

**Official Press Conference: Meet Today's Plenary Speakers
XVI International AIDS Conference
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CRAIG McCLURE: Good morning everyone. I think you've got to know me by now. I'm Craig McClure, of the International AIDS Society.

This morning we had a very different and exciting Plenary Session from any we've had in the past at the Conference, and it was really an experiment, one of many experiments at this Conference in trying to expand the dialogue, expand the interaction between the participants and the presenters. It's the first time we've done a session like that at a Plenary Session. Dr. Sanga Gupta of CNN, moderated the session, and the title of the session was The Price or the Consequence of Inaction on HIV and AIDS.

I'm going to introduce the four Plenary Speakers from this morning one by one, and they'll each give brief comments. They didn't really give presentations so much as such; they each gave brief presentations, but I'll let them each give kind of brief reflections on the Price of Inaction and the session itself, and then we'll open it up for questions, and more dialogue, and more interaction.

So first of all Mark Heywood of the AIDS Law Project at the University of Witwatersran in South Africa spoke on the Price of Political Inaction.

MARK HEYWOOD: I think my comments mainly were aiming to point out that we've reached a point in the AIDS epidemic

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globally where we have many resources, many technologies that are available both for prevention and for treatment which give us the capability to save hundreds of thousands, potentially millions, of lives, both in terms of people already infected and preventing new HIV infections. But what that does is it puts an even greater onus on governments to provide the political leadership to make sure that health systems and governments get those technologies and implements them in a way that is effective in curtailing and mitigating the AIDS epidemic, and I tried to make those comments in the context of South Africa where, as you probably know, in my country there are five and a half million people infected with HIV, and 800 people die daily now because of HIV related illnesses, and yet we treat only 17 percent of people with AIDS.

And I'm saying that what is happening in South Africa in the absence of political will and the absence of political commitment is a human rights violation that actually needs leadership from outside of South Africa to address the crisis being created by the South African governments, and I pointed out that there's a terrible silence by political leaders outside of South Africa. Bill Clinton can't get it out of his mouth to criticize Thabo Mbeki. Kofia Non[misspelled?] can't criticize Thabo Mbeki and the South African government, and if there's this silence then the crisis for us will go on, and on, and on, and the devastation and the long-term consequences for

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South Africa are enormous.

And I then just moved on to say, "Look, if you look back at the last 10 or 15 years in South Africa, you also learn lessons for countries which today are on the edge of an exploding epidemic," and in particular I drew attention to China, although I should say that China is not the only country. The same applies to India, to Nigeria, to Russia, and to other countries, but China today has 650,000 people with HIV. UNAIDS says it could have 10 million people within four years. That can be stopped, but it can only be stopped if the Chinese government mounts the necessary political will and works with civil society in order to stop that epidemic. So it was an appeal to China and an appeal to the United Nations not to overlook the Chinese epidemic in the face of the explosion of growth of the Chinese economy and other geo-political global strategic priorities.

And finally I just wanted to say that we talked a lot in this conference about human rights, but protection of human rights is an HIV prevention strategy. It's not an add-on; it's an HIV prevention strategy. If you continue to criminalize sex workers, men who have sex with men, injection drug users, and so on, and so on, you thwart your ability to prevent HIV infection and to treat it. So I'm saying that the world and the UN and UNAIDS and governments must now be challenged, not just to pay lip service, but must be challenged by what they

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are actually seen to do and address the human rights issues that surround this epidemic. Otherwise, we'll be back here in a few years' time with another 20 million HIV infections, and lamenting something that could have been prevented.

CRAIG McCLURE: Thank you Mark. Our second speaker was Sasha Volgina of FrontAIDS in St. Petersburg, Russia, who spoke on her work as a civil society leader mobilizing against inaction in the Russian Federation.

SASHA VOLGINA: Hello. I wanted to talk about that before in Russia we didn't have a political will. Drug users and all the others were denied any treatment, and Russia didn't admit that the epidemic existed and there existed people in HIV/AIDS, and after years of the political denial and discrimination, and after our protests and making legal actions for getting access to the treatment, the Russian government finally – we won the political will, and the Russian government increased funding.

But we know the money is not enough. We need a better system. So now we're facing new problems – treatment interruption. Now in Russia in many regions the system doesn't work. There is not enough counseling, not enough peer support, still post-test counseling is very poor. The majority of people in HIV/AIDS in Russia doesn't know that treatment exists, actually. And also if we talk about the treatment, the majority of people living with HIV in Russia are drug users – 8

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in 10 cases do injection drug use, and I myself was infected through injection drug use. And what we also need is immediate access to the methadone [inaudible] for substitutional treatment to prevent and treat HIV for drug users.

And while in South Africa, Minister of Health denies AIDS, in Russia there is a denial of effectiveness of methadone. And at this conference looking at the institution with access to the treatment globally, in other countries, what I realized is that access to treatment is a global issue. We can't only work in our own countries. We must join to reform the entire system, because while the initiatives of the last year, international initiatives actually failed.

Thank you.

CRAIG McCLURE: Thanks Sasha. Our third speaker and panelist this morning is Musimbi Kanyoro of Kenya. Musimbi is the Executive Director of the World YWCA, and spoke to the panel really about mobilizing society, mobilizing women and girls, mobilizing against inaction, particularly around spirituality, morality issues. So Musimbi.

MUSIMBI KANYORO, Ph.D.: Thank you. I took this time to use the approach of bringing to the table ethical questions or the so-called moral questions, because I feel that in this particular area we are not speaking enough about why people refuse to do what they should be doing to make a difference; such as, why we cannot be able to have drugs that are there in

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particular places; why we make decisions of allocating budgets; why we are not listening to the issues of the trade imbalance and subsidies.

So as I am a person who is in front, by working with many groups of women and girls and children all over the world, I am also coming from a faith perspective, and thoroughly annoyed and angry that people use their faith to pass judgments that kill life. So I wanted to be able to put on the table and say we cannot be able to hide under morality, under faith, under spirituality, when we are faced with a pandemic that requires us to go beyond that. And so my approach was informed by what I know is happening to communities all over the world, to the human beings.

Our common humanity invites us to do more, and to do it now, and that means if this is the deciding moment, if this is that moment which, for example, after the Second World War we changed what values we thought were attached to life. If this is the time for us to change our way of thinking towards sexuality, towards gender, towards people of the south, towards poverty, then it must be this time. That was my line of thinking.

CRAIG McCLURE: Thank you. Our fourth panelist this morning is Kerrel McKay from Jamaica. Kerrel is a youth leader from Portland AIDS Committee, and really spoke about youth involvement, the need to involve young people in the fight for

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the future against inaction. Kerrel.

KERREL MCKAY: Thank you very much. This morning I spoke about the fact that because we have been inactive for a very long time, the infection among young people is escalating. Young people are becoming more and more vulnerable. Therefore, I made recommendations based on what young people are saying these are the services we want.

Some of those recommendations were: quality sex education to a wider population, not only to the heterosexuals, but to the homosexuals, and to the mentally challenged, and the disabled, and the street kids. I also spoke about the fact of having more youth friendly health care services that does not discriminate against one because of your sexuality or your economical background. I also spoke about the fact of us having a stronger platform to address the issues that are daily confronting us, to allow the world to hear our voices, and to hear our recommendations, and to assist us in playing a more positive role in the response to HIV/AIDS.

I also spoke about the fact of getting fully funded programs to involve us, to get us, as I said before, actively participating alongside with the adults. I also addressed the fact that this year's conference has been a milestone for us as youngsters because it provided us with the opportunity for us to share our concerns and to make recommendations, and also it left us with the sense that okay, we have spoken. What are the

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actions behind our conference when we leave here on Friday?

CRAIG McCLURE: Thanks Kerrel. Okay, we're going to open it up straight away. Questions. Gus.

GUS NAISMITH: Gus Naismith from Rutland, Vermont, in the United States. First a comment so that those of you know, not only in the Plenary Session, but I was in the hallways, you held people's rapt attention and enthusiasm, and I hope that the relative emptiness of this hall is because most of the media are already advocates with you. But your session was one of the most impressive, captivating one for people here.

Because you're so articulate and clear, I don't have that many questions, but I want to pose a couple: One to Mark, when he made the very good point of leaders being afraid to say the right thing about Thabo Mbeki – he didn't mention Nelson Mandela; and to Sasha, but any of the others of you, you're in very difficult situations, and activists in doing so much. In the wealthy countries there is a degree of ignorance I would say more than apathy of what the rest of the world needs, and I wonder if in adding to your responsibilities or your funding you include missions of people like yourself going to the rich countries and really speaking as you do, because you're excellent advocates.

MARK HEYWOOD: I think that the problem South Africa has had is that under the Nelson Mandela presidency, there was also denial about HIV, and Nelson Mandela has admitted his

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mistake in not prioritizing HIV prevention between 1994 and 1999, but it certainly was a major governmental omission. The big difference is that Thabo Mbeki's denial and failures on HIV have been much more deliberate, and have been characterized almost by deliberate anti-leadership on HIV, questioning whether HIV causes AIDS, which did a lot of damage in our country; questioning whether antiretrovirals will poison people, which continues to do a lot of damage in our country.

So we have this kind of strange situation which is at odds with every other country in the world, where there is a deliberate holding back of leadership on the AIDS epidemic, rather than promoting of leadership on the AIDS epidemic, and that carries over into his refusal to take action against the health minister. The health minister causes tremendous pain to people in our country. There's a separation between scientists and the government; there's a separation between activists and the government at every level, and that's why we took the step today of saying the health minister must be forced to resign, and we were pushed over the edge in relation to that step, as I mentioned, by the fact that despite a court order instructing our government to put in place a treatment program for a group of prisoners in Durban, the government decided to keep appealing that order, and in the course of that in the last few days, one prisoner has died in contempt of court. We've got to a point where this crisis has to be broken somehow, and what I

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was saying is that political leaders outside of this country have to speak about South Africa, not just Bill Clinton, and not just Peter Piert and people, the African Union needs to speak out about it, the G8 needs to speak out about it, the European Union. We are appealing to people to please support South Africa to overcome the current crisis of political inaction in relations to the AIDS epidemic, and that is an appeal to the globe.

CRAIG McCLURE: Okay. Anyone else want to comment? Okay, we'll take the second question. I think Antoinette? No? Take a question. Go ahead. I forgot to remind you - just state your name and affiliation.

SOPHIE PINKHAM: Hi, my name is Sophie Pinkham. I'm from New York. I'm from the international Harm Reduction Development Program, and I was hoping that both Sasha and Mark could speak a little more about substitution treatment and its relationship to HIV prevention and treatment.

In Russia, why is substitution treatment still unavailable? What can be done to make it available to people who need it? And in China, Mark spoke about the criminalization of sex work, but I was also wondering if you could speak a little bit about how coercive drug treatment and relationship between availability of methadone and HIV prevention and treatment in China and human rights of drug users.

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CRAIG McCLURE: So Sasha, why do you think the Russian Federation is not implementing some—

SASHA VOLGINA: Oh there is a number of reasons, and now it's going to be like said in one sentence. I think that just denying that it is effective. That surprises me a lot, because, as I said during the Plenary, or actually the debate on the subsidization of treatment is closed. But everybody understands it, but only the Russian government is not admitting that this strategy works in prevention and in treatment. And what I always wanted to say, there's a very big depression inside the country. The narcological system, the narcologists themselves are not ready for changing the systems in power, because well actually as the system is working now, it's just a way to earn money, and we have now such a joke about that system — 100 percent of treatment of drug use for the people who use it several times will have reduction.

So I think that is the other issue, and I think that these changes have to be done the same way we are trying to win the political will for the treatment. It has to be done with a strong advocacy wave inside the country, and also with the help of international communities, as it was done with the treatment, the political will about the treatment, because one of the reasons was the global fund working in the country, and participation of Russia in the G8, so that we need the help from inside the country also. So it has to be the advocacy

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wave inside, and outside help. Thank you.

MARK HEYWOOD: I mean I can only echo that. I mean in relation to China, all I can say is that there's a few places where methadone is available, but across the board it's not available, and there needs to be an end to the criminalization of injection drug use, and support for people who are injection drug users, and I was in China about a month ago, and I can tell you that the stories the Chinese people relayed to me were stories about how people were afraid to go to drop-in centers because the police have a certain quota of injection drug users that they have to arrest, and when people go to those centers it just becomes an easy place to go and pick up their quota of injection drug users and send them off to labor re-education camps, so all of these things have to be addressed, and it just takes me back to the point I made in my opening comment, which is that unless we address human rights violations, we cannot prevent HIV infection. It's that way around; it's not the other way around.

CRAIG McCLURE: Next question.

MURPHY BROWN: My name is Murphy Brown. I'm from CKLN, 88.1 FM in Toronto. My question is: financial aid from developed countries to developing countries has strings attached, and especially abstinence. How much harm is that doing to developing countries where the rate of the infection is skyrocketing?

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CRAIG McCLURE: That sounds like a question that maybe you might want to answer, Musimbi.

MUSIMBI KANYORO, Ph.D.: Yes.

CRAIG McCLURE: I think you're referring to some countries have policies related to abstinence in their donor financing, but I think you said all countries, and just to clarify that. Musimbi.

MUSIMBI KANYORO, Ph.D.: Yes. I wanted to correct that first, and specifically when we refer to this to your concept, a lot of it is because of the prayerful[misspelled?] money, which has those kinds of strings. Not all of the donors do have these kinds of strings. And what happens, if I use the example in Africa that I am very familiar with what is happening, is that governments, it's a lot of money. Prayerful money is a lot of money, and governments and different people are accessing that money, and making changes with that money, but, yes, there are strings attached to it, and one of the strings that is very much criticized is the strings of abstinence, A, B, C alone, but also the strings of using that money to sex workers, to drug users, etc., and there are organizations and persons who use that money, and they is enough voice out there saying the issue is that people are not affirming that abstinence can be one of the methods. What people are saying is that there is more to dealing with HIV/AIDS than promoting one particular way of thinking. It's

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very close to what I was saying about how our ethics or way of morality governs us to make a decision, because there are tools that are scientific tools, condoms, vaccines, microbicides, etc., but there is also abstinence as one of the things that should be there, but it should not be enforced without people being given the real information that Kerrel talked about – the true information and what the reality is.

Now in regards to the countries that receive it, the governments that receive it, there have been, for example, a country like Uganda which had made a lot of progress in regards to the HIV, and at one point Uganda, people say it's because of the financing, began to completely promote the A, B, C as what made a difference, and there are many activists in Uganda that say that was not the only, that was the way that it was used, it was because of the promoting of everything that was able to work that made a difference, and in Uganda the two views exist among the people, but the political leadership took the issue of – it was reasoned that especially the first lady wanted to have access to this money, and so she sang the song as the tune that was requested by the other donors.

CRAIG McCLURE: Kerrel, I wonder if you would like to comment as a young person on the role or the effectiveness of abstinence-based prevention education in Jamaica. Do you have any experience of that?

KERREL MCKAY: Preaching abstinence, we have been doing

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that, but to be very honest, it's good to preach abstinence, and nothing is wrong with that, because that's the ideal situation. That is what every parent wants for their child, for my young daughter to abstain, and my son to abstain.

But in reality, the actual situation is that all kids are not abstaining, and so definitely in preaching abstinence, the other messages have to correlate. We cannot preach only one and leave the others, because you're going to find kids who say okay I'll abstain until there are certain things put in place, but then you'll find others who say, "Listen to me. I am a sexual being, and I want to explore all avenues of my sexuality," and they're going to go out there and have sex. And so the different messages have to be preached in order to effectively get the positive results that we are looking for.

CRAIG McCLURE: Okay. Thank you. I think you had a question.

JILL PETTY: I actually had two questions: one for Musimbi and one for Kerrel.

CRAIG McCLURE: Sorry, could you just say who you are?

JILL PETTY: Oh, I'm sorry. My name is Jill Petty. I'm here for ColorLines Magazine in Oakland, California. I was wondering if you could address the receptiveness of people inside Kenya, inside Africa as a whole, and internationally, to the message you're bringing here about severing this tie between faith and spirituality, and the push toward abstinence

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in assessing behavior. How is it being received, and how do you measure the success of your message? I'm guessing, based on the earlier question about the tie of abstinence programs to funding, it's a hard time to be pushing that, and then I had a question for Kerrel, and then I'll stop.

Just really quickly, you talked about the conference being a milestone for young people, and I was wondering if you could kind of elaborate on that, and talk about what kind of organizing you've been able to do, and what other programs you're looking toward or working with to share modeling, to learn from each other. What has this conference allowed you to do?

MUSIMBI KANYORO, Ph.D.: Yes, thank you for the question. My experience, we have worked in 73 countries, extensive work on HIV and AIDS, which includes all of the areas: care, literacy, treatment, education, prevention with young people, with women, with the communities, etc., and their experience has been that you cannot be able to remove from communities the fact that they are spiritual persons, so we shouldn't play down the spirituality of people, and we shouldn't play down the cultures of people, because they influence everything that they use to receive the information, to digest that information, and to use that information.

So our experience has been to honor the people as spiritual, but to put into place things that help people to

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interpret their spirituality in a good way. And how is that received? I can use the example, there is an organization called the Circle of African Women Theologians, and we founded that organization as African women theologians, and our intention was to help our communities to re-read and re-interpret the scriptures in the times of AIDS. We are Muslim women, we are Christian women, we are Buddhist women, but also to look at how cultures and religions and theologies and ideologies shift the thinking, especially of women, and help the people to ask challenging questions. And it's working. It's well received. It's working. People are asking the right questions, and people are asking the right questions because death is at their doorstep.

But we have to do it the other way of influencing governments as well, and influencing the international places, and people like me and others are there speaking loudly at UNGASS, at other places, and places such as this, so that we can bring the real experience of the people that we meet face to face. Especially, I am interested in the lives of the caretakers: the nurses, the grandmothers, the young people on the ground, et cetera, the ones that don't get heard. I am interested that I bring them to you, the media, that you will also put them to the same accountability, but to the same support as we put Mbeki.

KERREL MCKAY: The fact that this year's conference,

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the number of young people representing the different countries, is like four times previous conferences, that in itself is definitely a milestone for us, because at least we know that young people from all over are given the opportunity to represent their countries, to share their challenges and successes, and to learn from each other.

Now I have been challenged by the different sessions, youth sessions that I attended. I got the chance to learn different skills in terms of reaching different youth communities, the homosexual community, the street kids. I got the chance to learn from these different communities, and learn skills in how can I take the message to this group. What are some of the challenges that this group is facing, even if it is not from my own country?

It also gave – this conference has also given me the opportunity to share what I have been doing in my own country. It has given me the chance to network with other young people who are doing an excellent job in their country. So it has opened the floor for young people to network, to create a body that is united, and the thing is because what I've realized is that even though we are from different countries, when I look at the challenges, they are similar. And so it gives us an opportunity for us to network, and to come together and say how can we fight this together as young people from different parts of the world who are dealing with the same issue.

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CRAIG McCLURE: Just to add to that, Kerrel, on behalf of the conference, our commitment is to expand even more young people's representation next time. I think it's been fantastic this year. We need to do more, and more, and more.

Next question. I think in the middle. You, yeah.

IDA SASSA[misspelled?]: It was similar to the previous, maybe a follow-up. My name's Ida Sassa from the United States. There's a lot of perception in the United States that religious organizations, say in Africa, are more conservative in asking for things like abstinence and believing in the subordination of women, and I wondered if you might talk to that Musimbi, and there's also perception that the Pefpar funds are funding those kinds of organizations, and so I'm interested in what happened in the ecumenical meeting, if those were the kinds of things that were presented, or if there's another view of religious approaches that you were representing, Musimbi, and maybe that question is also to Mark, in how these funds are changing religious views or encouraging certain forms of religious views in Southern Africa.

MUSIMBI KANYORO, Ph.D.: I'll be brief on it. You are right. Religious groups are very, very conservative, and they have been late on coming aboard. Yet there are some who are very, very good underground in accompanying people that are really in need. So you can't really just criticize. You cannot do that, because if you go to many places on the

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continent, and look at the hospitals, look at the villages, look at who is burying the dead, etc., the problem is that they stayed at that level for a very long time of wanting to be there as giving the bandages, and they did not, for a long time, realize that they had the power to prevent, to be able to help prevent in the right, honest way.

But I must say that there's a lot of change in some of the leaders – the religious leaders. If you just look at the statements that are being made by Muslim leaders, by church leaders, by interconfessional groups, by faith groups who are like here at the beginning of the conference, etc. You can't have the courage to just throw the religious groups out, and say that they are not being active, and that they have not realized what was wrong. A lot of people have realized what was wrong, and there are many that are speaking with very credible voices – their voices.

But it is true that there are quite a lot that take the issue of morality as meaning that they can choose who to work with and who you can't work with. These are areas where some of us have difficulties because the pandemic does not allow us to do that. It does not allow us to moralize. That is where the tension is still, and the USA – you have to take responsibility. You are a big power. In fact, if I had any anger to say about where our religious leaders are, because our continent is a poor continent, and when people are poor they

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become very vulnerable.

The USA has to take the responsibility as the powerful country where a lot of money is coming, also through religious groups, through individuals, through the government, etc. In fact, in reality, you can't tell us as African women just to abstain when we don't have the choices that you're asking us to. You have to listen to us, and to other people who understand the facts, including the scientists. So any of you who are here from the USA, you really need to take this, and sometimes I wish I had a dialogue with the president of your country to tell him what I know of the reality. [Applause]

MARK HEYWOOD: I fully endorse that. I think in Southern Africa as well we've seen that faith-based organization have increasingly come on board in HIV prevention and treatment. I mean here at the conference there's an organization called the Network of Anglican Priests Living with HIV. It's priests who openly live with HIV, which is great. I think the problem is that there's not sufficient use of faith-based, or taking advantage of faith-based organizations in terms of the services they provide around home-based care, and making sure that people have the means to provide proper home-based care to protect themselves from HIV infection, and making sure that faith-based communities have the necessary information about HIV so that they can preach accurate HIV prevention messages. It's another resources where if

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government was staring it in the eye properly, it could help us enormously.

Of course, there remain outstanding issues. I mean there's another group here at the conference called Catholics for Free Choice, and there's questions about getting the Catholic Church, which has millions of supporters worldwide to accept condom use, and to promote condom use for the purposes of HIV prevention, so it's not all good, but certainly my reading is that faith is rising to the challenge by and large.

CRAIG McCLURE: Okay. We're going to take two more questions. The first is Michelle, I think.

MICHELLE REID: Hi, Michelle Reid from George Hestrows[misspelled?] in Manchester, England. I want to congratulate the panel on the fantastic session this morning. I'm overjoyed at the inclusion of young people in this conference. I was at Bangkok, and I think it's a really welcome increase.

I'm appalled at the lack of leaders here, and I'm really worried about the view of activists at this conference. I overheard a senior doctor, and by senior doctor, I mean someone who was on the stage at the opening ceremony, during a campaign by a group of Indian people about "Drugs, Not Profits," and basically this senior doctor said, "The activists need to stop now. They need to realize that they're like a general who hasn't realized that the war is over and the battle

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has been won."

Now, given Mark's comments this morning that every health worker needs to be an activist, every scientist needs to be an activist, and given the fact that we have so far to go in the fight, and activism has to play a huge role in getting governments to realize their responsibilities, I just wonder how the panel might react to what they feel the view of activists has been in this conference.

CRAIG McCLURE: Who wants to go first? Sasha.

SASHA VOLGINA: Well, what I think is that first of all the war is not over for me. The war is not over for me because access to the treatment in Russia and globally, talking about the world, is not reached at all. And I think that the involvement of activists has to be increased, and what I think is that we have to unite, unite our efforts, because the system is not working. The system is ill. The same as it is in Russia's system, and the global one.

All the promises and all this 3 x 5, and all these international models, it doesn't work. That's what we have to realize as activists. And we have to force this international system to be developed. And I think that my idea about that is that patterns in life, all that system of market, and trying to lower – you know, we are working for a long time already trying to lower the prices, like "Dear Abbott, please make it like \$20 lower." It doesn't work. The entire system has to be changed.

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That is my idea. And thank you for your question.

CRAIG McCLURE: Anyone else want to take that question on?

MUSIMBI KANYORO, Ph.D.: I wanted to say that regarding that particular one, it's impossible to stop people from being activists. People have to be activists, but for me there is one little line that I want to add on: It is important also always to affirm what works, what is happening that is good, because it can become quite a lonely way if we never talk about what makes a success, and since we have a long way to go the more we also lift up the things that are working, and the good things that are happening, the more we get the courage for tomorrow. If, for example, we only talk about – I know that there is a lot of corruption, but if we only talk about corruption, we will never be able to mobilize resources. So we should also look at developing the charters of accountability like many of us have done with NGOs. Those of us that are making sure that every penny that people get goes to help people, etc., and lift some of those examples also of governments that are working well so that people can have the hope to go on for the next day.

MARK HEYWOOD: I think one of the things that has worried me and many people about this conference is that inadvertently the activist's voice has at times been marginalized partly because people like Bill Clinton and Bill

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Gates have received so much press and media at this conference, and we respect their contribution and their joining of the struggle, but Bill Clinton and Bill Gates will not mobilize the communities, they will not sustain the response to HIV with their money and with their commitment. Activists are the only people who can do that, and in relation to what you say about that high profile doctor, personally I don't like the term activist very much because I think that scientists and health workers and governmental people have got to come into our territory, rather than we go into their territory. There's not point discovering medicines, discovering a whole variety of things that can save lives if those things are not made available to people either because they're too expensive, which in many cases continues to be a problem, or because there's not sufficient intent and political will to inject them into health care services.

So there's a long road ahead for activists, but I would hope that the activist community is joined by substantial numbers of people who do not consider themselves activists, because that will give us the type of progress that we require.
[Applause]

MALE SPEAKER: I'd like to ask a question if I might. Given the lack of political leadership at this conference, I'm wondering how you feel about the impact of people like former president Clinton, Bill and Melinda Gates, on inspiring those

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political leaders to do more, not just to come to the conference, but to do more to have an impact on the epidemic. And the question is really the tension at this conference is always between the needs of the people who attend the conference and the desire to mobilize ordinary people, political leaders, celebrities, leadership in youth, leadership at every level outside of the walls of the venue, so whilst I hear you really clearly, I've heard people really clearly critical of the presence of the leadership that was here, I just wonder about their impact at doing what we want to do in terms of attracting political leadership across the world.

KERREL MCKAY: I personally feel that the pandemic invites many voices at the table. I know that political leaders, or famous leaders like Bill Gates, do make an impact, because people know their names, so when they are able to make a statement or give funds, et cetera, then maybe they set an example for the others that may be sitting on their monies in that category, so we need many Bill Gates people, whatever they are, to give their money as much as Bill Gates is doing it, but I'm sure that if Bill Gates just wrote us checks, but we didn't know what he thought about this illness, I would have trouble with that. So it was important for me to also hear what he thinks and how he interprets these issues, and getting them to such platforms are important.

I'm ambivalent about whether having many political

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leaders on this conference would also have meant we wouldn't have had the voices of the youth, the voices of people like us, who work with, etc., because then they would get the attention, and I'm wondering whether UNGASS in New York, which was their meeting, and they were there in full swing, was really the places that they made the decisions, and now this meeting was just to have some of them, and most important for us to really strategize on how to hold them accountable, because I can understand, if many heads of state came to this meeting, just the security to get them, the places to give them a voice, the money that would be used for them to come with their millions of people who have to accompany them, I am sure we would be cutting down on your voice and somebody else's voice as well.

[Applause]

MUSIMBI KANYORO, Ph.D: Yeah, I agree. I agree so much with my panelist here, definitely, because you go to the sessions where the famous people are at and you see a lot of people, and then you go to the other sessions where you think that this is of utmost importance, and there are not a lot of people, because people tend to go towards where the famous people are, which there is no problem with that, because people listen to celebrities, as my fellow panelist said before, but definitely maybe if we had all the top people here maybe, as she said before, just re-emphasizing what she said, maybe the voices of the youth would not be heard, maybe the voices of the

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vulnerable populations, vulnerable groups, would not have been heard, and would not have been given the attention to make their recommendations and to state what is happening with them. So definitely it is important to have our leaders, our political leaders and religious leaders among us, but at the same time it is important to have a balance so that all voices will be heard.

CRAIG McCLURE: Mark or Sasha, any final comments?

Okay. Mark, final words.

MARK HEYWOOD: I differ slightly from my fellow panelists here. I mean I'm not critical of the presence of former president Clinton or of Bill Gates, and I agree with Musimbi about it's been important to hear what they think, but what I believe is that however important their contribution is, it can't be a substitute for democratically elected governments who have governmental power carrying out duties and obligations to their citizens, and there's still a huge gap in that respect.

It's true that UNGASS took place a few months ago, or whatever it was called in New York, but three months have passed and we need to hear from governments that in between signing that political declaration and going back to their countries, they've done A, B, C, D, E and F, rather than to let them off the hook, as so often happens, and they go back to countries, and things that are signed in New York are largely

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forgotten about. You forget what you signed on the political declaration on HIV and AIDS, and what you do is you condemn people to death. That is really the consequence of it as far as I am concerned. And I share the cautiousness about silencing other groups, but I think the conference organizers can manage these type of things, as they've done with having us here and so on, to ensure that young people are heard, to ensure that marginalized groups, indigenous groups, and so on are heard. That's about conference organization. But you have a conference with a significant absence of one of the critical players of the parties, then the eventual outcomes of the conference lean more towards being another glorified talk shop than something that actually moves the agendas forward.

CRAID McCLURE: Thank you, Mark. So let's hope we can mobilize governmental leaders to get to this conference next time and not give it a miss as they did this time. I want to thank all of our panelists for a really exciting plenary today, as I said, a first for the conference, and thank all of you.

[Applause]

[END RECORDING]

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