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**Opening Press Conference
Kaiser Family Foundation
July 22, 2012**

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BERTRAND AUDIOIN: Welcome to AIDS 2012. I'm Bertrand Audoin. I'm the Executive Director of the International AIDS Society, and of course, we are all delighted to be here today at the very, very, very beginning of what we hope will be an epidemic-defining international AIDS conference that's starting just a few hours from now.

As you all know, the theme of that conference is Turning the Tide Together, and over the next week, you will see and hear a lot of debates about how we move forward to begin talking about ending the epidemic one day, both the opportunity that we have at hand, and the challenges and barriers that we will face if we want to achieve that. So today, we'll hear briefly from all speakers here who are speakers in the opening ceremony. We are still expecting Annah Sango, who might come in later, and then I will open the floor for questions. Each of the speakers will offer their own perspective of the epidemic, their expectations in the 19th International AIDS Conference.

I will introduce our first speaker, who is Doctor Elly Katabira. Elly is the current President of the International AIDS Society and the International AIDS 2012 co-chair. Elly is Professor of Medicine and former Deputy Dean for Research at the Faculty of Medicine at Makerere University in Kampala,

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Uganda, and he finishes up his term as President at the end of AIDS 2012. Elly?

ELLY KATABIRA: Thank you, Bertrand. And welcome and thank you very much for coming up for this conference. My job is very simple. I'm going to be the first speaker. I welcome everybody to Washington, D.C., particularly after 22 years when we've not been in Washington, D.C. I say why we have not been there, mainly, because of the ban on travel which was lifted. Then after that, I thank people who have been involved particularly in getting this lift effected, and then thank the U.S. people, particularly the leaders who have been contributing to the HIV programs across the globe.

Then I end up also by saying that we, particularly who are the beneficiaries, the major beneficiaries, of this support from the U.S. people needed to use this support more effectively and efficiently and sustainably. And then of course, I talk about the science and also outline a little bit about the program.

This program is going to be unique. First of all, we have the Global Village, which has never been before in the U.S. The advantage of the Global Village, of course, is that it allows people to come in free and basically give access to many people in D.C. and the surrounding counties to attend the conference through the Global Village.

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Then also I talk about the health workers who are the front line, who are involved in the daily work to use what they have and also contribute themselves in making sure that their patients are properly treated and get what they are given, particularly from the donors.

Finally, I also talk about the science. In spite of the conference being new in many aspects, for example, Global Village, we have the leadership program. We have the community program. Still the conference is very much a scientific program. Almost 70-percent of the other abstracts are going to be science driven or research driven.

We still have a very strong scientific conference which is going to inform us about new interventions like new drugs, treatment as a prevention, pre-exposure prophylaxis, prospects over HIV vaccine, and so on and so on. So I look forward to seeing you through these five days in this conference.

BERTRAND AUDOIN: Thanks a lot, Elly. Next speaker is Professor Diane Havlir. She's Chief of the HIV/AIDS division and – [break in audio].

Okay. Well, for those of you who didn't know, there's a travel ban, and travel ban restrictions to the U.S. for sex workers and drug users, so now you know. And thank you for that. Our next speaker, I was going to say, is Diane Havlir, who is Chief of the HIV/AIDS Division and Positive Health Program at San Francisco General Hospital, and Professor of

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Medicine at the University of California in San Francisco. She has worked as a researcher and clinician in the HIV epidemic for over 20 years, and she is the local co-chair for AIDS 2012.

DIANE HAVLIR: Thank you, Bertrand. Thanks very much. I have a very easy job which is to welcome everyone to the conference in the United States. I cannot tell you how really proud and thrilled that we are back here in the United States after 22 years. I'm going to reflect a little bit, even from a personal perspective, of what it was like in AIDS when we had the last AIDS conference in San Francisco and the progress that we have made over those 22 years.

I think one of the points which is perfect of what we just saw, one of the reasons that we've made so much progress in the epidemic is because the AIDS movement is about having community leadership and scientists and policymakers all come together in an international gathering like this with all of the voices [interposing]

MALE SPEAKER: – populations are not here, are they? There are no drug users and sex workers here from outside the country. That's part of the problem, isn't it?

DIANE HAVLIR: So anyways, thank you. Yeah, thank you.

MALE SPEAKER: You have to address the issue. You can have demonstrations and [interposing] but why are we not addressing the fact that the conference is in a country that does not allow affected populations to participate? How do you

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hold a legitimate conference in a country that does not let people attend easily? What is the legitimacy?

DIANE HAVLIR: Well, thank you for your comment.

MALE SPEAKER: Do not patronize me. Begin to address the question. Why did you have a conference in a country that will not let two of the three most affected populations attend? Can you address that, please? [Applause]

DIANE HAVLIR: I think what I can say is that we recognize in beginning to end the AIDS epidemic that the point you're making, that we need to be inclusive and in order to begin to end the AIDS epidemic, that we need to address all populations, the ones that you mention, and all other populations who are affected by HIV.

I am also going to talk about – in terms of going forward and beginning to end the AIDS epidemic, people say, well, how are you going to do that? We really need a short-term plan and a long-term plan. I'll share with the audience my perspective of what the key elements are in the short-term part of the plan, which is to do what we know works, and also the longer-term plan, which is continue to invest in research.

I will make the point that history has told us that these investments in science always produce gains far beyond the initial outlay. And then I'm going to talk a little bit about what we have on our side. The things that we have on our side is our common goal; despite all of our difference, we do

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have a common goal, and I'm going to talk a little bit about diversity. Like the United States that's a melting pot, the AIDS movement is also a melting pot, and that is one of our biggest strengths that we need to capitalize on.

I'm going to talk a little bit about courage, and I'm going to talk about big ideas. Then I'm going to talk a little bit about the consequences if we do not act now, which you're going to hear a lot about at this conference, because the consequences are great, and we all, those of us sitting at the table in this room, are all going to be judged what our actions are at this specific juncture in history. Then I'm going to close at a story at the same place that I started with how things have changed and how they can change and how they need to change until we end the epidemic.

BERTRAND AUDOIN: Alright, thank you, Diane. Next speaker, you all know, I guess is Michel Sidibe, who is the director of UNAIDS, and we are delighted that Michel is here with us today.

MICHEL SIDIBE: Thank you very much, Bertrand. I want just to say that it's very important for us to consider Washington as an important moment, a moment where we need certainly to move from just believing that we will continue to manage this epidemic forever, to start thinking about how to get to zero. It will be certainly important for me to elaborate on results, which we have been able to achieve

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collectively, and also underline the fact that this result will not be sustainable if we don't also change the paradigm.

One is certainly how to put people most at risk at the center of our response. I think that should continue to be one of our major call. It's outrageous that in 2012 when we have everything to beat this epidemic, we still have to fight prejudice, stigma, discrimination, exclusion, criminalization not only in our homes, in the street, in the police station, even in the courts. I think that is important probably to not lose this perspective and also to elaborate the fact of what could be the legacy of us all fight against HIV/AIDS?

From my personal perspective, it's to start elaborating a new vision which can well take AIDS out of isolation, make sure that we use that one to build the linkages between AIDS and all health other aspects influenced by global health to make sure that maternal health, child health, certainly even cancer, cervical cancer, tuberculosis, all those, reproductive health, how AIDS can be an entry point to deal with those issues.

Those will be most important part, and continuing to advocate strongly for, and I believe on that one, for sharing responsibility and doing that on the base of mutual accountability. That is something which is important if we want to sustain and own this response and make sure that communities which are fighting every day will have all the

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means and the resources to continue to make a difference in this epidemic. Thank you very much.

BERTRAND AUDOIN: Thank you, Michel. Next speaker is Congresswoman Barbara Lee, and I've got a slightly longer introduction, but I think it's important. Barbara Lee is a forceful and progressive voice in Congress dedicated to social and economic justice, international peace, and civil and human rights. She was first elected in 1998 to represent California's ninth congressional district, and as a democratic lawmaker, she has established a reputation for principled and independent stands, unafraid to take on the tough issues and speak her mind for her constituents for a more just America and for a safer world.

As a social worker by profession, being an advocate for people in dealing with the Federal bureaucracy has been a priority, and I must add Barbara Lee has been extremely helpful in helping organizing the conference. Thank you for that.

CONGRESSWOMAN BARBARA LEE: Thank you very much, and welcome. Thank you to the entire IAS coordinating committee, our co-chairs, UNAIDS, everyone for your tremendous leadership. And let me just say at the beginning of what I have to say that first of all, it was very important for me to work to help lift the travel ban to allow the conference to come to America after 22 years. It was very difficult, but many of you here, many

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throughout the country, throughout the world said yes, we can, and we did that.

Now, I introduced legislation last week because I agree, we should have meaningful dialogue with sex workers, with men who have sex with men, with transgender people, and also with drug users. So this is another policy and another effort that we have to mount together, and so the legislations that I introduce will do just that. That is an important, I think, step in the right direction, but I tell you, during this conference, we need to discuss the prohibitions and the discrimination that still exist.

I don't know how we're going to ever see an end to AIDS in our lifetime because we do want to see, and we believe that we can, especially with scientific advances now, have an AIDS-free generation, but we have to include all of those populations who must be involved and part of this solution. So we're going to move forward and work hard in Congress to do just that.

Let me also take a moment to just say to those who have come to this country, welcome. I'm delighted that we're here in Washington, D.C., and also I'm delighted to really be able to shed really what we're calling a global spotlight on our fight against AIDS in the United States, especially in the African-American community and communities of color here in our own country.

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Here in our nation's capital for example, we have an infection rate comparable to some countries in sub-Saharan Africa. This whole city, I have to just say, both reflects the challenges and really, the opportunities and the wonderful work done by our great community organizations, our activists. We have a wonderful very strong champion in Congress, Congresswoman Eleanor Holmes Norton, who works day and night to end AIDS, not only in this capital, but throughout the world.

But too many still die of this disease. Too many new infections each and every day, and too many in line to receive antiretroviral drugs, including here in the United States. But there is so much hope through the new scientific advances, and I believe that it's possible to turn the tide against AIDS.

So this week, we're going to hear a lot about ending AIDS, but we must turn the tide and we must be inclusive of everybody in terms of how we begin to move forward and deal with some of the very tough issues that we have to address.

I serve on the U.N. Global Commission on HIV and the law. I have to tell you, we went around the world and looked at the punitive measures, the laws that are prohibiting people from gaining access to care and treatment and to services. Unfortunately, here in the United States, we have laws that were put on the books in the early eighties '80s, 34 states and two territories have punitive laws. That's the work that we

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must do together, not only as Americans but with our global family and with the international community.

I think we must redouble our efforts, redouble our commitment to PEPFAR, to the global fund, to our domestic national HIV/AIDS strategy and plan, which I believe President Obama has so boldly put forward. That is the right thing to do, but it's been a bit quiet in this country, and we need to make some noise. We need to put eradicating HIV and AIDS at the front burner of our political agenda, both here and abroad. So thank you again, and welcome.

BERTRAND AUDOIN: Thanks a lot. Next speaker, I will simply introduce as Ambassador Mark Dybul, and you all know him as the ex-director of PEPFAR among many other things.

MARK DYBUL: Thank you. It's always good to be an ex-something [laughter]. It's wonderful to follow Congresswoman Lee because one of the points I'm going to make is how strong the bipartisan support in this country has been for the last decade around fighting HIV/AIDS, and she's been one of the leaders in that effort.

The main thing I'll focus on is looking back 10 years ago when probably no one in this room, or the vast majority of people in this room would never have conceived that treatment to eight million people would be provided today in low-and middle-income countries. We actually had people saying, in the United Nations and public health experts that it wasn't

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possible, that people in Africa couldn't possibly do something as complicated as antiretroviral therapy.

When people said it wasn't possible to decrease the infection rates, and we've seen a massive, significant decline. If you only look at one chart, look at the UNAIDS chart on the decline in the HIV rate overall with an inflection point going up in the early 2000s and a significant decline since then. It tells us what's possible. What I'm really going to focus on is following what we did 10 years ago, and that is focus on the science, because it was the science that allowed us to actually expand treatment, and acknowledge that the science exists today to end the HIV epidemic.

Ending an epidemic has a very specific term. It's a very specific scientific term, and we're at a scientific meeting. That doesn't mean eradication. We will get to eradication when science produces a vaccine and a cure, but right now, thanks to the recent advances in the last three years built off the significant advances in prevention so far, we do have the possibility to reduce infection rates to less than 0.05-percent.

It's going to take a public health approach. It's going to take focusing on the high-transmission areas, and high-risk populations, which means if we're going to address this epidemic, we're going to have to take a public health approach related to men who have sex with men, sex workers,

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people who use drugs. If we put it all together, and fundamentally, what we've done over the last 10 years is repeated which is to support the countries to achieve what's been achieved.

The global fund as far as I'm concerned, and PEPFAR, as far as I'm concerned hasn't saved a single life. The people of Africa and the people of the countries who've been supportive have saved those lives. What the global fund and PEPFAR and other programs have done is supported the heroes on the ground who do the work. If we take that same approach, and if we support them to create national strategies to end their epidemic, which will look different in every country, we can today with the technology we have end the epidemic. The question is will we?

I hope this meeting galvanizes us around that central message. Then when we get a vaccine, and when we get a cure, we'll eradicate. But for now, ending the epidemic in a technical way is a pretty good start.

BERTRAND AUDOIN: Thank you, Mark. Last but certainly not least, I will hand the mic to Annah Sango who is a peer educator and role model to other young women in Bulawayo, Zimbabwe. She's a member of the International Community of Women Living with HIV and AIDS, and she founded her own community-based support group for women affected by HIV.

Annah?

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ANNAH SANGO: Thank you very much. Good afternoon to you all. I'm going to talk on a perspective of people living with HIV, young people living with HIV, and women living with HIV, and I'm going to say that it is really important to put these people at the very core of everything. It's really, really important to put them at the forefront because we can't really have anything without them, and they can't really have anything that concerns them without them being involved in it.

I'm saying that it's really important that young people be able to access their sexual and reproductive health rights because it's actually really vital to help them prevent infections and also be able to maintain the infections for those that are infected. It's really important that we at this conference reaffirm our commitments, rebuild on the strategies that we have made.

We have to come from this conference having taken a step forward; a step forward for change. We don't want to look back at this year and say what have we done? We really want to look back and see that we have really done a lot of things to help women living with HIV and young people living with HIV.

For the past, it has taken us 30 years to be where we are, and I'm really proud that we are where we are. I'm really proud of the scientific updates that have been made, but for the near future, let us all work together. Let us all take part in ensuring that young people are protected. Women living

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with HIV are protected. Different people of different sexual orientations are protected. Thank you.

BERTRAND AUDOIN: Thanks a lot. On that note, I'll open the floor to questions. There are mics around. Please, please, please give us your name and affiliation, and who you are directing your question to.

RICHARD JORDAN: Thank you. Richard Jordan from South-South News with a question for Congresswoman Lee. If Washington, D.C. were the 51st state, what difference would that make to the people who live in the district who are HIV-positive? Would the impact be measurable? Thank you.

CONGRESSWOMAN BARBARA LEE: Thank you very much. Well, first of all, for those who don't know, Washington, D.C., does not have a vote in Congress. It's unfortunate, and we've been fighting for statehood for Washington, D.C., but the political dynamics in the House of Representatives unfortunately right now have stifled that.

It's very important that people also recognize that the residents of Washington, D.C., they pay taxes, they join the military, and they are part of the American family. They're taxpayers. They should have the right to vote and to have their vote counted in Congress, and they don't.

What is taking place now, though, through the congressional representative, Congresswoman Eleanor Holmes Norton and our unbelievable city of Washington, D.C., there are

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many, many resources, not enough funding, but the Congress right now is run by, I have to say, tea party republicans who will not put forward any funding for any state or any city on much of anything because their strategy is to try to dismantle government.

We have to work together, one, to make sure that we have a strategy so D.C. can achieve statehood, but two, that the political dynamics are such that we have to make sure that our elections, the outcome of our elections are such that we have the support for resources to go into HIV/AIDS care and treatment for the residents of the District of Columbia and throughout the country, and additional resources for PEPFAR and the global fund.

BERTRAND AUDOIN: Thank you. More questions?

AUGUSTUS NASMITH: Thank you. Augustus Nasmith from the Rutland Herald in Vermont, a small state, fortunately with not a high incidence of HIV infection, but a people who want to feel connected to the world. They so appreciate those American leaders who have enabled the conference to come back to the U.S.

I happened to be infected in my 30th year, and know many of the community as well as those of you working on the problem over these years. I must say people question – and this is to the Americans; I don't want to embarrass the non-Americans on the panel – that President Obama will not attend

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the conference. This was decided before Colorado or other excuses.

My father just died. He was at the Normandy invasion in World War II. He remembered Churchill and Eisenhower crossing over and being with the troops. The invitation to a few people to the White House is not the same. Again, with appreciation for the secretaries of government and all of you who have worked for it. I just want to convey for people who've talked to me here at the conference and those outside. They're beyond disappointed. They find it disgraceful that the President, who most of us support, is not going to address this conference. Can you tell us why? The Americans.

BERTRAND AUDOIN: There are one, two, three Americans.

DIANE HAVLIR: I just want to say they we're very, very proud of what the Obama Administration has done for the AIDS response, and we're sorry we don't have an opportunity to thank him at the conference. We are absolutely committed as we're talking about how to end AIDS together, that this conference is going to be an enormous success, and a kick-off that you're going to see tonight is going to be an extraordinary event.

CONGRESSWOMAN BARBARA LEE: Sure, and I will just say very briefly that President Obama not only talks the talk, he walks the walk. When you look at the support for the national HIV/AIDS strategy and plan, when you look at the advocacy for additional resources for our entire global and domestic

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policies and strategies, I think you will see that he's here. We can move out of this conference knowing that we have the United States government and a president of the United States who gets it, and who not only says that, but does the work to make sure that we move towards an AIDS-free generation.

MARK DYBUL: I guess as an American, I'm supposed to say something. As a member of the previous administration, one of the many areas where there's a lot of bipartisan support is global health and HIV/AIDS. When President Obama signed the legislation to lift the travel ban, he appropriately said that began under President Bush with significant work with Congress in a bipartisan way.

We continue to have strong bipartisan support, and the team that the Obama administration has put together on development and HIV is extraordinary. Then-senators Biden, Obama and Clinton – Chairman Biden, actually, are the ones who moved PEPFAR reauthorization through. We continue to work together closely. I think we're all – we should all be very, very thrilled that the bipartisanship around this issue is maintained and expanded and will continue to grow.

BERTRAND AUDOIN: Thank you. I have one question here, one there.

MALE SPEAKER: Hi there. I'm from HIV Hero which is a site for newly-diagnosed and people living with HIV. My question is about PEP, what Obama Care has planned as far as

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making it available and how we can make that a weapon in our arsenal for prevention.

BERTRAND AUDOIN: And who are you asking?

MALE SPEAKER: It's for anyone on the panel, actually.

CONGRESSWOMAN BARBARA LEE: Well, the Affordable Care Act really is very important because what it does is provide for a healthcare system finally that's comprehensive, that includes prevention, care, and treatment, and specifically includes HIV/AIDS prevention care and treatment. It's going to affect many, many people in our country, and that is why we are so pleased that the law was upheld by the Supreme Court because this is a major, major positive development towards an AIDS-free generation.

BERTRAND AUDOIN: Great. I'll take one more question at the back, and one at the front here. Next, please.

DAVID BROWN: Yeah, I'm David Brown from the Washington Post. Congresswoman Lee, could you just give the details of this bill you've put in that presumably is going to lift the travel ban on sex workers and drug users?

CONGRESSWOMAN BARBARA LEE: Sure, I'll get you a copy of the bill, but let me just give you an overview of the major components of the bill, and we call it Ending the HIV Epidemic Act. It increases and gets resources to maximize the impact and drive greater efficiency for improved results, which means more targeting of populations that are most vulnerable, ends

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stigma and discrimination that inhibits access to health services, stigma and discrimination, repeals and reforms laws and politically motivated policies that violate human rights and that limit the positive impact of our resources.

And finally in the bill, we engage, and we say we must engage meaningfully with key affected populations in the HIV response, specifically men who have sex with men, transgender people, sex workers, and people who inject drugs. But we'll get you a copy of the specific legislation.

BERTRAND AUDOIN: Great. Can we take that question on the front row, please?

LIZ HIGHLEYMAN: Yes, Liz Highleyman from HIV and Hepatitis dot com, and I believe this is probably for Dr. Havlir. Can you outline what are perhaps some of the scientific highlights we might expect to hear during the next week?

DIANE HAVLIR: I think I can tell you they come in a number of categories. I think first of all in broad strokes, the first is that we are going to hear a lot of information of the elements of the how we're going to begin to end AIDS epidemic. Just in terms of new trends in epidemiology, what's working on the ground in terms of efficiency. We've really seen in the last one to two years, certainly globally, an incredible, rapid ramp up of antiretroviral therapy.

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We're also going to see a number of new data and new presentations about affected populations and how we best reach them. We're also going to hear in the economics, what are some of the novel funding mechanisms that we can use to fund what is needed now for the AIDS response. We are going to hear about some new drugs and new data in terms of HIV.

There's going to be some very exciting new data about new drugs for tuberculosis, which we have not seen in some time. Then there will also be data shared with some of the steps going forward in terms of the quest for a cure.

BERTRAND AUDOIN: Alright, thank you. I'll take the question of the gentleman in the middle there, and then one more at the back, and we'll have to wrap up after that.

RICHARD HORNE: Thanks very much. Richard Horne from the Lancet. Several of you have used the phrase AIDS-free generation, and talking to people around the conference just today, some of those people who used to do the job some of you are doing sitting on the stage, there's some concern about this phrase because it implies that we are close to ending the epidemic, whereas for many millions of people, that's just not true. We're not close to ending the epidemic.

The concern is using this phrase in a slightly rhetorical advocacy directed way, you could actually breed complacency at a time when we must not be complacent. And second, and perhaps this is a little bit more the cynical, but

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nevertheless it is a concern, that the phrase AIDS-free generation could actually initiate an exit strategy for many donors who are finding it rather hard to continue their high levels of international aid. What are your reflections on that?

BERTRAND AUDOIN: Who do you ask? Anyone?

MARK DYBUL: I think this is a really important question, Richard. We do have the tools today. Models are showing us that if we implement them and if we implement them in a public health way, that we can end the epidemic. Now there's a very scientific definition to ending the epidemic. Getting to 0.05-percent prevalence or incidence rates is basically completely controlling the epidemic.

That is a goal we all ought to get around. The notion that that actually is going to make people complacent, I'd actually turn on its head. We are overwhelmed with complacency these days. It's very hard to get people to focus on HIV-AIDS, and to some degree, it's because they don't see the light at the end of the tunnel. They see this path that is never ending. If you're a budgeteer, it not only doesn't end, it gets bigger and bigger and bigger and bigger as you're going along.

If we actually explained that if we make the investment today to implement in a systematic way the tools that science has provided us, we can in fact completely control this

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epidemic, which not only saves the infections of tens of millions of people, it also saves an enormous amount of money over time because you don't have to treat them. I actually think it's that message that is our best way to overcome complacency, and it's the scientific reality.

If we get behind that message, the yes, we'll get to an AIDS-free generation when everyone's treated, and we'll get to an HIV-free generation when we have a cure but and vaccine. But today, if we invested, we could actually end the epidemic, completely control the epidemic so that when we have those, it's kind of a cleanup job. I think that's how we get people rallied again. I think that's how we get people excited again, and I think that would get bipartisan consensus and make us want to engage, not only here, but around the world.

CONGRESSWOMAN BARBARA LEE: Let me just say that the first international AIDS conference I attended was in Durban, South Africa, and the title of that conference was Breaking the Silence. This is Turning the Tide. This is 12 years later, and so I think it's very important first of all that we have messages then give hope because of the fact that both here in America and throughout the world, we've become complacent because of the scientific advances. Treatment as prevention for example.

People in many respects believe that because we've come so far, we don't – we can stop now, and I think we need to come

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up with ways to get people more engaged and to make some noise and to break the silence again. We are at a critical turning point and at the crossroads. I believe that if this message is communicated properly, honestly, it will give people hope, but also give them the inspiration and the motivation they need to redouble their efforts towards an AIDS-free generation because that's where we want to go. There's no sense in not saying that because that's where we must and ultimately intend to be.

MICHEL SIDIBE: I want just to add to what all been said. I think Richard your point is very valid one, but people were overwhelmed. I was traveling, meeting the president, not knowing what to do. We were just driven by an emergency type of approach, emergency mode. Let us run there. Let us put money there. Let us make sure.

And we realized that bringing the issues close to us, to say that, you know, in five years' time, you can have a free generation. We can see babies not being born anymore with HIV. It is not just babies. You will keep your mother alive. But to do that one, you need to change your investment framework. You need to be targeting better. You need to be prioritizing better. You need to have a return on your investment. You need to have a better value for money, and that means also changing completely the way we do business in global health today.

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It means that we need to bring innovation, to reduce the costs, to be certainly more samples in where we reach people, changing completely our paradigm of delivering services tapping a non-conventional capacity, making sure that we reach more people with less cost. Those are the things which I think personally, instead of just bringing complacency, is making people thinking differently.

What is the role of minister of finance? Are we just talking about cost? Are we bringing really minister of finance with us to say, oh, you will never win with having only minister of health. Thanks to minister of health. I love them, but you will not win because they are not one who is controlling the budget. So I think is a paradigm shift from my perspective, is not a matter to say to people, you know, we'll not have AIDS anymore and then – no. Is to say, you have in this road, getting to zero, you have specific milestone.

We can have today, believe me, we have only 15 countries where we have almost 25-percent of death due to co-infection, HIV tuberculosis. Let us focus. Let us prioritize. Let us make sure that those country, we really make sure that we will not have people dying.

People who inject the drugs, we help them. In your place, people who inject drugs, they are not any more infected by HIV. Why it will not happen in other part of the world? We have 250,000 new infection, increase of new infection in

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Eastern Europe and Central Asia, and we knew that if we manage to make sure that they could have access to those services, we can stop in Eastern Europe and Central Asia, the transmission to people who inject drugs. Thanks.

BERTRAND AUDOIN: Thanks a lot Michele. I'll take a very quick final question, please.

ANNA FORBES: Thank you. My name is Anna Forbes. I'm with the Open Society Institute. Speaking of Breaking the Silence, I wanted to ask the Americans on the panel, and others who may wish to comment, what we do about the following: there's no mention of sex workers at all anywhere in the National HIV/AIDS strategy or its implementation plan. The word "sex workers" doesn't appear or any reference to them.

Also, USAID has not issued any guidance on how PEPFAR money can be spent legally within the confines of the anti-prostitution pledge to support programs for sex workers. They have issued guidance for men who have sex with men, and for injection drug users, but not sex workers. How do we break that silence?

CONGRESSWOMAN BARBARA LEE: Well, let me just comment briefly. One of the hopeful outcomes of the bill that I introduced will begin to help break the silence. That's why I included sex workers, men who have sex with men, drug users, vulnerable populations in general.

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This, as you know, in our own country, this is a political struggle. I opposed as one who helped write PEPFAR, the anti-prostitution pledge. We've been trying to repeal it, and I personally think it's unfair and unjust. We've got to work together to move forward to try to, you know, insist that these barriers and these discriminatory policies be changed. That's what we have to do in our own country through political action.

BERTRAND AUDIOIN: Great. Thanks a lot. Okay. So thanks a lot. I believe some of the speakers will be available for a while, so if you still see them, feel free to approach them, and see you in the opening very shortly. Thank you.

[END RECORDING]

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