

One-Day Conference
Presented By
United Nations Association of Greater Boston

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American Academy of Arts and Sciences
Cambridge, Massachusetts

REALIZING THE VISION: The Global Fund to Fight AIDS, Tuberculosis & Malaria

Prerequisites for Successful Implementation

CONFERENCE REPORT

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UNITED NATIONS ASSOCIATION OF GREATER BOSTON
Conference on the Global Fund to Fight AIDS, Tuberculosis and Malaria
Thursday, 2 May 2002

I. SUMMARY OF PROCEEDINGS

Introduction

Arthur Holcombe, President of the United Nations Association of Greater Boston introduced the object of the Conference to review the initial experience of the new Global Fund to Fight AIDS, TB and Malaria. The Global Fund was recently established to reinforce and improve the effectiveness of developing country efforts to reduce annual deaths due to these main infectious diseases—about 5-6 million people each year. The Global Fund was established as a result of an important earlier initiative of the G-8 countries at their Meeting in Okinawa in June 2000 and the priority given to it by UN Secretary General, Kofi Annan, who issued an important Call to Action in mid 2001 to help finance the new Global Fund. The Global Fund was formally established in January 2002 and approved its first tranche of projects at its April 2002 Board of Directors meeting in New York. The Global Fund is today seen by many international health experts as providing a unique opportunity to reverse the current exploding increase in deaths due to infectious diseases around the world.

The Conference had the benefit of the Report of the WHO Commission on Macroeconomics and Health, chaired by Jeffrey D. Sachs. It also had the benefit of the initial country experience in formulating project requests, and of the Global Fund in approving a first tranche of 40 projects in 31 countries for a total of \$378 million over two years. Conference speakers were encouraged to focus their attention on the measures needed to scale up the capacity of developing countries to make full and effective use of expanding Global Fund resources.

Financial Framework of the Global Fund

Jeffrey Sachs, Director of the Harvard University Center for International Development, stressed that the new Global Fund presented a new window of opportunity for main donors to close the financial gap between present levels of spending on the major infectious diseases, and what is needed by 2010 to prevent annually up to 8 million avoidable deaths in developing countries due to these diseases. He mentioned that the WHO Commission report concluded that with an annual expenditure of about \$ 27 billion on major infectious disease by 2007, including about \$8 billion annually to the new Global Fund, 7-8 million lives could be saved annually from the ravages of AIDS, TB and malaria. The WHO Commission on Macroeconomics and Health also concluded that the people of developing countries were too poor to finance the capital and recurrent costs of the increased capacity of health services required to substantially reduce deaths due to AIDS, TB and malaria. This burden would have to be borne largely by rich countries. What was lacking mainly was the commitment of western governments, particularly the United States Government, to provide the needed money. He credited the recent decision of the Bush Administration with reversing a long decline in support for development assistance, and the boost of the US contribution to the Global Fund to \$300 million for 2002, but noted that the US contribution to the Global Fund was presently scheduled to drop to \$200 million in 2003. This small and diminishing commitment is disgraceful, he suggests, especially as the US now has a \$25 trillion economy, while the total funds required to save 8 million lives would be only about 10 cents per \$100 of US national income.

Professor Sachs went on to state that the Global Fund has many important advantages over bilateral programs. These include: the ability to finance life saving drug treatments (including antiretroviral drugs) to fight infectious diseases; the flexibility to finance the recurrent costs of scaled up local health services capacities; and transparent operating procedures enabling people to understand the purpose, nature and location of all projects. In these respects, the new Global Fund has a unique and important contribution to make in the fight against AIDS, TB and malaria.

Ben Plumley, Executive Director of the Global Business Council for HIV/AIDS noted that in the struggle against infectious diseases, private companies had three important roles to play: undertaking measures to provide their workers with prevention and treatment services to help prevent large loss of staff; providing logistics, supplies and other support to country treatment programs; and advocating at the national and international levels for greater financial and other commitment to the fight against AIDS. Experience suggests that the public sector would have to continue providing the bulk of financing for AIDS prevention and treatment.

Mr. Plumley went on to mention that many multinational companies were getting signals that main donor governments are not really committed to the Global Fund, and that this reticence about supporting the Global Fund contributes to the current business sector reluctance to supporting the Global Fund at the international or country levels. He felt that reticence might continue for another 18 months or so until private companies could see that the Global Fund was effective in reducing deaths, and likely to be an important global mechanism in the long term struggle against AIDS. He concluded by saying that private companies need to be more engaged at the country level—working closely with governments, donors, community-based organizations and NGOs. They must share their resources and collaborate with the Global Fund in their own interests and the interests of the local communities in which they conduct their business.

Initial Experience of the Global Fund

Dr. Paul Ehmer, Former Team Leader, Global Fund Technical Support Secretariat on loan from USAID, described the principles of the Global Fund which highlighted its organization, role and image, the recent Board of Directors meeting in New York and his perspectives on the remaining challenges of the Global Fund. He expressed his optimism that with the pooling of resources at the international level, a governance system that permitted all major global partners to have influence over its activities and with transparent operating procedures, the Global Fund could function more effectively than bilateral donors constrained by narrow political and economic interests. In one year, the Global Fund was established and became operational, relying on a country coordination mechanism (CCM) process to help relate Global Fund assistance to priority needs of country AIDS, TB and malaria reduction strategies. He hoped that the new Global Fund way of operating at the international and local levels would help to change bilateral program practices in the future.

Dr. Ehmer identified a number of principles that governed the way the Global Fund functioned. These included the following:

- Global Fund resources were to be supplementary to, and complement, existing donor financing in support of national infectious disease prevention and treatment programs;
- Global Fund resources were to be managed at the international and country levels through coordinating mechanisms facilitating expanded public-private sector partnerships. It was hoped that these partnerships could contribute to greater pooling of resources in support of strengthened country disease reduction strategies;
- The Global Fund would not set global targets for itself, but rather would put the onus on countries through their project submissions to determine how funds would be allocated between countries, diseases and specific needs;
- A Global Fund Technical Review Panel would consider proposals from the standpoint of technical soundness, country capacity to implement and ability to measure and monitor implementation results; and
- The Global Fund was intended to be a financial mechanism, not a new international organization, and in this respect would leave to governments and other donor organizations the responsibility for implementing the country disease control programs it supported.

He further explained that the April 2002 Board of Directors meeting in New York approved 40 resource allocations for 31 countries valued at \$378 million over two years. It also made provisional approval of an additional 18 allocations requiring additional information or clarification in 12 countries valued at \$238 million over two years, for a total of 58 awards in 43 countries valued at \$616 million. Over 5 years, these 58 awards total \$1.6 million, against 2002 pledges of about \$2 million. A total of 320 project proposals had been received, and 140 reviewed by the Technical Review Panel.

In his initial presentation and in subsequent discussions Dr. Ehmer identified a number of issues that he believed warranted further attention in light of initial Global Fund operating experience. They include the following:

- At the international level, how to mobilize additional public and private sector financing and other support for Global Fund activities;
- At the country level, how to strengthen linkages and partnerships between Global Fund activities and other donors engaged in capacity building activities that can improve the utilization and effectiveness of Global Fund resources;
- At the country level, how to strengthen the CCM process to include effective government inputs, but also to reach out to greater numbers of local community- based organizations and NGOs;
- At the country level, how to streamline and speed up project implementation procedures while also ensuring proper financial accountability to donors;
- how to shift initial Global Fund tranche emphasis on traditional disease prevention to more balanced strategies addressing both prevention and treatment requirements, while retaining donor support;
- how the Global Fund can best move beyond the present controversy surrounding use of antiretroviral drugs in developing countries, and be able to incorporate them as elements of broader strategies to reduce AIDS related mortality;
- how the Global Fund can best take into account some of the main infectious disease causal factors that may fall beyond its mandate, including poverty, unemployment and the breakdown of education systems;
- at the country level, how the Global Fund can best incorporate into its assistance the contributions of the large numbers of relatively unstructured civil society institutions, while maintaining their financial accountability; and
- how to bring infectious disease victims into the Global Fund project planning and implementation processes to help ensure the effectiveness and accountability of health services.

Dr. Ehmer concluded by mentioning that there would be a “stock taking” on initial Global Fund experience at its September 2002 Board of Directors meeting. This session might include review and strengthening of guidelines to recipient countries.

Amir Dossal, Executive Director, United Nations Fund for International Partnerships, noted that in 2001 the UN Secretary General put out a “Call to Action” intended to help mobilize international donor support for the Global Fund. The UN believes that the private sector has a major role to play internationally in helping to finance the Global Fund, and also at the country level in helping government to introduce improved technical, organizational, distribution and communications practices. The private sector also has some notable success stories in fighting infectious diseases that need to be identified and replicated. He envisage that private companies will find many different mechanisms and approaches to cooperation with Global Fund projects, based on their experience and the contributions they could most usefully make.

Priorities for the Global Fund

Michel Sidibe, Director, Country and Regional Support Department of UNAIDS, saw three main challenges facing the Global Fund. These included:

- the challenge of closing the financial gap between present resources and the amount needed to substantially reduce deaths due to the main infectious diseases;
- the challenge of scaling up the capacity of country health services adequately, by building on the present base of local people and institutions struggling to do the right thing under often extremely difficult circumstances; and
- the challenge of building strong private-public partnerships at the international and country levels which can help to mobilize the finances, but also provide the strong leadership and trained manpower needed to improve health services.

He went on to state that countries are facing was both a health crisis and, more fundamentally, a deep crisis of confidence and failed development. It is still not clear where the money will be coming from to provide AIDS victims with the antiretroviral drugs they require to enable them to prolong their lives, and continue to be productive, self reliant citizens. Only with such support can countries begin to overcome the present deep pessimism that undermines economic and social advancement.

Michel Sidibe mentioned four main principles that should govern the work of the Global Fund:

- It should remain a financial mechanism, and not evolve into a new international organization, as this would raise transaction costs and drain resources away from the communities where the Global Fund's resources are most needed;
- It should focus its resources on the strengthening of existing national programs that have government and local community ownership and commitment, and not on "supply driven" activities that have been characteristic of much bilateral assistance in the past;
- It should dovetail its financing as closely as possible with the resources of other regional and national donor programs that can concentrate on complementary and reinforcing local health service capacity building; and
- It should encourage formation of public, private, NGO and civil society partnerships essential for the scaling up of local capacity to implement effective infectious disease control strategies.

Dr. Sidibe explained the major role played by UN organizations during the 6 weeks that countries had to prepare their project assistance proposals for consideration during the first tranche of Global Fund financing. UN agencies helped governments to prepare 72 proposals in the framework of country coordination mechanisms. About half of these submissions were eventually approved by the Global Fund Board of Directors. The approved submissions represented a high proportion of the total 58 submissions approved at the April 2002 Board of Directors meeting. He also mentioned that at the April 2002 Global Fund Board meeting, a total of 66 AIDS project proposals were considered. Of these, at least 52 were formulated with UN agency assistance. Country governments turned to the UN for help because the Global Fund secretariat has no structure or ability to respond to country questions. UN support was generally in the form of: making available space and logistical support to local project formulation teams made up of government, UN, bilateral, NGO and civil society personnel; analysis of Global Fund guidelines and needed documentation; and provision of additional UN technical specialists.

In reviewing the very tight Global Fund formulation and approval process, Dr. Sidibe drew attention to shortcomings that he felt needed to be addressed before the next round of project submissions. They include:

- Too much focus was on projects, rather than on the formulation process which needs more time to enable proper review and analysis of existing government strategies, setting priorities for future assistance needs, and assessing the appropriateness of participating partners. A strengthened CCM formulation process would also have helped prepare participants to coordinate the implementation of approved Global Fund assistance at a later stage;
- The approval process favored (richer) countries with stronger capacities that are able to prepare projects faster, not the poorest and neediest countries; and
- The UN Agencies are not able to sustain the level of assistance they provided to country teams preparing project proposals for Global Fund financing without increased donor support, especially if they are requested to play expanding coordination, advisory and capacity building roles during the subsequent implementation stages. (UN Agencies are prohibited from receiving Global Fund resources for the supporting services they provide).

Dr. Arata Kochi, Special Representative on HIV/AIDS, WHO Office at the United Nations, New York, noted that there had been an increasing number of successful pilot programs providing treatments for the main infectious diseases. These "best practices" create the possibility for rapid scaling up. The interventions include: for AIDS, provision of antiretroviral drugs; for tuberculosis, pilot programs in various countries utilizing directly observed therapy (DOT); and for malaria, treatment of children and pregnant women and use of bed nets. At the same time, companies should be encouraged to develop and provide new drugs and other technological advances. Otherwise, they will not have the incentive to support the development and supply of effective new drugs able to substitute for earlier drugs rendered ineffective by increasing local drug resistance. Additional money is required to expand treatment of victims of the main infectious diseases. Deciding how to use the money effectively is "not so simple", as local capacity must be built up through training and other technical work to ensure high levels of adherence to treatments, and the inevitable problem of increasing drug resistance must be addressed in order to avoid an epidemic for which there is no effective drug treatment.

Malcolm Bryant, Director, HIV/TB and Community-Based Programs, Management Sciences for Health, noted that in scaling up at the country level, substantially more money is required, as well as greatly strengthened local health services if the money is to be used well. The Global Fund can not meet all urgent requirements in the fight against the infectious diseases, and will have to prioritize its assistance. In this respect, it is not likely that the Global Fund will be able to continue to play a passive role. Because of the great volume of resources being disbursed, it may inevitably find itself central to shaping the infectious disease control policy and debate. At the same time it must improve its communications with the countries it assists, and increase the transparency of its funding and decision-making criteria and processes. This will enable countries to improve the quality of their submissions.

Dr. Bryant urged that the Global Fund increase its support to infected populations requiring treatment. This will require greatly increased adherence to treatments being provided by health services. Ninety five percent adherence to treatments should be the goal—requiring greatly increased health system infrastructure, trained personnel and improved services that can ensure correct and timely treatment and effective monitoring and evaluation of results, but also requiring positive incentives that encourage full participation in treatments being offered. In many cases infected individuals and communities may not understand the importance of full adherence, may not be able to afford full adherence or have no incentives to adhere due to hunger or other factors. Studies show that countries have a long way to go to achieve 95 percent adherence to treatments. Presently, only about 10 percent of countries are fully prepared to provide effective AIDS treatment to their infected populations, and 10 percent have no capability at all. The rest of the countries have some capacity to provide such treatment services. With respect to TB, about 30 percent of countries are prepared to provide treatment to populations requiring it, while none had no capacity to provide TB services. With respect to malaria, over 50 percent of countries were prepared to provide needed services, and those that could not were generally troubled by civil strife.

Malcolm Bryant identified 6 major elements in a comprehensive system of treatment services that countries would have to put in place to achieve 95 percent adherence. They include:

- Ability to gather, interpret and use relevant health situation information correctly;
- Development and maintenance of needed medical skills;
- Capacity to procure and manage needed drugs and other supplies;
- Financing to ensure adequate purchase of drugs in the beginning, but subsequently to develop the local capacity to deliver drugs to populations as needed;
- Development of supporting laboratory analysis services and drug resistance surveillance capacity; and
- Development of proper health referral systems to ensure that populations receive needed care.

In all these areas, countries will require help in meeting recurrent costs. They will also require help in strengthening their ability to manage growing resistance to drugs. If not, then countries will find they are confronted with viruses that are untreatable—with catastrophic consequences.

In terms of priorities for the Global Fund, Dr. Bryant stressed the following:

- That the Global Fund play an active role in shaping the AIDS agenda, and not serve merely as a Global Fund “ATM”;
- That the Global Fund prioritize achievement of highest possible adherence to drug treatments;
- That the Global Fund assistance strive to ensure equity in country-level drug treatments; and
- That the Global Fund educate donors and recipients on assistance that works to reduce infectious disease mortality.

Amy Kapczynski, a second-year student at the Yale Law School, concurred that the Global Fund should give priority to increasing country capacity to ensure adherence to drug treatments and to social equity in its assistance. At the same time she expressed concern that the Global Fund did not give priority to the inclusion of drugs, including antiretroviral therapy drugs for AIDS, in its initial round of project approvals. She noted that only three quarters of a million of the estimated 60 million AIDS infected persons were being treated in developing countries, and felt that this was avoidable, and morally and ethically repugnant. The Global Fund should not follow the direction of bilateral donors who have provided virtually no assistance for drug treatment to date.

She noted the example of Brazil, where a policy of universal access to antiretroviral drugs, local production of drugs and low prices for local drugs had reduced projected deaths due to AIDS by half during the 1996-1999

period. In Brazil they found that the savings due to the extended life and productivity of AIDS victims more than offset the cost of the treatments.

Amy Kapczynski urged that the Global Fund shift its emphasis and ensure that the next round of approvals be a "treatment round" for all countries with the goal of reducing deaths by 40 percent or more. It should introduce bulk purchase of the best drugs available, with an eye to lowest possible prices. This would include moving away from only securing patented drugs, and including purchase of generic drugs now on the market from India and elsewhere. She noted that at the recent WTO meeting in Qatar, it was decided that agreement to comply with TRIPS patent commitments could be overridden to save lives. The Global Fund should have no reservations about moving ahead to help make sure that countries had access to the needed drugs to fight deaths due to AIDS, TB and malaria.

Nils Daulaire, President and Chief Executive Officer, Global Health Council, noted that the Global Fund was an important new instrument for the fight against infectious diseases, but should be seen as part of the "total arch" that also included support to improve children's and maternal reproductive health and other important health needs of developing countries. It was important to finance expanding roles for UN and bilateral donors who provide essential coordination, technical know-how and other capacity- building support in the health sector. He mentioned that the Global Health Council was helping to make sure that NGOs and civil society institutions, with all their apparent unruliness, would also have an important input in the Global Fund process. In this connection he noted that the arrangements for Global Fund governance will determine how its resources are allocated and used.

Dr. Daulaire highlighted some of the important links between high incidence of infectious diseases in developing countries and their lost productivity and ability to meet their basic food and other needs for subsistence and competitiveness in the global market place. In the case of malaria alone, it has been estimated that lost local productivity of people was about \$100 billion annually. He very much welcomed the influence of "AIDS activists" fostering "constructive politicization" that could help to encourage the US Government to increase substantially its current commitment to the Global Fund. It was very important that such an increase be additional and not lead to a reduction in current US support to the World Health Organization and other international, national and community-based organizations that can play a critical role in helping to strengthen country level capacity to "scale up" to higher levels infectious disease control activity.

Coordination of Country Program Activities

Mark Stirling, Principal Adviser on AIDS, UNICEF, mentioned that AIDS during the 1980s and 1990s had been an unprecedented shock for countries, and that unprecedented solutions are now required. Solutions were complicated by two major gaps: the gap between the wealth of the North and the needs of the South; and the gap between the wasteful use of resources by bureaucracy in the South and the increased needs of local communities. With the coming into operation of the Global Fund, the challenge now was to get additional financing for soundly formulated, but under-funded, country infectious disease control programs that reach down to meet the critical needs of communities that had received little or no support in the past.

He indicated that successful country-level AIDS reduction strategies have the following elements:

- Strong and sustained national political leadership speaking out and provoking dialogue on the AIDS crisis;
- Effective country coordination mechanisms that can mobilize the collective resources of partnerships in support of bold national AIDS reduction strategies. Special efforts must be made to bring in the leadership and resources of the international and local private sectors and civil society institutions that can complement contributions being made by the public sector and donor organizations;
- There must be effective decentralization of AIDS reduction strategies to enable strong community participation and influence at the local level;
- Establishment and strengthening of partnerships between government departments and civil society institutions, in ways that enable them to learn together about AIDS and how to cope with it. The international donor community wishing to help must learn how to be more collaborative and open-minded partners, recognizing that solutions will come through incorporation of local knowledge and experience in strong sustaining partnerships;

- There should be recognition that the country coordination mechanisms at the national level may be effective in mobilizing resources, but at the local level there should be a strengthening of traditional local coordination mechanisms such as civil society meetings which have been going on;
- Priority must be given to capacity-building investment in key local training, research and service institutions that must be in the forefront of the struggle against AIDS for decades to come. This requires more priority by the Global Fund to help meet the recurrent costs of local salaries and services, equipment and drug supplies that such institutions require;
- Better use of strategic information about the AIDS epidemic to help adjust and improve community services as changing circumstances warrant;
- Traditional donor orthodox thinking needs to be challenged, especially traditional development aid concepts such as sustainability and exit strategies that are inappropriate to the emergency response nature of the AIDS pandemic ("AIDS is not sustainable!"); and
- The state should not compete with the private sector, but must play a strong role guiding the implementation of AIDS reduction strategies.

Dr. Stirling stressed that the UN System has central and critical roles to play in the struggle against AIDS at the country level. These roles included coordination of planning and implementation of AIDS reduction strategies, and also technical assistance and capacity building. In 2001, the UN Secretary General issued his call to action. Shortly thereafter, some 29 UN organizations came together and developed a common strategic plan of action to support the struggle against AIDS. Located in over 160 countries, including the poorest, the UN Agencies were well positioned to respond quickly in support of governments when the Global Fund made its call for proposals with only 6 weeks notice. In addition to UNAIDS with its overall AIDS coordination role within the UN System and with governments, lead UN Agencies included the following:

- UNDP—focusing on strategic planning, resource mobilization and institution building;
- WHO—HIV/AIDS surveillance and blood safety;
- UNFPA—sexual and reproductive health;
- UNICEF—mother to child transmission, care and support;
- ILO—work place safety;
- WFP and FAO—food security

Josh Ruxin, Project Manager of the Access Project for the Global Fund to Fight AIDS, Tuberculosis and Malaria, Center for International Development, Harvard University, high-lighted the complexity of country-level efforts to plan comprehensive infectious disease reduction strategies and then identify priorities for supporting assistance from the Global Fund. He stressed the importance of such country-level planning being based on local infectious disease control experience and proven local capacity to implement results-oriented programs. Central to success is full and effective coordination of all donor assistance through the country coordination mechanism. He felt that this mechanism might be later useful in helping to disburse funds to implementing government departments and community based organizations, while helping to ensure the standards of fiduciary responsibility required by external auditors and the Global Fund.

Heather Lauver, Manager, International Philanthropy Programs, Pfizer, Inc., mentioned that Pfizer had developed the first AIDS drug in 1987, and had since developed and marketed a total of 64 drugs. It now has about 100 AIDS drugs under development intended for both prevention and treatment purposes. The Pfizer Foundation has financed three projects intended to develop local country capacity to evaluate and manage AIDS reduction programs, including a study of best practices in Uganda. This activity was carried out together with UNAIDS, UNICEF and the Uganda AIDS Commission.

She stressed the importance of early success in the implementation of Global Fund assistance as a way of promoting increased donor support for its country activities. She did not believe that the Global Fund should itself be investing in new studies on the effectiveness of existing country infectious disease programs. However, it should encourage such research, as this would help serve as the basis for country infectious disease strategy planning work. She indicated that many local faith-based NGOs in Africa were doing excellent work to control the spread of AIDS and other infectious diseases, and should be included in country coordination mechanisms and in Global Fund projects. This would enable them to contribute their knowledge and experience, and to get support from the Global Fund to enable a further scaling up of their activities.

Using Community-Based Strategies for Controlling Communicable Diseases

Joan Kaufman, Fellow, Radcliffe Institute of Advanced Study and former Program Officer for AIDS and Reproductive Health Services with Ford Foundation in China, introduced the panel by stressing the central importance of local community-based activities in any strategy to control the further spread of infectious diseases. She mentioned that there are many examples of successful local and international NGO- supported community-based programs in all parts of the developing world, and these needed to be studied for their lessons, and supported and expanded with Global Fund resources.

Blanche Pitt, Director, AMREF-South Africa, expressed the view of many community- based organizations that primary responsibility for country decisions on the Global Fund should be with the people, not with the government, and that there should be community- based organization participation in the work of the country coordination mechanisms and other coordination arrangements. She sensed that in the first round of Global Fund project preparation work, there was inadequate government consultation with local community leaders, and few attempts to encourage their participation in project activities. She was also convinced that if countries are to scale up their capacities to a level capable of substantially reducing major infectious diseases, they would have to give priority to measures to strengthen the capacity of community-based organizations that are the "front line" in the fight against AIDS, TB and malaria.

Dr. Pitt also stressed that the problems of controlling infectious diseases were rooted in local social inequities that go beyond the boundaries of health. They include lack of education, lack of hope for employment, grinding poverty, growing income disparities and other forms of social inequality. She believes that these problems must be addressed if the main infectious diseases are to be brought under control. The African Medical and Research Foundation (AMREF) has found that in designing rural infectious disease control projects, it must increasingly take into account the economic and social dimensions of health problems. In the case of AIDS projects, for instance, it is necessary to include components for job creation and care of the growing numbers of AIDS orphans.

Dyann Wirth, Professor of Tropical Public Health, Department of Immunology and Infectious Diseases, Harvard School of Public Health, noted that Global Fund resources were available only for the promotion of current technologies. Because treatment drugs have limited effectiveness due to the quickening pace of drug resistance, the current drugs will fail with disastrous consequences unless new, more effective drugs can be developed. Studies show that one third of people in developing countries die due to infectious diseases. Apart from the high cost of drugs, the most common obstacles to widespread drug treatment include:

- drug access problems;
- lack of effective drugs;
- drug resistance;
- new diseases; and
- the globalization of risk.

Because the market in the developing world for patented drugs to treat AIDS, TB and malaria has been relatively limited, investment in the development of new drugs for these diseases has been small. A survey of 20 major pharmaceutical companies shows that only about 15 new drugs had been developed for these infectious diseases over the last 25 years. This included only 2 drugs for malaria and 5 for TB, the main developing country diseases. It is also expected that there will soon be greatly increased resistance to the drugs presently included in the AIDS multiple drug or "cocktail" therapy. For this reason, the three infectious diseases could be referred to as the "neglected diseases", as each are confronted with problems of growing drug resistance, without adequate research being carried out to develop effective new drug substitutes. This is the "dark side" of introducing new infectious disease treatment programs.

She emphasized that for each of the three infectious diseases, country treatment measures should be accompanied by forward looking strategies to anticipate growing resistance to drugs being used in treatments and to develop drugs able to control the diseases on a continuing basis. Such forward-looking strategies should take into account:

- the need to document drug efficacy;
- the need for systematic disease surveillance;

- the need to promote evidence-based decision making on treatment strategies;
- the need to establish early warning systems to detect drug resistance; and
- the need to develop local capacity building (skills and institutions).

Dr. Wirth felt that these activities should be built into Global Fund financed projects if other funding is not available to ensure that countries have the basic capacity to cope with the inevitable growing drug resistance for the treatment of main infectious diseases. She went on to describe a new “Drugs for Neglected Diseases Initiative” launched by Medicins Sans Frontiers (MSF). This is an international effort to research, develop and produce drugs for diseases neglected by the major pharmaceutical industry because they are not sufficiently profitable. The scheme would harness an international network of researchers, institutions and drug manufacturers, especially those in the developing world, and would receive financing from foundations and governments to finance the drug development work. The work would be carried out and financed separately to the Global Fund, which doesn’t finance such research and development, but could prove critically important in providing future drugs to be purchased through Global Fund- assisted infectious disease treatment programs.

Jim Kim, Board of Trustees, Partners in Health, and Instructor at the Harvard Medical School, stressed that country submissions to the Global Fund should include adequate provision for technical assistance to enable scaling up the capacity and outreach of infectious disease prevention and treatment services. However, it was important not to “sprinkle” such drugs around, but to introduce drug therapy under carefully supervised circumstances. He believed that there was a strong case for widely introducing a directly observed therapy approach to administering a highly-active retroviral therapy (DOT-HAART) to prolong the lives of AIDS victims, and to enable them to continue to be productive heads of households, while reducing the burden on society of orphaned children. Tests of the HAART methodology at various locations relying on the supervision of normal health and community workers demonstrated its practicality even in resource poor settings. He also noted that when HAART treatments went well in test situations, many other community members stepped forward to get tested, demonstrating how introduction of treatment activities can also foster highly desirable expanded prevention impacts.

Valora Washington, Executive Director, Unitarian Universalist Service Committee, drew attention to the human rights implications of AIDS, TB and malaria, and in particular the fact that these diseases strike disproportionately in poor and neglected communities around the world. The increasing costs of prevention and treatment of these deadly diseases are stripping away resources needed for human development and undermining the gains that have already been made in education, skills training, job creation and basic health. She hoped the Conference could help promote and protect the right of all people to live in dignity and have the same opportunity to live free from the debilitating and deadly effects of the main infectious diseases.

Concluding Remarks

In concluding the Conference, UNA-GB President, Arthur Holcombe, thanked the various speakers and audience participants for their important contributions. He mentioned that the report on the conference would be submitted to the Global Fund Secretariat, the Office of the Secretary General of the United Nations in New York and to US Government officials concerned with US appropriations to the Global Fund. It would also be posted on the United Nations Association of Greater Boston website (www.unagb.org).

The new Global Fund to Fight AIDS, TB and Malaria is a critically important new window of opportunity for rich and poor countries to collaborate in partnership to reduce millions of avoidable deaths annually. The Global Fund’s mandate is daunting, but it has the advantage of widespread hope and good will, and the potential to galvanize global community partnerships that can mobilize financing and the world’s best expertise, technology, organizational skills and experience to reinforce the implementation of country level infectious disease reduction strategies. Subject to UNAGB membership interest, a follow up review of Global Fund progress in countries may be undertaken.

UNITED NATIONS ASSOCIATION OF GREATER BOSTON
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Thursday, 2 May 2002

II. KEY ISSUES IDENTIFIED AT THE CONFERENCE

There will be a “stock-taking” of the initial experience of the Global Fund to Fight AIDS, TB and Malaria at its September 2002 Board of Directors meeting. Speakers at the UNA-GB Conference, some of whom had direct experience working with the development of country proposals for Global Fund approval at its April 2002 Board of Directors session, made a number of general and more specific suggestions on ways in which the Global Fund can be most successful in achieving its main goal—to reduce deaths at the country level due to AIDS, TB and malaria. These suggestions are contained in the relevant sections of this report. Some of the key issues that speakers addressed are summarized below, as they are believed important to consider at the September 2002 “stock-taking” exercise.

At the Global Fund Level

- Review and clarify Global Fund project eligibility criteria regarding financing of:
 - Both patented and generic drugs required in country infectious disease drug treatment programs;
 - The capital and recurrent costs of scaling up local institutional and human resource capacities necessary for effective country disease reduction strategy implementation;
 - The technical assistance costs of preparing national disease reduction strategies, preparing requests for supporting Global Fund assistance, and strengthening the country management of Global Fund projects at the implementation stage when necessary to ensure achievement of infectious disease death reduction goals. Strengthened country level capacity to plan and implement Global Fund projects will also help to ensure greater equity in the allocation of Global Fund allocations between richer and poorer countries.
- Issue clear guidelines to countries on the format and content of future requests for Global Fund assistance;
- Provide information to the public on the content of approved Global Fund projects;
- Clarify ways the international business community can play an enhanced role in the work of the Global Fund at the international level (policy, financial support); and at the country level (planning and implementation of effective disease reduction strategies);
- Develop networks and linkages with other international initiatives to help promote increased funding for infectious disease reduction, and to develop new drugs to replace those that have lost their effectiveness in coping with neglected infectious diseases.

At the Country Level

- Advocate and facilitate a strengthened role of the country coordination mechanism to include coordination of formulation as well as implementation of Global Fund projects. This might help to develop strengthened partnerships of public and private organizations, international donors, NGOs, and community- based organizations providing urgently needed financial and human resources. It might also help to ensure more effective monitoring, evaluation and financial accountability for Global Fund projects during their implementation phase;
- Urge countries in their infectious disease reduction strategies to give priority to balanced prevention and treatment components that can significantly reduce loss of life (this in the longer run may be the strongest case the Global Fund can make for increased future donor contributions); and
- Urge countries to include disease surveillance, evidence-based decision-making on treatment strategies and early warning systems to detect drug resistance in their infectious disease reduction strategies.

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III. CONFERENCE PROGRAM

8:00 am – 8:30 am	Registration and Continental Breakfast
8:30 am – 8:40 am	Welcome Arthur Holcombe , <i>President, United Nations Association of Greater Boston</i>
8:40 am – 9:20 am	Keynote Presentation The Global Health Crisis: An Overview Jeffrey D. Sachs , <i>Director, Center for International Development, Harvard University;</i> <i>UN Secretary-General's Special Advisor on the Millennium Development Goals</i> Ben Plumley , <i>Executive Director, Global Business Council for HIV/AIDS</i> Questions & Answers
9:20 am – 10:00 am	Presentations Initial Experience of the Global Fund Paul Ehmer , <i>Team Leader, Global Fund Technical Support Secretariat (August 2001 - January 2002) Seconded from U.S. Agency for International Development</i> UN Partnerships with Corporations and Foundations to Fight AIDS Amir Dossal , <i>Executive Director, United Nations Fund for International Partnerships</i> Questions & Answers
10:00 am – 10:15 am	Break
10:15 am – 12:00 noon	Panel Discussion Setting Priorities for the Global Fund <i>Moderator: Joan Kaufman, Fellow, Radcliffe Institute for Advanced Study</i> Michel Sidibe , <i>Director, Country and Regional Support Department, UNAIDS</i> Malcolm Bryant , <i>Director, HIV/TB and Community-Based Programs, Management Sciences for Health</i> Amy Kapczynski , <i>Yale Law School</i> Arata Kochi , <i>Special Representative of the Executive Director FCH for HIV/AIDS, WHO</i> Questions & Answers
12:00 noon	Lunch Leadership Awards Presentation WHO , accepted by Arata Kochi UNAIDS , accepted by Michel Sidibe AMREF , accepted by Blanche Pitt

1:00 pm – 1:30 pm	<p>Keynote Address</p> <p>Creating a Global Economic and Health Policy Nils Daulaire, <i>President and Chief Executive Officer, Global Health Council</i> Questions & Answers</p>
1:30 pm – 2:15 pm	<p>Panel Discussion</p> <p>Coordination of Country Program Activities <i>Moderator: Arthur Holcombe, President, UNA-GB</i> Mark Stirling, <i>Principal Advisor on HIV/AIDS, UNICEF</i> Josh Ruxin, <i>Project Manager, The Access Project for the Global Fund to Fight AIDS, Tuberculosis and Malaria, Center for International Development, Harvard University</i> Heather Lauver, <i>Manager, International Philanthropy Programs, Pfizer Inc.</i> Questions & Answers</p>
2:15 pm – 2:30 pm	Break
2:30 pm – 3:45 pm	<p>Panel Discussion</p> <p>Using Community-Based Strategies for Controlling Communicable Diseases <i>Moderator: Joan Kaufman, Fellow, Radcliffe Institute for Advanced Study</i> Blanche Pitt, <i>Director, AMREF-South Africa</i> Dyann Wirth, <i>Professor of Tropical Public Health, Department of Immunology and Infectious Diseases, Harvard School of Public Health</i> Jim Yong Kim, <i>Board of Trustees, Partners in Health</i> Questions & Answers</p>
3:45 pm – 3:50 pm	<p>Remarks</p> <p>The Human Rights Dimension Valora Washington, <i>Executive Director, Unitarian Universalist Service Committee</i></p>
3:50 pm – 4:30 pm	<p>Open Discussion</p> <p>Further Considerations Dialogue among speakers and participants moderated by Arthur Holcombe, <i>President, UNA-GB</i></p>
4:30 pm	Adjourn

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IV. SPEAKER BIOGRAPHIES

Malcolm Bryant

Malcolm Bryant, a physician, is Director, HIV/TB and Community-Based Programs for Management Sciences for Health. He has been working for over 20 years with health programs in developing countries, both as a clinical service provider and a public health specialist. As District Medical Officer in Zimbabwe between 1981 and 1986, he was one of the architects of the primary health care system. After obtaining his MPH from Harvard University in 1987, Dr. Bryant held a joint appointment as a lecturer at the Harvard School of Public Health, and research associate at the Harvard Institute for International Development. On joining MSH in 1995, Dr. Bryant provided oversight of MSH's field activities in maternal and child health in Africa, Latin America, and Asia. He has designed projects in primary health care, family planning, child health, and integrated services (including HIV/AIDS), and been responsible for the internal evaluation and strategic planning of MSH's fieldwork. Since 2001, Dr. Bryant has led MSH's policy and field activities in HIV/AIDS, working with both the public and private sectors in South Africa, Malawi, Tanzania, Guinea, Kenya, Haiti and Brazil. He has also provided assistance in responding to the recent call for proposals by the Global Fund in Haiti and Malawi.

Nils Daulaire

Dr. Nils Daulaire is president and chief executive officer of the Global Health Council, a twenty-nine year-old membership organization dedicated to advancing policies and programs that improve health around the world. Before assuming leadership of the Council, Dr. Daulaire served as the Clinton administration's Senior International Health Advisor, where he developed an integrated strategy for advancing world health that encompassed programs totaling over \$1 billion annually. Dr. Daulaire received his M.D. from Harvard Medical School in 1976 and his Master's in Public Health from Johns Hopkins University in 1978. He then spent two decades in the field, working in Nepal, Mali, Bangladesh, and other low-income countries. His research interests focus on child health and survival; he directed a pioneering study on community-based management of childhood pneumonia and is widely cited for his research on child health and the survival benefits of Vitamin A supplementation.

Amir Dossal

Amir Dossal, as Executive Director of UNFIP is responsible for managing the partnership between the United Nations and the UN Foundation including, *inter alia*, identifying innovative, high impact projects which could serve as models for co-operation with the private sector. He is also responsible for developing closer links between the UN and the business community. Mr. Dossal is an ex-officio member of the UNFIP Advisory Board and reports to the Deputy Secretary-General, Ms. Louise Fréchette. Prior to this assignment, he was Director of the Management Policy Office in the Department for Management where, among other things, he was in charge of implementing management reform within the United Nations. From 1993 to 1997, he was Chief of Finance in the Department of Peacekeeping Operations, with responsibility for resource planning and financial management of peacekeeping, peace-making and preventive diplomacy operations in the field, comprising 24 missions with a total annual budget of \$3 billion. Before joining the United Nations Secretariat, Mr. Dossal served with United Nations Development Programme (UNDP) from 1985 to 1993. During 1986 to 1989, he also served as Secretary of the Budgetary and Finance Committee of the UNDP Governing Council. Prior to joining the UN, he held several positions in the private sector including with the London-based consulting engineering firm, the Freeman Fox Group; Burma Industrial Products Ltd.; and the US engineering corporation - Morrison-Knudsen International.

Paul Ehmer

Paul Ehmer is a career foreign service officer with the U.S. Agency for International Development (USAID). He returned to Washington in February 2002 after spending six months in Brussels and Geneva, supported by USAID to serve as the Team Leader of the Technical Support Secretariat (TSS) for the Global Fund to Fight AIDS, Tuberculosis and Malaria. He now serves as USAID's Global Fund Coordinator in the Global Bureau of Health in Washington, DC. Prior to his assignment with the TSS, Mr. Ehmer was Deputy Director of the Office of Health and Nutrition in USAID's Global Bureau, Center for Population, Health and Nutrition. For 22 years prior to 1999, Mr. Ehmer contributed to and directed USAID health and population activities in the field in Bolivia, Togo, Morocco and Tanzania. Prior to joining USAID in 1978, Mr. Ehmer was an Environmental Health Inspector in the San Francisco and Seattle County Health Departments. He served in the Peace Corps in Ghana from 1969 to 1971.

Arthur Holcombe

Arthur Holcombe is the President of the UNA-GB. He is founder and president of the Tibet Poverty Alleviation Fund, which finances and implements community-based poverty alleviation projects in Tibet. He served with the UN Development Programme for many years and was Resident Representative of UNDP and Coordinator of Operational Activities from 1992-98. He has also served with the UNDP in Afghanistan, Pakistan, Fiji, and the Sudan.

Joan Kaufman

Joan Kaufman is currently a Bunting Fellow at the Radcliffe Institute for Advanced Studies at Harvard University. Up until September 2001 she was the Ford Foundation's Gender and Reproductive Health Program Officer in China. Ms. Kaufman has been working in the health, gender and development fields for over twenty years. She was the first international program officer for the UN Population Fund in China from 1980-84. She has moved back and forth between academia, research and consulting, and the Foundation world of strategic planning. She was a Lecturer at the Harvard School of Public Health from 1990-99 and a Senior Associate at Abt Associates from 1992-96.

Amy Kapczynski

Amy Kapczynski is currently a second year student at the Yale School of Law. Previously, she worked for a London based consortium of HIV/AIDS organizations, and for the women's health journal, Reproductive Health Matters. Prior to that she worked as an activist for various groups, including HealthGAP, to pressure governments, companies, and institutions to make antiretroviral treatments available to all in need around the world.

Jim Yong Kim

Jim Yong Kim is a Trustee of Partners In Health (PIH), a Harvard-affiliated non-profit organization that supports health projects in poor communities of Latin America, Eastern Europe, Asia and the inner-city United States. One of the leading world authorities on multidrug-resistant tuberculosis (MDR-TB), Dr. Kim serves as Director of the Program in Infectious Disease and Social Change at Harvard Medical School and is an attending physician at the Brigham and Women's Hospital in Boston. He was the founding chairperson of the WHO Green Light Committee for the Rational Procurement and Distribution of Second-line anti-TB Medicines and now heads the WHO Working Group on DOTS-Plus for MDR-TB. In 1999 he co-authored *The Global Impact of Drug-Resistant Tuberculosis*, a groundbreaking report documenting the epidemic rise of MDR-TB worldwide. Dr. Kim is coordinating the soon-to-be-released The Global Plan to Stop TB, a strategy designed to increase funding and support for TB control programs around the world.

Arata Kochi

Dr. Arata Kochi is presently the Special Representative on HIV/AIDS for the World Health organization, based in New York where he liaises with other UN Organizations in New York engaged in HIV/AIDS program activities. Prior to his assignment in New York in January 2002, Dr. Kochi was working in Geneva as part of the WHO Global Tuberculosis Program. Dr. Kochi had previously been working in various WHO country TB control programs, including Afghanistan and Burma. Dr. Kochi holds MD and PhD. degrees and is a national of Japan.

Heather Lauver

Heather Lauver is Manager, International Philanthropy Programs at Pfizer Inc, a research-based global health care company. Ms. Lauver joined Pfizer in 1998 to enhance the trachoma control program. She is responsible for innovating and assisting in the management of focused giving programs in the areas of health care and community development. She currently leads the implementation of Pfizer's International Trachoma Initiative and the Diflucan Partnership Program. Prior to joining Pfizer, Ms. Lauver consulted on a wide range of US healthcare issues, including Medicaid managed care, substance abuse, physician billing practices, and process reengineering. Additionally, Ms. Lauver was the Program Director of the Sister City Project between New Haven, CT and Leon, Nicaragua from 1993-1995. She also serves on the Partnership for Quality Medical Donations and the Donor Coordination Group committees and advises the Board of ELIA Life Technologies Corporation, which serves the visually impaired.

Blanche Pitt

Blanche Pitt's earlier years in public health were spent working with historically disadvantaged and vulnerable groups such as women and farm workers. Later, with South Africa's transition to democracy, she became more involved in the development of training modules to help prepare health workers for the shift in the health system to a Community Based Primary Health Care. Ms. Pitt taught at the School of Public Health at the University of the Western Cape, and later at the University of Transkei in one of the poorest South African provinces. She joined the National Ministry of Health as the Director for Health Promotion and continued drawing attention to the need to invest resources into preventing disease. She has since joined the African Medical and Research Foundation as Country Director for South Africa.

Ben Plumley

Ben Plumley is the Executive Director of the Global Business Council on HIV&AIDS. Working with Council President, Richard Holbrooke, former US Ambassador to the UN and Chairman Bill Roedy, President of MTV Networks International, Mr. Plumley has established the Council's new headquarters in New York to transform the business sector's response to the epidemic. As head of External Relations HIV for Glaxo Wellcome, he established the Global Business Council in 1997 as part of company's HIV corporate responsibility programming. In 2000, he joined UNAIDS as policy and external relations adviser, specializing on developing partnerships between the UN, civil society and the private sector, particularly business. Earlier this year, Mr. Plumley managed civil society participation in the UN General Assembly Special Session on HIV/AIDS. He has been seconded to the Global Business Council on HIV&AIDS by UNAIDS. Mr. Plumley's involvement in HIV/AIDS extends back to 1989, and he has worked in a range of London based AIDS Service Organizations, both in professional and voluntary capacities.

Josh Ruxin

Josh Ruxin is presently the Project Director of the Access Project for the Global Fund to Fight AIDS, TB and Malaria at the Harvard University Center for International Development. In this capacity, Dr. Ruxin and his team provide technical assistance to governments and NGOs preparing proposals for submission to the new Global Fund to Fight AIDS, TB and Malaria. Prior to joining the Center for International Development, Dr. Ruxin worked at Monitor Group where he advised public and private sector leaders on competitiveness and strategy issues. Following an undergraduate degree from Yale, Dr. Ruxin held first a Fulbright scholarship in Bolivia and then a Marshall Scholarship in England, focusing his research and activities on international nutrition policy, diarrheal disease, and HIV/AIDS. He earned a Ph.D. in the History of Science and Medicine at University College London, and an M.P.H. from Columbia University's School of Public Health.

Jeffrey Sachs

Jeffrey Sachs is the Director of the Center for International Development, the Galen L. Stone Professor of International Trade at Harvard University, former Director of the Harvard Institute for International Development, and a Research Associate of the National Bureau of Economic Research. During 2000-2001, Professor Sachs was Chairman of the Commission on Macroeconomics and Health of the World Health Organization, for the years 2000-2001, and from September 1999 through March 2000 he served as a member of the International Financial Institutions Advisory Commission established by the U.S. Congress. In January 2002 Secretary General Kofi Annan appointed him as his Special Advisor on the Millennium Development Goals. Sachs serves as an economic advisor to several governments in Latin America, Eastern Europe, the Former Soviet Union, Africa and Asia.

Michel Sidibe

A national of Mali, Michel Sidibe has a rich career in the United Nations system. Mr. Sidibe was appointed Director, Country and Regional Support Department at UNAIDS on October 1, 2002. Prior to this appointment, he was the UNICEF Representative in Uganda. In that capacity he was also the Chair of the UN Theme Group on HIV/AIDS and played a lead role in the conceptualization and development of a district approach strategy to address AIDS. He also served in UNICEF as Representative in Burundi, Assistant Representative in Swaziland and Desk Officer for the UNICEF Africa section in New York.

Valora Washington

Dr. Valora Washington is executive director of the Unitarian Universalist Service Committee, headquartered in Cambridge, Massachusetts. Prior to joining the Service Committee, she served in administrative and faculty roles at the W.K. Kellogg Foundation, Antioch College, American University, Howard University and the University of North Carolina at Chapel Hill. A leader in children's issues, Dr. Washington has published extensively, received numerous honors, and serves on several boards and commissions. Her recently released book, *Children of 2010*, with co-author J.D. Andrews wrestles with the trends, problems and opportunities that families face in an increasingly diverse society. Her concern for best practices and action strategies is further applied in her role as chairperson of the National Commission on Head Start 2010, which will issue its report in June 2000. Dr. Washington also serves on the boards of Beacon Press, the National Association of Child Advocates and President Clinton's Board of Advisors on Historically Black Colleges and Universities.

Dyann Wirth

Dyann Wirth is currently a Professor of Tropical Public Health in the Department of Immunology and Infectious Diseases at the Harvard University School of Public Health. She is the director of the Harvard Malaria Initiative, president of the American Society of Tropical Medicine and Chair of the World Health Organization Committee on Malaria Drug Development. The Harvard Malaria Initiative collaborates with drug companies to discover development and test drugs that will defeat drug resistant malaria. Its field testing of promising new drugs is carried out with longstanding collaborators in Africa, Asia and South America. Wirth earned her PhD. at the Massachusetts Institute of Technology in 1978.

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V. LEADERSHIP AWARDS

United Nations Association of Greater Boston 2002 Leadership Awards

Each year the United Nations Association of Greater Boston makes leadership awards to organizations and/or individuals that have made important contributions in promoting international peace and human welfare. This year the awards were presented at the UNA-GB Conference on the Global Fund to Fight AIDS, Tuberculosis and Malaria to recognize three international organizations that have made important contributions to control deadly infectious diseases in developing countries.

Joint United Nations Program on HIV/AIDS (UNAIDS)

Since its establishment in 1996, UNAIDS has been working in over 155 developing countries to strengthen national HIV/AIDS prevention and control activities, and to guide UN Agencies and other international donors supporting government programs that contain the spread of HIV/AIDS. UNAIDS has helped to build country capacities to fight HIV/AIDS epidemics through the sharing of successful experiences with prevention and control measures, and through the provision of technical support to public education and awareness programs.

. In more recent years, UNAIDS has concentrated its efforts on helping countries to translate widely accepted strategic approaches to HIV/AIDS control into full scale national responses. UNAIDS has promoted best practice strategies that include:

- Building broad coalitions between governments and other international and local partners;
- Addressing changes in the behavior of individuals and institutions to reduce the risk of HIV/AIDS transmission;
- Addressing the stigma surrounding HIV infected people;
- Ensuring that the response to HIV is on a scale commensurate with the scale of the epidemic itself; and
- Responding to the epidemic with a combination of efforts suited to local circumstances.

The United Nations Association of Greater Boston is pleased to award a 2002 Leadership Award to the United Nations Program on HIV/AIDS (UNAIDS) for its leadership in helping developing countries to translate proven HIV/AIDS prevention and control approaches into full scale national responses better able to cope with the scale and complexity of their HIV/AIDS epidemics.

World Health Organization

The World Health Organization broke very important new ground this March when it added 11 antiretroviral drugs and 5 drugs for infections that frequently accompany AIDS to its List of Essential Drugs. Ten of the drugs were relatively low cost generic drugs from Cipla Ltd, an Indian producer. The decision to place generic drugs on the Model List breaks the monopoly of major international producers previously unready to give discounts for drugs sold in third world markets. The action signals that relatively cheap generic drugs are also safe for use in developing countries. It also introduces price competition more generally for basic AIDS related drugs in developing countries. Lower prices for antiretroviral and other HIV/AIDS related drugs make treatment more

affordable and accessible to large numbers of poverty-stricken AIDS sufferers who will be able to extend their lives as a result.

In April of this year, WHO followed up with the publication of its first HIV/AIDS treatment guidelines for use in developing countries. The new guidelines identify a practical, standardized and simplified antiretroviral therapy, and should greatly assist governments and national AIDS programs to extend these life-saving and life-extending vital drugs to those that need them.

The United Nations Association of Greater Boston is pleased to award a 2002 Leadership Award to the World Health Organization for its initiatives to make safe, affordable antiretroviral drugs available to HIV/AIDS victims in poor countries throughout the world.

African Medical & Research Foundation (AMREF)

Over the last 44 years, AMREF has developed into the largest indigenous international NGO in Africa, implementing more than 145 projects directly benefiting three million people in 21 African countries. It is estimated that its projects indirectly benefit as many as 200 million people.

In recent years, AMREF has been experimenting and introducing more integrated approaches to HIV/AIDS community care and support services that simultaneously address the needs of AIDS victims and their children before and after they die. These approaches to addressing the needs of AIDS victims and their survivors include the formation of broad partnerships between the public and private sector health services, NGOs, community-based organizations and community leaders and citizens.

To an increasing extent AMREF is also incorporating into its comprehensive strategy approach the control of AIDS-related TB infections resulting from the breakdown of AIDS victim immunity systems. AMREF's approach to TB control stresses sustainable community-based initiatives that link local diagnosis, awareness, management and treatment activities with strengthened public, private and NGO partnerships.

AMREF has also been recently pioneering in testing and development of low cost non-chemoprophylactic measures to prevent and control the spread of malaria in such techniques as the use of insecticide impregnated bed nets, public awareness campaigns, and the training of local health providers on the prompt diagnosis and treatment of malaria.

The United Nations Association of Greater Boston is pleased to award a 2002 Leadership Award to the African Medical & Research Foundation for its pioneering work in helping to control the spread of infectious diseases in Africa, and to build local health infrastructure that can extend comprehensive health and medical services to particularly disadvantaged and impoverished segments of Africa's population.