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DIANE HAVLIR: So good morning everyone, my name is Diane Havlir and I am the co-chair of the International AIDS 1012 Conference, so welcome to the conference. At this press conference today we will be talking about the Plenary Session, which I am sure many of you just heard.

The Plenary Session for today, "Ending the Epidemic, Turing the Tide Together", I think everyone that was in that room saw that this completely set the stage for the conference. Many of you, and I have been to most of the international AIDS conferences, I don't think there has ever been a Plenary like what you just saw.

It was a historic event, and it covered everything ranging from the science, to the community perspective, to the commitment from leadership here in the United States, and globally. So I think if you go to any other kind of medical gathering for cardiologists, you are not going to see the head of the WHO, a Nobel Laureate, the head of the WHO sitting all at the front, and participating in such an event.

So without further ado what I would like to do is introduce our first speaker, who really needs no introduction, Dr. Tony Fauci, who is the Executive Director of the National Institutes of AIDS and Infections Disease, since 1984, and the prominent scientist in the United States in the AIDS movement. So, Tony.

DR. ANTHONY FAUCI: Thank you very much Diane. I am just going to give a really brief thumbnail, because I assume that most of

you at least, heard the Plenary Sessions. The message that I got across, or tried to get across to the group, is that the title of this meeting is “Turning the Tide Together”, the title of my talk was “Ending the AIDS Pandemic”, and the perspective I took was that, from what the scientific basis is, over the last three decades, that would allow us to be so bold to even suggest the possibility, if not reality, of achieving this goal within a reasonable period of time.

And what I did was talk from the fundamental basic science observations that began very early in the pandemic, in the 1980s, how that accrued without yet any interventions, except simple interventions, that were really common sense; like behavioral modification, and education, and condom use, etcetera to the point where we studied the virus, studied its pathogenesis, how it destroys the body’s immune system, how it is transmitted, and then use that knowledge in a building-block fashion over the years to develop interventions in the form of preventions and treatments.

And some incremental increase, and some breakthrough increases, to the point where, right now, if you look at the science leading to the intervention, and the proof of many of these interventions, such as that HIV therapy saves lives, that treatment can be used as prevention, that circumcision works, that mother-to-child transmission works, that prep and microbicides, with all of their caveats, can be used, that in the optimum setting, they are proved to be science-based efficacious, they work under optimum conditions.

And over the last few years we have shown that when we have extended this on a broader way of implementation, into the community, that each of those, under the appropriate implementation, and with adherence, can work. So the conclusion that I came to, was that today, in July of 2012, there is no longer any scientifically-based excuse to say we cannot start to see the beginning of the end of the AIDS pandemic.

The biology and the science is there. We know there is going to be varying degrees of difficulty in implementing them, but the real challenge is, how do we take what we proved is scientifically sound, evidence-based and feasible, and get that translated into a scale, up at the global level, that will actually get us, within a reasonable period of time, to essentially put an end to the AIDS pandemic. And that is what I said.

DIANE HAVLIR: Thank you Dr. Fauci. Our next plenary speaker, who will provide remarks, is Phill Wilson, who is the Founder and Executive Director of the Black AIDS Institute.

PHILL WILSON: Thank you Diane. I think the message that I wanted to deliver this morning is that we in fact have the tools in the AIDS epidemic in this country today. I think that Dr. Fauci let us know that. That the question of 'can we' in AIDS that question has been asked and answered, and the answer is 'yes'. The question is, will we do it? And, in some ways, do we want to do it. That is the question before us.

We have tools that have never been available to us before, and we have enhanced tools around testing. We have enhanced tools around surveillance. We have enhanced tools around treatment. We have enhanced tools around prevention. We even have enhanced policy tools, in the national HIV/AIDS strategy, and the Affordability Care Act. So, the question is actually, doing it, and making the investment that has to happen.

The second point that I wanted to make is that we really need, and I think the theme of this conference is critically important, that we need both the science and the community to work together to make this happen. It's not an either/or, it's an and, and it is additive.

And finally, from our perspective, or from my perspective, there are five things that we need to end the AIDS epidemic. We need to fully implement the Affordable Care Act that gives us 30 million people on care and treatment, it provides an essential benefits package that is critically important for people living with HIV. We need to create an environment where people living with HIV come out, that is critical.

It's both for issues around stigma, but also around creating demand. We need to have a system where we have treatment on demand. It is absolutely ridiculous that, particularly in this country, the richest country on the planet, that we don't have treatment on demand. And we need to demand that treatment as a community.

We need to integrate the treatment and the science with community. We can't do it alone. There is lots we have learned with our community-based organizations, and number five, we need to re-tool our HIV/AIDS infrastructure. Many of our organizations are not currently equipped to deliver the kind of services that they need to deliver in a post-Affordable Care Act environment, and in a post-biomedical intervention world.

DIANE HAVLIR: Thank you Phill. Our next speaker is Sheila Tlou who is the Director of the UNAIDS Regional Support Team for Eastern and Southern Africa, and former Minister of Health for the Government of Botswana.

SHEILA TLOU: Thank you very much. I came into this thing looking it as a politician, a civil society person, because I was a member of the Civil Society, I still consider myself that, a professor who is a researcher at the University of Botswana, and of course a woman, living in sub-Saharan Africa.

So that I was looking at, really, turning the tide in affected countries. Looking at the target issues of accountability, and shared responsibility in global solidarity. So sub-Saharan, Africa, the premise is still there. Sub-Saharan Africa is still the most affected continent.

And if we are going to turn the tide, we have to be able to really focus on sub-Saharan Africa. So the idea is that we are till in this together. It is a call for global solidarity a call that was done last year, at the United Nations General Security Council, as we

as the United Nations General Assembly high level meeting on HIV and AIDS.

At that meeting political leaders from all over the world, agreed on 10 targets that they need to be able to meet by 2015 if they are going to turn the tide of the epidemic. Among them, reducing sexual transmission of HIV, putting more people ARVs, eliminating mother-to-child transmission, and ensuring that mothers become alive.

Ending travel restrictions, and ensuring that we eliminate gender inequality especially gender-based violence. So I was looking at those, to say, okay, where are we in terms of that? And where else we need to go.

So in terms of eliminating mother-to-child transmission, and ensuring that mothers are alive, Dr. Fauci has already shared that. Infections have gone down in our region. And if we – I consider this as a low-hanging fruit. Be if we can put our concentrated efforts in that, we will be able to reach our target by 2015 to really reach near zero by 2015. Because already there are countries, for example, as Minister of Health in Botswana, I became the Minister in 2004.

And the rate of transmission then was like 35-percent. But within four years, I had brought down that rate to less than 5-percent. Within four years. So we know it can be done. But it takes a lot. What does it take? It takes bold leadership and

commitment. It takes a mutual accountability where civil society and governments work together.

It takes a shared responsibility with partners coming in. But it also takes country ownership, where no country should be [inaudible] to their donor. Every country should be able to sit down, do their own evidence-informed, rights-based assessment, and to say how do we come forth, cost whatever needs to be done, and then be able to get the partners in to say these are the resources that we have, how do you help us to fill this resource gap?

So that is really that. So we still need the global solidarity. No one country, even in this economic climate, can do it alone. We need us all to be there. The world needs to be still in that fight against HIV.

DIANE HAVLIR: Thank you Shiela. I would like now to open up the floor to any questions. Please state you r name and your media affiliation. And I would like to ask that you keep your questions as direct and as short as possible, and let us know to whom you are directing your questions. Thank you.

JAMES HARPER: Hi, my name is James Harper. I am kind of representing three entities – the Black AIDS Institute, the *National Newspaper Publishing Association*, and the Florida Courier and Daytona Times. Just a question to Dr. Fauci. There seems like, in America, the urgency of the message is not getting through to the youth as far as the mortality effect of having unprotected sex. It seems like

most of the young people were not around, and do not have that fear of dying, and are having sex.

What is, or what can be done to get that message to our young people, who are just having sex and you did not really mention a target date to end the epidemic. Is there a target date to end the epidemic, as you say, that can be done.

DR. ANTHONY FAUCI: Let me answer the second question first. I deliberately did not give a target date, because it is totally impossible to give a target date. Because as I mentioned, when you make the transition from what is scientifically and biologically feasible and doable, as all of us have said, and as Phill just said, it is not 'can we do it', it is that 'will we do it'? So if we put everything behind it, and do all the things, that curve will start to come down. But there are so many variables, it is impossible to give a date.

And I think that would be dangerous and would probably raise expectations that would be counter-productive. I think to firmly state the scientific basis of the fact that you can do it to show examples of then people applied it and implement it in certain areas that I gave some examples of, we know it can be done. It is up to us as the global community, to make that happen. And to give a date is almost incompatible with what I am talking about, because there are so many factors.

The message to the young people, your first question, I think that we just need to keep at it. Very early on in the

epidemic, we made broad general, and Phill is better than I at this, for sure — HIV is an equal opportunity employer. It is not. It is not. If you look at the infection, as Hilary Clinton said, Secretary Clinton, you go to where the virus is.

And the virus is not a general epidemic in the United States the virus is a spotty epidemic but general, in some populations. And if you want to target populations, just look at where the virus is. And that's what Phill has really been trying to do with his entire career in this. So it has to be a targeted message to the people who are actually in that category, that they are actually at-risk.

EDGAR TSIMANE: My name is Edgar Tsimane I represent the *Sunday Standard* newspaper in Botswana. My question will be directed to Professor Sheila. Professor, his Excellence the President has previously said that the provision of HIV ARVs to HIV infected people will, in the long run, not be sustainable.

Recently there have been intense media reports in which government officials were reported repeating what His Excellency had previously said. So I wanted to ask you, what are your views in the cost-sharing in the provision of HRVs, and if this will not be in any way retrogressive in fighting the pandemic.

SHEILA TLOU: Thank you very much. I do not know if by him saying it will not be sustainable, where do you get the part of cost-sharing? Because I take it he was saying at the rate that it is going, with the government being the only one fully sponsoring that,

it is not sustainable, which is true. We have to be innovative. Part of what the African Union is doing right now, and the African Union leader's including himself, is to look at new ways of funding. For example, I know Botswana is having alcohol tax. They are also looking at mobile phone tax. So there is really now raising other resources to ensure that they are able to sustain the response. But not only that; innovation in terms of generic drugs because we still have a lot of work to do in terms of Africa as a whole, having that drug regulator mechanism and partnering with other countries.

Now we have a full power, called BRICKS; Brazil, Russia, India, China, and South Africa that is a potential that can really be able to get Africa out of the finances that have to do a lot with HIV.

So I am looking at that saying, and I am hoping that that is what he means. He does not mean cost-sharing, because that is a different story.

DAVID OSBORNE: This is David Osborne from the *Independent of London*. Dr. Fauci, can we just take the conversation on money a little bit further? The world is not financially healthy at the moment recession in Europe, and so on. How much of a threat does the global economic slowdown represent for the fight against AIDS? And what are you going to do, and that is the U.S. going to do to try to prevent the erosion of the effort because of these financial difficulties?

I understand that the PEPFAR budget in the U.S. has itself been cut by President Obama. How worried are you that money is going to sabotage the progress that we have made already?

DR. ANTHONY FAUCI: Well, obviously when there are constraints in resouorcs, there are some impact on your ability to implement. However, one of the things that has been in the past, and will continue to be emphasized, particularly by Ambassador Goosby is that what we are starting to see now is a much greater assumption of ownership of the problem on the part of the host countries, where it really is much less of a donor-recipient, more of a partnership.

And there are countries such as Rwanda and Botswana and South Africa now, who are clearly more and more taking on the responsibility. So that money that was originally more of a donor aspect to it, now can be shifted to countries that just do not have that.

The other is to bring in more countries that have not yet, to this point, participated very robustly in the multi-lateral components of attention to the global health issues. I want to make a point that Ambassador Goosby makes, and that I know if he were here he would say the same thing. If you look at what's going on with the balance between PEPFAR and the global fund, the decision was made to enhance more the USA's global fund commitment, to leverage getting other donors in.

Because it's very clear, when you go out there and talk about the reality of what happens, is that although we are the main

donator of the global fund, to the tune of more than a third, the more we put in, the more that's a catalyst for other countries. And the enhancement of the global fund, even in constrained resources, has led to Saudi Arabia, Japan, Germany and others putting considerably more in that they otherwise would have.

The other thing is the extraordinary efficiencies that have occurred, over the last several years, where the price of drugs now, on certain regiment, have gone below $100, and things that were originally done by nurses and physicians that would cost a lot more money, are being done by community workers.

So the combination of country ownership efficiencies, and bringing in more donors, has really made up, in some respects, for some of the constraints on resources. And having said that, obviously the more resources you have, the better off you are, I'd be the last person in the world to deny that. But the constraints economically, globally, are being counter-balanced by these efficiencies that I'm so speaking of.

CHRIS NORWOOD: Chris Norwood, *Bronx Free Press*. And this question is for Phill Wilson. Unless something has happened in the past few weeks I don't know about, since March the Obama administration has been collapsing the community-based Ryan White organizations by a bizarre bureaucratic dictum that they are the only Federally-funded health programs that are not allowed to use direct grant funding to pay their rent and so those who can't raise their

rent elsewhere are slowly and inevitable, well not slowly, fastly collapsing.

And I wonder, where there is such is such hostility to community programs in the United States, how can we build the community infrastructure you thought about and you talk about? How can we field the hundreds of peer-facilitators to get to the more than 50-percent of people who are HIV-positive who have dropped out of care? And also why haven't the AIDS advocacy groups made a far larger commotion about this unprecedented attack on the community organizations?

PHILL WILSON: Well first let me say that I am not familiar with the exact example that you spoke about. I actually run a community-based organization, and in fact we do not have restrictions in our grants that prohibit us from using our grant funds for rent. So I'm not familiar with that. And definitely we have some challenges, some resource challenges around budget issues. And the advocacy community needs to step up to the plate.

The point is, and I think that the President understands this, and I think that the Administration understands this, that we are not going to get to the end of the AIDS epidemic without a robust civil society effort without a robust community organization. In fact, just yesterday or the day before yesterday, the President announced new grants to support the elimination of the ADAP waiting lists, and those funds are going to go to community-based organizations.

I think that as activists and advocates, we need to do a much better job. One of the things that I was trying to say in my talk is that we need to re-energize our efforts. We end up getting the response from our government that we demand. Now that is the total history of the AIDS epidemic in this country and around the globe. That not a single thing, in my humble opinion, has happened around this epidemic, that has not been generated by community activism.

RICHARD JORDAN: Richard Jordan from *South-South News* with a question for former Minister Tlou. Rio+20 Conference is already a month behind us. The quadrennial comprehensive policy review will be negotiated in the fall at the UN. How will the development of new sustainable development goals in the period between 2012 and 2015 when the MGDs expire, impact the funding and the consciousness-raising on HIV.AIDS? Thank you.

SHEILA TLOU: So, for Africa, our priority to still ending the epidemic. So that if funding, you mean by the funders from outside, I guess those are our priorities. But for right now the African Union has actually had this past week, their own roadmap on ending the three diseases; HIV, TB, and malaria. And looking at how internally they are going to be able to source funding among themselves and outside of, with their partners — so I can still see now this momentum going on, and linking on to the Rio Plus goals.

But his is not the time now to be able to say no, HIV, we will see it later because it's still the issue, at least for sub-

Saharan Africa. SO it is still there on the map, and we need that bold political leadership and good governance that will take it forth, and be able to integrate it with whatever else is happening.

ANTONIA TECARESE: Good evening my name is Antonia Tecarese [misspelled?] I work for *La Opinion n*ewspaper from California. Dr. Fauci, groups like undocumented Latinos or transgender Latinos that live with AIDS, with HIV, there is still enormous challenges here in the United States, like discrimination, access to care and violence. Actually undocumented Latinos are not covered under ACA.

If you want to control the disease in the U.S., you need to address the problems of these populations in particular. Can you elaborate how the administration sees the problems with these subgroups, and efforts to address them? And Dr. Wilson if you can also comment on how do you see the situation for these groups?

DR. ANTHONY FAUCI: Well that's not the area that I am involved in, but I will be happy to give it a shot. Certainly, the direction that the community interaction, that's mostly when you talk about the administration, which mostly comes in the United States domestically from the Department of Health and Human Services, which is the NIH, the FDA, and the CDC, is the CDC community issue of penetrating into the community.

We're doing it here in Washington, DC, we have predominantly an African-American population of our 600 and some-odd thousand individuals, and certainly here, I can't speak for California, but our own group is mounting an aggressive program of

trying to interact with the minority communities, in this case, both the Latino and the African-American community, to identify, relate to, seek out, test voluntarily, link to care, educate, put on treatment, and keep on treatment.

I am certain that this same programs will ultimately be, if they are not already extended, because it's a collaboration between community workers, the Centers for Disease Control and Prevention, and to some extent, as the NIH does, collect data as to the feasibility. But with regard to the other part of your question, I think that maybe Phill is more qualified to answer that.

PHILL WILSON: I think that we have some best practices already that are working in Latino communities. I mentioned in my speech Bienna Starr [misspelled?], which is in Los Angeles, and is a remarkable organization that is servicing all of Southern California and the Latino community.

In New York City there's the National Latino Leadership Commission on AIDS and what those organizations are doing is, in a culturally-appropriate manner, creating movements. You know, Calvin Rolark the founder of the Black Fund, said nobody can save us from us but us and that the core, really at the center of resolving the AIDS epidemic, particularly in communities; is really communities using what we know about our own communities to bring about solutions.

And I think that kind of relying on some of the best practices, like I said like in Biena Star, and there is also now a

national alliance of Latino AIDS organizations that is also looking at and producing papers around best practices.

NICOLE: Hi I'm Nicole from Los Angeles. I have a question for Anthony Fauci. The CDC removed HIV from the list of communicable diseases in 2009, and I want to know what the reason for that was?

DR. ANTHONY FAUCI: I'm sorry – removed it from the list of communicable disease?

NICOLE: Communicable diseases of importance.

DR. ANTHONY FAUCI: I don't think that's happened, ma'am. I'm sorry but that it is a non – that has not happened. Sorry. You got that one wrong.

DIANE HAVLIR: Okay, a final question?

OTHOR CAIN: I'm Orthor Cain with the *Mississippi Link* newspaper in Jackson, Mississippi, and I am mostly here as a part of the media delegation for the National Newspaper Association. And Phill this question is for you. Your organization just recently released a report, back of the line.

And I just wanted to now, particularly listening to you in the session earlier, how do you get African-American organizations involved in this dialog, when seemingly other organizations have moved on with thing called HIV and AIDS. In the Black community, those stakeholders, the faith-based organizations and other social organizations are not necessarily disseminating that information. And I want to know what you would say to these groups.

PHILL WILSON: Well I mean, the first thing I would say is to flip the question. Certainly Black media plays the critical role, and it is important for the media to kind of continue to talk about this issue particularly the Black media. What we have found is that once we communicate to our communities the magnitude of the epidemic in our communities, we get a response.

And in fact, while we're not where we need to be or want to be, we see progress happening. The challenge is that HIV and AIDS had fallen off the media consciousness as of late. And if we're able to provide the kind of attention that this epidemic demands, I think that we'll get the response.

And I think basically, the message today, is to say to our communities, we still have a serious problem in our communities. That AIDS is still, you know, devastating in our communities, but it doesn't have to that this is a battle that we can win, if we get involved. And we have a history of being very resilient, and we can respond to this issue.

DIANE HAVLIR: Thank you very much everyone. I believe some of our speakers will be available afterwards. Thank you.

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