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**XVII International AIDS Conference  
Reclaiming our Lives: Developing Accountability for Positive  
(PLHIV) Leadership and our Advocacy Priorities  
August 5, 2008**

[START RECORDING]

**YOLANDA SIMON:** Please sit down. We are about to start this session. Reclaiming Positive Leadership, that is why we are here and that is what we are about.

**KEVIN MOODY:** We want to welcome all of you, and what we are doing today is we are going a feedback on the TWA Summit, Living 2008 that occurred two days before this conference. We are all glad you are here, we are going to present a number of findings and presentations, and then open the floor for discussions and we hope that there is a good lively debate.

**YOLANDA SIMON:** Good, so without further ado, we should get started.

**KEVIN MOODY:** So, my first task is orneriest. I have to introduce Yolanda Simon. I think that is enough because most people know her. But Yolanda is the CEO of the Caribbean Regional Network of People Living with HIV. She is the founding member of ICW and she is just all around fabulous and has seen almost everything and anything to do with the Positive Network.

She has been instrumental in guiding G&P Plus in moving forward into the organization that it is today and I want to ask you to join me in welcoming Yolanda. [Applause]

**YOLANDA SIMON:** Okay, thanks a lot everybody. I am going to just briefly touch on the importance of reclaiming positive leadership. I know one of the things to me about this

conference is that it is wonderful to see so many people that I know, but it will be more wonderful if we were not here anymore. We were somewhere else in the background, perhaps on a cruise. Well it is the new wave of positive leadership to accept the mantle and continue forward.

So, without further ado, I just want to share some thoughts with you because I am setting the stage for what we feel is going to be a very fruit and rich discussion.

So, the first wave of positive leadership, the first wave was in the late 1980s when gay men took the lead. For example, gay men held prices of New York. In 1983 to 1990 positive people started attending the Internationally AIDS Conferences. However, this was mainly from North America and Europe. The turn of the tide came in 1993 when the movement of the initiative and created a G&P Plus, finally, apart for home for positive persons everywhere.

This is a quote from the from the former Chair of G&P Plus, Ms. Deloris Dockrey. She said, the leadership of HIV Positive People since the beginning of the epidemic has challenged attitudes, changed laws and advocated advances in treatment that are now saving millions of lives. Strong commitments have been agreed and government leadership in the response is vital, yet too many have not been held accountable for the promises they have made. Nothing that we do not already know.

The leadership of HIV Positive people since the beginning of the epidemic has challenged attitudes, changed laws and advocated advances in treatment that are now saving millions of lives. I said that already. Yes. I just want to make you are paying attention. [Laughter]

Okay, now the first generation of activists like many of you here in this room well not many of you here, but many of you are the first generation of activists. But some of us have died and the ones that are still alive are close to burnout. With limited access to treatment, services, people are reclaiming their lives. I am not interested in supporting the cause, but rather on others doing it on their behalf.

There continues to be a subliminal crusade that works to ensure that the voices of positive people are silenced. In silencing the activists, and the passing of a death sentence on activism as we know it, many groups have been created. Some of which could be UN Plus, RCRC Plus, IPTC Plus. I asked you, has Paris burnt down? Is Act Up dead? Is the new wave of internet advocacy the future?

Within the positive community little thought has gone into succession planning and sustainability of the movement. Why is it still important? Well, we know HIV is not going away anytime soon. It is important because people living with the disease should be involved on an essential to program planning, should be involved and implemental in the program planning process. No program has been successful and would be

successful unless input is source from the people who are most affected and who the programs are created for in the first place.

We need to give hope to the hopeless, and voice to the voiceless. It is necessary to strengthen collaborations between people living with the disease and affected communities, as well as with governments and private sector, civil society organizations as well.

So as to horn our multi sect oral approach to the epidemic, as well as to insure that all of us, all of us are held accountable, we need the same kind of dynamic leadership today in 2008 to take the response to HIV and AIDS to the next level. So that universal access to prevention, treatment, care and support can be realized. And incidence of HIV and AIDS can be reversed.

Finally, we must continue to be the watchdogs for our communities. This is our raise on that. We must continue to strengthen the capacity of positive persons, ensuring that their voices are heard and listened to, at every level so that the vision of a world without AIDS will become a reality.

Where do we go from here? I thank you for your attention. [Applause]

**KEVIN MOODY:** Thank you Yolanda for setting the stage. I am just going to take a few minutes now to talk about what we did and why we did it, in terms of getting together and talking about reclaiming our agenda.

I will give you a little story. When I was sitting in the office of a Director of a U.N. Agency, which I will not name at the moment, we were talking about testing and I was telling this gentleman that a lot of African women are telling me that they are worried about provider initiative testing and counseling, which means that when you go to your doctor without, they will give you an offer and they will give you a test in the office without an option of opting out.

And the African women were telling me that they are really worried because that has a lot of implications if they get a positive result. They go home and they disclose and they have issues with violence, with losing their jobs, with losing their housing, with losing their children. And this very wise man said to me, but there is no evidence of that.

And the issue was that in the literature there is no evidence of that. So we started to think within the living partnership about what is important about gathering our stories in a way that speaks the language of policymakers so that they can take it as evidence.

And so what we did was we started a consultation way back in January with people living with HIV and we started to look at four themes. We looked at sexual reproductive health and rights, we looked at criminalization, access to treatment, care and support and positive prevention.

And these four themes were chosen because we thought that they were important and because we also thought that we

could handle a maximum of four themes. And we started to consult with people living with HIV through working groups that dealt with these themes and also through people living with HIV networks.

The reason is that no longer can we go to international organizations and to UN agencies and sit in their offices and have them say to us there is no evidence. So, this is the first step for us to try to get better at gathering your voices in a way that we can analyze it qualitatively and quantitatively and speak the language of policymakers and programmers.

Because we want to make sure that your voices and the voices of people are even harder to reach than you get to the level of policy and no longer can we have things like the provider initiative, testing and counseling go through just based on what is in medical literature.

The two days that we have were really rich, and it was really important for us to be able to have those discussions, but we will continue to use the mechanisms that we have started to improve them to deal with these four subject areas, including more subject areas, and also think about including more subject areas.

Because I think it is important instead of responding to a crisis which a lot of activists are really good at. There is a crisis, we write letters, we fax things through, we have demonstrations. We need to be more proactive about gathering

evidence and getting this information to people who can use it at regional, international, but also very importantly at national level.

So, the next few speakers will discuss various aspects of that. The first one is going to talk about the key messages that have come out of the Living Summit, the Living 2008 Summit. I do not really need to introduce him either but, that is why I am here for.

So, our next speaker is Anuar Luna, is the Executive Director of the Mexican Network of People Living with HIV/AIDS. He is the national focal point of Red La, and he is a consultant on stigma and discrimination issues.

So, please join me in welcoming Anuar. [Applause]

**ANUAR LUNA:** Thank you very much and welcome to this session. It is going to be very stressing to try to sensitize two very exciting days of work that we have in the Summit, but I will try to do my best.

So, as a background, we met on the 31<sup>st</sup> of July and August 1<sup>st</sup>. We attended that meeting in front of 400 HIV positive people from around the world. 88 countries were participating in the meeting, five continents were represented here in Mexico City, and the aim of this meeting was to set up a legislative agenda for a comprehensive response to HIV and AIDS epidemic for the people living with HIV.

As Kevin said, I will not repeat that. We had four systematic areas ADI, but the thing that I can add is that we

had two critical populations where we have focused. Women are vulnerable groups, but before that huge work, before that there was two exciting days of work.

There is a very, very exciting previous work that was made through the e-consultations. Those consultations started between June and July of this year. Also those consultations come from the developing of the primary issues around each systematic area in meeting that we have in Monaco in January 2008 this year also.

The development of the technical platform for e-consultations we hold a primary e-consultations, but each working team we had groups per team to develop a set of questions to kick off whether e-consultations. We hold whether e-consultations through the leadership of regional and international networks of people living with HIV. And at the end we synthesize the discussions and present all the papers during the Living 2008.

Now I will try to synthesize the key messages that come from each systematic group. The conclusion of the case message for the universal access and current treatment and support a systematic group was, people living with HIV we acts see as a fundamental human rights and essential to survivor.

People living with HIV with proper acts can lead long healthy and social and economical productive lives at its affected prevention, treatment has chose a tradition and infections acts, saves lives, and saves money, treatment is

closer as the Global Bank says, access keeps importance alive from maintaining the family you need.

On criminalization of the transmission, criminalization is counter productive, criminalization is not a solution. Criminalization will promote discrimination which drives the transmission. Criminalization will increase the stigma. People living with HIV do not want to transmit HIV.

About sexual and reproductive health and rights for the people living with HIV. The rights to reproduction, sexuality and the desire is fundamental, articulating the sexual and the reproductive dreams and the besides the people living with HIV as further linking HIV and the sexual and the reproductive health is part of the core business of the HIV community.

I share the responsibility on prevention is needed. Challenging the changing of stigma discrimination is a crucial for the response. The key messages for the positive prevention were, we also reduced HIV transmission, yet it is not exclusively about preventing HIV.

We must also link it with the access to treatment, care and support. We have to link the human rights approach to combating stigma and discrimination because it is essential. We require to reversing the social vulnerabilities, such as poverty, food, security, gender, race, violence, steno phobia and homophobia, and everyone has a role to play.

And finally, I just want to share some voices from the participants. Leading 2008 was an amazing and hung over the

strengths, the skills and knowledge is always exciting seeing you energetic faces to take over the battle of the fight with passions.

It is time for us to be at the center of the response to this epidemic instead of remaining this blindness of watching others [inaudible] or state, for Mexicans people living with HIV or participation in all the aspects of the Summit has been an inspiring and transforming, learning experiences. So, I just would like to share you all that key points. Thank you. [Applause]

**KEVIN MOODY:** There is no need to apologize. It is actually our fault because we are making you speak in English and we are making you speak in five minutes. So, you did a very good job.

Okay, the next set of speakers, three speakers will talk about their experience as positive leaders and they will give you experiences from the field.

The first speaker is Nicolas Ritter, who is the Founder and now the Director of PILS, the main HIV and AIDS NGO in Mauritius. He is also involved at regional level as the President of the Indian Ocean Network of People Living with HIV, and he is also an NAP Plus Board Member and a Seductional International Board Member. So that everyone knows he asks me to clarify that he is 40 and single. [Laughter] Please join me and welcoming Nicholas. [Applause]

**NICHOLAS RITTER:** Okay, thanks Kevin. Hi everyone. Yolanda wanted to bring us on a cruise and talking about cruising, I will be cruising these international conferences for ten years and believe it or not, it is the first time I have got the opportunity to talk in one of them. So, I am a bit nervous about it.

But let us go cruising to Mauritius. So, when I was asked to do this presentation about my experience in the field as a Positive Leader, I asked myself what is it about Positive Leadership? Is it a positive environment, I was involved in and I am living with since 1994.

So, when I was detected positive in 1994, I was [inaudible] for Mauritius and well the positive environment is for me also the fact although I have a Mauritian father, I am from Mauritius, I have a French mom that gave me the French nationality and it was also very fortunate at that time to be reassured that because this French national would have access to care and treatment and Island next to Mauritius which is French department, which is called Reunion Island.

I never experienced stigma or discrimination from friends or family, I have fantastic parents and friends. But I had to live Mauritius because a year after in 1995, I had to start antiretroviral therapy and in Mauritius there was just nothing. No doctors, no medication and Mauritius well, they also saw a very positive environment.

When you live there, you do not want to really leave this Island so, having to leave Mauritius, I have asked myself like two positive questions, was well I am lucky, but what about if my best friend is HIV positive. I can have treatment in Reunion Island; I mean I have got fantastic parents, but what for my best friend?

And the second question was, okay. I am on AZT at that time people dying, there was only biotherapy, and I said to myself well, I have about five, six years to go and what am I going to do with that?, the rest of that life. So, these questions inspired me decide to launch PILS, the organization that I am still in right now.

For the first years, five years in Mauritius we struggled a lot, the government, lot of advocacy but. Although I was disclosing with my colleagues, friends, parents, and even the press, they always respect my wish to not go public. I wanted it to, but maybe I had to fears, internal ones especially.

And it is after actually I was treated at conference where I had at this wonderful workshop on internal stigma made Kevin Moody and the Triangle Project at the time I think. Kevin really showed me that, and at that time I was back to Mauritius as a part-time [inaudible] I did not want to do that job, and I think that was the only reason why I did not want to disclose publicly.

But that year the government decided also to give free antiretroviral to all Mariushans, so I decided that well you should talk about it. We can live with this treatment and so I fought the first one to disclose my HIV status in Mauritius, followed a couple of years after by my brother in arms Dehan Moir [misspelled?].

In Don Aflue [misspelled?] I was in French, launched the Merchant at Work, of People with HIV. I joined Annapolis as a Board Member, and recently we networked all the Islands of the Indian Ocean as Annapolis Sub Region called Haban [misspelled?], which is the Indian Ocean Network of people with HIV.

AIDS Positive Leadership is about training, I believe so. When you learn about your HIV status it is so important to be reassured and my medical practitioner got engulfed. She is not only a fantastic practitioner, she is also the President and Founder of [inaudible] Association an organization of People Living with HIV/AIDS for People Living with HIV and AIDS, a woman of great inspiration.

This organization as well, we are working together and they are doing tremendous work, not only in Mauritius, but in all Indian Ocean Island. My first training as a volunteer was also made by a fantastic man doctor, Dr. Hal Nemaltiezel [misspelled?] who passed away recently, and we were very lucky and privilege to have the first training of volunteers by this amazing guy.

I think this positive training is also coming from ongoing support from friends and family and without that it is difficult to carry on in the fight. The Annapolis Ambassador of Hope Training Program, I think is a fantastic one for positive leaders to speak out and to know how to deal with the Press and policymakers.

But, I received a lot from you guys who are here this afternoon, and you guys here at the panel, from other positive leaders I have met since 12 years all around the world and who teach me a lot.

There is numerous of partners that I wish to also thank for the training they gave to me. [Speaking in a foreign language]. But I just want to say thanks today to ARASA the AIDS and Right Alliance of South Africa, who currently is giving me fantastic training of human rights and HIV.

Well I am not going through all the positive achievements we have done in Mauritius actually, because there is quite a few and I have forgot a lot. But I think the thing we are the most proud in Mauritius will of course is the universal access to antiretroviral, but is also to boost the government for changing laws like the HIV/AIDS Act that at beginning was criminalizing HIV and we managed to change that.

And produce needle exchange guidelines and put methadone in Mauritius. I do not know if you are aware and all those who followed this morning's session at 7:00, Mauritius is

the second country in the world in terms of hiring conceptions for habitants, that is 2-percent of the population.

So, the challenge there is just enormous regarding this issue and with a team of people and the networking we managed to locally and internationally we are now addressing this issue.

We also managed to change some discriminative laws regarding marriage for people living with HIV were not allowed to marry foreign people whatsoever. There is a lot of programs I wanted to talk about, but I have only five minutes and it is difficult to go through all these.

The two of the positive tools that I have in my hand, because the [inaudible] say, oh wow you did a fantastic job in Mauritius, that is amazing. Well, I started from scrap there was nothing, so it is easy.

You have no competition, you have a kind of monopoly on HIV, but it is true that I had there in Mauritius some really positive tools like the media, press and radio that really supported our actions from the start. The local NGO that we networked with, the regional international ones, I named a few.

All these conferences, people say, well you are wasting such a lot of money in this conference, but I mean that is really empowering and I can tell that Mexico conference is one of my best.

Internet now I think is a fantastic tool for us to advocate and to be in connection and try to lobby. Maybe the

fact that I speak French and English in [inaudible] make it easy to come and get my brother and sisters in Africa. Some will say that my ability to speak both language is a tool, but my blue eyes are another one. I do not think so. I think human rights, when you talk with your heart and when you when believe in human rights. It is exactly what the approach if you want to achieve positive things.

And I will come back again to love, care and support. But because, okay, burnout is very important in this field and without support there is no way you can carry on. So, I came to the fight by accident, I do not think I will be there if I was not HIV positive, but I decided to go on that fight to still carry on because there is two positive questions I was asking to myself as of today.

Why would happen for those who are not as fortunate as me in Mauritius because we still have a lot issues to deal with and I do not know when I am going to die, but I want to carry on some positive action for the rest of my life.

So, yes being HIV positive is a plus for activism, networking is for sure an essential key, communication a fantastic tool, honesty the rule, passion the fuel and well, I did not think to be there after that long so everyday is a bonus and my life is so positive.

Thank you [inaudible] IAS for inviting me and see you very soon. [Applause]

**KEVIN MOODY:** Thank you Nicholas for sharing with us your personal experience at country level. Our next speaker is also known to all of us. Violeta Ross is a rape survivor and living with HIV since 2000. She is an anthropologist by training and is currently representing the LAC NGO's in the UNAIDS PCB which a Board of UNAIDS. Please join me in welcoming Violeta. [Applause]

**GRACIA VIOLETA ROSS:** Okay, good afternoon. There is translation, right? Okay. So, I am going to talk about some experiences of the Bolivian Network of people living with HIV. In a moment in which we decided to make our own research because the AIDS policymaking in Bolivia is based on anything, but the needs of people living with HIV.

So this produces a vicious cycle of no data, no policies, no political will and then goes again and again. So we could not stand that anymore and we decided to do our own research on the needs of people with HIV.

We decided to do these in a way that was participatory because many of the persons living with HIV in Bolivia do not have literacy and not everyone is trained on public speaking or writing. We did something that we called the Health Journey, we asked them, how would it look like if you had to draw a journey from your situation of being a person with HIV to a moment in which you reached helped. And results of that research then we made a priority of problems and we proposed some solutions to the government.

This was a groundbreaking experience in Bolivia because it put the persons with HIV in Bolivia in that position that we could be researchers, not only beneficiaries. Ordinarily that the testimonial of living with HIV, but we could do research that could then influence policymaking.

This kind of research was never done before in Bolivia, some people with HIV when they made the drawings they saw themselves in a mirror, and they were so angry they said we can no longer stand this. In one of the cities, Santa Cruz, they took the government into a national kind of jury using the constitution because the children were not accessing medications.

What we expect this research to do in the future, we want to update this, because it is a baseline. We want to continue making research on areas that we know are not better understood in the epidemiological background whatever. That is for example, the needs of children, people who are living in the rural areas and young people. And then we want the person living HIV as they coordinate tour of the nationally AIDS program.

In Bolivia, the laws will say that that person has to be someone from the medical background, so some of our members are studying medicine, so that they can get the certification and then become a National AIDS Coordinators.

And I will show you now one of the maps that we did in Bolivia. This is the whole map, it is in Spanish. I hope you

can see from the back. It says the name of this map is What Do We Want? And this map was made by people with HIV, from Cochabamba, not so small city which is in the center of Bolivia. This is the whole maps so that you see I will pass by in close-ups.

So, in this first part they are saying, everything begins with the question, am I living with HIV or not? Remember the people here are responding to my question. I told them get in groups and then draw the situation that you face here in Cochabamba, the city in which they did this.

Well, you have money for the HIV test or not, maybe you go with counseling, counselaria that means counseling or not. Some people have that, some not. Anyway they pass through all these groups in the upper part it says, groups of people with HIV, NGO's and the charge.

And this is good because it brings the levels of discrimination down and there is emotional support, psychological support, medical care and information. We have two good doctors, but there are many people living with HIV around them. Some of them are women, some of them are bisexual, some of them are men and some of them are living with HIV, but these doctors also take care of the general public.

So, after one of the doctors is saying, there are too many help. So, because of this we are still afraid of going into the hospital. This is the hospital that we know because they discriminated with people with HIV.

And meanwhile, we do not have the results of our tests, CD4 and viral load, and there is the activists, saying, where are my results, and there is the National AIDS Program Coordinators saying, this the request number 20 that I already sent and his answer were is I already mailed the request, it is not my fault in a way. They are trying to spread the bureaucracy of the Bolivian government in delivering care.

And this is a lot of bureaucracy and with this kind of lines they try to express their insecurity of further care for people with HIV. Meanwhile, the Global Fund and the Ministry of Health, those who have the ARV's are sleeping together with our medications.

And our blood is getting ruined, all the insects around because it has been so long since they took our blood and we do not have the results. And this is where the colleagues in Bolivia did. We presented this to the National AIDS Coordinator and we gave a copy to the Minister of Health and really the simplicity of the drawings was like a slap for them in their faces and we made the point that people with HIV, are not stupid, they know their needs, but maybe they are not being listened to and I think every person can do this.

These methodologies are used by anthropologies in communities that do not have literacy, so we do not have to have a training in the university. We can make these kinds of research to influence policies, and this is an example of how we can reclaim our rights. Thank you. [Applause]

**KEVIN MOODY:** Thank you, Violeta. I think sometimes at this level, and especially when we are walking around we are looking at studies and we are listening to data and we are trying to interpret the results of clinical trials.

And I think that once in a while it is good to be reminded that people's stories can be turned into evidence without needing to get into that kind of scientific process. Thank you for sharing that with us.

Our last speaker on this particular topic about local leadership is Frika Chia Iskandar, who is from Indonesia. She is the Coordinator of the Women Working Group of Asia Pacific Network of People Living with HIV and AIDS, which is WAPM Plus.

She is a Regional PLHIV Network which based in Bangkok. She has been involved in HIV/AIDS issues since 2002, and she was a positive speaker in seminars and conferences.

The last big speech we might all remember was, when she was giving the moving speech of the opening ceremony at the 17<sup>th</sup> International AIDS Conference in Toronto. I certainly remember that speech.

Frika was involved in the research of human rights violations documentation in Indonesia and collaborates with APM Plus. In addition she was involved in many community mobilization networks such as ITPC and we all know Frika, please give her a warm welcome. [Applause]

**FRIKA CHIA ISKANDAR:** Thank you and I do not actually prepare any presentations. So, good afternoon everyone. I

would like to share my personal experience on what so called being positive leaders.

One of the things that I always ask myself, am I a leader, or because if I am a leader I do not want to forget that as a leader I am actually a bridger, I want to make sure that I do not forget that I represent a lot of other people, voices in the community, other people living with HIV.

And one of the challenges that I want to bring up here is the issues when me, as a people living with HIV or women living with HIV being represented. And lot of the time we are being asked or invited as being represented in lot of decision making body.

And for me sometimes that freak me out, not because my name is Frika, but that really freak me out. Because that is a lot of responsibility, a lot of responsibility in a way that one, can I make sure that I actually represent lot of other people's voices, is the platform there?

Second, is not only that do I have enough authority if I sit there. Will people who invited me to sit on the body give me the authority to make changes? So, these are other things that I usually ask myself, if it is not there, I usually do not take it.

Because for me that is too much burden, but in a way I actually let the opportunity slip away, to actually make changes to actually give something. Maybe just a voice of people living with HIV, but sometimes for me, even I sit there

representing people living with HIV, I get the burden of other people in the community asking me. What are you doing there, are you actually representing my voice? I do not feel that you are representing my voice.

So, that kind of questions also like come back to me, and it is like fired back, and for me that is to much, that is to much, and sometimes we do this for voluntary basis.

One of the things that I would like to talk about here is the important elements of being of positive leaders. Is one, willingness of voicing out others positive people of voice or community voice, and not only having the willingness, it is also about having the right attitude, the right attitude of saying it is not only about me, but it is also only about other people.

And we actually fight for it having the right attitude if the organization invited us to represent. For them to give us the mechanism of the platform for me to communicate with other people or to make sure I have enough time to communicate to other people to have the consultations. If it is not there, I have to give the attitude, the right attitude to those people in organization. Sometimes I have to be strong there, and maybe they think that, oh you can be bitchy but yes, I have to do that.

I have to have the platform for communication and the critical mass, the critical thinking where people can exchange their ideas, exercise their rights to ask and speak for

themselves. And where there I can actually collaborate all the things and bring the issues up.

And all of the things actually based on my experience being involved in the Commission on AIDS in Asia, where I actually asked to sit to represent people living with HIV. It is at hock independent body to see the social economic impact of Asia, and it was like nine members, and I was the only positive representative. And for me it is sitting with all the Professors, all the researchers, epidemiologists, I freaked out. I got nervous, I felt like, oh I am the only one and I have to take all the responsibility.

So, with that, at 18 months we created, I took a lead on the project on consultations, making sure that their voices are heard. Where we actually had the face to face consultations with civil society members, and also e-consultations. It is like an online survey, because one of the important points here, that actually help me with the online consultation survey. I only had one month at the time, and I had to make sure how can I reach as many people as possible in one month in Asia, all over Asia.

So this online survey came into the horizon and we did that, the online survey, which we got around 600 people that contributed on the online survey. So when I sat there back into the room, with this all academic background people, I represent the 600 people and I felt more confident and that actually means a lot to me.

Besides the online survey, we also did the key informal interviews, because sometimes from that findings I want to know more, so we did the key informal interviews also.

So, that is actually my experience, which has been documented, this is the book. It is called, *When Asked, Communities Answer*. Why the book is called *When Asked Communities Answers*, because sometimes communities do not answer and I have to live with that and we know, sometimes do not answer.

When we sent emails to mailing lists, there is this [inaudible] things that people, it is too much work. People sometimes do not see emails when they are in mailing lists, there is just too many things happen. So, I want to make it more positive thinking, so it is called, *When as Communities Answer*. Thank you. [Applause]

I do not have a lot on this book. We only have 500 copies in this conference. But if you want to download, you can download it at the [APNplus.org](http://APNplus.org). Thank you.

**KEVIN MOODY:** Thank you, Frika. I think the last three presentations gave us different views of positive leadership in the local level. We saw somebody who started something where there was absolutely nothing, we saw somebody else who was working with people who did not have a voice, to try to find a way to get them to be able to express themselves to policymakers, and Frika just explained and I am looking around the room at a lot of positive leaders.

The discomfort around trying to be representative, and how do you do that in a way that is accountable to your constituents and I think that the more and more we go through this we have to try to find ways in which to support positive leaders.

But, at the same time realize that there is a cost to people's times in helping to do these consultations. So it is a very difficult question, but thank you all three.

The next two presentations will be talking about Implement GIPA and Developing Positive Leadership: Issues and Challenges. And our first speaker is Philippa Lawson. Philippa has more than 21 years of experience working in HIV prevention, treatment, care and support since she found out of her HIV positive status in December 1986.

She is the H&E Senior, HIV Advisor, ENE, Regional Coordinator at Constella Futures, a Founding Board Member of the Global Fund and a long time member of ICW and G&P. Please join me in welcoming Philippa. [Applause]

**PHILIPPA LAWSON:** Thank you. I first want to tell you all, I am very humbled to be up here, and a bit intimidated because as I see many of you that I have learned so much from, and any one of you could be up here. So bare with me, it is just five minutes, and you can hopefully have a chance to comment afterwards, but I did want to thank you.

The other reason why it is so important, I do live in the United State, but I had to move to a place to take care of

my mother, about five years ago. And I do not know one other person who is HIV. I have tried to go to a HIV support group, but they told me because I was not any longer on drugs, and I was not homeless any longer, it really was not appropriate for me to join it.

So, you mean a lot to me, and I thank you for listening to me talking about that I do not have sex and I do not have this, and I do not have that because this is the only time I can share it. So that to me is a lot of leadership.

So, most of you know the challenges and I am not going to go through them because you all could have them and there is a copy of this you can get downloaded from the AIDS 2008. We have societal barriers, vulnerabilities, food, poverty, different [inaudible] of education, criminalization of HIV.

Just wanted to share a young man here from the Napaul who I learned a lot from. He was the first to open about his status in Napaul. Unfortunately, he had an alcohol problem and he did not speak English, so because he was the first openly positive person, they put him on this CCM and he was a leader because he was open about his status, but he was not functional at all in the CCM.

And in fact the government would pay him money, transportation money and he wanted to keep being on the CCM so he could use it for drinking. Meanwhile, the other positive leaders wanted to get him off the CCM because they felt others. So this is sort of a challenge we have to deal with.

I went around and asked my colleagues, what do you, how do you see leadership, because I actually see leadership quite differently. And they said that collectively and individually that we need to agree on something. And ability to lead and to be self critical, not just personally about my own issues, so I do want to hear criticism and I do appreciate when you give me feedback, even though my esteem might be a little shaky.

This is a picture from Monaco and you all know because you are all in the room that we are everything. We have HIV, but listen that is just a little blood virus. I have like many other viruses. Plus I have much more than HIV. I have my culture, I have my education, I have my experiences, and that is strength, but it also can be weaknesses as we saw from this Summit, that even geographically we do not all agree.

So, people say there is not new leaders, and I actually disagree. I am very fortunate. I actually think that the new leaders are smarter, wiser and more intelligent than me. They know not to waste their time up here. They are out there. These are new leaders out there serving their communities. They also do not have email internet.

Some of them cannot read and write, but they are out there and we are different. As you see from this photo, actually this is the Ecranian Network of Vilodia, in Arena and they are standing. They have direct phone call conversations with the President of Ukraine. That is how powerful they are in Ukraine.

But at the same time, on a different level if you look below that, that is from Hydrobot, that is a group of women just giving income support and trying to teach other women how to feed themselves. That is a leader to me. On the other one that is HIV positive teachers from Kenya teaching each other education, trying to teach other about how to prevent HIV, and lastly that is a demonstration in Naupaul of drug users and positive drug users, saying we want [inaudible] to support ARV's.

I have been asked to say how do you measure it? Obviously, if we commit to something I need to follow through, that is my basic example. Also we need to remember that leaders are leaders, and it is not very much different than any leaders, whether it is a community leader or a government leader.

But please do not expect us all to do this process, I do not like to argue, I do not like to sit on the Global Fund, I do not like to do that. Why do I do that is because my friends are dead, and I feel like an obligation, but you all have different motivations of why you do that, and we all do not have to be a leader on this same level or do it the same way.

But we need to remember that we are dealing in a reality of constant government change, and we are constantly changing. This is Kenya's sort of old government and now you

have heard about their new government. And this is also the Ukrainian Revolution, the Orange Revolution.

Why this is important is if we target our activities at government officials, six months later they are changed. I worked in Naupaul and every two months I come back I was speaking to a different Director General.

By the third year I was speaking to the same Director General that I spoke to two years ago. But we are targeting, we are trying to change policy on a national level, and if they keep changing, then we have to change our advocacy. So then we went on a local level directly to drug users.

I want to highlight that I think it is very unfair that we have expectations because we are living with HIV, that we think that we should do all when most people in this field outside of you all who are volunteers are paid. And I think there is an unfair expectation of those of us who volunteer.

And I think we need to keep that in account, but at the same time, I do think we need to remember that not all of us can get paid. And so that is quite a challenge. And if we do get paid, then we need to follow through, and if we cannot follow through, then we need to get out of our jobs.

If you are given money from a grant and you cannot follow through, whether you are positive or negative or not, I am sorry you are taking up other people's jobs and you need to get out of it because there is thousands and thousands now of

us who could do the job. As you can see I am quite passionate about that because I have experienced that. [Applause]

So, leadership we do have to hold each other accountable, and I hope you hold me accountable as many of you have as you yelled at me, but we also need to remember our different education levels. In Ukraine they are adamant that they do not have a university degree, and they want a university degree because they cannot get employed, even in their own all Ukrainian network of positive people because they have received the Global Fund funds.

Now you see I do not have a university degree and many of you might be amazed at that. In fact my job does not think I have a Ph.D. and they keep asking me, what degree do you have, what degree do you have, and I do not lie, but I do answer you see.

So they will know from this that I do not have a degree, but the thing is, we can be smart and intelligent just like Violeta said. [Applause] If we know our power. No seriously, some of us I do want to get paid and go back to school, but in the United States it is too expensive.

I would love a degree, I love to sell, but I have to take care of my mother so I cannot do that. But at the same time, a lot of us have the power and do not limit ourselves. I was told I had six months to live, so if you have been told you have six months to live and you are 22, you can do anything because you are going to die in six months. It is 21 years

later, but I am still living like that. And you to can live like that also.

So, now that we are living, I want to show Morrow's [misspelled?] baby, and a baby in a little village in Kenya, and also Ukrainian baby. We have lives and this is really the dilemma I am at as a leadership and some of you might. With ARV's though, I am not an ARV, because I am the only child that does not have children, I need to take care of my mother who is alone.

So, while I am here my mother is not being taken care of. And that is really stressful for me, and while Morrow is here, his baby, he is not with his newborn baby. And I think we need to also accept that leadership, we do not have now kill ourselves.

I do not know, I really do not know what to do with this, and this is why I say, accountability to whom, I have not been accountable to my family and I feel like I am doing an awful job, and that really is stressful.

So, thank you. I believe a leader always has to learn, and I have learned from all the panelists here. And if I stop learning and I become arrogant, please tell me, because I really do want to open a coffee shop. Gracious. [Applause]

**KEVIN MOODY:** Thanks Philippa. That means you are going to have to move to Amsterdam to open a coffee shop. Welcome.

Okay, our next speaker is also known to you. It is Javier Hourcade Bellocq. He is the LAC Regional Representative of the International HIV/AIDS Alliance. He is also a Board Member now representing you in the community delegation at the Global Fund. Please join me in welcome Javier. [Applause]

**JAVIER HOURCADE BELOCQ:** I will speak in English because people do not pick up headsets.

I think it is important to start with the question, how we define leadership? And I think all of us, people are leaders and I think we use this term because it is about empowerment. But the problem with leadership is like with beauty.

There are people that believe they are better leaders than others, and I think that is where we will start with problems. And like fashion models, or rock stars, or movie stars, they believe that there is no single event that could be successful without them. So that is when we start having problems about leadership.

And I think, at least from the region where I come from, Latin America in the Caribbean, the Global Fund and Angus Meeting is a good example. People kill and die to attend these kind of meetings. They do not have a clue, probably what are the documents to be discussed, and I am generalizing and socializing is always unfair.

But trust me, emails and E-forums are burning before any of those events as well as International AIDS Conference

because people feel and believe that they should be there and not of course, no one else because I mean they were taking the seats of someone else.

And in this regard the same thing happens in Latin America and the Caribbean about the abuse of a capacity building and work shopping. I think that there is old many PHL leaders who have been attending the same repetition of workshops and capacity building session without telling their agencies or international NGO's you know what, you already train me in that. Let us move on another topic.

And more serious than that, we have been trained without asking or demanding money to implement what we have been trained on. So, I mean in some way we kept repeating the same vicious cycle and we attend workshops, we attend conference, we attend high level meetings and what we do with all this information, if we have information, what we do with that?

And I think Global Fund is an example, and force us in a special challenge. People living with HIV and AIDS are at the CCM. And I think this is a successful story of our movement. We get a quota there. There is no single country that could submit a proposal without people living with HIV and AIDS in the CCM's. And I think we should thank GMP Plus, ICWM, people at this table who have fight for that, for become this as a policy that there is no other single Global Fund Grant without PHL involvement.

But then pose a challenge that people living with HIV and AIDS are seeing the CCM and accountability, communication and consultation. How they do that? How they prevent themselves to become friends of the government, instead of keeping, defending their issues of their constituency. rotation, and the same happened with the trips.

People who are member of the CCM believes that the Global Fund Grant will fail if we move away from the CCM and a new people living with HIV and AIDS replace them after two years. And champion ICW already another approach already develop good practice guidelines.

Those people never access to this kind of documents, ethics. I think some people saw how our constituencies and some colleagues are the first who challenge some basic ethics principles about a simple conflict of interest.

And of course, internal division. It is very difficult for us to be a movement at the national level when we fight each other to be part of the national delegation of the Angus Meeting or of the CCM.

And I think that we should honor this position and we should as Philippa rightly said, we should access every measure and we all should set out for ourselves, key performing indicators, not only about key performing indicators for the Executive Director of the Global Fund, it is about us, at the CCM level, at the regional meetings, at the Global Fund Board Meeting.

And I think the issue about new and emerging leadership is initial that we have been talking for awhile, and I am have been living and working on HIV/AIDS for the last 20 years, and I think I started listening, hearing that 10 years ago, so I mean something is going wrong. But there is some positive things coming across.

In my country, Argentina, in the Argentina Red Cross, currently there are 600 leaders, positive leaders within the Argentinean Red Cross Movement. So I think there is, to give you one single example. And I think there is many positive things happening in our movement that we should not underestimate.

Our movement usually and the last more than 20 years have used to models, and I will be twisting to close my remarks with twisting those models as a slogan. Remember that we have been saying with different words that nothing about us or for us without us. But I think some leaders have been taking this very seriously, because they are thinking that us is themselves. Any consultation or any conference could not happen without themselves, name and surname.

And to end that I think that if we do not move forward, new level of leadership, I think the old leaders we will be part of the problem and not part of the solution. Thank you very much. [Applause]

**KEVIN MOODY:** Thank you, Javier. The law two presentations, looking at challenges around leadership and it

was really clear from both that there are a lot of challenges around how do we maintain and sustain leadership in the current state. And there is a lot of optimism as well around new leaders and different types of leadership, leadership on the ground, leadership in communities and at the global level.

Javier started to talk a little bit about hold ourselves accountable, and that the next two presentations will discuss that in more detail, about how do we insure our accountability for positive leadership.

Our first presenter is Belinda Atim, she is the ICWUK forward co-chair. She has worked with many organizations in the UK and internationally, and she has been committed to addressing the needs of people living with HIV. She has been involved in challenging criminalization, she remains committed to ensuring that human rights, leadership, governance are paramount and one of the most important things for her is that the Democratic process is included in the work that we do.

She has worked at positively women, and has evaluated the National HIV Venture Program with the University College in London. She is also part of Press Gang of the National AIDS Trust, and she is a Sofie [misspelled?] advocate. And in her free time she is an international performing artist. Please join me in welcoming Belinda. [Applause]

**BELINDA ATIM:** Thank you very much, Kevin and all the participants and everyone who is attending this event today.

Kevin, that was a really very nice and kind introduction of myself.

As we have already heard from what of many of the speakers have highlighted about the challenges, the needs and also the barriers that many people living with HIV face on a daily basis to insure that the voices, the human rights, governance, accountability, transparency is put across in a way that we all feel responsible and we feel that we are relate to and have ownership is always been a question.

It has been an institutional question, it has been an organizational question and also amongst ourselves, as leaders if we call ourselves leaders and the people that we relate to, or people that we represent.

I will go very quickly, I will not talk so much, but I will relate this in regards to what ICW's is currently doing to insure positive leadership. ICW has been established since 1992, and it has membership globally. It has many partners across the globe and it works with many organizations in addressing the issues that we believe is core to the well being, human rights, dignity of women.

Ensuring positive leadership starts from how we understand that, it has already been explained. Institutional leadership is very important and that reflects very much as to how we as organizations in the field also relate that in our work.

At ICW, we believe that people, women, and people at the grass roots are very important and core in informing what our work and deliverables. So, to insure that the leaders and people who represent the voices right directly from the ground is very, very important.

We currently undergoing a five year strategy review process and that includes, organizational reconstruction, this includes recruitment, building up of capacity of staff and also recruitment of senior staff members and also specializing in specific areas whereby we can tackle that in a capacity that is rightfully equipped to address issues as such.

For example, we are looking at investing in and expanding our advocacy management team. And this is a process to us ensuring accountability and following up on programs, processes, and projects that we aim to put out and how we also collaborate with partners and such.

We are also looking at a wider consultation to reach out to our members. Over the years, we have lost many members, we have lost friends, and we have also lost addresses and people have been misplaced in the various social capacities. What we are looking to do is to reach our people and everyone else who is a member or potential member who can join the organization and then, we are seeking their advice, their input in informing the vision of ICW for the next five years.

This is because we realize that there are lots of changes in the field. HIV is not the same anymore, therefore,

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we have to insure that we are walking we are going towards to right direction. This consultation would last 12 months, and this would basically highlight our lines of authority. How we interact, how we communicate with our partners, what our culture currently looks like and what it will look like in the next coming five years.

Examples of ensuring positive leadership accountability has been thin, and we have evidence in a couple of countries at grass root level. For example, ICW has positively women monitoring change tool kit. This tool kit is used by positive women to follow-up on programs implemented by their governments.

This is part of accountability to the organization, to its members and to partners and how we follow-up on programs that we advocate for in a country and at a national level. And the second way is policy input and dialogue. ICW has been working with positive women in three countries in a pilot project.

And this has been to enable women at grass root to level up and advocate directly with a member of Parliament, to address the issues that affect them and not to send every time a researcher or someone else who would basically summarize huge amounts of data to inform policies at all times. This has been successful and ICW looks to expand its work on that.

Some of the challenges have already been highlighted by quite a couple of the speakers who are here. Within the

institution itself, there is still fragmented approaches as to how we communicate, how we link up services and how we link up programs. And recently there has been quite a lot of meetings amongst the institutions to explore ways of strengthening that, and also try to identify weaknesses, gaps and how that can be bridged.

Again, some of the challenges we face in ensuring positive leadership accountability is the human resources. The human resources capacity within the field is an issue because as much as we want clear representation, we want accountability and want the professional skills and capacities to follow that. At the same time the industry trains, mentors and exposes as well as provides the platform for many positive leaders, but very easily they get snatched out and they are not within the industry. This is an issue that we need to work on. And also another issue that has been mentioned by one of the speaker is that lack of basically pay or pay against voluntary work.

You find that in most of the organizations or the boards and decision making platforms, most of the people on the board are there. They have to commit their time, they have to conduct major research and also to make decisions that has to affect and reflect their organizational capacities, and this has not been very possible.

However, ways in which this can work is that, ones organizations. Okay, I will be wrapping up in a minute.

Organizations that are working to strengthen capacity,

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leadership within the field, can build up and strengthen their information sharing, leadership development programs and also support democratic and transparent processes to enable new leaders to come on board and enable collective and unified voice. Thank you. [Applause]

**KEVIN MOODY:** Thank you Belinda. Sorry for trying to keep everyone on time. I want to make sure we have enough time for discussions.

Our last speaker is Pablo Anamaria. He has been an HIV positive activist for the last 15 years. He is the former focal point and board member of Red LA, and he is the former President of the Peruvian PL HIV Association. He is the Associate Director of Advocacy of aid for AIDS. Please join me in welcoming Pablo Anamaria. [Applause]

**JAVIER PABLO ANAMARIA:** Good afternoon everybody. I asked Violeta to help me with translations, because none of you have headsets. For more than 20 years, persons with HIV, we have fought to have a voice. So in this afternoon I will be the voice of those who speak Spanish who are not here.

There are two questions that I made myself since I came here. The first one is that I heard many politicians speaking with the same words that we use. They speak about fighting against homophobia, universal access universal action now. And then I think they take the incidence of our words. I question myself how these movement of persons with HIV will respond with any discourse.

At a discourse that is groundbreaking. A discourse that it has shows respect, but also keeps our issues on the fight. The second question has to deal which are our commitments.

We ask them, others to be accountable, but who is making us accountable on the commitments we have made if we made any? This movement cannot be their lead of some eliminated leaders it has to be a movement for every person living with HIV. And on this questions I see, I want to present an initiative in Latin America that has to see on how the money of the Global Fund is spent.

In every moment they say the money of the Global Fund is ours, but how many people living with HIV, living in the small villages know that money is theirs. How many people know how that money is invested? We have developed the Observatory Latino is like an over site committee for the Global Fund in Latin America.

This Observatory is aimed to collect information from people with HIV, and from the communities about the implementation of the programs. To how many people these monies actually reaching. This information we will take to the Global Fund.

In fact, the Observatory Latino is an official observer in the board meetings of the Global Fund. And we are a focal point for communications, for the community's delegation in the Global Fund. The main challenges we found is that people with

HIV are more busy implementing projects than overseeing how the money is spent. We are now like managers. This is not bad, but we should not forget we are activists also.

The second challenge is a the representation. Who do we represent? Which voice are we taking to the CCM's? In many opportunities the representatives of persons with HIV, they write their own voice, but they do not have clear mechanisms, so to have the voices of the people who are there, people who are on the streets, who need the programs goes to the board or the CCM's.

Finally, I want retake the question of Yolanda. Where do we go from here? Are we going to be a movement who is like a sleeping in all victories, or are we going to adapt and generate new victories? Thank you. [Applause]

**KEVIN MOODY:** Thank you so much. Those last two presentations were really important for us to be able to see how people living with HIV can be accountable for what they do for each other and for other people living with HIV.

Our last speaker is the Deputy Vice President of the Ford Foundation, Jacob Gayle. Please join us. [Applause]

Jacob is going to talk to us from the perspective of an outsider, and I put this in quotes, "because I do not think anyone thinks of Jacob as an outsider". And he is going to talk about involving GIPA from involvement to investment.

**JACOB GAYLE:** Good afternoon to everyone, and I want to thank you for giving me the opportunity to be here. And I do

not want to say a whole lot because, I think really the essence of what needed to be said, has been said by my friends and colleagues in an amazing way.

I just wanted to really lend my own solidarity and support and that of my institution. For many of us who have been partners in this struggle against HIV for longer than we can really recall, a lot of the transition that has occurred in the response to HIV we know is completely attributed to the kind of leadership that is represented here.

The kind of individuals who, despite all of the other kind of challenges that they might have in their own personal, family and community lives and circumstances, cared enough about all of us to take a leadership role, represent all of us in the struggles, locally as well as globally. And so I thank you all for really representing me.

In 1983, someone at a conference in Washington, D.C. came up with the bright idea that perhaps we should have people who themselves are living with HIV more prominently involved in the response, so that at that time of course, where so few people really knew somebody with HIV that the person who was willing to speak out on behalf of all would become the face of the epidemic.

And as we know, one of the greatest successes in responding to HIV is the fact that when people live with HIV are actually part of that response, it does become more saving and it does become more real.

What unfortunately, we did not account for back in 1983 and 1984, was how much of a token that an individual becomes when in fact they are put forward as almost a poster child, just so that people can see what someone looks like, and they look like what? They look like you, they look like me.

And really not taking into the account the needs of that person himself or herself and the community from which they come. And so I think it was because of that and a few other reasons the activism of people living with HIV, that really changed the whole scope of public health, changed the whole scope of how we responded societal.

At one point we folks living with HIV were tearing down the doors of institutions, like the World Bank and the Centers for Disease Control and NIH, and then surely there after were being invited to be members of the Board of Trustees of top pharmaceutical companies. That did not just happen by chance, that happened by commitment, by activism, by determination that one was going to take responsibility for ones own fate and ones own destiny.

And so in 1994, when the act of 24 countries came together in Paris to declare a commitment and to declare a commitment to and about people living with HIV, the GIPA commitment as many of us know. It really was something that was not born by those of us who cared from the side, but was really born through the struggles and the commitments of those

who are within. People living with and people affected by HIV directly.

Now GIPA really did take all of us into a different kind of a level of engagement of people with HIV, and yet still, it was not such that really prepared people for the kind of leadership that they were not being exposed to, now being propelled into.

And so often times, organizations felt very proud, patted themselves on the back because they have a person living with HIV at the table, and yet never really provided the kind of support and investment in that individual to insure that she or he could really play an equal role at the table with all of his or her partners.

And so I think that is why we find ourselves right now, again redefining what GIPA means, when we talk about greater involvement of people with HIV. In fact, we really should be talking about a greater investment in people who are living with HIV to not only assure that they really are able in these kinds of situations to be true leaders on par with everybody, but really to assure that as we live our lives on a day to day basis, that the fact that one person has HIV, and one person does not should make no difference in the societies and the cultures in the worlds in which we live.

So what does that mean? Universal declaration of access to care, treatment and prevention. If people living with HIV are able to live longer and to live healthier and to

be able to expect a future, what is a future if an individual cannot access human rights, human dignities, opportunities for sustaining oneself, for passing on an inheritance to ones family and to really contributing to ones society and ones culture.

And so all of that to say is that the whole new paradigm of being able to insure that they investment that we make in ourselves, our neighbors and our communities is one that is based upon a human rights prospective, a respect for the fact that we truly are equals. And in fact, that much of our leadership and much of our learning has to come a force from those most engaged and most directly impacted by this epidemic.

And so with that, I just want to say, thank you again for those who have really taken a leadership in all for locally, nationally, regionally, globally, because as we invest in each other, one another, it really is a mutual benefit for our societies, ultimately for the world in which we share and in the world in which we live. Thank you. [Applause]

**KEVIN MOODY:** Okay, thank you for that Jacob. I think it was a really good way to wrap up and to give us some inspiration about where we need to go, the new paradigm of investing in people living with HIV.

We have very little time, but I would like to take three questions and I am going to commit the panel to stay afterwards to stand at the back. Please line up behind the

mic's and it better be fast because we only really have time for three, so, there are people waiting to get in for the next session. Okay, shoot. You first.

**AGNES ATEM:** Thank you.

**KEVIN MOODY:** Could you please state your name and your question.

**AGNES ATEM:** Yes, my name is Agnes Atem [misspelled?] from Uganda, a young positive leader. My question goes to G & P Plus, yourself about a lot of issues that have been raised by almost all the presenters on the usual words that people living with HIV are starting to use things like taxation, things like leaders of tomorrow, things like sustainability. These are words that are always there, and in my country is even more, that all young people you are leaders of tomorrow.

What plans are in place for all these words we are talking about? Both succession, sustainability and all this, and I also appreciate that I think Lawson mentioned issues challenges, they are known challenges that as people living with HIV we know, like low level of skills. What are we doing about it? Thank you.

**KEVIN MOODY:** Okay, I will take all three questions at once, and then we will answer them.

**WILLFREENA ELAU:** Hi my name is Willfreena Elau [misspelled?] from Mexico. And this is not a question, this is a sentiment. [Inaudible] the pre-conference for HIV positive.

And it is something that I heard there. Someone saying it is

not enough to go to the UN and say, I am HIV positive, I have a story to tell. And it is something that I still cannot digest and I need to throw it up.

Why? Because we know the fight for power, we know those laws are different from our lives. We fought really, really hard to make our voices heard. Now our voices are going to be shutdown, and that is not acceptable. Even if it comes from the UN, from any main funder, we need to lend them our voices care.

So I really encourage the panel to listen to our voices, really listen to the people. Otherwise you are going to be [inaudible] nations and everywhere, representing all of us, but if you do not have a story to tell, if you cannot hear any of the voices from the bottom, you do not represent us.  
[Applause]

**KEVIN MOODY:** Thank you. Okay, last question.

**CHRISTOPHER DORSETT:** Christopher Dorsett [misspelled?] CRN Plus. My question is directed to Luna. What would say to prospective positive leaders that has great leadership skills and that are still not open to their status. I have been receiving all those positive training, how would you use this training or how to use this training in your country to enhance, to build positive persons?

**KEVIN MOODY:** Thank you. Thank you.

Unfortunately I have just been told that we are really short of time. People are waiting to come and Violeta is just

running out. People who want to contact Violeta can get card from Pablo Anamaria.

The two questions on leadership are really important questions, and to be honest the answers have not yet been fully thought through. But it is a priority I know for ICW, GNP and also for the regional networks and we hope in the next few months to be able to announce some leadership and training opportunities for people living with HIV.

Unfortunately, we have to vacate the room now. But all the panel members have agreed to stay a little bit and will stay right outside at the back of the room if we have additional questions for us.

I want to thank everybody on the panel. I want to thank all the supporters of Living 2008, and I want to thank all of you for being here and witnessing positive leadership and action. Thank you. [Applause]

[END RECORDING]