

**Is this the End of AIDS Diplomacy?
Kaiser Family Foundation
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PETER PIOT: We're going to have, I believe, a very fundamental discussion here about where we are with, let's call it, the political response to AIDS. What are the big challenges for the AIDS response in a broader context and we have a truly remarkable and really unique group of people here at the podium with titles that say we can summarize as AIDS ambassadors of a number of countries. There are fewer than before. There are few countries that have an AIDS ambassador that have dropped this, a sign of the times perhaps?

We have unique people because here we see individuals who try to combine their activist's heart and temperament and past with an efficient diplomatic engagement. The session will be organized as such that we'll hear some introductory statements by each of them and you'll appreciate that each has a fairly different type of mandate in their national context. Then we'll engage in a dialogue, first the panel here and then with the room.

So can I ask first Ambassador Lennart Hjelmaker, who since 2003 the Ambassador and special Swedish representative on AIDS matter at the Ministry for Foreign Affairs of Sweden. Before Lennart was appointed as the special AIDS representative he served at the Ministry for Foreign Affairs as Deputy Director General and Head of the Department for

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Global Development. We met for the first time in Zimbabwe when Lennart was the Swedish ambassador there and was already an AIDS activist many years ago. Lennart, please.

LENNARTH HJELMAKER: Thank you and good afternoon to all of you, it's great to be here. I came from Stockholm this morning and this is my fourth AIDS conference and I'm very glad to be here.

Peter, you mentioned some of my background and let me just add on one thing and that is that I am very much a person that has been dealing with development matters all the time and you will hear when we witness here about our experiences that we have a little bit different backgrounds and my background is very much in the development field.

I have been working 10 years in Africa. Peter mentioned Zimbabwe. I've also been working in New York six years in our UN mission and in about one month's time I go back to Africa and I take up the post as the Swedish Ambassador to Tanzania, so it's back to the field again.

When I was appointed by the Swedish government in 2003, my minister then said, "Lennart, you know a little bit about international system and you know a little bit about development and that is good because that is what we believe is needed for an effective response to HIV and AIDS."

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My experiences during these years have been fantastic in many ways. Sometimes disappointing, but also very many good victories together at lease with people at this table.

What I have learned to notice about the need for effective leadership that we need leaders in the world and that we can work with leaders that have opened eyes and open minds. That we have leaders that are there to address the complex matters in society.

That they don't shy away from the complex matters, but also that they do not simplify because we also know and all of you know and I believe all of us at the table here we have experienced so many times that HIV and AIDS it's about complex matters. It's about complex choices and how do we deal with these complex choices and not lose focus at the same time.

Peter, many times you learned me about the exceptionality of AIDS and I have quoted you many times on that. I think a real challenge for all of us is to combine that exceptionality of HIV and AIDS, but also with what your successor, Michel Sidibé, said many times to take AIDS out of isolation and how do we deal with the exceptionality of the pandemic but also to take aids out of isolation.

AIDS covers almost everything. If we look into the millennium development codes and there will be the summit

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this fall, of course, we see that HIV relates to poverty. It relates to education. It relates to gender equality. It relates to maternal health and child health, so it is something that really means a lot in all sectors and areas of society.

Let me conclude by saying that the challenge for all of us, us sitting up here, but also all of you is how do we do this in an efficient way and also in an effective way? How do we make sure that we do the right things, but also that we do the things right? When we talk about doing the right things, then we come back again to the complexity of the pandemic.

We talk about that AIDS is about poverty in society. It is about human rights. It's about sexual rights, but also a lot of human rights. It's about stigma and discrimination and it's about the right to knowledge and the right to information, so it is a lot of complex matters but it's also important that we do the things right.

In my work as an AIDS ambassador, I have been trying to have a lot of dialogue on that to do the things right. Here I believe that we come back to this to take AIDS out of isolation.

How do we look upon AIDS as part of the broader health agenda and how do we look upon the broader health

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agenda as part of the even broader development agenda and how do we make sure that all these things can work together?

So my job has been a lot to be a lobbyist, activist, coordinator, but also to have a lot of dialogues with decision makers in the world at different levels and different parts of society and trying to have a good constructive dialogue on how do we find the right things to do and do them in the best possible way?

It has been a fantastic experience to work together with the colleagues at the table here. We, as a group, we have met a number of times and to sit here today and share our experiences with you that is also great. Thank you.

PETER PIOT: Thank you so much, Lennart. I would say that now your neighbor from Norway, Sigrun Mogedal, has been also an activist in international development in what is now called global health, a term that didn't even exist when we started, and has been instrumental in many AIDS policies not to list the three ones.

Sigrun is the Norwegian AIDS Ambassador since 2005 and in the Ministry of Foreign Affairs. She is really focusing policy strategy development coordination in global and national architecture. Besides her role as AIDS ambassador is also active in many other fields in civil society. Sigrun, please.

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SIGRUN MOGEDAL: Thank you, Peter, and great to be here. The question is this end of AIDS diplomacy and that's a pretty challenging title. I think first of all we have to recognize a changing context. Somehow diplomacy has to do with power and interest and for a period there were governments that wanted to be part of driving the AIDS movement forward. Be supportive, deal with advocacy, but also showing the commitment of the country to stand by and be part of pushing the agenda.

As you know in diplomacy, the traditional diplomacy has been self interest and how they actually move self interest and negotiate that self interest together with others.

I think the changes that we see in foreign policy and diplomacy now and I wanted to start with there since the idea is diplomacy is the more soft side of diplomacy where one talk about reputation, alliance building, visibility and somehow also the need for negotiations, but also there is a matter of power. I think we shouldn't hide that diplomacy has to do with power and the importance is to create those alliances to build power and strength in a way that serves.

We have been able to get new initiatives and new tools, but we're also seeing that this field from being a straight advocacy issue around getting it on the agenda and getting the money there what we see very much in this

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conference is that we work in a very complex environment. We have a number of solutions. We don't need to be discouraged, but putting those solutions together in something that makes sense in the diversity of context in the world is now the big challenge.

So the question that traditional AIDS ambassadors that we represent here coming out of G8 or some of the governments that have been in the forefront and, of course, the US and France have been very strong in that. This time to look at AIDS diplomacy in a much broader context because it's not just a matter of money from donors. It's really a matter of getting the agenda straight in this complex environment and we see new pushes and drives on the agenda.

We do see the way the agenda is being run like by the medical profession. We see that there are a lot of competing interests and we see a huge human rights agenda which is more sort of the traditional foreign policy area, so the reason I say this is to answer is this the end of AIDS diplomacy? My answer to start with is I hope not, but I think the role is changing. I think that we now need to figure out what does it mean in this context?

The whole question of short-term versus long-term, the fact that this started as something where the agenda should be set and we should show results. What we do need now is the hard work, uphill battle that the agenda has to

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last and the question is that something that diplomacy will take on?

And, certainly, if it's only carried by donors, it's not likely as one of the colleagues I met said, "the fashion of the month." It's not even the flavor of the year, so the question is how do we build a constituency for alliance building, for negotiation, for showing power and interest in a way that serves stopping the epidemic and dealing with it?

Just the clue that I think to that and I'd like to discuss as we go forward is that in this situation of hard work leadership needs to change. We need to see new leadership from countries that are heavily affected. That the leadership is not from donors only. Donors shouldn't give up, but donors need collaboration, the alliance building. Negotiations need to be driven from different.

My last point is we need a new generation of leaders and I think sometimes we, as ambassadors or leaders, are taking too much space. We're not really opening for new ideas, new young people that can be ambassadors as much as those that are sitting with a title and I'd like to see us coming out of this room redefining what AIDS diplomacy is all about and we all have to face the role that's shifting.

Thank you.

PETER PIOT: Thank you so much, Sigrun, provocative as always. The next ambassador is the scientist among us and

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its ambassador Patrice Debre who is in charge not only of HIV/AIDS, but also communicable diseases. Patrice is also a professor of immunology at the University Pierre Marie Curie in Paris. He has a long career in various research and clinical care programs in Southeast Asia and Sub-Saharan in Africa. Patrice, please.

PATRICE DEBRE: Thank you, Peter. Welcome to all of you. [Interposing]

MALE SPEAKER 1: We'd like to add a little speech [inaudible].

PETER PIOT: Two minutes.

MALE SPEAKER 1: Two different speeches in [inaudible].

FEMALE SPEAKER 1: Thank you. Today activists from organizations of people living with HIV including at Paris are interrupting this symposium because Patrice Debre the French AIDS ambassador [inaudible] deposition for [inaudible] now. In that time, more than two million people died of AIDS because they did not have access to medicine.

The activists demand today that the French AIDS ambassador answer to the following question. How will it be possible to enroll new people in treatment with no additional money and why fight here against policies to lower the price of drugs?

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2010 was supposed to be the year of the universal access to treatment against HIV and AIDS, TB and malaria. 2010 will be the year of G8 countries broken promises. 2010 is the year of funding group [inaudible] for the global fund to fight AIDS, TB and Malaria.

To this date, French has not given a single sign showing that it would improve significantly its contribution to the global fund. Without an increase of at least 30-percent of its contributions, it is not possible to apply new WHO guidelines to begin treatment earlier and to ensure access to second line and third line drugs for all who need it.

2010 is the year of the war against [inaudible]. Indeed 2010 is the year of actor [misspelled?] and [inaudible] toward agreements in FTAs, free trade agreements, between India and European Union. These agreements if signed will hinder dramatically the prediction and the expectations of cheap, generic drugs.

So we still ask today [inaudible] France to triple its contribution to global funds to fight AIDS, TB and malaria and to [inaudible] with the UN [misspelled?] to free trade agreements with India, to US, France and Europe to jointly [misspelled?]. Thank you very much. [Applause].

PETER PIOT: Can you be brief and we should go on?

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MALE SPEAKER 1: I have a letter signed by 200 AIDS organizations calling on governments to increase their funding. I want to deliver to you Ambassador Goosby because as you know, America, other countries following America's lead when it comes to AIDS funding. When America, the US, gives only technical increases, but not real increases that keep pace with the need and keep pace with the epidemic. Other countries also cut back their funding.

We know that you personally agree with our demands. We're asking you and all the ambassadors here to be more than ambassadors to be activists, to not make requests for real funding, but to demand real funding because you at this table know what is really needed.

You need to use the bully pulpit to use your positions of authority to make the demands to not be satisfied with these tiny increases, to not be satisfied when Congress authorizes 48 billion dollars over five years and then that promises is reneged on. We're asking you and all of you up here to take the lead real funding for AIDS.

[Applause].

PETER PIOT: Okay. Thank you. While there's clearly a need to not end AIDS diplomacy and we will go on with the session. In the debate after the introductions, we will address some of the issues that were brought to the table, so Patrice.

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PATRICE DEBRE: Thank you, Peter. So then I was saying that I have prepared, in fact, a few slides, which I hope would show the activists of our government. Slides for thought and some ideas about the positions that I have.

Can I have the first one, please? When I put the question in are we talking about health for diplomacy or diplomacy for health or, in fact, both and saying [misspelled?] there have been an evolution. There has been an evolution in diplomacy which starts from political issues including commission and military issues. Most of them acting originally obligatory to the inventions by the end of 20th century and beginning of 21st century of a global government.

This global government is facing, in fact, new challenge which are both national and international interests, which are indirect [misspelled?] and giving rise to the concept of global goods and also the concept of new partnership with new actors like the civic society of private foundations.

These give rise to the notion of new ambassadors, which in France were eliminated by the beginning of 2000, in fact. For AIDS in 2003, some of them have different titles, human rights, debuton [misspelled?].

Concerning AIDS, my title is in charge of the fight against AIDS and communicable disease. Since the first one

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in 2003, the government, in fact, hesitated between diplomatic pathway and I would say medical pathway. There have been two coming from diplomatic path and to including [inaudible] which are coming from American background.

Can I have the next one? The next one is trying to think about what we intend to say between health for diplomacy or diplomacy for health and, in fact, we are doing both as we probably would answer to the questions. Health for diplomacy is health lancers for foreign policy. It's advocacy which we find everywhere and we understand that just recently.

It's also for me representing France in the global governments and talking about how strategic issues and trying to communicate on French HIV/AIDS policy that since I'm trying to always repeat that France is the first European contributor and second at the international level for the project given to [inaudible] organizations.

Now, in terms of diplomacy for health, my position is also to try to have coordination within a very complex architecture of health organizations. In fact, being representative in particularly all of the international organizations dedicated to HIV/AIDS including [inaudible] which is best well known, but which is European organizations [inaudible] organization for research in terms of funding and so others in terms of advocacy like UNAIDS, but also

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[inaudible] I can say that I have another look of what's going on in terms of miniature organizations.

One of my duties is also to try to [inaudible] we, the French, institutions and organizations and there are many, in fact, who are dealing with AIDS, HIV/AIDS either public, either like [inaudible] going into clinical care and research including [inaudible]. The values [misspelled?] university including funding like AFD and privates also like NGOs, various foundations and also biotech industries.

Can I have the next one? But it's not only for me to try to make this presentation and [inaudible] between [inaudible] and [inaudible] in social to try to harmonize between and within many organizations honestly. So to deal with other [inaudible] like PEPFAR also with national and regional AIDS policy. It's mostly also to focus, not only on care, but also on training and research and to include health ownership.

I was saying yesterday that health conserving is also trying to focus at the same time on care training and research like we have in the French organizations and it's also to extend the ambassadors mission to also other communicable diseases and bringing new messages of emerging diseases and the change of power, which represents interaction between multi-sector health and interdisciplinary issues.

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The last side tells you one of the challenges now that we face to be experienced. I think that this new diplomacy needs, in fact, to share knowledge of care, of training and again training and research. It's also a knowledge of national and international management and it's also to know in interaction and work and [inaudible] including national, regional, international, public and private. Thank you.

PETER PIOT: Thank you very much, Patrice and thank you for being with us. The next speaker is from Australia and its Ambassador Murray Proctor who is also the Deputy Director General of the program enabling division at Aussie, the Australian agency for international development. Marie has been in this function since 2007 and let me hear how you approach this specific task.

MURRAY PROCTOR: Thank you, Peter. I must say having been at the last conference and feeling like the new boy on the block, it's a much more comfortable feeling two years later. I'm not sure I learned a lot, but I certainly know a lot more of you and a lot more of the challenges we face. Thank you for the introduction.

Can I say as sort of not to repeat what others have said but as the AIDS ambassador for Australia we tend to have a particular role in the Asian Pacific issues if only because we're the only donor sitting at this table. Many of my

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colleagues, of course, thankfully are engaged as well, but it has tending to color, I guess, the key focus by us particularly it's very strongly on prevention bearing as we all do. I guess, my own country's experience with prevention through drug users, sex workers and men who have sex with men.

To comment though on the two past years I've been doing this I didn't come to this role from a deep background in virology or activism as many others have. This is, for someone who is involved in general development issues, a strangely interesting role. It's very challenging. There are very strong views. There are fabulous people in all sorts of walks that are involved with AIDS and for that reason I think it has immense strength into the future.

One of the things I discovered as an ambassador for AIDS is you actually have a two way role. It's not just about advocacy overseas. You do inevitably become a messenger back to your own country and it's important. All ambassadors do that, of course, the ones sitting in countries, but we do face challenges and sometimes it also requires us to go back and chase our own countries policies that sometimes need to be addressed.

Having said that I'm going to very carefully say as of today I don't know who our government is because an election was called yesterday. Therefore, I will strenuously

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stating any policy statements about Australia at this point, but just to finish on a few other reflections if I can.

There has been great progress even over the last three years since the last one of these meetings and I think what I've seen in the improvement of access to treatment of sustainable financing is very encouraging.

We've been hearing just this morning on some of the challenges left particularly say on methadone issues and one that's very close to our hearts which is on label reforms, which will be launched tomorrow. The thing that's quite clear on both of those and the sustainable financing issues are the immense importance of national governments coming to very strong policies and that's not just the donors. I think this is an area where AIDS diplomacy needs to continue to function.

I think also from the things I've been involved with in the last two or three years, is there's still very sensitive issues for government. The peer support an AIDS ambassador can provide to our colleagues in country I think is still very useful in raising difficult sometimes politically unpalatable issues and to come from outside to raise those with senior members of government and the bureaucracy.

On the other hand, I think we shouldn't overestimate our authority and impact on this. You can't turn up six time

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in a year to the same government and be taken seriously each time. You have to forward with them and I think there is certainly required you have to also take resources with you as well as seek national governments to put up their own.

So just three final points, do we still need AIDS ambassadors? I think we must accept that we are a means to making objective not something in its own right. I think from donor countries we need to see more people who are from not donor countries in these roles. Can I just reflect on the Pacific for instance?

We have the Deputy Prime Minister of Samoa, Mr. Telefoni, who has taken a very active role in the outcome of the AIDS in the Pacific Commissions report. When I stand beside him at the countries and see the attention politicians give him in say Papa New Guinea its quiet clear where the future needs to lie. The same can be said of first ladies who are becoming an important element in some of the countries we deal with.

One of the final comments I'll make is that the AIDS ambassador role in Australia has become a lot easier. The growth of three other groups. Friends of the Global Fund is very active now. We have Asia Pacific Business Coalition and the coalitions of both help setup around our region. Even our governor general is very active now on AIDS matters.

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This makes the role of the AIDS ambassador immensely better and you don't have to be a singular voice in your own system, which I must say is being unfair because the Australian governments of all persuasions have been very committed on this topic.

I think the final two questions if I can. In my role, as you probably worked out, I also managed the resources and the balance of resources between say maternal health, AIDS and everything else. So I'm endlessly debating myself sometimes on what we do about AIDS exceptionalists?

The huge financing requirements of the global fund, etc, and I think a few of us probably know both. Finally, I think it's a challenge. It think in certainly Australia's case the AIDS ambassador role is pretty firmly established, 72 odd incoming governments decide to do, but I think it's a great time to have the debate about how wide it should be, whether other disease come into it, whether we should stay very focuses here. Thank you.

PETER PIOT: Thank you so much, Murray. [Applause]. Now, we have the youngest or the newest ambassador with us from the Netherlands Marijke Wijnroks who is an activist past and worked for both [inaudible] and for the UN and then for the Dutch government as an AIDS advisory and is an AIDS ambassador with us for about a year now. Marijke.

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MARIJKE WIJNROKS: Thank you Peter for that introduction and certainly now the new kid on the block even though I'm not new. I just add to the field of health and AIDS. Murray said that he was uncomfortable to present Australian policy because elections were called yesterdays.

Well, Netherlands has been without a government for the last six months or so, but I'm quite comfortable to talk about the Dutch policies in HIV/AIDS and sexual reproductive health and rights because they've been quite consistent throughout the years, so I do think that I feel quite comfortable to talk about it.

The Netherlands government established the position for AIDS ambassador in 2004, so six years ago. At that time to indicated the high priority that the government was giving to the issue of HIV/AID and the AIDS ambassador role was seen very much as I think Sigrun described it as the traditional diplomatic role of representing and promoting, explaining the Dutch policies in HIV and sexual reproductive health and rights and to advocate for greater attention and more funding for HIV/AIDS, both with the inner government setting, but also with other countries.

So when I started on year ago as the third Dutch AIDS ambassador and in contrast to my predecessor Paul Bekkers and for Murray who has to juggle two different jobs at the same time, I'm a full-time AIDS investor, but I saw my role

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initially very much as sort of continuing that role of representing Dutch policies and educating for AIDS. I actually do find myself talking for and making up an interim balance.

I hardly ever talk about AIDS in isolation, only AIDS. I talk a lot about linkages between AIDS, sexual reproductive health and rights, a lot about linkages between AIDS and the other health agendas, so I certainly see my role a little bit broader than just the AIDS agenda but also thinking where I have most added value.

I've come to realize that this is very much in being a spokesperson for those groups and they're often not hurt in the response about AIDS and Murray also mentioned groups like MSM and LGBT populations more broadly, people who use drugs, sex workers all those group that are very often not hurt in the national and global responses often silenced.

Also, as a spokesperson on those issues that a lot of people find difficult to talk about like sexuality, sexuality in young people. I've been in the fortunate position in the Dutch policy we've always been very outspoken and very open about these difficult issues, so I see increasing that I do have a role and I do have to contribute something to talk openly as a representative from governments about these difficult issues.

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I think another important role that I see is the bridge between different constituencies. I obviously do represent the government institution, but I find it really important to work very closely together with different constituencies both in the Netherlands and abroad like NTO community activists, scientific community, more recently have been quite closely involved in discussions with religious communities. I find that in my position I can add value by bringing these different groups together.

Finally, I would like to very much support what Sigrun and Murray mentioned about the need for new leadership on this issue and new diplomats, certainly, from those countries that are most heavily affected and certainly from those countries that have a lot of issues to deal with, but very much also from young people.

I'm really pleased to see that at this International Aids Conference there's so much more focus on young people and so much more young participants that really ask for space and the amount I think we have to help them by creating that space for young leadership and Peter introduced me that I was the youngest among the AIDS ambassadors, well, I'm 48, so I think there's a real, if at 48 I'm the youngest I think there's certainly that we have to address. I really would like to plea for more young people to address these issues in these [inaudible] sorts of positions.

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PETER PIOT: Thank you so much, Marijke. [Applause].

Last but not least, Ambassador Eric Goosby who is the US global AIDS coordinator of what's better known as PIFA the largest, single health program in history actually.

Eric also has a very diverse background as a physician, head of Pangaea and AIDS service and organization and research organization in San Francisco, was in the Clinton administration and now he oversees the implementation of PIFA as well as US government's engagement with the global funding. So Eric, you've got the floor.

ERIC GOOSBY: Thank you, Peter. It's really an honor to be up here with friends and colleagues who have dedicated much of their professional life to pushing and moving these issues both within their countries and globally.

If we're going to really be able to prevail in this fight, we need to start to acknowledge that the way we have done business over the last 25 plus years needs to be reevaluated, reconsidered and we need to move to include the groups that my colleagues have identified both youth and new voices in fighting this epidemic, particularly those who have not have voice as have been stated. We also need position ourselves so those countries that are most heavily impacted by HIV are supported in moving into a leadership role.

The reason for this is because we will not be fully successful until that engagement is complete. We can only do

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so much by working apart from those who are most impacted and affected by this virus, by the convergence of HIV and tuberculosis, by the relationship that the spread and movement of this virus through populations has with sexually transmitted disease and with behaviors that are accepted as high risk transmission routes but are not accepted in society and are almost never allowed to speak and give the voice that they need, so institutions, medical institutions, legal institutions, can minimize the behavior that indeed does increase the likelihood of spread and contractions.

I think that the role of the AIDS ambassadors was critical. There continue to be critical aspects to give voice to what is still a highly stigmatized disease. The ability to understand how in the machinery of budget development, diplomatic development, scientific development that these issues not get lost or minimized.

It really does require somebody who is vigilant, attentive and willing to engage when others are not asking. Each one of the ambassadors at this table and Peter, have played that role in many situations over the years in their own countries and abroad. I think the need for that is increasing.

I also think that Sigrun's point, that the topography, the road map that we're working on is different. I think that the advantages that programs such as the global

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fund, PEPFAR, Gavy [misspelled?] have demonstrated to the world is that a concerted effort with a concentrated focus on resource and implementation and impact accountability, can in a very short period of time make a huge difference in the lives of those who are infected and those that they love.

I am proud that the United States has played the role that it has over these last 25 years and I'm also confident that the United States will continue to convene, dialogue, continue to support with increasing resources, but mostly try to look at the constructs and support the development of a foundation that will allow these issues to not die out in the wake of confusion and competing unmet need, but will focus our government's ability, all of our government's ability, to continue to respond to the needs of its people.

I think those without voice are those that we are most concerned about making sure their needs are part of the discussion and indeed are addressed in the solution. I think the call to a new generation of leadership coming out of those countries most impact by HIV is truly a critical piece to orchestrate the response that will require the convening of divergent funding lines on unmet need that have been prioritized by those individuals in the country that are best positioned to understand the relative importance of each.

I think that the global health initiative in the United States is not backing away from HIV. Indeed, it was

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an intensification of our ability to spread and increase the number of population that we interface with HIV/AIDS services, moving into maternal and child health, family planning services, to allow our HIV services to now be part of that platform of response, for the HIV/AIDS platforms to move into maternal and child health and family planning service because our patients who are HIV/AIDS positive who are infected with TB also have other issues and needs that fall into the maternal child health continuum, family planning continuum especially and that their disease constellations that are in chronic progressive diseases such as hyper tension, diabetes, coronary artery disease need to be responded to.

Our understanding of this evolution, when you look at it over a decade or two, we are moving more toward a global basement of care and services for the populations on our planet. This is the stepping stone and foundation to the realization of that vision.

I think that the AIDS ambassadors and I think Peter Piot, in particular, in his role as the UN AIDS Executive Director catalyzed a series of events that I hope if we keep our eye on the prize will continue to expand into that vision of global shared responsibility, responding to global unmet need. I'll just stop there. [Applause].

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PETER PIOT: Thank you, Eric. So the scene is set both by the speakers on the podium and what happened in the audience. Many of you said okay ties are changing basically in one or another words, so what do you see as the key challenges particularly at, let's say, let's call it the diplomatic and the political level for the AIDS response today. Some of you already brought but let's see who would like to, Sigrun would you like to. Okay, Lennart.

SIGRUN MOGEDAL: I think from what we heard definitely from the interruption the challenge is now to own this struggle, the need for funds, the need for enabling policies, the need for a different way of working, the need for leadership that's not taken over by some but broad, inclusive that is the diplomatic challenge because in the old diplomacy you were sort of saying look at my country I am the one that knows this and I am the leader.

I get visibility. I get attention. The big challenge now is to make that a shared responsibility and what I find very interesting from the intervention here is that the two countries that probably are the two leaders investing in AIDS, such as in the global fund, but also keeping AIDS firmly and visibly on the agenda are the countries under pressure.

I ask myself what does that mean? Why were there no delegation from Norway that said, you know, how come Norway

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is now arguing for maternal health and flat funding HIV? Why is there no delegation from countries heavily affected like we hear Uganda and one is blaming the US, but what about delegations that talk about the challenge to their own government and their own partnership in that country?

I think turning AIDS diplomacy into those issues is the biggest issues rather than keeping on competing as who is funding the bill kind of thing and who is the star in this and getting governments to agree that this is something we need to share and do together rather than we are doing the best and that's where this whole question of power and interest and inclusiveness, I think, and holding people accountable and making it to a political demand in countries that we're all accountable not just a few countries because they are in the forefront.

PETER PIOT: That's going to be essential, I think, Sigrun, for sustainable in the long-term response. Lennart, you also had some comments and then Patrice.

LENNART HJELMAKER: I believe all of you agree I started and then you have listened to so many good things from colleagues here and that's been a real pleasure working together and discussing this because sometimes we meet even without you and discuss these topics together and try to move the agenda and see how can we work in a better way and how can we develop our own thinking and where can we find the

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solutions and how can we work with our respective governments, of course, back home.

Of course, Eric, like you said, there are a number of global unmet needs and more money is needed. That is clear. At the same time, Murray, you talked about a lot of acknowledgements and Peter many times you talked about to move from the m to the b word in many speeches and I think you must-

PETER PIOT: Millions to billions.

LENNART HJELMAKER: The millions to billions and I think we must recognize that that has happened, but still I believe and I will come back to what I tried to say in my first comment a real challenge is still to call a spade a spade, to dare to talk about the complex matters, the divers of the pandemic, to dare to talk about power shift and power relationships in society today, to talk about human rights and the full respect for all human rights and to dare to talk about sexual rights and sexual reproductive health and rights.

When I was appointed as an AIDS ambassador, because I also am very glad that colleagues said that we need AIDS ambassadors, and I hope there will be a successor in Sweden as well when I'm leaving, but I don't think that just the person and a title makes a difference. There must be something behind and there must a good policy behind.

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When I'm looking back to these years when I have been the Swedish AIDS ambassador, I am so happy that my government at the very first time when I was appointed said that sexual and reproductive health and rights are as important as the response to AIDS because we are not going to win the fight if we don't dare to talk about sexual reproductive health and rights. Then we have developed our policy even further and discussed human rights in an even broader prospective.

We have also recognized who are the key populations, most at risk populations, that we must include in the response, the young people. We talk about leadership and a new generational leadership, so a number of challenges have already been identified here at the table, but I'm coming back to this to call a spade a spade to dare to talk about the drivers, to dare to address the complex matters. Here, I believe, that we as AIDS ambassadors in our dialogue with leaders in the world, leaders at the political level, but also leaders in churches, leaders in business, leaders in youth organizations, in trade organizations because very often when we say leaders we only think about presidents and prime ministers, but we find leaders everywhere in society but that we dare to discuss these complex matters. So for me and Sweden, this is still a real challenge on top of the agenda to discuss the drivers of the pandemic and to move on that.

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PETER PIOT: Thank you and Patrice.

PATRICE DEBRE: Thank you, Peter. We have already talked about some challenge we are facing with, but I would like now to probably focus on four different issues which are think are a big challenge which were [inaudible] those challenge. The [inaudible] HIV challenge, human rights and funding.

Coming to the first one which is [inaudible] policy, I see quite important that we are in fact this stable and that we should increase this number of AIDS ambassadors saying that, in fact, what we are talking about is the independence and dependence of AIDS [inaudible] policies of HR government.

I think for us [inaudible] that it's very important that the budget ribbon has not been cut off and the budget of AIDS have not been cut off at all in even in prison. I think this is quite an important point and we have a definite role in that.

We're also facing with HIV challenge. Each time we're representing a country in a [inaudible] organizations trying as I say to synergies with that with [inaudible] AIDS, we are trying to face the HIV challenge.

We should not forget that there is one person and their treatment versus five or six new infections and this I think is absolutely critical. We are facing with access to

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treatments, but also we need new pills and we need new diagnosis. We need new preventing measures. So this is part of our job also I think to try to deal with this challenge. Facing also with human rights and stigma [inaudible] and discriminations and this is something that I think absolutely mandatory of our role.

Finally, funding, for sure and don't forget that in fact and the responsibility of several ministries including the ministry of finance [inaudible] advocate to get funding. We know that, in fact, support for care and support for research should increase necessarily in recent years and it's expected to increase. We need to support that. We need to convert 180 to increases resources for global health and it's in converting that opportunity to increase all that we can do for these funding including innovative funding. Thank you.

PETER PIOT: So it's about money, but it's also about policies. Where is the G20 here? The G8 at least some of the members of the G8 played a big role for many years, but not all of them.

Many of them have not delivered on their promises particularly in Italy and increasingly Canada, but know the G20 is the move, the world is changing. It seems to me that health, social issues not to mention even AIDS is not on their agenda and yet this going to be the major form and

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particularly next year. We have France chairing both. It's a unique opportunity.

Some of the countries are still receiving money from the global fund. Is this normal these days? Some are very rapidly growing economies, so what about that? I mean, we talk about expanding the ambassador's role and new challenges. Anybody? Murray, please.

MURRAY PROCTOR: You've stolen my best point.

PETER PIOT: Okay, no repeat.

MURRAY PROCTOR: But it's a very good point. There is a shift going on clearly, at least in some areas from the G8 focus to a G20. We'll probably see this start with the Korean G20 meeting at the end of the year where there is a broad discussion on development, I think not the determinant that the G8 has.

I agree with all the points you're making. What does it mean to have these big and new, emerging economies come in? I think exactly they have lessons as well. I think we have to hear more of what China has learned what China's doing in its own reforms which are quite impressive. Brazil, India, of course, I think it's actually a big opportunity, but they may not necessarily come in as major funders of the need, but they can certainly be there as big economies very engaged on the topic.

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I was going to say just a couple other points if I can keep going, an answer to your broader question. Perhaps, it's one of those things you suffer starting as a psychologist, but I still am intrigued, and it's your patch Peter, I know, is to how do we deal with AIDS as a chronic disease. Societies adapt their behavior over time.

Some of the strangest aspects of Victorian England sexual views were probably driven by an epidemic of syphilis. It's not necessarily the right adaptation, but you can see what happens when there is a very nasty, chronic disease. What will come of us? So I think adaptation so far is good. With MSM sex workers have interaction with injecting drug users, but there's a long way to go.

On the money, not that we can duck it I think the challenge we now see is that we know now what the cost to universal access is and that's very high. You can see the global funds struggling with the sort of money they say they need, which could be up to 20 billion dollars in a replenishment in the era of a global recession. This won't be an easy solve for donors or anyone else.

I appreciate the feeling of our friends who are demonstrating the later on, but it is just going to be a very challenging decision for many countries in the world. None the less, I think the Gavy global fund approach is the right way to go. Clearly, we mobilized immense amounts of money.

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That's the real change in development funding, frankly, in the last decade.

Finally, I think Eric has put it far more gracefully than I can bringing all these threads together in how you deal with healthcare for poor countries is certainly taking a lot of my time and attention and that of many others.

We will face this year with the MDG summit an immense crowding [inaudible] all focusing on the failings on the MDG's to deal with maternal and child mortality. I think the challenge I see is to make that a positive outcome without retreating from some of the other problems, particularly HIV, we are dealing with already.

PETER PIOT: Thank you, Murray.

MARIJKE WIJNROKS: Well, actually, not that much to contribute. I think you're quite optimistic about the G20 showing leadership. I am not sure whether I share that optimism. I think, well, the Netherlands is not even in the G20 but sometimes when there's protest and demonstrations quite convenient because you'll note natural focus of action.

I think the G8 at least the leadership of G8 as you said, Peter, has been important. They might not have been delivered in all the promises, but there has been sort of AIDS and broader health issues over the last, I think, since 2001 have been consistent agenda items for the G8 that really

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has been important to generate a lot of political attention and funding attached to it.

I'm not convinced yet that G20 will assume a similar leadership, so it goes back to Sigrun's earlier comments about accountability and how can we build accountability and how is it that so much of the sort of accountability is directed towards funders and big funders, the G8, and not more to countries that still claim development AIDS and have major emerging economies interest in a lot of issues that are not directly related to health and HIV, but apparently do have money to invest in other areas.

I think there's maybe the movement to really promote accountability at all levels. There's a need for a broader movement to ask for accountability. I recently saw a small clip which has been produced by the ARASA the Aids and Rights Alliance Southern Africa talking about sort of world priorities and a number of examples of how as how some African countries had invested in issues and what that would, well, issues like presidential jets and fancy cars and things like that and what that would've been translated in terms of health and AIDS programs.

That was actually quite shocking that was the first time that I saw such a strong demand for accountability coming from Southern organizations. So I think we need much

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more of that and people holding their governments accountable to deliver on their promise. It is not just G8. Thank you.

PETER PIOT: The fight against AIDS is a fight for democracy, that is for sure.

PATRICE DEBRE: Exactly.

PETER PIOT: Eric, do you have anything to do before we open the discussion to the floor.

ERIC: I would just really say that the G8 and the G20 roles are still very important. Those discussions still impact. The G20 is a fascinating evolution involving with discussion we hope we can keep health and specific concerns around infectious diseases, around HIV, TB, etcetera in their lens because those are issues in all of their countries.

How they handle HIV, TB especially, will play into a global concern and issues. We need to make sure that their ability to identify and respond to emerging infections is part of their strategy for their future.

I think that the programs, such as the global fund, mechanisms such as the global fund, that they exist does really allow us to move resources from resource rich countries to resource poor countries in a way that is convenient.

As we tighten our ability to make that efficient and maximize the global funds impact on the ground level, it will be furthered enhanced. I think that most of the countries

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that will benefit from this are in the G20. So it is our hope that we can facilitate and support that dialog and really allow that shared responsibility to reach the people that need it most.

PETER PIOT: Thank you, it is clearly a major opportunity. It won't be easy but to expand the base. So other comments or questions from the audience? Please go to the microphone and identify yourself. It's expectations, challenges, ideas. Let's start over there, number three. Yes, please, identify.

JOU PING: My name is Jou Ping from China. Thanks for your presentations and admire you for your contributions into issues. My question is in terms of AIDS charts [inaudible] and the patent protection is positively obviously influenced concretely of the price of these drugs.

On the one hand, protection of AIDS patent could benefit farmers or patent owners. But on the other hand, we will still have situation with desperate need from the peasant communities which is wide spread known by the AIDS community. So as an ambassador of your countries, what is your point of view, how do you balance the situation?

Why do some developed countries, including some of your countries, treat their negotiators, push hard of the trip part provision which means like more strict protection of patent of AIDS drugs obviously would make in the future

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the price of AIDS drugs could be much more expensive. So what is your rational or your point of view. Thank you.

PETER PIOT: We will take like three or four questions and then ask people to reply.

MARC DESERVE: I am Marc Deserve [misspelled?], I work for the French NGO coalition. I got a question, this is the fourth time I attend to an international conference, and the fourth time we have such conversation. I am always astonished because we have no researcher at this table.

In United States, Belgium, France, and other European countries, you have a research center of international policies. I think that these researchers could help us to answer this question. As a former academic and scholar on international relations, I can give some elements that I consider.

Yes, diplomacy is very strong because at this table we have only northern countries. As you say, Madam, diplomacy is a question of power and we have a clear demonstration of international diplomacy on the question of power. It is not a question of morality; I do not say that this is good or bad. But I just see that. Thank you.

PETER PIOT: Thank you very much. We go to two. We have three people there.

MATTHEW SOLOMON: My name is Matthew Solomon [misspelled?], Department of International Development,

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Oxford University. I do research in northern Uganda with PEPFAR government programs. I wanted to make a few comments.

Firstly, I have a lot of sympathy with colleagues who are protesting this morning and I share their general disgust with the right wing government of Sarcosia [misspelled?] the G8.

Then they leave and join and listen to the answers of their own questions, and I think that this is a very worrying sign of the binarization of what is happening in AIDS politics and I hope this doesn't upset the agenda of the conference.

PETER PIOT: Maybe they went to the town hall meeting. Let's hope that that's what they did because they are the real politicians.

MALE SPEAKER: Let me go to Eric Goosby and speak about PEPFAR and these agendas are completely agree, let's have a reasonable debate about AIDS funding, let's talk about maternal health, let's talk about emerging infectious diseases.

But let's also have a proper debate and the work of Zeke Emanuel and the others through the PEPFAR who are the new PEPFAR are so obviously flawed and technocratic and are not taking into account of the social issues, the kind of hope.

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Also to relationships which are developed around AIDS programs and you really risk destroying a lot of good work at PEPFAR has done over the years, if you have a radical shift based on these types of methodologies.

Second to that, let's hold the Uganda government to account and other governments to account for misusing global fund money, but let's also ask PEPFAR to account. Because it was PEPFAR years ago went gung-ho inventing vertical disease, these specific programs and overriding specific health system approaches so maybe 5 years later it is great to say, let's look at maternal health, let's look at all these things. But let's also realize that you have also created this problem.

A third point is let's also be honest to be talking about AIDS diplomacy, of the costs. That is wonderful and really have seen amazing work through PEPFAR programs to tesor [misspelled?] and other disease. It's incredible, incredible work that is being done. But let's also be honest about the cost that PEPFAR is putting on countries voice through religious agenda which is seen quite clearly through Bush and hopefully this is changing.

But also talk about military and other things, it doesn't seem a coincidence to me that Uganda and their militarized clicko-cratic [misspelled?] elite have been deported by the states for 20 years, and is doing their bidding in Somalia, is dealing from the fact that it is one

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of the biggest PEPFAR recipients. And then these kids have died in Onamas [misspelled?] last week, they are the victims of this system. So let's also be honest about the other agendas that AIDS funding is coming with, because absolutely in all honesty, when you speak to CBC no one is talking about the security agenda. So maybe you can talk a little bit about the security agenda behind this. Thanks.

PETER PIOT: Okay, thank you. Christine.

CHRISTINE PHILIPS: Ms. Philips [misspelled?] from MSF. I think the title of the talk has been chosen well but it would have been better even to have say, is this the end of the pertinence, of the relevance, of AIDS diplomacy. I think, as you say, times are changing.

It's difficult times so we need the AIDS ambassadors to speak out and to step up also in their work. Because, as you said, each of you has wonderful personal resume but we would hate to see that to be used as the fig leaf of normal action.

So it is really important, that in a way, there is a possibility for you brilliant people also to take some distance maybe of the political choices that are being made on funding for the moment and criticize which type of funding, the volume of funding, and publicly that could be really useful, of course.

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Because in AIDS diplomacy, I think it is always the question, whose side are you on, which are the priorities issue do you present first?

The one point that I wanted to make where I think it is really crucial, there is, even if we could accept that there is a lack of funding for the moment, which is difficult to accept if you look at other priorities that get funding, but even then, you cannot on the basis of that undermine certain, or put into question, certain scientific evidence.

I am speaking particularly about the new WHO guidelines where earlier treatment, better regimes are clearly showing that there is a benefit not only to the patients but also to the wider community. It could bring also a really historical turnaround.

It is really important that ambassadors clearly say that there is a difference between funding, wishes, and evidence. What we see in the field is that many of the different governments of that, also, who have ambassadors for AIDS, are giving technical advice to governments in Africa, not to implement the new guidelines or putting, shedding doubt if this would be a good choice or not? I think this is a very dangerous shift and should be avoided.

PETER PIOT: Thank you and you please.

MALE SPEAKER: [Inaudible] University of Amsterdam. I would like to support that last speaker actually but I also

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like to say a few words about money. If you look at the total amount of money available for health in Africa, it still is appalling low.

We have domestic spending far below what it should be, and all the donor money in the world leads to approximately five dollars per capita per year, on top of that. You cannot get descent health for that. That is something we should make far more clear to the world. We are talking about 10 billion as something really big but you have to look at what do you contribute to an individual?

In most countries, the WHO target of \$50 per capita per year is not met by far. I also think we should recognize, and this is not to blame anybody, there is still much inefficiency in the ways that donor money is being spent.

I think we make far too little use of their leveraging donor money to actually attract private money. There is a lot of money that could be gotten from the private sector if we used donor money in a different way. Thank you.

PETER PIOT: Thank you for reminding us of the bigger context. In the interest of time, let's first take all the questions and then we will come back to the panel. So yes, number 1 please.

HANNAH: Thank you. My name is Hannah and I am from Kenya and I also represent a youth organization, Wild Use of

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Lands. We have more than 1 million young members and I applaud all of the speakers who spoke about including young people in their panels because we need them. You mentioned that we should include them so I would like to tell us how exactly you would like to include the young people and the people from the affected countries because I represent both groups. Thank you.

PETER PIOT: So clear, number 3.

MALE SPEAKER 5: I am back from the union. I am working in Miramar as our AIDS numbers go from no way near the Netherlands and Australia, like to make a call to them for specific 3 diseases and working in Miramar, not to pull out as a global fund is coming because there we hear that they want to go to more sexy disease like pneumonia, easy to treat disease and to disengage for long term chronic disease like HIV. So call for them to continue to support these disease in a country where the money is even less available. Thank you.

PETER PIOT: Thank you, please.

TIA MAYMOR: My name is Tia Maymor [misspelled?] I am from the National center, HIV Social Research, the University of New South Wales. I have a question for Ambassador, Mary Proctor. As we know that every year they provide a significant number of funding for developing countries, I just want to know all contributions to HIV related human

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rights in developing countries? I am also Chinese and my interested in all say contribution to China's human rights in the area of HIV? Thank you.

PETER PIOT: Thank you very much and the last two to go will come from microphone 4. Please sir.

KAY SMITH: My name is Kay Smith [misspelled?] from the Netherlands. I am a person living with HIV for about 30 years now. I think compared to the past, AIDS has many different faces and aspects and I would talk about one more in a little bit more detail because you already touched upon the issue of your own age, and as you are almost all above the age of 50, I think it is important to raise the issue that let's say we are now having more and more people with HIV who are getting over the age of 50.

We see special problems in these groups. Most older persons, whether they are homosexual or heterosexual, but especially the heterosexual people, are not used to do safe sex because they don't fear pregnancy, they don't think about someone else.

In elderly homes, where let's say, people with chronic diseases have to be cared for in the future, they are not truly aware about the issues of chronic disease and especially not HIV. So in the Netherlands, we wrote a book last year about aging with HIV, and I am happy to offer you a

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copy of the English summary for you as a contribution to what you are doing this afternoon.

PETER PIOT: Thank you for thinking of us. The last comment from the floor. Yes.

KERI OSA: Hi, I am Keri Osa [misspelled?] from Save the Children from Norway and as a member of the civil society in Norway, I am deeply concerned about the future of the Norwegian AIDS diplomacy and whether the Norwegian government is going to step up and replace our excellent AIDS ambassador when she is leaving her position later this year? So I would like to have some comment on that. Thank you.

PETER PIOT: Alright, some very specific questions and other more general. Who would like to kick off? Eric, please.

ERIC GOOSBY: Those were all good questions. I will start with the Ugandan question. Our attempt to partner with the Ugandan government was one that was never predicated on a relationship with a military interest.

Indeed, much of my time in the discussion as to whether or not I would come into the government to play this role was based on the clarity within the Obama Administration that there's a difference in humanitarian-focused work, in health work, in medical work that is different than building roads, or building schools, or any of those, in that there is a commitment that is with an individual that we have begun to

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support in delivering and putting antiretrovirals available to them and diagnosing and treating opportunistic infections that should not be subject to a change in our diplomatic relationship with a country and withdrawn.

So even if we went to war with Uganda, the ability to protect these services falls under a category of humanitarian aid. I assure you that the state department would not allow that to even come into play. At the same time, I also feel that our commitment to moving these programs to a sustainable, embedded, permanent position in the medical delivery systems is clearly our goal now.

PEPFAR, whose central focus is to not step away from our commitment, but to ensure that our commitment is realized for the duration. We are committed to increasing our resources for care, for treatment, for prevention of all of the populations that we are currently interfaced with.

I assure you that commitment will shift to and be reflected in resources as this economic decline wanes. The commitment on part of the United States government to fulfill that vision is total and I can just say that the only discussion that goes on within our state department, within PEPFAR, is how to move it faster, how to truly partner with our governments that we are working in, the countries that we are working in, with civil societies that we are working in and amongst and with so that the patients that are currently

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receiving care from the services that we are contributing to, continue to receive those services.

I think that the only other aspect I would say of it, is that we are not going to be successful in responding to the unmet need that is in front of us until we play differently with each other and learn how to converge our resources so they are additive. [Inaudible] point about the inefficiencies is a real one.

We are aggressively identifying, streamlining, eliminating duplication, trying to collapse administrative oversight, looking at procurement distributions systems that work but are not doubled and paralleled and quadrupled. We're pretty much at a 90-percent generic drug formulation, at this point, which has allowed us to reduce the cost of care by about two-thirds from where we started.

That trajectory will continue. We are dedicated to doing it. I know from looking at the countries that we're in, the 30 countries that we are in, we are in a position where significant savings are going to allow us to continue the trajectories that we're on in prevention, care, and treatment, even in this economic decline. That is our goal and that's what we are committed to.

PETER PIOT: Thanks, that's great. Sigrun.

SIGRUN MOGEDAL: I am happy that one of the speakers picked up on power and it is underlining an awful lot of what

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we talked about. With the fact that we represent power is true. Our governments have decided to also be present through that kind of exercise of power.

One question is how we use that power. We have talked a lot about how that can be used in an inclusive way. Also we need to be aware of the hard politics of using power. The biggest challenge is, who are not here, who could also be part of the negotiation because the real issues that you talked about, patents for instance, are hard in politic issues.

It is hard negotiations where we, even those of us that are sitting here, are not negotiating on the same page because there are interests involved. We cannot overlook that, in order to deal with different interests, we have to be transparent, open negotiate and find solutions. Patenting is one of those areas where also interests change over time.

As emerging economies over time start to produce drugs, their interests in patents is increasing. Researchers, those that are the big farmer researches, have a different interest than then the lots of research groups in emerging economies or developing countries that might be interested in different ways of dealing with the patent question.

So let's not be simplistic, let's understand that the whole question of innovation, prices, patent negotiations, is

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something where we have to engage not with simple solutions, but trying to understand how do we actually break open so we both innovate and get prices down at the.

Then I wanted to comment on a few other things that have come up. Funding size and efficiency, that is already been mentioned. There is no need to be humble about the costs. We need to understand what it costs to deal with the AIDS pandemic.

We also need, as has been said here, to be exercising stewardship over those funds because each of the countries we talk about, whether it is Norway or Uganda or China, have to make decisions on priorities. How they spend their human resources, because it is not just a matter of money coming from outside, it is actually people to do this services; how they enable policies so that this can be done more efficiently.

The agencies that get money need to think about the efficiencies. So there is a lot of work that need to do here to figure out how do we, in times of economic pressure, actually deal with the issue of more funding or quality funding, more efficient funding. Don't let that be just a question for donors. It's really the question that we have to ask in each country.

The question of AIDS Ambassadors. Yes, we're speaking for our country and we represent governments. So

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two of our colleagues here are saying, we can't speak for out governments more than because there is elections.

Each government would appoint people that should represent their governments. When we talk about AIDS diplomacy in this sense, we need to also understand the limitations of governments, because immediately you have a government that wants something else.

That's AIDS ambassador is disempowered, right, and that is why we need a broader base for AIDS diplomacy, not just counting on the government, but also, and that's where I was talking about including young people. There are lots of ways to give visibility, space, for young people if we make that determination, both in government and in countries and then in negotiations and elsewhere.

There was a very specific question about the Norwegian position, yes it is true, I am getting, I think the oldest, so I will retire very soon. I am instructed to say from our government that there will be no reduction in politic commitment from our government even if their AIDS ambassador is now is retiring.

Exactly how to do that? I think the dialog needs to be with the countries and the space. What gives me power? What gives me motivation? It's not just speaking for a government but the kind of diversity of support that the big group of Norwegians that are here from all sides of the

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Norwegian society, from churches, from people dealing with sex workers, from governments, from researchers, those are the people that need to figure out how does Norway exercise its diplomacy? What is it we want to see the government do together with this? And that is where we have to put in young people.

Thank you.

PETER PIOT: Thank you Sigrun. We are approaching the end of this session, so if I may ask the panelists to be quite brief. Lennart, no, no, you got the last.

LENNART HJELMAKER: It's quite easy to be brief because very often when Sigrid speaks before us, we say yes, I support what she says. Because you know that she is a very smart woman in these matters. Not only that, but a good colleague and friend. Let me just also from my side highlight on the final importance.

We have been talking about G7, G8 and G20 and others. There is also another group called the 0.7 and that related to the ODA because the 0.7, and three of us sitting up here we represent countries where reached the UN target on 0.7-percent of GNP for official development assistance.

When you reach those levels, it's much easier to find money for the AIDS response. So there is a clear link between ODA levels and funding of HIV/AIDS. Don't forget the 0.7 target.

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Then on the other groups, of course, when we went to Berlin for the last replenishment of the global fund, and when we now go to the US in later on this year for the closing meeting of the next year coming replenishment, I am sure that all the 0.7 delegates will also push the other groups, the emerging economies and the G7, G8 countries and other to share the burden in a better way. We need to share the burden. When we push others, we don't do that because we want to reduce but we want the totality to increase. That is why we have to share the burden in a better way.

Efficiency, thank you Sigrid, it is important. Some of you mentioned domestic financing, it is important that we do not lose that; that we don't crowd out domestic funding because that is today what we see. A lot of donor money going to Africa, and we see the national budgets being decreased. So that is important.

Peter, very, very briefly, human rights, I said all human rights, I think. Let's repeat that. Political and civil rights and economic and social and culture rights, freedom of speech, the right to organize yourselves, if you don't have these freedoms it is very difficult to work in an effective way on the AIDS response. The full respect for all human rights, let's not forget the political and civil rights.

My last comment is on the young people. I mention the young people even before. Very often we see young people

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as target groups, but we want young people to become partners, to be part in policy making and implementation and follow up in evaluation of activities, so to really include young people, in the full spectrum of activities.

Why do we need that? Because young people are there to change. Young people are those who dare to move and that is what we really need the young people to hear.

That being said, thank you for this one. Very often we talk about young people aging with HIV and AIDS. It is important that we do not lose that group. More and more people are living, becoming older living with AIDS, let's not forget that.

PETER PIOT: Thank you, Leonard. Thank you for reminding us about 0.7. My country represents a 0.7 country, so go for it.

PATRICE DEBRE: Thank you for representing 0.7 country and representing 0.7 delegation to global fund board. So proud to be part of 0.7.

Now to actually align myself with previous comment, burden sharing is really important. I always will not to boast but I always say that the Netherlands is the greatest per capita donor to HIV, and the third donor in absolute terms.

I think, we are not even part of the G20, I think that is quite shameful for all the countries that are between

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the sort of the big donors of UK and US and the Netherlands, it we should be, more correspondent to the size of our global economy, we should be number 13 or 14. Actually, we would be quite happy to be number 13 or 14 so others would take their share of the burden.

Quickly to the domestic funding, absolutely important that though the funding is not crowding out but also alerting that in 2001, African heads of state committed to the Abuta [misspelled?] target of spending 15-percent of the national budget to health.

I heard that recently, minister of finance of African states, [inaudible] with a view to disposing of this target because they don't like it. I think this is a varying trends in what Eric was mentioning about building a sustainable response, that will not happen with donor funding only and countries really have to live up to commitments they made. I hope again there that accountability mechanism will be put in place.

With the question of the 3D [misspelled?] funds in Burma, I will make sure I check with my colleagues when I am back in the office. I am not sure what is actually happening there.

To make certainly, I do not want to be a fig leaf and someone once described Dutch/English as clear concise non-

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diplomatic language so I commit myself to speaking Dutch/English as long as I am in this position.

Young people, certainly involve young people. We did recently select a young representative to our delegation to the global funds and we had a very interesting conversation just before this session started because Shanti [misspelled?] was attending the other session, our big competition, the town hall meeting, there Walter Atrid [misspelled?] asked her that he would like to ask her some questions.

Just from, she was sitting in the audience, and then she said do I need to check with you what I am going to say to make sure that it is aligned with what you are saying. I said, no way, the point of including young people is that they can speak their mind and it would be something different than what I am saying, I would probably need to rethink what I am saying. So I think that is sort of creating this space for young people to speak out.

I think Sigrun was very modest about her replacement and commitment. Who will replace her great contribution to the fight against AIDS and advocacy role that she has played is recognized by civil society in Norway and I would strongly support her. The speaker from Save the Children, thank you

PETER PIOT: Please very briefly.

PATRICE DEBRÉ: Very briefly, I don't know if by the end we have answers to all the questions, but probably it

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appears that in fact we are the 75 messengers and activists; messengers, not only from the audience, from this room, but the global audience.

Trying to bring back message and to send back message from audience. Coming back to what you have said, we are also activists, in fact, inside the government I would say, although I have been honestly criticized the beginning of this audience, I must say that AIDS has always been her for France and for the French government a major concern. The fight against AIDS has been constantly supported.

Now, I would also conclude in saying that for question of what we have done on HIV/AISA, in fact, is also actually leading to promote health and security among the world and thinking, as we have said, about the new leadership, probably I am following Michel Sidibé when he said that the future of AIDS starts today in fact. So to conclude, I would say that we are faced today when one of these most important global challenge and we continuously do it.

PETER PIOT: Thank you Patrick. Briefly, Marie.

MARIJKE WIJNROKS: Briefly, Australia is the 14th biggest economy in the G20 but maybe we could share since you want to be 14. Seriously, the colleagues from the University of New South Wales, we actually have a range of human rights dialogue in technical cooperation with China. It might be

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easiest to talk to you later and the specific funding of AIDS matters regionally and finishing.

Thank you for the material on aging and HIV. I think, personally, this is very important, and personally, sexual minorities and aging are going to be an issue in Australia and lots of other countries and how you care for them.

Three diseases found I share your concerns. Clearly we are very happy that the global fund has provided grants now, but we would certainly want to make sure that that continues is successful. So again, I will go home and double check as well.

And that was it.

PETER PIOT: Thank you Eric, briefly and then I will conclude.

ERIC GOOSBY: I just really wanted to acknowledge the contribution that Ambassador Mogedal has made in her years of service, but in my short time with her it has been a real privilege to know her, work with her, think with her. She has held us all accountable, not once but many times, and crystallizes the vision that we really should be putting out in front of us. I just wanted to acknowledge that contribution.

PETER PIOT: Thank you Sigrun [applause]. That is exactly what I wanted to say so we can go. It is not the end

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of AIDS diplomacy; we need it more than ever. We have to change it. Just as the world is changing and the epidemic and also Sigrun we count on you to continue with your inspiration and activism and thank you very much for everything. Bye-bye. [applause]

[END RECORDING]

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