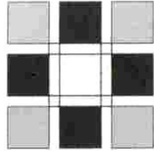

Notre Dame Center for Ethics and Religious Values in Business

Oliver F. Williams, C.S.C.
Director

Dear Colleague,

Attached is a report on an April 2002 meeting at the University of Notre Dame, which may have crucial significance for the lives of many of our fellow human beings.

As you know, there is a growing concern about the HIV/AIDS pandemic in our world today. The best evidence seems to indicate that over 30 million people, many of them poor and living in developing countries, have HIV. Most of these people will die because they do not have the resources to afford medicines and care.

As an ethicist and an academic who teaches two months of the year in southern Africa, I have personally seen the horrific nature of this pandemic. How can we speak of human solidarity and international justice in the face of this outrageous situation?

Fortunately, I am not alone in my concern. In April 2002, eight pharmaceutical companies (Merck, Novartis, Bristol Myers Squibb, Wyeth, Johnson & Johnson, Pfizer, Abbott, and Eli Lilly) funded a conference bringing together religious leaders, health care workers, government officials, and other activists, to search for ways to improve the situation. Although much is happening, much remains to be done. There is a particular need for developed as well as developing nations to exercise more leadership.

The attached report offers some insight and a way forward. I hope that it might inspire you to take some further action.

If I can be of any further assistance in this matter, I am at your service.

Cordially,

Oliver F. Williams, CSC

(Rev.) Oliver F. Williams, CSC
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Notre Dame Center for Ethics and Religious Values in Business

Ethical Dimensions of Issues of Access to Medicines and Care
April 7-9, 2002

Summary Report

University of Notre Dame, Notre Dame, Indiana
For more information on the Center, see the website, http://www.nd.edu/~ethics/

Introduction

The developing nations of the world—and the poor living within those countries—are bearing the brunt of HIV/AIDS and its consequences of economic, social, personal and political disruption. As they grapple with the challenges of mitigating the impact of disease, an increasing number of organizations and individuals from the developed nations governmental, corporate and civic sectors are joining them in the battle against HIV/AIDS. In many of the poorest nations of the world, it is the non-governmental and community based organizations (NGO/CBOs), and most particularly, the faith-based organizations (FBOs), who are at the frontlines of treatment, as caregivers and advocates for those infected and their families.

Has the potential of the FBOs to facilitate access to care and treatment been sufficiently recognized? What additional steps can these groups take, in partnership with others, to better address the needs of the suffering people and the developing nations? What are the ethical dimensions of the access to care and medicines for those suffering from HIV/AIDS in these countries?

These questions were the subjects of an international dialogue hosted by the Notre Dame Center for Ethics and Religious Values in Business on April 7-9, 2002. Participating in this dialogue were clergy and laity from faith-based organizations, representatives and diplomats from developing nations, health policy experts and executives from the global pharmaceutical industry. The Anglican Archbishop of Cape Town, Njongonkulu Ndungane, issued the challenge to the group, and several respondents reflected on his remarks from the perspective of their experience in managing HIV/AIDS programs. However, since the principal purpose of the conference was a dialogue among the participants, the majority of the time was spent in small- and large-group discussions. To facilitate free expressions of individual views, including cases where those views did not represent those of the organizations they represented, the conference employed The Chatham House Rule which is worded as follows: "When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speakers, nor that of any other participant, may be revealed." It is for this reason that, though no formal consensus was sought during this meeting, this report is presented as the collective work of the whole group, reflecting all of the thoughts expressed at the meeting and not just those on which there was full agreement.

Ethical Dimensions of Issues of Access to Medicines and Care

Foundational Principles and Challenges

"We are all stakeholders in the future of this global village."

This gathering was positioned as an opportunity to advance along the journey to wholeness through ethics and caring for people in the age of globalization. No longer isolated from one another, each of us and our nations are interdependent and interconnected within the global village. One of the greatest challenges we face is the HIV/AIDS pandemic. Not only is the disease spreading within new areas of the world, it is rebounding in developed nations like the United States, fueled by reckless behavior and a fundamental lack of understanding of the nature of the disease. The statistics are mind-numbing and the stories are compelling. For, example, in South Africa, average life span has been reduced from 62 to 40 years; households are headed by 13-year olds whose parents have died and whose younger siblings are ill; and many who fought apartheid will die without ever having tasted the fruits of freedom. The consequences for agriculture and management are staggering, as competent and knowledgeable workers die. The health every nation needs in order to attain the wealth it desires is declining. In addition to HIV/AIDS, the poorest of these nations also suffer from tuberculosis, malaria and diarrheal disease. In the current economic climate, affording medications is beyond the reach of these developing-world nations. At the outset and during the meeting, special appeals were made to pharmaceutical companies to recognize the value of affordable medicines in supporting the economic and social stability of important developing world markets. Other business sectors were called upon to work with governments to bridge the gap and provide for the poor as well. Governments were implored to develop the infrastructures necessary to provide care and the political will to end corruption and foster cooperation. The role of FBOs and communities was highlighted as not only providing care, but also in reminding the world that we all have responsibilities to care for one another. Everyone, in the view of these participants, is either infected with or affected by the HIV/AIDS virus. As the key participants in this conference, FBOs were charged with leading the world towards greater compassion, without which we are disconnected from all that life means. Long an important player, FBOs were noted as having critical,

"One nation's success will never – in the long run – be achieved at the expense or exclusion of others."

expanding roles and were tasked in this discussion with pursuing their mission on many fronts and keeping an open mind for new and very different solutions in the HIV/AIDS global crisis confronting the world today.

HIV/AIDS and the Poor of Developing Nations

"…we must become a caring community. We must advocate caring for others as a part of getting past the stigmatization."

Though this meeting was intended to address the health challenges of HIV/AIDS, it is not possible to do so without also addressing the poverty of developing nations. An endless spiral of interest rate-driven loan repayments to developed-world nations and international financial institutions exacerbates this poverty. These payments drain national coffers and lead to economic policies that further cripple the ability of these nations to develop economic strength. Poor nations have created and implemented investor-friendly macroeconomic polities in an attempt to secure capital. They have cut budgets to reduce deficits and inflation and to service debt, and have privatized formerly-public services. As a result, they have incurred job losses and the higher rates of poverty that unemployment creates. The combination of the disease and poverty weakens the social, political and economic fabric of these nations, and reflects a growing injustice that is intolerable within the global village today. Consistent with the Jubilee 2000 movement, debt forgiveness funds should be placed into projects in health, education and poverty-alleviation. At a time when the world is "within striking distance" of eliminating poverty, unjust economic systems and structures entrap billions of people—most often women, girls and the aged—with the consequence of disease, deprivation and despair, through no fault of their own.

This disproportionate impact of disease and poor health on people in developing world is a moral and ethical challenge for everyone on earth. The United Nations Universal Declaration on Human Rights proclaimed that all individuals and their families have a right to a standard of living adequate for health and well being, including food and medical care. Yet, it is clear that many do not. The Alma Ata Conference reaffirmed the right to health, and goals set by the 1996 World Food Summit called for a 50% reduction in the number of food-insecure people by 2015, a goal which will almost certainly be missed if current trends continue. In South Africa alone, in a population of 40 million, 20 million live below the bread line, 4.6 million have no income, 2.7 million families have no shelter, 5 million are infected with HIV/AIDS and by 2005 the nation will have 1 million orphans. Declaration after declaration has not yet produced the desired results in the status of poverty, hunger or disease. Nor have impassioned pleas. Poverty leads to inadequate nutrition that, in turn, worsens health and economic wellbeing. These issues of health and economic status are inextricably linked at every level, but are most clear in the case of the poor, and are important because physical health is a

critical and important asset for a poor person—and perhaps the only asset they may have. In response, many of the poor become economic refugees, crossing borders to flee from poverty into informal settlements in hopes that they can find a better life. These settlements are not recognized by governments, they therefore are not served with basic public health – water, sanitation, electricity, refuse removal, health care or education. Some care is provided within these areas by NGO'S, such as faith-based organizations, but the needs of the people are overwhelming and outstrip the ability of these groups to give adequate levels of relief.

The impact on life is unimaginable in the developed world. HIV/AIDS has reduced life expectancy by ten years in poor countries, and sapped one-third of Gross National Product (GNP) gains made by many African nations in the past decade. More teachers are dying of AIDS than can be replaced by colleges, and parents fear sending their children—especially their girls—to school. One quarter of health workers are HIV-infected and the disease is reducing crop production in these principally agriculturally-dependent economies by as much as 40%, further threatening food insecurity. In urban areas, some employers are reported to be training two workers for every job, knowing that one will die from the disease. Women and girls are disproportionately affected and, in some nations, reflecting the cultural and economic factors of life, the prevalence of HIV/AIDS in 15 to 24-year-old girls is six times that of boys. Even more resources will be required if the health care is to be strengthened and if widespread use of anti-retroviral medications (ARVs) is endorsed and implemented.

Defining the Issues and Concerns

"AIDS, as a full-blown development challenge, threatens to wipe out all of the economic gains that so many countries have struggled so hard to achieve over the last decade."

While the challenges are not simple ones, the issues are clear. The adequacy of resources is predominant among them. Most nations, particularly in the developed world, make significant financial investments in national security and therefore build considerable military capability. Might it be that they could be brought to realize the political consequences, security risks and destabilizing impact of HIV/AIDS? Might they come to see that investing in health and poverty alleviation programs will help prevent military conflicts? Could successful health programs and improvements in health status—and therefore economic well-being—be an antidote for the fear-based investment in military might? The participants believed so. It is not only the adequacy of resources, however, that must be addressed, but also the equitable allocation of those resources. Too often, injustices are committed as resources are made available without concern for equity—women are disadvantaged in education and health care, poor nations are disadvantaged in global financing mechanisms and the unemployed are disadvantaged in community support.

Participants did not minimize the degree to which major investments would be required to find cures for the diseases that plague the developing world, develop the infrastructure of poor nations and improve their economies. Servicing debts to developed nations and global financial institutions have drained national coffers and requested debt cancellations have not materialized. Beyond the financial investments needed are those that relate to developing and organizing information to grow commercial economies and those that improve human and social capital. These are critical needs in the developing nations today, since the world does not have decades to solve the problems that have been exacerbated by HIV/AIDS. In a climate of such intractable need, private donors may well become fatigued, and become overwhelmed with the immensity of the problems they are being asked to address. The pharmaceutical industry has now been "engaged" in making investments, but has learned that even when drugs are donated they often are not, or cannot be, used adequately. The pharmaceutical industry is but one of the many other players that should make contributions, but few coordinated, measurable plans of action and collaborative efforts are underway to sustain the kind of testing, counseling and care that leads to the appropriate use of medicines, such as anti-retrovirals (ARVs).

"HIV/AIDS represents the erosion of social capital – the lost of hope. It is tearing apart the basic social fabric in many African countries, and it is tearing apart families."

The health care infrastructure requirements are substantial. Addressing the crisis of HIV/AIDS requires human, technical and organizational assets; specifically, a supply of trained healthcare and home care workers, good diagnostic capacity, clinics and hospitals. It also requires the means to distribute supplies efficiently and reliably in order to prevent diversion (and resale) and to protect the product quality. Further, reflecting the social justice values of NGOs, CBOs, FBOs and FBO health care providers, and civil society, the infrastructure must have the means to distribute and provide these services consistently and fairly. The reality, however, is that the infrastructure is weakening in many areas. For example, in South Africa, nurses are leaving to secure better-paying jobs in other countries. Even the cheapest generic medications are far beyond the reach of communities in need in many countries, and the population faces other diseases—malaria, diarrheal diseases, respiratory tract infections and tuberculosis—which further complicate the care of HIV/AIDS patients and further stress the health care systems. Though the World Health Organization estimates that $60 per person yearly is needed to provide health care services to a population, in the poorest countries only $10 per person tends to be available, at best, and this is woefully inadequate given the already poor health and nutrition status of the people. Donations of drugs, medical missions and technical assistance help, but are only stop-gap measures unless the socioeconomic status of the people is improved.

The responsibility for addressing these issues does not lie with one group, nor can any group accomplish these daunting tasks alone. Partnerships must include governments, NGO'S, CBO'S, FBOs, employers, donors from public and private sectors and citizens. The participants in this dialogue suggested that this meeting—and others like it—should create new relationships that could forge the partnerships that would lead to more rapid program and policy development within their home nations and among the international groups addressing HIV/AIDS. They committed to call on each other for assistance in-country, to improve relationships in the broader dialogue, to look past existing entrenched, organizational politics. Even war, poverty and disease are only symptoms, they noted, of a more fundamental problem—that of the nature of human relationships and the cultural practices of power and control which create the context for poverty on the globe. The key to improving health is in resolving the underlying causes of the problem, not just through the treatment of the symptoms. Better support is needed for those on the ground who are responsible. Trust between all the players is important.

Addressing each of the problems—symptoms as well as diseases—calls for enlightened political leadership. Yet, at the global level, leaders have failed to create an organized, clear strategic direction or to articulate a unified vision regarding the control or management of HIV/AIDS and its consequences. Further, it is through governments that intersectoral planning can be accomplished. HIV/AIDS and its antecedents and impacts are the proper remit of trade, labor, finance and health ministers, all of whom should be working together and coordinating strategy within their nations, and globally.

"So remember, for those of us who are Christians, we think there will come a point where we have to give an account of our lives, and we know the one question that we will be asked, do we not? Which is, where were you when I was hungry, when I was thirsty, when I was naked, when I was ill? And we will say, but Lord we never saw you any of those ways, and He will say, well insofar as you did it to the least of these, you did it to Me."

Political will is what causes governments to identify problems and craft solutions which then can be implemented through government, or in partnership with others, and more of it is needed. Thailand and Uganda were two governments cited as being effective in initiatives; Uganda is reported to have cut the incidence of HIV by 50%. The actions of these governments stand in stark contrast to those of South Africa and other nations. Too many other nations have so far failed to take appropriate actions to address the epidemiology of the disease, prevent mother-to-infant HIV transmission, or provide adequate support to community workers on the front lines of HIV/AIDS care.

People in the developing world were already suffering from the lack of access to medicines and health care when HIV/AIDS invaded their world. HIV/AIDS made a difficult situation even worse and brought the lack of care more fully into the spotlight, often in the context of great conflict, for example, the intellectual property rights dispute in South Africa. While regrettable, those conflicts will ultimately be viewed positively because they brought attention to the needs of millions of people. For too long health and its related social

and human capital issues have been neglected in international policy. One conflict relates to the degree to which patents for medicines impede access to needed care, and as a result the World Trade Organization (WTO) has made progress in its global discussions to assure that patents do not impede the care of people in need. Negotiators have had to tred skillfully among seemingly off-setting human rights to medical care and intellectual property. Patents on AIDS drugs in African countries are rare. Only 2.5% of medicines for opportunistic infections in the 54 African countries are patented, and only 21% of anti-retroviral compounds, 5% of anti-malarials, and virtually no TB, tripanosomiasis and diarrheal medicines used are patent-protected. Of the 308 medicines listed in the WHO Essential Drugs List, only three are patented in Africa, and by the end of this year, the number will drop to two. Yet one-third of world's population lacks access to medicines and health care. The reasons are inadequate financing of health care, inadequate infrastructure for delivery of health care, uninformed and cumbersome regulatory procedures, high government tariffs and sales taxes and, above all, poverty.

"Cost of products is obviously one important component, but equally important is the supply of trained healthcare workers, the availability of good diagnostic capacity, clinics, hospitals and the means, the mechanisms for distributing supplies and healthcare services consistently and fairly."

Some of the most difficult issues are those related to community and cultural leadership, because they involve human sexuality, family relationships and disease stigma. Issues related to sex education for children by parents are difficult when even the parents themselves are culturally proscribed against speaking about sexuality with each other. Encouraging family and moral values, including being faithful to one's marriage partner and abstinence for the unmarried, are difficult in regions where polygamy is accepted and women have little economic or cultural status. Having economic or negotiation power is difficult in regions where women are not educated or cannot get jobs. Some have no choice but to sell their bodies for food. Health care workers cannot effectively test, counsel and treat patients with legitimate medicines in communities that stigmatize the person for their behavior or for acquiring HIV/AIDS disease. In some cases, a "culture of denial" chokes off the provision of medicines for infected persons, or denies infant formula to babies who might be infected during breastfeeding. In other cases, some of the traditional healers perpetuate infective and dangerous methods of cure—including sex between infected and uninfected persons. NGOs, such as FBOs and churches have important roles to play in these settings because they understand local cultures, are well-respected for the outreach they provide can and have a profound influence on people's lives. In that case, particularly in those regions where men's sexual behaviors and cultural power place women and girls at risk of HIV/AIDS, churches and religious groups can be a force in addressing those behaviors, and encouraging better relationships between women and men.

Regardless of what political and community leaders do and how well the infrastructure is developed, HIV/AIDS is also a disease in which personal

factors play a role. Individuals must become aware of the disease, understand how to prevent it and take personality within their cultures. Further, they must become trustees of their own health and lifestyle and behave accordingly. Unfortunately, little attention has been paid to these issues within the cultures, including in the developed world, which is now seeing a resurgence of HIV/AIDS infection. In some developing nations, the consequence of this failure is devastating. Myths—including a myth that sex with a virgin will cure HIV/AIDS—leads to irresponsible and, in the case of child rape, criminal behavior. Parents fear sending their girl children to school.

Recommendations

Imperative #1: Alleviate Poverty

"Mahatma Ghandi said, 'Poverty is the worst form of violence.'"

Economic Development. Cancel unpayable and odious debt and assure that debt-repayment funds are routed to help the poor, so as to alleviate poverty and within the spirit of Jubilee 2000. Looking to the long term, identify and promote ways for developing nations to strengthen their economies, especially through trade, making trade rules more fair so as to give developing countries the capacity to use trade as an engine of growth. Assure that issues of HIV/AIDS and poverty are incorporated into discussion of national and global security.

NGO Funding Assistance. Allow direct funding of NGOs by donors, to alleviate the shortage of funds for medications and infrastructure development and to short-cut bureaucratic barriers occasionally erected by some governments. Facilitate a parallel track of individual giving to NGOs—including the donation of skills and capacity-building assistance, not just funds. Create forums for cooperation and funding by linking existing alliances, NGO consortia, national and corporation foundations, and make their experiences more broadly accessible.

"Work together for the common good, or perish."

Increase Health Spending. Increase health care funding to establish greater equity between health and military spending on the globe. Maximize the value of the Global Fund for HIV/AIDS, Tuberculosis and Malaria (GFATM), by advocating for increased funding, assisting agencies and NGOs in making good applications for funds and create a Vaccine and Treatment Fund to provide affordable medicine for the poor. Find new sources of funding for testing, prevention, treatment, care and community support for HIV/AIDS by collaborating with the Global Business Council on AIDS, and

with coalitions of pharmaceutical, agricultural and other corporations to promote employer funding of these services. Convene a high-level policy forum, widely covered by the media, to encourage additional funding and create the incentives to do so with information from the WHO Sachs Commission, economists, pharmaceutical and vaccine companies, national security and defense chiefs. This additional funding would include monies for the provision of supportive nutritional and related programs essential for the necessary medical treatment of HIV/AIDS.

Reduce Health Care Costs. Lower the cost of providing goods and service by reducing or eliminating the Value-Added Taxes (VAT), tariffs and import duties on health care products. Create mechanisms that will allow differential pricing while controlling/preventing reimportation to the developing world. Explain the complementary roles of brand and generic pharmaceuticals. Patents are not a problem now, but assure that they do not become a problem in the future.

Imperative #2: Develop the Infrastructure

"Responsibility does not rest with any one partner or component."

Replicate Successes. Expanding upon and replicating successful treatment and prevention programs will help alleviate the lack of capacity and expertise in many countries. Use experience from positive public/private models (such as Mectizan) where programs were integrated into public health care systems, complementary resources were brought together, all efforts were directed towards a common goal, all within a spirit of cooperation. Create "share fairs" and conduct mapping exercises to organize and spread information about successful programs and ongoing operations. Catalogue information on the players in developing-world HIV/AIDS funding, prevention, counseling, treatment and care. Identify where they are located and coordinate the information through the Partnership for Quality Medical Donations (PQMD), which, in turn, will share the information with NGOs and corporations for cooperative ventures with government, funders and local communities.

Employ New Methods. Improve and maximize resources by capitalizing on the leadership of individuals and the growing role of congregations. Create regional education and training centers in Central Africa and elsewhere and optimize the use of the internet.

Employ Existing Networks. Link to major service clubs—such as Rotary International, which already has a strong presence in Africa—with influential members and experience in service projects. Develop affinity groups—for example, church-to-church, hospital-to-hospital and African-American church-based—to facilitate the sharing of information, resources and expertise

and the sense of connection. Approach education, testing, counseling and treatment where people congregate—malls, markets and workplaces—which will help to mobilize more resources and will be a way to identify and attract new payers and partners for HIV/AIDS ventures.

Develop New Networks. Develop regional, cross-national structures and mechanisms charged with ensuring the equitable allocation of donations from the GFATM funds to local levels.

Improve Strategic Planning. Stage a 2010 planning exercise that would project a future scenario of funding ($70 billion), and policy changes (regulatory relief, TRIPS implementation in the developing world) and challenge political, industry and donor leaders (Jimmy Carter, Simone Veil, Manmohan Singh, Graca Machel, Sir Richard Sykes, Roy Vagelos, Bill Gates, Baroness Chalker) to create a system of affordable access to medicines without reimportation, funding without diversion, equity in health care delivery and care of orphans. Provide tax incentives for research on target developing-world diseases. Prepare for the availability of an HIV/AIDS vaccine.

Imperative #3: Create and Sustain Leadership

"President Museveni of Uganda has been one of the most vocal people… he uses the African imagery that if you're in a village and a lion comes into the village… you warn and tell everyone in that village that the lion is here and it's dangerous… you need to protect yourself."

Facilitate Dialogues. Create opportunities to explore government roles and create standards of ethics for Africa, which will promote solutions sensitive to the culture of the region, and address the lack of leadership and the problems of corruption in some countries. Promote attitudes of mutual respect, which should be the norm within the donation culture, between donors and recipients. Encourage planning and participation of a meeting organized by the Southern African Catholic Bishops' Conference to be held in South Africa in 2003 of theologians and social scientists to further the HIV/AIDS action plan. At such dialogues, other aspects of care can be a topic, including how to scale up to improve nutrition through education on good nutrition and agricultural training and microcredit for small farmers, for voluntary testing and counseling support, for prevention and stigma reduction, for primary health care to treatable diseases and opportunistic infections, and eventually for use of ARVs for those who can take them.

Change Cultural Attitudes. Use social marketing techniques, lifestyle, entertainment and consumer marketing approaches to create caring communities; address issues of inequality and injustice, particularly for women and girls; change attitudes towards sexuality; and reduce the stigma of HIV/AIDS. Assure that gender and cultural issues are integrated into sensitive activities of education, prevention, capacity-building and training. Promote

the value and use of women-controlled technologies (e.g., female condoms), and assure that special support is provided for child-headed households.

Focus on Ethics. Conduct dialogues and studies to address the ethical issues in HIV/AIDS in order to explore the common ground and address how to deal with the diversity of the various key groups—the culture, NGOs, FBOs, governments, companies and the church. Determine if it is ethically defensible to have a standard of care for the developing world that is different from that of the developed world, if a standard is consistent with the cultural and clinical realities of a country.

Maintain Advocacy. Continue advocacy at international and domestic levels. Study other sectors to determine how to secure resources and determine if any of those techniques can be used to increase HIV/AIDS funding.

Imperative #4: Develop New Skills

"Because of the unique cultural aspects of the spread of HIV in African countries… effective prevention strategies must have an African solution."

Master Collaboration. Develop the skills required for collaboration among the stakeholders who work together. Leverage the different competencies of the partners, maximizing each, for example, the ability of FBOs to influence people's attitudes about healthy relationships, the role of government to uphold human rights and prosecute rape, the resources of employers, the skills of corporate Human Resources executives to influence testing, counseling, treatment and care. Create "spatial" or geographical information systems that will map what each of the partners is doing to test, counsel, prevent and treat.

Engaging Leaders. It is important to approach leaders in all sectors—government, NGO, FBO and pharmaceuticals—to engage their support and action, but also to avoid placing them on the defensive. Exercise great care and sensitivity in approaching cultures that have experienced brutality in the past and today will be highly sensitive to intrusion. Seek and find the common ground and important issues about which most stakeholders will agree.

Become TRIPS-Friendly. Conduct seminars to make TRIPs (the World Trade Organization Agreement on trade-related aspects of intellectual property rights) "user-friendly," inviting NGO, FBOs, industry and government officials to explain the flexibility of the agreement, how to implement it in national law and links between respect for property, investment and economic development. Help groups advocate within their own governments for the effective use of TRIPs and the Doha Declaration in public policy.

Teach Grant-writing. Build and sustain collaboration and funding by securing technical assistance and grant-writing expertise in order to secure funds from foundations. Develop and present an integrated proposal to the GFATM, involving local and national NGOs and pharmaceutical companies, to address prevention, care and treatment, advocacy and mitigation of impact and evaluation.

Imperative #5: Inspire Hope

"No one individual or race or culture is superior to another. There is a saying, 'Before each human being there walks an angel proclaiming, 'Make way, make way, for the image of God.'"

Promote Empowerment. Work to give people a sense that they can make decisions and have some control over their own lives, regardless of their circumstances.

Highlight Successes. Even if only small percentages of people are willing to make change, they can be models for others. Find ways to highlight their successes.

Remember Dignity. Ensure the dignity of each human being. Assure that the stigma of HIV/AIDS does not cause a denial of human rights for those who are infected.

Continuing Dialogue

The participants determined that the fruits of the dialogue initiated during this meeting at Notre Dame would be multiplied if the discussions continued, and so five interest groups were established. A LISTSERV has been created to facilitate the discussions of each; they are:

- Global Fund Proposals, led by Dr. Milton Amayun
- Databases, led by Heather Lauver and Jacqui Patterson
- TRIPS, led by Ambassador Boniface Chidyausiku
- Advocacy, led by Bishop Kevin Dowling and Tom Klein
- Social Marketing, Behavior Change Management and Communication, led by Amy Marks

Going Forward

In this meeting the urgent, worsening and often seemingly intractable problems of HIV/AIDS was met with a spirit of the possibilities for prosperity

and peace that could be ours if only we can work cooperatively on behalf of those who cannot. Quoting from one speaker:

> *"Long ago, another (the Jewish) people standing on the edge of their future, were invited by God (in Deuteronomy 30:19) with this warning and promise:*
>
> > *'I call heaven and earth to witness against you today that I have set before you life and death, blessings and curses. Choose life so that you and your descendents may live.'*
>
> *To live is to choose. Let us choose to move forward together in order to realize our dream: of a generation without AIDS, of a world order where there is sustainable peace, growth and development, of a world in which everyone created in God's image has ready access to what is basic for human living."*

And finally, from another:

> *"Don't give up."*