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**Official Press Conference
Kaiser Family Foundation
July 23, 2010**

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ELLY KATABRIA: Welcome you to our Official Daily Press Conference, with the primary speaker as well as the closing press conference.

Good morning. This morning we had very lively discussions [inaudible] and I hope we'll be able to get even more out of the [inaudible] also with this conference. It is to give a wider audience for people to enjoy the benefits of the [inaudible].

Our first speaker is Dmytro Sherembey who spoke about HIV and incarcerations, prisons and detention. Dmytro Sherembey is the Director of the Department of Communications, Policy and Advocacy and all the Ukrainian Network of people living with HIV/AIDS.

He has been HIV positive for 14 years and was incarcerated in 1992 to 2001. While in prison Mr. Sherembey studied of Philosophy and taught himself English. Following his release he became a volunteer to the Hammary Dutchen [misspelled?] Project, in Stupen [misspelled?] in the [inaudible] and in 2005 he was elected to the Coordination Council of all the Ukrainian network of people living with HIV.

Dr. Manfred Nowak is a Professor of International Human Rights Protection, at the University of Vienna and the Director of [inaudible] Institute of Human Rights. He's one of the most

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significant scholars and experts in the International Human Rights field.

As a researcher and a practitioner he has authored numerous books on that course. It is [inaudible] Prize of Achieving of Human Rights. So, we'll start with Dmytro.

DMYTRO SHEREBEY: [Interpreter] Probably those who speak English would need their headsets. Should I wait then, a little bit?

To be brief and repeat what I've already told you in the preliminary, so I had one main idea. The Human Rights in the prisons and in detention are not just violated; they're simply being ignored, by the authorities. So, that is why all the conditions are created, to push the people out of life. So that is why the prison conditions in the Ukraine are not just a violation of human rights.

This is a crime, a direct crime against the right to live. So that is why we do everything depending on us that the people in Ukrainian prisons would get the most basic things; like HIV treatment, diagnostics. Of course this work is not that easy. But the non-given mental sector is doing it's best to protect the rights of those incarcerated.

At the present moment we have only started the dialog between the HIV positive in Ukrainian prisons, and of the authorities of the prisons. So we hope that in the future, when someone is put into prison, only his freedom is taken

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away, but not the right to life, to sleep, to have a normal life, to continue to live.

Members of our organization know personally from their own experience how it is to be put into prison only because they were drug users. That was their only crime. We understand that these measures don't help in stopping the drug use in the Ukraine. It only supports the spread of the epidemic.

This is only a very short sighted policy and those tens of thousands of people who should have continued to live, they died. So that was the main message of my talk, during the preliminary meeting.

Recently the Ukrainian Government had made a decision to relocate our leading HIV clinic, which has unique possibilities. It is in the very center of Kiev, and its promises would be given to a hotel. We're appalled by this decision because about eight-thousands of people throughout the whole Ukraine would get assistance in this clinic.

This clinic was really unique because it had excellent intensive therapy possibility and excellent equipment and they could have stayed there for longer times. So that is why we who're living with HIV, we're very much worried what is going to happen with us later on. Whether this building is going to be pulled down and a new hotel for the tourists would be built.

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We don't mind having more tourists in our country, but we would like the tourists to like our country, not because we have nice hotels, but because the HIV epidemic and TB epidemic would be stopped in our country. Thank you. [Applause]

MANFRED NOWAK: Dmytro has told you his experience in a Ukrainian prison. But this is not exception whatsoever. I'm not an academic, I'm a United Nations Special Operator on torture and other forms of ill treatment. And I've visited in the last six years many countries and many prisons, police stations, psychiatric hospitals and other places, where people are deprived of liberty in all regions of the world. And there is a real, global prison crisis.

You could not imagine how bad the conditions of detention all around the world actually are. There are very few exceptions, actually are. Most people have not even a bed. They're sleeping on the floor, there's no access to food, no access to water, no access to health care. There is no empathy for persons behind bars. As soon as you're behind bars, society is no longer interested in how you are treated. 60-percent of all countries, according to their own official statistics have overcrowding in prisons. Sometimes three or four times as many as the capacity; the maximum capacity.

That means three or four prisoners have to fight for a place on the concrete floor to sleep, or share a bed, or have to fight for everything, the basic needs that they are entitled

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to. And as you have said they're deprived of liberty, but not of Human Rights. They're entitled to all other Human Rights. Reality looks totally different. And that also means that HIV prevalence, in prisons, is by far higher in most countries of the world, then outside prisons.

To give you just a few examples, Ukraine you have a general country-wide prevalence between 1.2 and 2-percent. In prisons, it's 15 to 30-percent. It's more than 10 times as much. In South Africa, of course generally, 18-percent HIV prevalence; in prisons up to 41-percent. Indonesia only 0.2-percent; but in prisons, up to 21-percent are HIV positive.

There are about 10 million prisoners on average, every day, around the world, but there are also 30 million persons who enter and leave prisons every year in the world. So it means it's not just a prison health problem, it's a public health problem because many persons who enter prisons and then are infected with HIV, leave the prison again and constitute a risk, of course, for the community at large.

Now one of the main reasons, of course, it is injecting drug use, it is sex there are certain other reasons like they're doing. The main message I want to send is we know from medically and other scientific evidence what needs to be done. And we have very good examples, in Spain for instance, that by means - In Spain, in 1988 about 50-percent of all prisoners in Madrid were HIV positive. And today we are down to 7-percent.

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Why? Because Spain introduced the distribution of condoms very early. Secondly, in 1996 or seven they started the needles and syringe programs and people who inject drugs were one of the main reasons, for the spread of HIV in prison. And they also started with the Methadone maintenance program. And you can clearly see how year by year the number of prisoners, who are HIV positive decreased.

So the point is we know what needs to be done, but in reality, there is a lack of political will. We have only 11 countries in the whole world that use needle and syringe exchange programs; mostly in Europe and Central Asia. We have only 40 countries that have Methadone or other Opium substitute programs.

It's very much politics dominated, very much by moralistic attitudes of criminalizing sex work, criminalizing homosexual activity, etc. And that is contributing to the problem, and I just call upon all states in the world to take the medical evidence seriously and to do whatever they can to prevent the spread of HIV in prisons, and also provide prisoners with the same kind of care and support and Anti-Retro-Viral treatment and other forms than anybody else; because they are human beings with the same Human Rights those to have than anybody else. Thank you.

ELLY KATABRIA: Thank you, Dmytro and Manfred. Now our second primary speaker is Dr. Liz Gwyther. She's the CEO of

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the Hospice [inaudible] Care Association, of South Africa and the senior in charge at the University of Kepton [misspelled?] where she heads the [inaudible] unit within the School of Public Health and Family Medicine.

In 2007 Dr. Gwyther is seated at the South African Medical Association's Gender Award, for Human Rights in Health. And the South African Institute Manager's Leadership in Health System. She's going to summarize her presentation in two to three minutes.

LIZ GWYTHYER: Thank you. My presentation was looking at the importance of care and support, which is one of the three pillars for universal access. But it's the one that gets the least attention and in fact is there is a cutting of funding to care and support, very clearly because they have a strong priorities for prevention and treatment.

However, prevention access to treatment and adherence to treatment are - happen in the community. And if we don't have community care and support the prevention messages get lost and the adherence and even access to treatment is less than it should be.

So we duly support that prevention messages and treatment, access to treatment are critical, but there needs to be integration of all three services because without the care and support, the person living with HIV continues to suffer in his or her home, without the support services; because adequate

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care and support can't be given with a once-a-month treatment or once-a-month visit to the clinic. And we feel that it's really important that palliative care is integrated into the care and support programs, not thinking of palliative care's terminal care; care of the dying, because it has become a really important method to assist in the restoration of health of people living with HIV through that respectful care and support that happens in the person's home.

And so, we also need to value the care work that is done often by women, some of them young girls, some of them the granny's, the older people, who's work is not - is sometimes not enumerated at all. And who are doing this, stressful, responsible work, without the recognition. And these women's voices need to be heard and we need to have strong caregiver policies in our health policies across the world.

ELLY KATABEIA: Thank you, Liz. Our final speaker is Dr. Dennis Thomas, which was entitled, "Hepatitis C Cure and Control Right Now." Dr. Thomas is the Chief of Infectious Diseases at the Stan Hope, Van Jones Professor, at John Hopkins School of Medicine. He oversees community research projects, focused on understanding the natural history and the pathogenesis of Hepatitis C Virus Infection.

Dr. Thomas is also the principal investigator on numerous issues of health grants. He authored and co-author of

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over 150 peer reviewed publications and hold a holds a U.S. Patent. David.

DAVID THOMAS: Thanks a lot Elly. You know I had a simple message this morning. I'm talking about Hepatitis C, which like Tuberculosis, is another infection that disproportionately affects individuals who are living with HIV.

I said that Hepatitis C was an important problem, in fact it's important because roughly one out of three HIV infected persons in Europe and the United States and Australia has. Hepatitis C is also important because HIV makes all of the consequences of Hepatitis worse.

So, it's become in some places, actually the leading cause of death. Heart doesn't do anything; doesn't do enough to stop Hepatitis C progression. So even in places where Heart used his wide-spread, it's coming out as one of the leading causes of death.

Fortunately, you can do something about it. You can prevent it, you can prevent it from occurring and you can actually cure it, once it occurs. You can eradicate Hepatitis C from an individual and therefore if you had the resources, you can actually eradicate it from the world. And those are my comments this morning.

ELLY KATABRIA: Thank you, Thomas. As you know this is the last day of the conference and I have the pleasure to

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introduce to you, Dr. Brigette Schmidt, who our [inaudible] AIDS to 2010, Local Chair.

Brigette is the President of the Australian AIDS Society, and has the HIV Department and Out-patient clinic of the Otto Wagner Hospital, in Vienna.

Her primary research interests include HIV in pregnancy, and the care for HIV positive pregnant on new front prophylaxis, as well as positive prophylaxis. She pioneered the immediate initiation Anti-Retro-Viral project for prophylaxis, and the proper implementation throughout Austria.

Brigette, I want to take this opportunity to thank you, and your Co-Chair Julio Montaner [inaudible] [Applause]

BRIGETTE SCHMIDT: Thank you very much, Elly. I just want to provide you with a few numbers, regarding the conference, which is finishing today, in a couple of hours. There were 19,300 participants, more than 1,200 media delegates, 848 scholarship recipients, 10,831 abstracts were submitted and 6,230 abstract accepted, and in totality we had 248 sessions.

And I just want to summarize the three most important points of the conference, at least for me the most important conference I think it was very lively and energetic conference, with much activism, reflecting the strong commitment of the delegates, to reach the goal of universal access, treatment,

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care, prevention and support, and to put Human Rights in the center of the scale-up.

The participation of the South African Deputy President Mbeki [misspelled? 00:20:19] and health minister Motsoaledi was very important. They gave impassioned speeches and it was clear that they are very very strong committed to changing the course of the epidemic in their country. If you sit on the conference at Durban 10 years ago, in South Africa the situation was completely different and therefore I think it was very, very important and a very good sign.

Looking back to Vienna in maybe one year or two years, we will remember the Vienna Declaration which was a strong commitment to drug addiction and focusing that addiction is an illness and has to be treated and not criminalized. It is very important to provide drug addicted patients with harm reduction strategies, such as needle and syringe exchange programs and opiate substitution therapy.

Last, but not least, we shall see that they spoke about a prevention revolution. The thing that results, the really exciting and thrilling results of the CAPRISA microbicides trial we heard here it is part of this prevention revolution and were really very important. Also because it puts the women in charge to take care of themselves independently of their partners. In many regions, in many communities, and in many families this one issue of utmost importance.

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AIDS 2010 is ending with a new resolve to hold political leaders accountable to the commitments they have made to universal access and we keep on working on that.

Thank you.

ELLY KATABIRA: Thank you. Brigitte. [Applause] Like all international conferences on AIDS we usually organize them with partnership with civil society partners. On this occasion, I would like to introduce one of those, unfortunately Patricia Perez is not with us, but I have the honor of introducing to you Rachel Ong who is a chair of the global network of people living with HIV and helped to establish the women's working group Women's Asia Pacific Network of people living with HIV.

RACHEL ONG: Thank you Elly, I am sure that was a bit of a mouthful. This particular international AIDS conference has been an historical moment for AIDS activists, the infected populations, and people living with HIV because human rights have been intrinsic in many many of the conversations. For us, this conference has had an enormous impact as we have been able to address the social, political, jurisprudential nightmare that had been created over the years.

These are deeply rooted in uninformed discriminations and prejudices experienced and faced by those most vulnerable and marginalized. Whilst we look forward to Washington 2012, we are also fully aware that there are certain limitations on

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visa applications and entry restrictions that might make the conference less credible by excluding key affected populations. We hope that the IS will work hard to ensure that the conference can be truly inclusive.

At the same time this is a year that countries had pledged uncommitments [misspelled?] to intervals like successful prevention, treatment, care and support but realistically where are we. Donors and implementers have failed to adequately address issues of long term HIV treatment funding, affordable access to second and third line treatments, stock outs, TB and hepatitis co-infections, equitable access for harm reduction services, amongst many others.

Thirty years on this response, we finally have a chance to collectively address the changes necessary to reverse the negative impacts of unsound structural approaches and a response to testing, prevention, treatment, care and support for people living with HIV and key populations. This is what positive health, dignity and prevention is all about. It is about supporting people living with HIV and the affected communities to be in the HIV response and to ensure that policies and programs are grounded in our realities.

These programs will not be in place if donor countries do not honor their commitments, especially in the year of the third voluntary replenishment for the global fund. These commitments cannot and must not be linked to moralistic

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policies that jeopardize the rights of sex workers, drug users, men who have sex with men, transgender people, migrant workers and people living with HIV. We need to match dollars to sense and by sense, I mean s-e-n-s-e, so that we can finally and equally match needs to rights.

Thank you.

[Applause]

ELLY KATABIRA: Thank you Rachel. At today's closing session, of course, the international group will be passed from Vienna to Washington DC and I look forward myself to work with Dr. Diane Havril who will serve as the AIDS 2012 local chair. Diane is the chief of HIV/AIDS division and principle investigator of Adults AIDS Clinical Trials group at the University of California in San Francisco. She has worked with since 2001 as a consultant in HIV/AIDS and antiretroviral therapy. Most recently as part of the core committee for HAART guidelines for research in this setting. [misspelled?] Diane.

DIANE HAVRIL: Thank you Elly. First of all I would like to say that the Vienna meeting has really been a defining moment in the AIDS epidemic, which has really affirmed the commitment and the aspirations of the AIDS community. As we move to Washington DC in 2012, we will carry forward the priorities of universal access, the prevention revolution as outlined by Michel Sidibe and human rights. These commitments are going to be bolstered by ground breaking science. What we

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need to see, and what we will see in Washington DC, is that there will be evidence that the call to action, and the things that we have heard in this preliminaries is that we need to do in vulnerable populations, have been put into action and not only globally but locally in our country and in Washington DC.

There is no other field, I think, that brings together the scientific, the community, political leaders like the international AIDS conference. I can tell you I went to kind of this spectrum of sessions here all the way ranging from the electrifying CAPRISA session to a session I went where law enforcement officials were wanting to know and were discussing how can we do harm reduction, that has really an incredible gathering of people. Washington DC we hope also will be an historic event. It is going to propel our understanding, and the mitigation in working towards conquering this epidemic.

What I would say to you is do not miss it. Be there July 22 through 27 in 2012.

ELLY KATABIRA: Thank you. Diane. I am sure they will be there. Now the session is open for questions. We have two microphones in the front and also we have more back there microphones. Please go to the microphones, state who you are and which organization you are representing. We will start with you.

MALE SPEAKER: Thank you. Ralf Leona [misspelled?]

[Speaking in German]

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[INTERPOSING]

BRIGITTE SCHMIDT: -in this conference but as I have mentioned the whole idea is that the discussion starts with this conference and the talks and the focusing on these issues does not end with the conference today and it is kind of development.

DMYTRO SHEREMBEY: [Interpreter] Eastern Europe and Central Asia in those countries have been only noted, mostly the individuals are represented at this conference, in Eastern Europe and in central Asia there is a nonstrategic understanding of the consequences of the epidemics there. As of today, only the civil society of this conference is otherwise is trying to our countries are dying. In Ukraine today we have 360,000 with HIV positive persons and after 2015 there will be 800,000 and there is no financing that would cover the treatment. If the leaders of our countries, this year or next year, unless they take maximum efforts to stop the epidemics the set forecast is that we will have to teach our children to live in the conditions of pandemonium.

TONY SANCHEZ: Tony Sanchez with FF Spanish news agency. I have a question for Mr. Novak. Sir, you mentioned the lack of political will from the side of government to address the development of drugs HIV in prison, for instance. What about the position of the United Nations itself because even within the United Nation system there are some

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contradictory approaches, for instance the position of the international narcotic contraboard [misspelled?] is quite clear against harm reduction and even in the United Nation office for drug and crime the position is also not so clear.

The second question is the new director of the UN DC is a Russian diplomat. Do you think that he could be a chance to help, to take the position of the Russian authorities or on the contrary could be a setback in the position of the United Nation and crime. Thank you.

MANFRED NOWAK: Thank you very much. I am fortunately not a UN official. I am an independent expert appointed by the highest political body of the United Nations dealing with human rights. I, therefore, agree with you and can say that I agree with you. I agree also with the Vienna Declaration that the United Nations policy on drug control, which was very much influenced or so by the so-called war on drugs, in my opinion needs to be reconcerned with a human rights based approach. In the field of HIV/AIDS I should say there is an excellent cooperation between the Vienna based UNODC and the Geneva based WHO and UN AIDS. There is a common approach in how to prevent and fight HIV/AIDS. In relation to the drug policy, there are major differences and we still need to bridge the gap between Geneva in other words, the human rights based approach and Vienna.

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I also see certain positive developments that there are certain countries, in all regions whether it is in Latin America, take Bolivia for instance, whether it is in Europe, take Switzerland and other countries, and even to some extent in the Asian region, to adopt a more proactive and human rights based approach to what we have heard the reaction to drug use should not be criminalization but assistance, treatment. I think there might be a beginning of a change that the so-called war on drugs was counterproductive and led to the, one of the reasons for the overcrowding of the prisons in the United States of America, for instance, but in many other countries of the world is the criminalization of drug users.

As far as your second question is concerned, I think we should, every person who is newly appointed give the benefit of the doubt in any case. I could also see it as a positive sign, exactly what Arthur Flayonhaff [misspelled?] said, was there enough attention but the eastern European region, in particular the Russian Federation to the problem here at the Vienna world AIDS conference.

Perhaps it is a good sign to have a high level Russian diplomat leading UNO DC and being informed. There are many people working in the UNO DC who actually have a very very well developed understanding how to best, not only fight HIV/AIDS, but also address the drug problem. It is not the question of the secretariat, it is a question very much of the states that

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are governing their respective intergovernmental bodies. Perhaps that might raise awareness in the Russian Federation, and in other countries of Eastern Europe, that we have to talk the evidence based interventions more seriously in adopting a more human rights based approach.

ELLY KATABIRA: Our last question.

FIFAL: The next AIDS conference is going to, I am sorry, I am Fifal from Brazil, Strictus newspaper in Rio de Janeiro. Next conference will be in Washington DC USA which is a country which still has restrictions on travel to sex workers and drug users. Are you all concerned with that or it IAS concerned with that? Are there any strategies being planned to address this issue?

DIANE HAVRIL: I think as you know, one of the reasons why we were able to have the conference in Washington DC was the lifting of the travel bans, but you are pointing out, and the community is appropriately raising, some of the challenges both in the implementations of the law has been changed and the scope of the law that exists. The philosophy of the conference of our community is to be inclusive and to allow and embrace and welcome participation of everyone in the conference so we are committed to working through all the channels we can over the next two years to make that happen.

ELLY KATABIRA: Maybe to add on to that, we are actually already working on it. During the summer, we had our

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first conference coordinating committee and that issue came up and we have already set up mechanisms to address it. We have two years to do that and we are working on that, I promise you. This lady wants to push us into another excellent question.

FEMALE SPEAKER: Miss Havril, I am the press secretary from Italy, Italian for fighting rights, and I agree, we will have maybe in the further somebody from East Europe or Central Asia, but I have to note to that Italy is not here, not to speech, not to listen to. I think that Mr. Nowak knows very well the situation of the Italian prisons. We have a lot of struggles about overcrowding and pretrial detention. We have no condoms, no needle exchange. We have a great prevalence. Italy is not East Europe, it is west Europe and it is not here. I would like to hear a word from you about that from Mr. Nowak and Miss. Schmidt. Thanks.

MANFRED NOWAK: I just can confirm what you said, but I do not know why Italy is not here at the conference. I think that is something I will pass on to Miss. Schmidt.

BRIGITTE SCHMIDT: I do not know why either, I am sorry. In general, no country is excluded because we said that one of the focuses is Eastern Europe and Central Asia but each country is in focus actually. We will not exclude any country.

ELLY KATABIRA: Okay.

KISNA: My name is Kisna and I came from the Danish AIDS Foundation. David Thomas, is there any signs that the

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price will be lowered for the treatment for hepatitis C? Any activism around it because it sounded very good but with the prices you listed it also sounds very difficult.

DAVID THOMAS: The new drugs are not approved. I have never seen a new drug come out that is less expensive than the preceding drugs, especially when it is more effective so I think that is a very important issue.

ELLY KATATIRA: Thank you very much I think we have to end it here. I want to thank you from the media, you are important to us because you are the ones to carry these messages across the globe. I also want to thank the speakers for their contributions. I want to remind you that around 2:15 there will be the group two [misspelled?] session following by the closing session. You are all welcome in session room 1. Thank you.

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