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Opening Press Conference Kaiser Family Foundation July 18, 2010

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JULIO MONTANER: [Inaudible] electricity utilities.

ALOIS STÖGER: [Speaking in a foreign language].

FEMALE SPEAKER: It's a great honor for Austria to support this conference, AIDS 2010. The first cases of HIV/AIDS in Austria were observed 30 years ago. At the time, they were incurable and untreatable.

It was very important for us to have the relevant legal possibilities and to have the possibility of having legally guaranteed access to the best possible treatment as well as to testing. It was also important to make sure that in hospitals, we would have safe blood products.

ALOIS STÖGER: [Speaking in a foreign language].

FEMALE SPEAKER: We think that it is very important to have solidarity as a health system where costs are not a decisive factor in getting people the right treatment. What is important is to be able to react to people's needs.

We have focused on prevention, on awareness programs in which we integrated and worked together with NDOs from the very beginning. It was also important to set up specialized programs for addicted persons where we try to procure substitution schemes as well as needle exchange programs.

ALOIS STÖGER: [Speaking in a foreign language].

FEMALE SPEAKER: Austria has a very good health system, and it is very important to be able to care properly for the

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ill. But we mustn't rest on our laurels. We must be aware that it is important to combat what we call social AIDS, a discrimination against people who are infected with HIV.

It is important to be open and to be sensitive to their needs. We also like to share our own experiences, and we do realize that in Eastern Europe the problem of AIDS is very great. We are grateful to UNAIDS for the help they offer, and especially their outlook, the report will be very useful. It offers a very good guideline, and we're looking forward to the contribution that this large event, AIDS 2010, is making. Thank you very much.

JULIO MONTANER: Thank you. Next, John Dalli is the European Union Commissioner of Health and Consumer Policy. He has held several positions in the Maltese government including Minister of Finance and Economic Affairs, Minister of Foreign Affairs and Investment Promotion, and the Minister for Social Policy which includes the Health, Housing, Employment, and Industrial Relations portfolio. John?

JOHN DALLI: Well, thank you very much. Good evening, HIV/AIDS has been with us for 25 years now. The Commission has always been supportive to the fight against AIDS, especially by focusing on prevention and the support for people living with HIV/AIDS.

And for conferences like the one being organized today since such conferences can present and promote our policies in

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various areas, including research relations with the countries and public health, as well as giving us feedback on the effectiveness of the actions that are being taken all over the world.

Every year, 30,000 people living in the EU are still infected by the virus. It may seem marginal compared to the 3 million persons infected in the world annually, but it is a key issue we have to tackle. The fight against this disease must remain a priority at the global level, and the EU has played, still plays, and will continue to play a key role in that fight.

I am here today, in fact, to reinforce the Commission's commitment in this regard. Let me give you just two figures. The EU and the member states represent 51-percent of the contributions provided to the global funds on AIDS, tuberculosis and malaria; 70 million Euros have been invested in developing of an AIDS vaccine between 2007 and will continue to be invested until 2030 within the scope of the EU's framework program for research.

The fight against HIV/AIDS is also a crucial element in the EU's relations with Africa and neighboring countries. But this issue has also to be tackled within the borders of the EU where health inequalities, which include access to basic coverage, remain too high even within our borders.

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For example, cost of treatment differs quite substantially from one member country to another. Here in Vienna, I will call upon all partners and NGOs to redouble their efforts and to demonstrate firm political commitment. In the fight against HIV/AIDS, universal access to treatment has to become a reality. Thank you very much.

JULIO MONTANER: Thank you, next in the program would be Michel Sidibe. However, Michel had a prior important commitment with governments of Africa, and therefore, he sends his regards. In his place, we have Paul De Lay who is the Deputy Executive Director for the UNAIDS program.

Paul joined UNAIDS in February 2003 and was appointed deputy executive director of the program in June of 2009. Since 1988, Paul has been engaged in strategic planning, implementing and monitoring national and international AIDS programs, and in his previous role as the director of the department of evidence, monitoring, and policy, he lead UNAIDS to promote a comprehensive evidence-informed and adequate resource response to the HIV epidemic. Paul?

PAUL DE LAY: Julio, thank you. I didn't expect actually to hear my CV. Again, I extend apologies from Michel. He was urgently called away for a meeting with the deputy president, so I'll be presenting his remarks and talking about a couple of reports that are coming out at this conference.

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We've just come from a town hall meeting down the hall, where we were looking at how to reshape the AIDS response as we head into the fourth decade of the epidemic. We're going into this conference as UNAIDS with a new vision, zero new infections, zero discrimination, zero AIDS-related deaths, and nothing less is acceptable.

Getting to zero means we have to keep innovating. We can do better by focusing on game changes, such as Treatment 2.0, elimination of mother-to-child transmission, and bringing the prevention revolution. Treatment 2.0, and there's a report that describes this in more detail, attempts to provide treatment for everyone in need, and in order to do that, HIV treatment must be simplified and costs brought down so investments can go further.

Two out of three people who need treatment today do not have access. Current treatment strategies are not enough to reach our goals. Treatment 2.0 is about increasing access exponentially, and making investments reach more people. If we can do this, Treatment 2.0 can help avert an additional 10 million deaths by 2025, and it will get a big prevention dividend. As has been discussed in the previous session, up to 1 million new infections can be averted annually.

Prevention, and you've heard this, we need nothing less than a prevention revolution. Last week we announced that young people are leading the way with 15 of the most effective

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countries showing a 25-percent reduction in new infections.

But we also have to remember a revolution will not happen if we do not honor human rights.

Then finally, I want to close with another report that's just coming out today on investments. Many of you know that the economic crisis has had a negative impact on health and development. Our executive director is deeply concerned that countries have invested less this year than in 2008. Even as the AIDS epidemic continues to grow, HIV is a smart and proven investment.

At this turning point, reductions in investments are hurting the AIDS response. In 2010, an estimated \$26.8 billion is required to meet country set targets for universal access, but only \$15.9 billion is available in 2010. This gap is continuing to widen. Donors must not trim back on investments at a time when the AIDS response is finally showing results.

Of particular concern is that many European countries have reduced their international investments. European countries gave \$623 million less than they did in 2008, even as the epidemic is on the rise.

For the majority of the countries severely affected by the AIDS epidemic, domestic investments alone will not be enough to meet all of their resource needs. Zero increases in investments will not get us to zero new infections, zero discrimination, and zero AIDS-related deaths. Thank you.

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JULIO MONTANER: Thank you, Paul. I want to add to that, that the International AIDS Society is extremely supportive of the plan as proposed by Michel Sidibe and described by Paul De Lay. Finally, the best for last, Annie Lennox, she's a celebrated singer and songwriter who has worked with the Eurythmics and as a solo artist.

She's well known worldwide. Ms. Lennox works to raise awareness and support for women and children affected with HIV and AIDS in Southern Africa. She serves as an International Goodwill Ambassador for UNAIDS, the joint United Nations program in HIV/AIDS. Annie?

ANNIE LENNOX: Well, thank you very much. I am not an expert in HIV/AIDS. I don't come here pretending to be. But I am a mother and a woman, and recently I've been made an ambassador for UNAIDS which has strengthened my platform and broadened it.

I'm very, very honored to be here today as a spokesperson for UNAIDS and for all of the organizations that I work with, and that includes Treatment Action Campaign, Oxfam, Save the Children among many others. I do view the global HIV/AIDS pandemic as a human rights issue, and my function and my part in all of this can potentially be to create a gap between the experts as the type of people that you see here in the panel and the people like yourselves here in the media who are reporting on the issue.

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It is a very difficult issue and a complex issue, and because of stigma and for all kinds of other reasons, it's difficult for us to have a focus.

So these conferences that happen biannually are terribly important. In fact, they're hugely essential. They've been going on, and this is the eighteenth conference now. It gives all of us here on the site, the ones who are fighting to combat the challenges of the pandemic, it gives us a chance to have a say, to have a focus and to spread the kind of messaging that needs to be put out into the world at large.

I first was exposed to the HIV pandemic in 2003 several years ago at the launch of Nelson Mandela's 46664 HIV/AIDS Foundation, and through that experience, I was personally invited to see the pandemic for myself as it plays out, in a personal way.

I met people who are infected and infected in orphanages, in clinics, in their homes, in townships, and it shocked me so much because I thought I'm an intelligent person and I'm fairly well informed, and yet I had no idea about this actual scale of the pandemic. It remained something abstract to me.

We are living in a kind of Western bubble here, and we really don't understand what this pandemic looks like. It's so, so, so important that people from the media continue to support the spread of available information as it stands, and

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one thing I'll round off by saying is the face of AIDS is changing constantly.

The fight, we have made improvements. There's no question about that. We have made advances. But at the same time if there is not the financial commitment long term from governments and from leadership around the world, then we will see a U-turn, and you will start to see the mortality rates going back up again.

Right now, as I'm speaking, UNAIDS has stated that HIV/AIDS is the biggest killer of women of reproductive age around the world, and I think, please, if you must, please put that message out in the newspapers, in the radio stations, and the television. We need people to understand how severe this pandemic is. It doesn't have borders. It doesn't have boundaries. It is our responsibility. It is your responsibility to focus on this incredibly important issue. Thank you.

JULIO MONTANER: Thank you, Annie. Let me expand on what Annie's saying. The G8 made a commitment to maternal and child health. You can tell them all that there shall be no maternal and child health if they don't deliver on the universal access promise.

This is exactly what Annie's telling you. We need to first deliver on HIV and AIDS if we are going to pretend that we are going to have a platform on which we can build maternal

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and child health. I want to open the floor for questions, any questions. Go ahead.

MARK KING: Hello, I'm Mark King. I'm a man living with HIV. I'm with TheBody.com, and I'm a video blogger with MyFabulousDisease.com. Ms. Lennox, reducing stigma, you just spoke so eloquently about that, and here you are about a year ago, and you start showing up at events with HIV Positive branded across your shirt.

As a man living with HIV, I think that's great. But many people questioned your own HIV status, and I thought it was brilliant in a way that you were in charge of a controversy over your own HIV status. In some way, I would like to know how it felt for people to have questioned your status and presumed that you are positive, and if you feel proud today for that contribution.

ANNIE LENNOX: Thank you for that question. I'll tell you a little bit about the t-shirt. It's not my own invention. The idea came from Zackie Achmat who founded Treatment Action Campaign, the grassroots organization based in South Africa. He's one of the leading activists, historically, in focusing on reducing the price of treatment and people getting access to treatment.

I'm a Treatment Action Campaign member myself, and even South Africa, when people are going marching and when they're demanding, they're putting calls out to government and et

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cetera, they will wear this t-shirt that says HIV positive. Eighty-percent of the membership of Treatment Action Campaign are women, and most of them are HIV positive, and I see personally that the issue of stigma is huge.

I'll give you an example for stigma and how it's a special story. I went to Scotland last year. I was part of the Edinburgh Festival of Politics. And I met a young boy, 14 years old, who was HIV positive and his mother, Scottish boy, and we had to meet secretly.

We couldn't have our photograph taken and delivered publically, couldn't be printed. It's funny because I go to African countries, and I'm always like, wow, how can there be a stigma here. Everybody's affected. And then I go back to my own home country, and nobody dare speak of it because it is frightening if you're 14 years old to know if it's safe to disclose to your friends and to the teachers, even, in your school.

It really makes you think. It makes me think creatively, how can we challenge this issue of stigma. How can we normalize the virus. So I mean, I wear the t-shirt as a tool of solidarity. It is also a tool so that when I have my photograph taken, it's not just a picture of me. It's a picture of the issue that I am so passionate about, and I hope that gives you enough response to your question.

JULIO MONTANER: Thank you, eloquent.

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ANNIE LENNOX: Thank you, thank you very much.

JULIO MONTANER: Questions? You guys are being shy today.

GUS NAISMITH: That's the only reason I'm speaking. I'm Gus Naismith at the *Rutland Herald* in Vermont, a small rural state in the United States, but where people care about the rest of the world.

Also as an HIV-infected person, I've gotten to know every kind of American I would not have known if I hadn't been infected and an international world family. There are many of my colleagues from developing countries who could not be here because of cost, so I'm just going to make an observation.

The earlier group, before coming here, the media information indicated very few political leaders coming here. And I appreciate our representative from the European Union having the guts to be here.

It's understandable now from the previous session that G8 people are reluctant to be here for criticism, but it's also understandable from the MSM forum that was held yesterday that many African leaders, except for South Africa, are reluctant to be here because they criminalize MSM.

In the concern for treatment prevention, mother and child and others, and I understand the human rights, I don't think there should be a failure to recognize, I think, of the transgender person from Uganda, the young gay man from Malawi,

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and friends in Senegal who have seen such a reversal of their government policies that it's actually physically dangerous for them to be who they are, let alone not to have access.

In addition to putting the feet to the fire of the G8, will you also put feet to the fire to the big men of Africa who are really not so big.

JULIO MONTANER: Who wants to take that question?

John?

JOHN DALLI: I believe that it is a big responsibility that all of us have to take an active part and an effective part in this movement to find ways to better the situation of HIV-infected people and also to try and reduce the incidence of AIDS worldwide.

Politically it is very important to push these issues and to push health issues in general. Being responsible for health in the European Union, it disappoints me a great deal to hear, and even much more to experience, cuts in health budgets because of the so-called economic crisis.

This economizing on health is a complete false economy because basically, and I keep repeating this even in public forum, you cannot have a healthy economy without a healthy population. The capping on health budgets is the reverse of what we should be actually doing.

There are ways to be more effective in our spending on health. There are ways to push sustainability in health

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spending, but surely, we should not be jeopardizing our health programs including HIV programs by undercutting spending where it is needed.

As far as the African issues are concerned, I cannot understand certain attitudes, and we have to be very proactive in Europe, United States, Canada, Austria, everybody, to try and bring this culture change that is so much a necessity or in Africa on their attitudes towards these situations that you have been explaining, one of the issue of the accessibility also.

It's not the financial consideration. I believe we also need to push organizations, show distribution, because all of the issues is sometimes it's not a problem to get medicines to a country. It's getting them to the sufferers that is the problem.

JULIO MONTANER: Thank you very much. I'll take two very brief questions, otherwise I'm going to be fired.

FEMALE SPEAKER: [Speaking in a foreign language].

FEMALE SPEAKER: I have a question in Russian. I'm going to speak Russian please. I have a question to Ms. Lennox. I'm from Moscow, together with UNAIDS on our Russian News Radio, I have a program on HIV/AIDS.

Do you know anything about what is happening in our country because the substance use and therapy is prohibited our country and the harm reduction programs are also not really

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supported. Would it be possible for you to come to our country to support the HIV positive population?

ANNIE LENNOX: I would like to clone myself. I don't know if this is possible. I'd like to be in many places at one time. It's a challenge because there are so many requirements and so many needs in the world, and the message is needed everywhere without any question, and the suffering of women and people that are affected or infected by HIV is happening all around the globe.

At the moment, I'm focused a great deal on South Africa because that was the country that I was introduced to first, and had a connection through Nelson Mandela. Also because it is a country that has one of the highest rates of transmission of the virus, so I'm working there in nine of my platforms through UNAIDS.

I hope very much to go to other countries, without any question. And of course, I have my computers on the internet, and so the wonderful thing about technology is that we can all be linked up, and I think that's huge. And I would just like to say at this point in time that I just came back from Oxford two days ago, and was taking part in the TED talks, I don't know if you know about TED.

JULIO MONTANER: Yes.

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ANNIE LENNOX: But they just announced that they are just about to launch TED women, and I think this is a hugely significant step forward.

I feel that the issue of women, particularly, really, really needs the voice of feminism to come into health care and especially to do with the HIV pandemic. If you're inviting me to come to Moscow, I will talk to you afterwards about that.

JULIO MONTANER: Brief question.

JEFF BERRY: Jeff Berry from *Positively Aware* magazine for Dr. Montaner, the Vienna declaration, you've got a lot of signatories for that. Do you know how many as a final count, and where does that go now from here?

JULIO MONTANER: I will announce the number later today. There are several thousand, that's what I'm going to tell you for now.

The Vienna Declaration is a process that starts at Vienna; it started before the Vienna conference, and is going to unfold over the next two years. And we're hoping to generate a massive amount of awareness around the globe on the issue of the war on drugs and the futility of this war on drugs asking for evidence-based decision making when it comes to their addiction policies.

We have every intention to deliver the Vienna Declaration at the next International AIDS Conference in Washington, DC, which as you know, we hope will be rather

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influential in shaping the next steps after we get rid of the war on drugs.

On that note, I'd like to close the press conference. Thank you for everything, and we look forward to seeing you at the [inaudible]. Thank you.

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