

HIV/AIDS in Africa: What Works?

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Building on Success: Moving Towards a Comprehensive Response

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Dr. Jim Kim: Many speakers spoke about the importance of integrating prevention, care and treatment. We've heard that again and again and again now. And while it's beginning to sound a little bit old, we have to remember that even a year ago that's not what we were saying. That's not what most people were saying. We were saying that treatment was impossible and we shouldn't consider it. So I think that it's an advance and an indication of real progress.

Especially Dr. Geeta Gupta noted that HIV is a major problem, the worst social problem perhaps in 600 years, but that AIDS exposes the fault lines of our world, the differences between rich and poor, especially men and women, educated and uneducated. And also those with and without access to health care. And she urged us not to lose sight of the larger issues, for example, in her particular talk gender and equality.

And I think that the theme that was heard throughout the conference today is that setting up stovepipe treatment programs to treat HIV is not what we're looking for here. Those of us who work on social and health problems in poor countries have the attention of the public in the rich world like we've never had before. Many speakers also said that we should make sure that we have enough resources, that we are focused enough so that we accomplish many goals in addition to tackling HIV.

Human resource and development was also discussed. While money does indeed help a lot, many, many speakers emphasized that even with money we have the problem of having the capacity to deliver the programs. Rick Marlink talked about the necessity for a complex infrastructure in Botswana, a country where the GMP per capita of \$3,000. In Haiti we don't have that kind of GMP per capita and we've done it with a much smaller infrastructure. I think the point is that people are now talking about infrastructure in a much more complex way. There is all kind of infrastructure everywhere. People do for the most part accomplish things in their daily lives. And a project that we've taken on is to work with medical students in various parts of the world looking for hidden infrastructure. What are those systems in place everywhere that might be able to deliver outstanding prevention, care and treatment programs? But I think again this is an issue that we don't know much about.

Community participation was also emphasized, that working with local people, Rick Marlink said that we're waging war but in someone else's backyard. That really listening to local knowledge, to the people on the ground, is absolutely critical. And as an anthropologist, of course, that rings very true with me.

Many speakers emphasized that research should not be a dirty word. But I think that the strong rejoinder was that research should also not slow the progress of scale up and replication of best practices. I was at a debate on treatment versus prevention at Harvard University and a person arguing against treatment said that we shouldn't do anything without evidence and there is no evidence yet, we don't have the operational research yet to provide the evidence to know what to do. I simply argued to do operational research you need operations.

So we think and we're trying to work on a way to build quality improvement and operational research into an evaluation system so that you're doing several things at the same time. And we're working with Don Berwick of the Institute for Health Care Improvement who has transformed the quality of health care systems in the U.S. We're working with him now in Peru and soon in Haiti to see if the state-of-the-art management techniques can help us to organize our efforts so that we're improving systems as we're evaluating them.

We saw lots of evidence that small-scale projects can work. But Holly Birkholcher [phonetic] of the Physicians for Human Rights said very poignantly but what is the plan? This is doable, we've shown again and again and again that it's doable. And her question to all of us is what's the plan for scale up. We need a plan for scale up.

Now I'm going to end with the final point, which is, of course, the most important one, which is political will. In the December 18th Boston Globe President Bush was quoted as saying, "throughout my administration I have made clear the United States will take every necessary measure to protect our citizens against what is perhaps the gravest danger of all." And since Colin Powell said that AIDS is the greatest danger of all, I was extremely enthusiastic about this particular piece.

Then a cabinet official was quoted as saying that when you're at the leading edge you expect, you're going to learn and gain knowledge both by your successes and also by your failures. And this person also said, generally we must overcome the failure after failure after failure that dog these programs. Finally this cabinet member said I like the feeling, the idea of beginning, of putting something in the ground or getting comfortable with it and using it and testing it and learning from that. And I thought that that was the perfect model for HIV. But unfortunately it wasn't about HIV. It was about a missile defense system that's going to cost \$17.5 billion by 2004 and has never worked. Right? I'm a simple-minded doctor, I'm not a defense specialist. I would like to ask Dr. Slater and others a

really simple-minded question, which is how do we generate that kind of attitude and that kind of political will to take on the worst problem, social problem of 600 years?

Now we're supposed to get at three questions. Based on what we've heard of today, what are the next steps that must be taken by the U.S. and by others to effectively and aggressively address the complexity and impact of the epidemic? What do we do next? Two, what are the areas that deserve special attention? And how can the U.S. government work most effectively with donors and private sector partners to generate the kind of response that this epidemic requires?

Assistant Secretary Slater: I will do my best to both represent my Secretary and our President with as much honor and responsibility as I can and convey to you their commitment. And as well I will be available to discuss whatever it is that you would like to discuss. We're very grateful to the organizers of this conference, to the attendees for your commitment to this very important issue. And we thank you for your presence and we look forward to your very, very good ideas.

I'm not going to go through the statistics. I think that they are well familiar to you. I simply would like to reassure you that Secretary Thompson, our President, I can't speak directly for Secretary Powell and the other cabinet members, but I can assure you that they are well aware of the statistics. The death rates, the female face as we know now from reading many of the more recent comments and statistics from UNAIDS and World Health Organization, we are well aware of the children, the orphans and the magnitude of the problem.

Again, I am not an economist, but we are also well aware of the economic interface which seems to be where many of your own expertise lie, and again we welcome discussion in that regard. We're also I think acutely aware of the impact now, not surprisingly, but perhaps more rapidly than any of us had feared, on the economic productivity, the agricultural productivity, in particular the Sub-Saharan African nations. And the exacerbation, if you will, of the problem that HIV is now causing in terms of the toil and human suffering compounded now by the impact on the ability of these nations to survive and to provide their own food and sustenance. So we share those concerns and I think are effected by them very, very deeply.

What has happened so far? Again, I think that you read the numbers and are well aware of them. In the 1999 budget as you know federal funding was far less than it is today. In 2003 the U.S. will spend more than \$16 billion on the fight against HIV/AIDS. And that's an increase of almost \$2 billion from last year, from 2001. And it includes a doubling in international AIDS funding, again from 2001 to 2003. Over \$1 billion of that money will help to fight HIV/AIDS in the developing world, that's a 13 percent increase over 2002. This is in addition to the \$144 million that CDC is spending. In addition to the individuals from CDC who sacrifice many of their own personal conveniences and who are actually working on the ground not only in Sub-Saharan Africa but in some of the other areas where the epidemic is becoming incapacitating.

Secretary Thompson as you know is the U.S. representative on the Board of the Global Fund to fight AIDS, TB and malaria. And the U.S. has taken a very, very strong position to ensure the success of the Global Fund and to secure this fund from the very, very beginning. President Bush has requested half a billion dollars currently to commit from the United States to the Global Fund. That is, of course, far more than other nations, but also we are providing I think support to those individuals who are trying to really constitute an effective initiative and an effective response to the profound global threats. And this is in terms of implementation of prevention, counseling and treatment services.

Independent of the Global Fund, the President and the Secretary have committed an additional \$500 million program specifically to the Mother to Child Transmission Prevention Initiative. And we're spending quite a bit of time, manpower, energy, and our own internal HHS efforts on ensuring that the Mother to Child Transmission Prevention Initiative gets up and running.

As you know the focus is on 12 already-named African nations as well as the Caribbean to institute the kind of care that will first prevent mother to child transmission. But also then to create an infrastructure for the care of the mothers, and in turn the families who are influenced and affected by this disease.

CDC's Global AIDS program is growing. The NIH is committing roughly \$3 billion of their funding now to HIV specific research with a particular emphasis on the development of an HIV vaccine. They are working very, very hard not only on the basic science, but also on the creation of the clinical trial infrastructure to develop the substrate wherein potential HIV vaccines can be tested and their efficacy can be demonstrated and hopefully applied. And we are hoping to try and again sustain the kind of intellectual, academic and cutting edge research interest, enthusiasm and optimism for an eventual vaccine intervention.

In terms of economic issues, the president has launched the Millennium Challenge. A key component of the initial pledge of \$5 billion over the next three years is to provide investments for health and education of people living in developing countries, and to try to encourage the internal development of the infrastructure and the capabilities within the countries and the region of the grant recipients. So that they begin to take responsibility for their own economic progress, success and development.

The Pan Caribbean Partnership Agreement is another important effort that I know that Secretary Thompson is very interested in. He has a particular interest as you know in that region, and many other areas including Central Europe and in Asia where the numbers are growing.

I think that if I could summarize the strategy, and again I can't take responsibility for the strategy, but I think that what we are trying to do is to work together with you to identify what programs do work, call them that best practices. Where can we identify a program, a group, an individual who has actually achieved some level of success? And then translate that success, share the ingredients of that success and extrapolate those individual successes to other needy areas. And we're trying to build on success. And this building is by partisan; the good ideas can come from anywhere and everywhere.

And what we're hoping to do is to work together with you to identify the best practices that are ongoing based upon your own experiences. To test what we can, and to try to use those best practices to create an infrastructure of success to help address this very crippling and devastating problem.

Alan P. Larson: First of all I am not an expert on this issue but I am going to make a contribution from the standpoint of foreign policy, developing policy and some business issues. First of all, as has already been alluded to by our chairman, the Secretary of State does see HIV/AIDS as among the biggest foreign policy challenges that this country faces. And he believes that because he sees the way that it undermines the social, economic and political systems that underpin all societies.

Second, I am in an odd position having been a presidential appointee of each of the last two administrations. And I can say that I think that each administration has been a leader on this issue. I am sure that no one in this audience believes that enough is being done. But I am in a position to say that there has been a continuity of commitment, and I think we are continuing to do more. But I think that it's very polarizing and unhelpful to start talking about this in partisan terms.

Third, on the development side of this, I think that it is important to recognize that we cannot effectively deal with the HIV/AIDS pandemic without also addressing broader development issues. I'm not saying forget immediate attack on HIV/AIDS, but I'm saying that we also have to look at the broader development situation since HIV/AIDS has undone much of the development progress that some of these countries have been able to achieve.

Secondly, underdeveloped institutions have provided the environment that has made it possible for HIV/AIDS to get out of control in some of these countries. And it relates to the inadequacy of health delivery systems, for example.

What does this mean specifically? One mention was made of the Millennium Account, which is an effort to not only increase by 50 percent the total amount of resources that the United States provides for development assistance, but to do it in a new way that recognizes the importance of national political leadership. And of a commitment to things like investing in your own people's education and health, practicing good governments, and having strong economic development policies.

One starting point is for everyone in this room to become informed about and hopefully become supportive of the enactment of the Millennium Challenge Account. It will not deal exclusively with education and health, but it will deal with the education and health challenges. But it will also help us deal with the broader developmental challenges that we see in Africa and other of the poorest regions in the world.

Second, we have an acute problem of famine in Africa, both in the horn and in southern Africa. And this is in part exacerbated by HIV/AIDS because in many areas there are people who are simply too weak to work in the fields. Similarly, I think the food shortages and malnutrition in many African countries do make people too weak to adequately resist HIV/AIDS. And so I think that we have to address this famine issue head on, both through more effective relief efforts and also through efforts to improve the agricultural capabilities of the African countries.

There is going to be a trip to Mauritius, which the president will not be able to attend, to meet with African leaders about how to use the African Growth and Opportunity Act. Trade and investment is part of development, and I think that this is also part of the solution.

I'd like to say a word about the private sector role here. At one level it's an issue of money. And we welcome the fact that both through foundations and individual contributions the private sector has done a lot. We'd like to see them do more.

Second, mention has been made of hidden infrastructure. I think that we can learn from and hopefully draw on the experience of companies like Coca Cola on distribution systems. This shouldn't just be a rhetorical point. I think that this is a potentially important substantive point.

Third, I do believe that we need to look hard at the reasons why the efforts of the pharmaceutical companies to make free or low priced pharmaceuticals available in Africa haven't been as successful as anyone wants. I'm not here to defend or represent the interests of the companies. I do know that a lot has been attempted and that the results to date have not been what anyone would want. We need to understand better why that is and see what can be done to change it.

And fourth I do think that there is a role for private sector research and development, not at the expense of moving forward with immediate operational programs. But the Bill and Melinda Gates Foundation along with BIO had a fascinating conference here a few weeks ago about the real potential, if the incentives are structured right, of getting more research on so-called neglected diseases (I'm thinking also of malaria and tuberculosis) in developing countries.

My last point is on intellectual property rights. We have worked hard to make sure that there is not a head on collision between intellectual property rights regime, the WTO and the public policy measures that developing countries need to take to address these infectious epidemics. I think the result in Doha in 2001 was a very constructive step forward. We have to work at further implementing that in the coming year. But I don't think that the answer is to drive big holes in the intellectual property rights regime because I think that intellectual property rights are part of the solution rather than part of the problem.

My last point is that regardless of what you think about the adequacy of the level of the U.S. commitment, the U.S. commitment is far and away the largest. Based on my figures it represents some 43 percent of the global total. So while we work to do more at home I think that we also have to work

to do more to get other countries to increase and sustain their commitments both through the global fund and infectious diseases and also to well targeted and well designed bilateral programs.

Dr. Jendayi E. Frazer: Building on the comments from Dr. Slater and Mr. Larson, I'd like to present the administration's overall policy and approach towards HIV/AIDS in the context specifically of my own theory of responsibility, which is the President's policy towards Africa as well as towards HIV/AIDS, and to state what we're trying to do and how we're trying to do it

First, indeed the President is very committed to fighting this pandemic. He's made it a commitment from the outset of the administration. He said it was a commitment during the transition when we looked at what our policies would be, our national security policies and our foreign policies would be. Immediately when we came into the administration we decided that we were going to try to address this pandemic in terms of an integrated approach, much as what has been discussed already here. To focus on prevention, working towards care, towards treatment and towards building health infrastructure. And so that is really the target of our policy on all of those fronts.

Secondly, Secretary Thompson and Secretary Powell established the Cabinet Council on HIV/AIDS, an institutional structure within the administration to work on those areas of priority. The Council meets with the highest level officials' participation, including Dr. Rice, our national security advisor. And so at the highest level of the administration you have the principals committed and engaged on Africa policy. In addition, the Office of National AIDS Policy continues to function with Dr. O'Neill, Joe O'Neill as the director. We have the HHS and the IAD co-chairing meetings on HIV/AIDS. And so we have a function ... but this is two years into the administration that we are. We had to establish our institutions for working on this issue.

Now the President has moved towards the initiatives for addressing the targeted areas: the care, the treatment, the prevention and the building health infrastructure. I think the leadership of this administration was demonstrated from the very outset when the President decided to put the first contribution into the Global HIV/AIDS Fund. And to do that in the Rose Garden so that he could project the importance of this problem globally and attract media attention to the issue. So he showed the multilateral engagement, the need to work with other countries to leverage resources, and he highlighted in that event the work with Africa leadership because the pandemic is actually most devastating on that continent.

I would go out on a limb to say that if President Bush had not put that first contribution into the Global Fund, we would still be talking about the need for a Global Fund today. And it was not only by jump-starting it with the money and not only by jump-starting it by elevating the visibility of it through having that ceremony in the Rose Garden. But it was also by dedicating U.S. government officials to work on the details of establishing that Fund and establishing it in a fashion that led to greater accountability in terms of the use of the resources. Which is, in fact, the responsibility that we have to the taxpayers.

Is it enough? No. Are we going to do more? Absolutely, you can be sure of it. But we now feel that that global fund is up, it's operating, and it's effective. And so that's what the President demanded of his administration. We feel that we've delivered on that. And as a result we expect more resources to go to it. And we do very much want to use it to leverage other countries to put in their resources as well.

The Global Fund can address prevention. It can address care. It can address treatment. All of those avenues for use of funds are available through the Global Fund. The President now is moving towards care and treatment with the Mother to Child Transmission. That's our first direct initiative. It's the beginning. It's not the end. It is starting to tackle the issue of anti retro-virals and how we can introduce the drug into Africa. How we can do it in a fashion that is not counter productive in terms of the use of those drugs, under a regimen that doesn't in the long run undermine their effectiveness.

So we announced that initiative I think last year. We have started the funding. Our problem is a broader problem than HIV/AIDS, which is the continuing resolution. We haven't passed the '03 budget on the Hill. That's broader than the HIV/AIDS portfolio. But we are trying to put the money into this initiative. Are we finished? We have a lot more to do that's the beginning. We're going to do some more on building health infrastructure. We are going to continue to address the issue of, how do we get the drugs to Africa and how do we get it to Africa in an efficient fashion?

And so on the question now that most of you seem to think is so important, where is the money? I would say that the President is leading in terms of the contribution globally on providing resources for HIV/AIDS. Is it sufficient? No. Do you think that more is needed? Yes. Does the President think that more is needed? Yes. I can assure you that he does.

And I would suggest that the type of leadership that this administration has demonstrated is reflected in your presence here. And it is also reflected in the agenda that we're looking at. The President said to his administration show me success. Show me how the American taxpayer's money will be well spent so that we do not ... we maintain our responsibility to our public, but we also maintain our responsibility to those who are living with this disease by making sure that that money goes to effective, productive programs.

This conference is responding to his call. It's saying there is in fact success out there. There are in fact good programs. And the money should flow. So I think that his leadership is demonstrated here. We're listening. We hear. We are working. We are going to continue to work. The Africa trip was simply postponed. We expect that trip to occur sometime this year. And we expect for the President to continue to have more initiatives on HIV/AIDS that will represent more dollars to address the pandemic.

Dr. E. Anne Peterson: As a presidential appointment representing the Bush Administration, I have the opportunity to work on what is my life's passion on a daily basis. I am a public healthy physician. I've been working in international health for 20 years. I've lived and worked for a number of years in Africa. My youngest child was born there. My kids grew up there. And my passion is dealing with HIV/AIDS and stopping this pandemic. I was part of community development working with my African colleagues at an NGO, not part of government programs. So I've seen it from the other side. And I get now to work within the administration and answer for myself, for my programs, with my staff exactly the questions that you are posing here today. What do we know? Where are we going? How are we going to take the successes that we have and scale them up to make a difference?

We know strategies that work. We know programs that work. We know them at small scale and we are finally beginning to see them at big scale. One of the biggest factors limiting the ability of all of the 52 countries to achieve success is that we haven't had the funding to get them to that success. It isn't that we don't know what to do although it is going to be different in each and every place to a certain degree.

So what I would like more than anything else is to say that we've gone from prevention, we're moving into new strategies, we've gotten the new funding. What we need to do together is to acknowledge what the barriers are that are keeping us from scaling up to a national level of success. And it's human resources and it's dollars. But there are still a few specific questions. And then focus our efforts on getting the answers to those problems and then just plain get going and do it. And I think we've seen the pieces that are coming together right now that allow us to do it. That increased funding to the bilateral programs but also the Global Fund.

Those are the sort of the big picture kinds of things. There are special areas that need attention, which I think was one of the three questions that we were to answer. Who are we going to work with? We've worked with a few really great people: AIDS workers with NGOs, agencies with whom we've

contracted, partners on the ground. But this focus of problem is much bigger than my agency, HHS, or the partners that we are working with. We need to engage whole hosts of other people to work with us.

That is a place that I'm working on with community-based organizations, with faith-based organizations, other groups. It is also a place where you can help us move forward in facilitating both the interest and the resources within others to match with government resources to move forward.

So we have a host of really fascinating private sector business relationships that are exploding. I'm getting community-based and faith-based groups coming to me in ways that I've never seen them do before, saying we're realizing that this is a problem that we need to own and be part of. Tell us where we can go?

One of the failures that I believe that my agency, and perhaps I, have done is gathering success stories but failing to get them back out. If you go to AIDS conferences what you will still hear, and it's part of the resource mobilization effort, is huge looming growing problems. And we sometimes forget to say I've got some of the answers, so that it is worth putting in the resources to solve it.

And what I privately say to my staff and I will publicly say to all of you and I take it upon myself as well, we've been arrogant in health. We've said oh, wow, there are great and terrible health problems and people are dying. But we haven't brought the information to the policy and decision makers in such a way that they can weigh it between the competing priorities that they have to decide between ... you know, education, agriculture and military ... all of those other areas.

We've said our issue is the most important, but haven't given them the tools to make the comparisons to say, but, you know what, you're absolutely right, HIV/AIDS internationally is the most important thing because look at what it's doing to every other sector.

Look at what it's doing to the health indicators. We need to take ownership of that part of mobilizing resources in showing that the dollars put in make a difference, the interventions can turn this around. And putting it in terms that policy makers can compare it with all of their other competing priorities so that they will choose to put their resources there.

Bill Steiger: . Following on what Undersecretary Larson, Dr. Slater, Dr. Frazer and Dr. Peterson have laid out for you, I will summarize what I believe to be the administration's plan, and answer the following questions: What are we doing? What is the road map?

There are four pillars to the plan, in no particular order. The first is the Global Fund. As Jendayi has pointed out, the President has been involved from the very beginning at the birth of the fund, helping it through it's infancy and we hope helping it into a successful adolescence in the next few years. No government has been more active in helping to shape the Fund than the United States. No government has given more, no government has lent more in terms of personnel and technical assistance, everything from legal assistance to assistance in thinking through monitoring or an evaluation (some of those people are in the room here today), than the United States has. With a great effort, there is a structure in place inside the U.S. government that mirrors the Secretary and the Fund to help every step in the way so that the Fund can succeed.

The second pillar is our bilateral assistance programs, both at the Department of Health and Human Services and USAID, with five components. Prevention is a huge component of these programs; training, including training of laboratory technicians, epidemiologists, physicians, NGO representatives and advocacy and outreach care, including for orphans, opportunistic infections, a development of care infrastructure, social mobilization. A lot of what USAID does and some of what we do at HHS involves working with NGOs, faith-based organizations and business. A lot of what Undersecretary Larson deals with is government to government outreach, looking to expand the pool of leaders in the developing world who stand up and talk about AIDS as an important problem in their own societies and devote some of their own resources to the problem.

And, finally, mother to child transmission, moving towards more comprehensive care, as Dr. Slater and Dr. Peterson have talked about. A program that looks to build on that hidden infrastructure,

the overt infrastructure where it exists, to bring better maternal care, anti natal care, post natal care, treatment for pregnant women and their families. And establishing comprehensive anti retro viral therapy where it's appropriate, where we can get it done efficiently and measure results. That's looking out into the next few years. That's clearly the goal of our bilateral programs.

The third pillar is research, and Dr. Slater talked a little bit about this, built again on four components. And this is our largest single contribution at HHS through the National Institutes of Health and our university and private sector partners. Major, major research on behavior change and prevention. There is a trial's network throughout the world in about 25 countries asking questions about why people act the way that they do, why they respond to certain messages and not respond to certain messages. Voluntary counseling and testing is not drawing in as many people as necessary in order for them to go into the treatment programs that are available. That's the kind of behavioral research that the NIH is also engaged in, finding out answers to those questions.

Vaccine trials, which Dr. Slater touched on, going on in 20 some odd countries around the world. Basic research on the biology of the virus and the human immune system. Operational research, including on the intersections between HIA and tuberculosis, HIV and alcohol and drug use, HIV with malaria and questions like multi drug resistance.

And finally as Ambassador Larson talked about the Millennium Challenge Account. Building with countries that have demonstrated their own commitment for additional assistance, helping them to build further health care and educational systems that are going to be beneficial in the long run to the fight against HIV.

The four pillars, then, are the Global Fund, bilateral programs, a research effort around the world and the Millennium Challenge Account. Our overall strategy is to move towards a comprehensive response to the epidemic in as many countries as possible.

It's important to recognize though that none of our agencies is going to work in every country in the world. Both HHS and USAID have set a priority list, 20 USAID, 25 on our side of HHS. There are some countries in which they work, some countries in which we work. So the total number of priority countries is around 30 or 32. But nevertheless we look at that set of countries and the overall prevalence rates and the numbers, it covers a good percent of the worst hit places in the world. There are some gaps in that priority list. But nevertheless that's where we're focusing our effort, on those four pillars and those tactics underneath.

And I think that there is a clear strategy. There is a clear infrastructure on our side. And I don't think that we disagree with any of the statements that we need to find better programs, better models and we have a lot to learn from some of the countries around the world. Our people in the field, our diplomats around the world and our USAID mission directors are engaged in helping to collect those kind of best practices and then disseminate them back through our channels and others.