I was told, up here, that this was not for the first time that I’ve blown a fuse, but those of you who know me, know that a fuse also would not get in the way and also, I have to say my message to you is really so simple and so straightforward, that I think it also does not need much translation. My message, in essence, is that we in the world today for the first time in history, have the capacity within our hands to end the suffering of absolute poverty and the millions of deaths per year that are associated with absolute poverty and you, Ministers of Health and distinguished representatives of the international organizations and leaders in the cause of global health, will be in the front lines of this dramatic progress that we will make in this generation. The message is simple and yet it may seem either propostorous or utterly paradoxical. We’re meeting after all in what surely is one of the greatest urgencies of history in health. We’re meeting in the midst of the greatest pandemic of modern times, when the scourge of AIDS is killing millions by infecting millions around the world every year, and when resurgent diseases, such as malaria and tuberculosis, are reconquering ground that they had lost in past decades, and yet my message is simple. Despite the appearance of lost ground or despite the appearance to some of the hopelessness, we have an opportunity that is unmatched in history, not only to confront these challenges, but to end and I mean literally to end absolute poverty in our generation. What do I mean by absolute poverty? I could give you fancy definitions but I’ll give you a simple meaning. Absolute poverty is poverty that kills. When I went to school, I was taught that poor people live on the edge of survival. When I was honoured by Dr Brundtland to chair the Commission on Macroeconomics and Health, I saw more graphically than I every could have imagined that that is not true. Poor people are not living on the edge of survival, they are falling right over the edge by the millions. We’re living in a world where millions of people are dying every year of their impoverishment, but the paradox is that we’re living in the midst of the greatest affluence in the history of the world, with the greatest technological capacity in the history of the world, the combination of which has rendered those deaths absolutely unnecessary, absolutely avoidable and you, ladies and gentlemen, can lead the way to overcoming these tragedies. The world will quickly say
“can’t be done”, how naive, as they have said about eradicating smallpox or as they said about rolling back African river blindness or leprosy or trachoma, conditions that seemed immutable and yet are being conquered by the leadership in this hall. I am asking you to take on a bigger challenge, because you’re the people to lead it. That is the challenge of ending absolute poverty in our generation. Why do I think it can be done? Because, if I have any talent at all to justify my being here, I have my doubts, but if I do, it’s because I can add up the dollars because I’m trained to put a price tag on what it would cost to meet this challenge, and because I happen to come from the richest country in the world and in the history of the world, and I know the means that we have in this world to address these challenges. Because I know that we don’t have to talk in millions of dollars for health when we live in a world of trillions of dollars of income in the rich world. Because I know that with the progress that’s been made in economic development in so much of the world, when the progress has been made not only in the richest countries, but also with billions of people in China and India and Brazil and Mexico and so many countries that have achieved marked economic progress. The absolute poor now with us can be saved. The richest of the rich constitute about one sixth of humanity. The poorest of the poor, those living with the absolute poverty that kills, constitute about one sixth of humanity now. Two hundred years ago, it was all of humanity, we all struggled for survival. The miracles of technological progress, the wonders of economic growth, have reduced the share of humanity markedly, remarkably to a point where we can honestly talk about ending this suffering and make no mistake about how rich the rich world is. With average incomes of US$25 000 per capita, the billion people in the rich world command an income each year now of US$25 trillion. We discovered in our study in the Commission on Macroeconomics and Health over the last two years, that to extend the life-saving health interventions to the poorest of the poor, to enable them to have reliable coverage of immunizations, of insecticide impregnated bednets, of directly observed therapy short-course for tuberculosis, and yes, ladies and gentlemen, for viral drugs to keep the 40 million people alive that are suffering from HIV infection. That this would require from the rich countries an annual outlay of about 25 billion dollars a year; it sounds like a lot until you do the long division: in a 25 trillion dollar world of annual income of those countries, the 25 billion dollars needed amounts to one thousandth of that income every year.
That’s one penny out of every ten dollars of rich world income and that, we found in our Commission, would be enough, one penny out of every ten dollars would be enough, to save eight million lives per year of our brothers and sisters around the world. Eight million lives; twenty five thousand deaths per day averted for one penny out of every ten dollars of income in the rich countries. We learned a few things more along the way that I’d like to share with you, especially the ministers of health.

Accomplishing this investment in the life-saving technologies for your countries, is the sine qua non of ending the poverty trap which afflicts so many of the poorest countries in the world and is the sine qua non of the economic progress that you so ardently desire and deserve. If we don’t end the AIDS pandemic, we will not see economic progress in Africa, make no mistake about it. All of the good wishes, all of the good will, all of the investments in the other sectors will come to nought if the killer pandemics are allowed to run their course as they have been for the last generation. We see the devastation everywhere; in January, I stood in the fields and villages outside of Lilongwe, Malawi, talking to the grandmothers, tending to their 15 orphaned grandchildren, because the generation of their mothers and fathers has been lost to AIDS. And I stood in those sun-parched, drought-ridden fields as the grandmothers told me how they had carried their children on their backs for 15 kilometres the day before to try to find the anti-malarials at the district hospital and had walked back because the drugs weren’t there and were on their way by foot again the next morning. And I stood in the fields as they opened up the apron-strings to show me the crumbs of millet infested with maggots that they would feed their hungry grandchildren that night because, with the farmers dead and the aged grandmothers looking after their wards and the drought-ridden climate of Southern Africa, there are no grains on the vines; there is hunger and there is death now. And what we learned in this Commission, ladies and gentlemen, is that there is no solution to these problems except through partnership of the rich and the poor. And what we learned (as much as some want to deny it) there is no solution to these problems except by a marked increase of financial contributions of the rich countries to the plight of the absolute poor. You can do the arithmetic in every direction as well as I: Malawi’s average income is 200 dollars per person per year. As the Commission found, the life-saving interventions that Malawi needs to fight AIDS, tuberculosis, malaria, diarrhoeal disease and respiratory infection, to
immunize the children, to provide vitamin A, to have skilled attendants at child birth (so that mothers
don’t died in child birth in the startling numbers that they do still today), that those interventions are
the biggest bargain in the world. 40 dollars per person per year could extend those interventions, 40
dollars, and I’m including the antiretrovirals. And yet for a country at 200 dollars per capita, 40
dollars is 20 percent of the gross national product, it’s more than the entire budget of the country, it’s
more that all of the spending, not only on all of health but education and roads and infrastructure and
power, public administration, police. This isn’t a matter of using the resources better; this isn’t a
matter of waste and corruption; this is a matter of poverty that kills because at 200 dollars the
resources are not available inside Malawi to fight these diseases—that’s the simple fact and that’s why
we need a partnership of rich and poor. And we found another thing, ladies and gentlemen: that if we
make that partnership, the benefits are staggeringly high. Of course, first and foremost in the human
terms. Have you been to villages where there are no mothers and fathers? I had not. Have you been
to hospital wards in hospitals were people are dying by the hundreds every day, in the hospital—not
because there aren’t doctors, not because there is no infrastructure but because somebody has not
deemed it to be cost effective to keep a human being alive at a dollar per day? So first, is the return on
our simple humanity, the kind of world we want to life in. But the second is the economic return.
Economic growth cannot succeed in a world of rampant disease. The countries that have escaped
from poverty did so because they were able to make great progress on reducing infant mortality,
limiting fertility, investing in the health and well-being of their children. But they were the lucky
ones, they were countries that didn’t face holoendemic malaria, with the uniquely powerful vectors
that so much of Africa suffers. They were the countries that didn’t face the pandemic of AIDS that is
devastating the health systems of these countries, even as—I hate to say it—the world has sat back for
twenty years and been unable to fashion the partnerships to curve this unique and curvable pandemic.
And we found that the technologies exist to succeed. The eight million lives that could be saved for
the penny on every 10 dollars are not lives depending on a new miracle. Their lives aren’t applying
the knowledge that you people have in this room, and that you know better than any. In that hospital
ward in Malawi that I went to after the village, where I saw on one side of the room, the medical ward
so-called – a true misnomer cause there were no medicines there – where I saw 450 people dying in a
scene that I’d never seen before – three to a bed, ladies and gentlemen – head to foot in the bed –
ladies and gentlemen, and somebody on the floor underneath the bed to stay out of the way. 460
people in the room for 160 beds, all of them dying. In that same hospital, on the other side of the hall
was the outpatient clinic where the few people who could afford the dollar a day were getting the
drugs and were walking home and were being the mothers and fathers and the farmers and the teachers
and the doctors and the nurses and the politicians of their country.

We have the technologies, we can do this job – we can cure TB, WHO has shown, persistently in all
parts of the world, if we have the resources. We can curb the AIDS pandemic. We can immunize the
people as that wonderful global alliance of vaccines and immunizations is proving. We can do this
job. The future, therefore, is not to be found in the stars, it’s not to be guessed at, it’s not to be
discovered in some differential equations of a theoretical analysis predicting whether we have doom or
success. The future depends wholly on human agency. Whether we are able to recognize our wealth
in this world, whether we are able to recognize our common stakes, whether we are able to bring to
bear our vast scientific knowledge and whether, therefore, we are able to get the job done. This is a
question of human agency, not a matter of forecast. This is our choice. Everyone in this room can be
the leaders in this unprecedented historical breakthrough. We need all hands to succeed.

For the Ministers of Health of the poor countries, I commend to you the central recommendation that
I’d like to leave of the Commission Report. That is, that the findings of our report at the global level
were so startling in what can be accomplished, that we urge each of your countries to establish a
national commission to plan for the next 15 years, your conquest of these killer diseases, to make the
budgets, to help analyze the approach ahead, and on that basis to call upon the rich world to be your
full partners to get this job done. And I want to say to you, that for any Minister of Health in any
developing country, I promise you personally, and to the extent that I can institutionally, as Special
Adviser to the Secretary-General, Kofi Anan, that I will do everything within my means to help you
succeed in that national commission. To have it undertaken, to have it work at the full scientific potential, to find partners for analysis, and then yes, the bottom line, to help go round up the funding to that we can look back and know that we got the job done.

To the Ministers of Health in the rich world, I ask, is this an opportunity we can conceivably pass up? Do we have any doubt that in our countries, our countrymen would jump at the chance for a penny out of every ten dollars to spare humanity of this suffering. I have not the slightest doubt about my own country. A country of tremendous generosity, that does not yet understand fully what we can accomplish with the remarkable tools we have at hand. I have no doubt for the rich world as a whole, that that one thousandth of income could not be better spent. This is the best investment opportunity human society has ever faced. The chance to end such enormous suffering at such extraordinarily low cost.

And to the international institutions, and especially to the World Health Organization, first, I want to salute you, for the incomparable work that you do, and sometimes not under the ideal circumstances. I think the world does not appreciate, I know, that so much of the world does not appreciate the astounding professionalism of these institutions and how much of the world depends on their effective operation. And I have watched, as an outsider, with awe and admiration of the WHO, from what I think is the incomparable leadership of the Director-General through the incredible knowledge and professionalism of the staff in the last two years. To know that we can get the job done. What I would appeal to all of you is to leave here resolved to succeed, to put the extra effort, to go home and explain to the political leadership, how little it would take and how much can be accomplished. And to tell them the deep truth that no speech ever ended an epidemic by itself. That no good words are going to curb AIDS. That no amount of hand-wringing is going to stop mosquitoes transmitting malaria. Only bednets, anti-retrovirals, anti-TB drugs can do that job. There are no shortcuts, but there don’t need to be shortcuts anymore. We have the means, we have the knowledge, we have the wealth and I am utterly convinced we have the humanity