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Official Press Conference:
Newsmakers of the Day
XVI International AIDS Conference
August 16, 2006

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HELENE GAYLE: I think we'll get started. If we could turn the rest of the microphones on for the speakers that would be great. So welcome to this press conference on the session on the 25th anniversary of HIV and AIDS. I'm Helene Gayle and I'm co-chair of the conference and president of the International AIDS Society.

As you know, this conference marks the 25th anniversary of the first reported cases of the disease that later became known as AIDS. Today's special session featured a panel of experts who represent the range of stakeholders in the fight against HIV/AIDS who reflected on the first 25 years of the global response and how that history can help to form our future actions to accelerate research, scale up prevention, care and treatment. So we have three of our panelists from this afternoon's session.

First of all, Dr. Anthony Fauci, who's the Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health. He discussed the history of the scientific response to HIV and AIDS and I think most people are well aware that Dr. Fauci has been a stalwart in the fight against HIV/AIDS since the very beginning.

Gregg Gonsalves of the AIDS and Rights Alliance of South Africa discussed the role of activists over the past 25 years, which includes the fact that he, himself, has been an

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activist since the very beginning of the epidemic and has really made incredible contributions to the fight.

And then Dr. Elizabeth Madraa from the Uganda AIDS Program who spoke from the point of view of a developing country that responded early to HIV and AIDS with a focus on how the lessons learned in Uganda may be applicable to our ability to have an impact on epidemics around the world in the future.

So we'll first turn it over to our panelists to just give a very brief recap of some of the key points they made in their presentations this afternoon and then open it up to questions from you.

ANTHONY FAUCI, M.D.: Thank you Helene. I'm going to summarize a seven minute presentation now in a minute and a half to two minutes, so we're really getting down there. The points that I made in my brief discussion a little bit earlier was that the scientific advances from the very beginning of the HIV pandemic have really been virtually breathtaking from the first well defined and defining and transforming discovery of HIV as the cause of AIDS up through the delineation of the pathogenesis and then we got to the practical component of blood tests that screened the blood supply and prevented millions and millions of infections, as well as getting a feel for the underlying depth and breadth of the epidemic, the pandemic. And then also the development of drugs, which have

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totally transformed, at least over the last ten years, what we and how we treat HIV infected individuals. Now those are things that one could celebrate as great success stories. But the point that I made and underscored in my discussion is that the scientific advances such as that are really for naught unless we get them translated and available to those people who are most in need, which is the vast majority of people who are HIV infected. The numbers that I gave are 1.6 million people in developing world on antiretrovirals when that's only one quarter, that's 25 percent of those who need it.

And the other is the issue of prevention. We have to be very open minded and realize that prevention is not a unidimensional[misspelled?] phenomenon where one size fits all and one region or one group of people that you have to go from everything to condoms to circumcision to needle exchange to education, abstinence in those cases where it's appropriate and workable, as well as ultimately a vaccine. And I ended with a statement which I feel very strongly about, that is as much as I was given the task of summarizing the scientific accomplishments, I feel very strongly that 25 years worth of breathtaking scientific accomplishments are really not what we're going to be judged by by history. We're going to be judged by how we utilized and translated those scientific accomplishments to the world that needs it now and for the next 25 years.

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GREGG GONSALVES: Well, you know, we keep talking about how this is a women's epidemic and I think men do too much of the talking so actually I'd like [Inaudible] from [inaudible] Action Campaign to come up and join me here, but I'd like to seed my minute and a half so that [Inaudible] can talk for a bit about the developments that are happening in South Africa right now.

HELENE GAYLE: Could, while they're coming up, Elizabeth just do your summary and then we'll get back.

ELIZABETH MADRAA: Well, my summary this afternoon basically looked at how the countries in Africa responded to the epidemic in the early eighties, when the first cases were reported in some of the African countries. I give Uganda as an example is because we responded to the epidemic around 82, when most of the African countries were still deciding whether to open up or not. Finally I looked at how the leadership eventually caught up and it responded positively to the epidemic. Plans were made, strategies were made. [Inaudible] programs, multisector approach, [inaudible] inclined to see decline of HIV in many of the countries. But that did not go for long. After today, we are talking about Africa's still bearing 70 percent of the brunt of this epidemic. So what is really happening in Africa that we cannot reduce this epidemic any further? Why is it still Africa being quoted as an example to [inaudible] country in the world?

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So we revisited in terms of what should be done, and I say we should no longer use the same strategies in all the countries. Let each of the African countries identify the driving practice of the epidemic and country specific factors identified can then be the basis for which strategies can be developed. But for prevention, for care and treatment because I don't think it is anymore the issue of money. It is actually the issue of commitment, the issue of accountability, the issue of putting where the money can work best. Also the issue of saying to each that prevention is a priority, care is linked to prevention and then also addressing all those vulnerable issues which we would be able to talk during the conference here like the issue of gender equality, the issue of lack of women [inaudible], the issue of addressing sex workers, which is not being looked at as some of the driving factors. And then of course, antiretrovirals being provided should be linked to prevention and I think that's the only way. Africa, again will realize [inaudible] epidemic and we see at least a reduction, especially in new infection, but only the prevalence.

FEMALE SPEAKER 1: Thank you for the time and we're happy to see a few more media representatives than we saw yesterday at an el [misspelled?] activist press conference we organized somewhere in the little room at the back and clearly for the media, activists and people living with HIV issues, we're not just important as listening to both Clinton and Bill

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and Melinda Gates speak and we were quite aggrieved by that and so that is an issue that we'd like to bring to the attention of the media. That this AIDS conference takes place immediately after a United Nations declaration which governments across the world adopted and that declaration was very specific about what needs to be done and yet, this conference has engaged very little with what needs to be done to ensure access to universal treatment, prevention, care and support for people of the world with AIDS.

We are also aggrieved that we have to appreciate the leadership given by some representatives of the IAS, including Helene Gayle and others, but we have to say this to the IAS, that we are quite aggrieved as people of the world, particularly those of us coming from developing countries where HIV and AIDS pose the biggest public health crisis. That this conference has been more of the Hollywood conference for philanthropists and for stars than it is a conference where the voices of people living with AIDS and who came here carrying the voices and the pain of people who are sitting back at home dying and who's voices this conference has not even taken into account. So we would like for this to be registered by the IAS that we are quite aggrieved and we find it unacceptable that people who have had a more stronger voice than people with AIDS and then activists coming from their regions most affected by HIV have had the lesser voice than people who are rich and have

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money. And to that effect we ask, does money and does having been a former president buy you a voice in today's times? We, in South Africa, and I want to register this today, heard that a prisoner who had laid a complaint in the courts died yesterday and that's the government of South Africa and this conference has not even engaged with that, has instead of saying this is how it's going to provide treatment to prisoners. It's appealed the decision by the courts, which ordered last month to execute and implement a plan to provide treatment to prisoners, which is a right according to South Africa's constitution. This has not been heard in this conference and this conference has not made a statement denouncing the South African government's behavior. Activities from Asia and particularly China and Thailand came here just a couple of months after a group of women who had demanding recourse from the government were instead of being even recourse and given treatment for having been given blood by the government of China and therefore infected that way, they were imprisoned. And these are gross human rights violations, which have been addressed a few weeks before the IAS organized conference and this conference has not even condemned those acts. And we therefore want to ask that particularly to the IAS, that this conference and to—should justify its theme, which says it is time to deliver and the way for it to justify it's theme is to actually address the real problem of people of

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the world who are dying and are waiting, dying, waiting for treatment and are dying waiting for prevention and are dying waiting for their human rights to be protected and promoted by government, particularly drug users in Thailand, who continue to be criminalized in the same ways as drug use. And we ask that this conference should speak to these issues because if this conference—[interposing] any of those issues having been addressed then as activists we have to declare this conference a failure.

HELENE GAYLE: Thank you and I think you raised some very important points and I would be happy to talk afterwards about some of these issues that this is some of which the first time I'm actually hearing about some of those. I would like to have the opportunity to take questions from the media, because this is a press conference and one of the important roles that the media has is to be able to get some of the issues out there for the rest of the world. So if we could take some questions from the press and then I would be happy to talk about some of these issues afterwards as well. I would be happy to have questions directed at [interposing]. Yeah and we'll be happy to have questions directed to either of the two of you as well. First question.

FEMALE SPEAKER 2: I thank you.

LARRY BROWN[misspelled?]: My name is Larry Brown, I'm an independent journalist based in Toronto. This is a question

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for Mr. Gonsalves. Steven Lewis has called the WTO policies for reducing poverty a failure, which, in fact, perpetuated AIDS. I was wondering if you could speak to that and perhaps also talk [interposing]. I wanted to get Mr. Gonsalves's perspectives.

ELIZABETH MADRAA: I think you; I think I'm the right person to speak in this conference, as I'm from developing, one of the developing countries. And as a person who's facing all the things that you are talking about. The first person that I want to ask before I speak is that is this an AIDS conference or is this a Hollywood conference? Because now we're talking, whatever we're talking about, we are talking about the things that are happening at the grassroots level by the people who are not here. There's a long time now I've been talking about the epidemic, where the epidemic [inaudible] whatever [inaudible]. We are talking about the people who are not here. So my question is, are we here for twenty-four hour speech or are we here to talk about the actions [inaudible] follow the theme. The theme says it's not time to deliver. It's not time for action, but what we are talking about here, we're not talking about actions, we're giving speech. So what I want to say is that where is the [inaudible] principle? When we are talking about the HIV positive people, where are they? Because all of the people who are speaking here are the professionals and all the people who are just thinking of this, not the

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people that are having the experience about what is happening when we talk of the epidemic. I thank you.

HELENE GAYLE: Yeah, thank you. Anybody else want to respond to the question about the integration of development issues and the need to address those in the context of fighting the epidemic? Elizabeth, maybe you may want to.

ELIZABETH MADRAA: I think, if I may respond to the issue raised by my sister from Africa, actually the involvement of people living with the HIV and AIDS, this is very, very important.

HELENE GAYLE: I'm not sure your mic is on. You can hear her? Okay.

ELIZABETH MADRAA: Can you hear now? Is it okay? What I'm saying is the issues she raises is very pertinent. For us in Uganda, without the involvement of people living with HIV and AIDS I don't think we would have achieved what we have achieved up to today. And in my presentation although it was a shorter time, you could see as our elements [inaudible] the involvement was much, much earlier. Because we saw them as pertinent and that is the trend, which is really to be followed. And also the people living with HIV and AIDS should also show the responsibility of really addressing the epidemic, not to look like it is a kind of a fight between the people who are addressing this epidemic at the same time. And indeed where we have to look at this, what would be the role of people

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living with HIV and AIDS in addressing this? The leadership role, it is there, we involved them even when it comes to the advocacy. They've been also involved as partners carrying out intervention, providing also the [inaudible]. It is us who now need it together, to put those strategies in place to operate the epidemic in total. What are we doing now? What do we need to do more? What is it that we've done and it never worked? So that we improved each time as we address it. It has come clearly that we look at the prevention; the prevention we look at should not be in that context of only promoting condom use [inaudible]. What about the issue of positive living? What about the positive prevention? This is where we see also people living with HIV and AIDS can come and help. What about using antiretroviral treatment as the linkage, as entry points to prevention. This way also people living with HIV and AIDS can come and help and then also the support services to the people affected and effected. So I think that is the angle at which we should really look at. And [inaudible] utilization of the resources equally, both for program interventions to support people living with HIV and AIDS also to support the impact. And I think the partnership is what we should really strive at, but not at dividing ourselves and of course we shall be supported from our donors, from our [inaudible] partners with the [inaudible] funding which is [inaudible] the epidemic in totality.

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HELENE GAYLE: Thank you. We had a question here?

MALE SPEAKER 1: Good afternoon. Can I ask a question as a journalist who is living with HIV? And I applaud my brothers and sisters incidentally, but I want to ask Mr. Gonsalves, you've been very strong and quite condemning of this conference in your speech. And you're saying that HIV positive activists have been excluded from this conference and marginalized. Could you expand on that please?

FEMALE SPEAKER 1: I'm going to respond to that if you don't mind because I can speak on the same issue. I think that two issues here, one is you can exclude people living with HIV by hiding the [inaudible] underneath the grand announcement which and we must say this categorically, that we appreciate the commitment being displayed by Mr. Clinton and by Mr. [Inaudible] and the Gates and the leadership they are giving. But that should not be done in a way that replaces and which, in fact allows the complacency and inaction of governments of the world in addressing and finding the solutions of the AIDS epidemic and that is our life. And so we feel that while there's a lot of issues being addressed at this conference, the real and practical issues being faced by people living with HIV, the practical things are second line therapy is inaccessible for many people and people are therefore sitting there waiting for the [inaudible] of drug companies whereas government could act in ways which make it possible for people

to get these drugs. So we feel that that is one of the ways in which people living with HIV and the practical experiences have been hidden in this conference.

The other issue is and this is again an issue that we feel we take with the media and with the kind of announcements and publicity and space to people with power, with money and with influence that we feel at the plenary, at the opening ceremony you had a [inaudible] who represented people living with HIV, but systematically, if you have to analyze the space given to people living with HIV and their issues, it's been very little. So that's how we would like to respond and we feel that people living with HIV, had they had had a stronger voice, they could have raised many of the practical issues and in fact, guided this conference and along with the theme of time to deliver.

HELENE GAYLE: Thank you. Other questions? Yes?

FEMALE SPEAKER 3: I have a question for Dr. Madraa referencing Uganda. If you could comment on what impact the condom shortage had on Uganda's STI and HIV rates and what impact do you think it will have in the future?

ELIZABETH MADRAA: The condom I think was not being used for prevention in isolation in our instructed use in Uganda. We've used the strategies looking at both the abstinence, the faithfulness and condom use as the three in one. And that was looking at it not in a way as it is being

perceived today, like completely abstaining. We give opportunity for those who could not abstain to use the condom. And we give opportunity for those who may not be faithful also to use the condom. The successes with men so far cannot attributed to one item because there's a section of the group who may have chosen one of the strategies, either to abstain, be faithful or to use the condom. Then, of course, you may also know that 90 percent or 94 percent [inaudible] of the population may not be HIV infected and those are the people we need also to prevent from picking up infection and what do we do here is that we need to encourage people to test and we went on the prevention aspect of providing HIV counseling and testing to individuals who are willing to know their status. And knowing the status is one entry point also to prevention. If you are negative, you are counseled, you are given all the information on the risk situations which then, if you do understand very well, you can also prevent yet an infection. So it was not only the condom as well. We put that as one of the strategies. We manage our STIs very, very well by providing syndromic management, for sexually transmitted cases, which appeared at the clinic. We also went for community mobilization, information, education and communication to the masses, which also helped us with the community participation to really talk about this epidemic and I think that created [inaudible] it increased on behavioral change and eventually we

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saw decline in the prevalence but now that's not what we are seeing at the moment. So it was not only the condom alone [inaudible] other intervention [inaudible] strategies were applied.

HELENE GAYLE: We had a question in the back.

CORD[misspelled?] DUBIN[misspelled?]: Cord Dubin, Committee of Ten Thousand, Coyote Radio. And I'd like to hear from any and all on the panel. We've heard a lot throughout the conference about universal access as a goal. But we have yet to really hear about what the mechanics or the logistics of that may be. We have a situation on the continent where the logistics are problematic we hear. And we have drug companies with record profits making the AIDS drugs that are so necessary. And I'm interested to hear and as I said, from anybody or all on the panel. Thank you.

HELENE GAYLE: Would any of you who are at the country level like to talk about —

ELIZABETH MADRAA: Well, at the country level, if I may again chip in here, Helene, is that we need to understand the universal access in its various contexts. What is being asked is the [inaudible] and affordability and availability of the drugs itself. But then we also looked at the infrastructure, which is also providing different services. If we talk of availability of the drugs, what we see currently is just a little reduction in the cost of the drugs. But we are not

reaching all those who need the treatment, that's true. We are not reaching all those who need the treatment and at the moment all countries are declaring free treatment but then the free is in context, we don't know whether that is going to be sustainable. So we need to look at the issue of sustainability. Many of us have not reached even 50 percent of those who really need the treatment and in that case, even at a country level, what should we do? We may have to look at other options. Either have a subsidy program for those who are able to pay even a little fee, go on insurance for employees in the public sector, probably involving also the private sector to contribute and many of them could also pay for their labor force. The treatment costs, which could go into buying the medication for the poor and the children and the women who can't afford. And in that case we may see the sustainability. Because if we talk now for universal access, when we don't have another option for sustainability, probably that's where we are going to get challenged in the future.

HELENE GAYLE: Thank you.

FEMALE SPEAKER 2: Just to add on the question of targets, I mean I think I agree with Elizabeth about the issue that is important, that we address questions of sustainability. But I think that to deal with sustainability, governments are going to have to kick some butts and that's going to mean demanding more of the private sector who are not coming to the

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table, particularly at country level in the way that they could, initiating taxes and such things because otherwise, we're not going to get universal access if we don't inspire [inaudible]. The other thing that's going to have to happen is that governments themselves are going to have to show that they're committed to this. Because on the question of price of drugs, there is a whole framework now which exists where governments could find even cheaper ways of getting these drugs but because they are afraid still of drug company power and influence, they refuse and rather cave into that pressure instead of acting and using their legislative and [inaudible] power to get cheaper drugs and to borrow technology to manufacture themselves, which is ultimately what each country needs to be doing. And countries like Brazil and India have got the technology, but countries like Brazil today are sitting and being pressurized despite having for instance the technology to produce second line regimens and world governments are not saying, you know, clapping behind Brazil to say we want Brazil to use this technology and we therefore are going to collectively resist the pressure of aborts who is standing in the way of Brazil producing this medicine. The other issue is countries have to set targets. They agreed to that. And in setting those targets, yes they have to look at the local context and local resources but they also have to be operating with a spirit that says we either do this or we give

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up and I think 25 years into the epidemic there’s not luxury to not sit and say we’re going to do half measures. Universal access is the way to go, otherwise governments must sit and say we’re going to let people die. And this excuse of resources and logistical and infrastructure challenges will not be addressed without the necessary political commitment because we’ve seen in many instances where even in the most remote and difficult places with very little infrastructure, political commitment which demonstrates the will to do this has pushed things and some creative ways of addressing issues and so that’s what I wanted to add to the question. Thank you.

HELENE GAYLE: Thank you. We have a question in the back.

MALE SPEAKER 2: In fact I’d like to address the question to you Dr. Gayle. It’s very clear in the conference that there is a feeling from some of the delegates, especially people living with HIV an AIDS and activists that we’re at a political crossroads and that the conference, given the nature of this conference is a [inaudible] social conference. Scientists and activists is not addressing this enough. You see the same problem occurring with the wonderful UN AIDS position on prevention. It’s glorious. I asked Dr. [inaudible] how can you afford this position and just say there it is on the wall, that’s it, what about the fact that so many governments in Africa, starting with my own government in South

Africa is still committing to a very conventional version of AVC? Now I know that you could respond that's your job as an activist to change your governments' position, but isn't that the sense of frustration that you're getting in the conference? That the conference is not taking into account the enormous political obstacles and in a way trying to set the tone and set the bar and provide leadership at that level. We're allowing political leaders to get off the hook. That's what I'm getting at. I'd just like to have your response to that.

HELENE GAYLE: No, I think you raised some very important points and I think we all as a community need to think more about how do we make our political leaders accountable. I don't think it's simple. You know, you know if you live in South Africa you know how tough it's been to make sure that the government of South Africa is really doing what's in the best interests of people at risk, people living with HIV and really being aggressive about moving things forward. Luckily, you have a very vigorous activist community that really has demanded a lot and I think as a result of that been able to increase the response there, but I think, you know, this is the kind of thing we all have to figure out, how do we make our leaders accountable? How do we hold all of ourselves accountable for not accepting anything less than what we know we can as a world community pull together to make a difference in this epidemic and one of the reasons that this theme of time

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to deliver, we feel so strongly about is that we want this to be the conference where we talk about issues of accountability and hold ourselves accountable so that in two years when we come back, we actually can talk about successes, we can talk about how we've made some of these things not just rhetoric but really move them into actions. I think we need all of us to think about how to do that better and again, you know how tough this is. This is not something that is just because people lack the will to move their governments forward. So I think we need to think about it. And I think you raise important points.

Yes. Next question.

HEATHER BROOKSILL[misspelled?]: Heather Brooksill, Herald, Ontario, Canada. Before ARVs we had very little hope. ARVs created enormous optimism and hope and life. What's in the pipeline and would you please address viral resistance?

HELENE GAYLE: I'll ask Dr. Fauci to address that.

ANTHONY FAUCI, M.D.: Well what's in the pipeline are a number of products that we'll likely see either approved or putting up for approval in the relatively near future. Two of which have been discussed at this meeting are [Inaudible] inhibitors and maturation inhibitors. The reason it's important when you get a drug that is against a novel target is that it addresses in many respects the second part of your question, that there are many people out there who are on the

combination of drugs, which are usually nuclear sided, non-nuclear sided reverse transcriptase inhibitors with or without a protease inhibitors and when you get multiple drug resistance to those, one of the solutions to that is to get anew target such as an integrace[misspelled?] or a maturation component of the replication cycle or a binding and infusion inhibitor to overcome what will inevitably be the emergence of resistance. So as long as we have good results and we have a lot of people on antiretroviral therapy, there will always be the issue of resistance. You can circumvent that a bit by proper attention to the right protocol of treating people and making sure that when people are on drugs they take them properly as opposed to intermittently, which would perhaps in many cases provide a fertile ground for the development of resistance. So in summary I believe that the pipeline is relatively robust. We need to not be complacent and make sure we get the drug companies involved in even additional drugs for the pipeline and the issue of resistance will always be with us and that's the rise on why we have to be very careful about how we treat people.

HELENE GAYLE: We have time for one last question. I'll take the question here.

MALE SPEAKER 3: [Inaudible] various forms of AIDS denialism and I'd like to hear from the South African speakers about how that's impacted treatment [inaudible] there and also

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from Dr. Fauci about the denialism of the U.S. responsibility to put forth its fair share and holding back the world's effort by refusing to lead in putting forth its fair share into the Global Fund and other initiatives.

FEMALE SPEAKER 1: AIDS denialism in South Africa has taken perhaps some of the most perverse forms. One and its influence, one is either to deny that there is an AIDS crisis totally, which has been an overarching pattern and now there is to actually say yes, there's AIDS and we're going to provide treatment but we're going to provide choices and in this case, untested and unscientific choices as the minister of health has done over the years. And that has directly undermined the treatment roll out in that because of the attitudes of denialism, it means that the roll out and treatment isn't being provided at the pace that it needs to be provided. We have nearly a million people in our country who need AIDS treatment today. That prisoner who died yesterday was one of them who got treatment, for whom treatment came too late. But we're only providing to just above 230 and a hundred thousand of those are actually private sector people which is people buying for themselves so the government is in fact only providing to just about 130,000 people three years after the treatment program was initiated and even in those 130,000 people government has had a lot of support by private NGOs and other private programs implemented and so South Africa still does not

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have a target and a plan for how it's going to treat eight million people with AIDS today. And so that's one of the things and I think with the false choice rhetoric that we see all over the place now even if you go to the South African boat, you'll see garlic and olive oil and we are actually going now to test the South African stance, so join us if you want to because we're sick and tired of government denialism. You know that confusing people and denying people their needed information and I want4ed to add this to Anthony's response about resistance. We're really concerned about the pattern we're seeing with many governments including that of Botswana that treatment literacy is not being made an essential part of their approach to roll out and therefore people don't know often how to take these treatments and we've seen how critical it is and how it can assist when people really know how treatment happens so we really want to edge in that all governments in rolling out have to make treatment literacy and not just you know a little bit of pamphlets, direct and intensive treatment literacy and ongoing treatment literacy for people and that is the contribution that civil society is prepared to make in coming together in partnership with our government.

ANTHONY FAUCI, M.D.: The issue of the commitment of resources on the part of the United States, I think it's important to just look at the facts and if you look for example

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at the PEPFAR program, whether you agree or disagree or not with certain aspects of emphasis of it, the PEPFAR program has really been very transforming. It's a 15 billion dollar program with an average of about three billion a year and the money has been there. What was promised is there. So I think it would be a bit unfair to say that the United States has not put in a significant amount when it comes to the issues of drug availability, care and prevention. With regard to the global fund, again the global fund is an interesting concept because the Federal government made a decision that they would focus a considerable amount of their effort on the PEPFAR program, but they still have one third of the pledges of the Global Fund are from the United States. So I think everyone needs to do better, but I would say, obviously I'm speaking from someone who is from the United States but I think in fairness you need to look at the other developed nations and say that in fact if they increase their contribution to the Global Fund that the United States will stay about one third. So I think everybody needs to do better, but I don't think we should underestimate the impact of the PEPFAR program, which has been substantial.

[Inaudible]

Of course not. There's not defensible argument for anybody in the world to say that if you have resources that can save lives, particularly of those people who don't have access, that you shouldn't do that. That's just common human decency.

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In fact, unfortunately the facts of life, not only with HIV, you could look at a lot of other things. It's just the unfortunate component of our society and how we look at disease, burden and death. I mean, human life is worth a lot and we should be investing more. You'll not get any argument with me about that.

FEMALE SPEAKER 2: But I want to add that what is perhaps more critical for us to criticize of the U.S. is that it still is driven by drug company interest and promotes drug company interests. We want to see the U.S. starting to show its true commitment by actually pressurizing companies such as Abbott and others who are now doing new research to actually address the bigger problem of patents and then we can talk about U.S. commitment.

ANTHONY FAUCI, M.D.: I agree with you completely on that, but also I think we should remember when PEPFAR first came out, the FDA said that they would hasten the approval of generic drugs that can be used with United States money to buy generic drugs for PEPFAR and there was great skepticism that they would actually come through with that. There have now been 24 generic drugs that have been approved by the FDA. So we're not where we want to be, but they're going in the right direction.

HELENE GAYLE: Thank you all.

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