

**Conference: 15th Annual International AIDS Conference
Opening Ceremony
July 11, 2004**

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[START RECORDING]

MALE SPEAKER: Ladies and gentlemen, I proudly present to you the Master of Ceremonies, Ms. Huameda from Berlin and Mr. Jacapo Pencan

JACOPA PENCAN: Good evening, my name is Jacopa Pencan. I am Thailand's Cabinet spokesman and the member of Parliament, [inaudible]. We will be your emcees of the fifteenth international IAS Conference.

We are here today in order to be reminded once again with the leaders, with the officials, with the public non-governmental organizations, media and everybody that come from around the world to be here in Thailand today. We want to be sure that people living with AIDS, the patients, the one that wait for hopes, would get some answers or at least some advancement of how this kind of conference would generate and constitute and to find answers closer to their hearts of how the suffering would be prevented and appropriately treated.

Today would be the opening ceremony of the body of knowledge to be sought, to be shared, to be debated, to be exchanged. It's time for emotion to be put in the context of the right perspective of how we would be handling this very issues of HIV and AIDS. And Thailand feels immensely privileged to become a co-host of the International AIDS Conference 2004 along with the real host of the world, the International AIDS Society in the frame of the United Nations.

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So today, we will be talking about how we will set the tone, of how language and all other barriers would be transformed into easier and simpler to communicate to each other and the knowledge would be accumulated and collected in a most systematic way so that HIV and AIDS people, meaning our people, meaning us, would have a better chance for tomorrow to come.

So, today the theme of the conference is Access for All, which aims that all people living with AIDS, patients, all the concerned people of the world would be equipped with the full or more access of resources and treatment in terms of the caring for everybody involved. And it is our privilege to be together, to share directly and to be assured that all the arrangements would lead to the better services for everyone.

MS. HUAMEDA: [Alternate Language]

MALE SPEAKER: Dr. Joep Lange, IAS President and Co-Chair of the 15th International AIDS Conference to be deliver his first speech. Ladies and gentlemen, Dr. Lange.

JOEP LANGE: Your excellencies, esteemed colleagues, ladies and gentlemen, friends, it is my privilege to welcome you to the 15th International AIDS Conference on behalf of the chair of the conference, Dr. Velop Tannier [misspelled?], sitting in the front row, the International AIDS Society and the conference co-organizers.

These conferences are important events in the battle we

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are all fighting against HIV/AIDS. If the year 2000 International AIDS Conference had not been held in Durbin, South Africa, but in Paris, London, Washington or Amsterdam, we would still be discussing antiretroviral drug prices. Durbin was a watershed event that catalized many developments. Today funding mechanisms, such as the World Bank Multi-country AIDS Program, The Global Front to Fight AIDS, Tuberculosis and Malaria and President Bush Emergency Plan for AIDS Relief to name the most important ones have been created.

For the poorest countries, antiretroviral drug prices have come down substantially and multiple organizations are providing technical assistance to governments and others in those countries. WHO has put access to antiretroviral therapy very prominently on its agenda and set the ambitious aim of three million people in resource settings on antiretroviral therapy by the end of 2005. This momentum has been created by Durbin.

Like Durbin, Bangkok could be a watershed event. The conference is strategically located in Asia, the most populace continent in the world and home to a quarter of all new HIV infections. Asia still has the opportunity to prevent the epidemic from getting completely out of hand. In this respect, it is particularly fitting that the conference is held in Thailand. A country that has shown real leadership in the fight against HIV/AIDS and it has shown that it is possible to

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turn the tide with effective prevention measures. We very much hope that this conference augments that awareness and that the Thai example will be followed.

Thailand is now also leading in scaling up access to care. In the past nine months over 40,000 people were put on antiretroviral therapy by the Royal Thai Government. Again, we hope that this example will be followed. I am particularly glad to welcome President Museveni here because he has shown similar leadership in Africa. [Applause]

As you heard, the theme of the conference is Access for All. The first association that people may have with this theme is access to antiretroviral treatment, and obviously we need that. But, the conference theme is meant to include much more. It's meant to include access to unbiased information and education about HIV/AIDS, access to prevention tools, access to comprehensive medical care, access to resources, access to all those things the impact HIV/AIDS has on human lives. It also stands for access to essential HIV related science. And for this reason, the International AIDS Society in collaboration with Netscape here launches the inaugural issue of our e-journal, which is actually your book of abstracts. The journal aims to lower thresholds for scientists and health care workers in developing countries to participation in the scientific exchange.

The beauty and power of the National AIDS Conference is

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that it brings together all of those active in the fight against HIV/AIDS, from people living with HIV/AIDS and community activists to scientists to healthcare workers to political leaders increasingly fortunately to business leaders to those working in pharmaceutical companies to celebrities, etc. And this is reflected in the three programmatic pillars of the conference. Science, community and leadership. All three are essential in the fight against HIV/AIDS. I would particularly to welcome all the really prominent leaders that are sitting here in front of us and have taken the trouble to come here and be with us and help us in the fight against HIV/AIDS.

Obviously, when so many people from so many different backgrounds with so many different views and so many different agendas come together, opinions may clash. Accusations may fly back and forth, but please be aware that all of us count, that all of us are in this together. We need to hear the criticism. We need to acrimonious debates. We need the protests, the political incorrectness. We need the unpleasant facts to triumph over opinion, ideology or propaganda, but in the end this can only happen in an atmosphere of basic respect for and willingness to listen to the other. For this reason, I would like to ask all of you not to disturb the process of open exchange and to adhere to the IAS Freedom of Expression Policy. Let everybody be heard at this conference.

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I only have five minutes. I need to finish, but do not want to do so without expressing my admiration and gratitude for our Thai hosts. It has been such a joy to work with you. Your commitment to make this conference different and a success is overwhelmingly evident to all delegates already. From the moment they arrive at the airport, there is no place where they can escape from the conference. The representation here by the very highest level of the Royal Thai Government [Applause] is another sign of that commitment. And I have seen your commitment behind the scenes and that was even more impressive.

I would like to specifically thank the conference chair, Dr. [inaudible] who can diffuse any tension with his fantastic smile and who has made my life so easy. I would also like to thank all the formidable people from the conference co-organizers, GNP Plus, ICW, the Thai [inaudible] Coalition on AIDS and UN AIDS. I would like to thank our sponsors and of course, the scientific program committee, community program committee, leadership program committee and the conference directors and secretariat. Last but not least, I would like to thank each and every one of you for being here and for your contribution.

Thank you very much.

[APPLAUSE]

JACOPA PENCAN: Thank you very much Dr. Joep Lange, International AIDS Society President and you made us proud

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being the co-host of your great society.

Well, in Thailand there's always in our skin and our grain that in order to speak about the trouble of the problems that anything might generate especially the HIV/AIDS issues you have to start by feeling at home. And that's what we try to do here. We try to make an atmosphere that you can confer and exchange in the full fledged way and the most open way possible.

Thank you very much for that. Next may I invite, her Excellency, Sudarat Keyuraphan, the Minister of Public Health to give an address. Minister Sudarat, please

MS. HUAMEDA: [Alternate Language]

SUDARAT KEYURAPHAN: Excellency Dr. Thaksin Shinawatra, Prime Minister of Thailand, Excellency Kofi Annan, United Nations secretary general, Presidents, Ministers, Professor Dr. Joep Lange, president of the International AIDS Society, [inaudible], honorable guests, ladies and gentlemen.

It is my great honor and pleasure to welcome all of you to the Fifteenth International AIDS Conference in Bangkok, Thailand. On behalf of the local host community, I would like to express my sincere appreciation to the International AIDS Society and the other co-organizer in providing Thailand the opportunity to host this conference.

Many of you are well aware that Thailand is the first country in Asia facing a serious epitome of HIV and AIDS. In

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early 1990, HIV explode among several groups of people in Thailand. It is estimated that in 1991 alone there were 150,000 new infections in that particular year; however with the [inaudible] from all sector of society to educate Thai people and to let them understand how to avoid HIV. Number of new infections has gradually declining down to less than 20,000 this year. In addition to the strong prevention programs, the Thai government and our prime minister, Dr. Thaksin Shinawatra's leadership has decided to embrace on the universal express to ALV since October 2003. [Applause]

Currently, every [inaudible] free of charge to all who need it in Thailand. The work we have done during these difficult years has gained a lot of experience in fighting against HIV and AIDS. I'm sure that our Thai delegate participating in this conference will be very happy to learn and share their lessons of successes and failures with you.

Excellency, ladies and gentlemen, we have spent the past two years in preparing this event. There are many local agency both from the government and non-governmental organizations enrolled in this preparation. Our objective is to insure all you who are our guests will receive the best and warmest receptions to have most pleasant stay in Thailand and take back home with most of you knowledge and skill that can be applied to local situation.

This conference in Bangkok is quite unique compared

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with the previous conference. This conference will be broadcast by Thai television on channels 11 and other channel including several radio station. There is a summary of important activity and session. We also will present an English program at 10 pm. All that happened during this week was contribute by various local and international agency and I am most grateful to of them. Finally, once again, may I wishing you a warmness and most [inaudible] week here.

Thank you very much.

JACOPA PENCAN: Thank you very much your Excellency. That's the minister of public health of the Royal Thai government, Mrs. Sudarat Keyuraphan, who arranged in details in all of this on behalf of all of us.

The next stage would be a very important one indeed because the gentleman who would be presiding over from this point on represents all of us in Thailand, the whole population, the whole country, in welcoming all of you to Thailand in trying to set the pattern and the arrangement so that the conference would be as much fruitful as possible to all of us here.

Ladies and gentlemen, Dr. Thaksin Shinawatra, the Prime Minister of Thailand.

MS. HUAMEDA: [Alternate Language]

THAKSIN SHINAWATRA: Your Excellency, Mr. Kofi Annan, secretary general of the United Nations, Professor Joep Lange,

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president of the International AIDS Society, conference organizers and co-organizers, distinguished delegates, ladies and gentlemen, on behalf of the government and people of Thailand, I am very pleased to welcome you to Bangkok and to our country.

It is a great honor for the Thai people to host this very important conference. A conference which is solely dedicated to the global fight against HIV and AIDS. Just a little more than two decades ago, scientists made the first discovery of HIV and AIDS. Within this relatively short period of time, AIDS has taken more than 20 million lives. A figure that surpasses any single cause of death in our modern history. In addition, more than 40 million people are currently living with this virus. In Africa, Asia, Eastern Europe, in every continent and in every country, it is painfully clear that HIV and AIDS are threatening the lives of people throughout the world.

This high and abundance of knowledge on how to prevent HIV and in spite of significant medical advancement in the treatment of AIDS, there are still too many new infections every day. There are still too many people with HIV and AIDS who are needlessly suffering from this disease. In many places HIV and AIDS have virtually wiped out the fruits of development gained during the past twenty to thirty years. Alarming enough, it seems that HIV is still in its infancy and is likely

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to continue to spread rather than to go away by itself.

What I have just mentioned to you is happening almost everywhere and Thailand is not immune from this situation. We are aware that there are still many groups of people who need more attention with regard to both prevention and care services. The impediment of injecting drug users in our country is a prime example of such a phenomenon.

When I became aware of this situation, I immediately instruct all 11 agencies to reveal their past practices and to look for more effective intervention. Today our laws and regulations have changed for the better, I must add.

In the past, drug use was treated like a crime which warrant severe punishment. At present our mindsets have changed and we now see drug users as patients who require our support and treatment.

We are now implementing a harm reduction program to reduce the risk [Applause] of HIV infection among injecting drug users as we are asked to provide appropriate care for injecting drug users with HIV. The program has been constructed and will be conducted through concerted collaboration among solo UN agencies, government bodies and non-governmental organizations including The Drug User Network

I believe we do have hope. As a matter of fact, there is light at the end of the tunnel. Along with all the tragic stories involving HIV and AIDS, we have also learned many

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success stories in the prevention of HIV and in the treatment and care for AIDS from several countries. This is perhaps a key reason why we are all here today, to learn from one another's success and failure, with a view to utilizing our experiences for the benefit of the international community at large.

Allow me, therefore, to use Thailand as an example and to recount to you some stories from the Thai experience.

When we first faced the problem of the HIV epidemic among sick workers and their clients, we realized that immediate action need to be taken. We must always respond through the 100% program. The program strategies focus on door to door education among sick workers and distribution of free condoms in order to promote the use of condoms in every sexual act. As a result the rate of condom use has been significantly from a really low level to more than 95% in just a few years. This has been maintained up to the present. At the same time, HIV infection rates among sick workers have dropped from 30% in the mid-1990's to less than 3% today. It is estimated that this simple program has averted more than 5million infections among the Thai people.

The transmission of HIV from mother to child is another problem that has caused us deep concern. In order to prevent this, we established a program which has effectively reduced the infection rate from 30% to less than 3% by providing free

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antiretroviral agents and other services to HIV infected pregnant women. I am pleased to note that this program has protected more than 2,000 babies from HIV every year.

Although we have been quite successful in our prevention programs, the sad fact remains that there are still large numbers of HIV infections among the Thai people. We have done a lot comprehensive care services which cover the treatment of opportunistic infections to all in the universal health insurance scheme but this is still not enough. All of them need more intensify and proper treatment and care. With this in mind, I assign the government pharmaceutical organization or GPO in 2002 to develop and produce more antiretroviral agents or ARV. In order to provide affordable treatment for people with HIV and AIDS.

In this regard I have to place the initiative of the GPO in developing a free drug combination medicine which has brought down the price of effective regimen to just only 1200 baad[misspelled?] or about \$30US a month.

These development has enabled my government to declare a universal coverage policy on ARV treatment earlier in this fiscal year. The initial target is set at 50,000 cases to be accessible to ARV and we hope to do even better in the future. We have allocated more than \$20US million for this project aimed at covering 40,000 cases or about 80% of all cases. The remaining 20% will receive ARV from what is supported by the

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Global Fund. So all cases will have access to this treatment.

Distinguished guests, ladies and gentlemen, although most people have read about the AIDS epidemic, a few pictures on television there is absolutely no substitute of seeing the problem with your own eyes. Only then can you grasp the enormity and seriousness of the predicament facing us.

I would like to share with you some of my personal experience in this matter. Two weeks ago I went up north back to my home town of [Inaudible]. And there I visit a project providing care for children who are HIV infected. I was told that two years ago before the ARV program has universally implemented, many children were ill. As a matter of fact a large number of them were in critical condition and finally they pass away. During this trip, I had the opportunity to hold many AIDS infected children in my arms. When I touch them, I look into their innocent eyes I felt something very special and very unique. It is a feeling that confirm my government's decision on the ARV policy. With access to ARV, all of these children are now healthy. They can now run, play, sing, and just like other children they can go to school.

I have also visit another project providing ARV care for adults. It happens to be the same, based on the evidence witnessed with my own eyes. I reinforce by close personal contact I would like to declare here and now in front of you all that I will never cease my commitment to support universal

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coverage of antiretroviral treatment to people with HIV and AIDS.

It is the very least we can do. I know this is a really challenging task but I am confident that we can provide free ARV to all. I will instruct the GPO to expand its production capacity and to double more items. Based on this expansion we can provide assurance that people affected by AIDS in Thailand will no doubt be accessible to ARV.

But we live in an interdependent world and there is no satisfaction in being happy while your neighbors are in difficulty. With this in mind and in a stage in which we have just recovered from economic crisis, we are now in the process of offering support to our neighboring countries for ARV treatment.

When our economy becomes even stronger I would like to extend this support to our friends in other regions as well. We are looking ahead to closer and mutually beneficial cooperation that will save the lives of people in other countries participating in this collaboration. I would therefore like to urge all governments around the world to do their utmost to provide ARV treatment to those who need them.

We are in an emergency situation. Without ARV some 8,000 people will be dying from AIDS every day. Some may be our friends, our neighbors or even someone we love, but with ARV we can immediately put a stop to this small problem. I

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would also like to urge all 11 international agencies to provide greater assistance to the countries facing a high number of HIV and AIDS cases. Donor countries should work harder to secure more funds and pledge some funds for the fight against HIV and AIDS including the use of ARV.

In this connection I am proud to inform you that even though we are small country with a relatively small economy, my government has decided to donate \$1US million per year for five consecutive years to the global fund to fight AIDS, TB and Malaria.

We hope that there will be a larger budget donated to the global fund and that the fund will be able to provide more essential financial assistance to the countries in need.

Let me add that I am now thinking beyond the ARV program. When people with HIV and AIDS have been brought back to their healthy lives, this is not the end of the story. They also need to go back to work and to re-enter the mainstream of society. Therefore, my government has created a new program aimed at vocational training and supporting them with jobs to earn income for their families.

This program should be along the same lines as the ARV program; however, whether this program will work or not depends also on the acceptance of the general public toward people with HIV and AIDS. I would therefore like to call on all the people in Thailand and throughout the world to give a chance to people

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with HIV and AIDS. Give them an opportunity to live and work and lead a normal life in their communities as they are truly one of the members of our societies just like you and me.

In addition to the care provided for people for HIV and AIDS, my government is also focused on the provision of care for orphans affected by AIDS. This project is very new and has been implemented for only one year; however, even a short duration we have been able to provide scholarships to more than 13,000 orphans. We hope that with this assistance these orphans will be able to continue their education until they are grown enough to earn their own living. Access to knowledge and education that must be available to all.

Distinguished guests, ladies and gentlemen, we are living in the AIDS era. There is no doubt that history will record our response. There is no time for complacency, no time to rest our laurels. It would be a crime to let HIV to continue to spread while we already know how to interrupt it. It would be an even greater crime to let people suffer from AIDS without any access to treatment while effective medicines is readily available.

We cannot ignore the reality that there are still large numbers of people with no access to information and prevention products. All of these reasons merely serve to underscore the significance of the theme of this conference, Access for All.

Before concluding, I would like to express my warmest

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welcome to you once again. I appreciate the dedication and perseverance that all of you have displayed in participating in this conference, especially those who have traveled a long distance. I do believe that as a result of this conference we will definitely achieve our target of Access for All in this crucial fight against HIV and AIDS. I now have the pleasure to declare the 15th International AIDS Conference open and wish you all every success in your deliberations. Thank you very much.

JACOPA PENCAN: Well, how about that ladies and gentlemen? It's Thailand's pronouncement to the world of what it will do and for everyone here who agree or disagree you know we keep the spirit of the International AIDS Conference. You know what it means, it means that we have everybody here.

Thank you very much for all that, that we are ready to go ahead for this common course for all of us. The next world famous speaker, if I may say, a star in his own right. People look forward to hearing his speech, his calmness, his gentlemanship have been much more attractive to many people around the world apart from being the secretary of the world. Ladies and gentleman, secretary general to the United Nations, Kofi Annan.

KOFI A. ANNAN: Mr. Prime Minister, distinguished ministers, ladies and gentlemen and dear friends. Mr. Prime Minister you are a tough act to follow, but let me start by saying how delighted I am to be here today among so many legion

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lights in the fights against HIV/AIDS. It is the dedication and the resolve of people like you that is our best hope in the struggle.

It is fitting that [inaudible] such remarkable success in curbing the spread of HIV/AIDS, Mr. Prime Minister, your recipe for success was a powerful combination of visionary political leadership at an early stage of the epidemic, allocation of serious resources, strong [inaudible] society involvement along with massive campaigns of public awareness and condom use promotion. Thank you Thailand for showing us that progress is possible.

The world now looks to your continued leadership in sustaining their success despite warnings of possible resurgence. It is also appropriate that this conference is being held in Asia where the virus is spreading at an alarming rate. One in four infections last year happened on this continent. There is no time to lose or waste if we are to prevent the epidemic in Asia from spinning out of control.

At this conference many countries from around the world are being represented by the health ministers. But let us be clear, the fight against HIV/AIDS requires leadership from all parts of government and it needs to go right to the top. AIDS is far more than a health crisis. It is a threat to development itself.

That is why three years ago the governments of the

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world made a promise at the general assembly's special session on HIV/AIDS, the first general assembly session devoted to a disease, they pledged to deliver the resources and action needed to defeat the epidemic. The adopted a number of specific time-bound targets in a document we know as Declaration of Commitment. Three years on there has been progress on many fronts. Significant new resources have been pledged both by individual member states and through the global fund to fight AIDS, Tuberculosis and Malaria. The vast majority of member states have adopted comprehensive national strategies to combat HIV/AIDS. Increasingly, governments are working with [inaudible] society as a full partner in the struggle and yet, we are not doing nearly well enough. We failed to reach several of the objectives the Declaration set for last year. Even more important we are not on track to begin reducing the scale and impact of the epidemic by 2005 as we had promised. Meanwhile over the past few years we have seen a terrifying pattern emerge. All over the world, women are increasingly bearing the brunt of the epidemic.

Women now account for nearly half of all adult infections. In Sub-Saharan Africa, that figure is around 58%. Among people younger than 24, girls and young women make up nearly two thirds of those living with HIV/AIDS. And yet, one third of all countries have no policies to insure that women have access to prevention and care.

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Knowing what we do today about the path of the epidemic, how can we allow that to be that case? My dear friends, it is clear that if the declaration of commitment is to live up to its name we will have to do much, much better on several fronts. Today allow me to outline three specific areas we must focus on.

First, we need to scale up infrastructure to support both treatment and prevention. Successful programs in Africa, in Latin America and here in Asia have demonstrated that prevention and treatment can work in any setting but only if interventions are scaled up to reach whole societies. They are developed inside the country rather than imposed from outside. There is strong engagement by people living and effected by HIV/AIDS. There are enough trained people to implement successful programs from community centers for awareness raising, counseling and testing to clinics for treatment and care. That means doing everything possible to ensure that health workers living with HIV have access to antiretroviral therapy. In most affected countries, AIDS drives a cruel and vicious cycle by striking at those who are most badly needed to fight the epidemic. It means stepping up efforts to train new people and calling in reinforcements among health workers not yet involved in the struggle. And it means drawing on unconventional capacity where formal skills may be lacking and enlisting and empowering untapped talent among community

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workers, volunteers and people living with HIV/AIDS will both help scale up the efforts and contribute to breaking up the stigma in silence.

No less pressing our second priority, empowering women and girls to protect themselves against the virus. Why are women more vulnerable to infection? Why is that so even where they are not the ones with the most sexual partners outside marriage? No more likely than men to be injecting drug users. Usually because society's inequalities puts them at risk on just unconscionable risk. A range of factors conspires to make this so, poverty, abuse and violence, lack of information, coercion by older men, and men having several concurrent sexual relationships that entrap young women in the giant network of infection. These factors cannot be addressed piecemeal. What is needed is positive change that will give more power and confidence to women and girls. Change that will transform relations between women and men at all levels of society. In other words, what is needed is education of girls. Only when societies recognize that educating girls is not an option but a necessity will girls and young women be able to build the knowledge and self-confidence and the independence they need to protect themselves from HIV/AIDS. Once they leave school, we must work to ensure they have job opportunities as well as enjoy the rights to land ownership and inheritance that too many are denied today. And we must ensure they have full

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access to the practical options that can protect them from HIV including microbisites [misspelled?] as they become available.

That brings me to the third priority, stronger leadership at every level including at the top. Leadership means showing the way by example. By breaking the deadly wall of silence that continues to surround the epidemic, by achieving the cultural shift needed to fight it effectively, by working to scale up the response including providing treatment to all those who need it as we heard the prime minister earlier. We need leaders everywhere to demonstrate that speaking up about AIDS is a point of pride, not a source of shame. There must be no more sticking heads in the sand, no more embarrassment and no more hiding behind a veil of apathy.

Your leadership must then translate into adequate resources from national budgets. It must mobilize the entire state apparatus from ministries of finance down to local governments, from ministries of education to ministries of defense and it must generate partnerships with every sector of society, business, civil society and people living with HIV/AIDS. But leadership comes not only from those who hold positions of power. Leadership comes from partners who make sure they always use condom. Leadership comes from fathers, husbands and sons and uncles who support and affirm the rights of women. Leadership comes from teachers who nurture the dreams and aspirations of girls. Leadership comes from

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doctors, nurses, and counselors who listen and provide care without judgment. Leadership comes from the media who bring HIV/AIDS out of the shadows and encourage people to make responsible choices. Leadership comes from men working to ensure that other men assume their responsibility in abstaining from sexual behavior that puts others at risk. Leadership means freeing boys and men from some of the cultural stereotypes and expectations that they may be trapped in such as the belief that men who don't show their wives who is boss at home are not real men or that coming into manhood means having your sexual initiation with a sex worker when you are 13 years old. Leadership means respecting and upholding the human rights of all who are vulnerable to HIV/AIDS whether sex workers, drug users, or men who have sex with men. That includes their right to treatment if they are infected. My dear friends, finally, leadership means daring to do things differently, because you understand that AIDS is a different kind of disease. It stands alone in human experience and it requires us to stand united against it.

I am grateful to every one of you for joining me in that mission. Thank you very much.

MS. HUAMEDA: [Alternate language]

JACOBA PENCAN: Thank you very much for that. See, I told you it is Mr. Kofi Annan's style and he charmed the whole conference and the whole pattern of the world. That's why he

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leads the peacekeeping operation so effectively for all of us and try to redefine for us how we live after the Cold War. Thank you for that.

Well, the following states would be an address to be delivered by another important person and in the same time symbol to all of us. She would be on stage to deliver a commemorative speech on the people who died of AIDS. She is Miss Universe 2004, Jennifer Hawkins.

JENNIFER HAWKINS: Good evening. I'm honored and a little nervous to be standing with you all tonight as the global health council's spokesperson for the International AIDS Candlelight Memorial. With over a million participants in 96 countries working to bring home the message of AIDS, the memorial is the world's oldest grass root AIDS mobilization campaign.

As Miss Universe, I am committed to reducing the stigma that comes with AIDS. Standing here among so many distinguished leaders, a part of me feels I may be too young to have anything to say about HIV and AIDS. But, in many ways, my generation now knows more about HIV/AIDS, more intimately than any other.

I am 20 years old, almost as old as the AIDS crisis. When my parents were young, the biggest risk they faced from sex was rarely a matter of life and death. That's no longer true. I grew up in a world of AIDS, but the story of what AIDS

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is doing to the world has still not reached by most people. Messages about safe sex has still not reached most of my generation. In much of the world, women my age still do not have the power to make their own decisions about sex. There are a lot of things that kill people today but nothing rivals the stigma of AIDS. Yesterday I met a 13 year old girl, a lovely artist named Buah [misspelled?]. Buah was born with HIV and she was lucky to survive her first 10 years. Today she is being treated with AIDS drugs and she has hope for the future. But a recent illness coupled with her classmates realization that she has AIDS forced her to leave school. It broke my heart when Buah told me she was afraid I would not want to touch her just because she had AIDS. She gave me a piece of her artwork. I gave here a kiss and cuddle. It was no fair trade. What Buah and millions of girls my age have to face isn't right. No one should be afraid to ask for a human touch, for the chance to finish school, for drugs that can save their lives, for love and respect from their sisters and their brothers. I hope that in your meeting this week you will think about the young women of the world. Remember Buah and make the world a safer place for all of us.

Thank you so much.

JACOPA PENCAN: Miss Universe 2004, ladies and gentlemen, Miss Jennifer Hawkins.

MS. HUAMEDA: [alternate language]

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JACOPA PENCAN: Ladies and gentlemen, here is a highlight. During the past two decades an epidemic of AIDS has hit our regions of the world with millions of victims of this fatal disease. At this moment we will all join in a solemn silence of mourning to those who died of AIDS. The global health council will work with the opening ceremony coordinator to organize and plan the integration of the AIDS candlelights memorial into the final one minute of the ceremony. We will help identify program participants, develop the logistical plan as well as assist with onsite logistics. The memorial, a highly interactive event, will provide an opportunity for participants to step out of the traditional conference setting and step into a place of solidarity among thousands of individuals who are passionate about the work they do. Positioning the candlelight memorial at the end of the opening ceremonies will send a powerful message to audience members around the world. After the candles and flashlights that you are now operating upon are lit, the central unity candle will be illuminated. The expression is a perfect time for a performer or the keynote to send the participants off with words of encouragement, hope and enthusiasm for the rest of the conference. A week long memorial, a permanent memorial using the unity candle would be erected in a central permanent site at a conference. Participants can leave messages honoring those who have passed along and offere messages of hope.

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Passing of the unity. During the closing ceremonies, the unity candle will be passed on to the next organizers of the International AIDS Conference to give a sense of continuity.

His Excellency, Thaksin Shinawatra, Prime Minister of Thailand, will be so kind in presiding over the candle lighting ceremony in commemoration of the deaths from AIDS. May I once again invite his Excellency, the prime minister of Thailand on stage for this highlight of how we send signal together. Mr. Prime Minister.

MS. HUAMEDA: [alternate language]

MALE SPEAKER: Ladies and gentlemen, please bring out your flashlight, turn it on, while the prime minister of Thailand is lighting the candle. The prime minister has asked me to invite Mr. Kofi Annan to be with him in this candle lighting. Mr. Annan, please.

And when the two gentlemen on the stage light the candle, you can turn on your flashlight, put it in front of you. It is to send the signal that we mourn the dead and the people who don't have to be dead.

[MUSIC]

For tomorrow, ladies and gentlemen, for tomorrow.

Let's give a big hand for Mr. Kofi Annan and Thaksin Shinawatra. Thank you very much.

Now the candle's lit. It will be placed in a prominent location that all of us would be seeing it as to remind us that

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our efforts to cope with the issues of HIV/AIDS would be continually prospered and we would bring our best for this very issues and resolve them together. At this moment may I present you the performers, Stardust, from Thailand and Shangilia from Kenya. By the children from Thailand and East Africa who are joining voices. Stardust and Shangilia in total from Africa will sing together at the opening and closing ceremonies at the 2004 International AIDS Conference as part of the Africa Share exchange project. The Stardust singers are children from the Chameleon Soldier Center in Rayon [misspelled?] and nearby communities who have been singing together since 2001 as part of an on-going positive children's art project supported by TNP plus in region and Chameleon Soldier Center and Empower Foundation. Local Thai artists and musicians conduct art and music workshops with the children in this project aims to reach to communities through music. To be able to understanding about living together with HIV/AIDS. Kitipong Taika [misspelled?] a well known Thai song writer and musician worked with the children to compose the songs for the conference. Twelve young singers from one of the largest children's home in Nairobi are traveling to Thailand to meet new friends and share songs. The Silapa [misspelled?] arts and culture programs of the conference arranged for Kitipong Taika [misspelled?] to travel to Kenya to introduce Shangilia the Africa singers and to tie music and to help them choose some of

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their own songs, to share with new Stardust friends in Thailand. The conference will ring loudly with the sounds of children singing their songs, their music, their stories. The Africa Share project is supported by the Rockefeller Foundation in cooperation with Tikka [misspelled?] Nairobi, Telvisa [misspelled?] Communication Nairobi and Feta Compalla [misspelled?]. Here are three of the children's songs to be shared at the conference.

MS. HUAMEDA: [alternate language]

[MUSIC/SONG]

MS. HUAMEDA: [alternate language]

JACOPA PENCAN: After the inspirational voices of the children we will continue with the movie Global Youth in the World with HIV/AIDS. The opening film is a 10 minute long documentary that will bring the delegates on the inspiring trip around the world clearly promoting the importance of involving young people in the successful fight against HIV/AIDS.

Are you ready for the story? Please the movie.

[VIDEO PLAYS]

[MUSIC/MOVIE] It is definitely, definitely important to involve young people in the fight against AIDS. We are the ones driving it. You must not tell us what to do. You must let us do it. If we can think enough to drive it, we can be inspired enough to stop it.

Young people who are infected with HIV are afraid to

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speaking out because they fear discrimination. That way they live and die with the disease alone. There and again more and more people are being infected and we don't know about it because they are afraid to speak out.

That must stop because the only way we're going to stop this epidemic is if people are allowed and free and open to speak about the disease.

If young people stand together and stop it, we won't have HIV. It will have nothing to do with the medication. It will have nothing to do with the cure. It will have everything to do with attitude.

[MUSIC/FOREIGN LANGUAGE]

It's a call-in program. Young people call in on the program. They ask questions, they want to know information about HIV. They want to know how it is spread. So some people think you can get it by touching an infected person. You can get it by hugging an infected person. My response is that I've gotten shows that there are a lot of young people who know little or nothing about HIV, its effects, causes and how it spreads.

Sex comes with lots of responsibility, mentally and physically. That is why you as the young person has to be prepared to deal with it.

[MUSIC]

Young people who are gay, bisexual or transgender face a lot of discrimination because of their sexuality or their

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sexual orientation. Putting AIDS on top of this means a double discrimination or a double stigma. In my work I influence politicians and other decision makers in order to make them understand the needs involved young people in the fight against HIV/AIDS and the need to incorporate HIV/AIDS into the whole concept of sexuality. Young people's sexuality scares the older generation because it shifts the balances of power. To have power over one's own sexuality is to have it respected.

[MUSIC]

Sex is a very serious issue in my country. People are dying from a sexually transmitted disease called AIDS, you know. We go on radio shows like that and we educate people. We give AIDS education. Even in our music we mention the fact that AIDS kills so watch out.

[MUSIC]

It's a bit difficult in Botana [misspelled?] culture for teenagers to talk to their parents about sex because culturally adults and children don't talk about sex.

[MUSIC]

The only way you can stop HIV among the young people is to give them access to information. Young people have the right to know about sexuality, safe sex and how to protect themselves. This is one of my friend. He is 20 years old and he is HIV positive. I learn new things from him every time we meet and this knowledge I can use when I inform young people

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about HIV and AIDS.

[MUSIC]

When I talk to my friends about HIV I already speak about A,B,C. A for abstinence, B for be faithful to one partner and C for condom. Myself, I choose to abstinence until I meet a girl who I will marry. Of course, I'm curious about sex. I'm 19 but I will try my best to wait.

[MUSIC]

My dream is that young people all over the world will become more involved in the fight against HIV and AIDS. The older people have to listen much more to us and what we have to say.

[MUSIC]

[VIDEO ENDS]

JACOPA PENCAN: How do you like it? Global youth in the world with HIV/AIDS.

MS. HUAMEDA: [alternate language]

JACOPA PENCAN: The theme highlights young people's rights to access information about HIV/AIDS and reproductive health as well as their views on how to hold the epidemic. Shooting has been done in Thailand, India, Cambodia, South Africa, Botswana, Jamaica, Ukraine, United States, France, and Sweden. All the youth are personally involved in the local fight against HIV and AIDS. Several of the participating youth are living with HIV. The film is directed by Swedish-based

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documentary film producer, Staffan Hildebrand, who has documented the global AIDS epidemic from different perspectives during 17 years. He is creative director of the Face of AIDS Foundation which is based at the head office of the International AIDS Society in Stockholm.

MS. HUAMEDA: [alternate language]

JACOPA PENCAN: The Face of AIDS Foundation is currently developing its film archives into a world leading educational and information tool using theme as the main media. The vision is to make the film archives accessible digitally online so it can be used with an interest in HIV/AIDS. In the near future it will be possible to visit the Face of AIDS website and travel around the world monitoring what is going in the global fight against HIV/AIDS.

MS. HUAMEDA: [alternate language]

JACOPA PENCAN: Now we welcome Ms. Karen Stanicky [misspelled?] from UN AIDS Map to give us some thoughts on the whole process.

FEMALE SPEAKER: Excuse me, I would like to introduce Paisan to come up please.

[APPLAUSE]

JACOPA PENCAN: Well, we were not informed about this but give a big hand to Paisan Suwannawong. Please help me.

PAISAN SUWANNAWONG: Good evening ladies, gentlemen and friends. Welcome to Bangkok. Sorry I am a little nervous but

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I am not used to speak on stand. First I would like to say thank you to the people who supported my [inaudible] to speak. And thank you to IAS, because it mean a lot to me.

To speak from the first [inaudible] history. I would like to tell you a little about myself. I grew up in one of Bangkok biggest slum, not far from here. I saw many people using drugs but never imagined I would become a drug user myself. The first time I smoke marijuana, I feel like a [inaudible] because of all the public campaigns that was bad and dangerous. I found it wasn't true, so I continued to smoke it. Then I started smoking heroin and became addicted without realizing it. I didn't have any money. I was feeling withdrawal symptom and my friend offered to share his heroin and inject me. Yes it was scary for the first time. I got arrested at least 20 times. Most other times I did not have any drugs on me. The police would plant drugs on me and force me to confess and beat me if I did not sign the document. I could not carry a needle around because if the police arrested me the charge would be more serious. I heard about a list of getting history from carrying needles but when you are craving heroin, you don't think about anything else. You just want to inject. I was in prison once [inaudible] the contents were terrible and we had to stay in [inaudible] for more than 15 hours a day. For me there is nothing worse than losing your rights and your freedom. I am not surprised that people use

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drugs and inject in [inaudible]. Even if they never use or injected before. I believe that and got history in prison because I injected almost every day there.

[APPLAUSE]

Getting off drug is not easy. Many times I went into [inaudible] just to please my family, get away from the police or take a bath because the amount of drug I need was getting expensive, not because I want to quit. And the attitude of the treatment staff only made me feel worse. Other times I really did want to quit but you can imagine how this feel to live a treatment program and go back home with nothing to do, how difficult it is to find a job and explain where you have been. My own family would watch my every move. I could see in their eye they did not trust me. I was too embarrassed to see my friends who's lives seemed so successful. It was so lonely. I feel I have nothing at those times. The only thing I could think of was to go back to using drugs.

Finally, I quit drugs 13 years ago. I knew I really need help. I decide to go to a TCR [inaudible] community. This is how I found out I got history posted. The test is still a requirement for entering the TC. There was no pre or post-test counseling. In fact, my results were given to my sister, not me.

Today, not much has changed. Drug users are still seen as morally weak and bad people. We face stigma and

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discrimination in society and in the [inaudible] setting. We experience constant police harassment and ineffective services. In Thailand, injecting [inaudible] has not changed in 15 years. One third of all new HIV infection are drug related. And this number is increasing. And yet there has been no effective [inaudible]. In a recent war on drugs in Thailand, over 2,005 people were killed expeditiously in the first three months of the campaign. More than 50,000 were arrested and 1,000 were forced into military land inhabitation center. And that [inaudible] were forced under and away from services that were already difficult to access.

Last year, the Thai Drug User Network develop a proposal for our [inaudible] HIV prevention can support intervention for injectors. And submit that into the global fund. We had to bypass the [inaudible] mechanism and not be withheld [inaudible] to get political support for our proposal. In October we were awarded a \$1.3 million grant but we still haven't received the money yet.

[LAUGHTER]

Even though the Thai government say its current policy is to treat drug user as a patient not criminals, it is still illegal to be a drug user. We continue to be arrested and forced the [inaudible] or the military land rehabilitation center. Is this harm rejection or harm production?

Every minute infected with HIV by using a dirty needle.

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Globally one third of all new HIV infections outside of Africa is IV or related. In fact, contaminated needles account for the largest share of new infections in Eastern Europe and Asia.

The [inaudible] all says drug users have an equal rights to all level of care, but in practice we are denied access to ARV treatment as well as basic prevention intervention like clean needles. Methadone is still illegal in many countries and should be under the [inaudible].

There are many [inaudible] interventions which have been proven to help IV users stay free of HIV including free needles and Methadone. We need these means of prevention in place now. And we need access to treatment now!

Drug users [inaudible] politically, socially, economically marginalized group and easily abused by the [inaudible] and others who [inaudible] of service. We often do not even enjoy the most basic human rights. In Thailand this is true for sick workers, MSM, band workers and undocumented citizens as well.

The world we live in today is not a world of sharing but of advantage taking, profit seeking and competition to get ahead. It is a world motivated by greed and controlled by corporations which do not recognize the value of a human being. [Inaudible] Basic need are denied to many millions. Today many of our governments are run by this edict who are more interested in protecting their personal investments than in

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promoting public welfare. They invest public resources in projects whose profit go into the pocket of their friend, instead of providing for the welfare of society.

Government privatize our public security as well as our education and healthcare systems. Social welfare programs and other forms of assistance become issue of charity, not rights or entitlements. As it is now, our public hospital are overloaded and underfunded, severely compromising our ability and equality of treatment and care offered. Of course, tackling it isn't just about [inaudible]. Prevention, harm reduction, poverty reduction and decent living standard. Living standard are all part of the process. Governments like the United States or international organizations like the BTO make the task much more difficult. [Inaudible] poses and the emphasis on abstinence only. Half only prove to be helpful or at best totally useless.

It is our religious today, conservative [inaudible] especially in the US are advancing a moralistic ideology that contradicts scientific evidence about HIV prevention.

Young adults and teenagers are the most affected too. We have to prevent the transmission of HIV. Programs that promote them are not funded or are de-funded. Evidence shows that widespread access to HIV leads to a huge improvement in healthcare and quality of life. We've seen significant reduction in healthcare and other costs because of improved

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health and productivity among people with HIV and their family.

The most painful experience I can think of after living with HIV for 13 years is being poor and HIV positive. Again and again I watched many friends die in front of me from terrible opportunistic infections, simply because they were poor and could not afford treatment. What you ask is not is but greed.

Multinational pharmaceutical companies inflate the price of their drugs without thought for poor people. They use their will to influence US and European common policy to ensure that intellectual and poverty lines are weighed in their favor.

After government say they are too worried about [inaudible] and drug resistance to offer treatment. When the truth is they don't want to pay or suffer the repercussion from the trading partner by breaking patterns. Four years ago, Thai people was HIV and AIDS ask the government to use a compulsory license for DDI, but the government was too afraid of change and after sanction from the US. Ultimately, we took this [inaudible] and won the rights to produce habit form DDI locally.

In a final adjustment the Thai [inaudible] because patents can lead to high price limit [inaudible] to medicine, patient have the right to sue the patent holder. This was a very important matter that we won. But the war is not over. Recently the Thai government interest, [inaudible] negotiation

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with the United States. We know the US ultimately pushed the intellectual and poverty protection that is stricter than what is a key internationally. This mean that Thailand now producing generally ARV for more who need it will no longer to be able to sustain this important program. We are demanding the Thai government refuse to trade away the health of its people by negotiating intellectually and publicly protection for medicines.

The US government and its policy effect the ability of people all over the world to enjoy their basic rights and needs. Many poor countries cannot provide basic service like healthcare because they have to pay back enormous debt to the US and western bank. Why thousands die of AIDS every day from lack of fund? There is unlimited funding for war. A billion and half dollar available for the killing and destruction in Iraq. Which the global fund is out of money. This is because of the broken promise of this donor countries that fail to pay their fair share.

I have no simple solution for achieved world peace but I do know that the US government led by the criminal George Bush raised war in occupied country like Iraq in the name of peace. The US is too arrogant to listen to the UN and the Thai government show its loyalty by sending Thai troop to Iraq.

Four years ago at [inaudible] after activists demanded an urgent response to the global [inaudible] crisis, Kofi Annan

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called on all the world go to [inaudible] what he describe as a watches, this become the global fund. At the last international conference the [inaudible] was three by five initiative yet today six million people are waiting for their drugs. It doesn't wait and neither do we.

First [inaudible] view of power and clean up corporation. We cannot wait for our government to act. Governments and corporations hate activists because we know what they are up to and we are pulling the mask of fake concern from their face to reveal their true nature. But to me activists are to be honored. Activists are my true friends.

They stand by my side when I face discrimination and injustice. They have the courage to stand up to those in power who use their position for their own benefit. They are the one who can help [inaudible] to fight AIDS and injustice in this world.

Access for All is the theme of this conference and the theme of many of us here. Yes, it's not easy to achieve in the world we live in today, but the world belong to all of us to change. Five years ago, doctors, nurses and many other people told me and my friend that yeah it was an impossible dream. Recently, even tonight, our prime minister say that ARV will be covered under a universal healthcare scheme. Today I ask to them after they [inaudible] we will be filled with love, sharing and peace. And I believe that when we dream together

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our dream come true.

Thank you very much.

[APPLAUSE]

JACOBA PENCAN: Big applause to the final speaker of the night. Paisan Suwannawong there is no more to what he says.

Let us thank Karen in yielding the time for Paisan Suwannawong to speak his mind on behalf of the network on the people who live with the problems. Thank you for that intervention. It is going to make the whole thing look like a real conference now.

Ladies and gentlemen, no more here on the formality. Let's go out and enjoy the atmosphere, capitalize the conference. Have a good night

MS. HUAMEDA: [alternate language]

[END RECORDING]