

**Opening Session  
XVI International AIDS Conference  
August 13, 2006**

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[START RECORDING]

**MALE SPEAKER:** Bonjour. [Inaudible] We, as First Nation people, believe that everything that we say should be preceded by prayer. My Chief, Bryan Laforme.

[Applause]

**BRYAN LAFORME:** Thank you. Good evening and greetings to all of you gathered here this evening on the traditional territory of the Mississaugas of the New Credit First Nation. I welcome you.

[Applause]

We join here together at this International AIDS Conference in unity on the pressing need to continue the fight on HIV and AIDS among First Nations people in Canada. We need to bring compassion to a topic that invokes fear, discrimination and ignorance. As First Nations, we face a great challenge among our people across the country. Of all chronic infections, injuries, related conditions and illnesses, HIV and AIDS take an unusually hard toll on our people.

We see that today across the world there are record-high numbers of people infected with HIV that leads to AIDS-related conditions. When we look at how HIV and AIDS is spread across the global population, we see that it is hardest hit in areas such as the African nations, where

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structural, economic and development challenges are the greatest.

This is mirrored here in Canada's First Nation communities. Economic development, housing, education and the building of First Nation institutions are not just ambitions of self-determination, they are good for the health of First Nation's people. We, as leaders, have to continue to raise awareness among our chiefs in developing tools to empower our youth. If people are now experiencing the highest rates of infections, as the most recent reports in the Canadian Strategic Strategies on AIDS tell us, this can no longer be seen as a gay disease or as disease related to intravenous drug use. These groups are already unfairly stigmatized as it is.

[Applause]

We are here today to talk about the high rates of infection among women and youth. We are talking about First Nation's people as a social undesirable. Branding HIV and AIDS as a disease of only these groups is dangerous. We now see everyone as potentially vulnerable to this disease. Did you know that a First Nation person becomes infected with HIV, one new infection, each day? This is a frightening statistic. I believe this is frightening to most people, as we need to be most frightened of those things which we have no control over. In our communities, helplessness is related

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to many things like housing and education. Hopes for meaningful employment and growth and building hopes in all these areas must be part of the HIV solution of First Nation's people in general. As well, a part of the solution must be in changing our knowledge and attitudes if we ever hope to change behaviors. We need a comprehensive, coordinated response to HIV among First Nation's people, a response that must start from understanding of racism, discrimination and cultural belittling experienced by First Nations' people.

In closing, I would like to thank you here present this evening, and keep up the good work.

[Applause]

Ladies and gentlemen, I now introduce to you Dr. Helene Gayle, president and CEO of CARE USA, president of the International AIDS Society and conference co-chair. Please show her your welcome.

[Applause]

**HELENE GAYLE, M.D.:** Good evening distinguished guests, delegates and friends. Welcome to the XVI International AIDS Conference. As you know, the theme of this year's conference is Time to Deliver. Now, I know most of us would say that it has always been time to deliver, and it has been. However, today, 25 years into this epidemic, we

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have a real epidemic to deliver than ever before. We have more resources, more knowledge, more political commitments than ever before, but still the epidemic continues to outpace us. So it is time for us to assure that promises made are promises kept.

[Applause]

We must demand action over rhetoric and evidence over ideology. It is time to deliver.

Now, conferences themselves are obviously not the answer to an epidemic, but they do serve as an important way to exchange information, build collaboration and can serve as a voice of conscience for our community. Over the years, these conferences have grown and become more diverse, representing the comprehensive nature of the response to the epidemic. But it is not enough to pat ourselves on the back and feel good, because we have bigger and more inclusive conferences if we don't use these opportunities to their greatest strategic advantage. So we need to make sure that we do at least three things while we are together this week.

First, we need to use this conference to send a message to the world. This is an opportunity to get the message out that HIV and AIDS is still a serious threat to humanity and more needs to be done in applying what we know and expanding our solutions. It is also a chance to say that it is not hopeless. We have more evidence of efforts that

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are working. And it is an opportunity to say that we stand united as a community tackling AIDS and the issues that can undercut our efforts, like stigma, gender inequality, poverty, racism, homophobia and lack of political will.

Second, we need to use these conferences to learn. We have more to share than ever before about how to prevent, treat and provide [inaudible] and support for HIV-affected communities. But we still continue to reinvent the wheel when we leave these meetings and go back to our daily lives, as if the sharing of information was not meant to have impact on our actions. We must do better to apply what we learned to be as effective in saving lives.

Third, we should use these conferences to re-energize ourselves and to redouble our commitment to the fight against HIV and AIDS and use them to hold ourselves accountable for making tangible progress in the years in between. The 40 million people living with HIV/AIDS, their families and their communities deserve nothing less.

Now, I step down as president of IAS at the end of this conference. It has been an honor to be president of the International AIDS Society, a membership association of over 10,000 professionals working on HIV and AIDS. It has also been a real honor to welcome the world once again to Canada after 10 years. I want to thank our Canadian hosts for all they have done to make this conference possible.

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[Applause]

I also want to thank our corporate, foundation, government, multilateral and other sponsors who are numerous, so you will see them listed in our program. Without their generous support, this conference would not have been possible. I also want to thank Craig McClure and the wonderful staff of IAS, who have put their heart and soul into making this conference successful, and for the team of volunteers who will help us throughout this week.

[Applause]

Finally, before I close and hand the podium over to my co-chair, I want to thank all of you who are in this room today who work tirelessly because you believe that millions of men, women and children around the world will live or die based on our actions. Thank you.

[Applause]

So now I would like to introduce my colleague and co-chair, Dr. Mark Wainberg. He is the co-chair of AIDS 2000 and the chair of Toronto Local Host Board. Mark is also the director of the McGill University AIDS Centre, and he is also a past president of IAS. Mark has led the city of Toronto's tremendous work as host of AIDS 2006, and we are all tremendously grateful for his leadership and vision and for the tireless work of the Toronto Local Host. Mark?

[Applause]

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**MARK WAINBERG, PH.D.:** Bonsoir, madams and messieurs.

In my role as IAS co-chair and chair of the AIDS 2006 Toronto Local Host, it is a pleasure to welcome you to the XVI International Conference on AIDS.

[French Translation]

We need to recognize the selflessness of so many in the movement, including all of you, but I especially want to mention those members of the Local Host here in Toronto, who worked so tirelessly to help us put together a program that strengthens our response to HIV/AIDS.

[French Translation]

Thanks also to a co-organizer, the Canadian AIDS Society, whose support was essential for this conference. We also want to recognize the support of each of the Canadian and Ontario governments and the City of Toronto, who collectively have helped us put together the most generous scholarship package in the history of this conference to bring people from developing countries here to Toronto.

[Applause]

Thank you, Canada, for this fantastic level of support.

[Applause]

Thanks also to our many sponsors and partners in both the public and private sectors for their generous support.

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However, we are dismayed that the Prime Minister of Canada, Mr. Stephen Harper, is not here this evening. Mr. Harper, one of the unfortunate consequences of your non-acceptance is the withdrawal from our conference and tonight's proceedings of President Ellen Johnson-Sirleaf of Liberia, the first woman head of state of an African country.

[Applause]

Mr. Harper, the role of prime minister includes the responsibility to show leadership on the world stage.

[Applause]

Your absence sends a message that you do not regard HIV/AIDS as a critical priority and, clearly, all of us here today disagree with you.

[Applause]

[French Translation]

Mr. Harper [French Translation]. This conference is unique in bringing coalitions that unite science, community and politics, and we are grateful that other political leaders will be with us throughout this week.

Many of you know of my long-standing commitment and passionate commitment to our movement, but I want to single out others, such as Stephen Louis, who has been such an inspiration [applause] and whose multiple initiatives involving orphans and the collective bringing together of grandmothers who are caring for their grandchildren who have

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become orphaned due to HIV/AIDS, stands out as a global accomplishment that makes us, as Canadians, proud on the world stage.

[Applause]

Ladies and gentlemen, Canada has a wonderful public health system, but it is under threat. Here in Canada, there is also much that remains to be done at improving the status of our vulnerable people, as well as the lives of people living with HIV. Most Canadians do not realize that as many as one-third of all new HIV infections in Canada today occur in our aboriginal populations. This is shameful.

[Applause]

We also have many challenges within Canada in regard to women and youth, homophobia and drug policies. Mr. Harper, don't you understand that needle exchange programs within Canada save lives?

[Applause]

We need to expand these programs and not close them down.

[Applause]

When it comes to harm reduction, Canada should not follow the lead of countries that have little to teach us about public health.

[Applause]

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And very sadly, very sadly, these countries that have little to teach us about public health include some that have suffered the most because of HIV and in which the political leadership has failed to grasp the need to preach HIV awareness and education to vulnerable populations.

[French Translation]

We hope, of course, that this conference will have a legacy that matches the historic impact of other meetings, such as that in Vancouver in 1996 that announced the success of triple therapy, or Durban in 2000 that highlighted global inequalities in access to treatment. Our theme of Time to Deliver underlines the urgency of the many scientific presentations of this conference and the hope that we will find solutions that will bring us closer to the goals that we all see to achieve.

[Applause]

Our conference also underlines the message that the ability to travel freely for this or any other conference is a fundamental human right that must be guaranteed.

[Applause]

We hope that AIDS 2006 Toronto will succeed in its goal of reaching the world, sharing evidence-based knowledge that enables and empowers more and more people in the fight against AIDS. On behalf of the Toronto Local Host and

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everyone associated with it, have a great time tonight and for the rest of the week.

[Applause]

Thank you – *merci beaucoup*.

[Applause]

Now, ladies and gentlemen, it is with great pride and a sense of honor that I have the honor to introduce to you the Right Honourable Governor General of Canada, Michaelle Jean.

[Applause]

As you know, Madam Jean is our first governor general who comes from a Caribbean country, the nation of Haiti.

[Applause]

Madame Jean [French Translation]. The Right Honourable Michaelle Jean.

[Applause]

**MICHAELLE JEAN:** Royal Highnesses, Ministers, Premiers, Your Worship, Dr. Piot, distinguished guests, [French Translation]. As governor general of Canada, I wanted so much to be here at the official opening of the XVI International AIDS conference, which we are honored to host this year.

[Applause]

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This conference will give us a wonderful opportunity to form a lasting bond of fellowship. I would like to extend our warmest welcome to all of you who have traveled from far and wide to share an astonishing array of experiences and perspectives. Your efforts will ensure that one day soon we will be able to put an end to one of the most insidious epidemics of our time.

[French Translation]

I would go so far as to say that we need to globalize our efforts to fight the threat of AIDS. A trial of globalization in the most mobile sense of the word with the sole purpose of saving lives, giving us the opportunity to rethink the world in the spirit of a truly global community. More than anything, you are giving us a lesson of humanity. I can still recall the fear and the hostility felt by some when we first began to hear about AIDS some 25 years ago. It was not long before the witch hunt, so to speak, began as the infectious nature of this new disease became widely known. I could barely contain my anger when at its worst, I heard people around me saying that this disease was a result of deviant behavior, a punishment against those who continue to stigmatized and condemned. AIDS brought with it a shame that could not be named.

You may recall that those of Haitian origin, like myself, became a target of that campaign of discrimination.

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The hardship and the devastating effects of the illness and the pain of loss would soon be joined by the insidious loneliness of segregation. But as we now know, AIDS knows no boundaries, nor has it any regard for our prejudices or the ways in which we ostracize and abandon one another. Is that not reason enough to put those prejudices to rest and come together to fight this universal threat? Is that not reason enough for us to show that we are equal to the task and that humanity is not divided between those who matter and those who are forgotten?

[Applause]

[French Translation]

Every minute, every day, a child dies of HIV. UNICEF estimates that by 2010, 18 million children will have lost one or both parents to AIDS. Every 15 seconds, a young person is infected. The situation is dire. We must act now.

[Applause]

We cannot, we cannot, remain indifferent to the devastating toll that the AIDS epidemic is taking. Those of us who live in affluent countries have a moral responsibility to do something and work together.

[Applause]

I am proud to say that Canada is among the countries that answered the United Nations' call in June 2001 to halt the threat of acute ischemic stroke and signed the

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Declaration of Commitment on HIV/AIDS. We support a coordinated effort on all fronts from governments to private sector, communities, researchers and individuals who are willing to join in the planet-wide efforts to find a cure. It is our firm belief that the rights and dignity those living with HIV or those at risk must be recognize, must be respected and defended.

[Applause]

We must be relentless in our fight against discrimination, which breeds fear and ignorance. We must ensure that people living with this disease are treated with respect. Let me be frank: To give up would be irresponsible, simply unforgivable. The battle against AIDS is a battle for life. It is recognizing that every life is precious in every corner of this world.

[Applause]

It is also declaring that everyone is entitled to freedom, to dignity and a sense of self worth.

Today I have the opportunity to applaud your efforts, and on behalf of all Canadians, I thank you from the bottom of my heart.

In closing, I also applaud the invaluable efforts of citizens who, across this country, in their families, their towns, neighborhoods, in our school, our hospitals, our streets, are offering help, making donations, or reaching our

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to someone in need, or helping to curb the threat of AIDS. I believe that even the smallest gesture can make a difference and I cannot agree more with the point, in conclusion, of the latest UNAIDS report. Defeating AIDS must be shared global and nonpartisan agenda.

[Applause]

To move forward, we must demand that commitment from our leaders, our institutions and ourselves. So I thank you and my best wishes for success go with you.

It is with great pride that I now declare the XVI International AIDS Conference officially open.

[Applause]

*Merci beaucoup.*

**MARK WAINBERG, PH.D.:** [French Translation]

And now, ladies and gentleman, it is my honor and privilege to introduce a wonderful man. He is the minister of health of Canada, the Honourable Tony Clement.

I wanted to tell you a few things about Minister Clement, who is someone I have now known for over four years. Let me tell of you here this evening that Minister Clement is a man who is totally committed to the global battle against AIDS. Many of us will remember when we attended the International AIDS Conference in Barcelona four years ago, that Minister Tony Clement, in his then-capacity as the

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minister of health of the Province of Ontario, organized a reception for us. He made us feel at home. He told us all how important it was to both the province of Ontario, as well as to Canada and the city of Toronto, that we had succeeded in bringing the International AIDS Conference to this city. He spoke from the heart. He told us with passion how committed he was to the global fight against AIDS and it was obvious at that time, and I am sure it is obvious here tonight, that Minister Clement still possesses this passion in his heart that will, in effect, be followed through over time through commitments on the part of the government of Canada through his leadership toward making a difference in the global fight against AIDS.

I think that we have already expressed our concern at the absence of the prime minister and I urge you now to give Minister Clement the dignified and the respectful welcome that he deserves. Without further ado, I introduce to the podium, our minister of health, the Honourable Tony Clement.

[Applause]

**TONY CLEMENT:** Thank you very much, Mark.

Distinguished ladies and gentleman, on behalf of the government of Canada, I want to tell you that it is an honor and a privilege for Canada to host the XVI International AIDS Conference, the largest ever held. Welcome to Canada,

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especially to those of you who made tremendous sacrifices to get here. All of you involved in the massive effort needed to organize this event deserve our sincere thanks and our highest praise.

You know, it is sobering to be reminded that worldwide, more people are living with HIV than reside in Canada, that last year the pandemic killed more people than the entire population of Toronto. These are not statistics. These are people that we know, family members, friends, neighbors, my friends, my neighbors. The devastation that flows from human loss on such a scale touches us all in so many ways, but our strength and our resilience and our courage is greater than this pandemic.

Twenty-five years of new discoveries, new findings and incremental, but significant, gains continue to restore our hope. We have learned what works and what still must be done. We continue to face major challenges that require all of us to respond in an unprecedented and historic way. That is why we are here this week. The world is counting on all of us to face these challenges together. After all, research, prevention, care, treatment and support are complementary to each and so, too, should our efforts be. Why? Because addressing human rights and the underlying factors that make people vulnerable cannot be done alone, because scientific knowledge, tools to prevent infections and

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the means to prolong life cannot be [inaudible], because we all know that AIDS is 100-percent preventable, because the AIDS story is now 25 years old and still far from over, and because the government of Canada - and, I believe, all Canadians - are committed to working with the rest of the world to make this the turning point in our fight against AIDS. So the very presence of each and every one of here tonight is a state for our shared compassion and passion and commitment. But it is how we turn that statement, that commitment, from words into action that will be the legacy of our time right here in Toronto.

Ladies and gentleman, our work over the coming week is to show the world that there is hope, that passionate individuals, dedicated organizations, and caring governments can be unified in our fight against HIV/AIDS. Ladies and gentlemen, together we can make this inspiration a reality, and look forward to working with all of you so that we can make that reality tomorrow. Thank you very much.

[Applause]

**HELENE GAYLE, M.D.:** Good evening, again, *bonsoir*. I forgot my manners before. I would like to now introduce the Honourable Dalton McGuinty. Dalton McGuinty is Ontario's twenty-fourth premier. He was elected premier of Ontario in October of 2003. Since becoming premier, Mr. McGuinty has

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focused his energies and those of his government on the ongoing growth and development of the province of Ontario and on insuring the well being of its citizens. Within that, he has made HIV/AIDS a priority. He has been a consistent stalwart in the fight against HIV/AIDS. So without further ado, I'd like to introduce the Honourable Dalton McGuinty.

**DALTON MCGUINITY:** Your Excellency, distinguished guests, ladies and gentlemen.

[French Translation]

Welcome to Ontario and thank you, each and every one of you, for being here. You've brought a tremendous gift to this conference, and that is hope. Whatever else is brought, too, here today, your job as a researcher or a healthcare professional, your position as a political or community leader, your status as a person living with HIV/AIDS, or your responsibility as a concerned global citizen, hope is what we all share here today.

I'm not talking about weak hope, the kind that minimizes the challenges before us. I am talking about firm hope, the kind that comes when determined people work together, rise to a challenge and make every effort to overcome it. William Wadsworth once wrote that "Hope is the paramount duty that heaven lays for its own honor a man's suffering heart." I love that definition of hope because it

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speaks of hope as a duty, as an obligation, as our shared responsibility, especially where there is suffering and I am encouraged and inspired that as leaders in this fight, you, each and every one of you, remain hopeful. You won't let yourselves give in to despair because know so many people around the world are counting on us.

Right now, our human family is closer than every before. For example, people from all over the globe have made Ontario their new home. More than one-quarter of us living here were born outside of Canada. So in our hearts and through travel and technology, we remain profoundly connected to all of the loved ones that we've left behind. That means that there is no such thing as a distance program, no matter where. If one of us cries out in need, we can't say we didn't hear them. If one of us is sick, we can't say we didn't see them. With all the information and technology at our disposal, there is no such thing as saying we didn't know. We know that HIV/AIDS can be prevented by using a condom or through needle exchanges. We know that preaching abstinence as the only solution is to be willfully blind to human nature.

[Applause]

We know this fight isn't over, not nearly. Right here in Ontario, the numbers show that we can't be complacent, so thank you, each and every one of you for

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leading this fight. In your compassion and your commitment, you've showed that you've accepted heaven's duty to remain hopeful and that you won't allow cynicism to rob you of a sense of what is truly possible. That is why we are here to talk, to learn and to continue the fight, not just today, not just this year, but each day and every year until this epidemic is reversed and hope turns into certainty and certainly turns into joy. Thank you very much.

[Applause]

**MARK WAINBERG, PH.D.:** Thank you, Premier McGuinty. We are truly fortunate tonight to have a roster of political leaders, each and every one of whom, I promise you, is committed to the fight against HIV/AIDS. Not the least of these commitments lies in the heart of our next speaker, the mayor of Toronto, His Worship, David Miller.

[Applause]

Let me say a few things about David Miller. There is no question that he has been with us in the efficient organization of this conference. Since his time in office, he followed through on commitments that the city of Toronto had made to provide financial backup and commitments for this meeting at a time that we were not completely sure our ultimate levels of support would come from. I want to also say that under Mayor Miller's leadership, the city of Toronto

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has been in the forefront of community responsiveness against HIV/AIDS, both here in Toronto and across Canada. Through its support of pride, the city of Toronto, under Mayor Miller, has also demonstrated that it is committed to the fight against homophobia and to the fight against all forms of discriminations.

[Applause]

Ladies and gentlemen, please welcome His Worship, the mayor of Toronto, David Miller.

[Applause]

**DAVID MILLER:** Hello, everyone, and welcome to Toronto. Torontonians and the city of Toronto are very proud to host this XVI International AIDS Conference and we know that your time here will be both productive and rewarding, but we also hope you take a few minutes to enjoy our city between your very important discussions and debate on issues of critical importance to our world's future.

One of the things that we have discovered here in Toronto is that cities have a critical role to play in the fight in delivering results against HIV and AIDS. It's not just national governments that must be engaged in this urgent campaign. Cities must be leaders because our leadership is pivotal to a successful outcome. For example, the AIDS Prevention Grants that the city of Toronto initiated in 1987

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were in place long before our federal and provincial governments took action. These grants provide community groups the opportunity to provide HIV and AIDS education in their own languages and in their own communities. That was a very important breakthrough when the grants program started almost two decades ago and we've learned from it. We know that this kind of program works and we've built on it with other harm reduction initiatives like the needle exchange for intravenous drug users, the condoms in schools programs for our vulnerable young people [applause] and the provision of safer crack user kits.

[Applause]

These programs have shown that the local sector can, indeed, be a leader and be highly effective in getting the message across the diverse neighborhoods and communities that are affected by HIV and AIDS, but there is a new generation that needs to be educated. We call upon other local governments to share the perspective of being at the front lines of people's lives because, after all, local government works in the closest proximity to the public. Because of that relationship, we, as local leaders, have an obligation and a duty to be an integral part of finding a solution to HIV and AIDS, and we're doing that here in Toronto.

Over the past three years, we've also established a close relationship with the Southeast Health District in

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Botswana. We've sent civil servants from our Public Health Department and representatives of local community agencies to Africa. Likewise, officials there have sent delegates here to learn from what we are doing. They are our partners. We're learning from them, and they're learning from us. Local action does have global impact.

[Applause]

This is the next critical step in the worldwide mission to vanquish HIV and AIDS. Local government partnerships between countries are a perfect opportunity for both developed and developing nations to share in our common knowledge and the common struggle against HIV and AIDS, and this direction can allow us to act and to act now.

As mayor of Toronto, I'd like to take a moment to acknowledge my fellow Torontonians Stephan Lewis for taking the responsibility with the United Nations [applause] and thank him for leading the battle against HIV and the AIDS pandemic in Africa. Stephen, I thank you for your leadership, your vision, your courage and your commitment.

[Applause]

Cities also should not stand back from this challenge. We have a key role to play in finding the solution. We must be partners in fighting HIV and AIDS globally. We're in Africa doing just that. We're standing up to the challenge, but we must do more. My message to all

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cities and local governments is this: Don't leave the battle to national or sub-national governments. We have unique perspectives on communities, on community health, and on the empowerment of citizens to help themselves. Do it in your communities and send it forth so that we can learn from and teach each other. Our actions are about saving generations from disappearing in Africa. Our actions are about saving generations from disappearing in India, in China, and in Canada's north.

The theme of this conference is Time to Deliver, but what will be delivered? Is it a vaccine? Is it a microbicide? Is it more money? Is it more science? Is it a renewed commitment? Or is it all of the above and much, much more? These are the questions.

[Applause]

These are the questions that you will be seeking to answer, but I am certain of one thing right now. When local governments act in partnership across continents, we do deliver and we continue to deliver. We know this firsthand in Toronto, and we look forward to working with all of you to make it happen around the world starting today, because it truly is Time to Deliver.

[Applause]

Thank you very much and have a very successful conference. Thank you.

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[Applause]

[Music Playing]

**HELENE GAYLE, M.D.:** It is now my great pleasure to introduce the first of our keynote speakers, Frika Chia Iskandar.

[Applause]

Frika is a young leader who has spoken out against stigma and discrimination and for greater involvement of people living with HIV/AIDS. She also speaks powerfully to the effectiveness of peer support as a key to effective HIV/AIDS treatment programs. Frika has known that she is HIV-positive for five years. She is the founder of PITA Foundation, Jakarta, and is active in the international treatment preparedness coalition to Treat Asia, and she is here today representing the Asia Pacific Network of People Living with HIV/AIDS. Please join me in welcoming her here this evening.

[Applause]

**FRIKA CHIA ISKANDAR:** Good evening, friends. *Bonsoir madams and messieurs.* Ladies and gentlemen, greetings from Indonesia. Hello, Toronto.

[Applause]

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Thank you for giving me the opportunity to talk to you today at the XVI International AIDS Conference. I would like also to express my gratitude to friends who have been supporting me to stand here tonight, especially to my husband for his ongoing support. I am honored to be here to speak on behalf of people living with HIV and AIDS and as the new face of AIDS, a young Asian woman.

Allow me to start with some grueling facts. In Puncak Jaya, the highest mountain peak of Papua Indonesia, a baby is born with HIV as we speak. The baby is counting its days. The mother has never heard of AIDS or known that she carries HIV and has transmitted the virus to the baby. Very soon, the baby will get sick. They both will have to bear days of walking down the mountains to the nearest health center, only to be told that HIV treatment could only be accessible in Jayapura, the capital city of Papua province, which is more days of walking for tribal people of Papua who own no money, nothing at all. The baby will eventually die and so will the mother.

At the same time in Jakarta, the capital city of Indonesia, an outreach worker reports on her death related to AIDS. No matter how hard he works, he always finds himself rushing to the homes of injecting drug users, only to find them already dying of AIDS. They never hear of HIV, never know that HIV treatment is now free, while the treatment

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center is just around the corner. All of these stories share the same thing, everything is too late.

So let's get to the point. It is Time to Deliver. There is no time to waste. What does this mean to the community? It means that we are beyond awards, beyond talk, beyond commitment. It is time for the real thing. In my country and many other countries, we have high-level commitments, we have financial resources and we also have antiretrovirals, but we cannot deliver these to those who need it the most, people who are far away from the capital and major cities.

Now my friends, we are at the XVI International AIDS Conference. At this conference we want to make the changes, overcome the challenges and deliver what is most needed on the ground, deliver what is needed to improve the quality of life of people living with HIV and AIDS and to deliver HIV prevention programs and [inaudible] more young people, because prevention is still possible.

[Applause]

In my country, every time I think we are getting closer to getting things done, one disaster or another happens and the issue of HIV and AIDS gets moved down the priority list. So we need to think about what we are saying when we say, "It is Time to Deliver." Like I often quote my friend Peter Piot. "Let's realize this race. Make the money

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work for the people. Make sure it is effective is distributing the money.”

To deliver a response that can help people, we need qualified human resources. What uses money when there are not enough people to manage it? How can treatment work without qualified counselors, nurses and doctors? We need genuine investment to strengthen the capacity of our communities. We are part of the solutions, not only as target groups. We all know that AIDS programs cannot make a difference without the involvement of community members. We have key roles in the education, care, support, treatment and prevention aspects of dealing with AIDS. Because our lives have been touched by the virus, we give AIDS the human face so people see that it is real.

[Applause]

Strengthening the capacity will take time and donors should understand that and understand that community involvement is vital to success. We also need a funding mechanism that is community friendly and driven by the needs of the community. I wonder why most of the money does not reach the communities.

[Applause]

I've been involved in resource mobilization for community networks such as APN +, Asia Pacific Network of People Living with HIV, and ITPC, International Treatment

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Preparedness Coalitions. We are trying to reach people on the ground, but we always have difficulties in accessing the money. Most donors have many restrictions, complicated processes and limited priorities. Yes, we can get a couple of thousand dollars here and there, but it is not enough. Where else can we go to get resources? When donors say, "These are poor performance-based programs," what does this mean? All these jargons actually hurt us. We are expected to deliver and prove that things will get better, but even the best resource agencies have a hard time to prove performance, so why is this a condition for us to receive funding?

[Applause]

We need a million more donors that have faith in us, including the private sectors, to fund the gap. In order to really deliver on our promises, our government, community and religious leaders should back us up. Please act and deliver on the commitment that you have signed twice in the UN in New York and not just leave these signatures as signatures on a nice document.

[Applause]

Government should also use us to breach the gap. I've seen signs of improvement at the beginning of partnerships between the communities and the government. There are signs of hope. Indonesia and many other countries

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in Asia now provide free ARV, but there are still obstacles and challenges in keeping people on treatment. In reality, people are dropping out. They cannot keep up with adherence. There are not enough reliable treatment facilities that can provide counseling support for dealing with disclosure and management of HIV Rapid Tests. Treatment does not reach the small villages. ARV is still a word for them. And yet, even where ARV treatment is available, not everybody is able to get access, especially women and children, as they are not on the priority lists.

[Applause]

In [Inaudible], a potential place of HIV factory is Asia, people living with HIV and AIDS are not getting access to treatment. And why are drug users not getting the same right and access as other people living with HIV and AIDS? And why do children have to take adult dosages of ARV medicines? We need more HIV treatment options and guidelines that are updated on time, including first, second-line and third-line regimens.

[Applause]

But pills alone are not enough. Family members and loved ones need to be empowered, since they can play a strong role in the response. Let's reach out to them, offer them support and find new ways to benefit from their involvement. We must stop arguing about the best ways to scale up testing

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and offer solutions. It is criminal that when we have drugs on the shelf and services available, so many people living with HIV are not aware that they are infected. How can we reach, represent and support those who do not know their status? Stigma and discrimination remains a problem. People still do not seek treatment and HIV tests for fear of discriminations, but stigma and discrimination will not go away. Nothing much has changed. While HIV does not discriminate who it infects, people discriminate and politics discriminates.

[Applause]

We cannot stop AIDS from being politicized. It's just that we have to make sure it is saving people's lives, instead of harming.

We have to change our messages. One stigma is people's minds. It has been there for more than 20 years. Instead of saying reduce the stigma, let's just learn how to live with it. There is no point in reducing it because it is un-reducible. Let's deal with it and fight back.

[Applause]

I can, again, again list to you many cases of discriminations, but what's the point? We all know. We know it's there. I, myself, have overcome this issue of stigma and discriminations because I learned how to live with it, fight it and to demand my rights.

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[Applause]

I know what I want, I know what I need, and I am standing here telling you.

Last year at the 7<sup>th</sup> ICAAP in Asia, I said that the dentist refused to treat me, but I found another dentist. Unfortunately, this is not the case for others. People are still dying from discriminations. What will it take to empower all of us? Let's move from reducing the stigma and discrimination to the true involvement of people living with HIV and AIDS.

[Applause]

But let me be clear, empowerment or involvement is not just giving testimony. I refuse when people only ask me to give testimonies. I have been refusing for the past two years. I do not want to be just be listed in the report of a meeting.

[Applause]

Now friends, are you hearing the words or are you really listening? I want to be more involved and I negotiate it. I want more people to reach this point. I know it can happen and I know it is possible. But we cannot measure involvement through academic standards and university degrees. It is the life experience and insights gained from living with these issues.

[Applause]

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Many people can say that they were born in the same year as John Lennon or in the year that Neil Armstrong stepped on the moon. But I have to tell you, I was born in the year AIDS was discovered, 1981. It's like my generation has to be prepared to live with HIV, to face HIV.

I was diagnosed with HIV six years ago. I have been on ARV therapy since 2003 and without it, I would not be able to be involved and standing here before you now. Thanks to the researcher who found a simpler packaging of ARV, now I only take three pills a day instead of 10. I cannot imagine if I had to take more than 10 pills a day for the rest of my life, but I don't know for how long I will be taking these medicines, 10 years, 20 years or even 50 years.

Is there still hope for a cure? Is there still hope for a vaccine? But let's hope. Hope is something that keeps us alive. Hope is something that is not tangible, but it holds us for the future. Sometimes we have it and sometimes we don't, but let's hope. With this hope, I also want to commemorate the 20<sup>th</sup> anniversary of GNP+, Global Network of People Living with HIV and AIDS, which significantly marks 20 years of global movement of community. So as my last words, as the new face of AIDS, I know I can deliver. Can you?

[Applause]

Thank you.

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**MARK WAINBERG, PH.D.:** And now ladies and gentlemen, it is my privilege to introduce a dear friend and colleague, a gentleman who is the executive director of the United Nations AIDS. He is also an undersecretary of the United Nations and is here tonight representing the secretary general of the United Nations, Kofi Annan. His name is Dr. Peter Piot.

In addition to his position as executive director of UNAIDS, I should tell you that Peter is also a very credible scientist in his own right. He can lay justifiable claim to having been the first scientist anywhere to have identified the Ebola virus, one of the most terrible pathogens known to exist on our planet. He has worked extensively in Africa. He has been a leader for many years and we are indeed privileged that he is the founding executive director UNAIDS, and we are grateful that he is with us tonight. Without further ado, Dr. Peter Piot.

[Applause]

**PETER PIOT:** Thank you, Mark, and good evening, everybody. Once again we have come together to address a common cause, AIDS. Throughout this week, we must remember that we all share that one common cause, which needs all of our collective strengths more than ever. I bring you the greetings from UN Secretary General Kofi Annan and his

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conviction that this conference can be a milestone in the world's response to AIDS. We are at a time of great hope and great opportunity because we have achieved more in the past five years, than in the previous 20. But as the theme of this conference, Time to Deliver, points out, we still have a lot to deliver. Although the scope of our success is clearly inadequate, we are seeing real results in terms of lives saved because of effective prevention and growing access to treatment. Building on this foundation, we have our first and perhaps our only opportunity to move the AIDS response into an entire other league where we [inaudible] our emergency actions and put in place a long-term, sustainable response. This is how our gathering this week can be a milestone, the turning point in the AIDS response.

But we must acknowledge that long-term sustainability does not mean five or 10 years, but 25 years and more because for generations to come, ours will continue to be a world living with HIV. The sheer growth in the size of the epidemic reflects that fact that we have so much more to do, particularly around prevention and engaging the world's growing youth population. We will set ourselves up for demoralization and, indeed, for failure if we base our strategies on wishful thinking that the end of AIDS can be achieved any time soon.

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Tragically, the end of AIDS is nowhere in sight. And because of all that we have learned in the past 25 years, the agenda of what we need to do over the next 25 is crystal clear. First and foremost, we must maintain the exceptionality of AIDS on political agendas.

[Applause]

Yes, we must normalize AIDS as a disease so that it is handled as just another disease, with no stigma. And yes, we must team up much more closely with wider development efforts so that the AIDS response is put at the core of development agendas, not outside. But let's not confuse these with the need to maintain the exceptionality of AIDS in politics and public policy, because the end of AIDS exceptionality would spell the end of protected funding for antiretroviral therapy, causing directly the deaths of millions of people. It would mean the end of commitment for harm reduction for injecting drug use, of sex education in schools, in billions for the AIDS response of the Global Fund and US PEPFAR, of presidents and prime ministers leading national AIDS efforts.

So first and foremost, we must keep AIDS exceptionality high and exceptionally visible on political agendas year after year. The real threat is too little recognition, not too much, that AIDS is an exceptional crisis and worsening threat. Second, we must ensure that no

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credible AIDS plan goes unfunded. How will we close this gap of billions and how will we ensure that commitments are made for a decade at a time, not for one fiscal year at a time? The lives of [applause] hundreds of millions depend on full funding for needed HIV prevention. The lives of the 40 million people living with HIV today depend on maintaining full and unbroken funding for universal access to HIV treatment.

[Applause]

The challenges of sustaining funding demand the engagement of the best minds of our times, and I am profoundly encouraged that Bill and Melinda Gates, among others, have taken on the AIDS response as their personal cause and that they are with us tonight.

[Applause]

To get real success, we must make the money work. We must make the money work for people on the ground, and this means accelerating the current scaling up of all HIV services, from investing in systems to strengthening community capacity, as we just heard from Frika. This means ensuring that the money is working for those who are most vulnerable. By this I mean, among other, men who have sex with men, injecting drug users, sex workers and orphans, words that could not get through in the General Assembly.

[Applause]

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This means ending fragmentation of AIDS efforts because this fragmentation has huge costs in lives and money. All lives, I agree.

Fourth, to get to real success, we must accelerate and sustain scientific innovation in developing microbicides, next-generation drugs and vaccines. Our top priority is to immediately double funding for microbicide research.

[Applause]

At the same time, we must put in place the mechanisms and agreements to ensure universal access to life-saving essentials.

Fifth, we must begin to make real headway in addressing the drivers of this epidemic, especially the low status of women, homophobia, HIV-related stigma, racism and inequality.

[Applause]

It's time that we get serious about protecting and promoting human rights and that this is reflected in our budget allocations, not just somewhere as a footnote. An AIDS response that is not as embedded in advancing social justice as in advancing science is doomed to failure. As I've seen over and over again in Africa and Asia, if people living with HIV are too poor to eat well or buy a bus ticket to the next health center or continue to face stigma,

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universal access to HIV treatment will forever remain a pipe dream.

[Applause]

And if women and sexual minorities are subjected to violence and oppression, their ability to negotiate safe sex and have access to HIV prevention and care will forever remain wishful thinking.

[Applause]

Young people are also all too often denied access to life-saving prevention services, as I was reminded over and over again at the Youth Forum here.

Finally, we must spend our energy on fighting this epidemic, not on fighting each other.

[Applause]

Surely, one of the main lessons of these past 25 years is that when we are united, we win. When we are divided, AIDS wins. Friends, we are at a time of great opportunity and great hope. We must plan and act not just for today, but for the next 25 years. With every ounce of our intelligence, innovation and determination, we must advance both social change and science in the fight against AIDS.

To reiterate my key points, we must ensure that adequate funds are made available. We must make the money work for those who need it. We must accelerate scientific

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innovation, we must address in new and more aggressive ways the social drivers of this epidemic and we must work in concert as a coalition of genuine partners with genuinely shared goals. Finally and most importantly, faced with this exceptional crisis, we have no choice but to act in exceptional ways. Thank you.

[Applause]

**HELENE GAYLE, M.D.:** Up until recently, it would have been conventional wisdom that Bill Gates' greatest legacy would have been as the man who revolutionized access to information and made a lot of money doing it. I think today it is fair to say that as the years go by, Bill and Melinda Gates may be best remembered as the couple who looked at inequity around the world and became seized with the idea that they could and should do something to change it.

[Applause]

They are with us at this conference because they have made stopping the spread of HIV and AIDS the highest priority for their foundation. I feel deeply fortunate to have spent most of the last five years working on HIV/AIDS at the Bill & Melinda Gates Foundation. It gave me the chance to observe firsthand the seriousness, the passion and the absolute commitment that they have to this fight. They continue to be a source of inspiration for me and for so many others.

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Now, we know about the tremendous financial support that they've provided for research and programs on HIV and AIDS, but as I call them up to the podium, I also want to thank them and acknowledge their generous support for this conference that has allowed so many developing country delegates and journalists to be with us here tonight.

[Applause]

So ladies and gentlemen, I now introduce you to Bill and Melinda Gates.

[Applause]

**WILLIAM GATES:** Thank you, thank you. Well, good evening. Thank you, Helene, for that kind introduction and for everything that you have done in the fight against AIDS. Melinda and I are honored to be with all of you here in Toronto to open the XVI International AIDS Conference. Melinda and I have made stopping AIDS the top priority of our foundation.

[Applause]

We can make this commitment and make it with the serious hope of success because of the talent and energy of the people here tonight. Whether you are working to prevent the spread of HIV, caring for people who live with the disease or doing scientific research on the virus, we want to say thank you for dedicating your lives to ending AIDS.

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[Applause]

Melinda and I would also like to thank the thousands of people around the world for an indispensable part of the fight against AIDS. I'm talking about people who are participating in clinical trials as we try to find new ways to treat and prevent HIV.

[Applause]

Science can do nothing without their help, and we want to offer them our deepest thanks and respect.

Tonight, Melinda and I want to talk about some encouraging signs we see in the battle against AIDS and some signs that are more disturbing. But ultimately, we want to call on everyone here and around the world to help speed up what we hope will be the next big breakthrough in the fight against AIDS, the discovery of a microbicide or an oral prevention drug that can block the transmission of HIV.

[Applause]

This could mark a turning point in the epidemic, and we have to make it an urgent priority. If we can discover these new preventative tools and deliver them quickly to the highest risk populations, we could revolutionize the fight against AIDS.

[Applause]

Melinda and I returned recently from Africa. We felt a new sense of optimism there because the world is doing far

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more than ever before to fight AIDS. The Global Fund is active in 131 countries. It gets HIV drugs to more than half-a-million people. It provides access to testing and counseling to nearly 6 billion people. It offers basic care to more than half-a-million orphans. The Global Fund is one of the best and kindest things that people have ever done for one another.

[Applause]

It is a fantastic vehicle for scaling up the treatment and preventative tools we have today to make sure they reach the people who need them. That is why last week our foundation announced a \$500 million grant to the Global Fund.

[Applause]

We're honored to be part of their work. The Global Fund is not the only dramatic advance in the world's efforts against AIDS. Shortly after the Global Fund's launch, President Bush promised \$15 billion over five years to fight AIDS, the largest single pledge ever made to fight a disease. There were a lot of skeptics at the time and a lot of them are probably here tonight, but today PEPFAR is supplying antiretroviral drugs to more than half-a-million people in 15 countries in Africa, Asia and the Caribbean.

[Applause]

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The president's Emergency Plan for AIDS Relief has done a great deal of good and President Bush and his team deserve a lot of credit for it.

[Applause]

The expansion of treatment is making a life-saving difference all around the world. On our trip to Rwanda last month, Melinda and I went to a clinic where they showed us a picture of a thin, sickly man clearly suffering from AIDS. I was staring at this picture when a healthy smiling man walked into the room and said hello. It took me a minute to realize it was the same man. This is what treatment is doing for more and more people in the developing world. We have to build on it by seeking more funding, creating cheaper drugs with fewer side effects and designing more practical diagnostics.

At the same time, we have to understand the goal of universal treatment or even the more modest goal of significantly increasing the percentage of people who get treatment cannot happen unless we dramatically reduce the rate of new infections.

Between 2003 and 2005 with the infusion of funds from PEPFAR and the Global Fund, the number of people in low- and middle-income countries receiving antiretroviral drugs increased by an average of 450,000 each year. Yet over the same period, the number of people who became infected with

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HIV average over 4 million a year. In other words, for each new person who got treatment for HIV, about 10 people became infected. Even during our greatest advance, we are falling behind. Let's consider what this means for universal treatment. Right now, nearly 40 million people are living with HIV. The lowest price for first-line treatment drugs is about \$130 per person, per year. In many cases, the cost is much higher. The cost for personnel, lab work and other expenses easily exceeds another \$200 per person, per year. That means that even when you assume the best possible prices today, the annual cost of getting treatment to everyone in the world who is HIV positive will be more than \$13 billion a year every year.

To put that number in context, remember that PEPFAR, in a historic expansion in funding, designates about \$1.5 billion a year for treatment. The \$13 billion figure doesn't count the cost of much more expensive second-line therapies which many patients will need. Moreover, these figures assume no increase in the total number of people who will need treatment, yet we are averaging over 4 million new infections a year.

We need to do everything possible to bring down treatment costs. I am sure we'll make progress there, but even if you take optimistic numbers, when you extrapolate out to 10 years, you quickly see that it's very difficult to do

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what morality requires, treat everyone with HIV, unless we dramatically reduce the number of new infections. The harsh mathematics of this epidemic proves that prevention is essential expanding full treatment. Treatment without prevention is simply unsustainable.

[Applause]

So we have to do a much better job on prevention. Right now, one of the most widely practiced approaches to prevention is the ABC Program, or abstain, be faithful, use condoms. This approach has saved many lives and we should expand it. But for many at the highest risk of infection, ABC has its limits. Abstinence is not often an option for poor women and girls who have no choice but to marry at an early age.

[Applause]

Being faithful will not protect the woman whose partner is not faithful.

[Applause]

Using condoms is not a decision that a woman can make by herself. It depends on a man.

Another promising approach is male circumcision. One new study found that it could significantly reduce the spread of HIV. This is exciting and if male circumcision truly is effective, we should make it widely available. But like using condoms, circumcision is a procedure that depends on a

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man. That isn't good enough. We need to put the power to prevent HIV in the hands of women.

[Applause]

So we need tools that will allow women to protect themselves. This is true whether the woman is the faithful, married mother of small children or a sex worker trying to scrape out a living in a slum. Not matter where she lives, who she is or what she does, a woman should never need her partner's permission to save her own life.

[Applause]

To be clear, as we discover and distribute preventative tools that women can use without a man's cooperation, we are not excusing men from their obligations to be responsible and to protect their partners. We're just reducing the consequences to women if they don't.

In a moment, Melinda will discuss the research under way in microbicides and oral prevention drugs, products that women can use to protect themselves from infection. While there is promising research to report, the world, in my view, has not done nearly enough to discover these new tools. And I include our foundation in that assessment. All of us who care about this issue should have focused more attention on these tools, funded more research and worked harder to overcome the obstacles that make it difficult to run clinical trials. Now we need to make up for lost time. We believe

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that microbicides and oral prevention drugs can be the next big breakthrough in the fight against AIDS. We are determined to help medical science discover these new drugs and get them to the people who need them.

[Applause]

Now I'll turn the podium over to Melinda.

[Applause]

**MELINDA GATES:** Thank you. Like Bill, I'm very honored to be here. Compared with so many of you, Bill and I are relative newcomers to this cause, and we are deeply inspired by those of you who long ago committed your lives to ending AIDS.

[Applause]

When it comes to stopping this disease, there is no silver bullet. We need to be much more aggressive about getting all of today's prevention tools to everyone who needs them. We need a constant stream of new innovations, especially those that put the power to prevent HIV in the hands of women.

[Applause]

Of course, the most highly anticipated milestone on this path is a vaccine. It is our major focus of our foundation, and we're intensifying our efforts in this area. Last month, we announced a series of grants to help develop

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and evaluate vaccine candidates. These grants support the priorities that were identified by the Global HIV Vaccine Enterprise which, as you know, is an alliance of researchers, funders, advocates and private industry who are dedicated to speeding up the development of a vaccine. But finding an HIV vaccine is a long-term project. That is why we have to accelerate research on other preventative tools that can be available much sooner. As Bill said, we believe the most promising breakthrough that could be available soon is an effective microbicide or oral prevention drug.

Microbicides are gels or creams that women can use to block infection. They're the first preventative tools that would be intended specifically for women's use. Sixteen candidate microbicides are now being clinically evaluated. Of those 16, five are in major advanced studies.

[Applause]

Another promising approach is an oral prevention drug. The hope behind this research, as you all know, is that the antiretroviral drugs that are now used for treatment might also be effective for prevention. Antiretroviral drugs have already been used and proven to lower the risk of infection for babies born to infected mothers. Some have been successful in preventing HIV infection in animals. Drug trials are planned and underway in Peru, Botswana, Thailand and the United States. These studies are promising, but we

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need more trials of more candidates in more places, for both microbicides and oral prevention drugs, if we're going to stop the spread of AIDS.

[Applause]

The discovery of effective microbicides or an oral prevention pill is a very exciting prospect and Bill and I are making it an immediate priority for our foundation, but no discovery can save lives unless we distribute it to everyone who needs it. The record so far suggests that we've got a lot of work ahead of us.

Today, fewer than one in five of the people at greatest risk for HIV infection have access to proven approaches like condoms, clean needles, education and testing and that is a big reason why we have more than 4 million new infections every single year. Why aren't we getting these life-saving tools to the people who need them? There are many reasons - financial, logistical, political, social - but there is one reason that I want to emphasize today and that is stigma.

The simple fact is that HIV is transmitted through activities that society finds difficult to discuss, activities that are infused with stigma and that stigma has made AIDS much harder to fight.

[Applause]

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The image of stigma was burned in my mind during a visit that Bill and I made last December to an AIDS hospice in South India. The patients in the hospice were separated by gender. The long, narrow trailer of the male ward was simply filled with families and flowers. Wives came to prepare meals for their husbands. Children came to spend precious, last few minutes with their fathers. And yet, just across the courtyard, we saw a very different scene. The female ward was a lonely, desolate place. There were no visitors, just women wasting away from AIDS. Some of them had managed to get themselves to the hospice. Others had been abandoned and left there by a relative who no longer wanted anything to do with them. There was no love, no warmth, no comfort, just wives, mothers and daughters left alone to die.

Stigma is so cruel. It is also irrational. Stigma makes it easier for political leaders to stand in the way of saving lives.

[Applause]

In some countries with widespread AIDS epidemics, leaders have declared the distribution of condoms immoral, ineffective or sometimes both. Some of them have argued that condoms do not protect against HIV, but in fact help spread it. This is a serious obstacle to ending AIDS. In the fight against AIDS, condoms save lives.

[Applause]

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If you oppose the distribution of condoms, something is more important to you than saving lives.

[Applause]

Some people believe that condoms encourage sexual activity, so they want to make them less available. But withholding condoms does not mean fewer people have sex, it means fewer people have safe sex and more people die.

[Applause]

When Bill and I visit other countries, we are often enthusiastically received and accompanied by government officials on all our stops, until we go to meet with sex workers. At that point, it can become politically too difficult for government officials to stay with us and often our hosts leave, and that is senseless. People involved in sex work are crucial allies in the fight to end AIDS.

[Applause]

We should be reaching out to them and enlisting them in our efforts, helping them protect themselves from the infection and keeping them from passing the virus along to others. If politicians need a more sympathetic image to make the point, they should think about saving the life of a faithful mother of four whose husband visits a sex worker. If a sex worker insists that her clients use condoms, that sex worker is going to help save the life of the mother of those four children.

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[Applause]

If you're turning your back on sex workers, you're turning your back on the faithful mother of four. So let's not turn our back on anyone. Let's agree that every life has equal worth and saving lives is the highest ethical act.

[Applause]

If we accept this, then science and evidence – untainted by stigma – can guide in saving the greatest number of lives. This is the only way we will get the full, life-saving power of preventative tools we have today and ones that we're going to discover tomorrow.

If we're going to make dramatic advances in prevention, no one can go it alone. We all, in this room, have a role to play. We, at the Gates Foundation, will keep investing in research on microbicides and other preventative tools. We will also do everything we can to remove the roadblocks that stand in the way of trials. I hope AIDS activists will use their influence to push for more research and prevention and to insist that we bring the tools we already have to the people who need them.

[Applause]

Nobody has the power you have to focus attention, apply pressure and get action. You proved this when you pushed for the new treatment. The world now needs you to push for an even harder prevention.

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[Applause]

Governments should make the search for new prevention tools, such as microbicides, a bigger priority in their budgets. If they can, they should host clinical trials and use their influence to help make sure these trials run smoothly.

Pharmaceutical companies can make a powerful contribution by spending more on R&D, research and development, for these preventative tools, including microbicides. But there is another exciting way in which they can contribute. Drug companies have developed medicines to treat people with HIV. They should more to share these drugs with researchers whether they can also be effective for prevention. Researchers can help test the drugs more quickly by developing novel trial designs and finding faster ways to analyze data and comparing that with biomarkers that can help test a hypothesis without needing a clinical trial of 10,000 patients.

They should also make sure that when clinical trials are run, they benefit those who are in the greatest need. The WHO, UNAIDS and other organizations should help develop common ethical standards for clinical trials so they can start faster and run without interruption.

If all these players do their part, we will move forward as fast as science can take us to discoveries that

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can help block the transmission of HIV. The goal is worth our greatest efforts. It could very well be the turning point that leads to the end of this disease.

[Applause]

In closing, I want to say how deeply inspired Bill and I are to see so many people gathered here together committed to this great cause. It is hard to overstate the historic scale of our goal. In the history of human accomplishment, ending AIDS will find and fill a category all its own. It will stand as a work of scientific genius. It will be a testament to diplomatic brilliance. It will represent enormous generosity of spirit and compassion, but above all and unlike so many other great works, ending AIDS will not be the success of one great scientist, one great community leader or one great leader. It will be an accomplishment of our whole human family working together for one another.

Thank you, once again, for dedicating your lives to ending AIDS.

[Applause]

**HELENE GAYLE, M.D.:** Thank you very much, Bill and Melinda, for being here, for all that you have done for the epidemic and for the inspiring words this evening.

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**MARK WAINBERG, PH.D.:** Helene and I stand together before you to tell you that it is now time to deliver the final remarks at this opening ceremony. I think what we both want to see accomplished this week is fantastic science and community coming together to make this a memorable conference.

I want to make mention of the fact that the IAS is not alone in organizing these meetings. There are partner organizations that include: ICASO, the International Coalition of AIDS Service Organization; GNP+, the Global Network of People Living with HIV; ICW, the International Coalition of Women; and I again want to thank the Canadian AIDS Society for their invaluable help. I also want to pay special tribute to Richard Brudzinski [misspelled?] of ICASO for having allowed the Local Host to achieve its first deliberations and undertakings in the ICASO offices that are based here in Toronto.

[Applause]

We don't want any of you to go anywhere. We have a great show planned, so you have to stay around to be privy to listen to Richard Gere and other notables who will be part of an event that immediately follows.

**HELENE GAYLE, M.D.:** Okay, and now he hands me this for what I'm supposed say. Ladies and gentlemen, please

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welcome to the stage a tribute to the International AIDS Conference brought to you by Mac Viva Glam [misspelled?]. We present to you 50 Visions of Red, created by the fashion world's most caring designer with a soprano and members of the National Ballet of Canada, inspired by the symbol of hope in the fight against HIV/AIDS, the Red Ribbon of Life. Thank you, ladies and gentlemen.

[Applause]

**MARK WAINBERG, PH.D.:** And thanks also to Misha Brooker-Scotsman for all of the great efforts involved in tonight's show. Thank you all.

[Applause]

[END RECORDING]