

**Official Press Conference: Opening Press Conference
XVI International AIDS Conference
August 13, 2006**

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HELENE GAYLE, MD: [Inaudible] you're here because there is a lot going on in the world of HIV and AIDS. You will hear about the latest scientific advances, some of which are already creating a buzz at the conference and around the globe, such as the early results of the integrase inhibitor studies, reports from the pre-exposure prophylaxis trial, and Gilead's decision to forego certain patent protections.

So these are three important developments that have been announced this past week alone, and also on the critical issue of financing, Bill and Melinda Gates, who are here with us today, exceptionally and generously gave \$500 million dollars to the Global Fund to fight AIDS, TB and malaria, a much-needed infusion of funds that will ensure sustained support for treatment and prevention scale-up across the globe.

If these are the week's curtain-raisers, we are confident that the conference itself will offer even more exciting developments on all fronts. The robust science program features over 4,500 abstracts from a record 12,000-plus submissions. However, what is unique about the International AIDS Conference is its ability to unite science, community and leadership. Without this interaction and collaboration among all affected and involved stakeholders including people living with HIV themselves, we

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would not find workable solutions to the key challenges ahead.

So we are really thrilled that you are here and, as you know, this press conference is to feature the people who will be speaking in the opening plenary to talk a little bit [inaudible] about later on this evening.

At this point, I would like to introduce my colleague, Dr. Mark Wainberg, who was the co-chair of AIDS 2000 and the chair of the [inaudible] is also the director of McGill University's AIDS Centre. 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. Thank you, and I will turn it to Mark.

MARK WAINBERG, Ph.D.: Thank you very much, Helene, and I would like to welcome everyone to Toronto and to Canada for the 16th International Conference on AIDS.

I have to tell you that working on this conference for the better part of the last four years has in some ways, of course, been a sacrifice - but it has also been a labor of love. There is no doubt in any of our minds that HIV is the planet's public enemy number 1 and this conference plays such a vital role in combatting the spread of HIV, both because we have such a high level of wonderful scientific and community presentations that will occur here throughout this week but

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also because you journalists are here in very large numbers and you get our job done for us by bringing the message out about HIV and the dangers that HIV represents throughout the planet to the four corners of the world and particularly to people who are most vulnerable [inaudible] besides the importance of a journalistic presence that represents a strong critical mass, for without all of you here getting the message out, we simply fail to get our job done. It matters not how much good science we do in terms of delivering papers that make the point that HIV is a terrible transmissible disease. You people are the ones that we really count on to broadcast the messages to the population of the world at large.

Let me tell you what some of our goals are throughout this week. Indeed, it is to have the very highest level of scientific discourse. We will have wonderful scientific papers presented here that make real point about new drugs and new drug classes that have the potential to improve life in dramatic fashion for people who are living with HIV.

But one of our goals, of course, is to recognize the inequalities that exist in this world and to make sure that drugs will be available to all who need them throughout the world, regardless of ability to pay. We all agree access to HIV drugs is a right and not a privilege - at least that is

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our goal - and certainly members of this panel here tonight are part of making that vision a reality.

When we look back on the history of these conferences, we remember Vancouver in 1996, which played a very important role in regard to making the promise to HIV-infected people that triple therapy was now here and an HIV infection status need no longer be regarded as a death sentence.

When we went to Durban in 2000, the key message of that conference was that it was simply not possible to continue to live in a world that consisted of two very different parts: One in which drug access could be taken for granted, such as here in Canada and in the United States, and in Western Europe, and the other being the countries of Subsaharan Africa and elsewhere in the developing world, where drug access was simply a hope but not much more.

And we have to hope that the Toronto Conference that we are here to attend will achieve that same kind of legacy by being remembered as is embodied in our theme of time to deliver, that this conference is one that in fact will deliver on the many promises that we have now been making to so many people for so many years in regard to yes, drug access becoming a reality, yes, prevention measures that really make a difference becoming a reality, and yes, ultimately working in fact toward vaccines that will in fact

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protect people in a safe and effective way against HIV infection.

I need to make reference to the fact that we speak of coalitions that involve community and scientists, and without these communities and coalitions, we would, in fact, not be as successful as we have been, not only in regard to the multiple progress that has been accomplished over the years, but also toward the very idea of making this conference here in Toronto a reality. We should also remember that there are underlying drivers of the epidemic that continue to include stigma and homophobia on the part of far too many people. We need to ensure that these stigmas are driven out from human consciousness so that all people throughout the world can be treated with the respect that they deserve regardless whether or not they are HIV infected.

I want to thank the thousands of volunteers who have been part of the process of making our conference a reality. These include many people from the Toronto HIV Infected and Affected Community, without whom we would not be here today, working ensemble to make this such an important event.

Finally, I want to thank the International AIDS Society for its leadership role and I want to especially thank my co-chair of this conference and the current president of the International AIDS Society, Dr. Helene Gayle, for the tireless leadership that she has brought to

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the effort of making this Toronto conference a great success.

Thank you very much.

[Applause]

As many of you know, we had invited the prime minister of Canada to be a part of our conference. We had hoped that he would attend. Unfortunately, he cannot be with us, but we are indeed privileged to have with us the minister of health of this country, the Honorable Tony Clement. Mr. Clement is the minister of health and is the minister responsible for federal economic development initiatives for Northern Ontario and he will welcome delegates on behalf of the Canadian government. But I want to say, as well, that he is a long-standing parliamentarian in the sense that he previously served in a very distinguished capacity as the health minister for the province of Ontario. And I first met the Honorable Tony Clement in Barcelona at the International AIDS Conference that took place there in 2002 when he hosted a reception for all those of us who were prepared to move forward and host the 2006 conference that you are now part of in Toronto.

Without further ado, it is my pleasure to introduce a minister of health who is truly committed to the global battle against AIDS, Mr. Tony Clement.

TONY CLEMENT: Thank you very much, Mark, and those are very, very kind words. I want to thank you for them. It

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is such an honor to be here this afternoon with some of the women and men who, quite frankly, are leading our whole generation and the whole world towards positive change.

[French is spoken.]

Now, over the coming days, I am looking forward to meeting more people, some of you perhaps, and certainly many more clinicians and public health activists and scientists, political leaders from around the world, people who are all leaders in their own communities and in their own way are contributing towards some meaningful change. So, on behalf of the governor of Canada, I want to say that it is an honor and a privilege for Canada to host the 16th International AIDS Conference, which is indeed the largest ever held. It is going to be a hugely important event.

I can easily say from my own perspective, having visited Barcelona as well, that these events just grow in importance and magnitude and certainly I am looking forward to representing the government and the people of Canada. I want you to know that the government of Canada is engaged in and committed to the international multilateral effort to fight HIV/AIDS and we indeed want this conference to be a huge success. I can't imagine another venue, another event around the world that brings together a more dynamic, diverse, committed group of people, and we need all of these people. We need all of these people, all of their energy,

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all of their collective wisdom, and all of their passion, perhaps most of all.

Worldwide, we know that more people are living with HIV than reside in Canada. As we know, the burden is much greater in some parts of the world, particularly in Sub-Saharan Africa where the AIDS pandemic has caused economic and social devastation. The people here are much more intimately acquainted with the impact of HIV/AIDS than I am, but I am looking forward to listening and learning over the coming days. I know that I will never be able to fully comprehend the absolute devastation that flows from the human loss associated with this pandemic, but I want you to know how committed I am and how the governor of Canada is committed to continuing this fight until it is won.

[French is spoken.]

But I know and you know that we can only be successful if we move forward through the collective efforts, the collective efforts of governments, non-governmental organization, private companies, community leaders and, indeed, private individuals such as the ones represented on the dais today. And I've got to say that the work of Bill and Melinda Gates, through the foundation, is quite simply an inspiring example for all of us. I've got to say it's not only the quantum, but it is the innovative approaches to some of the most challenging problems around the world, and it

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demonstrates once again the need for collective action. If we want to be successful, it is through out collective action that we succeed. I know that the world will be benefiting and will continue to benefit for many years to come from their personal and financial commitment to global public health.

I want you to know as well that the government of Canada is doing its part and is ramping up spending through the federal initiative to address HIV/AIDS in Canada. The government has doubled its investment to this federal initiative from \$42.2 million dollars to \$84.4 million dollars, which is a goal that we will reach effectively in 2008. The goals of the federal initiative include, among them, preventing the acquisition and transmission of new infections, reducing the social and economic impact of HIV/AIDS, and contributing to the global effort to reduce the spread of HIV and mitigate the impact of this disease.

Again, Mark, thank you for your kind words, and I am looking very much forward to this conference being the success that I know it will be. Thank you.

MARK WAINBERG, Ph.D.: Thank you, Mr. Minister. It is now my privilege to introduce Frika Chia Iskandar. At tonight's opening session, she will give voice to the hopes and frustrations of people who are living with HIV. She visits us from Indonesia and will help us to see what time to

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deliver our theme means from the perspective of a person who is living with HIV/AIDS.

Frika is a young leader who has spoken out against stigma and discrimination and for the greater involvement of people living with HIV. She also speaks powerfully to the effect of peer support as a key to effective HIV/AIDS treatment programs. Frika, who has known that she is HIV positive for five years, is the founder of PITA Foundation of Jakarta and is active in the international treatment preparedness coalition and [inaudible] Asia. Please join me in welcoming her this afternoon.

[Applause]

FRIKA CHIA ISKANDAR: Thank you. Thank you very much.

[French is spoken.]

Greetings from Indonesia. My name is Frika. I am from Indonesia and I am 24 years old. I am grateful to be here today to be able to represent people living with HIV and AIDS and especially a new face of AIDS as, I will say, a young Asian woman, and I am really grateful for my health today even though I am nervous and also catch cold but I am here and I can represent all the people.

There are a few points that I would like to underline that are really important in this response. One is about GIPA, greater involvement of people living with HIV and AIDS.

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In the response of AIDS, if you do not involve people living with HIV, it means nothing, so we give the human face of AIDS. We know how it feels to be positive and we also have key roles in education, in prevention, in care, support, and treatment.

The other point that I would like to also say is about stigma and discrimination. Stigma and discrimination are still there. It is still happening. Nothing much has changed. Like last year, I said before in one of the conferences, ICAP in Asia, a dentist refused to treat me, and this is still happening, everyone, and I will have to say we have to change our messages. Sometimes we say okay and reduce stigma and discrimination, but it is not happening anyway, so we will have to say to people, let's learn how to live with it. Learn how to live with the stigma. Learn how to live with the discrimination, give people positive attitude how to learn, live with it, and then also about the access to treatment.

When we talk about access to treatment, it's not only about pills but it is also about how they can get the access about their life, about their transportation, because it is really important. People in rural areas, they do not get access to treatment or ARV. Why? Because they don't even have the money to get to the hospital to get the ARV. So it is really important, when we are talking about access to

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treatment, we cover everything, and also about youth, I was in the pre-conference and youth conference in the past three days and I have seen all their spirits. I was involved there. I am youth, too, and it is really important to involve youth in the response, because youth, almost 50-percent of people who are getting HIV are in young people, people who are from 15 to 34 years old, people like me.

When I was diagnosed with HIV, I was 18 years old, so people like me that you want to touch, you want to reach, and when we say it is time to deliver, what does this mean to me? What does this mean to the community? It really means that we are beyond words, beyond commitment, and beyond talk. We have to do the thing. It's not only like leaving all the commitment on a nice piece of paper, but we have to do it. We have to deliver, because otherwise we are going to be lost with AIDS. That is all. Thank you.

[Applause]

HELENE GAYLE, MD: Thank you very much, Frika. Our next speaker is Dr. Peter Piot. In his plenary address this evening, UNAIDS executive director, Peter Piot, will provide an upfront look at the global response to AIDS and lay out his vision for the next 25 years. His observation and his outlook for the coming generation are rooted in UNAIDS on the ground experience in affected communities worldwide. As the founding executive director of UNAIDS, Peter is truly a

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global AIDS ambassador. His forthright calls to address the drivers of the epidemic and to mount a long-term sustainable response are central to our conversations this week and beyond, and so I am very pleased to welcome my friend and colleague, Peter Piot.

PETER PIOT, MD, Ph.D.: Thank you, Helene, and good afternoon, everybody.

As some of you have been to every single one of these International AIDS Conferences since 1985, it's hard to believe, and this conference comes at a very special time in the history of the AIDS epidemic, the 25-year history starting or discovered just before, Frika you were born, and it comes at a special time because it is clear that we are for the first time seeing results. And I would like to make four points that I feel it seems are living at this conference.

The first is that it is time now that we move from crisis management to a long-term sustainable response and that we start thinking of the response to AIDS in decades, in generations perhaps, and not from one year to another. Just think of all the people who need access to antiretroviral therapy, 20, 30, 40 years from now, that need will still be there unless there is, by some miracle, a real cure that comes up and we hope that will be the case. Who will pay for

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that? How are we going to sustain that from various aspects?
Where will the new drugs come from?

Same thing is true for prevention. If we don't increase our investments in prevention, how can the world afford, from a humane perspective, from a moral perspective, from a financial and economic perspective, that every year between 4 and 5 million people will become infected. We need to increase our efforts in prevention, so that is the first point.

The second one is that I believe that for success, we have to walk on two legs and not hopping on one. One leg is grounded in science and technology. We need more in innovation, but we have the products of science and technology already today that we can make sure can be delivered to people all over the world, and the other leg is the leg of social change. We need to start addressing the drivers of this epidemic and these drivers are general inequality, the position of women, stigma, discrimination, we just hear it, homophobia and so on, and both are necessary for success.

Thirdly, and this is the mantra in UNAIDS internally, is we must make the money work for people on the ground, making the money work. Last year, \$8.3 billion dollars was spent on AIDS in developing countries. This is something we have to make sure that it goes to the people who need it, the

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most efficient way, it is not getting stuck in bureaucracy, and that it also is used for there where it allows the most impact. For example, we did a study in UNAIDS on how the money for AIDS is used in Latin America. In Latin America, the epidemic is mostly in gay men, in men who have sex with men. With the exception of Mexico and Peru, hardly any money is going to interventions in gay men, so here we have all this money, but it is not used where the impact will be biggest so we need to work on that.

And finally, we must maintain the exceptionality of AIDS on political agendas. Yes, of course, we must normalize AIDS as a disease so that it is handled as just any other disease with no stigma and yes, we must team up much more closely with vital development efforts so that the AIDS response is put at the core of developing agendas, not outside.

But let's not confuse these issues or these approaches 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. It will be end of commitment to harm reduction for injecting drug users, sex education in schools, or billions for the AIDS response of the Global Fund, U.S. PEPFAR, of presidents and prime ministers leading national AIDS efforts.

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So, first and foremost, I hope that one of the big messages of this conference is that we must keep AIDS exceptionalism high and exceptionally visible on political agendas year after year, and the real threat is too little recognition, not too much, that AIDS is an exceptional crisis and worsening threat and, therefore, requires an unprecedented response. Thanks.

[Applause]

HELENE GAYLE, MD: Thank you, Peter. And now, I would like to introduce our next two speakers, Bill and Melinda Gates. Bill and Melinda Gates' five-year \$500 million contribution to the Global Fund to fight AIDS, TB and malaria reflects the visionary leadership for which they are so well known and with which the HIV pandemic demands. In their effort to build reinvigorated and re-imagined responses to global health crises, they act with a sense of purpose rooted in their deeply held belief that every life has equal value.

Having spent most of the last five years working at the Bill and Melinda Gates Foundation, I can personally say that their commitment and their passion are real and inspiring. Indeed, their energy, creativity, and generosity have been key to building the momentum we feel as we gather here in Toronto. I know that the conference delegates are quite eager to hear what they have to say and it is a

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great pleasure to welcome both of them tonight as our keynote speakers.

WILLIAM GATES: Thank you, Helene. It is exciting to be here with thousands of people who are dedicating their lives to dealing with the AIDS epidemic. I want to thank the International AIDS Society for inviting us and thank Toronto for making us feel welcome.

I will touch on a few points we will make tonight. Melinda and I spent most of July in Africa, learning more about what is going on on the ground at the center, and certainly there are some exciting positive things. There is some real progress. The work being done to deliver both prevention and treatment from global fund and PEPFAR are exciting to see that has become a reality and that is why, as has been mentioned, we are a supporter of the global fund.

I want to emphasize, though, that we are going to have to do a much better job on prevention to stop the spread of HIV. We will never be able to deal with the numbers of people that would have to go on treatment if we don't make a dramatic breakthrough in prevention. Tonight, we will call on the world including specific actors to accelerate research on microbicides and oral drugs that would prevent acquisition of HIV and we hope and expect that this could be the next big breakthrough and it will take a lot of diligence to drive that forward to actually get that available in years ahead.

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It is particularly important because it would benefit women who largely today have to rely on men to agree to abstinence or condom use and that simply isn't getting the job done. A woman should never need her partner's permission to save her own life and so there is progress on these, but the pace has been too slow and so that is why we will highlight that as an urgent priority in terms of studies and agreements on how things should be done. With that, let me turn it over to Melinda.

MELINDA GATES: As Bill said, we are both honored to be here tonight. It is the prevention tools that you are going to hear us stress, as Bill said, in our speech tonight, and one of the things that we fundamentally believe about HIV the more that we have been involved in this is that you have to put the power of hands in women. That is going to be the way to change this epidemic. We are strong supporters of the HIV vaccine enterprise. We have been for some time. We continue to be, but we are realistic that is a long-term solution to this epidemic and that in the shorter term we really have to accelerate research on other preventative tools, tools like microbicides, they need to be available much sooner than the time frame we are going to have a vaccine.

The new HIV prevention working group, its report helps identify what is needed to speed the development and

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the access of some of these tools and that will be talked about here at the conference. We also know that we need to be more aggressive about getting the existing proven tools that are already there to everyone that needs them. Today, fewer than one in five people who are at high risk for HIV have access to things like condoms, clean needles, education and testing. That is something that simply needs to change. That is the biggest reason we have 4 million new infections every single year, people aren't getting the tools and the prevention messages that we have and we know of today.

Stigma, as you heard from Frika, is a major issue in this epidemic. Everywhere we go in our travels, we are simply shocked by the amount of stigma that exists on the ground in country after country. When Bill and I visit the different countries in Africa and India, the government welcomes us, often with open arms, with lots of meetings and lots of praise for what is going on in HIV/AIDS. But when we go out to visit the sex workers, they won't go with us because they don't want to be associated with that part of the disease.

And we have to as a world face that part of what is going on to be able to help the whole human family and you will hear me talk about that a little bit tonight. Our belief is that every life on this planet has equal value and we cannot turn our backs on anyone in this disease, and that

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is going to be really important going forward so we will be reaching out to groups like sex workers and working with all the allies we can find to fight this disease. Thanks for having us here.

[Applause]

HELENE GAYLE, MD: Thank you very much to all of our panelists. A word before we start the Q&A's. Melinda just mentioned the importance of accelerating research on new prevention technologies and the new report that is coming out from the Global HIV Prevention working group, an international group of 50 top AIDS experts focused on prevention. That report will be released this Tuesday and will provide information on updates on this research. The press conference that was going to talk about that and talk about the release on Tuesday at 2:00 is now Tuesday at 11:00 and this room will be part of the prevention plenary so I hope people will be there to cover that.

Now, we will open it up to questions and answers. We would like everybody who asks a question to stand and please say who you are here representing. So yes, first hand there? The gentleman right here, yes you. Mics?

RICHARD INGAM: Thank you very much, Richard Ingam from the French news agency [French name]. Mr. and Mrs. Gates, you have been very generous in the last week and also in previous initiatives. Do you have an idea as to how much

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more money will or may be flowing in the future and to which areas you will be devoting it?

WILLIAM GATES: Well, obviously, the AIDS epidemic is going to require all actors, particularly governments, to dig deep and make this a high budgetary priority. The amount of money that is required for universal treatment or the things around prevention far exceeds the amount that any individual government and certainly any foundation can possibly provide. We have done funding in some treatment areas including Botswana and of course Global Fund. A lot of the funding we give is in new science, the vaccine area, we are a member of the vaccine enterprise.

We will be upping the funding we are giving to things like microbicide and oral drugs that would prevent the transmission of AIDS. That is something that has really risen to the top of the list for us and you will hear that, a very strong message on that tonight, so we don't have any new grounds to announce but AIDS is the top priority for our foundation and as we find places where we can play our unique role in helping will be providing more money.

RICHARD HORTON: Thank you very much. Richard Horton from the *Lancet*. I appreciate and respect the comments of all the panelists but I think it is true to say, isn't it, that Africa bears the greatest burden of HIV/AIDS. So may I ask you why you have chosen not to invite a representative from

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Africa to this press conference to speak about the predicament facing that continent, which in numbers is the greatest predicament facing the global AIDS pandemic?

HELENE GAYLE, MD: We actually, since this reflects the people who will be on the opening ceremony, that is part of it. We actually had hoped to have with us President Johnson-Sirleaf as part of the opening ceremony, but unfortunately, at the last moment, she was not able to come. But she was invited in recognition of that very fact.

FRIKA CHIA ISKANDAR: I think I need to underline while even though Africa gets the most affected by AIDS, but I think it is not only Africa. That is why I am here, because I want to represent Asia and other part of the country and the world also gets affected and it is not only Africa and in other parts of the world we still can do prevention. Prevention is possible. That is why, I think that is one of the reasons why I am here today.

HELENE GAYLE, MD: We'll go with the one who has the mic first, and then we will come to the front. Yes, thank you.

MALE SPEAKER 1: [Inaudible - French is spoken.]

HELENE GAYLE, MD: Okay.

MALE SPEAKER 1: [Inaudible - French is spoken.]

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HELENE GAYLE, MD: Thank you. I will ask Dr. Piot to answer that question, and repeat it for the audience who is not [inaudible].

PETER PIOT, MD, PhD: I'll be the translator also. The question is, basically, Africa seems is the most affected, then is it possible to reverse the trends in Africa today? I will first speak in French and then in English.

[Inaudible - French is spoken.]

What I have said is that yes, Africa is the most affected continent, no doubt, but this is also where we are starting to see now the first returns on the investment. We see a decline in new infections, in most Eastern African countries, in some West African countries. We see a country like Botswana where through a partnership program that includes also the Bill and Melinda Gates Foundation that now 80-percent of people who need it have access to HIV treatment.

So I would say that Africa has woken up, is fighting back, but the road to really bring the epidemic under control, particularly in Southern Africa, is still very long and that is where we need new approaches and a far greater acceleration of the response than we have seen today.

HELENE GAYLE, MD: Two questions down in front, and don't forget to say your name and who you represent.

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JOEL HALL: Joel Hall with *Toronto Star*. Mr. Clement, as you know, Canada's own access-to-medicine regime was passed two years ago. It was supposed to allow us to send cheap generic drugs to Africa, yet not one pill has gone over to Africa so far. What, if anything, does the government of Canada plan to do to change that situation?

TONY CLEMENT: Well, thank you for the question. Canada is one of five countries that I am aware of that has some form of legislation with respect to access to medicine's regimes. As far as I am aware, not a single pill has flowed from any of those pieces of legislation, so I don't know. I was going to say we are in good company, but it sounds like we are in bad company, and to me, when you look at it from an evidentiary point of view, there are a lot of facts and there are a lot of opinions about this. The facts are the facts and the facts are Parliament passed a piece of legislation with an intent to assist countries of lesser means, developing countries, gain access to important medicines. That is a fact and here is another fact. Not one pill has flowed, so those are incontrovertible. I can't argue against them.

Now we enter the realm of opinion. There are a lot of opinions about what is wrong with the legislation and there are even more opinions about how to fix the legislation, so part of my job is to coalesce some of those opinions, get some of those ideas including, Steven Lewis,

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with whom I have had this very conversation, and try to get us to a better place as soon as possible.

TONYA TWAG: Hi, I'm Tonya Twag with the *Toronto Star*. I wanted to ask you, Mr. Clement, if you could tell us some details on the \$24 million that you announced today for Canada's AIDS fight. And also to Bill and Melinda Gates, what do you think that world countries should do? Should we be breaking compulsory license agreements to produce these generic drugs and get out there and just distribute them to the countries that need them should more countries come on board?

TONY CLEMENT: Thank you. I'll start off. That makes sense, Mrs. Gates, and just indicate that certainly the government of Canada has, we are following through in budget 2006 with the ongoing commitment to double the level of funding domestically for treatment, care, and prevention. And that money is in the process of being allocated out to the various NGOs and other community organizations that will help us in the fight domestically.

As you are probably aware, Canada is not immune to the continuing struggle against HIV/AIDS. The latest report that we released last week indicated that the number of people living with the infection has actually grown from 50,000 to 58,000 since the last measure was taken, so that is, I think, a wake-up call to Canada and other advanced

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countries that you cannot rest, you cannot sleep, you cannot let up for a second because the impact is severe.

So, we are doubling the money domestically and I should say, internationally, the government of Canada has committed to date \$800 million dollars for the international fight against AIDS and that is the present. As to the future, there will be an opportunity to discuss that.

MELINDA GATES: As far as the foundation's point of view on this issue, today, unlike other past AIDS conferences, the price of the drugs, the first line regime, is not the issue anymore, so we certainly don't believe - we believe the pharmaceutical companies are part of helping this cause. They are doing extensive research and will need to keep doing that if we are going to get an AIDS vaccine, a microbicide, an oral prevention drug, so they need to be in partnership with us. The price of the drugs is not the issue any longer.

The issue now on the cost is how do you train enough personnel in these countries to really help administer and deliver the drugs on an ongoing basis? And that cost is still very high, so our view on this is gaining the partners to come in and to help us and it absolutely takes pharmaceutical companies, researchers and governments to come into make this work happen.

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HELENE GAYLE: We have, unfortunately, only time for one more question from the person right there.

MALE SPEAKER 2: My name is [Inaudible] and I am with *Axiom Magazine France on AIDS*. My question is to Mr. Piot and to the Gates and to Ms. [Inaudible]. It is related to the recent announcement by the Gates Foundation of a \$500-million-dollar gift to the global fund and this comes even after we have heard that seven in seven is the funding guide for world AIDS fight, there is going to be in the vicinity of \$9 billion dollars out of \$18 billion needed, and this gap comes itself after a place by the [inaudible] leaders through which universal access to treatment four years from now, so to some extent, the reception to the announcement of the gift to the global fund was that it is putting the [inaudible] to shame and showing that there is a lot of political will to put the money where the mouth is. So my question is, is it time now, in your opinion, that world leaders agree on who foots how much of the global AIDS bill?

HELEN GAYLE, MD: Thank you. I don't know, Peter, if you want to start, as somebody who handles funding a lot.

PETER PIOT, MD, PhD: Yeah, first of all, it is true that the needs are growing. I mean. that is an illustration of what we have been saying at this table. that we need to now engage in some long-term planning and that the gap is growing also because of the 40 million people living with HIV

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more and more every year will require antiretroviral therapy, so we agree with that.

The question is, where will the money come from? I agree with you that not all government have met their commitment, not all from rich countries, and that international commitment is to devote 0.7-percent of gross national product to official development assistance. If that would be done, there would be an amount of money available that could easily fund the whole AIDS effort, but we also have to see that developing countries must also share the effort. Middle-income countries, there are emerging countries, they can pay fully for treatment, for prevention of HIV, of their citizens. We need to really look at scenarios, how the AIDS response will be funded through the global fund, but also through domestic initiatives, private/public.

But the primary source should be the government as far as I am concerned, particularly when it comes to HIV or prevention efforts, that is typically a public good that is the responsibility of the state. So, I would say we are now in a phase where we have to look at every single source that is possible but looking at it also over the longer time, not just year by year. That is a major handicap.

HELEN GAYLE, MD: Would you like to make a comment?

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MELINDA GATES: Our commitment to the Global Fund is huge, as you see from the announcement we made this week, and as Bill is going to talk about in his speech tonight, you're absolutely right, the cost of antiretrovirals, both the drug costs and the personnel costs, is going to be huge over the course of the next 25 years for all the people that need treatment. So we absolutely need more governments to come in and to play a role.

I think we are seeing that with the G8. I think that they are stepping up to the plate. It takes time for governments to come on board, but yes, we are optimistic that more of them will, and I know many of us on the panel are involved in working with them and working with the government so that they will do more funding. But we think a lot more is needed.

HELEN GAYLE, MD: Thank you all very much. Thanks to our panelists. Thanks to all of you for being here and for your interest and, as Mark said earlier, we really do depend on you to get the word out, so thanks for being here and we look forward to seeing you throughout the week.

[END RECORDING]