

TIME Global Health Summit
Beyond Charity: Can Global Health Be Good Business?
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What can happen when on-the-ground social entrepreneurs create business opportunities? How can business entrepreneurs apply their expertise to the developing world?

Speakers:

Sir Richard Branson, Chairman, Virgin Group of Companies
Trevor Neilson, Executive Director, Global Business Coalition on HIV/AIDS
Prof. C.K. Prahalad, Author, "The Fortune at the Bottom of the Pyramid," and Paul and Ruth McCracken
Distinguished University Professor, The University of Michigan
Anuj Shah, Chief Executive Officer, A to Z

Moderator:

David Brancaccio, Host, PBS NOW

At the TIME Global Health Summit, held in New York Nov. 1-3, TIME magazine convened leaders in medicine, government, business, public policy and the arts to develop actions and solutions to the world's health crises.

More information, including archived webcasts of sessions, transcripts and downloadable photos, available online at www.time.com/globalhealth.

TIME MAGAZINE PRESS CONTACTS:

Diana Pearson, Director, Public Affairs
212-522-0833
Diana_Pearson@timeinc.com

Kimberly Noel, Publicist
212-522-3651
Kimberly_Noel@timeinc.com

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UNIDENTIFIED COMPANY REPRESENTATIVE: ... here in Africa.

When I was at the University of Ghana all those years ago one of my professors used to collect proverbs from West Africa. And as a way of expressing my personal thanks that all of you have devoted all this time, our most precious resource, to spending this week with us talking about this absolutely crucial issue I just want to share the tiniest of his proverbs.

From the Akan speakers of Ghana it's simply this, "One must come out of one's house to begin learning." So I think that's what we've all done here and we'll continue it now as we address question number four on the big questions that this summit is grappling with Beyond the Charity Can Global Health Be Good Business?

We've got quite a panel here so we're going to get rocking and rolling. Let's welcome then up here, first of all, Sir Richard Branson, Chairman of the Virgin Group; Professor CK Prahalad from the University of Michigan, author of that wonderful book – I commend it to you all, "The Fortune at the Bottom of the Pyramid," that's influenced so much thinking.

Next up we have Trevor Neilson who is Executive Director of the Global Business Coalition on HIV/AIDS. And I want to welcome Anuj Shah in from Tanzania, he's the boss over at – you know, American's say A to Z Textiles, A to Zed is that a little better?

UNIDENTIFIED PARTICIPANT: (INAUDIBLE)

UNIDENTIFIED COMPANY REPRESENTATIVE: Thank you, everybody.

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

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

I'll ask the same question of all four of you – quick answer. As we just heard, the only role out of poverty is through business and if poverty is inextricably linked with the healthcare and the health well being and the healthiness of people in poorer countries, share with me if you would quickly what do you – from your perspective is the biggest misconception that people have about the role of business in addressing social problems?

Sir Richard?

SIR RICHARD BRANSON, CHAIRMAN, VIRGIN GROUP: Well, I don't necessarily think it's a misconception if you go to South Africa and you speak with businesses and you ask them are they treating their staff with antiretroviral drugs if they've – if they've got AIDS you'll find that 99.9 percent of them will sheepishly say no and they're letting their staff quietly die.

And yet, as I've learned only in the last sort of year or so, it makes good business sense to treat your people apart from the moral aspect of it. We have people have Anglo-American Bank here who have done a magnificent job of actually taking their 150,000 workforce and treating them. And instead of having 25 percent of them dying from AIDS they've got that 25 percent you know, back in the mines, working healthy. And they're now only losing about 0.3 percent or 0.4 percent.

So I'm afraid that the – what ever perception it is it should be a negative one because those businesses are not doing enough.

UNIDENTIFIED COMPANY REPRESENTATIVE: Not doing enough.

Professor Prahalad, you've spent a lot of time thinking about just this area. What do we get wrong typically when we're trying to understand where business comes to play in solving these big issues?

CK PRAHALAD, PROFESSOR AND AUTHOR, UNIVERSITY OF MICHIGAN: There are two dimensions to how business can help, one is what Richard just talked about. Just imagine a company losing 20 to 30 percent of its productive capacity and you can't plan for it.

In a country where capacity is very limited taking 20 to 30 percent capacity out – human capacity out – is a huge cost. So you don't have to be a rocket scientist to figure out that it is in your self interest to treat not only people working for you but their families so at least you keep your productive capacity alive. That is one side of what businesses can do that is fairly straight forward.

The second, which is think is a more important one for us to discuss, is treating HIV and generally creating health must be seen as a business. HIV is not one episode. It is a chronic disease and it has a long gestation period and then you have to live through the rest of your life in health where you need to be treated.

That means we have to have a sustainable solution. And that requires an approach to looking at the business and the economic side of how do we treat these people. And I think so there are two sides, how we can work all our discussion into its core economics and core business; and the second is how do companies take even a parochial interest to their own employees. And I think we need to separate the two issues.

UNIDENTIFIED COMPANY REPRESENTATIVE: Thank you.

So, Trevor, you like everybody on the panel probably deserve a hero award. But you've got all these businesses together working on this HIV/AIDS issue ...

TREVOR NIELSON, EXECUTIVE DIRECTOR, GLOBAL BUSINESS COALITION ON HIV/AIDS: Yes.

UNIDENTIFIED COMPANY REPRESENTATIVE: ... but clear up a misconception even before we get started.

NIELSON: We have 205 multinational companies that are members of GBC, many of whom are here today. And, in fact, Time magazine is a member as well so we should – we should applaud them for their role.

And I think the biggest misconception is that the strongest way that a company can be involved the fight against AIDS, TB or malaria is by writing a check. We actually think that's the weakest way that a company can be involved.

And it's this problem is one of communication largely between the global health community and the corporate sector. And that problem of communication was manifested in remarks that Secretary General Special Envoy on AIDS, Stephen Lewis, made yesterday calling on every multinational corporation in the world to donate .7 percent of its profit to the fight against AIDS, TB and malaria, which is a wonderful, wonderful idea, one that will absolutely never occur.

We think that it's more powerful for a company to make a few basic commitments to the fight against AIDS. Keep your employees and their families alive. Give them the drugs they need. Give them the condoms they need. Give them the tests they need. Number one, you can have a major impact on that. In many parts of the world the only healthcare that's available is that that a company provides.

Number two, use your products and services in the fight against AIDS. What a lot of people forget is that all this money that we need for the fight against AIDS, TB and malaria is money that buys stuff. Companies make that stuff. Governments don't make that stuff generally. And so if companies used their products and services in a – in a strategic way they can make a real difference.

The third and final category I would say is leadership, advocacy and leadership. It's one thing if a well-meaning NGO goes to the President of Nigeria and says, "You should spend more money on AIDS." It's an entirely other thing is Shell, BP, Chevron and Exxon go to that President and say, "You should spend more money on AIDS." That's the focus of the GBC and I'm happy to be here to talk about it.

UNIDENTIFIED COMPANY REPRESENTATIVE: Fantastic.

Now, Mr. Shah, A to Z Textiles among many other things makes very cool bed nets. Not just any bed nets, right, it's – how do they work?

ANUJ SHAH, CHIEF EXECUTIVE OFFICER, A TO Z TEXTILES: What we are manufacturing is long-lasting insecticide nets. And these nets actually would last for five years and they are made out of plastic.

UNIDENTIFIED COMPANY REPRESENTATIVE: And the achievement of those nets represent a lot of different stakeholders coming together. Want to ask you about that in a second, the people who produce the insecticide, the people who produce the polymer that goes into making the nets.

But then there's the issue of you've got this great product, producing it at a decent price, here's – I'll submit a misconception that nets fly off the shelves and problem solved.

SHAH: See the major problem in Africa is that people's income are very low. I mean you're talking about \$20 a month. Now we produce a product which is about \$6. The major problem is that even \$6 – when people don't have food to eat and if you ask them to pay \$6 it is impossible. This is the major problem which we face in Africa.

UNIDENTIFIED COMPANY REPRESENTATIVE: And if you need several because you have a bigger household it's six-times whatever.

Did you want to say something?

SHAH: No, no.

UNIDENTIFIED COMPANY REPRESENTATIVE: OK. Give me a sense about the story behind those bed nets, if you can encapsulate it for us. Who had to come together to make this happen?

SHAH: Two years ago we were approached by Sumitomo Chemical in Japan and they wanted to do some production or transfer of technology in Africa. And within this project we had Acumen Fund from New York, we had WHO from Geneva, UNICEF from Copenhagen, and we had Exxon Mobil. So it's been a partnership I would say to create this product and to have first long-lasting nets produced in Africa. So really a stakeholder (INAUDIBLE).

UNIDENTIFIED COMPANY REPRESENTATIVE: Professor Prahalad, I mean this is your area sort of trying to figure out how companies can see their way forward to get these projects done in ways that change the world. What do you make, from what you know, of the bed net project?

PRAHALAD: I must admit I don't know the details. But two things are very clear, one, you need some kind of a network of collaborators in order to create product and services. It's very hard for any one group to do it by themselves.

But a more interesting question is how do you create the capacity to consume in a very low-income community. And I think we assume that if they can afford to pay \$6 or \$7 they become a potential consumer.

I think we need to go beyond that and say if you want to create a market for nets then we need to help create some kind of financing scheme where people understand the benefits of the net and, therefore, they are willing to pay maybe a dollar every fortnight or a dollar every month.

This is a very old method creating the capacity to consume. That is how Singer sewing machine was built in this country. We tend to sometimes forget that creating the capacity to consume is as much part of being in business.

Singer sewing machine used to sell for hundred dollars. Ordinary people could not buy. So they invented the monthly payment system at \$5 a month and then the rest of it is history. So creating the capacity to consume, (INAUDIBLE) per use in telephone services the largest and the fastest growing cell phone market in the world today is Africa. Needless to say from a very small base. And that is because we found out easy payment mechanisms where poor people can afford to decide how much they want to use and only use what they can afford.

So I think we have to be lot more clear rather than saying if you have the money I have a product.

BRANSON: (INAUDIBLE)

UNIDENTIFIED COMPANY REPRESENTATIVE: (INAUDIBLE)

BRANSON: ... is to be (INAUDIBLE) potentially controversial on the bed nets front. I mean Jeffrey Sacks has been pushing bed nets and I'm sure he's right, you know, if you've got the money to get everybody covered up in Africa with bed net.

When you're actually in Africa there are a lot of people who say that they would never have a bed net over them because the bed nets are just going to make them too hot. And they are – and so what I equally I think needs to be done is you've got to – we've got to have organization – an organization – and I've been advocating a war room where you look at, you know, spraying walls with DDT, the effects of that against the bed nets. And really try to decide, you know, which is the best way to go because in the areas where you've gone in and sprayed whole areas – whole villages with DDT it seems to be working, it seems to be cutting malaria right back to almost zero. It seems to be easier perhaps than bed nets to get in there and spray the villages. It's not environmentally damaging because you're talking about the inside of the houses not the outside of the houses.

There does seem to be a slight danger, you know, that, you know, somebody has an idea bed nets are the thing, everybody goes off down that route, we spend a billion, you know, a billion on bed nets. But as a businessman I'd be questioning, you know, really wanting to be absolutely sure that that is the right way to go and that, you know, maybe spraying with DDT is not a better way. But anyway.

UNIDENTIFIED COMPANY REPRESENTATIVE: Well a multi-pronged approach, but let me build ...

BRANSON: But you've got to (INAUDIBLE) multi-pronged approach that's fine.

UNIDENTIFIED COMPANY REPRESENTATIVE: And that's one of the things, I mean, to build on that point, the legendary Paul Farmer was here this morning, as many of us saw, and he really came out swinging on this point not only advocating for DDT but also he called into question the notion, the very notion of social entrepreneurs who want to make even a small piece of a buck on solving a social problem.

His point, as I understood it sitting there, was something to the effect of if the world needs bed nets or parts of Sub-Saharan Africa need DDT poor people shouldn't have to pay for it at all.

BRANSON: No, I think I would agree with him. I think that, you know, DDT is, I mean government and if governments can afford it or if governments can't afford it, you know, countries that can afford it should have stamped out malaria years ago. I mean it's unbelievable that it's actually taken someone like Jeffrey Sacks to, you know, to waken us all up and, you know, and get us to, you know, take action against malaria.

It's – you know, it's a sin that we've allowed, you know, malaria to kill millions and millions over the years. It's a sin that we've actually, you know – that Africa's got to a stage where 25-30 percent of its young people are dying of HIV.

And, you know, we've – you know, people should not be charged, you know, for antiretroviral drugs. They must be given them for free.

UNIDENTIFIED COMPANY REPRESENTATIVE: Professor Prahalad, you – one way that you look at this is, if I understand it, is that it's not just a question of malaria it's also about lifting up standards of living ...

PRAHALAD: That's right.

UNIDENTIFIED COMPANY REPRESENTATIVE: And you think that the profit motive helps the equation because you're also doing something about poverty at the same time?

PRAHALAD: I think unless we deal with the broad issue of livelihoods trying to find a Band-Aid solution to any one disease is going to be just that, Band-Aid. For example, if you want good sanitation around the places where people live as a way of reducing malaria and then we need to worry about their livelihoods as well.

And the second point that I would like to make is malaria is not something that you eradicate once. What has happened in other parts of the world where we thought we eradicated malaria it's coming back in a more virulent strain. India is a very good case in point where it is coming back in a much more virulent form.

So what I think we need to worry about is if you want long-term management of livelihoods and long-time management of health then we need to build an economically sustainable model. No amount of philanthropy from anybody in the world is going to solve this problem.

I look at philanthropy and grant funding in the initial stages as seed capital but that's a (INAUDIBLE) the business. So we need to have economically sustainable models.

And I think the sooner we start thinking about health as a business with its own discipline, the sooner we are going to come and change the conversation. I think that to believe that philanthropy and social responsibility are the solutions to this problem. I think they're just stop-gap arrangements. Longer-term we need a business solution.

And we have to be creative about the business solution not to take the solution from the West and dilute it and call it the same solution applied to Africa. We have to invent solutions that are specific to Africa.

And the other thing I would say is we should not look at Africa as one place. There are 53 countries and they are all different with different ...

UNIDENTIFIED COMPANY REPRESENTATIVE: I know nobody on this panel is against the idea of profit, I mean looking at you all.

But, Trevor, you're nodding there.

NIELSON: Well, I was just going to say that if the business of fighting AIDS were a business that business would be out of business. And the reason why is that we have never truly considered long-term financing of the fight against these diseases. And until we do we're not going to beat these diseases because no amount of donor funding is ever going to be enough. No amount of debt relief is ever going to be enough. All of these things are exciting and they're a step in the right direction.

Which leads me to ask a question and that question is do we really want to end these things? Which leads me to ask another question which is do we really think that a life of a child in Tanzania is of equal value to the life of a child on the Upper West side of Manhattan?

Because if we believe those lives are of equal value one would assume that the world would marshal its resources, would create a war room, would spend the billions of dollars necessary, would create jobs and economies that allow this work to be sustained. But none of that is happening.

UNIDENTIFIED COMPANY REPRESENTATIVE: Are you answering that that you don't think we're serious?

NIELSON: I don't think the world is serious about stopping AIDS. And I don't think – I don't think the wealthy countries of the world are serious about stopping AIDS.

UNIDENTIFIED COMPANY REPRESENTATIVE: Richard.

BRANSON: No, I mean – I mean the last few times I've been to Africa I've been to the hospitals. The hospitals are tucked away, they're hidden away. And they're not really hospitals, they're places where people go to die. Rows and rows and rows of dying people. A few empty beds from the people who died the night before. But just, you know, skeletons, people, you know, absolute skeletons.

And then in the waiting rooms where the, you know, the next people are going to – you know, waiting to get into the beds before they die. And South Africa is, you know, is a disgrace. I think everybody knows that.

Right, I think there's one hospital – one clinic a week ago run by a wonderful man called Hugo, Dr. Hugo, and, you know, his was a hospital of hope. I mean people go there to live. Nobody dies that goes to his hospital.

And I met a lovely lady there called Sheila. She had a CD (INAUDIBLE) count of 40 when she went into that hospital. She was just bones. And she was as good as dead. And, you know, he brought her back to life again and she now talked to people who have got HIV, you know, shows that, you know, she's now working in the hospital.

Actually, I did bring her out here because I thought she should – where is Sheila?

Sheila, stand up and say hello.

And, Hugo, go ahead and stand up, please.

UNIDENTIFIED COMPANY REPRESENTATIVE: Yes, so everybody can see them. Nice round of applause.

BRANSON: So there is a glimmer of hope. And actually, you know, we're going to have antiretroviral drugs, you know, if we can – you know, if we can – if we can get out there. I mean if every business – if every business in Africa looked after their own people and their dependents but also every business in Africa drew a circle say 50 miles around that business or maybe a hundred miles around that business and made sure that every single home was painted with DDT in that circle it would be good for that business because, you know, they would – they wouldn't – the people wouldn't get ill from malaria; it would be a wonderful thing for the community. And actually if you drew enough circles you're going to draw up most of Africa.

And I think, you know, CK in his book so, you know, cleverly, you know, points out, in the end, you know, we've got the – we've got the big picture but we've got to get down, you know, on the community level and draw lots, and lots, and lots of circles. And if we can match up all those circles we can then, you know, we can then whip malaria, we can – we can actually stop HIV, we can, you know – we can make sure that nobody dies of HIV going forward or very, very few people die of HIV going forward; and you know, we can start the – you know, the condom campaigns that we can, you know, we can learn about from Thailand and the like.

It is possible, there is hope. There is a – I think interesting one clinic where it's working makes me realize that, you know, if we can duplicate that across the rest of Africa there is still – there is hope.

UNIDENTIFIED COMPANY REPRESENTATIVE: My program now on PBS had got a part of this Rx for survival. It's running Friday night. And part of it is an hour documentary about the history of U.S. AIDS policy over the past 23 years or so. And some of it's Washington, a lot of it is Uganda.

And TiVo it please. I mean the incredible scene where people come up on those motor bikes delivering an HIV test and it's a married couple. And the social workers are talking to the married couple about getting your results from the AIDS test together as a couple. Wife is all for it, husband, oddly, is very concerned about getting it in front of his wife. You have to see it. It's very important.

But, you get toward the end of that documentary and you're left with some statistics and I want to talk to you about this. You're left with stark statistics that the percentage of people who need antiretroviral treatments is just tiny who are getting it. There's no business model in addressing that crucial issue. Nobody make a buck off of that I don't think. That's a – I would submit a job for big, big organizations and government.

Trevor, I mean, how do you make an argument to the private sector that they should be part of that solution?

NIELSON: Well, you start with their interests. And I would – I would slightly disagree with Richard, I don't think – I don't think companies can be responsible for a hundred miles around of them, some might be, CEOs that are passionate like you are might take that challenge on. Other companies would see it being outside their mandate. And that's where governments come in. And governments have a responsibility, both donor governments and developing governments, to get serious about this.

I mean a few – a few basic facts I think are important about financing in the fight against AIDS, TB and malaria.

Fact number one, the global fund for AIDS, TB and malaria – the world's financing mechanism for the fight against AIDS does not have enough money to get through 2006, period.

Fact number two, the G8 governments when they gathered in Glen Eagle, Scotland, made a – supposedly made a commitment that everyone who needs antiretroviral therapy would have it by 2010. And then immediately went away and come up with absolutely no plan to make that happen.

So I think there's a lot of talk about how we need to do this and not as much action. And the global response to AIDS in some ways is something that was created in the United States and exported: denial at first, a great deal of hatred and stigma at first, then denial, then inaction, then slow action. And I think we're seeing that, unfortunately, all around the world today.

SHAH: And very high cost.

NIELSON: That's right.

UNIDENTIFIED COMPANY REPRESENTATIVE: At very, very high cost.

BRANSON: I mean, yes, companies I think have a responsibility – I mean wealthy companies have responsibility to actually invest in Africa, I mean invest in creating businesses in Africa and in India or India doesn't necessarily need much help. But, you know, but Africa does need investment and it needs investment in basic infrastructure. I mean, you know, we've happened to just set up an airline for Nigeria. You know, it's important that Nigeria has an airline, a national airline, because if you don't have an airline you can't connect up with other countries, you can't bring in the freight, you can't export the freight.

Its train service needs, you know, needs an overhaul. It needs, you know, somebody to go in and look at that. You know, the mobile phone, once everyone's got a mobile phone, you know, that's going to be important to put it back on its feet.

And, you know, a small amount of investment by a lot of international companies into Africa can create an awful lot of jobs and I think can help – to really help to get Africa back on its feet.

Equally, you know, the – when I was last – when I was last at a game lodge that we have and this lovely lady in an African outfit came up to me and she said, "It was a terrible thing to ask, could you lend me \$300, I want to buy a sewing machine?" And, you know, fortunately, I don't normally have money in my pocket but I had \$300 which I slipped her, expecting that to be the end of it. And she promised to pay me back in three months.

Anyway, forgot all about it and three months later I came back, went to the local African village and these four women came up to me with a beautiful garment that they had made for me and gave me the 300 back. She'd created four jobs, these were the four people that handed it over. But she wasn't there in person to give it to me because she was down in the marketplace selling her product.

So, you know, \$300 had created five, you know, five jobs. And so, you know, lots of small investments, you know, if one can – in lots of small companies can really – can really I think help enormously.

UNIDENTIFIED COMPANY REPRESENTATIVE: Anuj Shad, in your efforts to get malaria licked using the bed net, I mean, does it translate to a rising economic tide and more jobs?

SHAH: Definitely. I mean if you look at Africa the major problem in Africa we have is unemployment. We talk of disease, we talk of health problems and all that. When people don't have jobs, I mean, you're going to have the problem.

I mean what we – what we don't want in Africa is aid because you give aid today to Africa tomorrow it will be finished. Really what is required in Africa is foreign direct investment. By doing that you're going to create jobs. By creating jobs people will have income. By having people this is how we will be solving the problem of health. So really that is what is required.

UNIDENTIFIED COMPANY REPRESENTATIVE: Maybe because if you are sick and you have a job that job won't keep you alive.

SHAH: Well, you need to do both.

UNIDENTIFIED COMPANY REPRESENTATIVE: You need to do both.

PRAHALAD: I think if you think about just deploying a system throughout just let's say South Africa or any one country, if you think about destroying all the problems of malaria, TB and AIDS just imagine the number of new jobs we have to create, amount of capability that we have to build. We underestimate the ability of looking at this as a business and, therefore, creating a very large number of jobs, service jobs, technically qualified jobs, everything from nursing to doctors, to paramedics, to transportation, wide variety of jobs. And I think we need to focus on

building livelihoods and jobs simultaneously building the infrastructure for sustainable long-term health management.

And I believe people while they are still poor much pay something for getting the benefit because then they respect what they respect themselves and they give – treating people as consumers gives them respect and dignity and choice.

And I think if we remove dignity from this discussion, personal dignity of the individual then I think we are not going to make much progress. So I always look at them as resilient, persistent, entrepreneurially driven people that just happen to be poor. Give them a chance, give them dignity, and treat them like people who can pay for their treatment – maybe a very small amount but not free.

UNIDENTIFIED COMPANY REPRESENTATIVE: Well, it does get complicated though. We heard a story this morning that will be etched in all of our memories forever, the notion that in East Africa because patients are required to settle their bill in some hospitals mothers who have given birth are trapped in the hospital for months because they can't settle the bill. And get this, they often toss their babies out the window, not to their deaths but to waiting family members to sneak them out of the hospital because they are being asked to contribute to that care and they just can't.

Are you – what – is it an assumption, Professor, or do you have data that links the notion of paying for a service with dignity?

PRAHALAD: Yes, let me give you – I don't have data from Africa but I can give you data from India. Cardio care is very expensive, therefore, poor people cannot afford cardio care. But if you build an insurance scheme where people pay 10 cents a month to get total health coverage including cardio care then a larger number of people can afford it.

The question is how do you get the volume. Sol this group that is doing the cardio care has three million subscribers in two years. And they can provide cardio care for poor people because it is 10 cents a month.

I think we have to be a lot more creative than to say this person doesn't have money, therefore they cannot afford to pay. We need to create micro finance not just giving access to credit. We need to protect the balance sheet of poor people. It is health insurance, it is home insurance, it is crop insurance, it is price insurance. All of that is possible and micro finance not micro credit should be our organizing idea including protecting the balance sheet.

It is possible to do it. I think we need to be a lot more imaginative on how to help people to afford treatment. I am not talking about taxing them like the case that you described. That is totally intolerable that you can do that to a mother with a newborn baby. But there is no reason why she could not have had an insurance for 10 cents which allows her to give birth to the baby in dignity.

UNIDENTIFIED COMPANY REPRESENTATIVE: I want to ...

BRANSON: Now just going back to the newborn babies, last week we went to an orphanage and every day there's I don't know 10 new babies come into this orphanage. And I think in – I think in South Africa, I may be wrong, but only less than half a percent of people are on antiretroviral drugs. In fact, my guess is it's less than a quarter of a percent are on antiretroviral and, therefore, everybody is dying basically. (INAUDIBLE) you know, white people they get antiretroviral drugs and a handful of people that work for, you know, good South African companies.

But at the very least for the – for the sake of the future of Africa we should be making absolutely certain that mothers are kept alive so that they can bring up their children. And that's not happening at the moment.

And, therefore, I mean you've got this one lady in this particular orphanage. She's got 80 children in one room next to her bedroom and then she has her three own children in her room and she has one little stove and one little iron. But, you know, at the very, very, very, very least we must get antiretroviral drugs to the mothers to make sure that they can bring up their – bring up their children in Africa.

NIELSON: I think, you know, I agree and I think that this gets back to my rather negative assertion that we're not serious about this.

You know if – I have a newborn daughter and so it's particularly something I feel very strongly about that if you believe that human life is of equal value regardless of where it is in the world, and if you believe that the work of your government should in some cases be an exercise of your values, and if you believe that most people of most wealthy countries of the world believe in the equity of human life then we can't let this happen. There's no way people would allow this to happen.

So we have to take a long, hard look in the mirror and say why are we OK with there being 25 million AIDS orphans by 2010; why are we OK with mother-to-child transmission happening when it could be stopped for a couple of dollars; why are we allowing that to happen?

And that's where I – you know, it's a real downer to have this kind of a conversation. It's not something that is fun. But I think it's something we have to take seriously if we have any hope of really addressing these things.

PRAHALAD: Yes. To put some dimensionality to it, it's four Holocaust's every year, four Holocaust's that what it is?

BRANSON: Or 40 747s crashing into the sea every day.

UNIDENTIFIED COMPANY REPRESENTATIVE: Oh, this is really becoming a life-affirming experience.

NIELSON: Imagine – to Richard's point, imagine what would happen globally what the response would be if those were 747s going down every day. Imagine the task forces, imagine the ...

BRANSON: Even if black people were in them I mean.

NIELSON: ... yes, imagine the response. People would be screaming from the rooftops what is happening to our airlines, we have to stop this.

But AIDS is quiet, you know, there's no – there's no helicopter hovering over head.

BRANSON: These dying hospitals they're hidden away. You don't – you don't even see them. I mean it's – they're just – I don't know.

UNIDENTIFIED COMPANY REPRESENTATIVE: I made a promise to invite you into this conversation. We have – what am I supposed to call them, the microphonic engineers or something, they are going to get the devices to you – little paddles.

There's a question right behind you, number two.

GARY COHEN, PRESIDENT OF BD MEDICAL: OK, thank you. I'm Gary Cohen, President of BD Medical.

UNIDENTIFIED COMPANY REPRESENTATIVE: And just – because you haven't violated any of the rules yet, so it's not about you, keep it to less than a minute if you could.

COHEN: Got you, picked that up already earlier today.

I think one of the questions remains a little bit unanswered from the panel is can global health be good business. So if I can offer some personal experience I think the short answer is yes. And I think it is based on focusing on need rather than focusing on where an existing market. I think a lot of companies make the mistake of only looking at existing markets rather than looking at need.

If the need exists, and certainly we've demonstrated in no uncertain terms the need exists around global health problems – if there's funding mechanisms, as CK said, if there's funding coming in then it's as matter of deploying

different skills than businesses might normally be involved in, skills of advocacy, skills of policy development, skills of collaboration that help – can help funding to be earmarked in the proper direction to allow appropriate technology accompanied by training to flow into the places that they're most needed.

So I just wanted to provide a clear affirmation. I agree completely with the comments of the panel about how dire the situation is and the fact that the world is not yet taking this seriously and not treating the life in Africa with the same value that life is treated elsewhere, which is shameful.

All that being said, this can be addressed. The big problem is it's going to be a big problem to address. But in terms of whether it can be addressed whether business can be done effectively, the answer is yes in my opinion.

UNIDENTIFIED COMPANY REPRESENTATIVE: Your name is, sir?

COHEN: Gary.

UNIDENTIFIED COMPANY REPRESENTATIVE: Gary. Where you work?

COHEN: I work at BD.

UNIDENTIFIED COMPANY REPRESENTATIVE: At BD.

Questions over here?

Oh, back here. Number (INAUDIBLE).

BORIS LAWSON (ph), TARTAR (ph) GROUP: My name is Boris Lawson (ph) from the Tatar (ph) Group. I have a question for the entire panel. And the question really is this, is the manner in which we measure corporate performance becoming an impediment to the manner in which companies can actively enroll themselves a little bit more actively in corporate social responsibility and taking more active interest in serving the needs of the poor and the underprivileged?

I have a strong feeling that the manner in which corporate performance is assessed on a quarterly basis from year to year is really becoming an impediment to the way in which corporates are being assessed. So I think we're losing out on the fact that corporates have to have a larger societal contribution rather than merely a financial one. So I'd like to hear the group ...

UNIDENTIFIED COMPANY REPRESENTATIVE: Richard Benson, I was looking at some of your material and you're talking about some of the good works that Virgin does in alleviating poverty and disease. And the very business oriented bottom line Excel spreadsheet given in part is it is the right thing to do. That's to going to cut it in a lot of board rooms is it?

BRANSON: Well, first of all, as a public company, which is think Tartar (ph) is, I think that the city will be happy if you give, you know, one or two percent of your profits to good causes.

UNIDENTIFIED COMPANY REPRESENTATIVE: The City of London financial district that would be Wall Street, yes.

BRANSON: And it shouldn't actually affect share prices.

But I think more importantly than that the – you know, if you're not just a money-making machine and if your company is making a real difference in the world and investing to make a real difference in the world in, you know – with causes which your staff can relate to and believe in, you'll find that your staff will work that much harder as a results and they'll be that much more proud of the company they work for.

And they'll – and they'll – and, you know, so I think it does actually pay for itself in motivating the workforce.

And we both have found that giving, you know – sending our staff to Africa – I mean like last week we sent 10 of our personnel managers to Seda (ph), wonderful free school for local people in Joberg (ph) to help people with their – write their curriculum vitas, et cetera. You know those 10 people came back incredibly highly motivated as a result and that will – you know, that will spread I think well throughout the company.

You know we just – we just set up a school from (INAUDIBLE) in Africa ourself where we have 300 young people training to be entrepreneurs.

Now, you know, (INAUDIBLE) if our own businesses if we set them up in Africa as well. So we can hopefully, you know, make that – make that investment pay in more ways than one.

But I think that we all have to – we all have to say to ourselves governments are trying to hand more responsibilities to companies, they're trying to cut taxes to companies, they're trying to get out of our hair. But if they do get out of our hair and we make good profits, which a lot of the big – the big corporations like Tartar (ph) or Virgin or whatever we're doing we've got to be – we've got to be responsible citizens and we've got to – we've got to give back.

UNIDENTIFIED COMPANY REPRESENTATIVE: Professor, do we need more consciousness raising?

PRAHALAD: Yes.

EILEEN: I'm the hook. I'm the hook. It's 3:00.

UNIDENTIFIED COMPANY REPRESENTATIVE: So let's – Eileen is not just the hook but like the hook.

EILEEN: I'm am so sorry.

UNIDENTIFIED COMPANY REPRESENTATIVE: So we're going to cut this off.

EILEEN: This could have gone on for another hour or maybe a full day. And I'm sorry to do it but we do have to move on because we're breaking into three concurrent sessions and you all have to be back here and I think you'll want to be back here at four sharp for Bill Gates, and Bill Clinton. Bill Clinton's flying in from Rosa Park's funeral so we're a little white-knuckled and expect that – he's expected to be here for 4:00.

So forgive me because this could have gone on. I don't think it's an easy question to answer. Can good health be good business, well it well better. And I want to thank the panel, to Richard, Professor Prahalad, Trevor and Anuj, thank you very much for being with us.

And, David, thank you for ...

DAVID: And (INAUDIBLE).

EILEEN: I'm sorry I had to come up and stop you.

For the rest of you, we have three sessions: What will Improve the Future for Women, Can Drugs be Accessible to All, and Can Everyone Have Clean Water. The first of the two sessions are upstairs on the 36th floor of Mandarin (ph) hotel so you're in transit to get to them. The Clean Water discussion group remains right here.

And, again, you don't want to come in late I don't think. This will be a fairly full room at 4:00 so please be back promptly, thanks.

END

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