Opening Press Conference
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JULIO MONTANER: Some of the discussion will take place in English, one of our families will be addressing you in Russian, and I'm told number one in your headsets is English, number two is Russian.

As you know as we gather in Vienna today we face a very significant challenge, with regards to the global response against HIV and AIDS. 2010 was the deadline universal access and I think it doesn't escape anybody, the fact that we are no where near, from delivering on the pledge of the universal access.

This was a commitment of the G8. The G8 has not delivered on that commitment and they have really not explained to us what the next steps are going to be to correct this [inaudible]. This is a very serious deficit both at a moral level if you want, for the lack of a delivery on a pledge, long standing pledge; but also, on the humanitarian level because of the implications that this has for the 10 million people in the Southern of the world and are in need of treatment.

Let's rejoice in the fact that today we have treatments that work, we have shown that this can be done, we have over 5 million people in treatment and, therefore, what we need is the political will to go the extra mile to deliver the universal access.

But this is not just a humanitarian pledge, data that was published from earlier today in the *Lancet* will show that the more we treat, the more we prevent. And this is not just because, it's Biology 101. When you put somebody on treatment you render them almost unable to transmit, as long as they are properly treated.

So, data that was published earlier last month, in the *Lancet* show that in the heterosexual context, for example, they said 90-percent, 90-percent reduction of HIV transmission when the infected member of the couple is in treatment. You also know that WHO and UNAIDS have called for elimination of mother or parental transmission of HIV, as we said earlier today, with the use of Anti-viral therapy. This can be 100-percent effective.

So, if we're not doing it, it's because we don't want to do it, but this is an urgent need both because we need to do the right thing, but also the smart thing. We need to invest health to make things happen.

At this conference you will hear more, and I'm not going to take the thunder away from him, about Michel Sidibé new initiative on behalf of the UNAIDS to wrap up this notion of treatments as prevention and treatment simplification as part of the prevention revolution, which hope will become one of the most significant, emerging themes of this conference,

over and above the human rights issue, which I'm sure she's going to address in more detail.

So, from my perspective we've got a serious problem with the political leadership, globally, and we're here to fix it. Thank you.

I'm going to move on to introduce my Co-Chair, Brigitte Schmidt. She's the 2010 Local Co-Chair and she's the President of the Austrian AIDS Society, and has the HIV Department and Outpatient Clinic at the Otto Wagner Hospital, in Vienna. Brigitte has been involved in issues related to HIV for a very long time, including HIV in pregnancy, elimination of HIV transmission in that setting, close exposure prophylaxis, and in fact she pioneered the immediate initiation of antiretroviral therapy, for close exposure prophylaxis, and incorporated it's implementation throughout Austria. Brigitte.

BRIGITTE SCHMIDT: Thank you, Julio. Good afternoon and everyone welcome to the 18th International AIDS Conference, and to Vienna.

Vienna was chosen to host the conference because it is the crossroads between East and West and the HIV epidemic Eastern Europe and Central Asia has experienced the fastest growing epidemic worldwide.

In Austria, antiretroviral treatment is available for everyone, and are of course, some countries where the situation is quite similar. In those countries HIV is a common disease,

but there are many countries where the situation is completely different. For example, in Eastern Europe and Central Asia, just 23-percent of patients who are in need of treatment also have access to treatment. And Clovelly, in 2008 more than 10 million people living with HIV, didn't have access to enter a antiretroviral treatment.

So, people in many countries, people are dying because of AIDS, and those who are on treatment very often nowadays can't continue with treatment, due to shortages. In those same areas, including one of the most heavily affected region of South Africa, funding's short, with rationed care, and very often physician and nurses have to decide who is allowed to continue treatment, and who is not. So they have the decision to do, who is allowed to live and who will die.

Additionally, AIDS wasn't just about Science, it has always been also about social justice. The AIDS 2010 them of why it's here, why it's now, reflects importance of human rights, and focuses on the importance of scale up of HIV programs, including the right to a life free of stamens and discrimination.

And the theme is also on the right to health care, including access to scientifically proven HIV prevention programs, such as opiate substitution of needle and syringe programs.

It is important to treat the patients, not to prosecute them. Over the past seven years, in particular it has been demonstrated that effective treatment can be brought to scale, and we have learned that an effective Anti-viral treatment, also it reduces the risk of transmitting HIV. And when we got to prevention, we know that a combination of behavioral and biomedical strategies is most effective.

We have to repeal laws that criminalize homosexuality and addiction, and we have empower and educate the people, especially young women and girls.

The recent progress since scaling up HIV prevention treatment, care and support has been remarkable. And in the past 5 years alone the availability of art in the middle and lower income countries, has increased ten-fold, to 5 million people. So just ten years after them, we have shown the skeptics that using universal access is achievable.

That is a goal we can and we have to reach. Thank you.

JULIO MONTANER: Thank you, Brigitte. Next, I'm going to introduce to you, Vladimir Zhovtayak. He's the President of the East European and Central Asian Union of people living with HIV, and Chair of the Coordination Council of all Ukrainian network, of PLWH. He's a well known and respected leader in the HIV community, in Eastern Europe and Central Asia and has been openly living with HIV since 2000. Vladimir.

VLADIMIR ZHOVTAYAK: Thank you. [Speaking in Ukrainian] Thank you.

JULIO MONTANER: Thank you, Vladimir. Next, I'll introduce to you, Sasha Volgina the Director of Svecha, a self support group that she co-founded. Her vast mass media and politic speaking experience was in late 2003, when she participated in Right for Life, a program coordinate by Svecha. At the time she was forced to make a presentation, wearing a mask, to avoid hostility and discrimination. Sasha.

SASHA VOLGINA: Thank you, very much, and good evening. And this conference is devoted to human rights protection. And this issue is crucial for our region because as a key right for treatment, the right for life is broken now. In our region, several years ago, the epidemic was silenced and there was no treatment at all. It wasn't affordable. But we managed to get treatment for 100,000 people, and the epidemic was recognized officially, that it exists.

But now, despite all governmental declaration, we constantly have shortages of [inaudible] treatment, in Russia. People don't have treatment, those who need it. People have to interrupt treatment. Those who bought on it and people start to die in Russia again.

This fact is not recognized officially. We have to prove it. We have to shout about that. But still our efforts are not heard and officials ignore that fact.

Russia's position itself, as a donor, and constantly refuses from the money of the global fund. And it's a lie that we don't need help. And the two governments lie, that we have treatment, until the problem will not be recognized, the problem wouldn't be solved. And we'll still be dying.

Until Russia pretends that we do not have drug use epidemic, we could not solve this issue also. Until Russia doesn't recognize we don't have any access to the drug dependence treatment, people will get in prison and will still die from the drug use.

Until Russia pretends that there's no sex in our country, as it was in the former Soviet Union, they will spend plenty of money on abstinence and morality development, instead of implementing evidence based programs. If there is no sex, there is no need in sexual education and prevention. And that means that people will get infected from sexual transmission. And it is proven that the first crucial step to tackle every problem is just to recognize it. Thank you, very much. [Applause]

JULIO MONTANER: Thank you, Sasha. Let me take the priority of the chair to bring to your attention the fact that there is a Vienna declaration that has been put forward by the IAS and the conference as official declaration of this conference that is addressing exactly what Sasha is referring to. In other words, we need to stop the futile war on drugs and

replace it with evidence based decision making we'd be happy to discuss that further with you, during the question period.

Next, I want to introduce Rachel Arinii, who is an active youth advocate for Indonesia. She founded the Independent Youth Alliance, the only youth led organization that focuses on sexual and reproductive health and rights in Indonesia, which works to promote the right of marginalized young people. She also works with the – [inaudible]

RACHEL ARINII: Thank you, everyone. Good evening. My name is Rachel. I'm 21 years old and I carry the voice of all young people who is attend the conference and beyond. I come from Indonesia. It's the largest, mostly in population in the world. I come from fundamentalist religious background, and I understand what it means to be a young woman in today's world.

I have friends who have been raped; many are under age and have been infected with HIV. Some of these things happened to me and was not supported to demand justice.

Like many of the young people, I live in an era when we're supposed to benefit from the universal access and ICPD action agenda. But sadly young people's lives, they still remain challenged, by poverty, and equality and violence. These factors make us the most vulnerable to HIV.

We know that the face of today's HIVs young. Often young women and girls, who are marginalized. In 2008, young

people accounted for around 40-percent of new infections, but we don't count for 40-percent of projects and programs.

That's why I want highlight three main points, in terms of the young people agenda. The first is that we fully need to acknowledge and protect the human rights of young people. It's always sexy to say you work with young people. But we know the truth. It's still hard to acknowledge, accept and celebrate that young people are entitled to all human rights, including accepting our diversity, and understanding the complexity of our identity.

Identity is complex. Young people are more than just a number in epidemiology. We need a [inaudible] leveling. We must respect the diversity of young people. Young ideals, young people living with HIV, young sexual worker, young LGBT and young women and girls.

The second area is accessed information on surfaces. When I was 15, my teacher come and then told us that condom is only a propaganda to make us lose faith in God. No girls could ask questions because they said only boys were at risk. This was my sexual education. Yet, I was refused by the clinics, when I went for HIV testing. They said I was too young, but I know that I'm not too young to die from HIV/AIDS.

I realized that I what's written on paper, even intellectual agreements can be useless. We can do better than this. And then the third area is to invest in sustaining youth

leadership. We just need to be recognized, respected and supported as most of youth-like networks are volunteer and informal.

So, sadly, we almost have no funding for operational cost. As with any HIV programs you have to acknowledge that one size will not fit for all. We call now for sustainable funding, which includes organizational development and car funding. And we need inner generational approaches and first there's transparency, accountability and support of our networks.

We need equal partnerships and not just jargon. My peers and I will not only be the leaders of tomorrow. We are the leaders for today. We intend to work together, ror rights here, for right here and for all. Thank you.

JULIO MONTANER: Thank you, Rachel. [Applause] Next, I want to introduce our first plenary speaker this evening, Dr. Yves Souteyrand, who has served as a coordinator of the strategic information unit of the World Health Organization's HIV/AIDS Department [inaudible] before. Mr. Souteyrand previously worked at the French Ministry of Health, as a researcher in charge of implementing research programs, in public health and health systems research.

His plenary address is entitled "State of the Epidemic Epidemiology: Progress, Challenges and Human Rights Implications." Yves.

YVES SOUTEYRAND: Thank you, Julio. I would start first by giving some good news on the front of the epidemic. And the good news on the front of the epidemic, and the good news is [inaudible] response as booked real results. For example, prevalence is decreasing in young people in many countries, with generalized epidemic.

We know through the prevention of mother to child transmission, which is increasing and the coverage of mothers is increasing every year. As an average, some say like 200,000, infection in children in a couple of years. And we know so that the deaths from HIV declined to 2.2 million in 2004, to 2 million in 2008, and this is largely due to the between months scale-up. That treatment figure in 2009 will be released tomorrow.

But it is possible we have done at least part of the job. HIV has not only led to 2.7 million new infections in 2008, but it continues to spread fast among most of these groups; injectable users, migrants, sex workers, prisoners and other, were often marginalized, stigmatized, and discriminated against.

We know that this is happening in both, countries with generalized and concentrated epidemics. We have no good data that shows population, including MSM and IV users are also very infected in these countries.

human rights violation makes it much more difficult to reach these groups, with HIV prevention, treatment and care services. This, of course, is very relevant for this country, opening today. Looking at the HIV globally, but also in Eastern Europe, where HIV largely driven, by injecting drug users, one of the most increased population.

Human rights violations affects HIV epidemiology in different ways. Let me take just two of them. First, human rights abusers continue to blind, on the ledge of the epidemic. Despite some progress, epidemiology is most of these population groups is still limited, due to values, legal, social, and cultural values.

And second, even a situation where we have sufficient immunological knowledge, failure to act based on a immunological evidence, as it appears in many countries or even worse, using the evidence to criminalize behaviors much worse than the situation, leading to further spread of the epidemic.

So just to conquer now, we must analyze the human rights violation. I'm not the only contributor to expanding the epidemic and the human rights protection alone, we're not end AIDS. But it is also true that universal access cannot be achieved, without human rights concern taking the center stage of the global response to the HIV/AIDS.

JULIO MONTANER: Thank you, Yevs. Our next main speaker, Paula Akugizibwe is the advocacy coordinator of the

AIDS and Rights Alliance, for Southern Africa, ARASA. ARASA conducts training and advocacy in the Southern African region, based on human rights response, to help and improve access to quality of TB and HIV services.

She periodically worked as a procurement analyst, at the Clinton HIH Initiative, in Rwanda correlating supply of second line and Pediatric antiretrovirals to Rwanda and Burundi. Paula will be talking during the plenary on the issue of human rights and the HIV response. Paula.

PAULA AKUGINTUS: Thank you, Julio. I spoke at the International AIDS Society, in Cape Town, last year, about human rights and HIV, and somebody asked me, we know its science. It's given us diagnostics, its given us drugs. What have human rights contributed? And I stammered and struggled to answer the question, that time; not because it's a difficult question, but because it's most difficult articulate things that seem to intuitively obvious.

And here we are, a year later, at the International AIDS Conference, who's theme is Right Here, Right Now. And a lot of you might be wondering the same thing. You've heard about human rights repeatedly, speaker after speaker. What does this meeting have to do with HIV response?

And I urge you to remember of all the numbers, all the graphs you'll see over the next two days; each of those numbers represents a person. And that is why we talk about human rights

because ultimately the response to HIV is not about microbes, it's about people. It's about human beings. It's about human beings who exist in human realities that social, cultural and economic dimensions. And, we may have the best scientific techniques in the world, we may have all the funding we need. But ultimately, the make or break of the HIV response is not a collective level, it's not at a conference level, a laboratory level. It's ultimately at the individual level. It's ultimately about the individual decision to use a condom or not. To get tested or not or to adhere to treatment or not.

But the problem with the state of epidemic today is that a lot of people do not have the ability to make this decision independently because of social, cultural and legal frameworks that prevent them with having the freedom to make these choices.

We've heard from the other speakers about the challenges faced by drug users, by sexual minorities, by sex workers. These are groups that are so critical for the HIV response, and yet we still have so many countries, that have laws in place that criminalize the choices that they make, which would have been vulnerable to HIV. At the same time, we hope to have universal access, while ostracizing the people that we most need to reach.

There's a staggering rationality to all of this and it's not just a staggering rationality, but it's a costly

rationality because we're attempting to put out the epidemic with one hand, but the with other hand we're fueling it, but continually driving underground the very things that are fueling it's growth. 57-percent of the incidents in the Eastern European region is thought to be due to drug use. That's a huge amount. Imagine how much we can decrease the HIV epidemic, if we engaged these drug users and decriminalized these practices.

MSM, men have sex with men in the African region. Most countries have criminalized this practice and you seen a lot in the headlines about this, over the past few months I'm sure. And we somehow expect to contain an epidemic, while consistently persecuting people who's rates of HIV are up to ten times higher; not because this is inevitable, but because we choose to make it that way.

There's a danger in the way we're approaching HIV at the moment, and I think we'd do well to learn from a statement made by a stock TV partnership this year, who said that TV is not a medical problem. It's an economic problem, it's a development problem, and it's a human rights situation. And the ironies of HIV response was founded on human rights. The foundation of this response was right. It was unprecedented in the history of public health to have so many countries galvanizing billions of dollars into a multinational global fund, to respond to a global health need and this only happened

because millions of people around the world mobilized around the rights to health and the rights to life.

But this is, right now, under threat and unless we can go back to the roots of where this response came from, all the gains, all the programs that we've been hearing about, the degrees of prevalence among young people, global declining AIDS for the first time in 2007. All of that will be undone unless we address the funding crisis that we face at the moment.

And this is not the hysterical analysis of an activist. I challenge you all as media, to ask every government representative who come and sits here throughout the conference, how much their country is planning to contribute to the global fund, in the next upcoming replenishment, in October. In Austria, in which the AIDS conference is being hosted, 45 million euro is projected to be contributed to the Austrian GTP this year, the government just two weeks ago loaned to the global fund, to emphasize that they shall not be making any contributions over the next four years because health is not a dramatic priority of their development.

At the same time we speak about social development, economic development, humanity development goals, if we do not sustain investment in HIV response, none of that will be realized. And if we continue to have false arguments, like the treatment verses prevention argument, when we know that it is

the same. Like, HIV verses health systems, we will not make this progress.

HIV is not overfunded, like I've heard from so many governments, such as the United States, who claim to have diverted funding from treatment to address other neglected health needs. The challenge is not overfunding of HIV, the challenge is underfunding of HIV, of health in general. And health is not underfunded because we can't afford it. It's underfunded because we do not prioritize it. In closing, I just want to draw attention to African States, who ten years ago made a commitment to spend 15-percent of the national budgets on health, and to date, less then 10 countries have met this commitment.

But we're meeting in [inaudible] in a couple of weeks time, and a few months ago he and the Finance Ministers decided these penny-talkers just don't make sense and we should go for a review of them. So we cannot afford health in African nations apparently, but we can afford Soccer? We can't afford luxuries; we cannot afford wars and we cannot afford a thing that is the foundation of all social and economic development. It's irrational and a scandalous human rights violation.

If the global fund is not replenished in October, then it'll send a message to the world health is an option, depending on the price tag. And that does not make any sense for social and economic development of humanity.

So in closing I want to invite all of you to join activists who will be opening the AIDS conference, at half past five, and I'll be marching past the media room to demand that the funding for the HIV responses team, that funding for global health is increased because unless this happens all the talk that you're going to hear over the next two days ultimately doesn't mean a thing. [Applause]

JULIO MONTANER: Thank you, Paula. The third and final plenary will be on "The State of the Epidemic and Strategies for a Cure." This is a topic of Dr. Sharon Lewin's presentation and she's the Director of the Infectious Disease Unit at the Alfred Hospital, a professor of medicine at Monash University in Melbourne, and the Co-director of the Center for Biology Burette Institute of Melbourne, Australia.

She gets her research laboratory that aims to understand why HIV and Hepatitis B viruses persist on invading the system, and trying to find the mechanisms to deal with this problem. Sharon.

SHARON LEWIN: Thank you, Julio. If a man's in urgent need to find a cure for HIV, this is a major scientific problem and continues to be a major scientific problem. But we need a cure for HIV because I don't think that we should accept that HIV is a chronic illness, requiring life-long treatment to associated toxicities. I don't think we should accept that anyone should be denied access to life-long treatment, but that

threat remains with us. Over the past few years, we've made quiet a few advances in understanding what the major barriers are, to curing HIV. And they include the persistence of HIV in parts of the body that Anti retro viral therapy can't access. So we need far more research to understand exactly where that virus hides, having flushed the virus out of those existing reservoirs, and developed a potential strategy to cure.

Although we need good science, we won't get there with science alone. I really believe that this challenge needs to be embraced by scientist commissions, pharmaceutical companies, and funders. We won't get there with just science alone.

In closing, I'd like to say that there are a number of potential strategies that look very promising. And I would argue that we need to move quickly to clinical trials, to test some of those strategies. Finally a cure for HIV will potentially shorten the duration that a person must take antiretroviral therapy. It's never going to completely replace roll of antiretroviral therapy. So universal access still remains a major priority. Thank you.

JULIO MONTANER: Thank you, Sharon. I would like to open the floor now for questions. We'll take 10 minutes of questions. I ask that the person asking the question, to introduce yourself, and that the panelist try to be brief, and so, to questions. First question. Please indicate who you are asking the question to as well.

RICHARD INGRAM: Thank you. Richard Ingram, from the French News Agency. Professor Montaner, I'd like to ask you a question about political presence at the conference here. We have the South African Deputy President here, who is clearly a step up in terms of a political commitment from South Africa, compared to previous converts here. Then of course, we had the more contentious figures here. I'd like you to comment on that. I'd also like you to comment on the presence or absence of leaders from Russia and Ukraine. If it's true that this is supposed to be one of the focuses of the conference, why do we not have major political presence from these countries, at this conference? Thank you.

JULIO MONTANER: That's not an easy question to answer in a sentence or two. But, let me say first that we are delighted with the intervention of the Deputy President of South Africa. He was at a meeting earlier today, that we share the floor with Michel Sidibé, the executive director of UNAIDS.

And I think that Michel said it very well he emphasized at the end of the meeting, that it was the first time in over 10 years, that a representative of Africa stood up, a high level representative, stood up at an International AIDS Conference, and he actually received a standing ovation.

That basically tells us that South Africa is now following the Cape Town conference, made a very clear commitment, to embrace the most progressive leg put forward, by

the WHO, which we fully support and in doing so he's trying to make a commitment, to do the right thing to deal with the epidemic. On the contrary the leadership of some of the Eastern European countries, most affected, and some of my colleagues here, are better qualified than me to tell you about it. They've shown total indifference toward our plea, so we count on all of you to remind them that not being here is actually heard loud and clear, as a sign of being irresponsible to the point of criminal negligence. So, you can quote me there if you want.

Having said that, I'm not going to left off the hook people like Steven Harper, my own Prime Minister because I dislike profoundly being critical about it, without addressing my own domestic issues. Steven Harper was invited to be a primary speaker at this conference, and he turned us down. And, as a Chair at the G8, the last G8, I am ashamed to tell you that he is not here because he's afraid to confront the deficit that the G8 left on the table. And that I hope you will tell him that I said so. Next question. [Applause]

AFLAGA SETHER: Aflaga Sether [misspelled?], Brazilian Network of Sex Workers. Mr. Yves has mentioned this important issue of marginalization of key populations. Amongst them sex workers need be the only ones who are forced to [inaudible] testing, which sounds like a marginalization, within

marginalization. In many countries and cities, including Vienna. What do you think could be done in relation to that?

YVES SOUTEYRAND: It would be a supposition on this point. There is no rational forcing people to test, and there is no reasons to. For any population sex worker, being [inaudible] to be forced to be tested often. Of course we should reduce the number of people who are in the well of the statutes because to be a well in the statutes is a door open for prevention and treatment and services. But in no way it will mean to force people to be tested.

JULIO MONTANER: One more question.

LIZ HOLEMAN: From AIDS Map, for Dr. Lewin. Can you give us just a very brief couple words, what do you think are the most promising approaches toward a potential cure?

SHARON LEWIN: The kind approaches are to turn off any residual application that HAART hasn't extinguished, optimize the timing of treatment; early treatment, evidence that early treatment reduce the residual amount of HIV and finally, flushing out the virus from resting stable cells.

There are a number of potential strategies, in which we can do that; either by activating those cells or turning HIV genes on. We now have access to treatment such as IO7, and a cast of drugs histoantiseterialize [misspelled?] inhibitors, that look extremely promising invitro. Both of those drugs have been used envivo [misspelled?], in patients and are safe and

well tolerated, and I really think we should move forward in clinical trials to see if the strategy of eliminating these resting cells is going to be feasible. Finally, there are some far more experimental approaches, such as making cells resistant to HIV. And outstanding case that was reported, last year curing a patient from Germany, he received a transplantation from a donor who's cells were resistant from HIV. The strategy is to model this in patients in gene therapy. Of course, it's highly experimental, high tech, very expensive, but a proof of principal that could potentially be simplified in the future.

JULIO MONTANER: I'll take one final question.

JEFF BERRY: Hi, Jeff Berry [misspelled?] Positively Aware Magazine. This question is for Paula, and I won't to try and pronounce your last name. Given that human rights seems an even more daunting task to solve that problem than HIV, what do you think are some of the most important things that activist need to pursue?

PAULA AKUGIZIHWE: Well, first I would want to say that the human rights verses HIV tension is really a bit of a false dichotomy human rights are an integral part of the HIV response. But as far as what the priorities would be, I think there are a few of them.

Firstly, the removal of punitive laws mostly race populations, sex workers, drug users, sexual minorities as long

as those laws are in place, we're effectively precluding these people from receiving HIV services. So that's a critical step.

Secondly, I'm adopting an approach to testing and treatment, that recognizes people's agency and the need for them to get tested for entirety, to understand why they need to start treatment. Not to be stigmatized by the health care workers because of personal choices we make. Because the issue of stigma is one that we talk about a lot, but still have not gotten our heads around, and it's one of the things that repeatedly when you try to find out why people don't get tested, are people that do not get treatment. Stigma is often one of the top reasons why. So I think those would be the two most important.

JULIO MONTANER: I'll take one final, short question and that will be the final for this panel.

JUAN LESTIVA: I thank you. Juan Lestiva [misspelled?] from Letriasa, Mexico [misspelled?]. Dr. Montaner, I would like to know, well, you've been talking about prevention. However, for example, in all my region, Latin America, all the resourceshave given to the buying of medicines, prevention is not considered on AIDS resources. How can we change or how do you think this conference can change the mentality of our governments to change this nation of resources against AIDS?

JULIO MONTANER: There's a fundamental mistake pretending that any single tool is going to be effective on the

spreading of HIV. While I may be particularly an expert to say in treatment as prevention, I make an effort, every time I discuss that, and to emphasizing the fact that we need a cocktail approach to the whole thing. And that includes other issues, everything that you heard around this table.

Let me be very clear. I could have a fantastic treatment, it could be 100-percent effective on preventing everything, progression of the disease and HIV transmission, anything you want. But if I don't I don't address the human rights deficit, that Paul is talking about, and I criminalize, prosecute and stigmatize people with HIV, either affected, infected or at risk then I will be 100-percent ineffective, no matter how effective my treatment is.

So our leaders need to understand that if we're going to make this work, they need to address, the whole combination prevention approach, which includes the human rights. And that's why this conference has the theme, the human rights issue.

And even more important, if we're going to make a treatment efficient, which is another key word that will emerge from this conference, we need to get more bang for our buck. And in order to do that, the best thing that we can do is remove the human rights barriers that make it so expensive, difficult and cumbersome, to get people that need treatment or testing or support to access those services.

On that note, I'd like to thank you, thank the panel and we'll move on to the next panel. I invite the panelists to hang around until the conclusion of the next segment, so that they can make themselves available to the press as we go.

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