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Towards a Paradigm Shift in HIV Treatment and Prevention
Kaiser Family Foundation
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JAMES CHAU: - our world. It is amazing that so many of you could be here today. We have politicians, we have Princesses, and we also have activists, and it is so amazing that only AIDS can really do this. Only AIDS can really bring us all together and AIDS really is the great unifier of our generation.

Your Royal Highness, Deputy President, your Excellencies, your leadership is so crucial to what we really have to do, and of course we are broadcasting live on television, through the web and on social media, making sure that you at home are as much a part of today as all of us here in this room.

So, over the next 40 minutes, in fact 90 minutes, what we are going to do, we are going to bring on some of the major stakeholders in the world global response to AIDS and we are going to find out what have we done so far. Remember, it has been 30 years now, almost 30 years. What have we done right? What have we done wrong? And what do we still need to do as we march into the next decade?

That is what we are going to think about. That is what we are going to talk about, and the key word here today, as Michelle says, is reshaping. Let us go now to video and let us see what are some of the things and the biggest issues in our AIDS response?

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[Video Played]

JAMES CHAU: Right here, right now. Of course that is the big theme of this conference. All of you know, it is all over the slogans through Vienna, and also up on our conference programs, but to tell us more about what exactly it really means, we are joined now by our first guest, Michel Sidibé.

If you know Michel, you will know that he loves to quote his father and if you know his father, you will know that he has always been telling Michel that there is no such thing as being tired. And that is pretty much the man himself. He is never tired.

He is always full of energy. He is always inspiring, and he feels each one of us towards a better, a fresher, a more revolutionary response against AIDS. Many things give me pleasure in life, but this one especially so. Michel Sidibé.

[Applause]

Michel, that was a nice bit, and now comes a tough bit. So, let's go straight into this, okay? Because if we look around the conference and we are all getting ready and we are all getting comfortable, I am hearing amazing words, here. I am hearing reshaping. I am hearing re-energizing. I am hearing redefining. Let's start with this: Why do we need any of this?

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MICHEL SIDIBÉ: I think UN mentioning something which is very important. Five million people on treatment, ten million people more waiting, and those ten million people, lives are hanging on balance, and for me today we are talking about moving from area of abundance to area of scarcity, but at the same time we are seeing so much opportunity.

We are seeing new movement for prep, which is preexposure prophylaxis, but we are seeing also maybe breakthrough soon on vaccine. We never know, but also we are seeing young people like you were just mentioning, leading this prevention revolution.

But at the same time I am scared for what I am seeing around me. I am seeing that some governments were cracking down on vulnerable groups. I am seeing for example epidemic shifting in your own country, last year 30-percent of the new infections occurred amongst men having sex with men.

So, we are seeing also hope with South Africa launching one of the biggest programs in the world, I never seen, 50 million people could be tested before 2011 but not just tested for HIV, but for blood pressure, for sugar level, and if we found any women with HIV positive, for cervical cancer, for tuberculosis, that is why it is the time to reshape. It is a defining moment. It is a time to call and to show integrity. It is time to do business differently.

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JAMES CHAU: Michel, I hear you. I'm sure a lot of people in this room agree with you about why we need to reshape, but it sounds great and now I want the meat and potatoes in all this. I want to know how exactly you are going to do it.

What are you going to do that is so different that you can really allow us to dream this universal access into universal reality? And I want a guarantee from you. I really do want a guarantee from you that 24 months from now when we meet in Washington 2012, you are not going to tell me the same thing, because four million people by then just would not have the time to wait. So, tell me the plan.

MICHEL SIDIBÉ: You know, universal access for me is about social justice. It is not just about 100-percent; it is about reduced revision of opportunity. It is about giving wise to those wise less. So for me, that will never happen, universal access, if we don't bring innovation. It will never happen if we don't have prevention revolution.

Prevention revolution means what? It means to do business differently. It means to make sure that all our countries could know their epidemic and their response, having better scientific and behavioral data, making sure that we can use all the knowledge we have today and have a concentrated approach to deal with hot spots.

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We have circumcisions, which are being accepted today socially, which were not. We could continue to use certainly also evidence with condoms, preservatives which are made available to young people. So, that is the revolution.

This revolution will not happen with [inaudible] building what I am saying, which is preventive diplomacy with the leaders like Deputy President from South Africa, we have many orders activist war in this room, we have all the people who are not here, but which are so critical for us to trust fund the world. Their voices are important.

But certainly what is important for me is Treatment 2.0. Treatment 2.0 is what? Is it just of the next generation? Let us be realistic. Costs are rising. Even in many countries where we have been, people are starting losing hope and we need to bring this hope back and to bring this hope back we need to simply treatment.

We need to have drugs which can be administered easily. We need to make it owned by communities. We need to make sure that we can have the [inaudible] which are more costly, and we will work with our colleagues from WHO, I hope they are in this room.

I think I saw [interposing] some of them, and we will work also particularly to make people understanding that this treatment for prevention is not just a dream. It is possible

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if we are all together, pharmaceutical firms, and government, civil society for shared responsibility.

JAMES CHAU: What I love about you, Michel, is that you may be the UN Under Secretary General, but you are still very much the field activist at heart. As Michel Sidibé, but let us add to that. We have heard from the activist.

I want to get a different take on things over here, and to shake things up a bit, I am going to ask Dr. Julio Montaner to come up to the stage, but before he does, of course he brings sides not just to politics, he brings sides to the people and in his own special way, if you know Julio, he is definitely not short on passion by any means.

He is of course the head of International AIDS Society, he is the chair of this year's conference. Thank you Julio so much for hosting us this year, or me to lead you, come here, Julio Montaner. [Applause]

Michel just said that five million people have made it, and I want to start a first because you know, people always talk about the things that we haven't done right, but we have done so many things that have worked.

These are major achievements, five million people go into ARV, so let's talk about this, five million people in ARV, we are going to thank, some of the people obviously are here, the nurses, the scientists, the activists, the people living

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with HIV themselves, of course the state leadership that we have been talking about.

Julio, that is enough about the five million. No, really, because I am going to corner you right over here, what do you have to say about the ten million people who are still waiting?

JULIO MONTANER: I think it is a crime. It is a crime. We cannot wait. People infected with HIV who have a medical indication to be on treatment, they are dying because they are not being treated. Not only they are dying, their families are suffering. They are also weakening our economies so this is bad for the people, this is bad for their people. This is bad for society. We need to do something, and we need to do it now.

Beyond that, people who are not treated are more likely, dramatically more likely to transmit infection. We have to stop this. This is nonsense. We have to stop it. We have got to stop it now.

JAMES CHAU: I think this all sounds really super, between you and Michel we have got the vision, we have got the power, we have got some really concrete measures in this, but as a man of science, as a scientist, do we have the body of evidence to back up what people, what leaders, like Michel just told us just then?

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JULIO MONTANER: Absolutely. Michel is right on the money. The data that we have accumulated over the last 30 years shows perfectly clear, HIV treatment is nearly 100-percent effective to stop and arrest the progression of the disease on a long term basis, puts people back to work, it returns you to a near normal life.

Also, it is highly effective in terms of preventing HIV transmission. We know, in fact UNAIDS and the WHO had called rightly so for the elimination of vertical transmission, that is when a mother is infected to a child, because with treatment of the mother, we shall have no more children being born with HIV.

There should be nobody being born with HIV today in this world. It is easy. We can do it. We should do it. And the data that we have accumulated over the last five years shows conclusively that treating those that have a medical indication as we have shown in the [inaudible] British Columbia with tremendous support from our political leadership in the province. It is highly effective in decreasing HIV transmission.

Today, two hours ago, the *Lancet* published our experience of 15 years whereby treating more, we actually have decreased the number of new infections by more than 60-percent. What else do we need? We just need to do it.

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JAMES CHAU: Julio Montaner, thank you very much. Michel Sidibé, of course, these are our speeches for now. So, it is going to get more interesting from here. Could you guys come over, one second over here, I am going to put you right here. And we are going to welcome a very, very special guest and we are so honored to have him here.

Our next guest was born in a South Africa so different to the South Africa that of course we have the privilege to know today. He was a student activist. He was a trade unionist, and with Nelson Mandela, he was in prison for ten years, ten years over in Robben Island, but that decade behind bars did not break him, if anything he says it emboldened his fight for human rights. That passion, from all those years ago, has by no means stopped.

This year he took a public test with President Jacob Zuma to bring the HIV counseling and testing campaign to 50 million people. That is the biggest testing global campaign of its kind. That is how significant it is.

But of course he also shows his political commitment and his personal conviction just by being with us here in Vienna today. So many things we want to say about you, but we also want to welcome you, the Deputy President of the Republic of South Africa, the Honorable Kgalema Motlanthe. [Applause]

HONORABLE KGALEMA MOTLANTHE: Thank you very much, James Chau, program director. Fellow activists, Michel Sidibé,

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Royal Highness, the Princes, and all eminent participants in this conference, as a politician, as the Deputy President of South Africa, I have access to certain platforms.

We participate in structures such as the G8, G20, and we have come to view that it is our duty and responsibility to utilize all of these platforms to ensure that even as the world experiences and economic downturn, investments in the fight against HIV and AIDS must not be the soft target for austerity measures. [Applause]

And of course we cannot ask of others what we ourselves are unable or unwilling to do, so in the South African government, advised and guided by the South African National AIDS Counsel, an all inclusive structure of stakeholders, participants, people living with HIV, we ourselves have committed to increase our budget allocation for making antiretroviral treatment accessible to all of our people. [Applause]

In that regard, progress has been recorded, but there is much work still to be done for us to ensure that 80-percent of those in need of treatment are on antiretroviral treatment. Treatment coverage has expanded rapidly in the last few years and South Africa is seeing a drop in new HIV infections among the young for the first time.

Patients started on treatment need to be maintained on treatment even though we go through an economic recession. The

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global financial crisis has impacted on all countries and South Africa is there to prioritize the HIV response to ensure funds are available, even though gaps still remain, because we believe that investing in HIV is investing in development.

[Applause]

And South Africa has prioritized the AIDS response as an investment in life, hope, health systems, and human development with a view to improve the quality of life. AIDS contributes significantly to the high maternal and child mortality in South Africa, and HIV remains a primary challenge in meeting the millennium development goals number four, five and six.

And therefore by taking the AIDS response further out of isolation, and improving HIV treatment and prevention services, significant reductions in maternal, infant and tuberculosis morbidity and mortality can be achieved. This investment underscores the pivotal role of HIV, in achieving the millennium development goals.

Now is the time to renew commitment to universal access. We need to renew the political declaration of commitment made by the UN General Assembly in 2006 and extend the global commitment and mandate to achieve universal access by 2015 [applause] in order to bring it in line with the MDG timeframe.

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Preventing new infections will break the trajectory of the AIDS epidemic. We have just launched in South Africa a very important campaign for testing and counseling lead by the President of the Republic of South Africa, Jacob Zuma, and many prominent leaders, the premiers of our provinces, sports personalities, and so on participated in this public testing and counseling campaign.

We do so because we believe that all instruments available to our country must be utilized effectively; firstly, to enhance prevention, so that we reduce the number of new infections, and secondly we do so because we believe that it is important for all our people to know their status. This is in line with the theme that the South African AIDS Counsel selected for our message during the International AIDS Day, which is that "I am responsible. We are responsible. South Africa takes responsibility." That is the theme.

And therefore, it is important for all of our people to know their status, and as Michel has indicated, in this testing we do not only test for HIV, we also test for other diseases such as tuberculosis, sugar diabetes, levels of cholesterol and so on.

And we believe that all of our clinics and centers that in the past were identified for providing treatment, all that must now be integrated into the entire health system, so that if a pregnant woman goes to the antenatal clinic, they should

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be provided with treatment and testing for all related diseases including HIV.

South Africa has prioritized prevention of mother to child, transmission treatment, medical male circumcision, promoting the use of male and female condoms to prevent new infections.

In one of our provinces of KwaZulu-Natal, which is the very high incidence as well as province of where positive people, the practice of male circumcision had been discontinued for over 200 years and today that had to be reintroduced because it is now proven that male circumcision reduces the risk of new infections by about 60-percent.

And that is why even tradition of not practicing male circumcision has had to be abandoned in an endeavor to strengthen the arsenal of instruments about disposal to fight against stage of this pandemic.

And to do that, we had to mobilize traditional leaders, persuade them, convince them to understand the separation between because this practice of male circumcision has been linked traditionally to the right of passage to manhood and we have had to persuade them that medical male circumcision is not a substitute for whatever they want to practice as tradition.

This is also a message that has been reinforced by the champions for an AIDS free generation led by former President Festus Mogae of Botswana who have been crisscrossing the

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Subsahara and Africa to communicate this important message to ensure that the communities compare notes, share experiences, and together strengthen the fight against HIV and AIDS.

And we are putting human rights in law to act for HIV, because we believe we cannot achieve a prevention revolution or effective responses in general without the protection and promotion of the rights of the vulnerable groups including people living with HIV, sex workers, men who have sex with men, those who use injections to abuse substances and drugs, transgender people, women and girls and prisoners.

With regards to Treatment 2.0 as a new treatment platform which radically simplifies the way we provide treatment, we all say that is the way to go and that this Treatment 2.0 is a platform that must be supported by all because it calls for the radical simplification of treatment and its delivery to improve patient outcomes, scale-up coverage and reduce costs, it also emphasizes the potential of treatment as prevention approaches to significantly reduce the number of new HIV and tuberculosis infections.

Simpler treatment approaches will of course allow antiretroviral therapy to move out of specialized structures down to the primary and secondary layers of the health system, thus minimizing expensive clinical monitoring and maximizing the impact of AIDS investments in improving health systems. We

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can unleash the power of technology by linking scientific advances to social changes.

We see this happening in South Africa where, as I said, President Zuma has challenged the traditional stigmatization associated with HIV by openly discussing and personally endorsing HIV testing and circumcision, bringing culturally contentious issues such as circumcision, injecting drug use, or men who have sex with men to the fore of public dialog provides the impetus to shift social norms in support of more effective AIDS responses because it frees people from being prisoners to prejudice.

And of course we are thankful that we have in South Africa in the person of Nelson Mandela, former President, a champion who has, through his 46664 campaign, taken this stigma out of the discussions around HIV and AIDS.

And today happens to be 92nd birthday and as we celebrate this day, we can only honor his towering memory, honor his towering dignity by taking this [applause], by taking the view that we must do more with investments we have today, and we must not cut back on investments for health under any circumstances.

Program director now is the time for us to ensure that never again shall future generations be impelled to live with this gauge. Because if we fail, we would be failing future

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generations since it is our generation which is in the eye of this pandemic.

And it is our generation which must therefore lay down the foundation not only for the reduction but for the total elimination of new infections and that can be done and we believe that it is doable and that if there is any lesson that we learned from the fifth World Cup is that many teams, you know, which are blessed with individual stars did not make it to the final.

And it is the teams that played with [inaudible] but that played as a team which eventually lifted the trophy and we believe that if all of us wherever we are can tackle this as a team, victory is certain and that we will overcome and I thank you [applause].

JAMES CHAU: We thank the Deputy President of the Republic of South Africa for being with us today and we wish that Nelson Mandela could be with us, but we hope that when you return to South Africa, you could wish him a very happy birthday on behalf of all of us. Also of course want to congratulate South Africa for an amazing World Cup.

Well the World Cup toward us is that Africa showed a different face, not one of poverty, not one of rejection but one of the rainbow nation that we really know it is. Thank you very much to the Deputy President, to Michel Sidibé and to Julio Montaner for their comments over there [applause].

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And this is where all of you come in. This is where we really want to hear your voice. This is a town hall that's never been before. It's purposely invigorating and it really very much depends on you.

If you want to make all these kind of prevention revolutions or treatment 2.0s to live in reality, we don't just need a political leadership, we also need everybody, the activists, the medical workers, the people living with HIV, all of them, the civil society to come together and to be completely united on this one approach amongst other approaches as well.

This is a form that I promised you. We do want to hear from you as we said on your chairs over there; you will have your red and green cards. Have that ready because we are going to use that. This is how you can make your voice heard. This is how we can quickly get a gauge right around this room of what you really think and also we want to hear you.

We want you to get up. We want you to stand. We want you to ask questions. Now to help focus all those thoughts in, let's turn over to the screen right there and let's look at some of the major issues if we're really going to reshape the future of AIDS today.

[AUDIO PLAYED]

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JAMES CHAU: So that's how we're going to reshape the future of AIDS today. I told you we are joined by a fantastic panel and let's welcome them up onto the stage. The Honorable Minister of Health and Social Welfare of Lesotho Ramatlapeng. Also U.S. Congresswoman Barbara Lee, Claudia Ahumada, Youth Leader for [inaudible] a panel of African activists. Welcome to our panel today [applause].

Can I just start by saying that it makes me so proud to see four women of different ages on our stage today [applause] and may I also add finally. Let's go into our first topic. We're going to talk about human rights. Remember, Right Here, Right Now. That's the big theme of this.

This is how we're going to use a human right based approach to try to revolutionize our global response to AIDS, but human rights is something that we hear all the time. I mean how often if you open up a newspaper or if you switch on the television you hear the word human rights all the time.

How we interpret it is often affected and impacted by where we come from and our own personal backgrounds so I want to start off with the Honorable Minister of Lesotho. I would love to ask you as a government leader in one or two sentences sharp as a nail, tell me what does human rights mean to you? And I know you can do it.

MPHU RAMATLAPENG: Thank you. Is this thing on? Thank you program director and thank you for inviting me to this

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wonderful forum. From the government point of view, human rights, what does that mean?

It means government has to have programs that protect the voiceless, the weak, the ill and in this particular respect, it means that we should have in place programs that will protect unborn children and women, programs that are child friendly, women friendly, programs that are accessible to all people.

Yes, you will be sometimes accused of contravening human rights, but from the government point of view, I think I stand accused of contravening civil rights because honestly, I will have every pregnant woman tested.

I'll have every child who's born tested in Lesotho and I'll make sure that everyone who walks through the door to a health facility is tested for HIV. It is a national emergency, therefore, if it means I'm accused of civil rights, so be it. That's what I mean by human rights [applause].

JAMES CHAU: That's fantastic. Let's roll to the sex person, Claudia. Claudia is a new friend. I'm here. Claudia's a new friend from Chile. Now human rights – and let's be frank about this especially in some of the countries that we're from here – is a bad word, it's a dirty word.

You're from Chile, you're born in Canada because your parents are student activists. You had to leave Chile and they

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came back the year after dictatorship came down. Tell me what human rights means to you personally.

CLAUDIA AHUMADA: Human rights to me means choices, choices about your life, your sexuality, your sexual orientation. It means respect, respect about the choices you do, your occupation, whether you want to use drugs, whether you want to engage in sex work. It means access, access to treatment, access to information, access to sexuality education.

JAMES CHAU: And also Congresswoman [applause] – U.S. Congresswoman Barbara Lee from California. You know apart from being a government leader, apart from being so widely respected, not just in the United States but way, way beyond, you were – you're a woman, you were a single mother and you raised your child using food stamps, food stamps. That's not an easy way to raise a child. Tell me what does human rights mean to you?

CONGRESSWOMAN BARBARA LEE: Thank you very much. Thank all of you for being here, especially those of you who are on the front line fighting for justice and human rights means justice, it means equal opportunity, it means nondiscrimination.

As an African-American woman who was discriminated against, I could not attend public schools in America because I was black. The struggle for human rights means providing equal

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access to everyone including as it relates to health care and HIV and AIDS for the MSM community, for LGB Tea Community, for women who are commercial sex worker, for injecting drug users, for women, for children, for everyone who has been shut for the most vulnerable.

Again, as an African-American woman coming from America I think it's clear that communities of color in the United States really do understand what human rights is from a very experiential basis and also that is our commitment to make sure that human rights prevails throughout the world for every vulnerable population [applause].

JAMES CHAU: Congresswoman, I loved what you said just there, it reminds me of what Coretta Scott King said when she started taking up gay rights that one injustice for one person is injustice for every one of us. Let's move now to Africa, the pan African activist is Rolake. We're so happy that you're here of course. Welcome to our panel and I want to ask you quickly what's your take?

ROLAKE ODETOYINBO: As a woman living with HIV human rights to me means rights to life, rights to medications, rights to prevention services. There is no human rights if there is no funding to continue treatment. There is no human rights if a woman is unprotected.

There is no human rights if we cannot protect the rights of our women which means no to gender based violence and

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which recognizes the fact that as a woman, my matrimonial bed is a high risk setting for me and HIV and just to understand that looking at human rights, we must ensure that we have continued access to prevention services.

It doesn't matter what part of the world we are in, whether we are women in Africa or men or men who have sex with men, or sex workers or injecting drug users, as Africans we've got every single community represented and also for us that children have access to treatment. That's what human rights means to me [applause].

JAMES CHAU: Thanks very much Rolake. Now get those red cards and those green cards ready because it's when we all get involved. So get those cards ready. Thank you very much. Obviously very, very different opinions based on history, depending on politics, personal background and also on status and also on leadership and so and so forth.

So what I want to ask all of you here today, using your red and green cards, do you think that human rights is the most important issue in our response to AIDS in this year 2010 here in Vienna? If you think it is the most important thing I want to see the green. If you don't think it is, then put up your red. I'm a little outnumbered over here and hang on, hang on, hang on.

I need a microphone from Michela or Edward and we're going to zoom right over here. No, keep them up, keep them up,

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keep them up, keep them up. I need to see, I need to see.
Sweeping, sweeping, sweeping, sweeping, sweeping. Sir you're
holding two, that's not allowed.

And madam, come join me over here. I want to ask you –
well it's your fault for bringing up a red card – we love
debate and we love different opinions because they're all
valid. Quickly, in a room where's it 80-percent, why did we
see the red? What do you think is the most important thing
that we should be focused on then?

MICHELA: I agree with the Minister of Health from
Lesotho when she said that every pregnant woman, every person
who comes to a health facility should be tested for HIV and to
some people that might not go against human rights.

JAMES CHAU: May I quickly ask you which country you're
from?

MICHELA: I'm from South Africa.

JAMES CHAU: Thank you very much for that comment over
there. Obviously a lot of you agree. We don't want to hear
from that – oh you have two red cards up there. You have two,
not just one but you see he vehemently disagrees. Let's find
out what's going on over here. Name, country, what then is
most important?

SIPRIANA MARTINEZ: Mr. Sipriana Martinez from
Australia. I just think that people with HIV or just people
generally have a right to choose whether they get tested or

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not. So I'm totally against mandatory testing. So that's my opinion.

JAMES CHAU: Okay that's fine, you're valid – it's completely valid. It's what you think, but a lot of people it's not just about testing, it's about knowing your status. Don't you think that's powerful? Don't you think that you would want to know so that you could act on it?

SIPRIANA MARTINEZ: The only value in knowing your status is when you have a right to universal access with that status. So when they come together [applause].

JAMES CHAU: That's very, very beautiful. I am going to – any comments from our panel? Who wants to speak first? Rolake, I see you. Claudia, who's it going to be?

ROLAKE ODETOYINBO: Yes, must I tell you we need to have people tested but the question is what happens after testing? Where do we go once we know our HIV status? It is unacceptable. It's strictly – it's against everything we believe in. If people are tested just to have data we need to go and make sure that people have access to those follow up services [applause].

JAMES CHAU: It's all very interesting. This is obviously going to come up again and again and again. We're probably going to revisit human rights. It's not a section in itself. Let's quickly ask though a quick question from Alena, Alena Peryshkina from Russia from representing NGO called AIDS

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Infoshare. She has organized three times now this amazing conference that have taken place in Russia but are Pan-East and European.

What I want to ask you is this, obviously why we are in Vienna because of the situation and the rates of new infections over in Eastern Europe. When you gather together huge amounts of people, like you had two and a half thousand delegates at your last count at your last conference, what are the biggest obstacles to human rights in the region?

ALENA PERYSHKINA: So we are here in the Vienna conference nine months after the Russia conference and we are here because we want to call on global AIDS leaders. And there are three main concerns that the people from my region wanted you to be heard. The first one is that we want you to continue to implement prevention programs that are not welcomed by politicians but are needed to be funded for our region, to make decisions that are not money driven, to make decisions that are not politics driven, to make the decisions that are people needs driven [applause].

And also I would like you political global AIDS leaders to keep program of civil society to be eligible no matter what country of income we are [applause].

And also I would like you to keep remember that human rights, this is the right of every single person, just one human being, no matter who is it, young woman, person living

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with HIV/AIDS, MSM, IDU, commercial sex workers, we all want to be protected and respected by you, by us and by our government [applause].

JAMES CHAU: Thanks Alena Peryshkina. That's a little bit on human rights. I want to quickly move on to prevention. Three million people, almost three million people getting infected each and every year. Clearly outrageous and unacceptable. The epidemic it would suggest based on the numbers is clearly outpacing any kind of efforts and resources that we currently have.

So we focus over the next six days how can we use this time? What's our way forward? How can we create demand for society response to AIDS? My first question, back to our panel. Congresswoman Lee, you have a daughter. Sorry, tell me how old is your daughter? What's her name?

CONGRESSWOMAN BARBARA LEE: I have three granddaughters, two sons [laughter] and two grandsons. My granddaughter is 17 years of age.

JAMES CHAU: Let me tell you about – then we don't talk about just your daughters, but also your granddaughters. When we're talking about prevention, what do you want for them? Also for your sons as well.

CONGRESSWOMAN BARBARA LEE: What I want is first of all comprehensive sex education as being the policy of course of my country and the world [applause]. I believe that young people

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need to be taught how to protect themselves, how to treat others and how to really move forward to be the great leaders that I know they can be, but they have to be taught by us and they have to be taught early on what comprehensive sex education means in the context of their lives wherever they may be living.

JAMES CHAU: Congresswoman, may I ask you to pass quickly to the Minister of Health and Social Welfare for Lesotho. Lesotho is actually a very small country population wise but almost – almost one in four people you pass by on the street is impacted, is infected with HIV. This must be something. Prevention must be something that you must wake up in the morning and think about every single day.

MPHU RAMATLAPENG: Absolutely. First of all we are talking about prevention that is actually doable. Prevention of mother to child transmission or parent to child transmission is absolutely doable and therefore that one rests squarely in the hands of the government. We should be able to do that.

I must agree with Congresswoman comprehensive sex education in Africa should be introduced. It is absolutely important [applause]. And what my Prime Minister always say is parents talk to your children. We have to talk to our children about sex. It is difficult but who do we want them to give advice? Their friends? The sex record on the streets? Somebody who's trying to entice them to do something wrong?

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So we should be able to talk to our own children, but comprehensive compulsory sex education in all schools should be introduced like yesterday.

JAMES CHAU: I'm going to introduce you - thank you very much for your comments over there. I am going to introduce you to my friend Shante [misspelled?] who this period is going to zip over here and while she zips over here, I'm right here, as you come over here, quickly to Claudia young leader, youth leadership 29 years old from Chile, this is not just a technical subject. How do we create, how do we spawn a new generation of youth leadership?

CLAUDIA AHUMADA: I think we see already a new generation of youth leadership if we look around the people that are at this conference, they're here, we are here speaking out and the important thing about it is that to show that young people can be leaders, that we know what we want, we know what we did and to really listen to those voices.

JAMES CHAU: Shante, this is my new friend who I met yesterday and she's from Holland she's joined various things like the Board of the Global Fund and the HIV Young Leaders. If I said it wrongly, I mean if I said incorrectly you're just going to have excuse me over here, but she's really, really wonderful and she's interested in all these things like social media.

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She was Flip videoing and she's Twittering and Facebooking and I think that this is probably one of the ways forward.

Tell me about the role that maybe that media – I mean you took out your video yesterday and it's so relatively inexpensive. Tell me about the things that you can create using social media to penetrate, to outreach, to get out there, to get beyond where perhaps stigma has blocked us from.

SHANTE: I think in these times, social media is very important since young people use it a lot. I mean young people. Parents are always complaining like my kid spends so many hours on the computer, but we have to think about that this media is so important to reach young people because it's the way they communicate in this time.

So it's important to reach them the way they can be reached and want to be reached and not by the ways we used to do it, just with education and things like that and we have to involve them and let them speak. And media is the perfect thing to do this.

JAMES CHAU: Thank you very much [applause]. And I'll tell you another way, another way that you can transform youth leadership. You need people like the lady sitting about five to my right who has brought so much benefit to so many people in this room. Thank you so much [applause].

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So many of us went to Norway last year for the AIDS 2031 Initiative and the Crown Princess really invigorated and inspired us and even though she may be a crown princess I think that a lot of people who have other platforms can similarly use the same way. It may not be the princess, but you know, never mind. We'll work on that step by step [laughter], okay?

Let's talk about something else. Let's talk about treatment. Of course treatment's very important but before we do talk about treatment, any comments from over here about what you've been hearing from our various speakers?

CLAUDIA AHUMADA: I'd like to just comment on how exciting it is to see the overwhelming support to human rights in this room. That's key and it really shows that that's the way forward and that's why on Tuesday also we're all going to be marching for human rights and saying this is the way forward and [inaudible] we're not going to reach universal access if we do not fulfill the human rights of everyone.

MPHU RAMATLAPENG: Talking about treatment, one thing is important. We have – where we are today we didn't imagine we could get there five years ago, but realizing we still have a long way to go and the only way to get there is to ensure that we have continued access to funding so that treatment does not – there is no reversal in treatment. We must ensure that we have our children on treatment.

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I come from a country where 13-percent only 13 percent of children with HIV have access to medication. It's unacceptable that our children are not medication. We will be having a match 5:00 p.m. today looking at access to treatment and assuring that we continue. Join us and I'm saying this, please join us for this match and what we are saying is treatment is nonnegotiable.

When we put people on treatment, we prevent new infections. When we put people on treatment, we ensure that we have quality lives and we're able to stay alive to take care of our children [applause].

JAMES CHAU: And here I am. Before we cross to the Congresswoman, I just want to affirm and to add to that that Michel Sidibé has been saying it's not just about the cost, it's also about the investment in treatment as there are all these different things in our mind. Let's move back to the Congressman and Barbara Lee, you'd like to add something over there.

CONGRESSWOMAN BARBARA LEE: No, treatment really is prevention and treatment should be early, it should be accessible and it should be universal [applause]. And thank goodness in my own country we have health care reform now where that will be a reality [applause].

JAMES CHAU: You got like every thumbs up from Julio Montaner who loves that. He loves it, but don't worry, I will

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pinpoint that on you it is in my notes later on there. Okay.
Any – we're going to take one question and it's got to be quick
and the first question I see, that one over there and you're
going to whiz around over here.

Come join me over here and we're going to wrap up on
treatment. We also went to prevention, we went to agenda.
There's so many things in here. You're going to have to run
it. Come on, come on, come on, come on, come on, come on.
Thank you so much. You don't know much time TV time costs.
Okay. Treat AIDS, don't turn back. I love that non-reversal
message of that. Name, organization perhaps and tell me what
you want to say.

MS. SHARON ANN LYNCH: Sharon Ann Lynch with MSF,
Doctors without Borders. Dr. Ramatlapeng, nice to see you
again. I wonder if you and Rolake can talk about what's
happening in your country specifically given the inequity of
the treatment protocols that are now in place. In Lesotho
people are starting early.

In Nigeria not so much, not yet. What I would like to
do also is to make sure before these days are over that every
single government representative have a microphone in their
hand where they answer a couple of questions. Do you support
closing the quality gap in term of access to treatment?

Do you support closing the gap in terms of access to
treatment within the next couple of years? Do you support a

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fully funded global fund? We've heard from one government official – thank you – that the goal is to get ARVs into every clinic. What about the others? Because instead frankly the donor countries are talking about rationing care when of course we should be rapidly scaling up. Thank you.

JAMES CHAU: Who wants to take that first [applause]? Rolake.

ROLAKE ODETOYINBO: Thank you very much. I knew MSF would come up any time. There is no town hall meeting without MSF. Thank you very much. I would like to share my perspective from the point of view of a SADAC health minister. In SADAC we have adopted similar protocols in all the 14 countries.

We ask that in treatment early. We have moved from 200 to 350 and we are convincing a few countries that are still lagging behind. We have cross border initiatives. We are treating every single child and at six weeks the children get DNA PCR and as soon as we know the children are positive, we start treatment.

So we have revised our protocols. We have cross border initiatives that we share. We actually even applied to the global fund as SADAC, not individual countries. So we really are doing a lot of good work and we have been activists from Lesotho.

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We are trying very hard as a country to make sure that – by the way before know your status became fashionable in 2006 when we launched the know your status, the international community was not very happy with Lesotho because they thought we wouldn't be able to do it. We did it. It is a brand that is recognizable. It is the entrance to treatment and care and we are firm believers that if we enroll as many people as possible in treatment would have immunity that would reduce incidents.

Therefore we really are – we are aware of all the difficulties. Yes we are looking for new treat – and lessons and easy to – and treatment protocols that are going to be introduced and we are aware that if we start to fix those combinations, all of what we are talking may be difficult but we are really advocates for early treatment. Thank you [applause].

MS. SHARON ANN LYNCH: Thank you very much.

ROLAKE ODETOYINBO: Plus looking at treatments the question, you ask is how do people get on treatment. Right now what we are seeing in countries very little access to testing. There is no way you can get on treatment if you cannot access testing.

If testing has been rationalized, if people are going out to test and you're giving people a target testing 20 people

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a day, how are we going to get people on treatment realizing that that's one way that people need to access services.

So for us, we need to see that in country where cutting down on programs. In country you haven't think – you're having everything been – what's the right word now? You are having everything been rationalized – been rationed, that's the word.

Things have been rationed. USAID, PEPFAR, all the programs in country there is right now we all have limits where you are saying you need to treat X number of people and for the first time in a long time, we're seeing waiting lines, we're seeing [inaudible] again for treatment and that's not acceptable.

JAMES CHAU: Thank you very much Rolake [applause]. Thank you. I want to ask everybody to get their red and green cards out again. I'm going to pounce on you in 20 seconds with that. I want you to think about what the panel has been talking about and ask you do that.

I do want to add Tuesday, 7:00 p.m., not just the Congress with everybody throughout Vienna for the human rights march being led by Annie Lennox on Tuesday. Be there and I'm sure she'll tell us more about that a bit later.

But let's talk – go back to the red and green cards. I mean it was fascinating but there's a fundamental question that I want to know. I mean you know we were supposed to reach this universal access, what was it? I mean booked by 2010. Clearly

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what was it, six, seven months? They can't count away from the end of the year?

We're not going to get there. What four, five months or something like that? Now that's been extended to 2015. How many of you in this room really believe when you look inside yourself that by 2015 that universal hope will become a universal reality? Red for no I don't believe at all, green yes I do.

Mercy me, I don't know what to do with at this stage. I think we're pretty much split 50/50 over here and we are going to ask the gentleman right in front of me here, Nakitani who's the Assistant Director General of the World Health Organization and sir, I know that you're helping lead this kind of revolution in health systems. Let's quickly talk to you. Why do you think – what was it again you did?

HIRO NAKITANI: Yes I put up green.

JAMES CHAU: You did green and it's not because you just passed the UN is it?

HIRO NAKATANI: No. [Laughter]

JAMES CHAU: Okay. Okay. [Interposing] Now, tell us why?

HIRO NAKATANI: Because, I think universal success is concerns, that is our hope. And, we feel – think about first time records, when we started three by five [misspelled?],

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nobody believes. Now, we come up five million, as Michel said and more detail is coming during this conference. But, I think, for example, that we challenged a new guideline and that is really what the panelist is talking about. Our diagnosis is investment for human being and for humanity.

I think that is persuasive, let's be optimistic, let's work together. WHO is one of UNAIDS co-sponsors. We are very much willing to and work with them, Michel Sidibé and his team. Thank you.

JAMES CHAU: I'll ask you to hold the microphone just there because I wanted to ask one other question to -

HIRO NAKATANI: Yes.

JAMES CHAU: Mr. Nakatani, I was so inspired, I know that your mother was one of the first legal professors in Japan. She also helped to, one of her last major pieces of work was to help abolish the leprosy laws over in Japan. She was obviously a human rights advocate. Tell me, how are you going to take that spirit, which you grew up with in your house and how are you going to use it to revolutionize, to transform, and to use Michel Sidibé's work to reshape health systems and health sector in our world today through the WHO?

HIRO NAKATANI: Yes. I think my mother and also, that is my value is at survival is fundamental of human rights. I think that health sector has much to do. International agency has much to offer. And that is my commitment and that is, I

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share with my colleagues and everywhere. There is three layers of WHO and other human agencies, we will work harder. Thank you.

JAMES CHAU: Thanks a lot for that. Hiro Nakatani from the World Health Organization. [Applause] Quick question, back to our panel Rolake I really want to ask you this because what does wiping out – let's talk about game changes in the global response. Tell us what does wiping out mother-to-child transmission mean to you personally?

ROLAKE ODETOYINBO: I detest the mother-to-child transmission. I hate it with everything in me. I'd rather have the word parents-to-child transmission. I think that I'm not, as a woman with a child, be responsible for transmitting it to my child who should take responsibility, so for me, prevention of parent-to-child transmission means that number1. We must reduce and prevent infection in woman and girls. [Applause]

If we are not addressing infections in woman in girls we can't reduce that. We must ensure that we prevent only intended pregnancies in woman with HIV, which mean we must have access to the whole comprehensive session on reproductive health packages as people with HIV, both men and women.

We must ensure that we have access to testing services for pregnant woman wherever they might be. We must ensure that our mothers have access to anti-viral therapy to prevent

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transmission this infection to their children. Finally, you must keep us alive to take care of our babies. We do not want to become vehicles for HIV negative orphans. We want to remain alive, which means comprehensive family center care for mothers, babies and families. That's what it means to me.

[Applause]

JAMES CHAU: And you know, Julio, of all the things that I've heard you speak a few times that we've had a few meetings this week as well. One of the things that you did come out that really struck a chord, I think, especially with me is that you said that, you can't even talk about mother-to-child until you start tackling HIV.

I love what you say and I love and I really hear what you say here. One more quick show of hands, if you believe mother-to-child transmissions a way forward you go for the green. If you think Rolake's a way for parent-to-child transmission so we can wipe out the discriminating policies of that, let's go for that.

It's the same thing for you. It is the same thing for you. Okay, well you will have your chance to talk about that in just a couple of minutes. Thank you very much Rolake for that. I just have to ask you because we are very lucky to have you on our panel today.

I know that you - there's no shortcuts with you, Congresswoman Barbara Lee. Tell it like it is, because, people

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are waiting for treatment in developing countries which we are well aware of. People are waiting for treatment also in the United States.

BARBARA LEE: Let me say, when we talk about this as a global epidemic, it is. It's affecting people throughout the world including the United States. As I said earlier, we finally passed health care reform. Finally, we will have universal access to health care treatment. I've been tested five times publicly.

First, it's important for leaders to get tested publicly, to encourage young people to get tested. That's extremely important.

Secondly, when you look at the disproportion of rates of HIV and AIDS in the African-American community and communities of color, I hope you look at the work that the Black AIDS Institute lead by Phil Wilson is doing, very important work.

Thirdly, let me just say to you and answer to the question earlier about believing that we'll have access by 2015. I believe we can and – no one believed we could lift the travel ban so that people living with the virus with HIV and AIDS could come to the United States. No one thought that we could do that. A few of us said yes we can and we did. And – we did. [Applause]

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And so, the next International AIDS Conference in 2012 is going to be in the United States of America. So, I invite all of you to come to really see what is taking place in my own country so that you will know that our struggle for treatment for access for equal opportunity for justice for human rights is an international struggle.

It's global and we join with you as chair of the Congressional Black Caucus to make sure that our country is involved in this international effort. That is so important for the world to understand. [Applause] And we declared a state of emergency in my own congressional district in 1999 as it relates to HIV and AIDS in the African-American community.

JAMES CHAU: Thank you very much for that. I also want to add you lifted your travel restrictions on January 1st, I believe, this year and I'm so proud that my country finally lifted its own on April 27th. I think that is - [applause] I think it shows huge leadership on the part of the partner and just of the world's top economy but one of the world's most powerful emerging nations.

So, we've heard from our four panelists, U.S. Congresswoman Barbara Lee, we thank you so much for being here. Also the Minister of Health from Lesotho, Ramatlapeng and we also wanted to thank Claudia from Chile, and also Rolake from Nigeria. Your stories really have - really touched us.

[Applause]

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And, of course, we are so lucky – genuinely lucky to try to include as many voices as we can in 90 minutes but we need leadership to pull this all through. We the science we need the global activists to try to unite what we think. I mean, a lot of people are out there demonstrating. They're going to have a demonstration at 5:00 p.m. What does it count if we don't have the people to pull it in, to draw the inspiration, for example from young people?

That's what we hand things back and that's where we hold accountable Michel Sidibé and Julio Montaner. Thank you very much for coming back onstage. If you would like to take a seat over there in the sofa. Perhaps you could both sit on the one farthest away from you. And with the microphones over there, you could perhaps share with us some of your thoughts of what you've heard over the past hour or so.

But, before you do that a very very quick question. Julio, you know, you always talk about now not treatment as prevention but treatment as prevention, are you suggesting that we really should just get up in the morning and start treating everybody who has been diagnosed?

JULIO MONTANER: No, James, I think that's premature at this time. I think that what we have clearly stated is that there is a gap of individuals that meet medical guidelines for treatment and what we're doing is missing opportunity to optimally and effectively treat those individuals, bring

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treatment to the people which would be redundant in benefits to them, to their society and also because of the secondary prevention benefit of the treatment reduce HIV transmission at large.

And remember, it's not just all preventing HIV, it is also preventing tuberculosis putting people to work and consolidating the families. So, today we had to deliver [inaudible] and that's going to be redundant in benefits for the people, for the families and for society at large.

JAMES CHAU: I also want to ask Michel a very quick question over here. Let's - this is something that is being brought up. A member of the audience from Brazil passed me a question around the back but I want to channel it back and just have a quick word about financing. We have a special session later this week on innovative mechanisms to try and make up for the shortfall that we so clearly need.

Obviously, the global fund has another replenishment conference coming up in October. In the meantime, although we do try to find ways to bridge the gap, how do we try to make sure that people don't fall in between that gap whilst we're trying to decide how we going to find the money?

MICHEL SIDIBÉ: First feeling, I want to take that is not time to scale down, it is time to scale up. We have so much up in the horizon. So, it's not possible for us to go

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without fully global fund. We need a global fund, fully funded. [Applause]

It is not just my hope, it is the hope of a million of people who are not with us. People like I said, without voice and what we need to do is to strongly advocate to make sure that we will have successful replenishment for the global fund. [Applause]

JAMES CHAU: Michel, we're not – there is no way, I mean with the face of AIDS being so complex, there's no way that we can, you know, fit in all the voices in the space of just 90 minutes, but, I have to mention this, either to you or to Julio. We have to mention the word stigma and discrimination.

If human rights is seen as a way of blocking access to AIDS prevention, AIDS treatment, tell me about the role of stigma and discrimination? Who wants to go first?

MICHEL SIDIBÉ: You know I just want to just certainly conclude by saying that today it is a new day. It is a new era for the response to HIV/AIDS. I need you and let us make sure that we make this world free of new infection, free of discrimination. And let us make sure that we will have zero HIV related deaths. [Applause] It is possible and let's make that our vision and fight for it. Thank you very much. [Applause]

JAMES CHAU: Julio.

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JULIO MONANER: James, it seems that it will emerge at this conference, is one of looking for efficiencies. We are responsible to make the treatment not just effective but more cost effective so that the investment on health that Michel is asking for becomes a reality. From my perspective, very pragmatically, the lack of support for human rights is making our efforts highly inefficient.

So, even from that perspective, we must do it and we must do it right, and right now. And, on that note, let me say the Vienna Declaration that is being put forward at this conference has to be signed by everybody because we're wasting time, effort, and energy fighting futile wars, we need to move forward with everything base decision making, we need to drop a theology decision making and with that we would have a better world.

JAMES CHAU: Julio, one quick thing. [Applause]
Julio, I really want to ask you. You are on the plane, coming to Vienna, you open your newspaper; tell me what you saw in that photograph?

JULIO MONANER: On my way to Vienna I opened the newspaper and there was all Chinese program, never heard before it says tell those that are saying that it cannot be done, not to stop those of us that are doing it.

JAMES CHAU: And that is where Julio said please, if you haven't already go to www.viennadeclaration.com add your

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name there and put your name to it and be part of that change. Closing comments from Michel Sidibé, head of UNAIDS, give us something inspirational.

JULIO MONTANER: I would like to just call on the Deputy President because I think it is the first time in the 10 years on the fight against HIV/AIDS that South Africa have been applauded. Please, Deputy President. [Applause] Please come.

And we need their leadership, we need your commitment. I think I heard from a President, Deputy President of South Africa, was who I was expecting, let us fight for stigma, let us fight for discrimination.

Let us make sure that people who are hiding themselves, people who are going underground to have access to services and it was naming man having sex with men, sex worker, drug user, migrant population, please honor that is for me a revolution. Thank you very much.

JAMES CHAU: And I want to add someone to all this, I would like to add someone to this. Someone who I saw on television early this year on the BBC and I saw on CNN and someone said to her, why are you involved in AIDS and instead of taking it defensive she says because I'm a mother, I'm a woman, I'm a person and then she just went.

And she speaks so formulatively and so passionately about it and she is such a thrill to be here today. The crown princess is UNAIDS goodwill ambassador. Everybody can be a

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goodwill ambassador in your own workplace, in your own community, in your own homes, that is the power of it, you don't need the title, you need the inspiration and you need the support from people all around this room.

But, it gives me enormous pleasure to add someone else to that UNAIDS family. A singer, a songwriter, a longtime activist, and the founder of the very successful Sing campaign, the woman who will lead us through the streets of Vienna on Tuesday and bring us back to the people movement, the newest, International UNAIDS Goodwill Ambassador, ladies and gentlemen Annie Lennox. [Applause]

ANNIE LENNOX: What a wonderful event this is. I waited for this for two years. Two years ago I was in Mexico City and I didn't have an – really have an opportunity to talk collectively to people but, let me do that now. I would love to share with you, just a little bit of the reason why I'm here. Today is Nelson Mandela's birthday.

Twenty-two years ago I was one of the many musicians who performed at Ramble Stadium celebrating Mandela's birthday. About time, he was incarcerated in Robben Island. We hadn't even seen a picture of him; we didn't even know what Mandela looked like any more.

And it looked, at that time, really that we might all be crazy because maybe apartheid could never be overcome. But it was. And the Berlin Wall came down and for me, Mandela and

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the ANC and all the members who fought against apartheid both in the country of South Africa and around the world are an emblem, a representation of hope over despair and that is what we need to do. We need to focus, we need to galvanize, we need to be positive, constructive and committed to long-term change that is possible.

I was introduced to the HIV/AIDS pandemic in 2003. I stepped foot into South Africa for the very first time. I was invited to perform at the launch of 4664. Nelson Mandela's HIV/AIDS Foundation and it was a tremendous privilege for me to be one of the artists there to take part in that launch party in that campaign. And from that moment on, I have continued to campaign.

We were all invited the day after the concert to go to Robben Island and to witness Mandela talking to the International press about the AIDS pandemic as it played out in South Africa and in the Sahara Africa in the huge continent of Africa.

And I was shocked because in the extraordinary moment to witness Mandela, the emblem of the change that had taken place, the man who represented the transformation in South Africa, who took that country away from apartheid, we saw that there was no civil war, that they had peace and reconciliation, that this tremendous transformation happened, there is Nelson Mandela describing the HIV pandemic as a genocide affecting

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woman and children, as well as, all of the other people that is we knew that are being affected. And that shook me so much. How could we hear the words coming from this man 'genocide' and how could we not respond?

How could we not know that every single day in that country, a country with the highest instance of HIV transmission, 1,000 people dying on a daily basis, is that not appalling? If it had been taking place in a European or Western country, we would all be up in emergency. And, I was so shocked by this.

I'm a mother, I have two wonderful daughters, I've had human rights, I've had the access to the things that most of us simply take for granted. The right to have education, the right to good medical care and attention, the right to have safety, protection in the logistical ways and all kinds of ways.

And, what I'm saying is, that we, western woman, mothers, we know the value of our children's rights, we want our children, all children to have access to good things, to life, to education, to health care. I don't want to see any mother die of a preventable disease. Why should that be? The mother, the one that we should honor, the one that we should value and protect, of above all the women of the world, they are the ones that desperately need us now. They need our support. [Applause]

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Even though statistics will tell you, at this point in time, that HIV and AIDS is the biggest killer of women of reproductive age globally. Why doesn't the world respond to this? It's an outrage. I'm outraged. It is anger and outrage that has kept me campaigning for the last seven years and will keep me campaigning until we see the kind of changes that Michel Sidibé is talking about. [Applause]

So, please let's put all, everybody, you must put green cards up. You must commit to this now. If you are putting red cards up, it means you shouldn't be here. You have to commit to the idea, you have to force civil society, political leaders, anybody of influence, you must believe that this can change. If you don't you have no right to be here in a sense. We have to believe in the change. Otherwise, what are we doing is a 50/50 commitment.

Please put your green cards up and say that you believe that the [inaudible] happen. The Deputy President of South Africa is here. We knew that there – come on more green cards, please, come on, show them. There you have.

The Deputy President of South Africa is standing here with us today and making a commitment to the National Strategic Plan that has taken – that will take place. South Africa can be a beacon of light and transformative hope just as it was back in the day when you overcame apartheid, Deputy President. We have seen through the World Cup that you are now on the –

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back again in the International focus and we applaud you for this wonderful event. We truly do. [Applause]

So, let's recommit and take it further and show the world that if it can happen in South Africa, it can happen all over the Sub-Saharan continent of Africa and it can happen in every part of the world. We need to recommit. Thank you.

[Applause]

JAMES CHAU: Thanks. You were so good. [Laughter]

ANNIE LENNOX: Wasn't he great. Isn't he great.

You're so great. This is the first time we've met. I think you're wonderful.

JAMES CHAU: I'm James.

ANNIE LENNOX: Oh, hi James. I'm Annie. [laughter]

JAMES CHAU: We all know that. We all know that.

Thank you very much for being here. It's so powerful. Even for you to be wearing an HIV Positive t-shirt is incredibly powerful. What you do going through the media and reaching out to places that you don't even know. Places that you've never even been to is just emboldens so many of us.

ANNIE LENNOX: This is solidarity. I discovered this t-shirt because I met, I really honored and privileged to Zachie Achmat, the founder of Treatment Action Campaign.

[Applause]

One of the bravest HIV activists of all time. I am also a TAC member and I'm part of the Treatment Action Campaign

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and I'm extremely proud. To be part of that incredible movement. [Applause]

JAMES CHAU: Thank you very much Annie. I just think that you spoke so beautifully about the power of South Africa and not just the country of South Africa. But, imagining the dream of what it has done. I mean, it is incredible, 20-something odd years ago it wasn't so different. I think that we're so honored, so privileged to have you here and that it seems only right that perhaps you could give us the closing comments today Deputy President.

HONORABLE KGALEMA MOTLANTHE: Thank you.

JAMES CHAU: You're welcome.

HONORABLE KGALEMA MOTLANTHE: Thank you very much James, and all the participants. I want to take this opportunity to slide in just humble suggestion that what we need to remember all the time is that without you this will not happen. It is very - [applause].

It is very easy, even for the most progressive government to slide into complacency and to lose the will to continue pressing for change and improvement and that is why it is so important that you, as activists, must always raise issues as sharply as you possibly can because governments need that nudge all the time. If they are nudged into action they slide into placidity and doing things they usual, normal,

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lackadaisical way. And that is why it is so important as activists to remember that - [applause].

In order for us to succeed you must remain in those trenches because in where I come from in politics we save freedom means recognition of necessity. As we win one step and concession, it only serves to reveal even more needs and therefore this struggle must continue until we overcome. Thank you. [Applause]

JAMES CHAU: So, we also want to say thank you. We want to say thank you to Claudia, to Rolake to the Health Minister, the Honorable Minister of Health and Social Work of Lesotho and also U.S. Congresswoman Barbara Lee. We want to thank the Royal Highness and Crown Princess Mette-Marit your leadership as always to us. Annie Lennox, Julio Montaner, and also Michel Sidibé and, of course, the Deputy President Kgalema Motlanthe.

I think, let's get those green cards, let's use them the next six days and really try to transform. And, as we all say here today, to reshape. Thanks very much room for watching. [Applause]

[END RECORDING]

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