



Transcript provided by kaisernetwork.org, a free service of the Kaiser Family Foundation¹
(Tip: Click on the binocular icon to search this document)

XVII International AIDS Conference Official Press Conference August 8, 2008

[START RECORDING]

RON MACINNIS: Welcome. We have a number of speakers here at today's press conference who are speakers who spoke at this morning's plenary and others who will speak this afternoon at the closing ceremony of the International AIDS Conference. My name is Ron MacInnis. I work as Director of Policy and Programs at the International AIDS Society.

The purpose of the press conference, of course, is to give you a chance to ask some questions of the plenary speakers and to hear some brief remarks from each of them. We will go in order to my right and go down to the end and I am going to introduce each speaker and ask them to say a couple of minutes about their theme, what they are going to speak to the conference delegates today.

So I would like first to introduce Dr. Pedro Cahn who is the President of the International AIDS Society and International CO-Chair of AIDS 2008 and President and founder of Fundación Huésped in Buenos Aires in Argentina. And Pedro Cahn is also leaving as President of the International AIDS Society this week and we want to wish him a farewell.

PEDRO CAHN: Thank you Ron, good morning. Very briefly, my remarks would be first; we are very please as Latin Americans that we showed we can deliver a big and successful conference as this one. Second, one of my major takes out of this conference is that we have seen, as probably never before, the level of political commitments of high-ranked political

leaders in regards main issues like stigma and discrimination and naming the vulnerable populations by their: commercial sex workers, intravenous drug users, MSM's, et cetera.

The third issue I would like to underscore is that we have learned, more than ever, that treatment and prevention are both sides of the same coin, not only because it is needed, but also because we have evidence that treatment is working as a prevention tool. And as much as we expand antiretroviral coverage, the better we will be using these three in a combination prevention package that should include circumcision, where applicable, safer sex behavior, use of condoms, harm reduction, et cetera.

The last thing I would like to underscore is that I hope that we are starting to put the nails in the coffin of the completely misleading idea that funding AIDS works against healthcare systems. Funding AIDS strengthens healthcare systems as we have more than ever evidence about that. So, this and other issues will be addressed in my closing speech. Thank you.

RON MACINNIS: Our next speaker is Michel Kazatchkine, who is the Executive Director of the global fund to fight AIDS, TB and malaria and previously, he served as France's Ambassador for HIV/AIDS and communicable diseases and as the Director of the French National Agency for Research, which many of you know as ANRS.

MICHEL KAZATCHKINE, M.D.: Thank you, Ron. Good morning, everyone. In my remarks and I understand my remarks have been distributed to the press center, I just like to congratulate everyone in the conference for a marvelous, fantastic, energizing conference. With 25,000 of whom, I understand, half have been attending an AIDS conference for the first time. And 5,000 of these 25,000 are or were Mexicans.

I would like to congratulate everyone for keeping on the fight against HIV/AIDS. And then, looking to Vienna and to the next two years or three years, I will be briefly discussing four issues, four challenges and actually, they overlap with some of what Pedro said.

The first is human rights, a dominant theme of this conference and the key strategy for fighting AIDS. The second is science and particularly building a new type of science that we call operational research; really, the need to better link science with implementation and science with policy.

My third point would be going as a strong and fair partner in building the health systems' agenda, together with fighting the three diseases, AIDS, TB and malaria. And considering once for all, that that silly, shameful about vertical versus horizontal. AIDS specific money versus health systems should be over.

And the fourth and last challenge will be about sustainability and particularly, sustainability of funding, since so much remains to be done.

RON MACINNIS: Our next speaker is representing the Mayor of Mexico City and we are so pleased to have him here. We would not have been able to have this conference without the people of Mexico City and the government of Mexico City. Armando Ahued is the Secretary of Health for the City of Mexico.

ARMANDO AHUED: [Speaking a foreign language].

RON MACINNIS: Next, our speaker is Bruno Spire, who spoke at this morning's plenary. Bruno is a researcher living with HIV. He is currently President of AIDES, which is primarily a non-government or the primary non-government HIV organization in France. He is also a researcher at the French National Institute for Medical Research.

The title of his plenary remarks this morning was, "HIV Prevention: What Have We Learned from the Community Experiences in Concentrated Epidemics."

BRUNO SPIRE, PH.D.: Good morning. This morning my talk was focused on HIV prevention and there were three areas in which I was exploring. The first area was HIV prevention fatigue and the need to renew our discourse, which is often pitching an all nothing approach and to think about the concept of sexual re-straduction [misspelled?] such as the use of people living with HIV, which is a good example of sexual re-straduction or circumcision, which is also another example of sexual re-straduction.

The second topic of my talk was the need of diversifying HIV testing approaches and the interest of using community-based testing, not only to reach marginalized people who do not have access to tests, but also to give to people who are frequently repeat exposed to HIV risk, the possibility to have multiple tests each time they need it.

And the third part of my talk was on HIV stigma. Stigma is still a very major factor which fuels the epidemic and which is a factor for people that prevent them from access to HIV tests, to use condoms, and there are real scientific evidence for that now. And I have proposed a triple therapy against stigma by doing a suit actions.

The first action is to give a context rights, possible to talk about HIV and to listen about HIV. The second aspect on this therapy is to improving laws and policies that should help people living with HIV and not combat people living with HIV.

And the third action is doing prevention with people and not for people and especially with people who take risk or people living with HIV.

RON MACINNIS: Thank you. Our next speaker spoke as well at the plenary this morning, Edwin Cameron. Edwin is a justice of the supreme court of appeal of South Africa and author of the prize-winning memoir, "Witness to AIDS," published in 2005. He has been living with HIV since 1986 and has been antiretroviral therapy since 1997. Mr. Cameron gave

the key note address at the 13th International AIDS conference in Durban in the year 2000.

The title of his plenary remarks this morning was, "The Criminal Statutes, Criminal Prosecutions: Help or Hindrance?"

EDWIN CAMERON: Thank you very much, Ron. The novel of my presentation was that while it seems, there seems a certain logic in trying to inhibit HIV transmission by criminalizing it with HIV-specific statutes and there seems a certain justice in prosecuting people who have exposed other people to HIV or transmitted the virus.

In fact, these HIV-specific statutes and prosecutions are calamitous. They are counter-productive. They heighten stigma in the disease. They do not stop HIV transmission. They intrude on a very delicate and difficult area of human function, which is sexuality and there is no evidence to support the use of these statutes.

The biggest thing about them and the biggest tragedy about them is that in Africa, where the greatest burden of the epidemic falls, where treatment is now becoming available in resource-poor countries, not only my own country, South Africa, which is a middle-income country, but in the countries in the north of it which are very poor countries. Treatment is now a feasible option. But to treat people, you have got to test them, you have got to diagnose them and most people in Africa with HIV do not know that they have HIV, so these laws – some of the laws are terrible.

I explained the effects in the plenary. Some of them require someone who knows that he or she has HIV to tell in advance any sexual contact that they have got HIV. That indubitably is going to drive people away from testing. It is going to drive them away from diagnosis. It is going to heighten the epidemic. It increases stigma and means that people are literally going to die because they are going to run away from treatment, testing, care and diagnostic and education facilities. Thank you.

RON MACINNIS: Thank you. Our next speaker is Chakaya Jeremiah, who spoke this morning at the plenary. He is the Chief Research Officer at the Center for Respiratory Diseases Research at the Kenya Medical Research Institute. He is also Chair of the DOTS Expansion Working Group and Vice-Chair of the STOP TB Partnership Coordinating Board. He is based at the Center for Respiratory Disease Research in Kenya.

The title of his plenary remarks this morning was, "Confronting TB/HIV in the Era of Increasing Anti-TB Drug Resistance.

CHAKAYA JEREMIAH MUHWA, M.D., M.SC.: Thank you. What we wanted to pass across to the audience today was the fact that HIV-associated TB is a big problem. The figure we have is that about 11 million people are co-infected with both TB and HIV and that every year, something close to 700,000 people are diagnosed with both HIV and TB. And about 200,000 of those people die.

And the key thing is that they are many interventions that not work against HIV-associated TB. But, they have been left to a TB control program to put forth. HIV control programs have previously not been as active as they should be in the fight against HIV-associated TB. And basically, what we wanted to bring across was the fact that HIV control programs need to take a little more responsibility in moving or reducing the battle of TB and people living with HIV.

We also highlighted the issue of drug-resistant TB, specifically multi-drug resistant TB and XDRTB, which are very difficult forms of TB to treat. And the key message here is that we all need to do something to prevent the emergency or the spread of drug-resistant TB, which in the HIV prevalence settings, these forms of TB can spread very quickly in HIV-infected communities and they tend to have devastating clinical effects.

They tend to end fatally, so the issue is that all of us should take due process and do everything we can to reduce the battle, put into place good TB control programs so that HIV-infected people who develop TB can be treated in a place that is safe and they do not pick up forms of TB that are difficult to treat. Thank you.

RON MACINNIS: Thank you. Our next speaker is Luis Soto-Ramirez. Dr. Ramirez is local Co-Chair of the International AIDS Conference here in Mexico. He is head of the molecular biology at the Instituto Nacional de Ciencias

Médicas y Nutrición here in Mexico and coordinator of the clinical care committee of CONASIDA, Luis.

LUIS SOTO-RAMIREZ: Thank you, Ron. Obviously for me, being the local Co-Chair is going to be a very exciting moment to close the conference, especially because of a conference that we could consider one of the best, if not the best conference ever. I think that this is what an AIDS conference should accomplish. It is very important for us.

I will talk a little bit about universal treatment, universal prevention, universal human action and on the other hand, I was very much inspired by Bruno this morning. Because if '96 Vancouver was the triple combination therapy conference, this will be the triple combination against stigma and discrimination, according to what he described and I will describe the triple combination at Ford prevention.

So, I think that this will be the second triple combinations conference. Finally, I will also thank our governments, the federal and the city government for all the commitment for this conference, for all the commitment for the prevention and treatment of AIDS patients, but I will ask all and each one of us to continue pushing for better prices, for better prevention strategies, for the participation of the community in public policies. Thank you.

RON MACINNIS: Thank you. Our next speaker who also spoke at the plenary this morning is Zonibel Woods. Zonibel is the Program Manager at Ford Foundation and a feminist advocate

with more than 18 years of experience in the women's movement. She has extensive expertise with women's organizations and has worked on issues related to youth, human rights, sexual rights, reproductive health and HIV and AIDS. She is a member of the non-governmental organization delegation to the UNAIDS program coordinating board.

The title of her plenary remarks this morning was, "Investing in Gender Equity: Why women and girls matter in the AIDS response."

ZONIBEL WOODS: Thanks, Ron. I think it is quite interesting that in my remarks I called for greater participation of women and more women at the table. Perhaps, I should have also called for more women at press conferences and I will do that next time [laughter].

And I value my colleagues on the table, of course, but I think this is also a place where we have to have more women speaking out.

In terms of my remarks, I focused on three very specific issues. One of them or three priorities that I think could help us integrate better the work that is already happening among other movements, the women's movement and also with the HIV and AIDS movement.

The first one has to do with confronting the crisis of violence against women and girls. The second one is a call to make sexual and reproductive health and rights a reality and the third one has to do with investing in women's organizations

so that they can effectively participate in decisions that affect their lives.

And in this regard, I think we specifically have to make investments in organizations of women living with HIV. It is extremely important that they are able to mobilize at the country level, at the national level and at the regional and global levels so that they can actually participate in these kind of debates and demand the kind of accountability that we all have spoken about during this conference.

There was not enough time in my presentation to really speak much more about this, but I think when we talk about women, we need to be very conscientious women is not just one homogeneous group, that we have to have very specific interventions for female sex workers, for women who use drugs, for trans-gender women, for women prisoners, for older women, for young women, so I think that is something that I feel that it is really missing from our response is to have a gender analysis when we look at concentrated epidemics to really have a strong gender analysis and take all of these things that intersect with the lives of women into account.

I will just stop there, but if I can add one more thing. We heard that increasingly there is some international organizations that feel rather hesitant to talk about the feminization of the epidemic and many of us argue that the feminization of the epidemic is not just about the number of

women who are infected, but also the women that bear the disproportionate burden of care.

So, whether it is in a concentrated epidemic or a generalized epidemic, women are the ones that are actually bearing the brunt of providing the healthcare, the support for the families and so on. So, I think we have to take a broader approach to looking at how we are investing in gender inequality and programs that support women's empowerment in the broader sense. So, I will just stop there.

RON MACINNIS: Our next speaker is Juan Jacobo Hernandez who is the Director of the NGO Colectivo Sol, here in Mexico. He has also worked around the world on HIV/AIDS planning, programming and advocacy and he will be representing the voice of the activists and advocacy communities here at the conference.

JUAN JACOBO HERNANDEZ: Thank you very much, Ron. I would just like to, from the point of view as the community Co-Chair for the community program committee have some highlights and talk about the inheritance of the conference in Mexico and not let the commitments and discourse stay in words, so we have, as Zoni rightly said in her speech, the work begins now that the conference ends. So, we have a commitment to do a follow-up of what politicians said, especially the President of Mexico.

Another highlight is the very visible and invigorating presence of two populations in the conference as a whole and

very specifically, in the Global Village. The issue of criminalization, as Justice Edwin Cameron addressed in his speech is also something that we would like to highlight.

And well, stressing that the meaningful participation and very active participation of women in this conference making their voices heard loud and clear, the great presence of trans-genders that are coming strong, the visibility, the high visibility of users of injecting drugs and youth and commercial sex workers. So, these are some of the things that we would like to stress and also, again referring to Zoni Woods, not let the issue of women and children be a pending issue for the next conference. Thank you.

RON MACINNIS: Thank you and our next speaker is Carlos Garcia de Leon who is part of the program planning committee here at the International AIDS Conference and did a lot of the local organizing of local NGO's, activists and civil society in Mexico.

CARLOS GARCIA DE LEON: Thank you, Ron. I will talk a little bit about how communities were impacted by this conference in the local, the regional and in the global level. As it was mentioned a few minutes ago, many, many people has their first opportunity to participate in an internationalized conference, so these opportunities for communities are the possibility to have better knowledge, experiences, to share some of their lessons learned to improve their skills and to have more and more contact.

So, this kind of impact are sometimes invaluable, even these conferences so, so expensive, it mobilized a huge amount of resources. Probably, some issues are related with the personal lives of the communities that we are going to highlight. Also, this conference re-energized the local activists and I must say local, speaking not only from Mexico, also from Latin America and the Caribbean because this was a very good opportunity for many community organizations, for people living with HIV/AIDS to share with others, to look other forms of activism, to learn from others and what are they doing, what are they learning and what are their challenges.

Of course, as in many other conferences, people living with HIV/AIDS and other key populations as Juan Jacobo was saying, were part of the conference, but in this one particularly, I felt that we were really part of the planning, implementation of the conference and can be in all the three [inaudible] of the problem, the scientific, the community and the leadership one.

So, people living with HIV as like me were really, really part of the conference, so I feel really happy with that. And finally, I will speak about the future challenges that we have, of course globally and locally, because while we were closed in this conference, worldwide stigma and discrimination continued happening outside, so we have a lot of commitments that we hear from governments, from other key players, for important stakeholders, but we are not going to

allow a weak response, so we are part of a response so we are going to be committed of that and we are going to talk about that. Thank you very much.

RON MACINNIS: Okay, thank you. As you see, we have a diverse range of speakers and subject areas. We would like you to please introduce yourself, ask your question. If you have a question addressed to a specific speaker, please let us know if you would like several members of the panel to address the question, then we will go from that route. And just raise your hand and I will try to call as fairly as possible. I think we will take three questions and then responses.

Let us start here, sir, in the blue, yes.

EMILIO GODOY: Good morning, my name is Emilio Godoy from the news agency IPS. I would like to ask Mr. Cahn, Mr. Kazatchkine and Mr. Hernandez the following questions. How has the community involving governments, international organizations and NGO's become during this conference, is it stronger or is it weaker? And then, how can this commitment be translated into specific actions in the political step, taking into account that in this level, decisions are taken?

RON MACINNIS: Okay and another question, the young man in the front row, here.

DANEIL CAZALA: Hello, I would like to address my question to Edwin Cameron. I am Daniel Cazala. I am 13 years old, working with HDN. My worry is that if a parent is

[inaudible] because of HIV, what happens to the children and what happens to the children born with HIV? Thank you.

RON MACINNIS: Thank you. The gentleman here.

YOURIN GULLIVER: Sir, I have a question for Pedro Cahn. I am Yourin Gulliver [misspelled?], a journalist with TIME Magazine. Pedro, how much do you think a concern is the rising food prices on HIV populations and in terms of a strategy to deal with it, do you think food hand-outs to HIV-positive peoples is a good tactic or do you think it is better to stress on general structural changes that can keep food prices down for everybody?

RON MACINNIS: Thank you. I would ask the panel to respond.

PEDRO CAHN: Okay the first question that was directed to me was if this conference strengthened or weakened the relationship with doing NGO's, communities and international organizations. I definitely that think we are more strongly united than before because we have now a better mutual understanding of our respective responsibilities about the common platform we have to play on.

And second, how do we translate the commitments into actions? Well, this is also a joint effort. None of us, probably with the exception of Mr. Secretary of Health of the City of Mexico are really implementers of the policy, but we can do a lot and I will address this in my closing speech today. All the 25,000 people that gathered here in Mexico are

now to be held accountable in order to push their governments and push their policy makers to make it happen, what we discussed and agreed this week.

The second question is really a very interesting one and I think I forgot. We often say - I said that in my opening remarks. Poverty is one of the driving forces of the epidemic. AIDS produces poverty because it reduces the health, the overall workforce, it limits people's capacity to work or to make the money in order to sustain their families, but also, it plays the other way around.

Poverty produces AIDS. If you look at the populations that are more affected, if you look at the overall map in the world, the poorest countries are the most affected. If you look at the given country, you will see that the areas in which you see more poverty, you will see more AIDS. This is applicable to Argentina, to Brazil, to the U.S. and to any country in the world. So, the most vulnerable populations are more vulnerated by the epidemic.

So, my answer would be, yes, we need food for people with HIV, but basically, we need better access to food for everyone. We do not want the kind of, and this is only bad in my personal point of view, we do not want the positive discrimination for people living with HIV. We want that everybody has the right to have decent food, sanitation, access to water, education, housing, et cetera.

MICHEL KAZATCHKINE, M.D.: Thank you. Thank you for your question. I will just make two points very briefly. The first is that inclusiveness, inclusiveness of the civil society, the communities, together with government is a unique feature of the AIDS movement and it is a unique feature in global health. It is a unique feature in development. Now, how do we translate that concept from a practical perspective?

Let me give two answers with a Global Fund perspective. One is that by having civil society, strong representation on what we call the country-coordinating mechanisms, CCM's, which in each country, design the programs that are submitted for funding as proposals to the Global Fund and have oversight over the programs by having at least 40-percent representation of the civil society in the CCM's, I think we have been bringing civil society to an institutional level that we see in no other place in development. So, again, AIDS is a leader here.

And then, of course, in terms of funding, so far the Global Fund has committed 11 billion U.S. dollars to grounds in AIDS, TB and malaria and 45-percent of those funds are going to the civil society.

JUAN JACOBO HERNANDEZ: [Speaking a foreign language]. I would like to respond regarding the first question. As a part of the coordinating committee of the conference and as a part of the conference itself, I think that one way that I say this improvement of involvement is that during discussions of

the program and the activities of the conference, there was some kind of dissent sometimes.

And there was a great will of most of the people sitting at the table to listen to this dissent and to come to agreements and to solutions that were in the benefit for the conference. So this made me very happy that we were able to solve these questions. That is a way, a practical way of seeing our involvement in a practical way in the conference.

How can we implement what has happened in the conference? I can give you a couple of examples as well. In Mexico, we are having the opportunity to participate in Round Nine and I think this is a very good opportunity to ground and put into practice what we have heard and learned in this conference. My concern is that I think this is a great opportunity to strengthen community systems, which will mean that if we have better and stronger communities, we will respond in a better and more effective way to the epidemic.

The second opportunity we have at least in Mexico is to try to defend the textbook on sexuality. There has been a struggle and a tension between the federal government and the local government and I think this is an issue that has been addressed in the conference and that we will have this commitment to strongly defend the textbook on sexuality.

And the third is continue this kind of partnership with the different stakeholders as we did during the conference committee work.

RON MACINNIS: Thank you. Edwin Cameron, would you like to respond to the question posed to you?

EDWIN CAMERON: Yes, thank you very much indeed for the questions. The question asked here about the effects within a family of criminalization of HIV, well I must start off by saying that any criminal law has an effect on a family. Unfortunately, if someone commits a criminal offense, it has a devastating effect on young people within the family.

The point that the questions highlights and I am very grateful for that is that these criminal laws have an entirely inappropriate and unjustified effect because they have a terrific impact for unjustified reasons. This is not a justified intervention of the criminal law, it is unjustified and here, the consequences are not only tragic, but have no social or consequential justification, so thank you for the question.

RON MACINNIS: Okay. Let us take another round of questions. Yes, please. Hold on for the microphone, please.

HARRIET HERSHORNE: Hi, Harriet Hershorne [misspelled?], freelance reporter. My question is really just very simple. It is about representation in gender and I would like, actually, for the answer to come from one of the men on the panel and not the only woman.

There are 11 of you there and there is one woman and I just want to ask about how do you see threading, how do you imagine in the future, being able to thread through women's

issues not sort of separating them out, but just having concerns of women.

Not just talking about the feminization of the epidemic, but just women in general, having that be a part of your perspective all the time and not have it be something that is segregated out when we talk about women's issues or women's condition or the feminization of the epidemic. How do you imagine including gender issues in part and parcel of everything you do, including representation in a press conference like this? That is all.

RON MACINNIS: Thank you [applause]. Yes, sir. Sir.

MARTIN TACAYO: [Speaking in a foreign language].

PATRICIA PALMA: Hi. My name is Patricia Palma. I was just thinking during the whole conference in a reflection as a journalist, we have been—luckily we have been seeing the different groups, key groups they have been called. Sexual workers, men who have sex with men, trans-gender, any of them, but I was always thinking we have, before, the problem that, from an informative point of view, that the epidemic was seen as something that is just tackling these groups and then on the general public was just thinking that it was not their problem.

And, in a way, I am happy that they were here visible and on the other hand, as a writer, I have the concern of how to make the people get the message that— we are trying to talk about not discrimination and not stigma and it is sometimes a

little bit difficult to find the point in between how to explain this message.

I would like for any of the panelists to give me maybe a short message that puts together the importance of tackling these key groups, but as well, the importance of understanding that they are not the problem. I do not know if somebody can put this together for me and that is it.

RON MACINNIS: Okay, we have several long questions, is anyone on the panel [inaudible]?

CARLOS GARCIA DE LEON: First of all, I would like to address the gender issue. We have had several press conferences during the week after each plenary session and other appointed press conferences in which the gender representation was different.

This press conference does not intend to represent the general representation during the conference. I can tell you that in the preparation of the conference, ICW for a very sense, he is one of our partners and they were very active and they were equally represented in the conference coordinating committee as well as in the other committees that put together the program.

Having said that, let me tell you that this is again, a very personal point of yours. Speaking on behalf on [inaudible] I think that the time will come in which we will be mature enough in order to understand that you do not to be an

MSM to speak on behalf of the rights of MSM. You do not need to be a female in order to speak on behalf of these female.

Obviously, all groups need to be involved but, I would like to see one day, a conference in which a female is speaking about the MSM's and an MSM is speaking about the issues regarding IV use etcetera. Because this would mean that instead of being part of understanding, we overcome an understanding of our problems. And, what was the second question?

LUIS SOTO-RAMIREZ: I want to answer you a little bit because if I took to work with key populations and it sounds that sometimes you are lose the general audience or the general public. First of all, those are different messages; different language and sometimes we are really more close for some communities. We believe a lot in peer education for example, that helps a lot for example. You are working with trained women, a woman can really work well with another one.

But, also, because in these groups there is more concentrated because of stigma, discrimination and vulnerability, social vulnerabilities, that you cannot see when you are working with the general population. When you look general population, every general audience is being led by little pieces, MSM, a woman, a transgender, a lesbian that are part of that. So, we are just trying to arrive all of them from the perspective of finding them as a key population.

CARLOS GARCIA DE LEON: I just want to add briefly to this comment that certainly we need different types of messages from different populations as was said. And your question is very welcome because we need targeted intervention for targeted populations. But, at the same time, to address the general population in order not to mislead and send the message that okay, this is a problem of commercial sex workers, IV and drug users and MSM's. So, I could not agree more with your question.

RON MACINNIS: Thank you ladies and gentlemen. We appreciate you being here and asking your questions and look forward to seeing you at the closing ceremony. Thank you very much to all our panelists.

[END RECORDING]