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**Closing Session
Kaiser Family Foundation
July 27, 2012**

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LEO RENNIE: Hello, how was your week in Washington, DC? My name is Leo Rennie. I'm the Policy Committee Chair of the DC Community Coalition. We were the local host committee for AIDS 2012. I'm so happy to be here with you.

During this week you got to hear a lot our epidemic here in the district. I hope you got out to see some of our programs. You've heard that we've made lots of progress, significant progress over the past 10 years in addressing our epidemic. You've heard that we have vastly expanded HIV testing in the district. You've heard that we've made significant improvements in our surveillance system. We collect and analyze data much better than we had done in any years before.

You heard Mayor Gray tell you on the first night that we've eliminated vertical transmission in the District of Columbia finally. That's a huge accomplishment that we are so, so proud of. [Applause]. That was done in partnership with hospitals, with government, with community stakeholders, with businesses in partnership. That's what we are trying to do in the DCC Community Coalition to encourage partnerships moving forward.

While we've much progress here in the District, we still have a long ways to go; 3-percent of District residents are HIV positive; 6-percent of black men in the District of Columbia are HIV positive, and 12-percent of some black women

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in the District of Columbia are HIV positive, 12-percent. That is not okay. That is unacceptable and we have to do something about it. It is not okay. You've heard progress, but we have to acknowledge that there is still shortcomings and there is a long way that we have to go and we need help. There is nothing wrong with acknowledging that we need help and support to get things done.

Let me tell you what the DC Community Coalition is asking for. First and foremost we need a city-wide HIV/AIDS strategy. Three years after President Obama released a National AIDS Strategy here in the District, we still do not have a strategy. We have multiple and siloed implementation plans that don't give you a pathway forward. We've asked the Mayor repeatedly for this strategy. He has put in place the Mayor's HIV/AIDS Commission, and we think that's the vehicle that should be used to develop this strategy and that's what we're calling for.

Secondly, we must eliminate the housing waiting list for people living with HIV and AIDS. If I get this number wrong I'm going to be in trouble. We have a thousand on the housing waiting list. It's way too many people. We don't have a pathway forward. That has to change and that takes coordination across all agencies in the city and collaboration with the federal government. That is our second demand, and we must have that.

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Transparency, we need budget transparency. We don't know how dollars are flowing, where they're going, what programs. We really couldn't tell you whether we need more resources. Do we need to spend it more wisely or what? We're asking for much more budget transparency.

Lastly, we're asking for real, meaningful engagement with community stakeholders. That means the people living with HIV and AIDS, black women who are 85-percent of the cases, black gay men, heterosexual men, must be at the table from the very beginning to the end. Thank you very much for this time. Please walk with us moving forward. [Applause]

FEMALE SPEAKER: Good afternoon, everybody, a special good afternoon to fellow people living with HIV and AIDS. My name is [inaudible], a public health activist and a women living with HIV and AIDS from Zambia. Thank you so much.

This marks the end of the 19th AIDS Conference. We have heard that we are making a lot of progress here at this conference, a lot of exciting developments. As we know, we are not there yet. We have a lot more to do and we cannot stop now. We cannot slow our progress. Science has shown this week that there's a light at the end of the tunnel, at the end of the short tunnel of ending HIV. We cannot do that without increased political commitment from not just our donors but also from our countries, from our country governments in the south.

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We are very grateful to the United States government's role in hosting this conference and help in scale up AIDS treatments worldwide. HIV positive civil society everywhere is concerned that the Obama administration is not speaking with one voice. This week, I with others marched with almost 10,000 activists past United States Trade Representative, Ron Kirk's office.

We are concerned that this very week he has been pushing for a free trade agreement called the TPP. That will impose longer drug company monopolies and deny access to lifesaving affordable generic medicines to the people with HIV throughout the region. We call on the US and the Australian governments to kill the TPP and protect the rights of people living with HIV and AIDS in the developing world. [Applause]

Another critical issue is funding. The fight against AIDS is a global responsibility. Donors, to end this epidemic you need to meet and increase your commitment to HIV and TB. Without your commitment we will not reach our goals.

To African governments, you need to step up and take responsibility, invest in our lives.

Global Fund, we will not meet our goals if you put caps for countries.

HIV activists, experts, and scientists, we will not see the end of HIV or reach zero debt if we don't win the fight against TB. We still have one in four people infected with HIV

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like me, I was co-infected, I was lucky to access treatment and I'm okay now, die of TB.

Science has shown that any initiation of ART will help [inaudible] zero deaths from TB. We get two for one. Our job is not done. Let us leave this conference with a renewed commitment. Thank you. [Applause][Music][Recordings past speakers and singing]

FEMALE SPEAKER: Please welcome Dr. Havlir [inaudible] AIDS 2012.

DR. DIANE HAVLIR: Welcome to the closing session. Thanks to all of you, this week has been one of the most memorable gatherings in the history of the AIDS epidemic. We did it and it was extraordinary. I would like to thank Elly, my co-organizers, the IAS [inaudible], my dear colleague Dr. Chris [inaudible], the Friends Group, the NIH, PEPFAR, and the City of Washington DC for their hospitality. I would also like to thank all the members of my program in San Francisco General Hospital and UCSF, those here and not here for their dedication, their passion, and their compassion. [Applause]

Finally, I'd like thank my entire family, especially my husband Art, Becky, Danny, Andy, Jackie, and my mom for the love and support over the years, and my daughter, Becky, who is here experiencing this wonderful event.

I'd like to thank all of you for making this meeting successful and one of so many firsts. The first time we have

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united under the one goal to end AIDS. The first time we had serious dialogue on how to achieve this and how treatment as treatment, treatment as prevention, and PrEP all work together as allies. The first time we have highlighted HIV and aging. The first time in many years we've had new data on drugs for TB and hepatitis. We applaud and need to continue science in these areas.

This is the first time the scientists and the community held joint sessions in the global village. We welcome the faith-based community as partners. It's not the first time but it was encouraging to see such a vibrant representation from and focused on key effective populations. These collaborations are vital to ending AIDS.

Now, let's talk money. This is the first time the finances seem achievable. We call this the Global Investment Framework. If we have an investment surge now the cost will go down in as soon as 10 years. This is the first time the International AIDS Conference has held a session on leadership from rising economies, countries like Brazil, India, China, and South Africa are taking increased leadership roles not only in their own country but in the global response. This is real evidence of shared responsibility and the right step forward.

This is the first meeting we have talked so extensively about a cure for HIV. We have seen renewed enthusiasm for a vaccine, but ending AIDS starts today with children. This is

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the first time we all agree that ending mother-to-child transmission is within our reach globally and it's not single-dose nevirapine. [Applause] We know the best plan is called B+. I think it should be called A+ because it keeps the mothers and the children healthy and the family healthy. [Applause]

In the face of all this optimism, I am humbled by the job ahead of us. This meeting has inspired me to return to my program, my city, and my global community to write the next sentence, the next page in the story to ends AIDS, and speaking about individuals who have already written many of the pages in the story of AIDS, it's my pleasure now to introduce the next speaker, US House of Representatives Minority Leader, Nancy Pelosi. [Applause]

Hailing from my home city of San Francisco, California she has been an outspoken leader in the AIDS movement from her first day in office and 25 years since. In 2008, under President Bush's leadership, leader Pelosi lead the House of Representatives in boosting our global AIDS initiatives by passing the bipartisan PEPFAR reauthorization that lead for \$48 billion for HIV, TB, and malaria. [Applause] These initiatives have saved the lives of millions and provided support to some of the most vulnerable men, women, and children around the world. A warm welcome to Speaker Pelosi. [Applause]

REP. NANCY PELOSI (D-CA): Thank you all very much.

Thank you all very much. Good afternoon. What a beautiful sight

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you are to see. Wow. Thank you, Diane, for your - - well, Dr. Havlir, for your generous introduction, for your tremendous leadership as a co-chair of this year's International AIDS Conference. Watching the film and the slides and by all accounts, this conference is a tremendous success. We thank Dr. Diane Havlir and Dr. Elly Katabira for their great leadership in co-chairing this conference. Let's give them our fullest appreciation. Thank you, Dr. Katabira.

San Franciscans take special pride in Dr. Havlir's leadership as the Chief of HIV/AIDS at the University of California, San Francisco because that is where for us all of this began. This is where we started to turn the tide together.

It was 31 years ago when we first heard in our community that doctors at UCSF at the University of California San Francisco where seeing cases unlike anything they had seen before. Symptoms that harkened back to the Middle Ages, many of you could tell this same story. Quickly, AIDS began to take a terrible toll. Soon we were going to as many as two funerals a day. Quickly, quickly we knew that this was an emergency and we had to pull out all the stops. We expressed our grief in plays. We took comfort in the AIDS quilt. We had renewal and remembrance in the AIDS Memorial Grove.

Then, 25 years ago when I was elected to Congress in my first speech on the floor of the House I said that I had come to Congress to fight against HIV and AIDS. After my [applause]

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comment, some colleagues said to me why would you want fighting AIDS to be your introduction to the Congress of the United States? Why did you say you came here to fight AIDS? I said I said it because that's what I came here to do. [Applause] Recognize that was the sign of the times in Washington, DC.

Meanwhile in San Francisco, we were at ground-zero, as we saw it, of the AIDS assault on our health, on our economy, on our community, on the lives of our dear friends. With death, denial, and discrimination against those with the disease, AIDS was not only a challenge to our scientific and medical professionals it was a challenge to the conscious of all of us and it remains so to this day. We knew that we had to organize not just agonize, and organize not agonize we did.

Over time we learned, as many of you gathered here did as well, that the AIDS virus was a very resourceful virus. It escaped defeat by mutating, and so too did we have to be resourceful. We adapted to the challenge all of us. We were innovative in our thinking pursuing new science, mobilizing in new ways, taking a fresh approach to prevention, to care, and research for a cure. All of it community based and evidence based. We knew early on that we needed an international mobilization against AIDS. We needed public, private, and nonprofit partnerships. We had to make a national decision to act.

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Here, in the United States Congress our decision to act changed the lives of many people with HIV and AIDS within our borders and around the world. With the leadership of Congressmen like Henry Waxman of California and Senator Ted Kennedy, [applause] we passed and funded the evidence and community based Ryan White Care Act, early on. We went further with our Minority AIDS Initiative and funding for Pediatrics AIDS Corps and the list goes on and on. Most recently with the passage of the Affordable Care Act, we are delivering substantial protection to people with HIV and AIDS. [Applause]

We worked in a bipartisan way first with President Clinton to authorize and fund the Global Fund, then with President Bush to establish PEPFAR, thank you, President Bush and President Clinton, and with President Obama to strengthen these initiatives.

We thank President Obama for totally lifting the travel ban enabling this International AIDS Conference to return to the United States for the first time since 1990. I was at that conference in San Francisco and I can tell you that we have come a long way, not only because we don't have the ban and therefore scientists and all could come and join in the exchange of ideas and the intellectual challenges and sharing ideas etcetera, but because at this conference so many people with HIV and AIDS from around the world can join us. You are our strength. We welcome you especially. [Applause]

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I say that two decades after being criticized for mentioning the word AIDS on the floor of Congress, I was proud in the four years that I served as speaker of the House to work with Congresswoman Anita Lowey, to work with Barbara Lee, to work with advocates on the outside, like Bono, listen to this, to double the funding for global health from \$4 billion to \$8 billion per year.

To make far-reaching progress and turn the tide, action was needed, required from parliaments worldwide. On behalf of members of Congress, I want to welcome the many parliamentarians who are with us at this conference. Thank you for joining us. For our countries to be able to act our legislative bodies must make a decision to move forward and many have.

Even in these difficult fiscal times, as Diane said in one of her opening addresses, cutting back on our HIV/AIDS investment is a false economy that cost us more in the future, in lives and in resources. HIV is still adapting and so must we to turn the tide together.

George Bernard Shaw once said the sign of a truly intelligent person is that he, I would add, or she is moved by statistics. Clearly, everyone in this room meets that standard. Most of us though were also moved by individual stories. One patient, one person at a time that led to these big statistics

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that are so staggering. All of you have many personal stories to tell.

One of the personal stories that I have, I lost so many dear friends in California and across the country, but I always remember Suzie. Suzie was the flower girl in my wedding. Suzie died of AIDS but not before becoming a champion fighting against the disease in schools and colleges and the rest. My patch in the AIDS quilt was stitched in her memory. Coming together here again many have your own stories to share. These stories have brought us to this conference.

Speaking to you at this final session, again I say, by all accounts this conference is a tremendous success. We leave here with increased optimism whether about advancements in science or prevention of mother-to-child transmission. This optimism must not make us complacent. It cannot. It must instead heighten our resolve.

We have an obligation to be innovative and courageous in our thinking. Where there is scientific opportunity we have a moral obligation to fund it. [Applause] Where there are people in need of drugs and care, communities in need of prevention, we have a moral obligation to provide it. Where there is discrimination, we have a moral obligation to continue to fight it. [Applause]

On the brink of the AIDS-free generation, we must carry on with determination, with hope, and courage. Courage is one

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of the defining qualities that we always must bring to this. In doing so, we will succeed in turning the tide together. I thank all of you, each and every one of you for your leadership, for your activism, for your commitment to ending HIV/AIDS once and for all, once and for all. [Applause] Congratulations to all of you for making the 19th International AIDS Conference such a tremendous success. We all look forward to working together to bring an end to AIDS and to turning the tide together. [Applause] Is anybody from California here? Welcome to all of you.

FEMALE SPEAKER: Please welcome the Executive Director of Caribbean Vulnerable Communities, Ian McKnight and the Co-Chair of the Global Network for People Living with HIV/AIDS, Anna Zakowicz.

ANNA ZAKOWICZ: Hello. Good afternoon, ladies and gentlemen. Good afternoon, dear friends. My name is Anna Zakowicz, and I'm the Co-Chair of Global Network for People Living with HIV.

IAN MCKNIGHT: Good afternoon, ladies and gentlemen. As was said, I am Ian McKnight, the Executive Director of the Caribbean Vulnerable Communities Coalition. [Applause]

ANNA ZAKOWICZ: At this conference, we have been inspired by the energy of the communities living with and affected by HIV and we have been energized by our engagement with the researchers, scientists, lawyers, and the whole

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community. We are here to present you with the top critical issues from communities living with and affected with HIV.

As we return to where we live and where we work these are the issues we must tackle together. In 1983, in Denver in the United States people living with HIV came together and created the Denver Principles. The key is that HIV cannot be solved without included people who live with HIV. [Applause]

In 1994, at the Paris Summit this was translated into the [inaudible] Principles and accepted by 42 governments. Almost 30 years after Denver, here, people living with HIV still have to shout, nothing about us without us. [Applause]

IAN MCKNIGHT: Colleagues, we cannot return home without reflecting on what I'm going to call the exclusion of people who use drugs and sex workers from this conference. It is nothing short of an abomination that they have been excluded from this conference. We want to say that organizing hubs is a nice gesture, but we needed their voices and their issues here with us at this conference. These half-baked attempts at including people who use drugs and sex workers is tokenistic and it must stop now. [Applause]

ANNA ZAKOWICZ: At the next conference, we must not miss anyone. We must ensure that no single community and no single region is excluded from the dialogue. In that regards, we need to critically review future conferences, the host cities, and the frequency of the conferences in an effort to

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ensure maximum participation of community members. We will not end the epidemic without the full engagement of people living with HIV. Women, young people, gay men, and other men who have sex with men, transcommunities, people who use drugs, sex workers, prisoners, refugees, people with disabilities and other. We, we are the most critical of part of the solution.

IAN MCKNIGHT: At this conference, persons living with HIV and those of us from vulnerable communities, we have been encouraged by the signs. We have been encouraged by the research on treatment as prevention, the cure, microbicides, vaccines. For us though, treatment is first and foremost for people living with HIV.

We need health for every individual living with HIV. This is an essential part of the combination-prevention strategy. However, we have to also register our concern about the relative lack of attention to the behavioral and social determinants. What we know is that solely by a medical approach to the HIV prevention will not be enough to prevent new infections and ensure treatment, prevention, care, support for those who need it most. [Applause]

Therefore, colleagues, as we move toward Melbourne, we need to link both the medical and the social approaches. We need to ensure that people living with HIV and those of us from key populations continue to be central parts of this response.

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It is fair to say that we are going to do it, but by hell we are going to have to do it properly.

ANNA ZAKOWICZ: Our overarching priority must be treatment to improve the health and well-being of people living with HIV. This means we must achieve universal access to treatment for people who require it for their own health. This is no time to retreat from the commitment to scale up universal access. Pharmaceutical companies where are you? Where are you?

Why are you not in the medicine patent pool? Why are you restricting the production of generic medications [applause]? Why are you wining and dining doctors at this conference while people are dying of AIDS in the streets of [applause] [inaudible]?

The United State of America, why are you on one hand providing treatment through PEPFAR while on the other hand, you are denying treatment by supporting free trade agreements which block access to local generics [applause]? We are not statistics. We are your sisters and brothers, mothers and fathers. We are teachers and nurses, colleagues and taxpayers. We need action, not words and we need universal access now [applause].

IAN MCKNIGHT: And all colleagues, until this vexed issue of human rights violations against people living with HIV and against many of us from vulnerablized populations, those violations are still rampant all over the world and must stop

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now [applause]. Let us not fool ourselves. We are not going to achieve any of these three zeroes without ensuring the human rights of all of us. In Jamaica alone, let me say this, since our last conference we have lost Albert, we have lost Trevor, we have lost Lloyd, we have lost Paul and we have lost many others.

In South Africa, lesbians are raped repeatedly. We have seen time and time again where sex workers are extorted by the police. Colleagues, people who live with HIV, people who are HIV positive have been killed because of their HIV status. These kinds of atrocities, the gender based violence and all of these forms of discrimination are unacceptable and governments and police forces must go full out and stop these senseless killings [applause].

As we scale up treatment and prevention and explore and deliver them in innovative ways, we must stop stigma in the workplace, stigma in the clinics, stigma in the courts, stigma in places of worship and in communities. We must, must, must repeal these senseless outdated, punitive laws that criminalize people living with HIV [applause], that criminalize gay men, that criminalize transgender people, these laws that criminalize persons who use drugs and sex workers, that criminalize sexually active youth from accessing condoms and other lifesaving commodities [applause].

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These laws, colleagues, as you and I know very well, they are wasteful and they violate human rights and undermine public health. This also means not singling out HIV or people living with HIV under the criminal law.

For example, we do not need a legal framework to reach sex workers in dangerous places. What we need are laws that get commercial sex out of dangerous places and into safe spaces [applause]. Allowing repressive laws in any criminal justice system is not a way to solve these issues. These kinds of laws are informed purely by stigma and not by science [applause].

ANNA ZAKOWICZ: Women and girls in all our diversities, including trans-women, young women, women presents have already given so much to this epidemic in terms of care, love, support and even our lives. But we have been consistently excluded and marginalized from making the decisions that determine our lives. Women must have autonomy over our bodies. We must have the right to decide whether and when to have children or not [applause].

We must have the right to decide who to have sex with or not. We must decide our own destinies.

IAN MCKNIGHT: All the calls that we've been hearing this week about turning the tide and ending the epidemic and getting to zero new infections and zero AIDS related deaths, those are all doomed to fail if we do not have the funding to do this work. None of it can ever happen without serious

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financial commitments. So we call again on our governments and say renew your calls to take ownership for this response and to make the investment necessary and to end AIDS.

ANNA ZAKOWICZ: There is absolutely no option for The Global Fund to cap its spending. The Global Fund has the obligation to go out and look for more money to fund more treatment [applause]. Governments of high income countries in turn have the obligation to support The Global Fund. This is more than a moral obligation [applause]. The only reason for The Global Fund to exist is to save lives. If The Global Fund fails to do so, it fails the people [applause].

We must work together for health, for dignity and for prevention. We need actions, not words, now.

IAN MCKNIGHT: Thank you.

ANNA ZAKOWICZ: Thank you [applause].

FEMALE SPEAKER: Please welcome the Co-Chair of AIDS 2012 and President of the International AIDS Society, Dr. Elly Katabira [applause].

ELLY KATABIRA: Thank you. Nelson Mandela once said, "It is almost impossible until it is done". Well, the biggest conference, we've pulled it off and thank you very much [applause]. What needs to be said has been said and all I have to say is thank you. To pull off this conference requires a lot of parts to be moving appropriately. It requires human

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beings, machines and technology. I'm here to thank those I can remember to thank.

Let me start off with the U of N delegates. Without you, there is no conference. No matter what we do, no matter what we pay for, including this place, if you don't show up we will never coordinate a conference. Thank you very much for turning up in the largest number possible [applause]. Over 24,000 of you have been here in the past six days.

Let me also thank the U.S. government and the leaders of the United States, not because they allowed us to come here after lifting the ban, but because of their participation and contribution up to the last minute. I know many of you are seated and glued on your seat because one more leader is here to speak [applause]. I also want to thank the Mayor of Washington, D.C. and the District of Columbia leadership [applause]. Thank you for allowing us to come to your city for this long.

Organizing a conference like this requires many people and I want to thank its organizing partners, UNAIDS, ICW, ICASO, GNP+, Caribbean Vulnerable Communities Coalition and Sidaction from France. Also we have U.S. partners, the Department of Health, The Black AIDS Institute, Positive Women's Network, NIH, HIV Medicine Association. I also thank the sponsors. These are hard financial times and we required a lot of money to do it. Thank you the sponsors, the major

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industry, the donors, the corporate sponsors as well as the media who have been passing your message across the world so that even before you get home, those at home would have already heard about you.

Now I come to the human beings who matter, the members of the various programs' committees, the conference coordinating committee members. Whatever you've seen, you've heard is owned and sanctioned by the CCC. Without them, we cannot do anything. So I thank you very much for your cooperation and [inaudible] [applause].

The co-chairs and members of the conference program committees, the co-chairs and the members of the Leadership and Accountability Program Committee and the co-chairs of the Scientific Conference and the co-chairs and members of the other five [inaudible]. I also want to thank the co-chairs and members of The Global Village Working Group [applause]. As it has been mentioned before, 22 years ago when we had the conference in San Francisco there was no such thing as Global Village.

I'm sure what you have seen today you will be addicted for more [applause]. I also want to thank the Workshop Working Group as well as the Youth Program Working Group [applause]. I want also to thank the abstract reviewers. These are voluntary people, scientists and non-scientists who took time to review a number of abstracts which were submitted for this conference.

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Without you, it will not be possible to have such beautiful programs [applause].

But what the reviewers reviewed and agreed on had to be put in place and this was done by those who did obtain the matter from the meeting. The program you are seeing was arranged by those people. Thank you so much for such a beautiful program [applause]. I also thank the management of the Washington Convention Center. Many of you during these six days have been asking for space, give us space so we can do A, B, C, D. Well, the Convention Center gave you space and thank you [applause].

But the responsibility and commitment of organizing this conference stands in the hands of the International AIDS Society which takes all the risks, including financial to put up such a conference and we depend [inaudible] on the secretariat. These are people who have worked so hard, not only for these few weeks, but for the last three years getting this conference where it is today [applause].

So far I have not mentioned any names even where it was obvious, but please I beg you, allow me to mention two names, two people. The Conference Director, Anouk Rey, and the Local Office Director Tiffany Chester. I want them to come here so that you see those two people [applause]. Come up here. Come up here and let us see [applause]. These are the people, and

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they are a team, on who we have relied all these years to make this possible. Thank you very much, thank you [applause].

Now my time as President of International AIDS Society has a few more minutes left [laughter]. But before I go, let me invite the next President of the International AIDS Society, Professor Francoise Barre-Sinoussi from the Institut Pasteur in Paris. You are [inaudible]. We are here because she discovered the virus and for that she was awarded a Nobel Prize in 2008. Congratulations [applause].

In 2010 in Vienna, IAS created an award to be given to somebody who had shown leadership, commitment and other qualities you'd expect in somebody who fights for the cause of HIV/AIDS. I'm glad that this year we have continued to do so. This year IAS honors Michel Kazatchkine, former Director of The Global Fund, to fight AIDS, TB and Malaria and French Ambassador and HIV/AIDS and communicable diseases for his outstanding commitment in the response to HIV and his extraordinary [inaudible]. Please welcome [applause].

FRANCOISE BARRE-SINOUSSE: It's a wonderful privilege to present to Michel but he does not really need to be presented. I'm really delighted to say that he is the winner of this award. He deserves it so much. Michel Kazatchkine has spent the past few decades fighting HIV as a leading physician, researcher, administrator, advocate, policymaker and a diplomat.

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He attended medical school at Necker-Enfants-Malades Hospital in Paris, studied immunology at the Pasteur Institute, and has completed his postdoctoral fellowships at St Mary Hospital in London and Harvard Medical School. His involvement with HIV began the same year as myself in 1983 he was a young clinical immunologist. He treated his first patients infected by HIV. By 1985, he had started a clinic in Paris specializing in AIDS.

Michel Kazatchkine later became Professor of Immunology at Universite Rene Descartes and Head of the Immunology Unit of the Georges Pompidou Hospital in Paris. In addition to his clinical teaching and research activities, Michel Kazatchkine has played key roles in various organizations, serving as the Director of the National Agency for AIDS Research in France, as Chair of the World Health Organization's Strategic and Technical Advisory Committee on HIV/AIDS and as French Ambassador on HIV/AIDS and communicable disease.

Michel Kazatchkine has continued impacting the global HIV epidemic through his involvement with The Global Fund to Fight AIDS, tuberculosis and malaria which began when the organization was established in 2001. Six years later, Michel Kazatchkine became Executive Director of The Global Fund and served in this position until March this year. Through his leadership of The Global Fund, Michel has greatly expanded

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access to antiretroviral treatment and reached out to marginalized populations.

As you know very recently he has been appointed by the United Nations as a special envoy for HIV/AIDS in eastern Europe and central Asia [applause]. Michel is not only a wonderful professional, he is also a wonderful human being and I have the privilege myself to be his friend [applause].

MICHEL KAZATCHKINE: Thank you. Thank you very much. This award means a lot to me. A number of you would understand that it's particularly meaningful to me this year, 2012. It's also particularly significant to me that this award is actually given to me today by two wonderful friends and colleagues for whom I have the highest professional and personal respect, Elly and Francoise.

But please make no mistake, there isn't a single achievement that one can do by himself or by herself. It's all about teamwork and about collective effort. AIDS has taught us stories about this. I don't believe there is any scientific breakthrough. There isn't any single major effort in raising national or international resources. There isn't any program being successfully implemented that isn't a team or a collective effort.

I'd like to dedicate this award to three of the many teams and groups to which I have the privilege of having been associated. The first is the small, very small, group of

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doctors, nurses, staff, bottom tiers and [inaudible] patients at Duboise Hospital [misspelled?] in the early '80s with whom we struggled through the difficult first years of HIV/AIDS [applause].

The second is the wonderful community of scientists, doctors, investigators around the National Agency on AIDS research in France [inaudible]. This is about the staff, this is also about the broad community of investigators throughout France and also in Cote d'Ivoire, Senegal, [inaudible 01:0:38], Cambodia and Vietnam. So many wonderful memories of working together and really moving through research, access to prevention and treatment in resource poor settings. Thank you to all [applause].

My third dedication will be to the 600 staff people of The Global Fund. Some are here, some are in Geneva, some had to leave in the last few months but to all of you Global staff members, I'd like to say your effort, our collective effort, has really allowed countries to achieve extraordinary results. Be proud [applause].

To all of you, I'll just finish by saying keep the team spirit, build that collective effort and keep up the fight [applause].

FRANCOISE BARRE-SINOUSSE: Distinguished delegates, ladies and gentlemen, dear friends, on this last day of a great and groundbreaking International AIDS Conference and after two

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years of working with an African leader I have really great admiration for, Elly Katabira, now it's my turn to address you all in my new position as IAS President [applause].

The 2012 International AIDS Conference has showcased top level science and global and national leadership. Plenaries have been inspirational and the world program effort allows all delegates to go back to work next week with renewed energy and new collaboration. We have also shed light on controversial issues. Today I'd like to focus on what I expect we can achieve in the next two years.

As you know, I am a scientist. Like most of my colleagues, my whole career has been in fact guided by the unique idea of contributing to human health improvement and in particular, in the field of HIV for the past 30 years. I believe that implementing scientific evidence tools and best practices at every level of the HIV response is the way to ultimately take out the epidemic.

Scientific discoveries are meaningless if they remain in publication and [inaudible]. In 2012, it is unacceptable that more than 300,000 babies are born HIV infected, whereas we have since the '90s the tools to prevent mother to child transmission [applause]. It is unacceptable that risk reduction strategies including needle exchange programs are not implemented everywhere when we know it is one of the most

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[applause] [inaudible] intervention to prevent HIV infection in injecting drug users [applause].

It is unacceptable that intellectual properties rights undermine world access to high quality, affordable medicine and diagnostic tools [inaudible] limited setting [applause]. This must end. People living with HIV expect to benefit from the evidences and tools that science delivers. We must all unite to ensure their needs translate into commitments by political leaders and decision makers. I am an advocate [applause].

In 2008, I had the great privilege to be awarded the Nobel Prize of Medicine [applause]. This award does not belong to me, this award belongs to all of us. It's a recognition of the unique movement of solidarity and tireless engagement from a community of people who have fought every day over the past 30 years for better societies in which all citizens are equal, regardless of their psychological status, color, gender, sexual orientation or identity, religious belief or behaviors [applause].

Every person [inaudible] customs that tells us otherwise is simply wrong [applause]. As a [inaudible] it is my duty to put all my heart in defending the values that all of us here share in common, equal access to prevention, treatment and care, the end of stigma, discrimination, violence, repressive policies wherever they are. Can we accept that someone can be cast aside from health services because he's a

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man who has sex with men, she's a woman, he or she's a sex worker, a transgender person or drug user? No [applause].

Can we accept that the person living with HIV, a drug user or sex worker will be denied entry to or be deported from a territory? No [applause]. I will keep on defending those values as I have tried to do all my life at all levels of responsibility from local to international political leaders and policymakers. I am a woman, but in the '80s when the epidemic violently exploded, the very first successful information, education and prevention campaigns in Africa were those led by brave women [applause].

Since then, women have borne an unfair burden combating [inaudible] promoting gender equality, empowering women is essential to boost HIV response for women and girls and for family. We must also take more in consideration of women in research to address specific questions related to HIV infection in women and increase our representation in clinical trials [applause]. Indeed women are prominent in the activities of the IAS, Professor Adeeba Kamarulzaman will be the co-chair of the IAS 2013 and Professor Sharon Lewin will be the co-chair of the AIDS 2014 [applause].

We all speak our mind and we will get [inaudible] [applause]. Announcing prevention care and treatment is central to the vision and mission of the International AIDS Society. Co-organizing the International AIDS Conference is

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one of the most powerful tools that we have to meet our crucial objective [inaudible]. The IAS priorities are cure research, task implementation, elimination of stigma and discrimination, inclusion of social and political research or human rights for HIV professionals an efficiency and effectiveness HIV program must all be reflected in the International AIDS Conference and I take the pledge that this will be the case in AIDS 2014.

We have just lived a truly exciting week highlighting the remarkable contributions of thousands of individuals as well as the commitment of nations in putting an end to the AIDS epidemic. But there are important that lie in front of us. One year ago, heads of states and governments committed to have 15 million people on treatment by 2015. UNAIDS a strong objective under the three zero strategy. We all know that an AIDS free generation is within reach. We cannot miss any of those objectives. We will not accept going backwards [applause].

In his video address at the Plenary Session, the French President, Francois Hollande, confirmed that France will remain highly committed to combat HIV. He also announced the creation of a financial transaction tax as early as the first of August as an innovative mechanism to fund solidarity [applause]. We should all call for other nations, in particular members of the G20, to follow the same path that will secure the financing of global AIDS [applause] [inaudible].

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But money is not the only challenge. We must overcome to end the epidemic. We have to address the gaps that exist between operational science and implementation within resource limited settings. We have to build sustainable healthcare systems. We have to train professional health workers and reach out to all the patients. We have to open our minds to others and reach out to scientists, healthcare providers, communities and decision makers outside the field of HIV.

We must act as one and be more inclusive than we have been to date. We have to call on the new generation, on young women and men, on young activists, young people living with HIV, young scientists, young healthcare providers and young leaders [applause]. You are the generation with which we can end this epidemic one day. I have seen many of you at this conference in the past few days. We need you to be on the forefront with us if we are to meet the goal. Yes, we can end the epidemic if we all stand together.

It will not only turn the tide on AIDS, but it will benefit all men, women and children all over the world from whatever illness they are suffering from. What we are fighting for is the nonnegotiable fundamental right to health for all [applause]. This is our commitment, this is our responsibility. Thank you very much and see you all in Melbourne in 2014 [applause].

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FEMALE SPEAKER: Please welcome Laurindo Garcia, Founder of B-Change [applause].

LAURINDO GARCIA: Good afternoon. Colleagues, friends and fellow advocates, my name is Laurindo Garcia, I'm from the Philippines and I'm here to give you a community perspective from the Asia Pacific.

I am founder of Be Change, an organization of promoting social change through technology. I'm also the coordinator for two sub regional networks that promote health for sexual minorities in East and Southeast Asia. From the onset, let me say that there are people who are absent from this stage right now.

Archaic travel restrictions have prevented international advocates for sex workers and people who use drugs from sharing the stage with me now. In addition, women, transgender people and young people from my region should be standing here beside me as well. [Applause]. In their absence however, I'll try to do my best.

SO let me get straight to the point. The needs of civil society in the Asia Pacific region are immense and complex, yet they are no more or less important than the needs of people in other regions of the world, indeed our needs are universal. Yes, our economics may be diverse and different, but regardless of whether you live in Singapore, Sibiu or Suva

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[misspelled?], Brandenburg, Bombay or Beijing, we all have a right to health, equality and social justice. [Applause].

Now the HIV epidemic has been extremely successful in highlighting the ugliest and most shameful human prejudices, so while recent breakthroughs of prevention and treatment are the source of immense excitement, it's clear to me that the end of AIDS cannot be solely a biomedical one.

Indeed, a cure for AIDS will only be truly effective if the intervention is human. [Applause]. This human intervention is already within our grasp, in fact, it's in our hearts, but to activate it, requires tenacity, passion, and a determination to move mountains. I believe that the people most qualified to be the agents of this intervention are those in civil society.

With this logic, the end to AIDS can only come if civil society are leading the way. Without civil society, the efforts of governments, the United Nations, doctors, law enforcers and even the Global Fund would be lackluster, superficial and short-lived. It is civil society that brings heart to the work that we do. [Applause].

So we must not rest. We must not rest until all people living with HIV receive the treatment that we all need. We must not rest until governments deliver upon their duty to care and protect all their citizens and for those who work within their borders. We must not rest until the suits at the Global

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Fund show us in concrete terms that the Global Fund is indeed ours. [Applause]. When these conditions are satisfied, maybe then, maybe then we could see the emergence of a generation free of stigma and discrimination.

Then maybe we could see the beginning to the end of AIDS, but even though we know what the challenges are, for some of us, these would seem insurmountable or out of reach. Let's remember that every individual has the capacity to do so much. Every individual can influence the lives of so many through virtual or even personal social networks.

I ask you what will you do with the knowledge you have learned over the last week? Who could benefit from the new information that you know now? How will you reach new people, new friends, new allies and new advocates in the making? We cannot continue to be speaking amongst ourselves behind closed doors. Instead we must amplify our message to the world, we must constantly challenge ourselves to get out of our personal comfort zones and share what we know to new people. Use our influence to change hearts and minds, for that is the antidote to stigma and discrimination.

I ask you, what would it take to change the hearts and minds of your neighborhood school teacher so that they understand that young people have the right to comprehensive sex education? [Applause]. What would it take for you to change the hearts and minds of your local police chiefs so that

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they treat people who use drugs with compassion instead of with a barbaric bludgeon of violence, abuse and often death?

[Applause]. What would it take for you to change the hearts and minds of your local congress or parliamentary representative to understand that sex workers deserve to be protected under international labor laws and to be free to work in a safe and healthy environment? [Applause].

What would it take for you to change the hearts and minds of your local doctors and nurses so that they treated every faggot, whore, junkie, baklaf [misspelled?:] warrior, addict, money boy, call girl, puta, dyke, adoui [misspelled?], pidra [misspelled?], meek [misspelled?] or queer like a person? [Applause]. What would it take for you to change the hearts and minds of your brothers, uncles or cousins so that they respect the women in their lives as well as the right of a woman's to make her own decisions about her body?

What would it take for you to change the hearts and minds of your parents so that they could stand beside you on your fight for social justice and human rights and maybe stand beside you at the next conference or picket line? [Applause].

I know and acknowledge that some things won't change. I know with certainty that we cannot force people of faith to change their belief under duress, but in the same way that they cannot change the fact that I and many like me are gay, lesbian, bisexual or transgender. [Applause].

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But as a compromise, as a compromise, we must find a way to disagree peacefully and with mutual respect. [Applause]. So as we plan what comes next, when we leave the doors of this conference, I hope the words of a man who was the epitome of someone who constantly stepped out of his comfort will resonate in your mind.

I paraphrase Harvey Milk, "By saying the only thing we have to look forward to is hope. We have to give people hope. Hope for a better world, hope for a better tomorrow." My hope is that the HIV that is running through my veins and in the 33 million people around the world will soon be cured. My hope is that that cure will be wrapped in compassion and put an end to the stigma and discrimination that we all see and finally get rid of it once and for all. Thank you. [Applause].

FEMALE SPEAKER: Please welcome Bertrand Audoin, the executive director of the international AIDS Society.

BERTRAND AUDOIN: Dear friends, before I get to introduce our next speaker, I would like to commend the group of people that has made this conference possible and you've seen them running in the corridors. You've seen them standing in front of session rooms and helping you with all your needs. Please join me in thanking all the volunteers to this conference. [Applause]. Great job, thank you.

Our next speaker doesn't need an introduction, but as I heard someone say earlier this week, he deserves one and here

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it is [laughter]. William Jefferson Clinton [applause], this will be a hard one if you go on like that. William Jefferson Clinton was the first democratic president of the USA in six decades to be elected twice, first in 1992 and again in 1996.

After leaving the White House, President Clinton established the William J. Clinton Foundation with a mission for improved global health, trans-economies, promote healthier childhood and protect the environment by fostering partnerships among governments, businesses, non-governmental organizations and private citizens to turn good intentions into measurable results.

Since 2005, the Clinton Global Initiative has brought together global leaders to dives and implement innovative solutions to some of the world's most pressing issues. President Clinton was named United Nations Special Envoy for Haiti in 2009 to assist the government and the people of Haiti as they build back better after a series of hurricanes battered the country in 2008.

Today, the Clinton Foundation has staff and volunteers around the world working to improve lives through several initiatives, including the Clinton Health Access Initiatives which is helping 4 million living with HIV/AIDS access lifesaving drugs.

As many of you know, President Clinton is no newcomer to this conference, in fact this is the fourth conference in a

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row, a relationship that began in Toronto in 2006 and President Clinton's commitment to HIV/AIDS and to this conference is something that we can all admire and look up to, so please, ladies and gentlemen, join me in welcoming President Clinton. [Applause].

WILLIAM JEFFERSON CLINTON: Thank you very much. [Applause]. Thank you. [Applause]. Thank you very much. [Applause]. Bertrand, thank you for the introduction. I'd like to thank Dr. Havlir, the US chair of AIDS 2013 and Dr. Elly Katabira, thank you for your leadership as president of the International AIDS Society and the chair here. I wish you and your successor well. I thought you gave a heck of a speech by the way. [Applause].

I want to talk a little bit about where we go from here. How do we actually propose to implement these goals that have been set for 2015? If we believe there can be an AIDS free generation, even if you define it in the narrowest possible terms, how can we achieve it? When the AIDS Conference first take place in America 42 years ago, a passionate group of activists, community leaders and researchers shouting silence equals death made the world listen.

We didn't have the first ARV, the failed tensor drug called AZT. It was treating a grand total of 5,000 people all in Europe and the United States at prohibitively high costs.

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That's a long way from where we are today with 8 million people on treatment around the world and the ability to treat all the rest who need it. [Applause].

Back then AIDS was a death sentence and those of us who are old enough to have been fully grown then still have lots of painful memories of our friends who did not survive. Then we couldn't really imagine an end to the epidemic. Now all of you have created the possibility that we could have an AIDS free generation. As Bill Gates said, we still have a good ways to go, but we have come a long way.

Everything I say today comes from the perspective of the work my foundation has done in the last ten years. Before the Global Fund was funded, before there was any PEPFAR, our job was to go around, raise money country by country to figure out how to cut costs and to provide a working delivery system that would save lives. Now think about the commitments made here and by people throughout the world to achieve universal access, to eliminate mother to child transmission and to cut new infections in half by 2015.

We can do that, but it won't be easy. Just last week, on my annual trip to Africa to look at our programs, I visited Uganda, Mozambique and Rwanda. I saw amazing progress. I saw leaders committed to offer treatment to anyone and everyone in need. I saw a willingness to completely eliminate mother to child transmission and I met with program manager who don't

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know where the money will come from and aren't sure we have the systems to do that.

To achieve universal access by 2015, we'll have to increase the number of new people on treatment by 30-percent per year. For example, in 2005, there were only 10,000 children on treatment in low income countries, thanks to many of you in this room and a special thanks to UNITAPE [misspelled?] for stepping into the gap. The global effort to accelerate pediatric treatment means there are 500,000 kids on treatment today, but to reach the goal, we'll have to have 1.5 million more.

To eliminating mother to child transmission, we need to test and treat women earlier and keep them on the treatment longer throughout the entire period of breastfeeding. When many of them live miles and miles and miles from the place where they get their medicine today, they cut their investments in half, we'll have to heed Julio Montanero's years of pleas to implement treatment as prevention and implement combination prevention programs. [Applause].

Now we can save a lot of lives if all this is done, but we're going to have to do it together, to do what works, to spend the money we do have with maximum impact and to raise what we'll still need.

It's worth remembering and I don't think enough has been made of this, that if the \$16.8 billion now being invested

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annually, for the first time in my memory anyway, more than half of it comes from the affected countries themselves and they deserve an enormous [applause].

One of the reasons universal is achievable is we can do it with less money than previously thought. My foundation recently released then results of a cost study that we did with five African governments across more than 160 treatment facilities in Ethiopia, Malawi, Rwanda, Zambia and South Africa. I thank the leaders of these countries and all the healthcare personnel for taking the epidemic seriously and for the progress they've already made in scaling up the program.

The study was the largest of its kind with the exception of South Africa where labor and lab costs are higher, treatment costs an average of just \$200 per patient per year. That includes the cost of drugs, diagnostic tests, personnel and outpatient costs. There is no excuse for failing to provide treatment to the remaining 10 million people in need. [Applause].

Even in South Africa, there are real opportunities with the commitments the government has already made. Our foundation recently redid the drug tender for them and last year and this year in just two years, they saved \$700 million in what they were spending for drugs and immediately added 140,000 people to the treatment roll.

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More savings are on the way. Tenofovir's prices dropped 70-percent since 2008, 30-percent since last year; it's \$125 now and it's a good drug. The savings of that drug alone will be \$500 million. We can use that money in this fight.

Now I have to be fully candid with meeting the goals of treatment by 2015 will require some activities, especially community programs that weren't involved in the study. You have to have community outreach workers if you want to get rid of mother to child transmission down to zero. You just have to do it. We can't do it without, but clearly just what I've already said should convince you that we can meet the treatment goals and we should.

We also know that smart investments save money. The United States Center for Disease Control presented an economic model this week suggests that implementing a test and treat strategy for key populations in women and people with TB and accelerating the scale-up for others will not only save lives and avert new infections, it will actually lower costs within just five years.

Where will we find the money? We all know that last December, the Global Fund has to turn the funding around because it was short on cash, but the Fund is now back in business because the Gates Foundation, Japan and Saudi Arabia stepped up on the heel of President Obama fulfilling America's three year commitment. Secretary Clinton recently announced

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here more money for the US to meet the 2015 goal and I'm hopeful that other donors will do the same, especially big countries that are growing fast, like China; and don't forget, it's Elton John's presence here and Bill Gates presence here reminds us there's an enormous of private money being raised and spent and there will be more from the Gates Foundation, Elma, Elton John, AIDS life in Vienna, the Dutch Postcode Lottery, MAC AIDS, San and many others.

Governments in this difficult time I believe will more if we prove we're maximizing the impact of the money they have given us. The United Kingdom has followed a strict austerity program without cutting its development assistance, an astonishing fact. [Applause]. Our foundation works with them, with the Irish, the Norwegians, the Swedes, the government of Australia all of whom are giving and giving, even in this difficult time.

Finally, we need to make something good out of what is otherwise a not particularly wholesome development, the growing inequality of income in wealthy countries. Thank God a lot of wealthy people want to give more and would give it to this cause if they knew what an enormous impact their dollars can have. Do not minimize the possibility that we will have more private giving as we make more progress and demonstrate it. [Applause].

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I also think that we can learn a from UNITAPE, which has led the way in creating a new revenue stream that has hundreds of thousands of lives, just in my experience in what it's done in putting children's ARVs and second line ARVs out there at more affordable prices, leveraging short term investments for long term gain. We need more innovative financing. The International Finance Facility for Immunizations may offer a good model for us.

It raises money by issuing bonds in the capital markets, which are backed by long term commitments from donors so that donors can buy now, but pay later. Increasing aids flows over a five to seven year period and then paying them back over a twenty year period, as we all know, at low interest. Applying this model to raise funds to implement accelerated treatment, combination prevention will mean that infections and cost will be lower when the time comes to pay the money back.

If we all keep producing results, I believe the money will be there. I am committed to doing whatever I can to see that it does. We do have to prove over and over again that we're making the most of the money. Few have managed to lower treatment costs at the facility level from what UNAIDS said in 2003 it was about \$1,000 per person per year to \$200 today. Beyond that, further cost reductions are coming.

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Looking ahead there's some other things that I think we should do. First we can target the money we're spending more effectively, especially in prevention. UNAIDS recently reports that in two African countries where 30-percent of new infections were driven by high risk populations, less than 1-percent of the prevention dollars were spent to reach those people most in need of services. We can do better than that. [Applause].

Last year UNAIDS told us the investment framework, providing guidance on how to prioritize national strategies to focus on the interventions that have greatest impact. It's an excellent tool that I'd like to see more countries adopt. Secondly, and this may be somewhat controversial, but I feel strongly about it; we need a new level of openness about how every last dollar is spent [applause], by countries, by donors, by NGOs.

You can't expect program managers all over the world to make the smartest decisions if they're trapped in a financial black box. All donors, all nations, all NGOs, I believe should make our spending records open and available, not so somebody can be embarrassed, so we can see who's doing better and the rest of us can copy.

We have to work together, if we do this, you know as well as I do, everybody that is out there working, we can have a much bigger impact with the dollars that we have. Thirdly, I

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think we need investments based on evidence, not the politics invested interest that too often drive spending decisions.

[Applause].

To meet these goals, we're going to have to courage not only have start and scale up the things we need to do, but to shut down programs that aren't working and to channel more money for the populations that are driving the epidemic and the evidenced based interventions that are working.

Finally, we have to make sure that we're paying for services that directly help the people involved. When businesses start operations in new countries, they often send in their people, ex-patriots. They don't get to work off the ground, but then management responsibility is transferred to national leadership.

I think we're reach a point in the HIV response where we have to do more of that, transfer more responsibility to national governments and the local NGOs. [Applause]. I don't want to imply that I think spending on international organizations can go to zero, that's just not true.

Many countries still need support to grow and sustain their progress and to build the infrastructure necessary to run their own health programs effectively, but international technical assistance can be very expensive. Some organizations pay consultants up to \$600 a day; for the cost of a day of consulting, we could put three people on treatment for a year.

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That is immediate. Every time we make the former rather than the latter choice, we have got to know what we're doing and be prepared to defend it in the light of day. [Applause].

Otherwise, we should go for the lifesaving.

Let me say that I think channeling more money to capable governments is catching on because it will save money and because it will build capacity and produce sustainable results in the countries that need them. PEPFAR has recently announced its intention to transition greater ownership over its funds to national governments.

I am very grateful for that and just last week when I was in Rwanda, the national government and the health minister, I believe, is here today, announced a new effort to dramatically reduce overheads and training the entire healthcare workforce of the country. I applaud these efforts and I think more of this can, should and must be done around the world.

Now having said that, we all know that money's not the only impediment to meeting our goals. Two years ago in Vienna, we heard about the promise of combination and prevention. We heard about the evidence of treatment as prevention. We agreed about the impact of male circumcision and accelerated action in that area. We heard about promising ways to improve the effectiveness of treatment, including increasing point of care technology, something our foundation has been involved in.

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We didn't know how to implement these programs in scale, but at least I and I think most of you left Vienna willing to act, eager to act and newly energized. Two years later there's been a lot of progress, though none of these proposals have been taken to scale. Many hard questions remain and we could spend a lot of time talking about the questions.

How do you find people earlier before they feel sick? How do you insure that people get the information they need to make their own decisions? How can we improve retention in care? What treatments as prevention are best and if we do it, and if we do even more circumcision, will it really leave people to give up less costly and proven effective ways of prevention if they were previously observing? All these questions are important, but should any of them be a bar to doing what we know we have to do: I would argue no.

I remember well back in 2003 when Jim Kim lost the Three By Five Initiative. There were lots of serious questions about whether we could meet the goals of increased treatment. There were people who even said since we can't treat everybody who needs it, how will we decide who gets it and who doesn't and wouldn't we be better off because it's so much cheaper, just doing universal prevention efforts?

But guess what? We responded to Jim Kim's challenge and now there are 8 million people on treatment. That's the way we have to respond to these challenges. [Applause].

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Sometimes you have to make a commitment before you know how you're going to get there. China, Rwanda and Swaziland have all announced their intent to implement treatment as prevention at scale. We're working with the government of Swaziland and our foundation, the prevalence is about 26-percent. I've been really impressed by the leadership and foresight there. They know this is the only way they're going to achieve their goals and they're focused therefore on how to do it, not whether to do it.

Malawi is a country with very severe resource constraints where I also had the honor of doing a lot of economic work. They made the decision to put all pregnant women on treatment immediately for life. They didn't wait to figure out how to do it or how they were going to pay for it. They made a commitment. I believe President Banda showed wisdom and strength in doing it and we should all be grateful to her [applause] because now everyone of you can say, if Malawi isn't waiting, how can the rest of us wait? [Applause].

You may think this is naïve, but I've seen it happen over and over again. This is one of those if we build it, they will come. If you scale it up and it works, the money will be there to fund it.

We also talked again a lot about improving treatment that works, identifying the patients earlier, reaching them where they live, treating diseases that really kill people,

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like TB and cryptococcal meningitis. Today we know about the best practices from groups like Partners of Health, Mothers to Mothers, and MSF. We know about the importance of decentralizing services and empowering community members.

We know from pilots in Mozambique, Malawi and Zimbabwe that if we provide CD4 testing at the point of care, we can cut pre-ART loss to follow up in half. We know that if nurses play a larger role in caring including initiating treatment [applause], we'll reach more people in an environment where they feel better understood and cared for.

When we scale up, we will stop just paying lip service to community engagement and we'll have to start engaging and relying on communities. These are things that I believe. I think the money will be there if we prove that we're responsible with the money we've got and if we prove that these approaches work. You have nowhere near tapped the universe of people who will invest in meeting these 2015 goals and creating an AIDS free generation. We just have to keep pushing the rocks up the hill.

Speaking of rocks up the hill, since we're in our nation's capital, where the prevalence among some groups is as high as it is in countries in Southern Africa. I'd like to just say a couple of words about that.

We have about 1.2 million in America living with HIV. Barely more than a quarter of them are getting optimum care.

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Infection rates are rising among young gay men and exploding among young black gay men. Latinos, Native Americans, Asian Americans and Pacific Islanders, you saw some of them go by, many of them feel that because of the overall progress made in the fight against AIDS, they're just going to be left out and left behind, but in this city, government community leadership has been reinvigorated around community viral load testing and test and treat strategies.

They are making efforts. Since 2007, there has been a threefold increase in the number of people being tested every year, a tenfold increase in the number of condoms being distributed every year, 300,000 clean needles being provided every year and 90-percent of the people who test HIV positive within Washington DC see a doctor within three days.

President Obama's administration was the first to develop a comprehensive strategy for the domestic epidemic. The Affordable Care Act which thank God the Supreme Court upheld will provide coverage to people who [interposing applause]. The funding that he and Secretary Sebelius committed close the ADAP waiting list is very important.

I want to just emphasize something else that in the context of the United States can be huge. You all know that when I do pricing work around the world, or our foundation does, we use generic drugs and they've made a huge difference.

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PEPFAR can now be used to buy those drugs, first because Eric Goosby and all the people at PEPFAR agreed that they should, and second, because I made an agreement with President Bush when he was in office is that I would submit all of the medicine we said anywhere in the world to the FDA and he said, "If the FDA approved them as being effective and appropriate, that any local country could use their money from PEPFAR to buy that medicine." He kept his word. [Applause]. That was the beginning of this and I'm very, very grateful for that.

That means that America where these drugs are not available, we have to do something for people without insurance who can't afford the drugs. [Applause]. Our foundation is partnered with Harvard PATH, NASTAD and major pharmaceutical companies to make access to affordable HIV medications available faster and a simpler way on a longer term basis for people who don't qualify for ADAP, but can't afford the drug.

Here's the idea: Harvard PATH will provide a one-stop shop for uninsured patients to access all the patient assistance programs available. The program will simply paperwork and cut through red tape. I want to thank Viva Pharmaceuticals and Merck who have already stepped up to support Harvard PATH with steeply discounted medicine and I hope all manufacturers of HIV medications will soon follow suit. [Applause].

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One more word about United States. Besides DC, the next biggest problem we have with AIDS is in the American South [applause] where I'm sad to say since it's my home region, there's still too much stigma; stigma against men who have sex with men, against sex workers, against people who are drug users, where this is not treated enough as a public health problem; that, plus the poverty, plus the disproportionately high percentage of people in our country in the South who live in rural areas and therefore have some of the exact access problems that people in Africa and Southeast Asia and other places have. [Applause]. It's created a big problem for us.

I just wanted to say two things. It's embarrassing to me to think that stigma against people with HIV exists in the United States. We're America. It's still a problem in other places around the world, but look at the numbers that came out just this week.

Yes, it's true that 56-percent of the people that need medicine now to stay alive are getting it, but look at the numbers in the areas where there's more stigma. Central and Eastern Europe, way less than that; in the Middle East and North Africa, even less than that; not even 25-percent, barely a third in the former.

So we, all of us, can't be blind to the fact that no matter how much we come together and cheer each other and see the evidence, that we still have to fight stigma wherever we

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find and support our friends and neighbors who are doing that and we also have to deal with the fact that not everybody treats these drug problems the way Washington DC and a lot of nations do as a public health issue.

The great doctor, Mathilde Krim, and Ethan Nadelmann have an amazing article just a couple of days ago documenting from AIDS that is come as a direct consequence of the refusal to see drug related infections as a public health problem as opposed to a criminal justice problem. So we have to deal with that. [Applause].

For me, thinking about where we were in 2002 when Nelson Mandela and I went to the AIDS conference in Barcelona and we were literally rattling a tin cup for money. By the way, I just was with him on his 94th birthday and I told him I was coming here and he said, "I am retired, but tell them I wish them well," [laughter, applause], but I think you should be excited about this.

I know you weren't about the money and this other stuff, you should be really excited about this moment because you're committed to work through the financial crisis to go beyond instrumentalism to embrace profoundly ambitious goals for 2015.

I've been asked to work, thanks to the AIDS Life Group in Austria with a couple of African countries to figure out how you actually would take mother to child transmission to zero

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because they know it's way more than just getting the medicine out there, but it's exciting and we will do well as long as we refuse to let what we don't have slow us down.

We have to use what we do have to get the programs off the ground and we'll answer the questions as we go along. We've got stronger leadership from every sector that I can remember. The research community is still laboring away toward the drains of a vaccine and a cure. More and more people from the private sector realm, bringing their business acumen to the financial question. Civil society is still pushing us all to do the right thing.

Communities in America from Anacostia to Oakland to Mumbai and Sao Paolo to St. Petersburg and Kiev to Lilongwe and Kigali, all of them taking responsibility for their children and their future, they have not gotten enough credit, the developing world and the middle income countries for spending even more money than the donor countries and the individuals to do anything, to fight this epidemic [applause], they are worth our support if they are coming up with this money. [Applause].

We've also got a lot of policymakers who seem committed to keep working on this if necessary until everybody in this room is old and gray as I already am, if that's what it takes. This is serious. I've been doing this a long time. All this is really happening because of you and the people who've sat in these chairs at every previous AIDS conference going back to

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the beginning. Millions of people in an AIDS free generation still depend on your tenacity and courage.

No, we don't have all the money or all the answers we need, but we have you. We have you to thank for the progress that's been made and you to make us believe that we can achieve an AIDS free generation. Although the world in places where we work, with millions of people nourishing their dreams and their children's dreams instead of giving up: it's worth a lot. We have to deliver for them. Thank you. Good luck and God bless you all. [Applause].

FEMALE SPEAKER: Please welcome the director of the Infectious Disease Unit at the Albert Hospital in Melbourne Australia, Dr. Sharon Lewin. [Applause].

DR. SHARON LEWIN: Thank you. As the local co-chairs for the 20th International AIDS Conference to be held in Melbourne in 2014, I am absolutely thrilled to welcome you all to Melbourne and Australia. [Applause]. First of all, congratulations to Diane Havlir and Elly Katabira for a truly landmark amazing conference. [Applause]. Washington will be a very tough act to follow, up there with speaking after Bill Clinton, I think, but together with my wonderful co-chair, Francoise Barre-Sinoussi, we are ready and up for the challenge.

I would first like to thank the Provisional Government of Australia, State Government of Victoria and the City of

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Melbourne for their financial commitment to supporting AIDS 2014 in Melbourne and their ongoing leadership locally and globally the fight against AIDS. I'm particularly pleased to share the platform today with the honorable Tanya Plibersek, the Australian government minister for health and the honorable David Davis, the Victorian State minister for health and ageing.

During this week, we have seen how all sides of policy in the United States continue to come together to support highly effective US, national and international response to AIDS. Tanya Plibersek and David Davis come from different political parties, but I'm proud to say that over three decades of AIDS in Australia and now, the parties that represent have agreed on and supported effective and evidence-based policies on HIV/AIDS care, treatment, research and prevention.

Bold and decisive bipartisan leadership at the onset of the epidemic meant that Australia has very low levels of HIV infection in the general population. We have an enduring model of partnership between all communities affected by HIV, researchers, clinicians, and the federal, state and territorial governments of Australia.

We are proud of this, but our AIDS response is not perfect and there is much to be done. Men who have sex with men still remain disproportionately affected and

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disappointingly the number of new infections each year in Australia has not declined now for over ten years.

Our indigenous communities remain at risk. As a global community, none of us can be complacent, whether we live in a high or low income country, have a generalized or localized epidemic, every one of us in this room from every country must get to the zeros, zero new infections, zero deaths and zero discrimination. [Applause].

I want to throw out a challenge to all countries represented in this room to help make AIDS 2014 the conference at which all countries led by my own proudly report that they have kept their promises made on the 2011 new and political declaration on HIV/AIDS and are making major strides towards the AIDS free generation that we are all fighting for.

AIDS 2014 will be a regional conference with a strong focus on the Asia Pacific region. There are 4.2 million people living with HIV in Asia and 53,000 in the Pacific. The overall trends in this region have important differences between and within countries, with some outstanding success stories with access to treatment, harm reduction and reduction in stigma and discrimination.

Unfortunately this is not uniform throughout the region. AIDS 2014 will provide a program that recognizes the diversity of epidemics across regions, within regions and within countries. A program that will understand the place of

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community and particularly people living with HIV in every aspect of the local and global response; and all affected communities including people involved in sex work, people who inject drugs, everyone will be welcome to come to Australia and join us in Melbourne. [Applause].

As a scientist and a clinician, I remain passionate about what science has done and what it still can and must do. We can't stop now. As much as ever, we need a cure, we need a vaccine, and if we really wanted to see an end to AIDS, we must continue to invest in all aspects of research.

So July in Melbourne will definitely be just a little cooler than July in DC. It will definitely just a little further to travel for most people in the room, but please don't let that deter you. The people of Melbourne will warmly welcome all of you to our great, diverse and dynamic city. I very much hope that AIDS 2014 will be the time when we indeed see that the tide has turned and we are well on the way to achieve our united goal of an end to AIDS. I look forward to seeing you all in Melbourne in 2014. Thanks very much. [Applause].

FEMALE SPEAKER: We are delighted to welcome the Australia Minister for Health, the honorable Tanya Plibersek, MP and the Minister for Health for Victoria, the honorable David Davis, MLC.

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AUDIENCE: Aussie, aussie, aussie, stop the TPP.

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TANYA PLIBERSEK: The wonderful thing about this conference is that we've heard so many different voices. Thank you for making your voices heard too. On behalf of the Australian government, I'd like to firstly acknowledge the traditional owners of this land, the Piscataways. I pay respects to their elders, past and present. [Applause].

Secondly, I'd like to thank the International AIDS Society for the opportunity to attend this conference. The Australian Delegation has found the proceedings rewarding, both for the sobering reminders of the far reaching effects of HIV and AIDS, but also for the hopes being raised by new research.

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For a week now we've been asking ourselves what do we need to end AIDS? The answers have been many and eloquent.

Of course we need scientific and medical breakthroughs and the insights we've had this week gives us much cause for optimism. We're proud of how Australia responds to research breakthroughs. We've recently extended free vaccination to boys as well as girls against another sexual transmitted disease, human papillomavirus. [Applause].

When I return home from this conference, I'll be asking my department of health which is reviewing our domestic HIV strategy to examine increasing rates of testing and examining point of care testing, adapting models of treatment as prevention and improving access to antiretroviral treatments. [Applause].

Science and medicine on their own aren't enough. We need financing and continued and long term evidence based effective investment, but science and money together won't do the job. We need political will and I'm proud to announce that Australia, as well as being a signatory to the UN Political Declaration on HIV/AIDS, today signed the Washington Declaration. Perhaps most of all, we need partnership to turn the tide.

To turn medical breakthrough, money and political will into effective action, we need partnership. Partnership with affected communities, understanding that the story of AIDS is

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different in different parts of the world, but the key to success everywhere is working with the communities most vulnerable. In our own case, that mean people living with HIV/AIDS. It means men who have sex with men. It means injecting drug users. It means sex workers. It means indigenous Australians.

Health workers, scientists, activists, community and political leaders, sex workers, drug users, men who have sex with men, women who hold up half the sky and their precious children, adolescents, members of marginalized communities, each of us has a role to play in this struggle and each should have their voice heard.

I had the honor of visiting the Martin Luther King memorial while I was here in Washington and I was struck again by his words, "Every nation must now develop an overriding loyalty to mankind as a whole." We must apply that vision to this newer challenge.

We look forward to welcoming you, our friends to Melbourne, from North, from South, from East, from West, we look forward to sharing our successes and to continuing to learn from you, so that we can win this fight, in our region and across the globe. As our prime minister chiefly said, "We have a great objective, the light on the hill, which we aim to reach by working for the betterment of mankind, not only here,

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but anywhere where we may give a helping hand." Thank you.

[Applause].

DAVID DAVIS: Delegates, my colleagues, the new co-chairs, Francoise Barre-Sinoussi from France and Professor Sharon Lewin from Melbourne, it is a pleasure to be here this afternoon at the closing session of this AIDS Conference 2012.

As the minister for health in Victoria, I've spent a most regarding period here with people, learning, listening and understanding the incredibly diverse and knowledgeable group of people represented at this conference. This conference is one of the most significant and esteemed conferences and I am very pleased that Melbourne will be hosting the conference in 2014.

The 2014 Conference in Melbourne will not just focus on Australia. It will take a regional perspective and many of our regional partners are here today. The Asia Pacific region, with its extremely large geographic and diverse population, dramatically different levels of wealth, complex mix of structural and behavioral determinance is a key focus.

Experts from the region I believe have a unique perspective on the HIV epidemic. As the host country of AIDS 2014, Australia will lead a collaborative, global dialogue on the diagnosis treatment and prevention of HIV/AIDS, sharing the benefits of such partnerships with other countries.

The Victorian and Australian health policy response to HIV involves a high degree of partnership between government,

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scientists and civil society, sharing a commitment to care and support for people living with HIV and ending the AIDS epidemic.

The Australia government has a strong international development strategy for HIV with a particular focus on Papua New Guinea, Eastern and Southeast Asia and the Pacific Islands. AIDS 2014 will be an opportunity to highlight the ongoing need for engagement of all countries and all government to end the HIV epidemic. Through pre- and post-conference engagement tours, delegates can study and contribute to the regional solution for HIV, diagnosis, treatment and prevention across the Australian Pacific region.

The State of Victoria, my home state, is home to 263 biotechnology companies, some of the world's leading research institutions, including the Burnett, the Walter and Eliza Hall Institute and the Nossal Institute for Global Health. The investment in research has Melbourne widely regarded as a leader in innovation, research and medical facilities.

Attendees of AIDS 2014 can participate in engagement tours of these centers, at the Burnett Institute researchers, including co-chair Sharon Lewin, are working on strategies to achieve a cure for HIV and have developed low cost approaches to measuring t-cells.

We are entering, I think, a very exciting period. In response to HIV with advances in prevention science as we find

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out more about transmission in prevention of HIV, combination strategies using treatment as prevention, being explored and developed and importantly, being implemented. It's essential that the new initiatives are monitored and reported. The International AIDS Conference in 2014 in Melbourne, Australia will be a major meeting to report on these developments.

I would like to take the opportunity to invite researchers, scientists, clinicians, community members, prevention experts, public health, government and human rights practitioners to come to Melbourne in 2014 to share their knowledge and passion to reduce the burden of HIV and the burden that is placed on our communities and most importantly, those individuals who have HIV.

There is much promise, a promise of a cure or a possibility of a cure, and a chance for an AIDS free future. I therefore say to you, when we meet again in Melbourne, I hope some of these possibilities, some of these opportunities. I wish you well. See you in Melbourne in 2014. [Applause].

FEMALE SPEAKER: Now the ceremony's handover of the International AIDS Conference Globe. [Applause. Music. Video plays].

JULIA GILLARD: Welcome to Melbourne, one of the world's most livable cities. Australia is a fitting venue for the 20th International AIDS Conference because our response to the HIV crisis has been outstanding. It's been an inclusive

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strategy bringing governments, scientists and civil society together to care for people living with HIV or AIDS and to support education and research, as well as making HIV a key focus of Australia's development strategy with our neighbors in Asia and the Pacific. So holding this conference in Melbourne will be a great opportunity to continue our progress on tackling the HIV epidemic.

TED BAILLIEU: Victoria is home to more than 260 biotech companies as well as some of the world's leading medical research centers; centers like the Burnett Institute, the Walter and Eliza Hall Institute and the Nossal Institute for Global Health, all of which delegates will have access to. This investment in research has Melbourne widely regarded as Australia's leader in innovation, research and medical facilities. In addition, the Victorian community response to HIV is renowned for producing some of the most innovative and effective health promotion and prevention campaigns in this country.

SHARON LEWIN: Advances in the management of HIV over the last 30 years have really been spectacular. The availability of effective antiretroviral therapy has saved millions of lives and recent advances in prevention, particularly treatment and prevention is likely to have a very significant impact on the epidemic in years to come, but there are still many scientific and implementation challenges.

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We still need a safe and effective vaccine. We need a cure and we need to make sure that there's equitable access to antiretroviral therapy for everyone living with HIV.

SAM VENNING: Australians are generally very understanding and supportive of HIV positive people. Government and community health promotion activities reach out to HIV positive people, encouraging them to play an active part in maintaining their health and being a part of HIV prevention.

HIV positive people attending the 2014 International AIDS Conference will find Melbourne to be a very friendly and welcoming city.

ROBERT DOYLE: We're very much looking forward to seeing you in 2014 for AIDS 2014. You'll be at the Melbourne Convention Center, the world's first six star, green star convention, a very easy walk from all of our beautiful city and the 26,000 hotel rooms that are at your service. No matter where you are from, you will find the welcome here in Melbourne. We come from over 200 different nations, we speak more than 220 different languages and dialects and we practice over 100 different faiths, so wherever you're from, you'll feel at home here in Melbourne.

TED BAILLIEU: For those wishing to take part in pre- or post-touring and escape the city, regional Victoria is a sensation. Visitors need only drive for a little more than an hour in almost any direction from Melbourne to discover a

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myriad of experiences, breathtaking scenery and a wonderful landscape.

SHARON LEWIN: AIDS 2014 will evaluate recent scientific developments and lessons learned to collectively the way forward to the treatment, prevention and care of people living with HIV.

JULIA GILLARD: I warmly invite you all down under in 2014. A generous and friendly welcome is waiting.

[END RECORDING]

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