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Leadership in the AIDS Response for Women
Kaiser Family Foundation
July 26, 2012

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FEMALE SPEAKER: Dr. Helene Gayle, Ms. Gracia Violeta Ross Quiroga, Dr. Debrework Zewdie, Mrs. Morolake Odetoyinbo.
[Applause].

HELENE GAYLE: Good afternoon. I'm Helene Gayle and it is a great pleasure and honor to open this session on leadership and the AIDS response for women. Throughout this conference, the toll that HIV/AIDS has taken on women, who make up over 50-percent of people living with HIV/AIDS, has been highlighted.

The multiple social, cultural, economic and biological factors that put women and especially young women and girls at disproportionate risk for HIV have also been explored, but in keeping with the theme of this conference, we're also hearing about the ways in which tangible solutions are beginning to turn the tide for women in this academic and give all of us new hope.

Whether access to treatment and its dual treatment and prevention impact, pre-exposure prophylactics or the promise of a microbicide and increasing rates of male circumcision for male partners: we now have new biologic tools that will help prevent and treat infection among women.

So too are we gaining evidence on ways to tackle the social and economic factors that underpin the risk of HIV for women and girls. We know more about how to tackle stigma and

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discrimination, engage men and boys to change their attitudes and behaviors, empower girls and women to negotiate safer sex behaviors and link them to economic livelihoods that enhance their sense of self-esteem and value. All of these will have profound effects on girls and women in this epidemic.

Another key ingredient to success is leadership. We know that. And just as HIV has taken a disproportionate impact on women throughout the world, women and women leadership is key to shifting that reality. So it is in that light that I am delighted that we have such an incredible panel of women leaders with a range of experience as leaders in this fight. Without further delay, let me start this important session.

First I'd like to begin with a word from Nobel prize laureate and newly elected member of the Burmese parliament, Daw Aung San Suu Kyi. Unfortunately she could not be with us today. She'd agreed to address us in this session had her schedule permitted.

So she sends her sincere regrets, but for one reason that I think all of us would be happy with. After her 2010 release from seven years of house arrest, she was recently elected to Parliament. [Applause].

That body is now in session so she can't be here with us. Daw Sung Kyi graciously agreed to send a video since she could not be with us in person and for those of you who were at the Red Ribbon Award ceremony yesterday at the conference,

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you'll know that her remarks were a very special part of that event. In a moment, we will share with you a brief message from that address, but before I do, let me just say a few words about Aung San Suu Kyi's commitment to the AIDS issue, which is long-standing and deeply felt.

In earlier and brief period of freedom from detention, she addressed the 2000 International AIDS Conference in Durban South Africa calling for compassion and an end to stigma and social exclusion, then a major issue in her country. On the first day of her recent release, she went to her party headquarters to reopen her office, but on the second day and for the first public event where people could see her, she went to the HIV/AIDS center run by her supporters. This was a powerful message to her people and to those living with HIV that they're champion was again free and was going to work hard to improve their situation.

Daw Aung San Suu Kyi is a global icon for democracy and human rights and she is also in her dignified and quiet way, a powerful AIDS advocate. She is too an example of one of the traditions of women in leadership, while never giving up her decade long struggle for democracy and human rights in her country, she has maintained a deep adherence to non-violence, to dialogue and to curing and kindness. Now let's watch her video.

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AUNG SAN SUU KYI: Our people need to understand what HIV really is. We need to understand that this is not something that we need to be afraid of, that people who have contracted HIV need not be discriminated against, that they are not a danger to society at large. Once this message has got through, we will be able to base activities on the natural compassion of human beings and, of course, as the great majority of people in Burma are Buddhist, there's a special emphasis on the value of compassion.

Based on this, and based on wide community education, I hope that we will be able to become one of those innovative societies where we approach a problem as human beings, as intelligent caring human beings. In this way, we will be able to handle not just the issue of HIV/AIDS, but issues related to those who are subjected to particular suffering, particular discrimination.

I wish your conference very well. I wish, and I'm sure my wish will be granted, that you may come up with new ideas and new ways with which we will be able to approach the issue of HIV/AIDS and make those suffering from HIV/AIDS happier and safer in our world. Thank you. [Applause].

HELENE GAYLE: Now it is my pleasure to introduce our next speaker, Mrs. Laura Bush. Now Laura Bush hardly needs an introduction, but she definitely deserves one. As the first lady of the United States from 2001 to 2009, she was

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universally admired for her approachable style and her straightforward and gracious leadership in that role.

She was then and continues to be actively involved in issues of national and global concern with particular emphasis on education, healthcare and human rights. During her eight years as First Lady of the United States of America, she traveled to all 50 states and more than 75 countries.

In support of President Bush lifesaving global health initiatives, including the President's malaria initiative, PEPFAR, Mrs. Bush visited Africa, Asia and the Americas to help raise global awareness of malaria and HIV/AIDS. Now as the chair of the Women's Initiative at the George W. Bush Institute, Mrs. Bush continues her work on global healthcare innovations, empowering women in emerging democracies, education reform and supporting the women and men who have served in America's military.

In September 2011, the Bush Institute, the U.S. Government, UNAIDS, and the Susan G. Komen for the Cure announced an \$85 million Pink Ribbon Red Ribbon Initiative, a partnership to leverage PEPFAR's platform and resources to combat cervical cancer in developing nations.

My organization, CARE, had the honor of having Mrs. Bush as a keynote speaker at our annual conference a couple of years ago. She was introduced then by her twin daughters,

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Barbara and Jenna, also great women leaders, who gave one of the most touching introductions I have ever heard.

They painted a full picture of their mother and reminded all of us of their roles that women balance every day, in ways that are truly remarkable. So as they did, I want to present to you a woman leader of great depth and accomplishments as I have noted, but a woman who is also a wife, a mother and a friend to all in this room who fight for equality and dignity for women all over the world. Mrs. Laura Bush. [Applause].

LAURA BUSH: Thank you all. Thank you so much. Thank you very much. Thanks to everyone, I'm very happy to be with you today at this conference, I'm glad that you're meeting in our beautiful capital city and I hope you've enjoyed your time in Washington and I'm especially glad to be with you to mark the progress that's been made and to look forward to an even greater response to HIV/AIDS

Thank you, Helene, you're the perfect moderator for a session on leadership in the AIDS response to women, thank you for your leadership of CARE and thank you for CARE's lifesaving work. We've just heard from a leader that I admire very much, Aung San Suu Kyi, from Burma. Her courage and persistence is an example to women and men worldwide.

When I thought about what I wanted to say about women in today's session, I thought of the many women, some of whom I

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know, and some of whom I'll never know, who came before us and who led us in our response to a pandemic disease. I thought of my own mother-in-law, Barbara Bush, while my father-in-law was president during those early days when people thought you could catch AIDS from touching somebody.

Barbara Bush cradled HIV-positive babies and hugged people with AIDS. She met with families who lost loved ones to AIDS and she visited the AIDS memorial that was on the Mall then like it is now. Her graceful example challenged all Americans to confront HIV/AIDS with care and compassion rather than fear and judgment.

When you look around the world, you see that women are in the forefront of life changing progress. In Afghanistan, under the Taliban, women ran underground literacy centers risking their own lives to teach women and girls to read. In Burma, despite years of oppression, women remain steadfast in their dissent, inspiring the world with their grace and courage in the face of brutality. Women have been central in the fight against AIDS, a disease that one newspaper compared to the Black Death of the Middle Ages, a global horror.

Ten years ago, HIV/AIDS raged out of control. Worldwide, more than 22 million men, women and children had died from AIDS and 15,000 people were infected every day. In 2002, experts estimated that the AIDS pandemic could double in the next five years to 80 million people infected with the

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virus. Health professional and leaders around the world new that dramatic action was necessary to address this crisis. In June 2002, my husband, President Bush, spoke to a crowd in the Rose Garden. He said, "The global devastation of HIV/AIDS staggers the imagination and shocks the conscience."

That day he announced a \$500 million initiative to combat AIDS by treating HIV infected women with antiretroviral drugs to stop transmissions of the virus between mothers and their babies. Six months later in his 2003 State of the Union address, President Bush announced the President's Emergency Plan for AIDS Relief, the largest international health initiative ever directed at a single disease. [Applause].

Members of Congress stood solidly with President Bush and thunderous applause echoed throughout the U.S. Capital when he announced this historic commitment. Sitting with me in the gallery of the capital that evening was a Ugandan doctor who helped President Bush's senior advisors develop PEPFAR.

Dr. Peter Mujenyi's smile radiated relief and joy. As a medical professional in one of the country's hardest hit by this deadly disease, he knew the toll of AIDS. Dr. Mujenyi remembered the faces of the patients he could have saved if he'd had medicine and on a cold January evening, thousands of miles from his home, he knew that the outcome would be different for future patients.

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PEPFAR has committed over \$15 billion over five years to prevent new infections, to treat those already infected with AIDS and to care for children orphaned by parents who had died of AIDS. In a pediatric clinic in Botswana that year, President Bush and I saw firsthand the devastating toll of AIDS.

In that pediatric clinic, my daughter, Barbara and I met a mother who had brought her little girl for treatment. She dressed her little girl like an angel in a lovely lavender and white dress, to meet the American president. This precious little child lay on an examining table so frail and sick, her mother's last hope was to make her beautiful.

Today with access to antiretrovirals, that little girl would have another chance at life. In fact, three weeks ago, we've returned to Botswana. We saw that same pediatric clinic and it now has so few patients that they're looking for a new use for the facility. [Applause].

Barbara, our daughter, was so affected by this beautiful child that she resolved then to help confront the challenges this little girl faced. Today Barbara leads Global Health Corps in an effort to recruit young, smart college graduates to work in the health field in underserved areas.

While George was President, I traveled to Africa five times and George and I have returned there together two times since leaving Washington. On each visit, I saw the

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consequences of AIDS. Widowed women left to find jobs and care for their family. Orphaned children forced to grow up quickly and provide for themselves and their younger siblings and I've seen what many call the Lazarus Effect. AIDS patients returning from death's door and living a vibrant life.

[Applause].

Rather than waiting quietly for death, millions who suffer from HIV are now working and participating in their communities. Zambia in 2007, my daughter Jenna and I toured a center founded by a woman whose husband had died from AIDS. The Mututu Centre provides homecare for more than 150 AIDS patients in Zambia.

The center offers support groups for female victims of violence and promotes HIV prevention campaigns for young people, so Zambia's next generation will be HIV free. Jenna and I helped packed medicines, mosquito nets, baby dolls and toiletries in the baskets of these caregivers' bicycles so they could ride out into the local community to provide home based care for their patients.

Later we sat in the brilliant sunshine listening to stories of those being helped at the Mututu Centre. Two girls wept as they told us how they had contracted AIDS through sexual violence. Afterwards Jenna walked over to hug them and to tell them that they weren't alone and that she was writing a book, called Anna's Story about a girl she had met in Central

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America who had suffered as they had and they said to her, oh, write about us! Tell our story!

Just by revealing their tragic past, these young women are building a hopeful future for the next generation. I heard stories in every one of the 12 PEPFAR countries I visited during George's eight years in office. From Africa to Asia to the Americas, in rural villages, in capital cities, women led efforts to confront HIV, women starting their own businesses to provide for themselves and their families.

Mothers teaching mothers to prevent the spread of HIV to their unborn children and women in leadership using their influence to reduce the stigma associated with HIV and to raise awareness for testing and treatment. We know that education, especially for girls is vital for efforts to stop the spread of HIV, educated girls have lower rates of HIV, they have healthier families and they have higher rates of education for their own children.

Last December, President Bush and I traveled with Barbara and Jenna and Jenna's husband Henry to Tanzania, Zambia and Ethiopia. We met a woman whose husband was HIV positive but she didn't know it until she contracted the disease. When he died, she was shunned by her own family, while they allowed her to stay with them, she wasn't allowed to sit with them or to eat with them.

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They even gave her her own plate and utensils out of the mistaken belief that they could catch AIDS from her. Then she was introduced to a faith based organization called Chickenbusso [misspelled?] that provided education and training for widows and orphans. Chickenbusso, which means remembrance, taught her beautiful purses, a few of which we bought out of recycled materials so she could support herself and her children.

As her finances improved, she moved out on her own with her children and now she supports the family that once shunned her [applause] extending to them the grace that she received through Chickenbusso.

Her story is a powerful testament to why we must do more to promote the good health of women everywhere. The health of women affects families, communities and whole countries. Healthy mothers make healthy families. When a mother dies, her children are up to ten times more likely to die themselves and are less likely to ever go to school. We've seen the benefits of strong partnerships to fight AIDS. Nearly 7 million people are living with HIV now because of access to antiretroviral therapy and new HIV infections have fallen by nearly 20-percent.

The success of PEPFAR has given us a proven strategy and the resources to confront other health challenges. We added efforts to prevent malaria through the president's

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malaria initiative and now because we're seeing women living with AIDS, but dying from cervical cancer, the Bush Institute has launched the Pink Ribbon Red Ribbon. Last Fall at the Bush Institute's Global Health Summit in Washington DC, President Bush announced the Institute's new partnership. The Bush Institute is partnering on Pink Ribbon Red Ribbon with the United States State Department and PEPFAR with UNAIDS and Susan G. Komen for the Cure to screen and treat breast and cervical cancer among women in the developing world.

I'm so pleased that our partners, Secretary Michel Sidibe who runs UNAIDS and my good friend, Nancy Brinker, from the Komen Foundation for the Cure, are here with us today. Thank you all for joining us. [Applause].

We're also happy to have several private sector partners who are supporting this initiative, Becton Dickinson, Bristol-Myers Squibb, the Caris Foundation, GlaxoSmithKline, IBM, Merck, Kyogen [misspelled?], Airborne Lifeline and the National Breast Cancer Foundation. Cervical Cancer is the leading cause of cancer death in sub-Saharan Africa and it's a preventable and treatable disease. It's up to five times more common in women whose immune systems are already compromised with HIV.

The Pink Ribbon Red Ribbon Initiative will be revealed on the PEPFAR platform to screen and treat women for breast and cervical cancer. George and I launched the Pink Ribbon Red

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Ribbon in Zambia last December. When we just returned to Zambia earlier this month, President Bush and I were thrilled to see their progress.

Pink Ribbon Red Ribbon has expanded beyond the capital city of Lusaka and across the country. Multiple clinics are now screening, diagnosing and treating women for cervical cancer. Already more than 14,000 women have been screened. Nearly 40-percent of those women are HIV positive and nearly one third of all the women screened tested positive for pre-cancerous or cancerous cervical cells and of those who tested positive, more than 80-percent could be treated immediately with cryotherapy. [Applause].

Zambia's first lady, Christine Kaseba, is a doctor in obstetrics and gynecology and she is a champion for Pink Ribbon Red Ribbon effort throughout her country. Since her husband became president of Zambia last fall, she's worked to focus national attention on maternal health and mortality. Earlier this week, Dr. Kaseba hosted a conference for African first ladies to discuss AIDS and cervical cancer. Dr. Kaseba's strong leadership is setting the example for African first ladies and for women everywhere. [Applause].

In our fight against AIDS, we've learned that any measure of success, requires sustained leadership at every level from international organizations like UNAIDS to political leaders in each nation and from ministries of health to local

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community health workers. That's why I'm so grateful to everyone in this audience today, for your courage, for your persistence, you are the proven agents of change around the world.

By working together, we can give hope to mothers and fathers, to sisters and brothers, to wives and husbands and sons and daughters, so that they and their families can live full and productive lives. Thank you all very, very much. [Applause]. Thank you! Thank you everybody, thank you very much. Thank you all, thank you so much.

Gracia Violeta Ross Quiroga: Thank you, Mrs. Bush, for this wonderful speech. My name is Gracia Violeta Ross. I am from the Bolivian Network of people living with HIV and AIDS and I am the delighted to present our next speaker, Dr. Debrework Zwedie. She's based in Switzerland, but she's originally from Ethiopia.

She's the deputy executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Dr. Zwedie has spent the last 30 years fighting HIV and other communicable diseases as a scientist, strategist, manager, advocate and activist. Her dedication and leadership have helped transform the response to the HIV epidemic at the international, regional, national and community levels.

Dr. Zwedie received her PhD in clinical immunology from the University of London and was a senior MacArthur Fellow at

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Harvard University School of Population and Development Studies. She has published numerous journal articles and book chapters on a variety of public health subjects. It's truly an honor to have her on our panel. Welcome, Dr. Zwedie.

DR. DEBREWOK ZWEDIE: Thank you. Good afternoon. Let me first thank the IAC for inviting me to this important panel. As many you have seen at this conference, there is a firm commitment that has emerged for all of us to be the generation whose legacy is creating an AIDS free generation.

The question for us today is, are women a part of it? Yesterday in the plenary, Linda Scruggs said, "Do not mainstream us. Meet all of our needs. We do not want to be 10-percent of what you do. We need a changing game because the game is broken."

We need to stand up and listen. 30 years into the epidemic, we still do not have enough tools which are fully under the control of women. 12 years ago at Microbicide 2000 the first major international conference that focused on microbicides prevention for women, I stood before a similar audience in Washington DC and said because of the ferocious speed with which this HIV epidemic has spread, we as an international community must expand our prevention options more urgently than ever before to protect women.

Here I am, referring to all women who need intervention and not because they're a part of something, but they are

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women. What I would like to do this afternoon is to reflect on the burden of HIV among women followed by a review of the progress and the approach that will be needed to change the course and turn the tide for women, I will highlight some examples of key interventions, commitments and accountability for progress and then I'll finish my talk with opportunities for women leaders to seize this moment for women in the fight against AIDS.

Briefly, UNAIDS released the new report showing sobering statistics for women and AIDS. In 2011, out of 2.5 million new infections globally, they estimated 1.3 million are in women and girls. 63-percent of all young people 15 to 24 living with HIV are young women.

Every minute a young woman gets infected with HIV. HIV is still the leading cause of death for women of reproductive age. Young women 15 to 24 are twice as likely to be infected with HIV as a young man of the same age. The discrepancy between boys and girls age 15 to 24 is particularly stark in South Africa, Lesotho, Botswana, and Zimbabwe.

65-percent of new infections of women in Kenya are caught before age 35. The same pattern holds true of South and Eastern African countries. Marriage has become a risk factor for women. 40-percent of new infections in Kenya, Swaziland, Lesotho, Malawi and Uganda are among married co-inhabiting couples, serodiscordant couples with desire for children are at

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even higher risk. What more can convince us to develop tools which women can control?

These figures tell us that we are failing women and have abdicated responsibility for protecting young women. We are clearly not doing the right things for women in sub-Saharan Africa. HIV prevalence among female sex workers is alarming in a number of low and middle income countries with rates as high as 40-percent in South Africa, Zimbabwe and Kenya. In such situations, women and girls face increased risks of acquiring STIs and HIV. In areas of armed conflict, it is as high as 25-percent compared with only 1.8-percent prevalence among women in the general population.

Women who use drugs or women who are partners of men who inject drugs are also disproportionately affected. We see increasing incidents in two regions, Eastern Europe and Central Asia. An estimated 35-percent of women living in the region probably acquire HIV through injecting drug use and an additional 50-percent were infected by partners who inject drugs.

The evidence is compelling. It is not enough to dissect data by sex, mapping HIV infection among women should help us to understand populations of women at risk of infection down at the community level. The window of vulnerability: we can no longer afford to approach the response in women like women are homogenous group, that they are all going through the

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same maelstrom and facing the same risk of HIV infection. We need a different shade to that approach in the AIDS response for women who are being to risk and window of vulnerability.

I don't need to tell you of what has been done. We have heard throughout the week of the scientific breakthroughs, the prevention tools, progress we are making in scaling up treatment. Let me illustrate the gap between knowing what to do and implementation, using four examples.

Between 2005 and 2009, global distribution of female condoms has tripled from 13.5 million to over 50 million. It is estimated that 41 million units of female condoms are sold in sub-Saharan Africa and South Asia annually.

Secondly, girls education is associated with delayed marriage and child bearing, lower fertility, [inaudible] and increased earning potential, all of which mitigate impact of HIV in women. Thirdly, enforcing laws, especially women's rights to land and inheritance that allow women to own property and widows to take control of remaining property can increase their ability to cope with HIV and to reduce vulnerability.

Community organizing is one of the proven means to reclaim women's property rights so that we don't women do not have to engage in high risk activities to make ends meet. Fourthly, enforcing women's human rights is also proven effective inn addressing harmful gender norms such as wife

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cleansing, inheritance that puts women at significant risks.

We know these work.

However, the translation of these strategies into implementation for women still falls short. For example, there is only one female condom for 71 male condoms per chest and only one female condom is available for every 36 women in sub-Saharan Africa. We are well behind on girls education in many countries.

And while progress has been made in developing protective legal frameworks, UNDP commission on HIV and the Law reports discussed at this conference highlighted the limited enforcement of laws to protect women's rights, including sexual and reproductive health, [inaudible] gender based violence and early marriage. We need programs dedicated for women.

While we know that there are several things to be done, and I mentioned only a few of them, what needs to be done now is to strengthen prevention, treatment, care and support programs, dedicated to women taking their economic and social vulnerability into integration. Not because they are a mother, not because they are a female sex worker, or having sex with another woman or a caregiver or a wife, but because we are half of the world's population and we deserve better. [Applause].

Is it fair that most women at risk of HIV today still have no access to a tool that they can control to protect themselves from the virus? That is the reality we have that we

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have created with our choices over the last 30 years, choices about what to prioritize and where to invest money, time and effort. It is that reality that we have to fight and change. I hope that is the reason that we gathered here in Washington, DC.

What brought me here is an uncomfortable knowledge that if today we don't have more affordable and effective programs for women, at least part of the reason is that we did not make it enough of a priority and it is the most vulnerable women who pay the price for our decision.

We have 8 million people on treatment. How many of them are women? In 2011, an estimated 620,000 pregnant women were eligible for ART for their own health. Even more worrying, fewer than 45-percent of women known to be living with HIV in low and middle income countries were not even assessed for their eligibility. This is something that we can change today.

We can all pledge today to rapidly move all countries to option B-plus, providing timely ART to mothers living with HIV will not only reduce pregnancy related HIV deaths, will also bring us closer to ending new HIV infection in children. This will significantly expand access to treatment for women irrespective of their pregnancy. What is even better is treatment being available not only because a woman is pregnant,

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which is important, but equally important, she is infected, she needs access to treatment. Full stop. [Applause].

We can invest strategically and use resources efficiently, we must investment more strategically to achieve better biuniformity and impact while holding accountable donors and implementers to enforce the gender and human rights agenda. Since the beginning of 2012, the Global Fund board has approved over \$1 billion USD in grant renewals, over 60-percent for HIV, which many of you know as Phase Two.

Over the coming 20 months, the Global Fund will invest over \$8 billion in grant renewals for HIV/AIDS, Tuberculosis and malaria, over \$5 billion of it for Africa. We are looking at this very carefully to transform the AIDs response for women, we call on implementing countries and our partners to make sure that Global Fund requests for funding reflect the needs of women. We also call on other funding agencies to ensure that real money is going towards addressing the fundamental problems that make women vulnerable.

We can improve retention, care and adherence to treatment and make funds more available for women caregivers. It's widely acknowledged that millions of people are cared for by their families and communities and most by women. 30 years into the AIDS epidemic, generations of women who have been providing care for their loved ones, for orphans and vulnerable children, for communities as volunteers are tired. We can

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change this. It is about time for HIV prevention treatment and care programs to plan and cost for the uncalculated burden of care by affected women living with HIV.

Women are at the heart of this complex intersection between prevention, testing, retention in care, adherence support, palliative support, and care for orphans and vulnerable children. Women are a critical force and essential in the delivery of HIV related community care services and must be properly recognized and resourced. It is very clear from the conference what we have not done in the past 30 years, all the data presented here, our legacy of a generation without AIDS will not happen unless we correct these fault lines today.

Let's pledge that the Washington DC conference is the last time that AIDS response for women is because they are good caregivers or mothers or sex workers or married: it is because they deserve one. [Applause].

What will bring hope for women to start seeing the potential that is becoming a real failing in this conference that an end to AIDS is a possibility. Ladies and gentlemen, I met several women during this conference, who are excited about treatment as prevention, option B-plus, but are concerned about those who are not pregnant, but need treatment.

We need to alleviate their fear. There are three important elements. Champions setting targets and resources, we need to learn from this and apply the lessons for women. We

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must understand that progress towards our ambitious targets does not happen on its own. There are leaders and institutions who champion the cause and inspire everyone to believe in it and play their part until success is achieved.

I want to highlight two examples, the Three By Five Initiative, a goal which seemed beyond reach and imagination for many people, at the time, and elimination among new HIV infection by children by 2015 and keeping their mothers alive. Each one of these initiatives had a champion.

PMTCT and the Three By Five Initiative is the story of how much we can do when we get clear, ambitious targets and apply the leadership necessarily to mobilize partners and political financial resources. This is how lives are saved. We have to understand and apply the lesson to our current efforts on transmitting the AIDS response for women towards an AIDS free generation.

So I'm calling on all men and women, especially those in high places by the time we meet in Melbourne, let's make sure just as these are success stories, we would have an initiative for women in place. Let's find the champions, set the targets and let's reinforce all the agencies, civil society, networks of women living with HIV to do even more and better to protect women for their own sake.

In Melbourne, we will reflect on this pledge taken here at the Washington conference where we have taken a conscious

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effort never seen before to act and monitor the trends of infection and access to services for women, to identify countries and communities, to be prioritized and focused attention and intensification of our collective efforts in the AIDS response for women. I would like to call up a international AIDS society to ensure that we set aside a session at each conference where we review progress in high impact countries and develop corrective measures on strategy courses as necessary.

In closing, ladies and gentlemen, there are many men and women heroes of this epidemic. For me, the heroes among heroes are the millions of women who are infected and affected, who are taking care of their infected and affected children, husbands, brothers, uncles and aunts, and the community at large with unpaid care. For some, it may be just numbers, for them, it's their life. They don't stop there. They also fight, advocate, and speak out. They are our conscience.

They are the ones we should think about when the thought of cutting the funding for AIDS crosses our mind or the minds of every donor, every government north and south and every philanthropist. They are the ones who we should think of, not as mothers, care providers, but as people that deserve to be. They are, ladies and gentlemen, the true leaders of this fight. They are the Rolake's of this world, the Linda's of this world. We need to honor them.

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There are many more men and women who I'm calling on to be the champions and set a clear target to Melbourne so that we can say to Linda that we have changed the game. We have reached our target for women. I thank you. [Applause].

MOROLAKE ODETOYINBO: We have just five minutes to go, so I'm just going to quickly bring this home so that we all can leave, I also have to be at another session. My name is Rolake Odetoynbo, and I live and work in Lagos, Nigeria and today we are talking about leadership and the response for women.

We have come a long way, we have come from being zero, we have come from being lower than trash, women with HIV have come from being seen as dregs to becoming leaders and that was not handed to us on a platter of silver. We had to fight, curse and spit. We had to earn our place at the table.

I've said it in different place and I'll say it again, power is not earned, it's not given a la carte. We must fight for that and that's what as women we have done. In doing this, we salute those who have opened the doors for us, people not living with HIV/AIDS, but how have created the space and allowed us to be, to take charge of this fight. We salute our brothers and our sisters.

I really would like to quickly say a thank you to gay activists, men who have sex with men, who started this fight and who have since opened the door so that people like myself can stand here today. We did not ask to be the face of HIV,

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but we have become 60-percent of the numbers in sub-Saharan Africa; 80-percent of care providers working either as doctors, nurses or counselors.

We are the grandmothers, the mothers, the sisters, and those who have to leave school to care for our ailing dying relatives. We have become the girls who are taking charge of our families, yet we don't ask to be leaders in this response and we did not to be the face of AIDS. If that is the truth, I would recognize that who then funds women programs?

Who is putting money into these programs? How come we are only good enough as volunteers? Why are we only good enough to be unpaid volunteers in clinics? When suddenly those same programs have money for those positions they say we did not have the minimum requirements that the government demands for you to get job. We did not have your five credits at school level or whatever that minimum qualification is, yet we did both jobs as unpaid volunteers for years and we did a great job then.

How come our organizations do not have direct funding? Why do you say that we need all the organizational development and all those grand things to qualify us for funding yet this same grassroots organizations turns the tide and they're the one making the difference in local communities.

What is happening to our dollar sense going with HIV, what is happened to our young girls that have known no other

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life, but that of HIV? What programming do we have with children born with HIV, who are infected? Is anything being done in my country? Surely not. I don't know about other countries, but I really would like to see more of our dollar sense and young girls with HIV.

Where is our vagina pride? We must come back again this amazing work called the vagina. We must talk girl pride, we must talk self love, we must talk vagina pride, vagina pride and that's the way that as girls, as women, we can take over this response.

We must love the men so that they respect these beautiful, hallowed things we carry around called a vagina. We must put an end to gender-based violence. Rape, there is no word for rape, the only thing is deserves is the sentence and in this AIDS response, we must really talk about gender based violence.

ART, antiretroviral therapy, must be tolerable. We are tired of these drugs messing up our bodies. Our body image matters, you know, I like being the queen of Africa, I'm extremely beautiful and I'd like to remain that way, so the drugs that is in my body is an issue. I would like to ensure that we have drugs that are tolerant, even for our babies, not the ones we cannot use when we are pregnant. No woman should die giving life, no woman, no life should go because we are

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birthing a child. And so we must address our health alongside HIV and AIDS.

We need educational and skill acquisition. We need to be able to do more than make baskets and string beads. We need jobs, paid jobs, we would like scholarships to go to school. So those big programs are wonderful, but can you please ensure that we have funding so that our girls can go back to school? When women are educated, we will see a dropped level of infections. As women, we must design and lead and implement our own programs. Women must be other leaders of this fight. We are tired of being chosen for testimonials, we are tired of coming here to tell you all these great things, but please invest in us and invest in our programs.

Sex work is work, hard work, really, really hard work and we must respect that right. I must have a right to sell what I give away freely so there must be, we must have rights for women who trading sex and men too.

Finally as I close off, who celebrates our mothers who have children living with HIV? We've talked up and down this conference about HIV pediatric infection and that is true, but you know, today, I'm glad my family is all negative, if he had been HIV positive, would I still be able to stand here? Would I be invited to talk about anything in the pediatric infection [inaudible] so I think it's high time we spoke up for these

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women who will ensure that women aren't girls with HIV have a place in this response.

Personally, it's heartbreaking to watch the daily struggle that my sisters face in caring for their children, but it's totally uplifting to see the spirits that they achieve and I learn a great from them every day, so as I close, I really would urge that you please rise up in celebration of women who have children with HIV and who are carrying on with this battle and are taking care of themselves and taking care of their children. A big [inaudible] to our women who are [interposing applause], thank you, thank you. [Applause].

HELENE GAYLE: Thank you. I just want to thank all of our panelists who are with us today, Mrs. Laura Bush, Dr. Debrework Zwedie and Morolake who was very kind to cede some of her time because we were running a little bit over, but I think in a short few moments, she gave us a real powerful speech, so thank you so much. Thanks all of you for your participation.

[END RECORDING]

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