.

And you know, many – the U.S. government came to the table. Many governments came to the table, and the Gates Foundation came to the table. We've delivered real results, saved over a million children all ready, and last month four of the European governments came forward with a \$4 billion commitment to front-load money against immunization because of the return on investment of those first several years was so dramatic.

And I would still say that while I agree that the billions that the U.S. government is doing today should be tens (INAUDIBLE). But it is up to us to run the programs and deliver results that are focused and that we can turn back to tax payers, we can turn back to the Senator Brownback, we can turn back to the foreign appropriations folks and say, "these dollars will deliver this result." Give it to us and we'll do it.

CHARLIE ROSE: But am I hearing you say that what we need is more attention to the results that are being achieved in order to generate more resources.

And secondly, as Jeffrey was making the point, that there needs to be, in terms of what people understand, what is necessary. How you can achieve the results.

I mean, do you ...

PATTY STONESIFER: There's no question. And one of the points that Jeff and Pat and Ted made that is also really important is that this country has shown – and I think NPR said it – we have empathy in catastrophe.

Well, you know, Time magazine brought it forward, front and center, that you can't stop an earthquake but you can stop malaria. And we have to have the media and the political and all of those of us who are paying the bill actually say, this is an earthquake we want to stop and we trust the following people to align the money correctly and give them the money and the resources to do it.

So, I mean, they are our politicians. It is our tax dollars and I don't think we have – even though people are empathetic – I don't think they use the political clout they each individually have to deliver the message that this is where we want the money to go.

MITCHELL (?): And (INAUDIBLE), it is our media, too. I mean, you – and when you hear people say people don't want to see any more pictures of sick and dying children. No they don't but they may need to see it to provoke the empathy, the understanding, and then hopefully the action if they know then what they can do.

And that's where – I think in other countries the media has taken a larger responsibility and here we are – examples by the media partners in this conference – starting to.

But they have learned to make a compelling, inspiring – it's not just because it's their frontlines. It's our frontlines, too.

In Malawi for example, they put the messages about health, HIV/AIDS, in sports programs.

In India it's in an Indian Idol version. They have found ways to keep this message out there and to make people understand it's their problem.

Well, in this country we can't sit in any comfort with well-resourced media companies and not also demand of them to serve the public interest on this very important issue.

CHARLIE ROSE: Haven't you found with the Gates Foundation – and I'm thinking of the New Yorker piece recently about Bill, what the Gates Foundation is doing in term of global health and they personified it in terms of the reporter evidently going around with Bill.

Haven't you found that it has created more attention for global health? And has there been consequences of what you are doing in terms of creating more action.

MITCHELL (?): Well, I think it's just like when Ted Turner says the U.N. matters to me, I'm willing to put a billion dollars to it. But a guy who built software for a living says the inequities in health matters to me, I'm willing to put my dollars to that. That kind of attention and credibility that goes with that – putting your dollars and putting your ability to draw a spotlight can draw politicians, can cause the Finance Minister – not just the Health Minister – to read the article about what can be done about (INAUDIBLE) nets, or what can be done if we put our national science resources to the diseases of the least developed.

It's what can be expected of our pharmaceutical companies. I mean, Bill Gates believes in the capitalist system. So when he says he believes that there are partnerships to be made with those who are beholden to stockholder but they still can do research and deliver partnerships to make these drugs, people believe Bill Gates and that's a legitimate belief, I think.

CHARLIE ROSE: Speaking of the capitalist system, what do you think can be done in terms of the private sector to galvanize the private sector – beyond Bill Gates and beyond Ted Turner?

TED TURNER: Well, there's a lot of philanthropy. The United States, as I understand it, is the most generous country in the world when it comes to philanthropy in the total amount. But close to half of the giving goes to religion, and then another large portion goes to education, and then a lot goes to museums and the opera and so forth, the cultural things.

And I think for the environment only about two percent of the American philanthropy goes to the environment and only about two percent of the private philanthropy – I could be wrong on this, you tell me if I am – but two percent goes to international ...

So we have a – and a lot of money in the United States also does go to health. Those people who get cancer will – and that are wealthy – will give to their local hospitals to create a cancer research program. Normally they name it after themselves which is nothing really wrong with – wrong with that.

Just like, you know, people that contribute a lot of money to their university to beef up their business school, the business school gets named after them. Nothing wrong with that at all, but only a little bit of our philanthropy, a small fraction, goes to deal with these problems that we're here to deal with, which is health outside of the United States.

So we have to call it to peoples' attention and that's one of the good things about this television program that's about to – or (INAUDIBLE) has already started running, hasn't it?

CHARLIE ROSE: Yes.

TED TURNER: And it – as I said, it looks very good. And then we just – this conference is certainly bringing a lot of attention to the program.

We've just got to keep doing more and more of the same I think.

ROSE (?): I just want to come back to where our theme (ph) ought to be here, and you know, the creation of attention is one thing, but we've been talking about that I'm sure in other panels.

Two, the need for more resources is clear. I mean, you jumped on that early on.

What this thing is devoted to I think, this summing up panel, is they've been listening to all these ideas and they understand the need, they know what (ph) contributions, the Europe (ph) Foundation, the U.N. Foundation and Gates have done with respect to malaria just taking one small example, the vaccines, a whole lot of other things.

But I just want to come back to this idea of making real the idea of turning -- when the resources are there – accountability, systems, and an executive and managerial ability and leadership.

SACHS (?): Sure.

Again, we have set goals. I want everyone to really internalize that if you would.

CHARLIE ROSE: Was that the Millennium Project or what?

SACHS (?): No, no. That's George Bush standing in the well of the General Assembly four weeks ago saying the United States is committed to the Millennium Development Goals.

ROSE (?): Right.

SACHS (?): A-hundred-ninety (ph) other leaders also said this. These are specific quantitative goals. They don't say we're going to try some things, see how it goes, we'll get to the next step.

They say by 2015 child mortality will be reduced by two-thirds, maternal mortality by three-fourths. The Glenn Eagle (ph) Summit said everybody with anti-retroviral needs will receive them by 2010. The General Assembly said that a quick impact initiative could deliver anti-malaria bed nets and artemisinin and combination therapies by 2008.

These are specific agreed targets. We must not let them just be evanescently fading away. Probably not one in a thousand knows there are Millennium Development Goals because we don't take seriously time, specificity, commitment.

The rest of the world does by the way, I just hate to break the news but we don't ...

ROSE (?): But when you say we (ph) ...

SACHS (?): ... and just to finish, it's not – sorry – it's not to say don't show the pictures. It's to say show the commitments and the solutions ...

ROSE (?): Right.

SACHS (?): ... that's all I'm saying. Let's be practical.

Now, Charlie (ph), these problems are understood in the expert community and have been for a long time.

Jim Kim could get everyone that needs DOTS on treatment – that is the TB -- and Maria (ph) as well – if the resources are there. This is not a hard issue. The malariology community understands how to do this.

The emergency obstetrical care community knows how to save half-a-million women that are dying of something as stupid as not being able to get a C-section because there isn't the emergency obstetrical care available in the local clinic, but it's not so hard to do.

The point is we don't operate in a world where expertise is favored, particularly for very poor people and we don't operate in a world where we think systematically about these things. It is not true we need lots of new trials to see whether bed nets work. We have had ample trials all over the world – the London School of Hygiene and Tropical Medicine has done – and so has CDC – every trial you're going to need to do.

We need to do arithmetic right now. How much does it cost? When it can be distributed. What's the time table? It's arithmetic at this point.

ROSE (?): OK. But let me just come back to this. If (ph) I'm the only person who doesn't get it, speak to me. When you say we need ...

SACHS (?): Yes.

ROSE (?): ... to be systematic ...

SACHS (?): Yes.

ROSE (?): ... who is "we?" Is it the U.S. government? The people in this audience? Who?

SACHS (?): The way that it works is that Minister Charity Ngilu (ph) – or I guess (ph) (INAUDIBLE) Ngilu (ph) – sorry – they come forward with their national plans. There's not enough financing to do it. I sit in in these meetings for my life's work to hear donors saying, "Sorry, we can't really provide anything more right now and we need to do another study of the human resources needs of Kenya."

As if it's not enough to know there's only one nurse for every 70 patients on the wards. My life is sitting, hearing the United States officials and other officials saying for specific national plans, we are not going to fund that.

It's so – it's not so hard. We have sovereign nations putting forward systematic plans, being told by the International Monetary Fund and The World Bank, "Sorry, you have to be realistic because the financing for all those bed nets or all those emergency obstetrical units or running water in the clinics is not available."

So it's not hard to get to the practicalities.

Now the companies you ask are absolutely ready to participate. They are ready to step forward with power generators, with surgical kits, with medicines. They're already doing it to a significant extent and we can roll out all sorts of trials to demonstrate how effective this is, and we will.

And there is a large and growing group of private philanthropists and businesses ready to this. But I would say also, Charlie, it's proved, known, plans sitting on the shelves that don't get funded which is the biggest obstacle of all to action.

CHARLIE ROSE: All right. I'm always reluctant to ask somebody who has a notebook open.

Make it short, precise and to the point and then I'll come right over here, OK?

UNIDENTIFIED PARTICIPANT: Thank you. On May 9, I was watching your show when you were interviewing Jeffrey Sachs. He mentioned that only 150,000 people were killed in the tsunami but \$1.6 billion raised.

I was like how did he use the word "only 150,000" connected with death.

The next thing out of his mouth was that the 3 million children were killed by malaria each year and that the world could do a lot more and (ph) only needed two- to three-million dollars. I had never heard about the problem with malaria. I thought it was eradicated 200 years ago.

We've started something basically called (INAUDIBLE) malaria. We started something called hedge funds (ph) versus malaria.

We put on the first fund raiser for malaria. We raised over \$200,000 in three days worth of phone calls. Every single one of those guys (ph) had ever heard about malaria.

How do we get malaria – not just on the Charlie Rose Show – but how do we get malaria on to Sports Center, because most of the time I watch Sports Center.

STONESIFER (?): That's exactly my point about – that's what Malawi did and India did and (INAUDIBLE) did ...

UNIDENTIFIED PARTICIPANT: I should view (ph) more sports so that more people will talk about malaria.

STONESIFER (?): Yes, but just ...

UNIDENTIFIED PARTICIPANT: (INAUDIBLE) thank you to both of you (INAUDIBLE)

CHARLIE ROSE: Oh, well – first of all, let me say, I'm ...

STONESIFER (?): But Charlie, he makes a point. We really have to make it appealing because (INAUDIBLE)

ROSE (?): But before that, let me just thank you. (INAUDIBLE) thank you.

STONESIFER (?): (INAUDIBLE) people will watch.

ROSE (?): All right.

STONESIFER (?): So thank you (INAUDIBLE) happens to be on PBS (INAUDIBLE) as you might know.

ROSE (?): No (ph).

STONESIFER (?): But I think, to Jeffrey's point, who sits in conferences – and I've seen him challenge people to action – you know, we are going to raise the money for the bed nets before we leave this room.

Well, why don't we challenge media to action beyond conferences like this or (INAUDIBLE). Why isn't there a Millennium Goal report every single day ...

UNIDENTIFIED PARTICIPANT: (INAUDIBLE) PBS (ph) (INAUDIBLE)

STONESIFER (?): ... and every single media everywhere. It should be on NPR ...

ROSE (?): Yes.

STONESIFER (?): ... in PBS (ph), and every other single media company should be doing a Millennium Goal report, a global health update.

ROSE (?): Is that a good idea, Ted (ph)?

TURNER (?): I'm sorry. A Millennium Goal report everyday on every – that might be pretty often. How about every week?

UNIDENTIFIED PARTICIPANT: (INAUDIBLE)

STONESIFER (?): (INAUDIBLE) one thing which is the, you know – Bono is more than a rock star, he's a poet. But he's out trying to find more Bono's. And one of the things – you know – one of the great things that happened in the last couple of years is Chris Matthews (ph) got malaria.

You know, it actually matters to have people look into face of someone, experience it, understand it, whether it's through travel ...

UNIDENTIFIED PARTICIPANT: (INAUDIBLE)

STONESIFER (?): ... or through the – it's (ph) a silly thing to say, but he said he had malaria. I thought that's not totally a bad thing.

I know (INAUDIBLE) going to get the treatment.

TURNER (?): For God's sake, Patty, don't make that idea spread.

STONESIFER (?): But the point is, is that it's becoming relevant to those who were on – is partially having leaders like Bono, having leaders like Charlie, having leaders like Time magazine, and see that that's the standard for leadership.

And that is the new standard for leadership is a global leader, not just a ...

ROSE (?): I've got a (INAUDIBLE) that wants to talk and I want to get him in. (INAUDIBLE) here and then was over (INAUDIBLE), and (INAUDIBLE) over here.

MICHAEL WINESTEIN (ph), PRESIDENT, AIDS (ph) HEALTHCARE FOUNDATION: My name is Michael Winestein (ph). I'm president of the AIDS (ph) Healthcare Foundation. We're the largest AIDS organization in the United States.

We get not one dollar from American PEPFAR funding, I might add.

But the point I want to make is, this has been a great meeting but what's lacking – there isn't one person whose spoken at this meeting who has AIDS, who has TB, or has had malaria.

I mean that voice (ph) of people with these diseases is completely lost ...

MITCHELL (?): I think (INAUDIBLE) wrong.

WINESTEIN (ph): OK.

MITCHELL (?): I think you are wrong, but just because we don't march on and say ...

WINESTEIN (ph): (INAUDIBLE) finish my comment. Can I finish my comment, OK?

UNIDENTIFIED PARTICIPANT: (INAUDIBLE)

WINESTEIN (ph): Second thing is, is that the role of civil society and nongovernmental organizations is constantly and repeatedly devalued, but if the global fund which grants only to governments makes the government in control of who participates in these country coordinated mechanisms (ph), whether it's PEPFAR (ph) ...

And in this country and Europe, the way we controlled AIDS was solely through the engine of a nongovernmental organization. And so whether it's a grass roots organization in Kenya or the largest groups in America or Europe, we constantly are devaluing it because we're afraid of NGOs (ph) because they're independent.

ROSE (?): Right. Let me go over here. I'm going to try to get as many people as I can in the time.

(INAUDIBLE)

CHRIS NORWOOD (ph), PEER (ph) HEALTH EDUCATION ORGANIZATION, SOUTH BRONX, NEW YORK: I'm Chris Norwood (ph). I run a peer (ph) health education organization in the South Bronx.

And I feel very abashed to mention anything about the United States when, you know, we've gone over all these really difficult statistics from other countries.

But I just want to suggest we do the kind of capacity building. We take people off the street, train them for three months. They teach people about diabetes and asthma.

And I want to suggest, in terms of capacity building worldwide, for many communities now in developed countries and undeveloped countries, there should be really an international emphasis on building local, holistic, community-based workers (ph).

Thank you.

CHARLIE ROSE: Yes, Jeffrey.

JEFFREY SACHS: I think what you're doing is wonderful and what you said is exactly right.

When I emphasize over and over again that the technologies and the medicines or the nets or whatever exists and are known how to be used effectively – the delivery is based on community-based leadership.

And so this is all about communities. The communities need the empowerment of the resources, of the health, the technologies, the medicine. But the idea is community-based.

Rick Warren (ph) is here, who's leading a tremendous scale up of communities. I'm finding many, many people around this country that are ready to partner with communities exactly for the kind of delivery and empowerment at the very grass roots level.

That's how to make it effective. My only point would be to stress that those places need the actual resources mechanically – the bed nets, actually soil nutrient replenishment to help grow more food, resources for school meals for children, and other basic things – other basic things like this, because that

package has been proven, it can be delivered, and it can be scaled up massively to achieve the goals our country is committed to achieving with the rest of the world.

CHARLIE ROSE: Number two (ph).

UNIDENTIFIED PARTICIPANT: I'm (INAUDIBLE) with the New York Academy of Sciences.

And as an old media person, we all know the stories of people. And we have great examples here of these ministers, these fantastic women from Nigeria and Kenya. We don't see them on our TV. too much.

I'm going to make a pitch – a loving pitch here because I think Time did a great job. But we're also in the home of CNN and if you watch CNN, unless you watch International CNN on channel 100 (ph) – 1002 (ph) – you see, you know, 24 hours of our problems in the south in New Orleans, and you don't see international news.

And you see Aaron Brown (ph), whatever you think of him, going away. I'm really worried about CNN and I think that we need to see wonderful people in the villages that are turning things around, (INAUDIBLE) are running, and these wonderful ministers.

CHARLIE ROSE: Thank you.

UNIDENTIFIED PARTICIPANT: Right (ph) here, on the floor.

UNIDENTIFIED PARTICIPANT: Yes. My question to the panel is I got started in ACT Up, and there was a – the strategy was to give benefits to people who stood up for resources for AIDS and costs for those who did not stand up and be counted.

My question to the panel is, in today's world you talk about building a constituency for global health. Are there real benefits for the politicians who do stand up to advocate for these resources in today's world, and is there a real cost for those who are really absent on the issue. And how do we try to move to that dynamic in a world where there's so many other challenges and resources needed?

CHARLIE ROSE: (INAUDIBLE). Let me go to Ted. You know, he raises the question whether if you stand up for the kinds of values (ph) we're talking as a politician, do you gain any votes, (A).

And if you don't stand up, is there any costs? I mean, you know something, you know some politicians.

TED TURNER: Well, it really depends on who is making the presentation and who the politician is.

In some instances you can be quite successful and in other times you can't. But you've got to remember, I mean, our politicians work – well not fortunately – unfortunately, the truth is they work for the citizens of the United States. And they're much more concerned about what happens in the United States -- because that's where their votes and their families live – than they are about what happens in Africa.

CHARLIE ROSE: I agree with that, but it begs the question, Patty, Jeff – it begs the question whether if it – as you said earlier – if you had somebody who could particularly make the case, is there – because we are the most philanthropic nation in the world, and we do respond when a tsunami comes and New Orleans comes, and other things.

Is it possible that we have not had politicians willing to take the risk, create the eloquence with the facts and the proposals for solutions that would make a difference, and make it an important part of their message and their campaign.

PAT MITCHELL: Absolutely. We see Senator Lugar from Indiana where you would think maybe people aren't worried about these issues. Maybe this is not on the agenda. And he gets hundreds of calls when he steps forward and does something about AIDS funding, and onedot.org (ph) and the Bono effort, and the efforts in Time – hopefully will get us to take our own political power, to deliver to the Senator Brown backs (ph) to make it clear to the politicians that we're holding them accountable for their international

development giving as much as we are for whether our high schools are graduating kids or our streets and pot holes are fixed.

UNIDENTIFIED PARTICIPANT: And the point is, we talk constantly about American values, you know. I mean and American values, this is an opportunity it seems to me, you know, to say American values also have to do with these kind of issues that we're talking about, in terms of a committee to ...

And also religious values. A commitment to ideas of helping your neighbor, yes.

JEFFREY SACHS: Just a story. I went to the Bush White House its first weeks and suggested a five year, \$15 billion AIDS program in February 2001. And my former student and colleague, Larry Lynnview (ph), was the Economic advisor at the time led me out, a little bit laughing, out of the White House.

"Nice try, Jeff, but no way we'll get anything at that scale." In the end they announced at \$15 billion five-year program over three years, two years later.

What had they learned? First they had learned that you needed it because there was no chance to get on top of this pandemic without it. They could have learned a little bit easier, more quickly. That's what I call doing arithmetic.

But they also learned that this is not bad politics. And this had tremendous support within the Christian community that was at the core of – and that's what Bono helped them to see, as well.

Now, President Bush is as proud of this initiative as anything that the Administration has done. He mentions it regularly and repeatedly. It is a huge mistake to think this is bad politics. It's just simply wrong to see to see this as bad or dangerous politics.

The numbers are so small compared to what we really spend on things. You can't even imagine, this is vanishing (INAUDIBLE) because we're spending \$500 billion on the military right now, and \$4 billion on all of Africa, and most of that is on our consultants' salaries.

CHARLIE ROSE: But why don't you think there's more of a political demand? Why don't you think ...

JEFFREY SACHS: Because people don't know ...

PAT MITCHELL (?): Well, but ...

JEFFREY SACHS: ... they don't know.

PAT MITCHELL (?): And who can create a political constituency better than an organized media effort?

JEFFREY SACHS (?): Yes.

PAT MITCHELL (?): I mean, we can do it. When we tell the stories, when we frame (ph) women's reproductive health as women's human rights. If we framed the stories of HIV/AIDS and the malaria story, you are someone, this young man who represents the knowledge that came between hearing it on television and then action, right?

JEFFREY SACHS (?): Right.

PAT MITCHELL (?): We can be that link, Charlie.

CHARLIE ROSE: All right. Let me hear some other (INAUDIBLE) ...

PAT MITCHELL (?): And should be ...

CHARLIE ROSE: I don't know (ph) if you have a microphone, but they'll get one to you rapidly.

That's not rapid.

LARRY JONES (ph), FEED THE CHILDREN: I think we've missed something here.

I'm Larry Jones (ph), with Feed the Children. We've talked about giving all this money and making sure that the money comes out.

Why doesn't the money go from the fund to charity? One country got \$72 million to fight AIDS. Eighteen months later they had hired 51 accountants as to how they were going to use the money and not one dime went to fight AIDS.

PATTY STONESIFER: I haven't ...

CHARLIE ROSE: Patty?

PATTY STONESIFER: In every time there are new resources, there are people who use those resources badly. But this is not a situation where the level of resources is anywhere – is anywhere at the “too high” level.

Now, that's not to say we shouldn't hold people accountable and sometimes that means give it to the most accountable organization you can find. And maybe that's an NGO and maybe it's the government of Botswana, and maybe it's a combine plan for Rwanda.

You've got to find the partner that is most reliable and sometimes that will be a NGO and sometimes it will be a charity.

JONES (ph): My thing is that many times it goes from large groups to a government, and it never gets down to the people.

CHARLIE ROSE: It's a valid point and good point to make,

PATTY STONESIFER: It's a legitimate point to make.

CHARLIE ROSE: A legitimate point to make. (INAUDIBLE) right back to you.

Yes, right here. The lady with number five.

ASHO SHUCKLA (ph): My name is Asho Shuckla (ph). I asked (ph) previously, Jeffrey, if we don't need very much trial for the next, we should finance this. (INAUDIBLE) we are doing today, (INAUDIBLE) everybody fighting the Tamiflu (ph), we don't know if it's going to work against Asian flu or not.

Only we have hope that this is going to work, it is only working today (INAUDIBLE) A (ph) and B (ph), which is totally different.

And as a scientist, I say it is very, very careful (ph) when we are using the Tamiflu as a prophylactic.

CHARLIE ROSE: ... go ahead (ph). Was that addressed to Jeffrey?

JEFFREY SACHS (?): Yes. Actually, I wanted to take on (INAUDIBLE) question ...

CHARLIE ROSE: (INAUDIBLE) very quickly set up (ph).

JEFFREY SACHS (?): Most of what's needed is not money. Most of what's needed are basic resources: anti-retroviral medicines, bed nets, improved seed varieties. If we did less money, less consultancy and more delivery to communities of what's really needed, we would get vastly farther than we get right now.

And there are simple changes or procurement rules that would mean the global fund wouldn't even send money to countries. It would ship bed nets for delivery.

PAT MITCHELL (?): That's (INAUDIBLE) ...

JEFFREY SACHS (?): And this is a vastly simpler way to proceed. We'd cut out a lot of the money handling. We'd cut out a lot of the of the accountancies.

We get the communities into the center of the action and we'd have measurable deliverables that we could monitor and audit, and this would get the job done.

CHARLIE ROSE: (INAUDIBLE) because he wanted to respond to this, and then we'll come – I promise you, I'll get you – whoever you are, we'll ...

UNIDENTIFIED PARTICIPANT: Thank you very much, Mr. (INAUDIBLE).

I want to tell you, when rich country give money to corrupt governments, then no. Those people you work for, they know. Why do you give money to corrupt government and blacklist all the governments now?

I am ashamed to be blacklisted with those people who are corrupt, I am not. (INAUDIBLE) I'm not.

CHARLIE ROSE: Yes.

UNIDENTIFIED PARTICIPANT: (INAUDIBLE) drugs (ph) in my country go to people. When you give money to corrupt governments, you lie to your people. You lie to all people.

So, we have here a very powerful audience. I would like to go home with commitment. We have already a commitment to be on your TV., because, you know watching CNN in my country. I watch – OK, you have a lot programs ...

I would like to see you, you raise a very good questions on malaria. There's now (ph) people that are living day to day with this malaria. Those are the people you have to see on your TV.

CHARLIE ROSE: Yes.

UNIDENTIFIED PARTICIPANT: Yes. Yes, don't talk about malaria here (ph) like academic (ph). Malaria is a killer. There are people who die.

CHARLIE ROSE: That's a very good point.

UNIDENTIFIED PARTICIPANT: (INAUDIBLE)

CHARLIE ROSE: And somebody else made a point over here.

UNIDENTIFIED PARTICIPANT: (INAUDIBLE) please (ph).

CHARLIE ROSE: Yes. I hear you.

UNIDENTIFIED PARTICIPANT: Commitment (ph).

CHARLIE ROSE: And I think everybody hears you.

Now you want to say what, sir? (INAUDIBLE) here real quick and then we'll go back to this.

UNIDENTIFIED PARTICIPANT: Just one thing. As I was doing all of this research on malaria in the last four months, the one thing I haven't seen on the internet anywhere is the story about a child who's died of malaria.

I actually had asked this question. Do African children have names?

CHARLIE ROSE: OK. All right.

Yes, let me just say – and I – he’s gotten enough attention, he doesn’t need more from me. But he frequently appears on my show.

Anderson Cooper did some (INAUDIBLE) and then I had him on with his video, so he had a ...

UNIDENTIFIED PARTICIPANT: Yes, (INAUDIBLE) ...

CHARLIE ROSE: ... he had a double-whammy. There have been a number of people, I’m just using Anderson as one example.

And God knows, he doesn’t need more publicity.

To show him which (ph) we had individuals and he had kids, and people do that. They do it, but not enough.

Out there (ph), not enough. I’ve got to give this gentleman a call because he hasn’t had a chance. I’ve got to wrap this up because they ...

UNIDENTIFIED PARTICIPANT: I’m a veteran of ACT Up New York, and I’ve been a 17-year survivor of this epidemic. And I think one of the real issues we have to take on in this meeting is breaking down the barriers between those of us who are in the front line of this field and those of us who are trying to make a difference.

It’s very hard for activists, for people on the front line of non-governmental organizations to interact with decision makers. It takes everything you have to get a meeting with PEPFAR, with HHS.

And as long as those walls are up, you’re not going to learn about the cost-effective saving measurements that we’re implementing on a grass roots level in our communities, using programs like Tele-Medicine, improving and increasing rapid HIV testing.

What we’re doing in the South Bronx is not that much different from what needs to be done in Durbin (ph), South Africa.

But until we get a – breakdown these communication barriers between people who are very busy and doing everything they can – like Mark Dybul and Peter Piot, and people like Chris Norwood (ph) whose in the South Bronx (INAUDIBLE) missing out on essential technologies.

And I’d love to find out from the panel how we can do that. Like can we just circulate a large email list so we can start communicating effectively (INAUDIBLE) ...

CHARLIE ROSE: All right. Let me stop you there.

Jeffrey, you know – and you seem to know more about organization than anybody else here.

JEFFREY SACHS: I think that mainly a lot of these groups are just running from you. They don’t want to hear because they don’t want – they don’t want to feel the obligation to do more ...

CHARLIE ROSE: Right.

JEFFREY SACHS: ... and you’re absolutely right. My email is sachs@columbia.edu, and I welcome any and all correspondence ...

PATTY STONESIFER: I do think that you make a very good point which is activism and knowledge at the front line has to get through to the funders.

And when Charlie asked me at the beginning what are the things that you learned? One of the most important things is that we do have to spend time with those who ultimately make the difference, which is the individuals making health choices.

One of the most phenomenal learning experiences I've had is with a group of 40 sex workers in India explaining to me how do they negotiate with a client who doesn't want to use a condom.

And, you know, it's not the kind of learning they would have gotten out of a – out of materials from any one of us from the WHO or others. They got it out of their own community, their own knowledge, their own understanding of what power they had and how to use it.

And all of us do need to stay aware of that. Now, that said, you know, you want it to be as productive as possible. So we do take our chances and take the moments to try to learn as much as we can.

And then turn around and try to put our head down and do something about it. But there is a mix of responsibility in there of being open and accessible to learn. And mine is patty.stonesifer@gatesfoundation.org, which I think you do – most of you have it already it feels like.

CHARLIE ROSE: Hey I can imagine how many – when you go back, how many emails –

I'm way over but I'm going to do two quick things here (INAUDIBLE) because I'm doing this, you've got to make it very short.

And Dr. Blumenthal, we'll give you a chance quickly.

DR. BLUMENTHAL: OK. I'll make this short.

CHARLIE ROSE: You go first. No, you, you.

BARRY COLEMAN (ph), RIDERS FOR HEALTH (ph): My name is Barry Coleman (ph). I'm from Riders for Health (ph). We're the people with the cute (ph) motorcycles.

But what we really do is very large scale vehicle maintenance. So things can actually get delivered.

Now, here's some arithmetic and a little statistic. In Bingwe (ph) District in Zimbabwe because we have some money, we bought 60 (ph) motorcycles and got every single public health worker in that District mobile.

Then we got the University to oversee the results and in the first year following that total mobility malaria deaths fell by 20 percent.

OK. Here comes the real arithmetic. The problem is people buy vehicles – the U.N. among others – and dump them in Africa. Then they fail. Then they blame Africa and when they're really impolite Africans – and they (INAUDIBLE) are, these people don't have to look after anything – the U.N. spends \$200 million at year on new vehicles. It doesn't look after them, right?

If it looked after them for one year, it would have saved enough money to make every single public health worker in sub-Saharan Africa mobile. One year, that's arithmetic.

I'd like the panel to know what we're going to do about it, because it's a very unpopular course (ph), no one is listening and I'm as angry as Jeff Sachs.

CHARLIE ROSE: Fair enough, fair enough. Good for you.

That's (INAUDIBLE), that's the last one. We've got to go. Otherwise they're ...

SUSAN BLUMENTHAL, MD: I'm Susan Blumenthal. I served as Assistant Surgeon General of the United States.

There is an estimated 15-year science-to-service (ph) gap between the time of a new discovery and it's wide dissemination into the community. In the information age, why shouldn't it be 15 seconds?

I think that this conference has underscored that we can take the triumphs of tried and true public health interventions, marry them with advances in science and technology, and deliver them using a community-based model.

Louis Pasteur once said, "Chance favors the prepared mind."

CHARLIE ROSE: Right.

SUSAN BLUMENTHAL: I think after anthrax, SARS – now we're talking about Avian flu – we have to make sure that these new investments pay a dual-dividend for diseases like AIDS and tuberculosis and malaria.

But also let us not forget that the world is in double-jeopardy with infectious disease and chronic diseases. That 79 percent of chronic disease like heart disease, cancer and diabetes are in the developing world.

And I have heard no mention at the conference of a lethal killer at large in our communities – tobacco – that will claim the lives of one out of five people in the world.

So my question is, how can we bring the chronic disease focus as well, the power of prevention for infectious diseases, as well as chronic diseases?

UNIDENTIFIED PARTICIPANT: And (ph) you might do that short and quickly.

PATTY STONESIFER (?): Well, we can tell the stories better.

UNIDENTIFIED PARTICIPANT: Right. (INAUDIBLE)

TED TURNER (?): Well maybe it's because it's a conference on children's health and little children don't smoke usually. And smoking is a choice that people – mostly young adults or adults – make. It drives me nuts to see people smoke and committing suicide, but I don't know what, what ...

But you know, obviously education does really help with smoking, and also it helps with AIDS, too. Information and education are essential to any of these programs succeeding.

PATTY STONESIFER (?): And Charlie ...

CHARLIE ROSE: Yes.

PATTY STONESIFER (?): ... one thing I'd like to say is that we've sat with technologies as simple and as cheap as a hepatitis B vaccine for almost two decades before delivering it to people who needed it most.

The only thing worse than not having an AIDS vaccine would be having one and not being able to deliver it.

So the things we're doing today to ensure the rotavirus (ph) just releasing is delivered into the developing world, the things we're doing to reach the children in the farthest (ph) places are absolutely necessary to convince the pharmaceutical leadership, to convince the political leadership, and to convince those who we are serving, who we are standing with that these things can be delivered, so develop them.

JEFFREY SACHS (?): As Susan knows very well, things as simple as hypertension screening, followed by very low-cost off-patent medicines can make a huge difference to chronic disease burdens in low-income countries.

It should be part of the standard protocol. Let me suggest in practical terms. We should follow the goals. PBS, Time magazine, other media should explain that we have specific, agreed goals that President Bush and the United States have signed on to. Now we're going to monitor them.

In the World Summit that ended last month -- that took place last month -- it says that all countries should prepare comprehensive strategies to achieve these goals. Many are on the works.

I'm working with both of these Ministers on their country's plans. They will come out. They will show organizational capacity, specific deliverables and financing needs.

Then I hope the media will also show that if we meet these needs, we save millions of lives. And if we don't meet these needs, we are leaving millions to die.

And then final, if we leave millions to die, it's not just our shame and their tragedy. It's also our risk and that needs to be explained, as well. Leaving millions to die means leaving a world vulnerable to global pandemics and it means leaving a world vulnerable to global instability.

And this is the last part of the (INAUDIBLE) I would say.

CHARLIE ROSE: Let me just say, they keep giving me signs. We're over time.

On behalf of Time magazine, I thank all of you for coming to this and to this day-and-a-half of very important discussions.

I congratulate Time magazine and all of you for caring enough to be here, and on this particular session. I thank all my friends here: Pat Mitchell and Jeffrey Sachs and Patty Stonesifer and Ted Turner, thank you very much.

END

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