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BERTRAND AUDOIN: Good morning everyone. I am Bertrand Audoin the Director of the International AIDS Society. And welcome all to the not last, but almost last press conference for this AIDS 2012 Conference. So I think we all agree it has been pretty tiring, but an extraordinary, and energetic week that we have had here.

We have had about 24,000 delegates from 183 different countries, with, as you have heard, a lot of debates about how we can, or could one day, end the epidemic, and turn the tide. And what it will take to make it happen. And I think it is a good thing that we had opportunities to discuss the strong points that we have, but also the challenges and issues that we will have in ending the epidemic and turning the tide on it.

We will hear from the perspectives of at least 3, if not 4 or 5 experts in the field, who will all be part of the Closing Session later on today. And I will just introduce the first speaker of the day, who is Professor Francoise Barre-Sinoussi who is Director of the Regulation of Retroviral Infections Division at the Pasteur Institute in Paris, and in 2008 she was awarded the Nobel Prize in Physiology or Medicine for the co-discovery of the HIV virus.

Francoise is also the President-Elect of the International AIDS Society, for a few more hours. And the

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International Co-Chair of AIDS 2014 in Melbourne, Australia.
Francoise.

FRANCOISE BARRE-SINOUSSE: Thank you Bertrand. It has been really a great conference, a remarkable one. I have heard myself, several delegates saying that, in terms of science, it has been top-level science at this Conference, and of course you heard a lot about HIV cure, the IS Initiative that we launched 2 years ago now, and Sharon has been a wonderful actor in this initiative. Of course we have to see what will go on during the next coming years regarding HIV cure.

We all heard many, many voices raised and calling for an AIDS-free generation, which is really great. We have seen some progresses regarding implementation of scientific tools and evidences, and progress also in terms of global and national leadership.

We have heard also some political leaders, to raise their voice, to say that as we continue to commit themselves on the fight against HIV/AIDS, which is really great. I heard my own President, Francois Hollande giving a message, and announcing that he will create, as early as the 1st of August, the financial transaction tax.

And of course, we need to have a follow-up of that during the next 2 years also, to see, first of all, what is the percentage of the tax that will be devoted to HIV/AIDS, and

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also we have to call and we have to mobilize all of us, for convincing other nations to follow our government in France.

What do I personally expect we can achieve in the next 2 years? We had a session yesterday with Sharon on the Australian main issues for the Conference, what people were expecting from now to Melbourne in 2014. Which was really a great session, by the way, Sharon. Because it gave us some idea really of how to build the program.

But what we expect, of course, we expect more progress in science, for sure. I spoke about cure, but of course I hope we will have also more data regarding PrEP prevention tools, including also vaccine. I guess we will have more data regarding HIV pathogenesis in terms of science as well. I guess that certainly we will have more data on implementation programs at the level of the evaluation of national HIV programs, which is a very important issue in order to have a better view, let's say, on efficacy and effectiveness.

What I did not hear too much here, voices raised for a generic for second-line treatment. We had a little, but not enough. This is something to maybe consider for the future. We have to consider where are we going for the intellectual property, which is a very important issue for the developing countries. And for some of them, we don't know really what will happen in the next 2 years, so this is an issue that we have to consider.

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We certainly have to link better, in my opinion, it is a lot of effort, but we can do better, in linking science and implementation. Certainly it is an important issue. I consider myself that we have to mobilize ourselves for elimination of stigma and discrimination for the most key-affected populations in the world.

We have to address what are the gaps, how to strengthen science, and all the activities in the field of HIV with other health professionals in the non-HIV field. We need, in my opinion, to have new, mine new vision, and I am sure that we can gain by learning from each other. By learning from others working on cancer. Working on other chronic conditions. So this is something that we have to strengthen, in my opinion, for the future.

In other words, we will have to mobilize during the 2 next years, many, many other people in the non-HIV professionals, as I said. But we need to have new minds, new generations of both scientists, activists, health professionals. And for that, and also government and political leaders, of course. And for that, since, as you know, I am a Nobel Laureate.

What I will try to do, and I will promise to do my best during the 2 next years, to use this Nobel Award in order to be the voice of everyone. I will try to do my best. It is not easy. I can tell you, I have already started since 2008, so I

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will need all of you, because I am very much convinced that if we want to be successful, we will be successful, if we are all together, since we were in the very beginning in the early years, in the 80s. So that is what I expect, but I need all of you.

BERTRAND AUDOIN: Thank you Francoise. I think we will all be with you, who would not be with Francoise Barre-Sinoussi, especially when you know her. You want to be with her. The next speaker is Professor Sharon Lewin, who is Director of the Department of Infections Disease at Alfred Hospital in Monash University, and also the Co-Head of the Centre for Virology at the Burnet Institute. She is also the local Co-Chair of the AIDS 2014 Conference in Melbourne. And the floor is all yours, Sharon.

SHARON LEWIN: Thank you, Bertrand. This afternoon I will be welcoming all the delegates and journalists here to Melbourne in July, 2014. And thanking particularly the support of the Australian government, the Victorian government, and the City of Melbourne for providing not only financial support for us to host the Conference in Melbourne, but for the commitment for fighting HIV both locally and globally.

And I am going to highlight the importance of the bipartisan approach. We have seen great evidence of that over this week in the US. And today, on the podium, we will have Tanya Plibersek, the Australian government Minister for Health, and

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of course, the Honorable David Davis, the Victorian State Minister for Health and Aging. Both from different political parties within Australia, but both parties, over the 30 years of HIV, have had a very strong and aligned bi-partisan approach to using the best evidence to tackle the epidemic.

And as a result of that, we have had outstanding leadership in Australia. Very low rates of HIV infection, and a fantastic partnership approach, where all policy research direction strategy is a combined effort from the community, from scientists, clinicians, and government. And this is a wonderful model, and it has served us well, and we are very proud of it.

But I want to highlight that we still have not—we still face some problems, and even in countries like Australia, we cannot get complacent. The number of new infections in our MSM community continues to stay stable over 10 years. And we have a commitment to reduce new infections, just like every country has a commitment to get to zero. And all of us need to work together to achieve them.

I am going to talk about the fact that the Conference in Melbourne will not be an Australian-focused conference. It will be an international conference with a specific focus on the Asia-Pacific region. The last time this conference was in Asia was in 2004 in Bangkok. There are 4.9 million infected people in Asia. Fifty-three thousand infected in the Pacific.

And there are some unique challenges throughout Asia. It is a diverse region. It is a diverse epidemic. Some countries have

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done incredibly well, such as Cambodia, which has had amazing uptake of antiretroviral therapy and decreases in new infections. And other countries far less well. And we are going to hopefully be able to share those experiences and lessons learned to improve the outcomes for everyone.

I am going to highlight that Australia's borders are completely open to all infected communities, and we welcome people who engage in sex with people who are injecting drugs, and all communities will be welcome to Melbourne in Australia.

And finally, as a scientist and clinician, I, like Françoise, am passionate about what science has done for the epidemic, and what it still needs to do. And although we have seen tremendous optimism about ending AIDS, we will still need a cure and a vaccine, to see the end of the epidemic. And the only way that we are going to get there is through research, and the only way we can do research is by significant investment in research. And countries like the United States and France have shown great leadership in that area, and I hope my country and all countries continue to make that commitment.

My big dream for AIDS 2014 is that it will be a time that we can see that we have turned the tide. And that is what I hope I will be able to talk about when we meet again in 2 years in Melbourne. Thank you.

BERTRAND AUDOIN: Thanks a lot Sharon. So as you can see we have two powerful women as Co-Chairs of the Conference in 2014,

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which is great. And of course, as you know. When we organize as an International Conference, we need political support as well. And we already have that political support for AIDS 2014 from Australia, from a number of people, including someone we are very happy to have on the panel here today, who is David Davis, who is Victorian State Minister for Health and Aging, and will give us his perspective on the 2014 Conference.

DAVID DAVIS: Thank you Bertrand. And I want to acknowledge Françoise and Sharon for their leadership of this Conference in 2014, noting first the magnificent conference that this has been in 2012. It has been a conference that has been diverse, and I have been very impressed with the enormous number of delegates, and the passion with which people have spoken at a number of the sessions.

I do want to pay tribute to the Co-Chairs of this Conference, who I think can take great credit and the IAS itself can take great credit for this Conference.

The Australian response to HIV involves a high degree of partnership between government, scientists, and civil society. We share a commitment to care and support of people living with HIV/AIDS, and to ending the HIV epidemic. As hosts in 2014, Australia will lead a collaborative global dialog, with a regional focus too, on the diagnosis, treatment, and prevention of HIV/AIDS. Sharing our belief, and support for the benefit of such partnerships with other countries.

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Victoria, and Melbourne, is home to 263 biotechnology companies, as well as the home of some of the world's leading medical research centers. Including the Bernard Institute, the Walter and Eliza Hall Institute, and the Nossal Institute for Global Health. Melbourne is widely regarded as a leader in innovation, research, and medical facilities.

And we are entering, I think, a very exciting but challenging period in response to HIV advances in prevention science, as we find out more about the transmission and prevention of HIV. Combination strategies using treatment as prevention are being explored and developed and refined. And we certainly support those steps. It is essential that new initiatives are monitored and reported. The 20th International AIDS Conference, that is AIDS 2014, in Melbourne, Australia, will be the next major meeting point for these developments.

The opportunity, I think, is there to get a very good result for our broader community. And with the regional focus of the Conference in the Asia-Pacific region, as Sharon has indicated with 4.9 million cases, is the opportunity to deal with a very good outcome to bring together people in partnerships to look at the linkages between the best research and the best implementation. These options are there.

I would like to take this opportunity to invite researchers, scientists, clinicians, community members, prevention experts, public and health and government and human right

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practitioners, to come to Melbourne in 2014 to share their knowledge, to share their passion, to reduce the burden of HIV and the burden it places, not just on our communities, but importantly, those people who are impacted directly.

So we are very open to, and encouraging to people attending, and look forward to as many people as possible in Melbourne in 2014. Thank you.

BERTRAND AUDOIN: Thanks a lot, Minister, and it is very warm welcoming words. It is very nice to hear that at this time.

Now I will hand the microphone to a man who is the first-ever African President of the International AIDS Society, and who is surely tired or even exhausted, but brave enough to be with us today. And who has been brave enough in the past 2 days to bring us all here in the United States, and in Washington for the first time in 22 years, and the International Co-Chair of the AIDS 2012 Conference.

ELLY KATABIRA: Thank you Bertrand. And thank you all for coming on the last day.

Six days ago I sat here and I invited you and everybody for the conference. I am sure some of you were not sure what type of a conference I was inviting you to. I am glad to say that it has been a very successful conference. Over 24,000 people have passed through our conference. And it is because of the nature and organization.

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I also want to—I will be thanking a lot of people who played a major role. Particularly the scientists who have allowed and presented their work. And, more importantly, the media. You as media, you have been there. You have recorded everything. You have stored it.

Your responsibility is to remind us from time to time, when we falter from our commitments, which we have made publicly, and remind us to do what we said we are going to do for the next 2 years. At least regarding HIV cure, HIV vaccine, HIV treatment, all the things we have said in the past 6 days. It is a big responsibility, but I am confident you as media, you will deliver. Thank you very much.

BERTRAND AUDOIN: Thanks a lot, Elly. I will now open the floor to questions, and there are mics around. If you want to ask a question, please state, as usual, your name, your affiliation, and who you want to ask your question to. Thank you.

LUCAS: Hi. My name is Lucas I work for a specialized news service about HIV in Brazil, and another one in Mozambique.

My question to Mrs. Francoise Barre-Sinoussi. During the last conference the main issues discussed were microbicide, male circumcision, and in this one, the treatment as prevention. And I would like to know your opinion, why do you

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keep believing in HIV cure? What is your perspective to get the cure?

FRANCOISE BARRE-SINOUSSE: You know, during this presentation in the first Plenary Session, Tony Fauci showed you the different tools that we have in hand today for prevention. And you mentioned some of them, like microbicide, like male circumcision, treatment a prevention. And of course, this is critical for issues, because it is what science has delivered up to now.

We have treatment, we have treatment as prevention, we have wonderful tools that need to be implemented, as Sharon said, but science should continue. And there are 2 main challenges. Cure, and vaccine. Vaccine, we have to accelerate as much as we can, research on vaccine, because we have to add one more component to prevention.

And vaccine will be one of it. But when I discuss with representatives of patients living with HIV, on HAART, doing very well on treatment today, and I use, at the end of my talk with them to ask the very simple question, what are you expecting from us? The scientists. And they usually said, I would say in 90-percent of the cases, they say we would like a treatment that we can stop. And I think that for us, scientists, we have to respond to patients' expectations.

HIV cure is what people living with HIV on HAART expect from us. They would like to have a treatment that they can

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stop. Of course they would like a treatment that eradicates, eliminates totally the virus from their body. But we have to ask the question, would it be possible or not? I cannot answer to that question.

But at least we have to try, for sure. It is our role. Our responsibility. And secondly, we have more and more data today. Either we have data from special cases, in patients infected by HIV, or, more and more, data from basic science, which are telling us today that at least we should go on, and move on rapidly to try to at least have what we call a functional cure. That means someone that we can stop the treatment, be in remission, without any treatment, and the virus will be naturally controlled in their body.

Science has delivered, but science can do even better. And better tools as the ones we have today for both prevention and treatment. So there is a reason why, as I ask, together with a community of scientists all over the world, we have been working and trying to define a global scientific strategy.

It is a kind of roadmap with priorities, that has been defined by the group, where we have started to work also with an advisory board of stakeholders who are now informed about the 7 priorities. And we started also to work with communities, to work with experts in economy, to work with industry. Because I am personally convinced that if we work better in a network of collaboration all together, we can

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accelerate research and cure. And even it might be also a little bit less expensive than if we work separately.

SHARON LEWIN: I thought I just might say 2 other compelling arguments why a cure needs to be a priority.

The first is financial. The costs. We talk about a \$7 billion gap at the moment to get people on treatment. And then we have got to treat everyone lifelong, 40, 50 years. And the goal of our research in cure is that perhaps we can treat people for a far shorter time, 3 to 5 years perhaps. That would be the goal.

And there would be no need for long-term treatment. And that will have incredible economic impact. And as I read a very nice quote in *The Economist*, it will be, the fact that scientists are working on a cure is music to the ears of governments that are currently facing this long-term financial commitment. And so that will make a very big impact.

And also, treatment is =great. I am a clinician and I treat patients every day. Treatment is great. And most people only need to take a tablet a day, and they do very, very well. But it is actually quite a struggle to keep people on treatment lifelong, 40, 50 years, taking a tablet every single day.

There still associated morbidities, we obviously don't see AIDS, but we see these non-AIDS complications, increased rates of diseases like cardiovascular disease, and dementia,

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and inflammation. So life is good on treatment, it is fantastic.

It has turned this epidemic around. But it is still a challenge for patients. And that is why I think, from what Francoise says, it is so true, that patients actually want an option to be, if we can get rid of the virus, and get rid of this sort of uncertainty in their future about long term complications, that would be a fantastic outcome for patients as well.

BERTRAND AUDOIN: Yes please.

RAPHAEL GARCIA: My name is Raphael Garcia [misspelled?]. I am also Brazilian. I work for *Folia Daily Newspaper* [misspelled?] in Brazil, and my question is also for Dr. Barre-Sinoussi.

I think we are all here pleased to hear you compliment France's government in implementing a financial tax to help fund the effort against HIV and AIDS. And I would like to ask you what are you intend to do as the Head of the IAS to try to persuade other governments to follow France in this initiative?

FRANCOISE BARRE-SINOUSSE: I already started somehow in 2008 to be in contact, to contact political leaders of governments regarding the situation for HIV/AIDS. For example contact with political leaders regarding the situation of MSM, or the situation regarding drug users. So I am ready to, as I said, to be the voice to all the communities affected by HIV.

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Regarding also the investment of the different governments, I am ready and I already did some time, to discuss with political leaders in order to convince them to take leadership in countries with limited resources, to try to have also better links between tests, care, and treatment. To also have more links between different national programs. I just heard this morning that in South Africa, for example, there have now a program associating TB, sexually-transmitted disease, and HIV, and I think that is good. This is an example that we certainly have to promote in other countries in the world as well.

To be short, I will say that when you ask for an appointment, and when you are a Nobel Prize, certainly the door opens. And I will do my best because the door opened, to make the door to be open, and to take contact with the political leaders everywhere when it is needed. Even in Eastern Europe, if necessary, I already spoke a little bit with Michele [inaudible] on that. Because as you know, we are all concerned about the situation regarding the key affected population in Eastern Europe and Central Asia.

Of course I do not know what will be the results, but at least it is our duty, it is my duty, to try.

BERTRAND AUDOIN: And of course it is great for the IAS, because when you try to open the door, and you say my name is Bertrand Audoin, people rather say who are you? I do not

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even know how to say your name. We have another question there I believe?

ANIFA ISOLANO: My name is Anifa Isolano [misspelled?], I am a Kenyan but I live in Switzerland working for *Swiss-African Forum*.

My question goes to the President, Mr. Katabira. You, as the President of the IST, while the pressure is on the African side, with our Africa leaders, how can we, as Africans, work together. As Africa has a lot of pressure on the field of HIV/AIDS, and with our African leaders. Is there any possibility that we can work together?

ELLY KATABIRA: Yes, certainly. We have been working—we have already started. One of the IAS priority areas is the effectiveness and efficiency which was a major topic today at the Plenary. And we have already had meetings within Africa involving the administrations, as well as the stakeholders and the health workers themselves, to ensure that we put adequate pressure on our African leaders to commit more for HIV cause, than what they are doing today.

We are very much aware. But we cannot sustain and live alone on the donations. We need also to contribute more and use even what we get from the donors, more effectively and efficiently. We are doing that.

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EFRAIM BERJANO: Okay, thank you very much. My name is Efraim Berjano [misspelled?], I came from Ethiopia. We have used a radio program in Ethiopia.

From what I would like to start by congratulating you for doing all the successful deliberation of the AIDS 2012. My question really goes to the President of IAS, Mr. Katabira.

And my question is somehow related to what my sister has raised already. From what I have seen during the AIDS 2012, and also the daily briefs that I have read this morning, from the 24, somehow nearly 24,000 participants, around 50-percent of them came from United States.

And we all know that from the 34 million people living with HIV/AIDS, 20-percent of them are living in Sub-Saharan African countries. And I do not see much representation by people living with HIV/AIDS and community practitioners from the Sub-Saharan regional level. So how are you going to make these things improve in 2014 so these people can come to this kind of very important conferences to learn and take some practical lessons to their countries? Thank you very much.

ELLY KATABIRA: Thank you. Actually for the past few years we have tried very hard to make our international conferences more accessible. Yes, they can come to the conference, and I said, and as you said also, over 24,000 people have come. But there are more than 24,000 people out there who need to know what is going on.

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As a result of that we have opened up hub. For example, you know very well that we had 2 official hubs, one in Kiev and one in Calcutta, for those populations who could not be given access to enter the US. But also there are hubs across the globe. In my country alone, there are 2 hubs which are taking place.

And we have opened up at IAS for people to apply, and this information is available on the website, people apply for these hubs, and give us what they want to say, which type of information they want from the Conference, and they decide, themselves, when they want to do that. For example, the hubs which are going to take place in Uganda, they are scheduled to take place during December. One on AIDS Day. And the information from here is going to be used in that hub to disseminate the information.

Also, the people who attend here, particularly we now give scholarships. And the main attention is the people coming from low-income and middle-income countries. The reasons why we given the scholarships is the ability for them to go and disseminate the information they will learn from this conference. Including the media. We also have scholarships for media. Again, the emphasis is on low-income countries, so that when you come here and you go back, you disseminate the information you have learned from this one.

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And that is one way we can actually make an impact within our own countries. By using the people who come to attend, and then disseminate this information across. Thank you very much.

BERTRAND AUDOIN: Okay, I think there is a question up front there, and I think you need to be loud, because I think they are coming for us.

MELANIE NATHAN: Good day. Thank you for being here. My name is Melanie Nathan, I'm with GAY USA. I have a question for President Katabira.

Sir, I have met a lot of Ugandan gay people here today, I mean this week. And they are free here. But they are not free in your country. Unfortunately the anti-homosexuality bill is still languishing in your Parliament. How is that going to impact, and what is your group going to do to advocate against that, in terms of how that can impact the overall impact on people going underground when it comes to HIV/AIDS?

ELLY KATABIRA: Thank you. That question has been asked to me many, many times, in the last 2 or 3 years.

A lot of activity is happening. People do not appreciate that. Actually, this bill was supposed to have happened in the previous Parliament session. But it didn't. Mainly because of the noise which has been made by various groups. Not only of people within Uganda, the very people you have met during the Conference, but people also from outside,

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including organizations like ours. Indeed, many people think and believe that probably the bill will never be passed in its current status, because of the noise. Yes, we need to continue, within, and the outside. It is not only Ugandans but also it has to be on a global scale.

BERTRAND AUDOIN: Any more questions? Yes, please.

MICHAEL FLEISCHMAN: My name is Michael Fleischman [misspelled?], and I am a reported with *La Jornada* the Mexico City daily newspaper. And I am old enough to remember how difficult it has been to get to the world to this point today where we can talk about greatly increased budgets, major progress in the science, far greater access to treatment and care. But it was not always thus.

And now, really for the first time in probably a decade, we are looking at shrinking budgets that impact across the entire range of issues that impact on the fight against this disease. And I am beginning to detect hints of the terrible old arguments that took the lives of probably tens of millions of people, particularly in Africa not too long ago.

Will we go into Melbourne in 2 years, having to refight all those fights? And to the extent that there is now sort of a broad consensus globally about the need to put resources, human and material, into the fight, will the decline in budgets, assuming that we do not find additional significant sources of finance for this, how durable is that consensus?

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And is it in danger of fracturing, as people with very good cause scramble for a declining amount of money?

DAVID DAVIS: I can answer that from the perspective of a serving health minister. It is always the case that there is significant competition for resources in any budget, and certainly with maintained our budget in Victoria in these treatment and prevention areas, and we have done that in the fact of difficult financial challenges.

So I think there has got to be some will there. This is obviously one case study around the world. But the challenge, I think, more generally, is a significant one. And I would like to see people committed to maintaining and increasing what is done at a national and regional level to achieve the very best results that research and evidence would enable us to achieve.

BERTRAND AUDOIN: If I can just add to that very quickly. I think this arena is an important one to actually make the case for a sustained investment on HIV and AIDS. Now the question is to keep the momentum in the next months, and in the next 2 years we will have important timelines, deadlines on discussing the next millennium development goals on G8, G20 meetings, where people make decisions.

And you know a few global leaders on HIV now talk more to finance ministers sometimes than to health ministers. Which is partly a good idea, but I think we should keep on discussing

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with both actually, and find a way that governments together could come with commitments for sustained investment on HIV/AIDS. We have the case now, and now the job is to make sure that it will be translated into action in the next 6 to 12 months.

I can take one final question if there is one. I can take one final question. Diane do you want to?

DIANE HAVLIR: I am sorry I am late, I was in the HIV TV session, which was really terrific, and Whoopi Goldberg was great. I think this has really been an extraordinary week, and I just want to thank all of you, and I certainly will be thanking the delegates this afternoon.

And I just want to share with you what I am going to talk about at the close this afternoon. I was reflecting on this. That this was really a meeting of, first, this is the first time we have all gotten behind one single theme in an international AIDS conference, and that is to begin to end the AIDS epidemics.

We had serious discussions on how we are going to do this. We had this dialog that led to the realization that treatment is treatment, treatment is prevention. And PrEP are allies, they are not adversaries. We had science, we talked about HIV in aging, we talked about new TB drugs. And we had tremendous dialog between scientists, community, and policy

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makers, which we all know is the way forward in the global village.

For the first time ever we had a science and community forum where people were interviewed and interacted with the public. We had great—and I heard as I walked in you were talking about money. I thought we have very, very good discussions about money at this Conference.

And it has all been doom and gloom a lot in the past. And I think some of us felt that the financial way forward with the investment framework made us think that this could be achievable. And certainly, I am sure Sharon talked about this. Talking about this, and Francoise leading the charge, talking about a cure. And already seeing new data.

And something that I am going to say this afternoon, that really is kind of near and dear to my heart, of which that we can not end mother-child transmission and keep mothers healthy. And I was thinking about that. And we call this B-plus. You know, you treat the mom, and you treat the children. And we should not call it B-plus, we should call it A-plus. Because it is really the way forward, and this is kind of what we will all be doing.

I do not know what else we are saying, but I think I will just end my comments with that.

BERTRAND AUDOIN: Thanks a lot Diane. I will ask if there are any specific questions for Diane Havlir. But from

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you have said Diane, it is really aligned with what we have all said as key messages from that conference, and what we need to keep forward, as we will try to keep the momentum in the next months.

So, I think we have a great brochette, as we say in French, of people who think alike, and I hope think like you as well. And we will need your support if we want to have political leaders and decision makers make commitments and keep their commitments, and translate them into actions. We need media for that.

So with that, thanks a lot, and we will see you all in the Closing Session this afternoon. Thank you.

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