

**Women at the Frontline in the AIDS Response
XVI International AIDS Conference
August 14, 2006**

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[There was a video playing for the first 20 minutes.]

JUDY WOODRUFF: Hello everyone, if you can hear me. I'm Judy Woodruff with PBS and special correspondent for the "News Hour with Jim Lehrer," formerly with CNN, and I'm honored to be here to moderate this next session which has been titled Women at the Frontline in the AIDS Response.

Of the many messages coming out of this conference, I believe that none is more important than the message that we are going to be discussing over the next hour, the role of women and girls in the AIDS epidemic. We know that around the globe, just under one-half of those living with HIV today are women. If current trends continue, we are told, very soon women will be in the majority and more disturbing, young women aged 15 to 25 are at least three times more likely to become infected as men in the same age group, even as the epidemic we see easing in some parts of the world.

It is not the way AIDS started but it is the face today. Women and girls are increasingly victims and in complex and troubling ways, but there are also caregivers caring for those with HIV and AIDS. We have seen the grandmothers gathering here in Toronto, and now comes a new calling for women, as philanthropist Bill Gates put it at this conference last night, "we need to put the power to prevent HIV in the hands of women."

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We are very fortunate that we have joining us now to discuss this idea, the role of women and girls in HIV and AIDS and the challenges ahead for exceptional women uniquely qualified to talk about it. To my left - my right your left - Melinda Gates. You heard from her last night, the co-chair of the Bill and Melinda Gates Foundation. On my right as you face the stage, Dr. Nafis Sadik. She is the United Nations Special Envoy for HIV/AIDS in Asia. She is a physician herself, and a special advisor to the United Nations secretary-general. On the far right, Shelia Johnson, co-founder of Black Entertainment Television, better known as BET, and a philanthropist focused among other things on the welfare of girls, Shelia Johnson. Finally, Musa Njoko, South African activist, businesswoman, and performer. Diagnosed with HIV 10 years ago in 1995, she disclosed her status publicly, making her one of the first South African women to do so.

Before we begin our discussion, I want to say to all of you that you have the opportunity to ask questions, there are cards you were given when you came in. If you don't have a card, just pull out any piece of paper and write down your comment, put your name on it if you would, put the name of the person that you are addressing it to, and we will have ushers bringing those forward. We are hoping to spend the last 20 minutes of our discussion taking questions from you in the audience, so please let us know what's on your mind.

As we get under way, the first question that I want to ask our distinguished panelists is what have you seen. And Melinda Gates,

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I want to begin with you because you touched on this last night, what have you seen in your travels around the world that is the face of women and girls with AIDS today?

MELINDA GATES: Well, thanks Judy, thanks for having me on the panel for talking about this really important, such an important issue as we face AIDS and what we can do in the years going forward. The Foundation was founded on the premise that all lives are created equal and Bill and I fundamentally and completely believe that. And when you start to look at an issue - is my mic not on?- okay, so sorry, I'll start again. The foundation was founded on the premise that all lives are created equal and Bill and I fundamentally believe that, and when you start to look at a disease like HIV/AIDS and you travel around as much as we've been doing in Africa and India and so many other countries, you come very quickly to realize that you have to do something about women in this disease.

And as I talk with you, I think one of the most early impacts for me about HIV/AIDS in women was when we went to visit a clinic in Botswana that we had started very early on, we funded in 2000. It really didn't get up running until 2001 and took off its work, but I went to visit the clinic in Botswana and it was focused on giving ARVs to people, and I spoke with a woman there who had come in and by the time I met her, she had been on ARVs for about five months, but when she had first come to the clinic, her CD-4 count was 24, and I had never met anybody who had a CD-4 count of 24 and lived.

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And when she told her story about the courage that it took to come forward in the face of what she was being thrown out by her family, she couldn't enroll in the clinic until she found somebody who would be her person that would stand by her because the clinic required that to make sure that she would continue her treatments. And she was this absolutely beautiful woman who was going on to live a life and to be able to work and support herself, and dreaming about having a family just as so many of us do in the room. I think that's one of the many stories that have touched me in HIV/AIDS.

I have about 15 others which I won't share with you just from travels around, but that's one of the first ones that struck me in the disease.

JUDY WOODRUFF: We do so often think of the African continent, the Sub-Saharan Africa, but you've seen AIDS in other places as well.

MELINDA GATES: Absolutely.

JUDY WOODRUFF: And women affected by it.

MELINDA GATES: Yeah, India is another place that Bill and I both traveled quite extensively, and to see AIDS in India is a whole - in some ways, its own version of it, to see it in the slums, and what the women are facing there, and the enormous stigma that you see

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in Africa you also see in India, but a lot of times, they are absolutely thrown out of the home, sometimes by the mother-in-law. Then also in rural India it's quite different because there are only 8-percent of the women even know about HIV/AIDS, what it even is. But they know the men are going off to work and bringing something back into their village, and that they're all starting to get this sort of skinny disease. You have a whole other issue there where they are not even educated yet about what the disease is.

JUDY WOODRUFF: Now Dr. Nafis Sadik, you are traveling around as an advisor at the United Nations focusing on AIDS in Asia. What do you see as the face of women and AIDS in your travels?

NAFIS SADIK, MD: I became much more committed to the issue of gender equality beginning with my assignment as special envoy, and my first visits were, of course, to the large Asian countries, India and China, but I also visited many others.

In India, I was struck by the fact that increasing number of young married women were now being diagnosed with HIV and other sexually transmitted disease infections, so much so that in some of the states, the state leaders were asking me "What are we to do for women in our state?" These girls are obedient girls, their marriages are arranged for them by their parents, they obeyed their parents and have married the person that has been selected, and then they're dutiful wives. They don't know anything about sexualities,

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reproductive matters, sexual matters at all. They do what their husbands order them to do, it's part of being a dutiful wife, and then when they get pregnant and they go to a clinic, they are diagnosed with HIV, and then the travesty of this is also that often the husband, and the husband's family, blames the woman for having done something to infect it, or bring this terrible disease into the family.

There have been cases in India and other Asian countries where the woman is being stoned to death, killed, or thrown out of the household or the village. So it struck me how women were so powerless and yet the studies in India and in many other countries, Bangladesh and Cambodia, et cetera, show that 95-percent of women have only one partner. That is their husband. So, in fact, they are getting infected from their spouses, not because of their behavior, and for them to be punished for that behavior was so unjust that it really made my blood boil.

And I really set out on a campaign to promote both gender equality and to address the increasing vulnerability of young girls and women in large parts of the world. And then as I continued traveling in so many other countries, I found that the situation was very similar it might manifest itself in different ways. In Cambodia, for example, there was so much trafficking of girls from rural areas to the urban areas, I just went to the Central Asian Republics to Tajikistan and Kyrgyzstan, and I found that for the first time, I would say in my life, to get the republics to actually listen to the

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fact that women were increasingly vulnerable in their society because they have a huge number of migrant workers, and they bring that infection back and the women don't even know what has hit them. They don't know anything about the infection, they don't know anything about the disease, they don't know how to care for themselves, and they are just being exposed to the infection. In my opinion, and I think in the opinion of, you know, the global coalition of women and AIDS, gender inequality is now one of the principal drivers of the HIV/AIDS epidemic.

JUDY WOODRUFF: And I want to discuss that because it's so easy for us - I'm from the United States - for us sitting in the United States to look at the rest of the world and say there's inequality there, there's inequality there, there are cultural differences there. But Shelia Johnson, as an American, you see in American society, in Western societies, some of the inequalities that lead to the issues that we're here to talk about.

SHELIA JOHNSON: I mean, there's absolutely no doubt about it. I work with young children and they've always been in the forefront of my agenda, for over 25 years now. What I'm seeing in the United States is that young girls are seeing themselves every day through the media, being challenged about their sexuality, and how they have to be so sexual at an early age, and I think that this is so detrimental to the growing-up process. By the time, I've seen

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girls 14, 15, and 16 years old, they feel, their self-esteem is so low at this point that they really feel as though to empower themselves towards a man, that they've got to be sexual.

The thing that is very disturbing is that I feel as though we have to take these young women in hand, we need to educate them, they need to understand that being sexual is not all that, they have got to take responsibility for their behaviors and their body. One of the things that I'm trying to do with our young girls is to get their attention about how they're being demeaned within the media. I'm very careful on how I talk with them about this because, after all, we don't want to turn them off, but one of the things that I'm doing is I'm using a tool because I own a basketball team, is I'm bringing the classroom onto the basketball court. I am taking the women, my basketball players, to be the role models, to talk to them, to set an example. And the way that I'm doing this is through hip-hop forums where we actually bring experts in to talk with these young people, and they're also getting tested on the spot so that they can find out their status for HIV/AIDS.

But I think the thing that is really something that needs to be addressed is how the media is playing a part on changing the minds and the responsibility towards how these women are feeling about themselves, this is crucial.

JUDY WOODRUFF: The media is clearly a big part of this, there is no question. Musa Njoko, you were diagnosed 10 or 11 years

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ago. How would you say, as a woman living with this, how would you say it feels different as a woman today from the way it felt then? How do you think women are received as HIV, as AIDS patients, as individuals living with AID? What change have you seen?

MUSA NJOKO: Well, first let me say thank you very much for giving this opportunity to share at this level. One of the things that I think it's important to say is that I am not proud to be HIV-positive as a woman, but I am also not ashamed, and I think it's time for governments, corporations, and for everybody else to start putting their money where their mouths are. That is, empowering women because women are the backbone of every nation. Without us there is no life and so we need to be taken seriously from now on. Thank you.

Discovering that I had HIV, I was only 22 years old. This was in 1994, and today on the 14th of August I am turning 34 which is wow for me. At the time I was diagnosed, I was told that I only had three months to live. As a mother I was told to go home and tell my son, who was 2 at the time, that I was dying. I was also told to go home and tell the rest of my family about my situation, which includes my mother, because it is my mother that I lived with.

So without resources, without knowledge, my 72-year-old mother had to find a way of knowing how to deal with this, and so over the years, I still see the same statistics, I still see the same messages saying that women are the most vulnerable, but all the interventions that are coming out are still very much empowering to

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men. If I decided to have sex today with a man and I am at the mercy of this man, of whether or not he is educated, to decide whether or not he will pass on another strain of HIV to me, I am not, I don't have that choice, so today that is the picture of women living with HIV and those affected by it.

JUDY WOODRUFF: So what can be done about that? From your perspective, what needs to be done? And I want to go and ask everyone else the same question.

MUSA NJOKO: I think the most important thing is making sure that meaningful interventions that are empowering to women, young women and older women, those interventions. The funding that goes there, we need to make sure that that money reaches out to women, and also that women are involved from planning to implementation, from coordinating to everything else, these decisions still need to be made by women.

I am not talking male-bashing, but I am just saying that we need to take the lead, and so as women we need to be empowered to take the lead to be able to change our own situation because we are the ones suffering, we are the ones in crisis, and so interventions should focus more on women.

JUDY WOODRUFF: Melinda Gates, I'm assuming you agree with that philosophy. What does that mean, though, in practical terms?

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Your husband talked about it last night and you talked about it. What does it mean from your perspective?

MELINDA GATES: Musa is absolutely correct that we have to put the power in the hands of the women, and so, how do you do that? Well, today, a condom isn't something that a woman in many, many, many, most situations negotiate and so we have to look for prevention tools. And the two that are on the horizon that I think really could change the face of this disease are a microbicide, which is an odorless clear gel that a woman would use vaginally to block the disease, or an oral prevention drug, a drug that a woman could take every day without her partner knowing.

Now how far off, though, are we on those and what are some of the obstacles? I wouldn't say. I wish I could say that it was just money. If it was money, I think that we need more money in these causes, but it really comes down to trials. We have 16 microbicide candidates today that are in first-stage trials. We have five that are on their way to second-stage trials, but the truth is that we need an even more powerful microbicide than what's in trial today. And a lot of the trials, both for microbicides and this oral prevention drug that in some ways looks even more promising have been stopped, and so we need to have more trial sites created, we need more communities involved, we need more people willing to come forward to participate in trials, and we need the activists to really be on both sides of the equation.

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Yes, we need to make sure that the trials are absolutely done in the most ethical and clinically best-practice way that they can be done, but on the other side, we also need activists to say this has got to be done, these trials have to go forward or we are never going to come up with a tool. If we sit where we are today without crap, with these oral prevention tools, there are none that are in trial sites today because they have all been stopped, and they have to be restarted and move forward.

JUDY WOODRUFF: Why have the people stopping the trials been successful?

MELINDA GATES: I think it's the fault of a lot of people including, I'll say, our foundation, some of the clinicians involved, I think the activists, I think the communities. We need to have a better practices up front about how the trials need to get run. We need to organize and understand that, we need to involve the communities better early on, more women, so that they are actually advocating and say, "we want this trial in our community, we want to participate in this trial because it will not only help us but it will help so many other people around the world." And then when we've had people come in with criticisms and say, "okay, every single person in this trial needs to have ARV treatment for the rest of their life," that isn't something that a trial. People who are setting up the trials can guarantee for the rest of time, if the

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PEPFAR money would not be there, or if the government doesn't take that up, that organization can't stay in there for the rest of their life giving ARV treatment. They have to make sure that the government is involved and the government will give treatment. So there is a lot of issues around trial design getting people in them, and then everybody signed up that we're moving forward on the same path.

JUDY WOODRUFF: Musa, you raised your hand.

MUSA NJOKO: Maybe the other challenge is that yes, we have to be talking microbicides that is for a woman probably, still not yet infected with HIV and then we are talking ARVs, this is a woman who is, or these are people who are already sick. What happens, what are we doing with a woman like me who is still productive, healthy, and still able to actively and productively contribute to the development of our lives?

JUDY WOODRUFF: And you're saying you're not able to do them because, in a way, you're a special case because you have talent, you're in the forefront in some ways of the AIDS, of the effort to raise awareness of AIDS.

MUSA NJOKO: Yes, I have an opportunity to learn just a little bit about HIV and understand it myself, and be able to speak out for myself. But what I am saying is that the silent face of women

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who are still living with HIV who are not yet in need for ARVs, what happens? How do we make sure that we prolong the life of this woman so that she can look after everybody else, and also look after herself?

JUDY WOODRUFF: Dr. Sadik, I want you to address that.

NAFIS SADIK, MD: Well, I'm more concerned about the example in Asia, the 99-percent of the women who are not infected today, and learning from the experience of the young women who got infected not because of their own behavior, but because of their partners high-risk behavior earlier on. How do we find the ways to protect them?

First of all, is to empower them with knowledge and information. In all of our societies women are supposed to be models, for a woman not to know anything about sexuality, so she goes into marriage without any knowledge. She doesn't even have any information about how, you know, anything happens, and so somehow we have to make them much more knowledgeable, then we have to empower them to have more control over their own sexual relationships, and more authority in the relationship.

Now, that is much more difficult to do because it means changing the social and cultural attitudes that have been prevailing in our societies forever and, in effect, marriage is a license to do what you want with your wife. In fact, in many of our countries, there are still laws in the books which say that if a woman denies

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her husband his conjugal rights, it's punishable. So it's, what do you call it, a free right to rape et cetera, et cetera, in marriage, but how do you change that? This is one of the most difficult issues, this whole social cultural attitude that is the mindset.

You know that policy makers are more afraid of women having control over their own sexuality, their own reproductive decisions, than they are of AIDS. They think that if women get, somehow it's like, if women get the authority to make some of these decisions for themselves, the whole society is going to fall apart and they are going to do something terrible, and you know we keep saying that women are the glue that holds families together. As Musa said, you know, they are the largest, maybe the equal contributors to society and to development, but that's not recognized.

So this is a huge inhibition that comes together in addressing the vulnerability of women, because it means giving up some authority over women's sexual and reproductive decisions. Unless we get that changed, and women know that they have the power to negotiate, to change the behavior, or to insist that their partner gets tested, otherwise they will not have sexual activity, or that they use a condom, they cannot do that in most of the world. In Asia and in many parts of Africa, they really cannot. They don't have, they're not accustomed to that, they're brainwashed into being what they are. They don't have the economic power so they need some economic independence, but above all, we need the policy makers to start fairing the HIV/AIDS epidemic more than giving rights to women.

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For the women, the balance is they think they can control HIV with other means without changing any of their behavior, and their cultural attitudes.

JUDY WOODRUFF: You're saying, you're saying the two things are very tied together, trying to do something about women and AIDS is inextricably tied to these enormous [interposing] social and cultural questions in empowering women overall. I don't want to lose sight of Musa's point about women who are living with AIDS, that's an important point. In fact, I think your focus on prevention of HIV and AIDS among young women, that these two questions are very much connected.

Shelia, I want to ask you: You've been around, you've seen how politics works in the United States, you've traveled the world. When you hear Dr. Sadik saying women are up against these enormous cultural and social barriers, what do you say to give this audience hope about that?

SHELIA JOHNSON: Well, I think all of us need to take on this problem in many ways. First of all is through education. I mean a lot of us women are nurturers, we are educators, and I think that we need to start communicating, and openly talking to young people about what is really happening out there. I know that within the United States AIDS was at the forefront for a while, then it went underground, and now it's not really talked about. If you watch the

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commercials that are out there now, yes, they're talking about the human papillomavirus that has now come to the forefront, and it's kind of put AIDS on the back burner.

All of this comes together, I urge the media, I urge PR companies whatever they can do, but we need to start openly talking about this epidemic. It's not going away. In Washington D.C. alone, in the metropolitan area where I'm from, and it's the reason why I'm taking this on, we have one in 10 teenage girls HIV-positive. We have the highest AIDS epidemic rate among our young people, and I think it's time to talk about it.

And most of this is young teenage girls. They need to take control of themselves, their own body. They need to take responsibility for their actions. I keep jumping on the media because that's what these young people are watching, day in and day out, every three minutes these videos that are coming on, they see themselves as sex objects. And all I'm saying is that we have to start openly talking about what is happening now? What are we going through? Why is this continuing? We have to start talking with our young people. It's the only way, and we're going to have to start putting a stop to this.

The other thing is the politicians out there, we have got to talk with members of our Senate, our congressmen, and they have got to get in tune with what's happening out there. There is this disconnect out there, there is a definite disconnect that they have got to do it. And I empower all of the women that are sitting in the

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audience, we do have the power to take control, we have got to step up to the plate, we have got to put pressure on our lawmakers to change legislation to really take responsibility for our lives, we have to take back our lives. Men can no longer control us.

JUDY WOODRUFF: Shelia, I think on the point about the media, there could not be a point better taken. As someone in the media, what I see is, whereas for some time people were interested in AIDS, so often now what you see is people bring up AIDS and eyes glaze over, and then we've heard about that it's so painful, I know a lot of people have it and they don't want to deal with it. And I think so much of that, Melinda Gates, has to do with the stigma associated with AIDS. You touched on this last night, but I want to ask you again today in this context, how do we get hold of that whole issue of the problem of stigma? Because some people just don't even want to think about it, not only do they not want to talk about it or do anything, they don't want to think about AIDS.

MELINDA GATES: Well, I think partly it has to start on the ground in the countries. I mean Bill and I are really stunned when you go around the Botswana program that has been up and running now since 2001 giving out anti-retrovirals, if you show up and your CD-4 count is below a certain number you can be started on anti-retrovirals, they have a dozen clinics around the country. And surprisingly, you would think there would be long lines given the

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number of people that have AIDS in Botswana or in South Africa with the PEPFAR program that's delivering drugs there. You would think there would be long lines at these clinics, right, of people who want to get on anti-retrovirals standing there, and they're not. We're surprised over and over again that you don't have people demanding in the streets before, why can't I get anti-retrovirals, and it's because of the stigma issue, and I think you need far more people speaking out about actively saying, "I am HIV positive in my country, I'm living, I'm healthy, I'm on anti-retrovirals."

I think as we get more of those examples, we're going to start to break through stigma. I think we're just starting to see it now because it hasn't been that long that you could get ARVs, but now with the PEPFAR program on the ground, at least when I go to Africa, I'm seeing a lot more people starting to talk about it, I'm hearing about a lot more hope. The youth in South Africa have been saturated with messages. It's not that they don't know about HIV. What they used to say when I'd go was, "I know about HIV but there's no hope so why should I begin to get tested? Why should I begin to come forward and say, I'm going to be ostracized." But now that people are seeing, "hey, I have some hope of living and having a healthy life and raising a family," I think they are starting to talk about it more and starting to say "hey" when they know somebody, a sister, a mother, a brother that has it, "hey, you need to go get tested and there is hope for you".

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I think once we get more and more anti-retrovirals out there and people see this cycle of hope, I think you will start to break through stigma.

JUDY WOODRUFF: And Musa, right, today in South Africa the part of the world that you know the best, what is it like for a woman to come forward and say, I have HIV, I'm HIV-infected, and what does one face right now?

MUSA NJOKO: It still, you are still taking a risk of your life, we know about [inaudible] that hasn't changed much. If it had changed we would have more people speaking up and saying they do have HIV.

In my church in South Africa [inaudible] I was kicked out. I was asked to never participate in activities of the church because I had sinned in the eyes of God, and that hasn't changed much because still today, the church is not actively and meaningfully looking after its own members that are HIV-positive. We know that there are churches popping up at every corner, even on television. You tune into any channel and there is a new church who is also trying to get money from people, you need to give some 10-percent. But in terms of deliverables as the church, I think the church is really the hypocrite in this whole thing of HIV. The church needs to start saving lives.

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JUDY WOODRUFF: Anybody want to comment?

NAFIS SADIK, MD: Thank you, I just want to comment on the first question that Musa was asking. I was thinking about the fact that only 10-percent of women who need prevention, of mother-to-child prevention programs, get them. I mean, look at that statistic. It's actually so scandalous. I was looking at some articles and some research in Southern African countries, and many women who are eligible for the PMTCT when they are tested and found to be HIV-positive, they don't want the medicine because then their status will be known and they will be ostracized and stigmatized in their society.

So I think that if you want HIV people, and this is one of my messages to Asian countries, is that you look at the developed countries, the western countries, people with HIV live and have a normal life expectancy, in a sense. I mean, they don't flaunt their status but it is accepted in their society and therefore stigma and discrimination doesn't exist, they don't exist in the workplace. It's against the law, and that law is enforced. But it doesn't happen in our societies, and women are very much stigmatized, so if you declare your status you're not going to be allowed to live a normal life.

So the first requisite is to eliminate stigma and discrimination and to allow the person to develop and to contribute because everyone who is HIV-positive can contribute and live a normal life. I mean now we have anti-retrovirals that are so widely

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available, I think that that's something that we need, and it's so connected, everything is just so connected, it's just—

JUDY WOODRUFF: We're starting to get questions from you and so I'm going to turn to a couple of these. Several of them are the same question. One was written by Dr. Miriam Sharmonish [misspelled?], I'm sorry if I'm not pronouncing it correctly, from the U.K. and India. She says, "We know that prevention targeting sex workers, and involving sex workers, works and yet only a fraction of these women can access these services usually because they are illegal, hidden, or disbursed. What do you think we can do about this globally?" Shelia Johnson, from your perspective, and then I want to ask Melinda.

SHELIA JOHNSON: Well, the only experience that I've had on this, I had been involved with the sexual trafficking issue, especially with young people. I have traveled the globe on this, this is a tough one. I have, what we've actually done, we have actually been working with law enforcement to go in and try and find the perpetrators on this, and once we are able, we've even been able to change some legislation down in South Africa, and then to go in and try again to educate these traffickers about what they are doing.

We have been able to actually find these children, we've been able to do testing, we've been doing some debriefing, but we just cannot get to the people that are actually kidnapping these

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children and bringing them into the sex trafficking trade. So that's about all I can say on that, I just don't know what else to say.

JUDY WOODRUFF: Melinda.

MELINDA GATES: In terms of the sex workers, I think, and I mentioned this last night in a speech, we absolutely have to work with them, and one of the largest problems right now is that every- Most country governments want to go like this and say, "Oh, that's a group that exists over here". No, it's a group that's part of society, it exists, it's part of the fabric of society, and if we don't acknowledge that, you can't begin to tackle the problem.

One of the things that I'll say that we've found to actually have some success in India, one of the largest prevention programs that we run is actually a \$200-million-dollar program called Avahan which means call to action in India, and what that is intended to do is to work along the trucking lines where so much of the HIV happens, and gets transmitted. And so we're working particularly with the sex workers and the migrant truck workers on those lines. And what we've found as we got into this is it wasn't just making sure they had condoms and prevention messages, it was giving the sex workers safe places to come, safe harbors to come in and talk about their problems because they're facing so many issues both in and amongst their families, and their sort of normal relationships, and with the customers that they have.

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So they needed to have places to come where they could come together and talk about what works, how do you negotiate condom use? How do you keep yourself safe? How do you get yourself tested? Where do I go for services? But you have to have ways for them to gather together if you're in a country, which most are, where prostitution is illegal, and that seems to be having some effect in India.

JUDY WOODRUFF: There is a related question from a Dr. Wendy Wecksburg [misspelled?] from the United States on this issue of sex workers. She says "What jobs can they do with 45-percent unemployment in South Africa?" That's a huge part of it—

MELINDA GATES: It's a huge part of it, it's a huge part of the problem. But the thing that I wanted to say on the hopeful side, on the other side, and that is why women go into sex work, and particularly in Africa, they come in and out of sex work, it's not like it is in other countries where they stay in it. It's more that they come in and out because they absolutely need the economic means.

One thing that was so interesting to me in India, talking with some of the women who are in the sex work, is their hopes and dreams for their children are identical to everyone who sits on this panel and sits out there in the audience. So a lot of times, while they may be in that work, they're talking about "but I'm getting my son or my daughter educated, and I'm putting that child through school because I have a hope for the next generation" and I think we

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need to, when we think about work, or the sex workers who are in that trade, you need to think of it in that way, it's that they're lifting themselves and their families up. Sometimes it's their only way of doing that.

JUDY WOODRUFF: Musa, did you want to join? Yeah.

MUSA NJOKO: In the South African context with sex workers, and also women taking other alternatives in terms of work, I think this brings out the fact that there is a huge gap between men and women. The opportunities that are available to women in terms of education, in terms of skills development, and "I will use whatever else I have at my disposal to keep my family going." So this is a challenge for governments to say, "we need to make sure that we bridge that gap in terms of skills development, and also education for women, especially young women so that they don't fall into the same trap" and really just try harder to make women feel comfortable with being women. At the moment it's just so hard to be a woman. Why is it so hard, why is it so wrong? Can't we just be women and live our lives and be happy?

JUDY WOODRUFF: What it could be.

NAFIS SADIK, MD: I want to just highlight a few successful programs directed to sex workers. For example, highland program of

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100-percent condom use for sex workers was the main reason for the reduction in the HIV infections when the epidemic was—

JUDY WOODRUFF: 100-percent?

NAFIS SADIK, MD: One-hundred-percent condom use for sex workers, so, in a sense they've regulated sex work, and they insist that the client must use a condom, and they can be punished if they don't.

There is also the Sonigotchi [misspelled?] sex workers program in India which will, in fact, actually try to get women out of sex work, but then it also empowers the women so much they organized themselves into a union. They now educate other sex worker groups on how to demand their rights, and in a sense the government of India, while it hasn't obviously decriminalized sex work, but it has taken - it's allowing work to be done with the sex workers, and the lawyers' groups have put out some suggestions on how the laws should be regulated so that sex workers can protect themselves, to give them a lot more rights.

I mean, in China, where, in fact, sex work is again illegal, but again they have also, in a sense, decriminalized sex work, they haven't changed the law but they decriminalize them so that they have, in fact, also addressed the brothel owners that they will be punished if a sex worker is denied her rights to insist that the clients use condoms. So in fact, governments are trying to do

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something, but obviously not enough, and coming to Musa's point, what can't women be women and allowed to live. I mean, women suffer from so many deficits already in all of our societies that they're not economically empowered, they often are not educated, they don't have access to land, to inheritance rights, to economic power, and they sustained all of that.

But when they get HIV/AIDS and they are not then part of this society group, the family, or the tribe, then they're just out on their own without any equipment to look after themselves, so those deficits that they already suffer from become much more huge and may take a toll on their life.

So I think it's time for women's organizations to take up the vulnerability of women to AIDS on how to get women who are living with AIDS more power to, you know, to contribute and to live their lives. All of these must become part of the central role of women's activists' movements.

JUDY WOODRUFF: Women's organizations, and Shelia Johnson you were saying a little while ago that—

SHELIA JOHNSON: And the media.

JUDY WOODRUFF: It's politics in general [interposing].

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SHELIA JOHNSON: I just think that women have got to realize that they have got to start supporting each other. I mean we give lip service to it, but when it really comes down to it, we've got to start supporting each other, and we've got to do it through politicians. You've got make sure that the politicians, whether they are male or female, really want to fight for our rights.

I mean, we just can't see a woman's face up there, but the woman may not be for us, I mean it's really important that way. I can't begin to tell you how many times we could have a situation where we have got to have our rights fought for and the bills are being defeated left and right, and we are losing our voice.

JUDY WOODRUFF: Melinda Gates, a question from, she gives just her first name, Sarah. She is from the U.K. and Botswana. She says, "The prospect of microbicides is very exciting, and while I agree that placing the power to prevent HIV in the hands of women is a huge step forward, how can we enable this power without placing a greater burden of responsibility upon the shoulders of women?"

MELINDA GATES: I think, I mean, I think ultimately if I was a woman I'd want the power in my hands. I mean it's a bit like, I go back to the example of a clean birth kit. I run into so many women, particularly in rural India, who will talk about, "hey, yes, I'm in a very difficult economic situation, my husband controls the money in the house," et cetera. They're out working in the fields all day but

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they will figure out a way to scrape a few away, and hold away a few rubies, and they'll hide it from their husbands, and they'll go buy a clean birth kit, and hide that from their husbands, so that when the time comes to give birth to their baby, they have a clean razor and the various things they need, a string to tie off the umbilical cord, and I think ultimately that's going to be what happens.

Unfortunately, that's the situation that we're in as women across the world, and so I think in terms of sexual rights of reproductivity, I think that you've got to put the tool on their hands, and I think, yes, it places a higher burden on their shoulders, but it's a lot better than the freedom that they don't have today.

JUDY WOODRUFF: Do you want to jump in on that? I mean, it's - In a way, what you're saying is that it's a good thing that women are prepared to take more responsibility.

MUSA NJOKO: We are put in that situation anyway without these options and choices, so it is at least one thing that at least allows me to make that decision, why not? But it doesn't mean that men can freely go and be merry and say, now we've given you this and now we can carry on with our lives. Men still need to take a huge responsibility in protecting their women and also in protecting their families.

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MELINDA GATES: I think just one other point also to what Musa had said earlier is that we have to give women a means for lifting themselves up. It's not just about putting tools in their hands, absolutely, which we need for HIV and which I'm a huge advocate for.

But one of the things that we're getting into and that many organizations are coming to, is you have to have some programs for women to lift themselves out of the poverty so they can lift themselves out of sex work. So if that's micro lending, starting to look at new things, of not just lending women money but giving them places to save little bits of money so that when they get in a crisis when one child is sick, they have some means of going somewhere and having that saved, or when their husband dies that their brother-in-law doesn't come and get all of the money that they have put away somewhere.

So doing some things around micro lending, doing some things around clean water so women don't spend five hours a day going and hauling clean water, those are all things that we are going to have to wrap around the programs that we're doing in health.

SHELIA JOHNSON: This is exactly what I was going to say. I just got back from a trip to Guatemala for a care campaign, and one of the things that we're trying to do is to empower women to try and teach them how to become, and I'll say entrepreneurs, in their own right. To teach them how to look at the gifts that they can give

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back, in the sense that they can build into a business. It is so important that women learn how to take care of themselves, and I think this has been very important because if they learn to take care of themselves, and if the husband walks or dies, they can then be able to take care of their families, and it stops the cycle of poverty, and it also gives them such incredible self-esteem, and I think this is very important.

JUDY WOODRUFF: Musa, there is a question for you from a gentleman from Kenya. I think I'm reading this correctly, James Oden. "The burden for care and support for people living with HIV and AIDS is on women. What do you think should be done to support these women?"

MUSA NJOKO: I think one of the first things for me would be when we are talking about empowerment for women, when we talk about projects that happen in Africa, and then I think the donor agents are from all around the world, the money that you put in, I think it's very important, we need it. I also think it's critical that we look at those income-generation projects, that we also empower women to become educated, to become professionals. It's not everybody that needs to join in a meeting group, and also women who are only doing bid work, I am young, I am studying, I am doing my [inaudible] degree in accounting, I want to do more for myself. So skills building and

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empowerment, I think we need to extend and [inaudible] instead of just focusing on small projects.

Because it's not about the 100 grand I make in that month, but it's also about what my life is going to be in the next 20 years. It is important for women to also look at the whole caring exercise. We need to not only start dealing with HIV when something has gone wrong in our family. As we know that we end up taking the responsibility anyway, whether or not we have educated ourselves. It is important that we get educated about HIV and how we are planning to deal with it should it come to my family.

So, for me, it is about preparedness because the responsibility will come to you anyway. Let's go out there as women and educate ourselves and get as much information when everything is okay in the family, and not wait until something goes really wrong.

JUDY WOODRUFF: Dr. Sadik, I think we have maybe time for one or two more questions, a question from Mari Simmonen [misspelled?] from U.N.F.P.A.. I'm familiar with the organization. "There is one female-controlled method today, the female condom. What can be done to get more resources and support to get universal access to the female condom?"

NAFIS SADIK, MD: Oh, I couldn't agree with that more. In most of Asia, the female condom is hardly known about, so this is the fault of health workers and programs not to propagate information

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about the female condom. Of course, you know, in Africa where, in fact female condoms are being distributed, they're just not available, they're not being provided in large numbers. And then they complain about the price of the female condom, but the price it costs will come down once you have a critical mass or production, you know, as soon as you increase the production, it will come down.

So it is a method, it's not always informed into the population, but also in some of the trials they are not accepted, you know, both women and men don't like it, so I think that we also need to push it but I do agree.

Another point, since it's U.N.F.P.A. asking the question, is how to better integrate the sexual and reproductive health programs and the HIV/AIDS programs. Because one of my first experiences in India was the fact that there was a family planning program and then there was the HIV/AIDS program. On the HIV/AIDS program, they on my first visit, informed me that they didn't have condoms, and so I said but you know condoms come from the other program, and it took me from the outside to get the minister of health to sign a bill that provides I don't know how many million condoms to the HIV/AIDS program because the two were not integrated.

There are many common messages in the sexual reproductive health autonomy programs and certainly condom distribution is a very important area where the two come together. So I think that we could also use our resources better than what we are doing today.

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JUDY WOODRUFF: That's an important message. We are going to wrap up now but I want to give every one of our panelists a chance just to say one last word to this audience about, what are your marching orders going forward from this conference. Shelia, what would you say?

SHELIA JOHNSON: I would like to ask every one of the women out there to take another young person in hand, to watch them, to mentor them, and to educate them. As to the seriousness of this disease, I think what keeps falling through the cracks, and I know we're talking about this globally, this is a global problem and our young people have got to be reached, they have got to be educated, they have got to be nurtured, and they have got to be watched.

There are a lot of forces out there both in the United States and globally that are working against them, and I ask you to take a person under your wing to educate, inform, nurture, and love.

JUDY WOODRUFF: Nafis, what word would you share?

NAFIS SADIK, MD: Well, my marching orders from this group would be that in my efficacy, which is my main role with the political leaders, is that I must work harder to get the tender issues in women's empowerment more centered, and to get the force of the activist groups within the countries to also partner together a great deal more to address some of the issues that Musa was talking

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about, to also address some of the new technology that is going to come out, that those activists are prepared and ready to also pressure the government to make the policy changes.

I think we have a lot of work to do, and in looking at this huge audience today, I hope that many of you I will find in my visits to the Asian, Central Asian, and North African countries, and that you will help me to get the messages right for each country specifically.

JUDY WOODRUFF: Musa, what message would you share?

MUSA NJOKO: I just want to say it is time for women, young and old, to turn the tide against HIV and AIDS, and for us to take off the coat of being victims and take our place of power and authority because we have it, it belongs to us. It is for us to make that stand, and a rise for our life has come. We need to no longer have our lives be controlled by other people. It's our time, it's our lives. Let us fight for our survival, let us fight for the future of our children, let us fight for our lives and be able to live our lives the way we choose to.

JUDY WOODRUFF: And finally, Melinda, marching orders to this audience.

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MELINDA GATES: I mean, from my perspective, it would be help us move trials forward. We are going to need a lot of them. We are going to need a lot of male and female participation in them. If we come back and have a panel like this in 10 years, and we look back and say we didn't get a microbicide, we didn't get an oral prevention drug, I think it will be criminal, and I think it's going to take a lot to have one of those in the next five- to seven-year horizon. We absolutely need one to break the back of this epidemic.

And so if you're a scientist working on this, a researcher, an activist, or an advocate, help us move trials forward so that we have a moral imperative to do the right thing by women in this disease.

JUDY WOODRUFF: Thank you. Thank you to our panelists to Musa, to Melinda, to Nafis, and to Shelia thank you, all four, thank you.

FEMALE SPEAKER: We also want to thank Judy Woodruff for being such a wonderful moderator, and for the whole panel for their expert input, thank you.

[END RECORDING]