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**Getting To Zero: Community Style**  
**Kaiser Family Foundation**  
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**RHON REYNOLDS:** My name is Rhon Reynolds and I currently work for UNICEF but I'm also – and I just joined UNICEF but I'm formally of the UNAIDS program coordinating board where the I was a civil society representative there. I'm still the co-chair of the African and Black Global [inaudible] Network on HIV and AIDS. And I just want to welcome you to the session, which is entitled "Getting to Zero Community Style".

So we're going to do this session community style and ask folks to come on up a little bit because we want folks to engage a little bit in this dialogue. So if you don't mind. Get on up for a little bit. I know you've been walking around and just come up because since it's a big room and we'd like folks to engage in the dialogue a little bit to please come on forward.

So give folks a minute to move up before we get started. Excellent, usually you say that kind of thing and people are like I'm staying in my chair I'm comfortable here. So the intention of this session is to examine the three goals of the UNAIDS strategy. Zero new infections, zero deaths and zero discrimination from the point of view of the community and what progress has been made and what still remains to be done.

I think it's important to note that in terms of the UNAIDS strategy, communities have been involved in critiquing,

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commenting and trying to sharpen the strategy to ensure that it would try to meet communities' needs.

I think communities have played significant role in particular, especially trying to ensure that they UNAIDS strategy, zero new infection, zero deaths and zero discrimination was also reflected in the final document. The high level, political document that the high level meeting that occurred in 2011, which resulted in a political declaration that also endorsed the UNAIDS strategy.

What we want to do in this session is to critique the strategy a little bit. To look at it from, because the goals are quite broad in its attempt to be inclusive. So we've decided to focus on a single aspect of each one to serve as an example. So for example, on zero new infection, we'll examine the dynamics of gender inequality and for zero discrimination we'll focus on issues of transgender populations who are disproportionately affected around the world. And I would say and go another step forward and say often much too often marginalized the HIV/AIDS response.

One small announcement to make is that our colleague Nicozi [misspelled?] was supposed to be here to talk about AIDS zero death, but unfortunately she is ill and her doctor hasn't allowed her to travel. And our replacement, we haven't been able to follow up with, we haven't located her is the truth.

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So, what we'll do now is I'll turn it over and I'll read the first biography before we move on between each speaker.

So our first speaker will be, is that you Neesha? Is Neesha Haniff. Neesha is on the faculty of the Department of Afro-American and African Studies and Women Studies at the University of Michigan. She is also the senior program advisor for the Jamaica AIDS Support for Life and is the Director of the Pedagogy of Action HIV/AIDS Education Program and Study Abroad to South Africa.

Dr. Haniff's work has focused on empowerment and pedagogies and marginalized populations. If I have to say that word again I'm not going to get it right. She has developed innovative oral prevention methodologies in HIV/AIDS. Violence women's reproductive health and in this way Dr. Haniff is invested in revolutionary grass roots education and methodologies which focus largely on low literate populations in Caribbean, South Africa and the U.S.

Her continuing work has focused on men who have sex with men, sex workers, people living with HIV/AIDS, poor inner-city women in Jamaica with a struggle against homophobia and HIV epidemic looms large. Of special significance is her devotion to ensuring that women's particular issues as whole persons outside of their reproduction functions remain an important part of the intervention strategies.

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Dr. Haniff has dedicated her life and career to the education and empowerment of these communities and to mentoring and conscientising her university students about social injustice in the U.S. and around the world. So without further ado I'll hand it over to Dr. Haniff.

**NEESHA HANIFF:** Thank you Rhon. I would like to thank Nicky for setting up this presentation. I also would like to dedicate whatever I'm saying to all of the women with whom I've worked in the Caribbean and the United States and in South Africa in relation to HIV/AIDS. Particularly with frontline organizations where women work long hours, thankless hours, work as volunteers and it's those years of experience, probably over 20 years of doing this kind of work, that I want to sort of encapsulate in this presentation.

What we think, on the front lines, and work with communities, those things are very, very important and so I want to reflect some of that today. I know that Rhon said that communities were involved in coming up with the zero infection, zero discrimination, zero AIDS related death. But Rhon I'm going to sort of have a different view of that right now. The first thing I want to talk about is - I'll go back - oh no.

Okay what is my - okay, the word zero in Jamaica it is understandable but it's not a word we use in every day parlance. Getting rid of or getting to the end of AIDS there were two ways I tried to think about this and the first I

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realized that what we were supposed to do came to me when I saw two titles for a talk that were happening here.

The first one is getting real about getting to the end of AIDS and the second one is a Robert Carr [misspelled?] lecture given by Stephen Lewis. Getting to Zero bullshit calling HIV stigma what it is, racism, classism, misogyny, homophobia and elitism.

And according to Michele Sidibe in a statement he made recently. He said that let us be proud a year ago, skeptics said that getting to zero was just a slogan. But the countries partners and people around the world have embraced the vision and are now working to translate it in to reality or a vision of zero has truly come to life and grown legs.

So I have to say that when I take that to sort of understand what it meant, I realized that it was a directive to us that we must translate this for the people. If you ever work on the front lines, ever work with women, zero discrimination really is a preposterous thing to say. Because reality of women's lives often is shaped by zero agency. And they know it so when big people are come and say zero they mustn't make joke.

The point is that you cannot be real in the community with zero bullshit and this is [inaudible] analysis in the pedagogy of the oppressed, which says it is not our role to speak to the people about our own view of the world, nor to

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attempt to impose that view on them, but rather to dialogue with the people about their view and ours. HIV is, as much a social problem as a medical one.

Thirty years into the epidemical such factors as the lack of high quality, sexual and reproductive health services, violence, harmful cultural practices. Lack of education and legal political, social and economic disparities are driving the HIV epidemic among women and girls. These factors also contribute to poor sexual and reproductive health including maternal newborn and child health. This results in the following:

Women 15 to 24 years old comprise 20 percent of all the people acquiring HIV infection. The national prevalence of forced first sex among the adolescent girls younger than 15 years ranges between 11 percent and 45 percent globally. Girls and women still make up six out of ten of the world's poorest people while two-thirds of people who cannot read or write are women. Only 40 percent of people in paid employment are women and they are typically paid less and have less secure employment than men.

This is the reality of the lives of women, most affected by the epidemic. I'm going to discuss here three obstacles I believe that alleviate -- that would help to alleviate HIV epidemic in women or in getting to zero. The United Nations Women was set up recently. The positivity of

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funding at the very top of the pyramid, the United Nations, for example, has formed a new organization called U.N. Women, which is to recognize the critical importance of dealing with gender inequality as a driver of further draconian inequalities women face.

The budget set for this organization is \$500 million. However, in its inaugural budget several delegates were concerned that only a small portion, 1.4 percent of the total \$500 million budget estimate was to be financed through regular budget resources.

Speaking on behalf of the group of 77 in China, Yemen's delegate was particularly concerned that some senior posts were to be funded by voluntary contributions. It was crucial to boost the share of assessed contributions to ensure predictable transparent funding over reliance on voluntary contributions could change the focus of the organizations activities and make it donor driven and thus distancing from priorities agreed by the general assembly.

\$500 million by itself is a very small percentage of it's almost \$4 billion United Nations budget. Much less than 1.4 percent. This infinitesimal amount \$7 million is symbolic of the problem of women's issues across the board in governments and in institutions worldwide.

The Global Fund and the shape of the evidence – the Global Fund is itself a driver of the neglect of women. The

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funding polices of the Global Fund have prioritized attention to the most marginalized groups. Such priorities shaped the research, questions and the data then are provided as a justification for funding the most marginalized groups.

In Jamaica for example, funding priorities are given to three groups. MSM, sex workers and unattached youth. This is not to argue that these groups do not need attention or that the data are incorrect. This is not – what this has done is render the problem of women in HIV almost invisible as a category on its own.

This is a disservice to the plight of women who chose sex work for survival because of poverty. Who drop out of school because of poverty and inequality and so the research generates an analysis of the issue that is at best a Band-Aid approach.

Fix the issue for sex workers but not the issue of transactional sex, which is harder to measure and therefore prioritized. It is the evidence the Global Fund needs for deciding on funding and is the evidence that they get. They place women on the back burner even with a small improvement if discerned in women is a dangerous policy as 90 percent of HIV infection in Jamaica is through heterosexual intercourse.

In 2008 the Ministry of Health reported the infection rates for girls 15 to 19 to be almost four times that of the number of infection in boys. But the only youth that is

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prioritized are unattached youth. What is most interesting is that Guyana's progress reports to UNAIDS reflects information on female sex workers, MSM and pregnant women. Again, women caught up in violence, poverty are under the malaise of their unequal status are invisible here. Is this the doing of the Ministry of Health or the Global Fund?

The biological behavior surveillance survey showed in 2009 a sharp decrease in the HIV prevalence among female sex workers from 38 percent to 26 percent. In contrast only a slight decrease was observed among MSM from 21.2 percent to 19.4 percent.

Notwithstanding these encouraging signs female sex workers and men who have sex with men are disproportionately affected by the epidemic. HIV prevalence among pregnant women was 0.88 percent in 2010 and 1.08 percent in 2011. In 2010 5.8 percent of babies were born to HIV positive mothers who are infected with HIV and 1.9 percent in 2011.

Again, the only women reported on here are sex workers and pregnant women, nothing about young women 15 to 19 who are the most vulnerable. Because of funding the Global Fund had to prioritize and the priorities facilitated. I know this is going to sound bizarre to say, facilitated the marginalization of women as a funding priority.

I am going to talk here now of the demise of women's organizations. On the ground in the communities of the

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Caribbean there is a demise of women's organizations. This is not to say that there are none, the few that do exist must deal with the pressures of NGOs in an environment where funding for women's issues must be narrowed to the funders flavor of the month or year.

As successful organizations leave these NGOs they are left in the hands of well-intended women who do not have the intellectual capital needed to be internet savvy and proposal and network and writerly savvy. We suffer on the front line from apposity of intellectual capital. Women's issues today are largely the purvey of academics and professional women who set up centers and do research and write about women.

We have to be vigilant about pseudo activism. The women who work on the front lines of gender are beset by crises and lack of funding, in the same way as the United Nations women. Well-meaning women set up organizations then they die in two or three years from the lack of funding, the lack of intellectual capital and the lack of infrastructure.

Who then will advocate for women who will build a constituency of women, who will educate and conscientize women. At the heart of reducing the HIV epidemic in women is developmental technologies of prevention for women that are user friendly and empowering that promote choice.

We need a policy that puts women at the center of science. The most effective method to prevent HIV is a condom,

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which must be negotiated, a female condom which also must be negotiated. I think prep is great but I want to see what this really means for women. I think those who are shamelessly promoting the female condom are saying to women this is a burden you must bear to save your life. No matter that it is ugly and you must contort yourself to use it and that they are still not available to most women.

If it is unfeminist to accept a female condom without understanding and acknowledging that it is a flipped out male condom and unfriendly to women's bodies. We must support and advocate for a science that women can control. T

he way the great work being done by South African scientist Karysha [misspelled?] and Saleem Abdul Kareem [misspelled?] must be supported. The progress made in vaginal microbicides must be supported. Women must demand that funding be made available to scientific projects that will not only protect them but empower them.

The problems we face in curbing the HIV epidemic in women at the community level requires the following: More intellectual capital in supporting the building and sustainability of women's organizations. There are many fabulous woman working on the front lines, working with little and constantly finding ways to survive. But they are burdened with unending reports, with manuals that are 500 pages, with tool kits that are given to them that they leave on shelves and

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with requirements for statistics, things that those with these skills can do in one day when it will take these workers at least a week.

Where are these skilled people? I guess many of us are at the meetings like these and we take tours of the community and come back to our offices and write about them. We need more funds to sustain women's work and organizations more fund earmarked for such work. The agendas of grassroots organization should not be just teaching women's skills and crafts but advocacy and I mean advocacy that is politicized and informed by a feminist consciousness.

The agendas - all women must advocate for new technologies. Advocacy should not be just where trials are conducted. Women must across the world work to intuitively understand this need. We live with imperfect technologies in and on our bodies every single day. Many of us at this moment are using an imperfect technology in or on our bodies.

We live - women at universities and shops and markets and homes and farms all women can coalesce behind such demands. It is our failure that we have not done this. The work of Act Up in the gay community is a perfect example. We don't act up. We must act up. This advocacy must keep its pressure on the United Nations to hold its report done in 2010.

The agenda for accelerated community country action for women, girls, gender equality, supports the implementation of

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UNAIDS action framework. We need to hold that report in operations. And we must be vigilant when the funding priorities change. In 2013 and the new agenda is developed for 2015 we need to be on the front lines to sort of ensure that women's issues are put front and center.

The 25 Global Fund board meeting it was concluded that while there was sufficient funding to maintain existing grants, certain changes to the current funding process would have to be implemented to ensure that in the absence of around 11 grants funding continues to be available to maintain all the essential services until March 2014. That's not very far away.

And I want to come back a little to what I said about women not being at the center of science and the idea of how we will be working on this is to create more female scientists. But female scientists by the time they receive their training, in many instances become honorary male scientists. The power of the paradigm of science and scientific research cannot be changed by the gender of the scientists, but by a revolutionary shift and putting women's bodies at the center of scientific discovery.

We privileged women cannot have the women's movement by ourselves. We cannot have a women's movement without the women. The Global Fund cannot arrive at approximating zero infections in women without sustained funding for women. We will not have sustained funding unless we make our government

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and representatives stand up for us at home. We should not be treated as objects to be rescued from a burning building. This will not happen unless we build strong women's movements on the ground. Thank you.

**RHON REYNOLDS:** I think that was a real powerful analysis from a gendered feminist perspective of the strategy. And I really like what you said that the women have to be at the center of the response. But we'll have time to really have some more questions and discussion in regards to the recent presentation. So the next speaker is Christine Stegling. Christine joined the International HIV/AIDS Alliance in July 2009 as a senior advisor on human rights. And JEEPA [misspelled?].

While it's retaining this portfolio, Christina became associate director HIV Best practice in March 2010 and prior to joining the Alliance, Christine worked in Batswana for 10 years. And during this time she worked for the Ministry of Health as a lecturer at the University of Botswana. And for nine years as the executive director of the Botswana Network on Ethics, Law and HIV/AIDS.

During her time at BONELA she engaged state and nonstate actors in Batswana to meaningfully apply human rights based approaches to the national HIV/AIDS response. And Christine was a member of the Batswana National AIDS Council and a member of the Botswana country coordinating mechanism

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between 2002 and 2009. She's a member of the UNAIDS reference group on human rights and is a trustee of the AIDS and Rights Alliance of Southern Africa, one of my favorite organizations ARASA.

Christine has a BA in social anthropology from the University of Kent and an MSC in development studies from the School of Oriental and African studies in London SOAS. So welcome Christine please and thank you.

**CHRISTINE STEGLING:** Good afternoon everybody. We are going to change gear a little bit. As we said we are going to try and talk about the three strategy directions of the UNAIDS strategies. So I'm going to talk a little bit about the strategic direction on zero discrimination.

So perhaps to start with one should note that it is a great achievement for all of us that for the first time in the history of the AIDS response we now have human rights and gender equality conceptually at the same level as prevention and treatment. This allows all of us in this room and around the world to hold UNAIDS accountable to hold donors and national governments accountable for promoting and protecting human rights of all people living with HIV and of those most at risk of HIV infection.

And encouragingly the same commitment that we've seen in the UNAIDS strategy is not seen in the Global Fund strategy, which asks of the funds to ensure that programs do not infringe

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on human rights and that it invests in programs that address human rights related barriers to access.

This talk could have dealt with a number of aspects of discrimination. And most of us are aware how complex human rights issues are at the global level, how interlinked they are at the local level. And this brief reflection in the next few minutes I just want to highlight some of the continuing realities around discrimination and its impact on a successful response to HIV and some very practical strategies to address them.

This is an entry point for discussion and I hope we will have some time for discussion after the presentations, and not an analysis about how far we have come to addressing discrimination. Just perhaps to set the scene, data such as the one that I've put on this slide here around the stigma index for Kenya from last year, it's quite shocking but somehow we have gotten used to those figures.

In 2011, people in Kenya living with HIV still report – 40 percent of them still report that they have lost a job or a source of income because of their HIV status. And nearly 40 percent of the respondents reported that their human rights have been violated in the last 12 months. And perhaps equally shockingly being in the U.S. for this conference we are in the region of the world which has the greatest number of

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convictions on – due to criminal law that's criminalizes HIV exposure or alleged transmission.

These are the realities of people living with HIV and these are the realities that we sometimes seem to forget when we talk about the apparent normalization of HIV. And I think it's important to keep them in mind. Let me turn to one particular group of people who are at the receiving end of the most horrendous forms of discrimination, the transgender community.

Discrimination has an impact on access to services, on one's ability to be educated, to earn a living, to be part of a family and in the most severe forms, discrimination leads to the loss of life. Data for transgender killing springs this reality shockingly to the fore. In the past four years, a total number of 816 transgender killings have been reported in the media for 55 countries where we have such reports. These are media reported cases with many more transgendered people being killed but not reported as such. The majority 80 percent of these cases were from Central and South America.

Just to pick one country, for Honduras we have reports of 63 documented killings in the [inaudible] community between 2008 and 2011. The majority of these transgender women, these crimes are consistently ignored by the judicial systems and the perpetrators are rarely identified or brought to justice. In Honduras in 2009 three of the five transgender board members of

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the national chapter of Red Electrons, a regional transgender organization in Latin America and the Spanish speaking Caribbean and a partner to the Alliance, three of the five transgender board members were killed.

Eleven members of that same organization have been killed between 2009 and 2012, over 20 percent of its entire active membership. For transgender people access to health care including HIV treatment is very limited. As they face high levels of stigmas from health service providers, being treated as men while discriminated against for looking like women.

Generally in the Latin American region HIV prevalence is below two percent. However some studies suggest that prevalence in transgender people or transgender women can be as high as 35 percent. Unlike in many other parts of the world, most countries in that women have signed international treaties and human rights agreements outlawing discrimination including outlawing discrimination on the basis of sexual orientation and gender identity. And many of these countries have protective laws in their own national context.

But these laws are rarely enforced to effectively protect transgender people from violence. While most Latin American countries do not actively discriminate against key populations, regulations issued by local authorities often do. Those are restrictions on movement and assembly in public

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spaces to protect public moral, basically criminalizing sex work and sexual diversity at the local level. This results in [inaudible] killings, arbitrary detention and various ways of extortion by the police for money or sexual services. And all of this happens in many cases with almost total impunity.

The successful work of national transgender organizations and the regional network Red Electrons is responding to these challenges through strong transgender activism to ensure transgender people can realize the human rights including their rights to identity to health services and protection from violence. And there is some success which is based on which results from this transgender activism.

Many of you who will have heard about the Argentinean gender identity law, which after 18 years of activism was enacted in June this year, which allows Argentineans to change their names without previous complicated and expensive requirements. The law allows for sex reassignment and transgender identity is no longer considered a disease. This will enable the transgender community to fully realize their rights as citizens.

Another example and one that many of us in our daily lives may interact with much more regularly is the activism of transgender people has led to a much better representation on country coordinating mechanisms in the region. So now there are eleven seeds – there is seeds for transgender people

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specifically in the 11 CCMS in the region. Let's just pause for one minute and give transgender women a voice.

Why is there no sound? That's a shame it is in Spanish but I think it would be nice to hear their voices. Should I do it again? But I don't know how to go back. I have to go back. Okay, let's try this again. [Spanish audio played]. Sorry about that.

Well one of the strategies to respond to discrimination has to be centered around building the capacity of those affected by violence and stigma to increase the ability to demand their human rights. The other strategy surely has to be to build a capacity of duty bearers to protect, promote and respect the human rights of all the citizens that they have responsibility for.

One way of doing this is to ensure that national HIV plans do address human rights. In the past 18 months, the Alliance in Human AIDS have undertaken some joined work with 34 countries in eastern and southern Africa, the Menna [misspelled?] region and in the Asia Pacific region to assess the degree to which human rights are integrated in national AIDS strategies.

We've reviewed almost 40 national strategic plans for HIV and undertook three regional workshops that targeted government and civil society actors and resulted in country action plans with realistic activities that are aimed at

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ensuring that human rights are an essential part of the national response.

We found that although in principle all NSPs commit to a right space to approach and speak the rhetoric that we speak at the global level, only very few include a comprehensive set of programs to reduce HIV related stigma and importantly to increase access to justice.

As the participant in this quote highlights, one of the very important things we learned in their recent work is how important it is with government actors to really bring human rights to a very practical level and help them to understand human rights outside the context of international convention and international human rights law, but in a very practical sense in terms of looking after the people that they are supposed to provide services for.

And in a lot of the discussions that we had in these workshops we managed to really discuss to implement human rights programs even in difficult legal environments. As you can imagine when I told you in which regions we worked such as the Menna region and in the Gulf states. Creating and enabling environment for HIV programs to be effective and for people to be able to fully realize their human rights partly depends on creating better legal environments.

The evidence and guidance of the recently concluded global commission on HIV and the law provides ample evidence

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and guidance on how to make the law work for and not against HIV.

This may be the moment in history when we can really establish a movement for law reform on HIV. It is for all of us activist's lawyers, lawmakers, national aids commissions and development partners to make this happen.

But, why we all might agree that we need to build the capacity of popular movements to claim their rights and the capacity of government agencies to protect, promote and respect human rights, ultimately law reform, and human rights programs depend on political will. And this is the tricky part that we have not fully cracked.

We need to create political capital that is an elctra that supports people living with HIV and key populations and that demands from the politicians to protect the human rights of all their citizens. Including those most marginalized and disenfranchised. Politicians will do what they think gets them political mileage. And they will not stick their neck out if they think it will turn their voters against them. We have the tools, we have the evidence to show that human rights are essential to HIV programs. We have seen some success but there is still a long way to go to make it happen on the ground.

I would like to thank RETLASEX [misspelled?] and it is their video that I played for you before. I say thank you to you, thank you very much.

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**RHON REYNOLDS:** Thank you both speakers. Unfortunately we won't be looking at zero deaths, but I think that one of the things I would encourage the audience to do is to again, ask questions and to bring your own thoughts around UNAIDS strategy, getting to zero, and the road towards—and how the strategy is being implemented. I think we have heard from both of our speakers that the walk or the journey, or the march to zero is still a long, long, long journey. Especially when we think about gender inequalities, and when we talk about zero discrimination, and the numbers that we just heard from Christine are quite stark.

We have about 15 or 20 minutes for questions, answers, comments, thoughts, and I would welcome folks to come forward to the podium, or to the mic, I should say.

**BARBARA:** My name is Barbara, and I am from Uganda. My question is, what tools are you using to implement these HIV strategies that take people with disabilities into account? How are you using people with disabilities themselves in the implementation process? Thank you.

**MILLIE KATANA:** Thank you very much for the panelists. My name is Millie Katana [misspelled?] and I work with John Snow. My question is, around harnessing resources for the community responses. We are seeing resources getting smaller and smaller, and if we have to claim our space as the community

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actors, what is it, in your opinion, panelists, that we need to do? Thanks a lot.

**NESHA HANIFF:** Thank you for the question. You know, many of the NGOs that I work with, the head of those organizations spend an enormous amount of time trying to find funding. And the work that they should be doing often gets put aside because that funding process is very, very difficult. A lot of them rely on volunteers. And volunteers and the heart and soul of the NGO movement, all of whom are suffering from lack of funding. So one of the ways that I know that some particular organizations deal with limited funding is to use volunteers.

But volunteers of course, are an unreliable and unacknowledged, and unpaid source of labor. By the time you train a volunteer to do something that volunteer could get a job, gets a Visa to the United States, and that volunteer is gone. So it has to be a constant battle to keep workers and trainers, and people on the front line in place. And the only way I think, in my view, that we can sort of harness resources, is to become more politicized.

And to be more in the power brokers' face. And discrimination has become so normalized, that it is very difficult to even articulate it as a problem, when you face it every single day, and it is very difficult to harness women to do these things.

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So I am very jealous of the ACT-UP Movement, because they will walk into this session right now, and jump in the face of the panelists, or the big, important person, and let themselves be heard and known. We do not see much of that on gender, on women, at this point in time. And we need to revive and resuscitate that movement.

**CHRISTINE STEGLING:** Let me also say something about Millie's comment around resources. I think this is why a human rights perspective is so important. Because when you see the world through a human rights lens, then you know that national governments have a legal, an international legal obligation to provide health to their communities, and to their citizens. It is not an act of charity, it is an actual obligation. And it is an obligation that citizens should hold the government accountable for.

And similarly, the international community has an international legal obligation to provide for the right to health. And they have only commitments for these, and it is for us to hold them accountable to actually live up to those commitments.

I think it is really important that when resources are getting scarcer, and when we have more arguments about where the resources will be coming from, that we point out that communities are cost-efficient, to be part of our national responses, but they are not cheap.

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And that means that communities who put in resources, it needs to be acknowledged that people who attend meetings. That care for people, that look after sick people, that that is a resource that the community puts in. And it is not a resource that the government should use, just so that their health provision happens in a cheaper way.

But I think we need to be there. And we need to make the arguments about cost-efficiencies around communities, and we need to ensure that—we have come a long way by explaining that health systems work a lot better when communities are part of those health systems. And there needs to be money to support those communities that work as part of the health systems.

I also want to respond to the other lady who was asking about disability. I am not a person from UNAIDS who can answer the question about where it is, but obviously the UNAIDS strategy is very clear, in that it addresses all people, and that includes people with disabilities.

So, while I am not the right person to answer the question. I think it is one of the areas that has gotten a lot more attention recently, but it is definitely an area that lacks the right kind of attention to ensure that people with disabilities are part of planning community responses, and are part of implementing community responses. For me, that would

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be the perfect question for the representative from UNAIDS to respond to, if they were here.

**RHON REYNOLDS:** Just one other thing. I heard Jeffrey Saxer [misspelled?] earlier this week, and it was about resources. He said something to the effect that there was about 21 trillion dollars in safe haven banks around the world. And he said, and I quote, he said, "I'm sick of hearing that we have to do more with less." He said, "we have to do more with more." And I guess it links to what some of the other panelists have said around advocacy. That we have to advocate obviously for targeted resources, but that the resources for the response are sustained. We have some more questions. The gentleman there?

**FRANK SAN MOUSAKA:** I am Frank San Mousaka [misspelled?] from Zambia. I represent the Youth with Disabilities. And I have 2 questions for the panel.

Question 1, in your facilitations, you explained about the funding of different groups, and now, do you involve youths and women with disabilities with those funds?

And also, question 2 is, to the second facilitator, you talked about 7 case strategies on how national AIDS responses should involve human rights, and also in those human rights programs, do you involve persons with disabilities? Thank you.

**NESHA HANIFF:** First of all, I really love these questions about disabilities because it shows an advocacy on

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the disability community who is here, and we really need those voices.

I have worked in an organization in which we tried to include people with disabilities. But it is because, and I am not talking about UN policy, I am talking about what happens on the ground, at home. And it is because of the particular awareness of the person who is running that organization, that people with disabilities were included in the HIV agenda. And a worker was employed in the organization to deal specifically with disabilities.

So what I would say to you is that the person with disability will have a place within the organization to advocate for those issues, when the organization itself is open to such a placement. And unless that happens, I think that people with disability will be marginalized.

So we have to work on ensuring that the NGOs themselves are aware that people with disabilities, deaf persons, persons with other disabilities, are also vulnerable to HIV and other infections.

**CHRISTINE STEGLING:** Thank you for your question. And I agree. The 7 key human rights programs are very general programs. They are programs about training, law enforcements officers, health care workers, about the interlinkages of human rights and HIV. And yes, they do include talking to people,

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acknowledging the different reasons why people are marginalized from the health facilities. And that includes disability.

And like I said to the previous speaker, I think there is a gap still, even though many of you are advocating, and many of you are working on issues around HIV and disability. But the fact of the matter is that people, when people work on HIV programs on the ground, and in my own experience in Southern Africa, it becomes an issue of resources.

We are very badly set up in many parts of the world to include people who are hearing-impaired, or people who are blind. We have no facilities for translation, for producing materials that educate—that provide specific education around HIV for people with disabilities. So for me personally, I think it is a very big advocacy agenda that definitely sits in this room right now, but needs to be loud and clear out there.

**RHON REYNOLDS:** Next question please.

**FEMALE SPEAKER:** Thank you so much for talking about some of the problematics that now exist with the female condom, and some of the things that might also affect its uptake. I just wanted to ask about other innovations that may be either in the pipeline, or—and some of the challenges about trying to raise awareness about innovations.

Microbicide seems to have really have at least, a lot of awareness around it right now. But it seems like there are so many other emerging technologies, that, for many different

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reasons, have not been able to clear FDA, approval. SO I just want some of the panelists to speak to that.

**RHON REYNOLDS:** I used to work at the International AIDS Vaccine Initiative, and I guess one thing I can just say about that is that there is a lot going on in terms of research and what is coming through the pipeline. Obviously it is a long journey towards approval. But specifically, if I have to give you a resource to find out about what is going on—I think obviously there is [inaudible], but AVAC is a really good source to find out what is going on each year.

I think there are a number of different networks. I think there is TAG—but the point is, I think there are a number of resources that you can find, to find out about what is coming through, and how those types of different interventions, or different technologies, will have an impact on communities.

And I think that communities have a big say. Will these tools work for me, my life, and in my context? And I think this is something where communities need to engage more, especially as new tools are coming out.

One of the big things—we found out new findings from the PrEP trials, and they engaged primarily men who have sex with men. And what will be the implications for those men? So the point is, we need to engage with the science, and not

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disengage with the science, because they have implications for our lives, and they have implications for rights.

**NESHA HANIFF:** As Rhon Says, there are a lot of things in the pipeline. For women, we have to ensure that whatever prevention technologies we have, are friendly to our bodies, and also empower us, rather than manacle-ing us. Women's' vaginas have been sort of under the guise of a chastity belt for the last 100 years.

And whether it is an IUD, whether it is a female condom, regardless of what it is, we have to make sure that the technologies that are being developed are not only practical and useful and effective, but also think of us as full human beings, rather than a body part. And that kind of advocacy, I would like to see young people like yourself. Be engaged in. Because it is your generation that has to carry this baton forward.

So it is very important that we put women's bodies—if you look at Grey's Anatomy, a major textbook that all medical students use, if you look at the section that looks at reproduction, it begins with the male body. Today. So I would suggest that you go check it out, and see for yourself.

**RHON REYNOLDS:** Any other questions? Any comments? Any thoughts? Any other resources that you would like to share? Any observations about this strategy? I think we have another question on the floor.

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**ESTHER:** My name is Esther, and I was trying to look at the zero discrimination, zero deaths, as a strategy for UNAIDS. When I am trying to think on discrimination, I am not sure if we have really conceptualized it well, so that we can make a strategy which will be active and maybe change peoples' attitude.

Because when you are talking of human rights, human rights is everything. You are talking of homophobia. But isn't it right for that homophobic person to have homophobia to someone else? Because this is the right of expression. There is right of health. The right of sexuality.

So I am trying to think, how can we make and conceptualize our issues so that we can express to people, give that opportunity of tolerance to both sides. Those who are homophobic, and those who are not homophobic. Those who are homosexual, and those who are heterosexual. How are we going to strategize our way, which will balance both sides?

Because when we are talking of human rights, it is very difficult to have a line, saying that wherever is in the line for right to expression, like and dislikes, and this is a right of sexuality—the lines are not clearly expressed, and we need to work very hard to conceptualize these issues, so that at least, we do not—we balance both sides. Homophobic and non-phobics, homosexuals and non-homosexuals, like that.

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So I am having a problem when I am talking these issues to other people. Because some of the development work, I am an educator. I am a facilitator. I am doing HIV mainstreaming in my country in livelihoods.

But when it comes to discrimination, the concept itself, we need something else. We need to add something so that we can really go to zero discrimination in our strategies.

**RHON REYNOLDS:** Let's take another question before we close.

**COLIN DIXON:** I guess this is addressing that question, as well as the one around resources earlier. My name is Colin Dixon [misspelled?] from Dance for Life, International. We have recently done a program in Kenya, and IN Indonesia. And I think what I wanted to say is, in terms of resources, is that we need to look at what resources are there, and look at how we can partner effectively.

We work primarily with mainstream youth organizations in countries, 27 countries, who have access to school, and who have access to a whole different range of youth services. We were recently able to pilot a program with the University of Amsterdam, the University of Nairobi, local LGBT organizations, and our 7 big mainstream partners in Kenya.

What first we were able to do is assess the attitudes around sexual diversity within the mainstream organizations. We found, on the whole, they were pretty much the same as the

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rest of society. Implement a program working with staff.

Looking at the structures of organizations, the policies.

And what we really saw by the end, that just by bringing the LGBT and the mainstream organizations together, not through any coercion, that peoples' attitudes did change. And the advantage of that is that the mainstream organizations can go into schools, can go into youth groups, do have a voice with the government.

The end result is an alliance of organizations, including local LGBT organizations, mainstream organizations who now have an advocacy plan, a policy plan, have adapted their materials in schools to make them more open to different sexualities.

In terms of resources—that did not take a whole lot of new resources. It was just about creating a partnership which is effective. And it also is a way of addressing and respecting peoples' views, but allowing them the opportunity to experience different information and different people. So I guess this is more of a comment than a question.

**RHON REYNOLDS:** Okay, we have one more at the mic and then we close, and then we have just very short comments, because we are going to run over our session. Thank you.

**MARY THOMPSON:** Thank you. My name is Mary Thompson. I work for the Canadian Red Cross. I really like this phrase 'intellectual capacity'. And I appreciated the comments of the

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panelists on that. But what I would like to know is what would that look like? If you had to really sustain that, and sustain that in-country, what are the kind of strategies that need to be put in place? Thank you.

**NESHA HANIFF:** Thank you for that question. We are running late, but I will simply say that we have universities around us, and around NGS. I think there need to be better relationships between students and universities and NGOs, in a way that does not just take from the NGOs, but give to the NGOs. And a lot of those relationships are sort of exploitative. And so it needs to be restructured in a way that the NGOs benefit.

**CHRISTINE STEGLING:** Thank you for the second to last comment. I think that partly answers the question around homophobia, and balancing different views.

I think there are a lot of ways to build the capacity of people to understand difference, and to be accepting of difference. And a lot of the human rights work that a lot of people on the ground are doing that builds the capacity of people to understand the rights and what it takes for people to realize their rights, starts with very simple, perhaps culturally-appropriate understandings of human rights. Around humanity, about people being human beings. At the center of what you do, people are human beings.

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But I think there is a limit to how much you accept that people have a difference of opinion. And homophobic attitudes that are hurtful to other people, are where that limit starts. And this is not something that is new, all the countries that we live in that we represent in this conference, have agreed to those major principles. And if you do not want to go back very far, they are in the Universal Declaration of Human Rights. Which clearly states, that there shall be no discrimination on age, on sex, on race, on gender. Many of us interpret it to also say sexual orientation.

So I think it is important to know that there is space for having diverse opinions, and meeting other people and understanding the issues and the diversity of other people. But there is a limit on when diversity, or when one attitude hurts another person. And homophobia, or trans-phobia are the same as racism. They are expressions of opinions that are hurtful to other people. And therefore they are unacceptable.

So I think if you are interested in the way that the gentleman in the back was talking about it, there are so many people who are building capacity of others to understand this diversity, and understanding of what [Inaudible] of a human rights approach means. I am happy to discuss a little bit more after the session.

**RHON REYNOLDS:** Our session actually continues because it goes on to 4, so I misspoke. I just want to add one other

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thing. I think, in terms of the UNAIDS strategy, one of the things that the PCB NGO delegates also did—so actually prepare your questions, because we still have time for discussion—is, we did a consultation with communities across the different continents, specifically looking at HOV and the law, and its implications for communities. To ensure that communities had a voice. And that it informed. Not only the strategy, but the roll-out and the commitment in terms of the political declaration.

We just published something, and there have been a few sessions here on HIV and the law, and the voices of communities. This is one way we, as civil society, try to influence and inform global strategies, like the UNAIDS strategy, like the Political Declaration, and ensure its full implementation.

And one of the ways that I would encourage folks to ensure that their own representative on the UNAIDS Board hear from you, or you stay in touch with the information that is coming out of those different meetings, is to actually visit their website called [unaidspcbngo.org](http://unaidspcbngo.org). And that is one way of also making sure that through this site, your voice is heard.

**NESHA HANIFF:** I did want to address your question, and talk to you about your question. I think for people who work on the front lines of the community, you work with communities, and the discourse on homophobia could be very difficult. And

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so we need to do a lot of work with folks who are working with communities on this particular subject because as the issue of MSM and homophobia become more of a visible discussion, that getting out of small communities into larger ones, we need to capacity-build people how to conduct those discussions.

I do not think that it is, to say that I have freedom of speech, to conduct hate speech, is acceptable. Everyone is free to speak their minds, but they have to be very conscious that the speech that they utter is not hurtful and causes severe and dire consequences for the other person's life. And so we need to have the ability to how to conduct these conversations, without violating somebody else's rights.

**RHON REYNOLDS:** I want to encourage other folks, because again, this is UNAIDS Strategy: to Zero Community Style. And so in terms of having a community dialog, we do not want to be just the panelists talking, I want to hear—especially because I think one of the topics that we are definitely struggling with, because we do not have the representatives, is around zero deaths.

And definitely, the issue of disability is coming up here, and obviously we are not all skilled. The expertise lies within the audience. And I want to hear also from the audience around how they have worked and engaged on the issues around HIV and disability.

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We have a question in the back, or a comment. Come on up, community style.

**TRACY JACKSON:** Hi, I am Tracy Jackson, and I am from South Carolina. 'Getting to Zero', as I understand it, is not just an awareness campaign for those of us in the business. This is a campaign for the general public. I think. But I have not found that people in the general public have ever heard of it. So you are not speaking, I take it, on behalf of UNAIDS necessarily. But what can UNAIDS do to get the word out about that? What can we do to get the word out about that?

I talk to my public health colleagues, and we know it, but I talk to the general public and they do not. So how can we communicate 'Getting to Zero' to the people on the outside of the business?

**RHON REYNOLDS:** Other comments, or thoughts? Alright we can start with one. Christine, I will turn it over to you for the first response.

**CHRISTINE STEGLING:** I think 'Getting to Zero' and making the public out there hear about it is a complex undertaking. And I think the UNAIDS framework is really a guidance framework for those people who are directly involved in organizations, and in agencies, to do implementation. But how it is translated at the national level, and how it is translated by different communities—whether it is doctors, or

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health care workers in general, or politicians, or policy-makers—I think will look very differently.

And I think that message is out there. It might not sound the way that the UNAIDS language sounds, but in different communities you will have different levels of consciousness about those messages.

So I cannot say anything about the United States, but I think in many communities in Africa, and in Asia and in the Caribbean, where many years of campaigns have gone on. I think the messaging in those campaigns is very much along the lines of UNAIDS.

I think, for me, the interesting question is, how do we turn into—especially in the area that I work on and that I was speaking to, zero discrimination—how do we turn that language into something that is accessible to the general public. So that we create those popular movements to support people living with HIV.

I think that in a different session today we were talking about the enormous levels of stigma which we have not been able to crack, which is very much at the bottom of the discrimination, and why we have such high levels of discrimination. Because people are still being stigmatized, either because they are HIV-positive, or because they are a gay, transgender, or sex worker. And I think that is where the trick lies. How to communicate these issues around diverse

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communities—the diverse issues that we are all representing here—to the public out there. SO that they accept everybody in their community as a citizen that they will stand up for, and that they will demand services for, and that they will demand prevention services and treatment services for. I think that, for me, is where the interest lies.

**RHON REYNOLDS:** And just one other thing. I think it is a very good question, because what it says is that we need to get there by 2015. And it is around the corner, right? So 2015 is around the corner. The point is that it has to be, I think, used as an advocacy tool. An advocacy tool only because governments have signed up and committed to it. I know. As we know, governments sometimes do not stick to their commitments.

So really, this whole thing around holding folks to account, I think that is the point. 2015 is around the corner. And that means there is a lot of advocacy, and there is a lot of work to do in terms of translating that, as Nesha said, to something that is on the ground.

Let me turn that over to you, and then you can respond as well.

**MALE SPEAKER:** Leading off of that question, it seems like 'Getting to Zero' is a slogan or a communiqué that does not actually mean anything. And so I was wondering if the panel could address this issue of, what does 'Getting to Zero' actually mean, and for non-public health professionals, for

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example? And what would 'Getting to Zero' look like if it was not a slogan or a communiqué?

**NESHA HANIFF:** I have been working on 'Getting to Zero' on HIV for the last 20 years. So I think it is a bad idea. The words are ridiculous, in my view. For me to translate into anything real. I believe that health education, that public health, has reduced everything into a slogan. If you talk to people about how they get HIV, for example, they will give you 3 answers. Through blood, from mother to child, and unprotected sex.

And if you ask them what this means, most of the cannot explain it. And the reason that is, is because they have been educated by slogans. And it is repeated as a mantra over and over again. And it is symbolic of the problem we have with prevention education. People are given pamphlets. They are given videos. They are given tools. Which continue to make them passive, and not intellectually engaged in thinking about the problem. And that is my response to 'Getting to Zero'.

**RHON REYNOLDS:** If I can turn it around on another perspective. When I worked in the UK for the African HIV Policy Network, and we were talking about the deportation of African migrants to the UK, using documents like the Universal Access documents and those commitments.

Using that in terms of Parliamentary processes, and linking that to the lives and experience of people, looking at

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the fact that this was a commitment made by our government, my government at the time—yes, I understand definitely slogans is a shorthand for a complex problem. But it is something that is also—again, what I mentioned earlier on—how do we hold governments to account for their commitments?

'Getting to Zero'—and again I think the thing is—you talked about what ACT-UP and all these different social movements is about. How do we sustain the advocacy? It has been 30 years, and I think people are starting to get burned out.

That is the point. We do have to get to zero. Regardless, we have to get to zero. We have to end this epidemic. And yes, it is a short-term plan language for a long-term solution. But you may have something else to [inaudible].

**CHRISTINE STEGLING:** I do understand the sentiment. I think the sloganization of our world is pretty tiring. And I think that what we are after is, what is it really that we are asking for? And in a way, when you read the UNAIDS strategy, and if you engage with it, there are very specific targets. And these are targets about, laws need to be changed in countries so that there is no more discrimination. There are targets about reducing—getting—having less people get infected, less people dying, and so on.

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I think what is important for us, and perhaps so that we get away from the slogans, is to actually name it every time we talk about it. What are we actually talking about? So that it remains meaningful to all of us, and so that we are talking about the things that have meaning. Such as, when we say we want to realize the human rights for everybody, what does that mean?

It means that a person can go to school, has housing, has a job, regardless of their HIV status, their disability, their gender, and so on. Name what it is. What we are trying to say. And that is what perhaps, in my talk, I was trying to stay very close to the actual realities that are there. Because when we keep on saying things like, levels of discrimination have reduced, and so on, what we forget is that there are still 800 transgender people killed in 4 years, and that is unacceptable levels of violence and of discrimination.

So perhaps to continue to be meaningfully engaged is to continuously name what those issues are, so that we do not get lost in the slogans.

**RHON REYNOLDS:** And I guess the other thing in the strategy is the targets. And the targets are measured through the country reports.

So there is the global strategy, the countries have their country reports, and hopefully we will hear, and get numbers around, number of MSMs, number of deaths around

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transgender. But the problem is also that countries do not report.

Also one of the zero strategies being developed—there were set targets. And one of the things is that civil society—and I am again speaking in my former capacity—we asked how did you come up with those targets? How are those going to be measurable? How will we keep governments accountable?

This is a charge for us to—this is where it is. It is on the paper. You committed to it. Let's see how we get there. Next question. Community style. Just keep coming up, we have 10 minutes. Let's go.

**SARAH DENNISON:** My name is Sarah Dennison, and I am from California. And I was just wondering, you said that education has been sloganized. And I am a firm believer in health education. I think it is a great tool to get the younger generation educated about the future of everybody on this earth. And I think that the younger generation is the one that really needs to take hold of the responsibilities now, so that we can actually get to zero. All of the things that that slogan means.

What ways do you think that we can use education that do not use slogans? What other—I do not know how better to say that, but how can we better the education system to really get the information out there in an effective way that everyone understands? Thank you.

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**NESHA HANIFF:** That is a great question. A lot of people who have HIV in developing countries cannot read and cannot write. We have to think of ways in which we can educate ourselves to reach those people. Our education, in HIV prevention in particular, is literacy-based. Until we can come up with innovative oral methodologies to teach HIV education, that engages the person intellectually, then we will continue to, by rote, to repeat slogans.

We have to take the time, working with communities is labor-intensive. You cannot come in and out, show a video, hand out a pamphlet, and leave. It is a commitment to working with people in groups. It is labor-intensive, and if we are not able to do that, then we will continue to go on and on with various slogans every 5 years.

I have been doing work at the community level with people. Some people cannot read or write, some people are functionally illiterate, some people do not have an attention span for more than 20 minutes. I am astonished that all of you stayed here—many of you stayed here for the whole time. But people do not have time.

So if you want to engage them intellectually and wholly, and have a discussion with them about their lives and about the issues, then you have to do this in person. We cannot be intellectually lazy. And unless we begin to embark on programs that challenge the paradigm of how we do HIV

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education, we will continue to do the same thing. And I think a pamphlet is intellectually lazy. [applause]

**RHON REYNOLDS:** So any—yes, here we go. Community style.

**DANIEL MARGUEDE:** I am Daniel Marguede [misspelled?] from Spirit Foundation [misspelled?] in Indonesia. Yes, I am from CHO organization.

You know, I am involved in HIV and AIDS more than 16 years already. We are talking about country ownership. Still a long time ago. Local ownership. We are talking about coordinations. Still, long time ago. We are talking about civil society engagement. Still, long time ago. We are talking about access to treatment. Long time ago. Partnership. Long time ago. Comprehensive approach. Long time ago. Three-in-one. Long time ago. So everything that we have been talking today, we have been talking long time ago.

To talk about getting to zero, how good we will come to the zero. The zero is not a human being number. Only come the closest to the zero. What can make it is how to make the knowledge available in every place. How to make it exist to the services available in every place. Can we make it?

We are talking about funding. No funding secured for the future yet. So we have a new slogan. 'Getting to Zero'. This is like using a bullet to the gun, last bullet we used,

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and then we do not have any bullet after that, and we know we are not getting to zero. Thank you. [applause]

**RHON REYNOLDS:** Yes sir.

**BUTCH MCKAY:** My name is Butch McKay and I am from Florida. When I hear things like 'Getting to Zero' it is a PR thing. It means nothing to the community.

What I am hearing is not zero discrimination, zero infections, zero deaths. I am hearing let us spend zero. Let us get to zero expenditure. Give us the resources, do not give us slogans.

And just one other comment. When you were talking about the deaths of the transgendered community. Those are the reported deaths. So many go unreported. So that number I think is extremely low.

**RHON REYNOLDS:** Yes ma'am, in the back.

**FEMALE SPEAKER:** I just wanted to check whether the speaker has any experience from the Caribbean in terms of how you work with women. Particularly, as you said, and rightly so, to say that most of the women that we are working with are vulnerable to new infections, are people that are not educated, and are people probably that are not working.

But in your experience in the 20 years that you have been doing this, if we were to use the community style, how do you engage women without necessarily dictating, in terms of what their priorities are.

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Because, for instance, women, their priorities would not be necessarily about sitting in a classroom and listening to how biology works, and how virus anatomy, and all those things. But probably their first priority is how do I get food on the table? So how do you engage women to show that these priorities enhance and strengthen? Thank you.

**RHON REYNOLDS:** I am going to ask Christine if you can talk about—in terms of you mentioned around 'Getting to Zero'. And especially in the context of the fact that we have such significant discrimination and death and violence against transgender.

What do you think will change this trajectory? Is it better reporting? Is it better legislation? What is it? Because this came up. And then we will go to the next question.

**CHRISTINE STEGLING:** I do not think it was about—what the gentleman was saying is that the numbers are low, and they are the reported numbers, and that is what I said when I put the numbers up. These are the ones that we know about, and there is many, many more that we do not know about. And even if this is just a fraction of what is actually happening out there, it is still a shocking reality.

For this particular region, I think the important thing is, it has not to do with changing the law, and that is partly why I chose this example. Because often, in the last few

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months, or the last couple of years, we have concentrated a lot, when we talk about human rights, on law reform. And law reform is a very, very important part of addressing discrimination.

But it is one part of addressing discrimination. And the other part is enforcing the laws that you have. Which is the situation that we have in Latin America. Where we have good laws, but they are not enforced, and that is about training police officers. It is about punishing police officers for not enforcing those laws. It is about training health care providers to make use of the laws that exist in a positive sense.

So I think there are a number of strategies that need to be used. One of the things that we are doing at the moment in partnership with [inaudible] is to investigate the impunity. To go back, and, at least in a couple of countries, and in this case we are working in Honduras and Guatemala, to look at those cases that we know about and that have not been followed up by the police and documenting it. And bringing it back into the public domain so that it becomes clear that once you create—once you have evidence on the table that this is actually happening, and it is not okay, and it is against the law, you engage in a different type of conversation.

I think it has to do with building the capacity. It has to do with building better accountability mechanisms, and

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it has to do with better public relations, outreach work. To show what the evidence actually is. And I think there are several of those things that are happening at the moment. And particularly, in Latin America.

**NESHA HANIFF:** In relation to the young lady's question. I have developed an HIV prevention module that takes 20 minutes, and you learn everything in it. And you develop it in your own language, and you teach it. It is oral, it is not written. And we have been doing this for over 20 years, and we have taught thousands of people that way.

**RHON REYNOLDS:** So with that, I just want to say thank you to the panelists. [Applause] I want to say thank you to the audience, to the activists. I definitely want to thank Nicky [inaudible] for pulling us together.

I definitely want to say thank you to the disability and disabled activists, because I think one thing for sure, in these kind of spaces, we do not hear enough around what the needs of disabled communities are. And I feel like this was an extraordinary session, because 2 communities, around disability, and definitely the needs of transgender communities.

Clearly 'Getting to Zero'—getting us to zero, a day when we do not have any more HIV and/or AIDS in existence, is going to be a long journey. But it won't just take resources. It will take the efforts of advocates and civil society and

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communities to really be at the forefront of the response. Because they are at the ground and in the trenches fighting this disease every day, as we heard in the Plenary this morning.

I guess one thing I would leave you with the charge—is to create more community spaces, and community dialogs, where we can really talk about what 'Getting to Zero' means, and translate that into what it means for us. Because as my fellow Jamaican said, "we no gon get dere because zero don't mean nuttin fa me.

It doesn't mean anything for me so that has to translate into real resources, real action by governments, by communities, by the private sector, on the ground. And it has to have human rights at its base. Thank you very much.

[Applause]

[END RECORDING]

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