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**Web Briefing for Media: Key Stories Ahead of the 2014
International AIDS Conference
Kaiser Family Foundation
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PENNY DUCKHAM: Welcome to this web briefing for media literally a week ahead of next Sunday, the opening session of the 20th International AIDS Conference in Melbourne, Australia. We're really pleased to have with us today my colleagues, Dr. Jen Kates, Dr. Chris Beyrer, Dr. Tony Fauci, and the whole point of this session is going to be to give ample time to you, the reporters on this program, a chance to ask ample questions via chat. Don't hesitate to start sending those in whenever you like. We're going to start with some brief presentations and then go straight to the Q&A. This is, as you perhaps know, the latest in an occasional series that the Kaiser [Family] Foundation has organized on global health issues exclusively for journalists. Again, this is obviously well timed in advance of the International AIDS Conference whether you're going to be there in person or like many of us in the US, following this online. With that, I am going to turn over to my colleague, Dr. Jennifer Kates. After that, Dr. Chris Beyrer will be speaking, and then Dr. Fauci. Then we'll do a brief wrap-up and then go straight to Q&A. Jen.

JENNIFER KATES, PHD: Thanks so much, Penny. Hi, everyone. This is Jen Kates from the Kaiser Family Foundation. I'm really glad to be able to have so many of you on the call today listening to this and having the opportunity to just

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interact with you and with Dr. Beyrer and Dr. Fauci who are experts on a whole range of HIV-related issues about the upcoming conference. What I would like to just do is take a few moments and make some opening thoughts and statements about the importance of the conference and some things to look for as you're considering reporting on the conference either from being there or from being wherever you are based.

Just some thoughts; this conference itself has always been an important conference and probably the most important global health conference that takes place in the world still. I believe that one of the reasons it has always been so important is that its origins were both from the community of people affected with HIV as well as from the scientists who were responding to the epidemic and that is still the case. I mean, very much today, the drivers behind the conference are the community and the scientists as well as the politicians and others who are key stakeholders but that is a fairly unique aspect of this conference. Also unique and important is that it moves from developed to developing country from region to region every other year which is why it is so far away this year, but while that might seem far and a challenge for some to get to, I think it has really been an important part of how this conference has been developed and framed over the years. It's always been a place to take stock to provide new

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information, to make linkages and frankly to have debates. All of those things I anticipate will happen when we get there next week.

The theme this year is Stepping Up the Pace because those of us working on HIV have been very focused on how we take to scale the things that we know that work. It's still a big, big challenge. We have so much more that we know that works today and getting those services, those interventions to the levels of coverage that are needed is the big challenge. Also important about the conference from the Kaiser Family Foundation's perspective is the role of the U.S. government and US policy in helping to inform the conference, sometimes shape it, sometimes react to it. Given that the U.S. is the largest donor to global AIDS efforts in the world and the leading scientific researcher, what the U.S. does and doesn't do around the conference and just global AIDS policy more generally is always very, very critical to watch. With the new PEPFAR coordinator, Ambassador Debbi Birx, who hit the ground running very recently and she'll be there, I think it's a great time to be able to see how the U.S. is moving forward.

Looking at this year's conference, just some things to think about and watch for, a big discussion that has been under way and will certainly be very important in the Melbourne conference is the whole issue of human rights challenges and

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the rise in the anti-LGBT discrimination laws in several countries and how that gets dealt with by all of us working on these issues whether it's from the scientific perspective, a political perspective, or public health. Clearly, the Melbourne Declaration, which I'm sure Dr. Beyrer will talk about, which is the office declaration of the International AIDS Society and conference organizers, is all about this and how these kinds of laws and steps are really going to take us back.

The second, as I mentioned, is scale up. Are we really getting there and how are we doing it? The third issue is the promises and setbacks to science and I'm sure Dr. Fauci will talk about that. We've had incredible scientific gains in the last few years but a setback just yesterday and so that's just the ebb and flow of this epidemic.

Then, lastly, funding. Funding certainly is not the only key factor in ending AIDS and combating HIV, but it's really, really critical. We, Kaiser Family Foundation, will be releasing next Friday, on the 18th, in conjunction with UNAIDS an annual report we do on donor government funding for HIV. We'll be looking at the most recent trends and trying to see where donor governments are. Donor governments including the U.S. have been the key part of why we've made successes in HIV and so we've been tracking how those resources are rising,

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falling, flattening for over a decade and we'll have new data coming out in a week to let everybody know where that stands today. With that, I'm going to wrap up and I look forward to your questions and look forward to hearing what Dr. Beyrer and Fauci have to say as well. Thank you.

PENNY DUCKHAM: Thank you, Jen, and now Dr. Beyrer, we're over to you please.

CHRIS BEYRER, MD, MPH: Well, hello everyone and thanks for your engagement. The 20th International AIDS Conference will be in Australia for the first time ever. This is a conference that, of course, is global, but it does have something of a regional focus as well and that is on the Asia-Pacific region, which has been very heavily affected by HIV over the decades. The last time the conference was in the Asia-Pacific was 10 years ago in Bangkok, Thailand. As Jen said, we're very focused on the challenges that we're facing with some of the stigmatized and criminalized populations. That will be a theme that will come up, but it's particularly relevant for the Asia-Pacific region where, in many of the countries and certainly some very large and important ones like India and China, Indonesia, Vietnam, Thailand; the majority of infections actually are in what we call key populations – men who have sex with men, people who inject drugs, sex workers. These populations are indeed the ones where we still have

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ongoing challenges and delivery services and access to healthcare and human rights and in ongoing HIV incidence.

Australia, of course, has a proud tradition of having responded to those HIV infections in those populations. It was a very early country to adopt harm reduction programs. It is often seen as an early success story in pragmatic, humane public health approaches to the HIV epidemic and so the Australian story is going to be part of the background for all of us. I must say that the Australian response to the conference has really been extraordinary. There are more than 140 affiliated events and we really are going to paint the town red as they've been saying in Melbourne. Many, virtually all the public buildings, will be lit up and there are lots and lots of participatory events around the conference. It's going to be we think, perhaps, 12,000 participants in total, about 800 journalists from around the world so relatively smaller than some of our more recent conferences, although, certainly still a very large global health gathering. It's the most competitive scientific conference we've ever had.

We had an enormous number of abstracts. The lowest rate, a little under 4-percent of those, will be presented as orals so we're very excited about that. Of course, we want an important scientific program and I have to say the plenary lineup really looks spectacular and the leaders in the US HIV

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response including Dr. Fauci himself were delighted in giving a special session but also Debbi Birx, the new head of PEPFAR and Mark Dybul, an American who's the head of the Global Fund to Fight AIDS, TB, and Malaria, are all prominently featured.

I would just say a couple of other things to highlight and to think about in the conference. Certainly, one, as Jen mentioned, the Melbourne Declaration and our focus on really trying to leave no one behind. This is really going to be a critical story and there are a number of sessions relating to the health rights of affected populations. There have been a number of prevention advances. I will leave to Dr. Fauci some of the key scientific highlights there but there is going to be a very important focus on new prevention strategies and I'm trying to implement existing prevention strategies. A good example is that the open-label extension of the iPrEX trial. This was the trial of Truvada, a pre-exposure prophylaxis, in men who have sex with men and transgender women, and will be presented at the conference and I think that that's going to be an important prevention highlight.

We're really delighted that this conference is also going to highlight the role of women in science. It's the first we've ever had where both of the co-chairs, Francoise Barré-Sinoussi, who, of course, shared the Nobel prize for the discovery of HIV, and Dr. Sharon Lewin who is a prominent

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cure/latency researcher, are the two co-chairs. I must say working with them has just been absolutely delightful and their scientific leadership in the cure area is really going to be highlighted at the conference.

I would say in closing that I think while we know that this conference is far certainly for Americans, it is a really important time for the world to gather, to take stock of where we are and the response to this pandemic, to reinvigorate some important parts of the epidemic that really need attention and also to really address as Jen Kates pointed out, the current pushback that we're having against the full extension of treatment and care to some of the marginalized communities who really need it the most. We think that Australia is the right place for that kind of message. It's been a country that has been really in the forefront of the human rights and pragmatic approaches to the epidemic and we think that that's really going to be a critical message to come out of the conference and to share with the wider world.

PENNY DUCKHAM: Thank you very much Dr. Beyrer. Now, Dr. Fauci, over to you please.

ANTHONY S. FAUCI, MD: Thank you very much, Penny. It's a real pleasure to be here with you today and I'm looking forward with a great deal of enthusiasm to going to Melbourne to participate in the conference which I'm sure is going to be

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very exciting and informative. I just want to spend a couple of minutes of my time to just talk a little bit about some of the science that's going to be discussed there. When one looks at the program, there really is an extraordinary amount of interesting issues related to broad general topics. I don't have the time but I certainly will answer any questions about any of them but there will be everything from the issue of the extraordinary advances in hepatitis C treatment particularly since this has a coinfection with HIV is such a very important comorbidity that all of us throughout the world, including myself, who take care of HIV-infected individuals are faced with now particularly in light of the extraordinary advances in treatment of HIV, which leave, as comorbidities, a number of diseases including liver disease. Also, the issue of the extension of pre-exposure prophylaxis, some of the obstacles that one faces and even some of the controversies that have been discussed regarding the issue of PrEP; a treatment as prevention as each year goes by, the validity of that concept becomes more and more apparent. We'll be hearing about that at the meeting but I want to focus just for a couple of minutes on two of the issues that I will be addressing in my special lecture and that is the exciting research that's going on in the arena of vaccine as well as in the arena of a cure.

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Some of the things that I think are going to come out at the meeting are the importance of continuing in the discovery phase of cure research. We've got to be very careful that in our enthusiasm to develop a prolonged virological remission, which, hopefully, gets translated into a cure, that we don't forget that we are still in the very early learning phase or discovery phase of cure research. We learned that with some great deal of sobering effect, just yesterday when I was participating in the announcement that the baby, which has been known now internationally as the Mississippi baby, had an unfortunate rebound to viremia after being 27 months off therapy with no detectable virus and now at 46 months of age. We can get into some of the questions about that later, but that should not be considered a setback. That should be considered part of the discovery phase of cure research and the need for us to understand the complexities of the reservoir and the fact that even though we can't measure in this child, for example, for 27 months of being off therapy, we could not measure replication-competent virus but it was there. You'll be hearing at the conference about the need to develop better surrogate markers to detect and monitor the reservoir, which is critical to any cure research.

In the area of vaccine research, there's a lot of excitement in the arena of what's being called B-cell lineage

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vaccine design namely by going to the patient and finding out the kinds of things that trigger various types of antibodies particularly the rare event in 20-percent of patients of broadly neutralizing antibodies and to retrace along the B-cell lineage just what it is that induces that and how to turn the epitope of an envelope into an immunogen that induces response. There are many discussions that you'll be hearing at the meeting that will get into those aspects of vaccine design.

As a scientist, I look forward to the meeting that we're going to have a lot of information, some of which will be synthesis of things that we already know and others will be projections of new information that I'm looking forward to dealing with. I'll stop there and later on I'd be happy to answer any questions. Thank you.

PENNY DUCKHAM: Thank you very much. We are opening now to questions but before we go right there, Dr. Beyrer, do you have any further thoughts that you wanted to share before we go to the questions?

CHRIS BEYRER, MD, MPH: Well, I think I would only add to Dr. Fauci – I think he's absolutely right about some of the critical areas that we will be hearing new science on that we'll be hearing about. I think there will be some important geographic information. We have sessions from Eastern Europe and from Russia and from the Middle East and North Africa,

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which are areas where HIV is still expanding and where information has been challenging. I think that will be some new information.

We're launching a special issue of *The Lancet* at the conference, the *British Medical Journal*, *The Lancet*, which is entirely seven articles and a number of commentaries on HIV and sex workers which is a population of both men, women, and transgender persons who have really been neglected in the last 10 years or so of research in the epidemic but who really I think we're going to focus a lot of attention. You'll be hearing and seeing a number of scientific presentations as well on sex work and the special challenges of prevention, treatment, and care there.

I would say the one other area, which we now have a whole track on, which is implementation, is going to be a very important part of this. There are a number of papers, presentations, plenaries. This is really the science of how you deliver services and how you better address the gaps, the barriers that are out there in terms of going all the way across the continuum of care from identifying folks who are at risk, from diagnosing HIV infection, to getting people who need treatment linked into care, sustained in care, and finally getting to fully suppressed viral load, which is the goal of treatment. There's an enormous amount of work in that area.

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This track, it's track E of the five tracks, now actually has the largest number of submissions of any. That's a first for this conference and so this is an area of where there's a tremendous amount of activity. It's sometimes called Implementation Science or Operational Science but really an important area and certainly one where particularly for developing countries, there have been some real advances. I think those are some of the key areas that we'll see a lot of activity at AIDS 2014.

PENNY DUCKHAM: Thanks again, Dr. Beyrer, and actually, you have just provided and touched on one of the topics which we have now got a question on so before we go to the questions, just to remind you, that as we go forward, you can send in your questions via chat. I'm going to then read them out and then we will call on each of the three speakers to pick them up and address them as we go forward. Again, please send in your questions and I will do my best to make sure we answer all of them.

We're going to start and I think this one possibly, Dr. Beyrer, it's best if you start by answering this one and then we'll go to Dr. Fauci and Jen. Caelinn Hogan from the *Washington Post* says since one of the key issues is criminalization of key affected communities particularly LGBT groups and sex workers, what can we expect to see in terms of

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changes in policy to address these challenges and then PEPFAR has been criticized for continuing to fund faith-based initiatives which prioritize abstinence over contraception and may stigmatize at-risk groups as well as the anti-prostitution pledge, which can prevent groups supporting sex workers from receiving funding? Chris?

CHRIS BEYRER, MD, MPH: Yes so a number of questions in that one. Let me start by saying, first of all, that absolutely these issues particularly around decriminalization or the new laws and policies that are being enacted in a number of countries will certainly be front and center. There's a plenary on men who have sex with men by Laurindo Garcia who is an activist from the Philippines who is very much going to speak directly to those issues. I think very importantly, there is a human rights prize, which was awarded for the first time in Washington, DC. This is a prize created by amfAR and jointly, that's the American Foundation or now the Foundation for AIDS Research in honor of the late Elizabeth Taylor, that is, the Elizabeth Taylor Human Rights Prize. It was given for the first time in Washington, DC. It's jointly administered by amfAR and the International AIDS Society, the IAS.

This year's recipient is Paul Semugoma who is a Ugandan physician who has been a very brave openly gay man who was trying to provide services in his country, to his community,

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has been forced into exile but he'll be there in person. He's going to be a very prominent part of the conference and we think that the Elizabeth Taylor award will really help bring this to the fore.

There is also a plenary on sex work that is going to address some of these issues and then the scientific sessions that I mentioned from *The Lancet*. There will be data. It's primarily a modeling data led by the modeling group in Imperial College that looks at the potential impact of decriminalization of sex work as a preventive intervention and suggest actually that it is an important potential prevention tool. I think those are going to be very important scientific data.

Dr. Birx is going to be speaking about PEPFAR. She, of course, is the ambassador. Our understanding is that in the case of Uganda where certainly one of the most of these punitive new anti-homosexuality laws was signed into law just a few months ago, that there was indeed a PEPFAR recipient organization that had been involved in lobbying this as a Ugandan local faith-based organization. That was a PEPFAR recipient that had been involved in some of the lobbying efforts in support of that anti-homosexuality bill. That funding has been moved with an attempt to not have any gaps in services for the people who are being provided antiviral therapy by that NGO to other recipients who are not engaged in

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promoting those anti-homosexuality policies. I think that's an important step. I think what everybody agrees on and certainly the activist community who will be strongly enforcing in Melbourne is that nobody wants to see interruptions in services around these issues, but at the same time, it is critically important for us to stand up for human rights and to really make clear that the evidence strongly suggests that these laws and policies aid and abet the HIV epidemic and are both violations of human rights and bad public health policy.

PENNY DUCKHAM: Dr. Fauci, do you want to add to that?

ANTHONY S. FAUCI, MD: No. I think that Chris did a really good job at summarizing what's going on in that space.

JENNIFER KATES, PHD: Yes. This is Jen Kates. I'll just add that the question also is about changes in policy and what's happening generally around policy change to drop this with PEPFAR. I think from the Foundation's perspective because we've done some work on this, I think that the key stakeholders, particularly donors, are really trying to figure out still what is the best approach to very complex situation. Ambassador Birx put out a pretty strong statement that talked about the importance of health services and public health approaches and in the history of HIV, provision of health services in very difficult situations has been part of the fabric of how the response was created and that shouldn't

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change. I think that was a really important sign as to an approach but how more writ large beyond Uganda this will be addressed if more countries begin moving in this direction is still an open question. An open question that we pointed out in the report we released recently is what is the broader policy of the U.S. government and others more generally around looking at these issues so not just Uganda specific but more broadly.

PENNY DUCKHAM: This next question is fairly squarely focused on the U.S. Of course, the last International AIDS Conference in 2012 was held in Washington, DC, and this question comes from Julie Davids of TheBody.com. Will, when, and how will the U.S. government delineate or take stock of progress or lack of progress towards specific policy and funding goals publicized at that time at the AIDS conference in 2012 in Washington, DC? Dr. Fauci, do you want to take a stab at that one?

ANTHONY S. FAUCI, MD: I'm not really sure what the question is because if you look at the goals, for example, of PEPFAR, is that the goals that the questioner is asking because the goals of people on therapy are right there and have been met. I mean, obviously, we have restrictions on funding that none of us are happy about, but with regard to meeting the

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goals that PEPFAR has set for people who would be receiving therapy, I think those goals are being met.

JENNIFER KATES, PHD: Yes, I agree. This is Jen Kates. I would just add that I know that there is a discussion that's beginning around how to set new targets and how best to do that given that the way in which the U.S. government works with others, other partners, other donors, recipient countries is very intertwined. There is a robust discussion that is under way about how best to attribute, and to whom the efforts, and how that was being rolled out Julie, I'm not sure, and when, I'm also not sure.

ANTHONY S. FAUCI, MD: This is Tony Fauci again. What we're probably be hearing about from Deb, I don't want to speak for her, but in the couple of years that have now gone by, there has been an evolution such that certain countries now are participating much more actively in programs that were highly dependent on PEPFAR money and there are others that still rely very heavily on resources from PEPFAR. What we're going to be hearing about, as Jen referred to, is to just relooking at the landscape how to best spend the money and how to have countries, which are doing a really good job much more on their own, can continue to do that and build up systems that will be sustainable. I think we're going to hear a bit about that in Melbourne.

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CHRIS BEYRER, MD, MPH: Yes, this is Chris. That is right. I would just add that we'll also hear from a number of leaders from PEPFAR-focused countries, so the South African Minister of Health, Aaron Motsoaledi, and other leaders from the region, will also be reflecting on what their country is taking on – much more of the burden of the work of the responsibility of care – has meant and how that is all working.

PENNY DUCKHAM: I think it's a little of a follow up. Julie Davids is also asking about the National HIV/AIDS Strategy – that's the U.S. strategy. Jen?

JENNIFER KATES, PHD: I'm happy to say something and Dr. Fauci perhaps you want to add. The question is about the National HIV Strategy of the United States government, which was introduced by or released by President Obama in 2010. It's the first comprehensive strategy for the U.S. It had goals in it as well that are for 2015. The question I think is referring to what's the next step there of what's being done to take those forward and Doug Brooks is the new head of the Office of National AIDS Policy and he has said publicly that that is being looked at right now to try to put out what the next steps will be. I don't know the timing on that. He's engaged in listening sessions right now so I'm sure it's under way. I don't think he's going to be at the conference so my

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guess is the conference itself probably isn't where those announcements will be made but I don't know.

PENNY DUCKHAM: I'm just going to take the prerogative to slightly return to a point that you made, Dr. Beyrer, about implementation. Dr. Fauci, I'm going to ask you about the recent remarks that you made and then seemed to be picked up by the governor of New York state, Governor Cuomo, regarding the opportunity to really use all the tools at our disposal to try to not just stem the epidemic but really to reverse the epidemic and at this time focusing on New York state. Again, without making this too much of a U.S.-centric conversation this afternoon, could you talk about that a little bit about what would be involved and then perhaps we could go broader of the issues that would potentially be coming up at the conference?

ANTHONY S. FAUCI, MD: I'll take a stab at that. I went to a few weeks ago the Aspen Ideas Festival. Walter Isaacson who is the head of the Aspen Institute asked me and a few other individuals to get up, and this was really a good exercise, in 2 minutes come up with a bold idea that in the next 10 years will transform an aspect of global health. I chose in that 120 seconds that I had to get up there and talk about the fact that at this point in time, even without a vaccine and a cure, that we have the tools with the combination

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prevention modalities as well as the power of treatment as prevention, that if we are very aggressive in implementing these, that we can without hyperbole, show that we can actually sharply deflect the curve of HIV incidence to the point where, as with all pandemics, when they're on the rise, they're self-propagating, and when they're on the decline, they're propagating in the opposite direction namely towards control. I said that it is very frustrating that when you have the tools in your hand and you know if you implement them that you don't implement them. I gave a call for knowing that there are restrictions in resources but under certain circumstances and different countries will be different, different states within countries and different regions will be different, but there is the opportunity to actually pull a very aggressive implementation strategy right now to be able to, in certain circumstances, put an end, or at least the sharp deflection, to the curve. I fully believe that's possible. It's not uniformly homogeneously possible, but in certain areas, it is.

I think that Governor Cuomo had that idea certainly before I said it at the Aspen Ideas Festival so I don't credit it at all that it was an idea that he picked up on me. He had that idea himself, but it was very much in sync with what I was saying at the Aspen Ideas Festival and he's going to try as

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best as possible to make that big push to do that in New York state and I commend him for that.

PENNY DUCKHAM: Dr. Beyrer, you spoke about the conference is going to be one of the first times that there was such an emphasis on implementation, how to deliver services, and the continuum of care challenges. Do you want to just go back over that a little bit?

CHRIS BEYRER, MD, MPH: First of all, there'll be a plenary by Dr. Olive Shisana who is the architect leader in South Africa of helping to establish their national health insurance scheme. This is an example of the next phase, which she's going to talk about, is how HIV services which had been very successful but in many countries very much siloed, very vertical as we say in public health, are going to get integrated into national health systems and that clearly is the future and it's a challenge. She is going to speak to that. I think for many heavily burdened countries, this is one of the crux issues that they face.

I think it's absolutely clear that the data on the power of successful treatment and viral suppression as a prevention strategy to help bend the curve of HIV is really one of the most exciting developments. We've had, of course, empirical data that this worked from the HIV prevention trial network, the famous HPTN 052 trial, that showed that this

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really was powerfully efficacious. It's a very different thing to see if you can take something that has worked so well in the clinical trial and really implement it at a population level and start to see beneficial effects. Certainly, Mark Dybul, the Global Fund Director, is going to be speaking to this as well. The Global Fund is very much using this as one of their animating approaches for the future of their efforts.

I think you'll hear a lot about that. Certainly, a challenge before us, this goes back to the issue of the key populations and some of the folks who were excluded. A challenge there is that these are the folks in some ways who you would like to see with high rates of treatment coverage precisely because they're very much at the center of many epidemics, but unfortunately, what we see so often is that they have very low rates on treatment access. Sometimes, they're actively excluded from treatment and that's going to be a challenge to control the epidemic. We need to do much better in ensuring that folks who are living with HIV get the care that they need both for their own benefit but also to really bend the curve of the epidemic.

JENNIFER KATES, PHD: This is Jen. I would just add to tie that with what Dr. Fauci was talking about in New York. I mean, it's really this idea that implementation of what we know is where we need to go and in the U.S. context, a lot of that

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implementation is local. It's really about reaching people who are most affected, most at risk, and that's the model that I think New York is putting forward and that is really a direction for the National AIDS Strategy, but globally as well, it's implementing what we know works but how do we best do that particularly for hard to reach populations. I think it's really going to be a key critical part of this conference and to see the data, to actually look at this, how innovations in this and scale up have been tried, is certainly the next frontier for sure.

PENNY DUCKHAM: This next question is a bridge from that to a related issue from Mandy McAnally at *Impact Magazine*. She asks what dialogue can we expect to hear on human resources for health? Stigmatizing laws in Uganda and Nigeria directly affect health workers in their delivery of services, but beyond that, will there be other discussion on the global health workforce? Dr. Beyrer, do you want to start with that?

CHRIS BEYRER, MD, MPH: This, of course, is a very important area. It is very much also a part of the Implementation Science agenda. For example, one of the trends that has been under way for a while now is what's called task shifting and trying to move to lower level, larger number health workers, those tasks that don't really need to be done by someone, for example, like a physician. There would be a

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number of presentations around how to do this, how to build the workforce. There also is a big effort on this issue of the new laws and policies criminalizing HIV transmission, which are really a very unfortunate setback. This is not a pragmatic and public health based approach. It's not an evidence-based approach. It's something that we saw early on in the epidemic and it's like an old enemy resurfacing, that this is being pondered again. Of course, there have been some prominent cases including one recently of a nurse in Uganda who was sentenced to three years in a case in which, at least the evidence that we've been able to see at the IAS, suggests was almost certainly had nothing to do with the transmission case, but is more about stigmatizing in HIV-positive healthcare worker.

I would just say that the International AIDS Society, this is one of our mandates, one of the things that we have always done and will continue to do is that when any healthcare worker is threatened with this kind of human rights abuse, we try and be there. We stand up. We write letters as we've done in this case. We've lobbied the Ugandan government for an appeal for the professional in question. It's part of our DNA. We've done this and we'll continue to do it.

PENNY DUCKHAM: Dr. Fauci? Do you have anything to add on that?

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ANTHONY S. FAUCI, MD: No. I think that was a very good explanation. I don't have much to add at all to that.

PENNY DUCKHAM: I'm going to switch back a little bit. Dr. Fauci, returning to the Mississippi baby case, one of the issues that's obviously raised is the whole question about adherence to treatment and how difficult that may be for people. Obviously, that has enormous relevance if we return to the discussion about the chance to really address the epidemic in a state like New York, which is trying to harness all the resources against it. Can you talk a little bit more about the Mississippi case? You're quite right obviously to remind us all about setbacks and science being an absolute normal part of the process but it obviously was a disappointing day yesterday.

ANTHONY S. FAUCI, MD: Yes indeed it was. Just to refresh people's memory, the baby as you know was started on therapy within 30 hours of birth on a good decision on the part of the pediatricians because the baby was born of a mother at very high-risk of transmitting to the baby. The mother had no antenatal care and no antiretroviral therapy. The baby was treated. The baby had documented infection. There was some doubt and I'll get back to that in a moment amongst some in the scientific community as to whether or not the baby was really infected or whether this was post exposure prophylaxis but like I said, I'll get back to that. In any event, the baby was

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treated for 18 months and then was lost to follow up and the mother, not the physicians, discontinued the therapy in the baby. The baby came back five months later and prior to making a decision about putting the baby on therapy when the doctors realized that the baby had not been treated for the previous five months, they examined the baby and to their surprise found no evidence of virus at all, not only no viremia but no replication-competent virus in the cells and the peripheral blood. They decided to withhold therapy and to watch the baby and as the months went by, again and again upon repeat examination, there was no viremia for sure and certainly no replication-competent virus. The baby got an extraordinary amount – the case got an extraordinary amount of publicity throughout the world as a possible cure and people referred to it as the Mississippi baby cure.

As it turned out, very interesting things have happened. Over 27 months now, being off therapy with no detectable replication-competent virus and doing very, very well, the baby came in for a routine clinic visit. The baby was feeling very well, didn't have any evidence at all of any illness and upon routine blood drawing, the physicians found that the CD4 count was somewhat lower than it had been so they went and got a viral load on the study. They had been following viral load consistently and carefully and to their

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great surprise, the viral load came back at 16,000 copies. They repeated it and it was 10,000 copies. Then, they immediately put the baby back on therapy and the virus started to go down so that it's now down to about 2,300 copies and the CD4 count is starting to go up. Now, that's disappointing, that story I told you, but there's some very interesting things here that I think despite the disappointment, and this is what I was referring to as being in the phase of discovery, and that is there are some very interesting questions.

For example, the baby when 27 months with no immune response against the virus that was detectable, so one asks a reasonable question what was it that was keeping that virus in check? We don't know. The best of our assays to assay for replication-competent virus said there was no replication-competent virus, which tells us how woefully inadequate our surrogate markers for detecting the reservoir are and really I think will now intensify research in A) understanding the reservoir, and B) figuring out ways how we can better detect it and certainly ways that we can better treat because we've always said the earlier you treat, the better and the smaller the reservoir. Well apparently, a reservoir was formed in this baby despite the fact that the baby was treated within 30 hours of birth. Again, many challenges arise and to make the question that had been lingering was this baby really infected

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from the beginning and the answer is yes because Debbie Persaud did sequencing on the virus from the baby that rebounded and it was identical to the virus in the mother from the original infection.

PENNY DUCKHAM: I wish every doctor was as capable of explaining complicated issues as well as you do, Dr. Fauci. Thank you very much for that.

ANTHONY S. FAUCI, MD: Thank you.

PENNY DUCKHAM: I'm not seeing any other questions coming in now. Everyone is very busy in their run-up to Melbourne. I'm going to ask the speakers just to go through one more time any key points that they'd like to make. As a reminder to those of you, the journalists checking in on this briefing – we're going to just show some slides with contact information for Dr. Beyrer, for Dr. Fauci, and for Dr. Kates at the IAS conference in Australia. As a reminder, at the risk of sounding very DC-centric, Melbourne is 14 hours ahead of Washington, DC, so have to bear that in mind if you're not going to physically be there.

Somebody is now asking, wistfully, is it time to bring the meeting back to San Francisco? I'm going to toss that one out and, Dr. Beyrer, perhaps you can respond to that when you have your wrap-up session. We're very grateful to all of you for taking this time in advance of the conference just to

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highlight some of the sessions that will be going on and, of course, the IAS has an excellent website with a lot of information there too.

I think I'm going to start again with you, Dr. Beyrer. Is there anything you'd like to add including as a San Francisco resident myself, any chance of you coming back west?

CHRIS BEYRER, MD, MPH: Let me say, first of all, that we are set for the 2016 International AIDS Conference, which actually will be going back to Durban, South Africa where we last had the conference in 2000. I'll be the IAS co-chair for that and the international chair will be Dr. Olive Shisana from South Africa. 2018 is in play and I will only say that San Francisco is one of the cities who has bid so we're delighted about that and that is a stay-tuned. I think that's probably all I can say.

Let me just add that in addition to the website, the IAS mobile app for the conference is now live. It's free. It's downloadable. Many people use the app and prefer to use that to navigate the conference so for those of you who are interested, I would put you in that direction. It's easy to find on the website.

The other thing is despite your membership in the community of journalists you are also, I hope, part of the community of people who are concerned about HIV so I would urge

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you when you go on to the website to look at the Melbourne Declaration and sign on to it if you're willing to sign on. We would like to have – really get a groundswell around this and to really have this theme of leaving no one behind and really ending discrimination and stigma across healthcare, but certainly across the HIV response so I certainly invite you to do that and to take a look at the Melbourne Declaration.

Let me just close by saying we're delighted always at the media's interest and engagement in HIV. It's so important that this pandemic remain on the world stage, paid attention to internationally. We made tremendous advances but we are not done. We still have more than a half people living in developing countries, not accessing the care that they need and we have an enormous research agenda and implementation agenda and a human agenda to continuing the fight against HIV/AIDS and the media plays a critical role in that. Thank you for all of your work and please do engage with AIDS 2012.

PENNY DUCKHAM: Thank you, 2014.

CHRIS BEYRER, MD, MPH: Oh, yes.

PENNY DUCKHAM: Dr. Fauci?

ANTHONY S. FAUCI, MD: I have little to add except to say that I'm extremely enthusiastic about my visit to Melbourne and I look forward to meeting my many, many colleagues and friends and to making new friends. One of the things that

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sometimes gets lost in the discussion of the advantages of the meeting is that we very often communicate readily with people at the international level by e-mail and writing and communicating by phone. It really is a really good feeling every once in a while to sit down and talk to them face to face about our mutual shared experiences and that's what I find one of the most important things about these meetings.

PENNY DUCKHAM: Thank you and now Dr. Kates?

JENNIFER KATES, PHD: I'll echo all of that. I think all three of us are available to media before, during, or after the conference if there are questions that come up. There'll be a lot of new data released and we're releasing some of it but I know that there'll be [data] from all over the world. Thank you for being a part of the call and all other information will be available to you so you can reach out to us if needed. Thank you.

PENNY DUCKHAM: Thank you very much and thank you to our three speakers and to those of you who are a part of this briefing. We will be posting the brief set of slides you've seen here and we'll be working on a transcript, which should be available sometime next week. Best of luck as you cover the conference. It has crept up and it opens next Sunday. With that, thank you very much. Goodbye.

ANTHONY S. FAUCI, MD: Thank you. Bye.

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CHRIS BEYRER, MD, MPH: Thank you.

OPERATOR: Ladies and gentlemen, that concludes the webinar for today. We thank you once again for your participation and ask that you please disconnect your lines.

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