

**Conference: 15th Annual International AIDS Conference
Plenary: Overcoming Challenges through
Empowerment and Action
July 16, 2004**

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[Music Playing]

VALLOP THAINEAUA: Thank you very much. It's my pleasure to open the last plenary session of the 15th International AIDS Conference. And it's a great pleasure actually to announce Dr. Lieve Fransen, Head of the Human and Social Development Department at the European Union, to make a brief announcement.

LIEVE FRANSEN: Good morning to everybody. And I'm very happy to be here for the last, but most important plenary session I think. But I would like before we introduce the speakers, to make an announcement for the European Commission. The European Commission is very happy to share with you the good news that we have an additional 42 million euro for global funds and that equals 52 million dollars.

[Applause]

Just very briefly, that makes us and we remain the second largest single donor for the global funds and together, the European Union is the largest - and we're providing 16% of the global funds. In total, we all have to do better in the future, but our hope is how to go in the right direction.

[Applause]

With this, I would like to introduce a very, very dear friend of mine. I am very honored to introduce Senator Mechai, who is a Senator. He is also the Chair of the Population

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Community Development Association of Thailand. And I want to say a little bit about him because he's had - although he's a very honorable youth - he has a very extensive experience and life that I would like to share a little bit with you.

He served as a minister of the Prime Minister's office in Thailand from '91 to '92. And currently serves as a Senator in the Thai Parliament. He is the founder and chairman of Population and Community Development Association, one of Thailand's largest private, non-profit development organizations. I am sure you've seen Professor Mechai and Senator Mechai in action here during the conference.

In the late 80s, Senator Mechai, then an economist, acted in primary planning issues, began a campaign to encourage the use of condoms to prevent HIV. And if we have flowers on our table here with condoms, it's thanks to him. He led an initiative to distribute condoms to prostitutes in red light districts, often handing them out himself. As a result of this effort, Thais began calling him Mr. Condom and began calling condoms, Mr. Mechai.

His efforts have proven successful. During '91 and '92, about 250,000 people were infected annually that now the number has fallen to 16,000, which is really an incredible success story and I hope it goes further down, thanks to the incredible efforts of the communities, but also Senator Mechai's leadership.

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During the conference, Senator Mechai has arranged for Thai authorities to distribute more than 350,000 condoms to conference delegates and the general Bangkok population. And when I needed one yesterday, I couldn't find some. So they must have been used. They will be distributed to motorists who use the expressway during the conference, as well as to travelers at a main traffic atria.

Police officers will also distribute condoms to drivers stuck in traffic and there is quite a lot of that here. So Senator Mechai was appointed Ambassador for UNAIDS in '99 and has received numerous awards, including the United Nations Population Award in '97 and United Nations Gold Peace Medal in '81. And now I have the pleasure very much to work with Senator Mechai and Don Daganya [ph] in preparing also and in funding the community program of this conference with one million euro. Senator Mechai?

SENATOR MECHAI VIRAVAIIDYA: Thank you very much indeed Lieve. Good morning ladies and gentlemen. You just heard that the EU - the EC - has given 42 million dollars. We keep on asking governments, "Look, why don't we have a special program beginning this day, ask for one dollar from every citizen in the world. We'll beat the EU. We'll beat President Bush."

[Applause]

I would like to ask the organizers to bring a basket here and ask you all if you would like to start the movement in

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giving one dollar each?

[Applause]

By giving, we get commitment as well. Money talks, remember. So I'd like to start by putting my dollar right there and there's a basket, at the end of this session, please start the movement in the world. Let's help ourselves as well.

[Applause]

Or one euro would also be fine. What I would like to do today is to go through an activity or activities that I believe need to be carried out throughout the world. Not only are we trying to reduce discrimination by law, by culture, by tradition, by art, by speaking, but we also have to use something that the world has and we've not used it well enough and that is economic empowerment as a means to reduce stigma and discrimination. And I hope you will see my point.

In the beginning, we tried giving out loans to people with HIV and it helped them. They survived. They had food. They could buy the things they need to have expenses. And then we went further down to those affected and it helped them too. But it did not reduce discrimination at the rate that I felt it should have been. So we invented, just turn it on its head, and said, "Why don't we use economic empowerment as a way to push to reduce discrimination?" And so now we can see it as economic empowerment, as a livelihood and at the same time, to reduce discrimination.

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I thought about it the same way I did with the condoms. In the beginning in Thailand and around the world, some done for use as contraceptives or to protective their self. But then we also realized that it could be also a toy for children. So we decided to do the same thing as we did with a condom, with economic empowerment. So as a toy in Thailand and my one daughter when she was born, when she could recognize something, she had a new toy. It's for children as well.

Some of you are embarrassed by the condom. If you are, you should be more embarrassed by the tennis court - there's more rubber in it. So let's be friends and regard the condom as a multipurpose product. And right now, the youth of Thailand are using it to put the telephones in during the rainy season.

[Applause]

Now, let's get on with economic empowerment. And as you will see, I pressed the right button. It's not moving. Yes it is. It must be made in Thailand. As we all know, throughout the world, people living with HIV are living with social stigma and to a large degree, economic discrimination and it's right around the world, it's quite global.

Many governments around the world, when they take action on AIDS, they do something to prevent and something to provide healthcare. But very little attention resources have been put into enable PWA's to participate in daily economic

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life and survival.

Discrimination continues to have shattering effects on the lives of all these people and due to the stigma, most of these people cannot fully participate in economic activities in their communities, and are viewed sometimes as even a burden to their economies and to members of the community. And the magnitude of the negative impact ranges from fear of PWA. We've seen it in many countries, including my own, as social outcasts, limited economic opportunities, loss of jobs, family income, inadequate access to public welfare, counseling treatment and everything. And today, there are many sessions are going to be about empowerment of people.

So apart from the orphans - and the disease is predominantly attacked those who are in the most productive years, and as a result, persons with the disease and the families are eventually deprived of broad terms of better quality of life. Through time, as family incomes ranged, they have lost their hope, eroding life savings, living off the generosity of families and others, an increasing level of poverty has become a vicious circle for them.

Changes must take place on all fronts, not only in prevention and healthcare, but we've also got to put economic empowerment as means to both increase economic opportunities and at the same time, use it to reduce stigma. And I believe that this should be adopted. While current efforts going on

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must continue, but we've got to explore new ways and even unconventional ways and avenues to bring discriminations to its knees. Unless we do that, our battle will never be won.

And a case and point I would like to show you what's been going on. As I said, we started off with people living with HIV and then affected, but then we decided to turn it around and use economic empowerment to reduce stigma and as we have seen, it's reduced it so much faster than we anticipated. It's called positive partnership. Economic empowerment through micro credit to provide economic livelihood opportunities and to reduce stigma. And it's a very clear objective. This project is about economic empowerment of people as a means to reduce stigma and discrimination.

The positive partnership project is going on, not only in Thailand, but now beginning on the borders of Laos [ph], Vietnam and Cambodia, where Lieve and EEC have, and EU have given some funds to provide medical treatment and we're now providing the loan funds, so they can also borrow money. And as you will probably see, they are very, very good economic risks and I would suggest any bank to lend to them.

And so a lot [inaudible] of the unemployed without savings, like the rest of the world and a terrible sense of hopelessness. So it's prohibited them from earning a living. And so we started with our own funds first and then went to UNAIDS and said, "Look, we'd like to try this experiment." And

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they said, "Ok, let's do it." So we started lending to people living with AIDS and then expanded it to include for people living and also those affected by HIV/AIDS.

It was quite surprising that even without medical treatment [inaudible] the rate of return was 70% on time. Some of the people living with AIDS had died and their relatives came to us and continued to try to pay off the loan. We said, "No, no, no." So that was when we turned around. It was the people in the villages who taught us this. So they said, "Look, my brother or my wife has died. I would like to continue repaying the loan." We said, "No. Let's change it. You find yourself a new HIV positive partner and continue the loan" and we call it banking restructuring. So we just simply changed, find yourself another HIV positive person and that was the beginning of this expansion. It wasn't our idea, but it came from the people. And so we then expanded. We asked Pfizer to help and they did and now we'll be lending it to HIV positive partnerships.

So a positive person finds and HIV negative person to be a business partner and the loan is about \$300 each. They never had financial assistance before. Nobody would lend them money - not even the government fund in the village, the bank, not even the money lenders. They said they were too high risk. But as it turns out today, this is totally false. And there's still hope and compassion in the communities far faster than we

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have anticipated.

So the HIV negative business partner not only takes care of the business and through youth discrimination in the village, his or her job is to go around the village, change attitude and behavior, but also if they're on medication, to remind them to take the medication. So we get several angles out of this very simple thing. And these people are now being treated through the Thai government if they require the ARV. So this is being done in 10 different areas of Thailand, and the results are the same in all areas. So they must agree to work together, but they can have separate business if they wish. But most of them have the same business.

The inclusion of income generation and economic empowerment is the lead component of this new innovation. Again, generated from the villages themselves. It wasn't somebody smart from above giving the idea, but they suggest it. It's also good business. The loans are repaid at 6% interest rate within 6 to 12 months. And it's been very, very regular repayment so the money is expanding.

But what is interesting is that once the loans are repaid and all the HIV positive people already have the loan, we then lend them money to all the poor people in the villages. And all of a sudden, they realize, "Where did this money come from?" From those people who were HIV positive making resources available to us, like Bill Gates. So they become the

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Bill Gates of the village now. But Bill Gates doesn't lend, he just gives. And so they all of a sudden realized the government didn't give them the resources, it was these HIV positive people who we misunderstood are providing the resources for us. And that's been quite a revolution in the village right now in the feeling of the people. They're much more enlightened.

And I brought some to research and to meet and it was wonderful to see. They said, "We want to help other people." So they go around the villages talking to other people and they find out many things. For instance, they went and talked to some former sex workers who were positive who were hiding and wanted to join and they even discovered that some of their friends who were not in the same village, were using lemons as contraceptives. And so we found out, and this is happening more and more and more around the world. So again, we're discovering more from them and this might even one day be part of the key microbicide available everywhere. No company can take it if they can't touch it because it's just a lemon.

[Applause]

So we'll wait and see. So the start with this organization cooperates first - they go with the hospital and they tell us who the people are. We talk to them. We talk with everybody else - the villages, the teachers, the factory workers to get them all involved. And then we provide

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discussions and training in a very friendly atmosphere. You do not have to reveal your status if you wish to keep it quiet. That's not a condition of loan.

And then we help in further training, if they need training. Some of them have some skill. And here's a person - a couple - just taken out a loan, 16,000 Bok. That's about \$400, to start their business. So skill develop and it's done for them. And this is just some examples of the businesses, in case you think they can't do anything. They can do many things. They have not yet started their own airline, but maybe one day.

So livestock raising, vegetable growing and the picture on the right is a grandmother who'd lost her daughter to AIDS and she has a grandchild there. So she's now harboring her granddaughter and doing business. So she has a very secure future of taking care of her grandchild and the grandchild will continue. They raise vegetables and lots and lots of people buy from them.

We also have, you know, animal raising and the micro, mini farm for people who can't move, can't work very hard. So candle making, flower, clothes making, laundry service - the one on the top right - in white is HIV positive; in red is negative. And Internet café, stone carving and the children who come to this Internet café also learn about HIV/AIDS. So this program is now being expanded also through children. They

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must go around the village and explain to the people that one can live in every normal way with HIV positive people. In fact, they're bringing in resources. Look at this Internet café. Who brought it in? And so people are changing the attitudes and economic empowerment. It's making people who were formerly HIV positive and discarded in a sense, now very serene up there in the upper economic echelon of the people.

And making photo frames, recycling, vegetable growing, taxi, even in Mneme right now, these taxis - bicycle taxis - good exercise also. And they're earning money. So everyone has a hope and there's so many jobs around and many other low-cost activities. I don't have time to show everything. And many of them are selling stuff in the global village and around places. We hope to find markets. And I am sure many organizations will be delighted they can produce lots of silk and so on for your organization. Even export products now. Some of them making clothes for exports.

The challenge to demonstrate right around the world is that HIV positive people do repay their loan - do repay their loans, and so deserve to receive credit from financing institutions. So one of the things we have to do is write around the world to ask institutions like World Bank, other development banks and other banks to lend money to HIV positive people, or help to guarantee.

[Applause]

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And since receiving these loans, the people who are HIV positive have a whole new life - new economic status, health status, social status. And the new economic opportunity has given them a real reason to live and they're going to live forever if you ask them. So their lives are now terribly meaningful, filled with hope and a joy to be with and therefore, I'd like to suggest very strongly that positive partnership is good economics and is sustainable. Once you give money in one area to begin the loan, you don't have to give it again. So we've witnessed economic empowerment, delivering people from stigma.

It should be introduced everywhere. I hope donors have [inaudible] in giving money to research should provide funds to allow people living with AIDS to have meaningful economic lives and use it to reduce stigma and discrimination because money talks. Thank you.

[Applause]

VALLOP THAINEUA: Thank you very much Senator Mechai. And since money talks, we have actually - there's a box here to followup on Senator Mechai's idea and there's also a box - two baskets at every door.

It's my pleasure to introduce the next speaker. Ms. Irene Zubada [ph] Kahn from Bangladesh. She became the Secretary General of Amnesty International in 2001. She's the first woman, the first Asian and the first Muslim to lead the

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organization. Ms. Kahn has worked to highlight the human rights aspect of the HIV/AIDS epidemic. On World AIDS day in 2002, Amnesty International released a statement saying that social exclusion, economic deprivation and discrimination are integrally linked to HIV/AIDS.

The statement also says those who are on the social margins of society who are denied access to the most basic human rights, to freedom from discrimination, to education, to physical integrity, to healthcare and to economic security are the most vulnerable to HIV infection. According to Ms. Kahn and Amnesty International, the right to health, the right to personal security and freedom from discrimination based on sex or sexual orientation and the right to work are among those rights that must be protected in order to contain this part of HIV/AIDS.

A long-term human rights supporter and activist, Ms. Kahn helped front the development organization concern universal in 1977. She previously worked at the United Nations High Commission for Refugees. She has received several academic awards, including a Ford Foundation Fellowship. At this conference, Ms. Kahn will discuss the human impact of national policies on HIV/AIDS. Ms. Kahn, it's a pleasure to have you here.

[Applause]

IRENE KAHN: Ladies and gentlemen, friends, colleagues,

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over the past week, 4 HIV positive people were detained in Hunan province of China after they tried to protest about adequate healthcare and other services that those living with HIV/AIDS in that city. They may be at risk of torture or in treatment and we fear that they may not get the medical treatment that they badly need.

Two of the people were also protesting the closure of a school for HIV positive children or children of parents who are positive. The founder of that school, Lee Dunn, said that the school was closed down by the authorities after he told them that he wanted to attend this conference. Many of you have, on your seat, the petition that Amnesty International has drafted. If you believe that human rights, abuse anywhere is the concern of people everywhere, then please sign that petition. If you can't sign the petition, the address is there on the screen for you to take down and to write to the Chinese authorities later.

What this case shows is that HIV/AIDS more than anything else, is a human rights crisis. Amnesty International is a global human rights organization and we are committed to campaign to put human rights at the center of the agenda of HIV/AIDS. We come to this issue with great humility as an organization that has, for many years, worked on political and civil rights. We have a lot to learn and we hope that in that process, we will work with you and many others like you around the world to attack this human rights crisis.

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The need for a human rights based approach to HIV/AIDS has possibly never been so critical because despite increased funding, despite political commitment, despite progress, the crisis continues to grow. And the pandemic is being fueled by the failure of government to protect the human rights of those at risk or living with HIV/AIDS. Too many governments are still looking for a quick fix, still failing to recognize that human right violations increase people's vulnerability to infection and that people living with HIV/AIDS often face grave human rights abuse.

Even where there is recognition that human rights violations increase people's vulnerability, changes in the nature of the epidemic are challenging us to re-conceptualize the way in which we have approached this crisis before. Yesterday, I visited a temple complex just north of Bangkok where several hundred people living with AIDS are being cared for. I was deeply moved with what I saw. The courage and hope of the people living with AIDS; the optimism and commitment of those caring for them.

But more than anything else, what struck me was the way in which the dignity and work of each person is being valued and respected. The message is clear - we must fight HIV/AIDS, not just through education and information and how to avoid it, but also by recognizing the equality and human dignity of every person living with HIV/AIDS.

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[Applause]

A strategy driven by fear of infection cannot succeed. In the long term, success will only come through an approach based on values - the values of human rights and human dignity. And that is what access for all means. Access for all means fighting the discrimination, which increases the vulnerability to infection and to human rights abuse after infection. Non-discrimination, as we all know, is a fundamental principal of international human rights. Under international law, all people have to be treated equally and given equal opportunity. Governments have the obligation to insure equal protection of all, as well as equal access, of all the public goods and services.

This principal of non-discrimination is fundamental because, as we all know, disease and death are never evenly distributed. They are determined by the different capacity of individuals to access information, to understand the risks, to reduce the risks and to get preventive and care services. And underlying that - those differences - are different levels of income, education and purchasing power. Money does indeed talk.

And that is why wherever we look, discrimination and inequality are driving the pandemic. Wherever we look, discrimination is exacerbating existing inequalities and creating a lethal mix of stigma and neglect. When

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discrimination denies people the right to information and restricts their freedom of expression, their vulnerability to infection increases. When communities or workers are deprived of their right to organize and mobilize, it makes them less able to respond more appropriately to HIV/AIDS and more vulnerable to it. When people are forced to flee their homes and become displaced or refugees, they're more vulnerable to infection. When people are denied adequate services and support, their risk of infection increases.

Take the case of drug users in Thailand, state sanctions, discrimination and harassment of injecting drug users is driving them underground impeding their access to the services and support they so badly need.

[Applause]

Some of you will have seen the report by Human Rights Watch earlier this week, which makes that point. Thailand, which has been widely and rightly acknowledged for being a leader in the fight against AIDS risks being compromised by its approach to drugs and injecting drug users.

[Applause]

Not only does discrimination fuel epidemic, people with HIV around the world face significant violation and abuse. Positive people risk being sacked from their jobs, being ostracized by the community, being excluded from the protection of the law. Even children - positive children - or children of

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positive parents are sometimes excluded from schools. And so it is not surprising that HIV/AIDS epidemic is finding new victims among those with unequal status in our society.

And here I would like to talk to you about the situation of women. Globally, women comprise half the population, but in Sub-Saharan Africa, 57% of those living with HIV/AIDS are women. Young women between the ages of 15 and 24 are 2½ times more likely to be infected than men. In South Africa, 1 in 4 women is HIV positive by the age of 24. The unequal political, economic and social status of women means that they are more prone to violence and less able to negotiate safe sex.

And research shows that women who were beaten or dominated by their partners are nearly 50% more likely to become infected, as compared to women who live in non-violent households. The rate of women, whether in the battlefield, back streets or in the bedrooms, greatly expose them to risk of infection.

Last October, I visited the Democratic Republic of Congo - the eastern part of the country where I met hundreds of women who have become victims of a war in which rape is being used as a military strategy to terrorize civilian populations. And these women are being infected, and then abandoned by their husbands, who see them as having become tainted by the enemy.

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During a recent visit to Cape Town, I was told a story of a young woman who was raped by a group of men, who then beat her to death when she told them that she was positive. Also in South Africa, I have the story of Numalilo [ph], a woman who was infected through her husband's girlfriend who died of AIDS. When she confronted her husband and asked him to go for testing, he walked out, leaving her to care for her 4 children, plus the children of her brother and her sister, who had died of AIDS. Listening to her, I felt that for many men, AIDS is a distant threat 10 years down the road. But for many women, it is actually an everyday danger that shapes their lives.

[Applause]

And unfortunately, very tragically, HIV/AIDS leaves a legacy that goes beyond one generation because girls in households affected by AIDS very frequently have their education terminated, they have to care for their family, their choices are limited and many of them end up actually in dangerous jobs, which expose them to more violence and to infection.

I have spoken about women, but I could have just as easily spoken of migrant workers, of displaced persons and refugees, of young people, of disabled, of prisoners, of sex workers, of injecting drug users, or sexual minorities. These are all people - marginalized people - on the fringes of our society who are vulnerable to infection. But by speaking of

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them, the point I want to make is actually the converse. The point I want to make is that it is possible by protecting human rights to help prevent HIV. It is possible by safeguarding the dignity of people to actually improve our strategy for dealing with this crisis.

So let me end by emphasizing 3 points of how human rights can be made a vital component of HIV/AIDS programs around the world. The first point would be that governments must bear the primary responsibility and they must establish clear institutional mechanisms for discharging the responsibility that they have under international law for human rights. The rhetoric must be translated into reality. Responsibility must lead to accountability.

[Applause]

Secondly, concrete steps must be taken to insure equal access and non-discrimination. Laws, policies and practices should be reviewed and overhauled if necessary to insure access for all without discrimination. And this means reforming laws on criminal and correctional issues; looking at legislation to protect people from discrimination; looking at reforming public health and medical social services. I emphasize laws because while accessible, appropriate and quality prevention treatment and care services are needed, we found a legal framework that establishes equality. We risk entrenching the very inequalities that are driving this pandemic and could worsen

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its impact.

Third, a supported environment must be built for people at risk or living with the virus. And a vital component of that environment is the commitment to engage actively and meaningfully with the people themselves. This means practical support to groups representing positive people. It means recognizing the right of these groups and individuals to express dissent, to criticize governments without fear or favor. It means that we must all be ready to listen to positive people, whatever their differences of use. And it is unfortunate that earlier this week, some leaders failed to do that.

[Applause]

We must also be ready to support positive people in a pragmatic and non-judgmental way. The prohibition imposed by the United States government on providing funding to organizations that take a human rights based approach to sex work will make matters worse, because they will impede the delivery of information and support to women in the sex industry, who desperately need it.

[Applause]

Finally, we must all work to build a healthy and vital civil society that will support the efforts to advance human rights in which community based organizations can work together across disciplinary borders to build a human rights based

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approach to HIV/AIDS. And this is why it's absolutely disgraceful and dangerous how overt and covert restrictions are being placed on organizing and mobilizing. They're seriously inhibiting the capacity of communities to work effectively with governments to establish their own agendas and priorities.

And the Chinese cases that I mentioned are just one example. In China alone, earlier this year and last year, numbers of people were arrested and detained simply because they dared to criticize, agitate or protest. And China is just one country in the world where this happens. And that is why we must all be vigilant. We must all stand up and speak out.

Of course there is no quick fix for AIDS. But there is an effective way forward. It requires a sustained commitment by governments, by corporate actors, by international organizations and by civil society groups and all those people living with HIV/AIDS, to work together to put human rights and human dignity at the center of our response.

The fight against AIDS, if it is to be successful, must be a fight for the rights and interest of the world's most marginalized people. Thank you.

[Applause]

CHAIR PERSON: Thank you for this very powerful presentation. I would hereby like now to invite Dr. Luiz Paulo Teixeira Ferreira. Dr. Luiz Paulo Ferreira has been leading the sector of the Urban Development and Housing Municipal of

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the City of Sao Paulo, Brazil since 2001. But in his previous role as a State Deputy for the Worker's Party in Sao Paulo, Dr. Ferreira promoted harm reduction initiatives of the state's injecting drug user populations.

He helped enact a state law to authorize the Health Secretary to distribute clean syringes and needles to injecting drug users. And he also helped enact legislation to authorize the use of public funds in the State of Sao Paulo to implement harm reduction strategies. The sharing of needles among injecting drug users has been a primary cause of HIV transmission in Brazil since 1990. And the State of Sao Paulo has had one of the highest rates of HIV prevalence and increases. So we are very happy to have Dr. Ferreira discuss with us evidence based harm reduction interventions and introduce national drug policy development strategies. Thank you.

[Applause]

LUIZ PAULO TEIXEIRA FERREIRA: Morning ladies and gentlemen and friends. I want to honor the drug users in Thailand and Brazil and all over the world. I'm very happy to be here in Thailand, where the AIDS program is a success in where the response on AIDS among drug users is hopefully about to take off affirming the Prime Minister's announcement of harm reduction policy at the opening of this conference.

My name is Paulo Teixeira. I'm from Brazil. I was a

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member of state parliament for 8 years. And I am the former Secretary of Housing and Urban Development in the State of Sao Paulo. I want to thank the conference organizers and to UNAIDS for the invitation to be part of the 15th International AIDS Conference. Thank you also to my parliamentarians, government leagues and community friends.

The reason why I am here is to describe the political and legislative change to implement harm reduction programs in my country and the political activism, which allow harm reduction programs. This is about leadership of the parliament in civil society. I am the author of the first harm reduction law in the State of Sao Paulo, which opened the way for new legislation and allowed us to implement a very extensive network of harm reduction programs in my country.

Changing law is not easy, but is possible. As we often say, if there is a will, there is a way. I would like to first describe the history of harm reduction in the State of Sao Paulo. Secondly, how the Brazilian government actually adopted it as a national policy. And finally, I want to talk about some challenges in extending harm reduction policies and address key issues in drug law reform.

Let me begin by saying that drug users are at risk and vulnerable to HIV. The radical solution is harm reduction. Harm reduction is a comprehensive package of activities and reduces the harm of drugs, in particular concerning AIDS and

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Hepatitis, through provision of services that are effective, human and friendly to users, including syringe exchange, condoms, education about drugs and HIV, peer outreach and drug substitution therapy and other treatments.

In Brazil, the first harm reduction program was formally introduced in 1989 in the City of Santos, where almost 60% of the drug users were infected with HIV. When the municipality introduced the harm reduction program, the justice authorities prosecuted public health officials because they believed that syringe exchange would be a stimulus to drug users. The program was closed by the order of Fort in 1995. And the health officials were charged under the drug law.

In order to overcome the obstacle, in 1995, I present the harm reduction view to the state parliament. My arguments were first, legal in a health aspect. The view was not designed to increase drug use, but instead to help change the risk behavior of drug users. There was evidence to show that harm reduction helped reduce HIV infection and increase access to health service, to include drug treatment.

Second, financial aspect. I urge you that the cost of prevention programs was extremely low compared to the cost of treatment for AIDS and Hepatitis. Third, political aspect - drug users are seasoned too and have the rights to health and known discrimination. Three years later, in 1998, the law was approved. The following factors contribute to the approval in

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the parliament.

First, the civil society had demanded prevention and access to antiretroviral treatment for all. Second, harm reduction was already legally implemented; therefore, the foundation and experiences already existed. And third, the media continued to bring to attention to the spread of HIV. And also the linkage between the spread of HIV and Hepatitis with unsafe injecting drug use. The media were also publishing successful experience of other countries. This increased public pressure on political leaders.

Since 1998, we approved the law allowance. Legalization of harm reduction programs, including syringe exchange, use of government budget for harm reduction and therefore, the program is funding and sustained. Drug users and service providers are not a recipe when joining the program.

Pilot and small-scale projects were wonderful, but would not curb the epidemic. Brazil saw it clearly. After in 1998, the law on harm reduction was approved in Northern Brazilian states at the national level. As a result, HIV infection among drug users in the country was reduced. There was improvement in health [inaudible] of this vulnerable success.

The result of national situation from 1998 to 2003 - first, 125 programs on harm reduction in Brazil currently

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serving 65,000 drug users as compared to only 5 programs in 1998. Second, from 1988 to 2003, the total of 631 projects were supported by the government. Seventeen states are covered by 17 harm reduction associations. Implementation of harm reduction [inaudible] in 2003, national drug law and policy was approved, in which harm reduction is a national strategy.

Community response is key. Supportive policy and legal environment allows communities to organize, involve and to strengthen the exceptional response to HIV among drug users. The following networks were established. First, the Brazilian Outreach on Harm Reduction Association aborted that. Second, RADUKE [ph], the Brazilian Harm Reduction Network. Third, Relaridy [ph], Latin American Harm Reduction Association that were built together with other Latin American countries. And fourth, a Brazilian drug users network was formed recently in 2004.

Yet, we need to do more and to do better. It is too crucial to fight for a progressive policy, focus on health and human rights based on advanced and successful experiences in the number of countries. The key is an engagement of the health systems and proactive involvement of drug users.

Brazil needs to develop programs that allows safe injecting rooms, as in Australia, Holland, Switzerland and other countries. This may reduce risk at the strategic locations in drug injecting networks. And thus, reduce HIV and

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Hepatitis transmission. Secondly, trials on various drugs substitution treatment. Third, legislation that criminalizes drug users, as exists in many countries. Fourth, to develop a strategy to coordinate harm reduction programs and basic healthcare. Fifth, closer partnership between harm reduction programs and mental health programs. And the last, the educational system in Brazil must have a more effective program for prevention in terms of drug use and misuse in harm reduction.

It's critical to have a broader and longer term strategy, to reduce vulnerability and social exclusion through combining programs for drug users, sex workers and other marginalized groups. This program includes education, harm reduction, income generation in micro credit, protection of rights of citizens, empowerment of women and youth and community involvement in programs.

We have evidence to show that harm reduction projects work and we must implement harm reduction programs nationwide with sufficient resource and full involvement of drug users, the authorities and health officials. But it can only to do in a superlative policy and legal environment. This means not stigmatizing, marginalizing and criminalizing drug users.

AIDS is a global problem. Work at country alone is not enough. We need new international policy on drugs that will provide superlative framework for comprehensive harm reduction

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policy and programs. We have to just say no to war on drugs.

[Applause]

We have to eliminate the stigma and discrimination. And we will insure equitable access to HIV/AIDS prevention, treatment and care. Let's fight the disease and fight discrimination together even if it requires changing the law. We leaders have to ask ourselves, "Have we done enough?" And I, in my country, can do it. You can do it too. Thank you very much.

[Applause]

CHAIR PERSON: Good morning. We all now know that political leadership is critical to create the enabling environment in countries for an AIDS competent society. However, powerful societal gatekeepers, especially spiritual leaders can and do influence the ability of society to access HIV/AIDS information and services. Our next speaker, Reverend Canon Gideon Byamugisha, from Uganda is a courageous leader, advocate, activist and most important, the first practicing HIV positive priest in Africa to declare his HIV status in 1992.

[Applause]

Gideon is a true global leader in the fight against HIV and AIDS, and he had dedicated his life to combating HIV/AIDS related stigma and discrimination, and mobilizing community action against the epidemic. Gideon currently serves as World Vision's Church and Faith Based Organization Specialist,

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helping to research and develop prototype HIV/AIDS prevention care and advocacy programs. He has also written 5 books on HIV and AIDS. Gideon?

REVEREND CANON GIDEON BYAMUGISHA: Thank you. I pray to you all. [Inaudible]

[Applause]

On behalf of my fellow religious leaders in religious communities, I want to thank all of you for making this conference very accessible to all of us with various faiths. Our presence, our involvement and our contributions have been the largest and the most representative I have ever witnessed from the earlier conferences.

On behalf of my fellow religious leaders and communities, I want to bring to you the attention to the unique strengths and bridges that we can bring to the table of the international [inaudible] again as HIV and AIDS [inaudible] stigma, shame, denial, discrimination, inaction and misaction. We have a unique presence and reach within communities. We have unique structures and programs that are already in place. We are available. We are a rival, and we are sustainable. And we are there long before AIDS came and we will still be there when AIDS goes away.

We have the mandate of love, compassion, justice, hope, courage, fairness and well-being. And our involvement in the national policy and program development like in my country,

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Uganda, has made programs very, very successful. But I am also aware that you, as the international community, have not benefitted much more in our petition to fight the epidemic because of the various obstacles and challenges that still face us as regions and religious communities. Because many of us still have inadequate and [inaudible] knowledge.

We have inappropriate attitudes on HIV/AIDS and the people living with it. We lack sufficient skills in services and involvement for promoting HIV prevention, AIDS care and support. Some of us offer simplistic statements and message like ABC. Some of us confuse what is love with what is safe. Some of us are still preaching condemnatory and stigmatizing someone and approaches to HIV/AIDS.

But despite all those obstacles and challenges, I want to assure you that we as regions and religious communities have made very big headway. We have, in many ways, overcome stigma, denial and we have moved from denial to lukewarm response and now we are actively involved in fighting stigma, discrimination, inaction and misaction. And later on you will be receiving a statement of our commitment to the fight against HIV/AIDS.

Our combined strength and hopes and resilience are greater than our weaknesses combined. What we need from you, brothers and sisters, is more emphasis, is more empowerment, is more equipment and more engagement. Those of you who have

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worked with us know this very well. The toil we have been together, we have [inaudible] HIV/AIDS and now it is in retreat in the countries like Uganda and Senegal. We need your support to be able to evolve the [inaudible] prayers, the persons, the plans, the programs, the personnel and the most importantly, very significant partnerships.

The story that is usually missed in the Uganda story, when I hear people say it is ABC that walked in Uganda, I tell them they are not speaking the whole truth. It was most importantly the amount of partnerships between people living with HIV, between the religious cities, between the community, between the government, between the international community that grow a unique response where effort became so greater than the crisis.

And we now know, of course, that where effort is greater than the crisis, both HIV and AIDS will retreat. That is a known fact.

[Applause]

If our effort is still less than the crisis, the virus will continue increasing. If our effort is just equal to the crisis, the virus will level off, but if our effort is greater than the crisis, AIDS and HIV will both retreat. But the secret lies in uniting together to fight this epidemic. We should emphasize more of our strengths than our weaknesses as religious communities and as people of faith and as people of

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development communities.

And to be able to bring this point home, before I sit down, of mobilizing the united effort, I want to invite Tesio again here - Tesio, Uganda, to come with me to bring this point home of being united against AIDS because AIDS takes advantage of our divisions between religions, within religions and between the government and within communities. But once we get united, we can defeat it. May God bless you.

[Applause]

[Music Playing]

VALLOP THAINEUA: That was a nice end of a plenary session. I'd like to thank all of you. This session is over and thank you.

[Applause]

[END RECORDING]