

**2007 HIV/AIDS Implementers Meeting:  
Opening Press Conference  
PEPFAR, The Global Fund to Fight AIDS, Tuberculosis  
And Malaria, UNAIDS, UNICEF, The World Bank, WHO, GNP+  
June 16, 2007**

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**MARK SCHOLTZ:** Just for your information, my name is Mark Scholtz. I will be moderating today's press conference. We have about 30 minutes for this event so I don't propose that we delay. These folks you have all just listened to but let me go through quick introductions so that we have names and positions correctly. [Inaudible] I will go less expeditious. In the center of the table of course is his Excellency, the Minister of State in charge of HIV/AIDS, Dr. Innocent Nyaruhirira and next to him on his left, Ambassador Mark Dybul, U.S. Global AIDS coordinator. On his left, Dr. Kevin DeCock, director of the Department of HIV/AIDS for the World Health Organization, and starting on this end of the table, Michel Sidibe, deputy executive director of UNAIDS, and Dr. Michel Kazatchkine, executive director of the Global Fund. As I said, ladies and gentlemen, we only have 30 minutes for this event. I will ask you, when we get to the question and answer period to please identify yourself when you ask questions. You can ask questions in English or French, [inaudible] any other language you want to ask. Over responses to the degree possible, we will be in English.

To begin, I would like to ask his Excellency, the Minister of State, to make brief comments and following his

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comments Dr. Dybul will make brief comments and we'll start our Q&A.

**FEMALE SPEAKER:** [Inaudible].

**INNOCENT TURATE:** Thank you all for coming to this great event. We in Rwanda have been privileged, feel privileged to have hosted this meeting and this thanks to all the partners who are working together and it is very important for us that this meeting which she is talking about partnership for greater development, that we can materialize this with a partnership which is on one hand a partnership between the incipient countries and the donor's countries and on the other hand which is now unique and which is the first time to happen now is the partnership between the donors altogether coming and be close to the realities, be close to their realities and see what they have funded and meet with the people they have assisted. Yesterday, we had a great tour. We visited the Health Center of [inaudible] where they could see by themselves the people living with HIV/AIDS and of course the whole population of Rwanda which is watching this event. We have 97% of people who are not infected which is very important and these funding agencies are assisting to us to prevent the spread of HIV/AIDS so it's very important. I would like really to thank the partners and mainly to thank Ambassador Mark Dybul with who I am cochair and I feel

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honored and privileged to be cochairing this session with him and I know him. I had the opportunity to meet with him in his office. I know how he is really involved in the committee in that fight. I thank all other partners who are assisting us daily for our fight that we started since now ten, more than ten years in now. We are at a state where we still have a lot to do but still what has been done is great and we do appreciate. [Inaudible].

**AMBASSADOR MARK DYBUL:** Good morning. I want to make clear that I am not speaking as U.S. Global AIDS coordinator. I am speaking as cochair of the meeting as a cochair to the Rwanda government and the people of Rwanda on behalf of the other cosponsors. We are all equal as cosponsors but I happen to be cochair so I speak for the sponsors, not for the President's Emergency Plan for AIDS Relief and I think that structure is the right one, actually, all of the international partners together as one, as a partner to the people of Rwanda through the government. That is the proper way to support the people of Rwanda together as one international development community supporting the policies, practices, and activities of the people of Rwanda including the government and the non-governmental sector's faith and community based organizations and as I said recently as the cosponsors have all said, we are all collectively so

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delighted to be in Rwanda because there is no better place in the world to talk about partnerships and to talk about partners together supporting a national strategy. President Kagame is one of the true leaders in the world who has brought together international partners to support the people of Rwanda in an effective way. The response in Rwanda has been nothing short of breath taking, rapidly scaling up prevention, care and treatment services, and it is because of the success in places like Rwanda that for example President Bush and the entire G8 in the last few weeks has made a massive new commitment to supporting HIV/AIDS. It is a collective partnership by the development partners and that is why the theme of the meeting is scaling up through partnerships and Rwanda is one of the best examples in the world of scaling up the partnership so on behalf collectively of the international partners, we are delighted to be here. We thank the President and Mrs. Kagame for their leadership and particularly thank the minister of state, the Honorable Dr. Anosong [misspelled?] for his leadership here in Global HIV/AIDS and all of the government but most importantly the people of Rwanda whom they represent so, on behalf of us all, thank you for hosting us. We have greatly appreciated your hospitality. [Inaudible].

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**MARK SCHOLZ:** Ladies and gentlemen, we have been joined by our friend François [inaudible] from the Global Network of People Living with HIV. I propose that we move straight in to the question and answer period. Let me have a show of hands for questions. We are going to do one at a time, so one question only please and please identify yourself and then ask the question.

**MALE SPEAKER:** I thank you [inaudible]. My name is [inaudible]. I work for [inaudible]. My question goes to anyone who wants to answer it but [inaudible] said that the global network for people living with HIV/AIDS is upset in every action taken, for instance when it comes to money [inaudible], making decisions, and I would like to know what is your reaction on that comment, on that conflict, so if the global network for people living with HIV/AIDS is upset in everything that is being done to help them, it would be very sad that they are upset. I want to hear your reactions to that.

**DR. MICHEL KAZATCHKINE:** Well, perhaps François can comment on that comment [laughter] because each of us here is a representing institution and I think all of these organizations and institutions are strongly committed to help people living with the disease and is involved in their government's bodies. With regard to the Global Fund which I

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am representing here, the global fund's governance body is a board of 20 members of which one member represents the community of people living with the three diseases, HIV, TB, and malaria, and that person has an equal right to vote to that of the United States of America or France of the constituency of eastern and South Africa. I do think that AIDS is an area where in governments we have been pilots somehow in terms of democratic governance bodies so unless there is a bit of misunderstanding. François would you comment?

**FRANCOIS:** I am sorry if my comments during my speech was taken as a critique for the organizations who are present. It wasn't. In fact, I distinctly remember addressing these problems to the governments because my observation, our observation was that at the national level we were pleading for more involvement of the people living with HIV because since they are at the center of [inaudible] that it would make sense to help them from the very beginning when a government is planning its national response to the epidemic and we did see the beginnings of such an involvement and I mentioned that there are in some instances they are involved in the planning phase of the national response so my plea was to involve people living with HIV and AIDS at the national level beyond the planning phase of the national

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response in the implementation, in the [inaudible], in the monitoring and evaluation so it definitely was not addressed to the cosponsors here.

**MALE SPEAKER:** But I [inaudible] this question is very pertinent because it is very at the center of our problematic. If we don't really work as seriously, we have people living with HIV/AIDS. If we are not able to identify the capacity gap which you are facing every day in their war, it would not be possible really to transform this response and to make it very effective and produce a result because let us not forget you are the face of [inaudible], you are the face of the fight we are having today so it's not just a barter, a representation, and it's very important what Michele was saying on government system but it is how they can get the key player in our national response and how they can be [inaudible] in their face between service provider and community in trying to create demands and if we don't do that I think it will be a failure.

**MALE SPEAKER:** Just for instance, in Rwanda we don't have that progress [inaudible] people living with HIV/AIDS are represented both in the board of commissioners of national AIDS commission control [inaudible]. There is a commissioner, at least one commissioner, who is from that constituency and in the [inaudible] in the coordination,

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[inaudible] coordination mechanics from the global fund and yet the network of people living with HIV/AIDS is consulted and is considered and is becoming strong. It has been assisted by all these organizations working together for strengthening their capacity for management. Thank you.

**MARK SCHOLTZ:** Next question, please.

**MALE SPEAKER:** Thank you so much. My name is [Inaudible] from [inaudible]. My first question will go to Mr. Michel [inaudible]. There is a growing health [inaudible] and rolled out access to [inaudible] treatment. People [inaudible] HIV/AIDS are chronic, mind and body disease. [Inaudible] some countries sliding back, like you did mention [inaudible] and some other parts.

**MALE SPEAKER:** Western Europe.

**MALE SPEAKER:** Did you see this as [inaudible] that people now with becoming aware of this people are now seeing HIV/AIDS as a manageable disease and it is affecting [inaudible] in terms of fighting HIV/AIDS [inaudible] and what studies are putting up or setting up duties? My other brief question is on the issue of what [inaudible]? [Inaudible] look at test practices, what is [inaudible] when it comes to prevention, treatment and care [inaudible].

**DR. MICHEL KAZATCHKINE:** Oh okay so we are [inaudible] this evening. Let me just briefly answer the

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first part of your question and we have here people from WHO and UNAIDS that I will ask to answer the second part of your question about best practices because that is the very role of these agencies to help us set the standards. You are absolutely right, in the U.S. and in Europe after five, six years of epidemics we did have some concern with regards to increasing numbers or re increasing numbers of new infections. We were concerned, we have been concerned with the fact that a number of people, for example among gay men, didn't take prevention as seriously as before. We witnessed an increase in the risk taking behaviors. We do have to be careful, however, about attributing this to optimism linked to antiretroviral therapy and to the fact that the population would be less concerned and less worried about AIDS because AIDS with treatment is becoming a chronic manageable disease. There are a number of studies from social sciences which I have no time to go into the detail here that show that in fact these increasing numbers of new infections occur in very specific subgroups of the population, again in the U.S. and in Europe, and one has to be again very, very careful and I wouldn't like it directly to a misunderstanding of the situation based on the success of antiretroviral therapy. In any event, the data that we have from Africa and the data that we have from the developing world in general at this

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time are that in fact increasing treatment has a positive effect on prevention, that is having treatment coming to a country is an incentive for people to go for testing. We have seen that in many places, for example, for women increasing the uptake of testing when they are pregnant. We have seen that in many other countries so that phenomenon which you are saying we are not seeing at this time in the developing world and in Africa is rather the opposite treatment has a positive effect on prevention. I will stop here. This is a difficult topic but that is the message. In the north, yes, we have been considering this. We have been concerned with this but we are not linking directly the optimism into therapy to the reemergence of the epidemic in some subgroups of the population and in the developing world there is no evidence at this time that treatments will lead to less prevention. Kevin?

**KEVIN DECOCK, MD:** Thank you. Your question about best practices for prevention treatment, really, one could spend a week trying to answer that [inaudible] will hit you with three large textbooks. Just very quickly, one of the main functions, one of the main roles of organizations like the World Health Organization is to issue guidelines and public health advice. To give you some examples, there are I think very good guidelines on antiretroviral therapy in

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adults, children, on the prevention of mother to child transmission. Some very important publicized guidelines were issued by UNAIDS and WHO a few months ago on male circumcision, just a few weeks ago on HIV testing in healthcare settings which I will be discussing in detail tonight, et cetera.

Two important comments, one is all of this guidance needs to be adapted to local circumstances and that is really what this meeting is about. It is about showing how international advice can be transformed into action at the local level in the best possible way. Secondly, as far as prevention is concerned, we do need to refocus on this. There is no one answer to prevention. We need all of the different interventions that we have [inaudible] in a coherent and [inaudible] way. Let me just stop there.

**MARK SCHOLTZ:** [Inaudible] Ladies can ask questions, too. [Laughter]

**MALE SPEAKER:** Thank you very much. The question I am asking [inaudible]. It is actually [inaudible] the Global Fund, what happens to AIDS money for the AIDS [inaudible] because [inaudible] a humanitarian action and [inaudible] the facts would be that the victims of AIDS [inaudible] for a second time [inaudible] the funds [inaudible] so what will happen in the case of a particular person [inaudible]?

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**DR. MICHEL KAZATCHKINE:** Thank you for the question.

I hope, I would like here that there is no misunderstanding of what has happened with the Global Fund. The Global Fund is a performance, is operating on the performance based model, that is if there is misallocation of the funds, we would either decrease the rate at which we provide the funding or in some extreme cases and this has been in the case of four of our 450 drugs, okay, so it is 1% of the drugs. The Global Fund has taken a decision and it has been a collective decision in the Global Fund to discontinue funding. I think that everyone at this table will share the view that we need the recipients of the funds that come from the international community to be fully accountable for how the money is used, where does it go and on what it is used and fully accountable for the results and the objectives and in the PEPFAR program just as the Global Fund is results oriented. We need to see results and we need to see how the money is used to achieve those results. When the global fund discontinues its funding and again, this has happened in 1% of the cases, the funding is not stopped when it comes to life saving drugs so we would discontinue a number of funding that goes to some salaries, to some infrastructures. We do not discontinue the funding of the life saving drugs that goes on [inaudible] for one or two years, depending on the

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case, until the country has solved the problem [inaudible] to receive new funding through a new grant to the global fund.

**FEMALE SPEAKER:** [Inaudible] my question is [inaudible].

**AMBASSADOR MARK DYBUL:** You make a good point that partnership has been occurring for awhile but it needs to improve and as one of the reasons we all collectively as cosponsors were so interested in coming to Rwanda is it is a partnership that is government, non-government, people living with HIV/AIDS and other civil society, faith and community based organizations, so it is bringing everyone together in partnership. That doesn't happen everywhere and that is one of the reasons we are excited about being here. It is a founding principle of the global fund. It is a principle of what we do in our programs and it is something that UNAIDS has been advocating for many years so yes we do have partnerships but we need partnerships to scale up which is the theme of the meeting, to build on those partnerships and create stronger partnerships in a multisectorial way so we can scale up prevention, care and treatment services. The main other theme here and this is a big difference from other international meetings, we are not here to have new scientific advances or radically different approaches. That is for other meetings like the International AIDS Society.

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We are not trying to duplicate such meetings. This meeting is for implementers to take those findings, to take those things that are developed in the scientific or other world or through guidance that WHO and others put together and actually talk about through partnerships we can actually make them work on the ground to save the most lives so this is going down to the very, to the community level, to the community based level to determine how to best implement. There are many different ways to implement many different types of approaches. We are focused here on what are the best, most effective ways to implement programs, and that is a very different thing than most other meetings and that is why we decided to have this separate meeting as cosponsors and again we are so privileged to be in Rwanda because Rwanda is a shining light in partnerships and scaling up through partnerships.

**INNOCENT TURATE:** Excuse me unless there are burning questions for Michel Kazatchkine or myself, maybe we can have —

**MARK SCHOLTZ:** We'll take more take question.

[Interposing]

**FEMALE SPEAKER:** [Inaudible] Rwanda has done well. Coming from Kenya, I would like to know something [inaudible] that has made Rwanda a success story, thank you.

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**INNOCENT TURATE:** Thank you. What I could say is that I don't like what is happening here as well, [inaudible] can say what I am happy with is really the strong support this fight has got from the [inaudible]. The leadership is very important and this leadership has insisted on [inaudible] HIV/AIDS has an integrated, integrate the fight against AIDS, in the core fight against poverty, and the development process. Again, it is very important for what we could benefit from lessons that we could get from the leaders and many from the president is to talk on accountability and lastly if I could say the three words would be leadership, would be accountability, and the partnership. Through our partnership we destroy and to have a [inaudible] approach from the beneficiaries to the donors.

**AMBASSADOR MARK DYBUL:** For those of us who work in Kenya, Kenya has done well too in a number of areas.

[Laughter]

**FEMALE SPEAKER:** [Inaudible].

**INNOCENT TURATE:** One sentence I can just say is really a mix of political leadership and programatic leadership and that is not easy to have. In some countries we are the great political leadership but we don't have the programatic leadership which is taking programs down there. Some countries we have a good program [inaudible] leadership

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but we don't have a top leadership which is not helping us to transform [inaudible]. Thanks.

**MARK SCHOLTZ:** Thank you very much.

[END RECORDING]