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**Interview -Jen Kates
Kaiser Family Foundation
July 23, 2012**

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JACKIE JUDD: Jen Kates, thanks for being here. The Kaiser Family Foundation and UNAIDS recently came out with it's Donor Funding Report done every year. Major result?

JEN KATES: The major result, and let me just say this report which we've been doing every year looks at donor governments, so that's what we're looking at. What are donor governments providing for AIDS response? Main result; it's been essentially flat since 2008 so when the economic crisis hit, right after that funding is not going up, it's about the same level as 2008.

JACKIE JUDD: But it's not gone down.

JEN KATES: We had a blip that went down last year and that was due to a slow down in disbursements by the U.S. which is significant because it's the largest donor, so when the U.S. changes it can affect things. But it looks like it was a one-year thing so it hasn't gone down in general but it isn't going up and we know that the needs are still there so it is a challenge.

JACKIE JUDD: At this morning's session at the AIDS Conference, Secretary Clinton spoke about a realignment in funding to support to a greater degree combination prevention. What does that mean and what drives that decision?

JENNIFER KATES: The idea of combination prevention actually has been one that folks working on prevention have

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talked about for a while. When you think about combination antiretroviral therapy, the concept there is you can't attack this virus with one thing you have to attack the virus with multiple drugs. Prevention's the same way, there's no one prevention, intervention that's going to prevent somebody's risk of acquiring HIV for their entire lifespan. You have to give them multiple combination interventions and the combination matters.

The combination you might give to a woman who is married might be a different combination than you give to a young person who is sexual active and not with a partner. So the idea here is that if we know that various tools we have in the prevention tool kit, what's the right combination to scale up?

That's what she was talking about, we have great prevention tools now available and what she was saying is we're going to combine those, scale them up and get them where they need to be. She was focusing on a few key interventions there; condoms, so definitely condoms are in the mix, counseling and testing definitely in the mix and then voluntary male circumcision, treatment as prevention and PMTC.

So the idea is if you -

JACKIE JUDD: Prevention of mother-to-child transmission.

JENNIFER KATES: - mother-to-child transmission, right.

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The idea is that if you take the right combination and the right settings, that's how we can turn the tide. So it's not one on its own.

JACKIE JUDD: She said today the goal is to eradicate mother-to-child transmission by 2015.

JENNIFER KATES: Yes, the goal is that no baby should be born with HIV and that's the target. I think there's been tremendous strides in that direction, there's a long way to go still but I think people are very hopeful. In the U.S. for example, when we first had the results from trials showing that antiretrovirals could dramatically reduce the risk from mother-to-child, it was scaled up. It was really rolled out in a big way and we virtually did eliminate mother-to-child transmission, there are transmissions that still happen but very, very few in the U.S and I think that's the goal here.

JACKIE JUDD: So if this realignment in funding occurs, does it come at the expense of something else that previously had been funded and focused on?

JENNIFER KATES: I don't know what the U.S. Government would say but I think to some extent, there are interventions and things that were being done that shouldn't be anymore, they're not necessarily the things that we need to do. I think we've learned a lot in the last few years on new research that certain things need more emphasis. Treatment as prevention, we didn't calculate into our equation as much as that's really

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going to help us on the prevention. The good news is that we've been scaling up treatment so treatment has two effects here; it helps the individual living with HIV and it this public health benefit.

For example, have condoms been scaled to the way they need to be? Sometimes it's not just what the intervention is but where it's being deployed. So is the right intervention getting to the right people in the right setting?

JACKIE JUDD: Okay, thank you so much.

JENNIFER KATES: Sure.

JACKIE JUDD: Jennifer Kates with The Kaiser Family Foundation.

JENNIFER KATES: Thank you.

[END RECORDING]