

**Plenary: Time to Deliver: The Price of Inaction
XVI International AIDS Conference
August 17, 2006**

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[Music playing for the first 15 minutes]

CRAIG McCLURE: Good morning everyone, I'm Craig McClure the Executive Director of the International AIDS Society. This morning is going to be something a little bit different for the conference. We've been trying to increase the dialogue, increase the discussion at this conference, and one thing that we've never done before is have an interactive plenary session.

We are thrilled that Dr. Sanjay Gupta has agreed to moderate this session. Sanjay is the senior medical correspondent for the Health and Medical Unit as CNN where he has worked since 2001. In addition to his work for CNN, Dr. Gupta is a member of the staff and faculty of the department of neurosurgery at the Emory University School of Medicine in Atlanta, U.S.A., and performs surgery weekly at Emory University Hospital and Grady Memorial Hospital where he serves as chief of neurosurgery. Before joining CNN Gupta was a neurosurgeon at the University of Tennessee's Semmes-Murphy Clinic, and before that the University of Michigan's Medical Center. In 1997 he was chosen as a Whitehouse Fellow, one of only 15 fellows appointed, and served as special advisor to the first Lady at that time, Hilary Clinton. In 2004 he attended the International AIDS conference in Bangkok, Thailand where he reported on the pandemic for CNN, CNN International, and Headline News. I welcome Dr. Sanjay Gupta.

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SANJAY GUPTA: Thank you very much, than you. Well I'm excited to here, thank you very much for having me. I have attended a few of these conferences now, and -can you hear me, can you all hear me, okay, can you hear me now- alright, I have attended a few of these conferences and one of the things that we really wanted to do today was give you a chance to be a part of this dialogue as well, and that's a big part of what we're going to be doing over the next hour or so.

The theme of this conference as you know is A Time to Deliver, but a second equally important adjunct to that is the price of inaction. What does it cost if we don't deliver? What has it cost so far in the time that we have not delivered in so many different ways? So those are the issues that we are going to be tackling today. We have a crack panel to be able to talk about this, as Craig mentioned the presentations are going to be shorter today in order to give us more time to actually have some of the dialogue, but I want to get right to it so that I can give you as much time to be a part of this as well. Let me quickly introduce the panel and then I'm going to have all of them go up to the lectern and make short presentations.

First of all Mark Heywood is from South Africa, he is a Senior Researcher and Head of the AIDS Law Project at the Center for Applied Legal Studies. Interestingly he was born in Nigeria, lives in South Africa now, but has a British accent. We'll ask him about that later.

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Sasha Volgina is from Russia, she was born and raised in St. Petersburg Russia, she has been the Director of a self support group since 2005, and she also formed the first treatment activist group in Russia called FrontAIDS, and please welcome her as well.

Musimbi Kanyoro is from Switzerland; interestingly she is the General Secretary of the World WYCA. I was asking her about this just back stage and she told me that they actually have the potential to reach 30 million women and girls all of the time; they also do some intensive programming in 73 countries specifically talking about HIV/AIDS. She is going to talk a lot about the issues of morality versus mortality, please welcome her.

Kerrel McKay is going to talk about the youth in the future, now she lives in the Kingston now but she was born and raised in Portland, Jamaica. She has been active in her community to mobilize youngsters as well. She formed her first youth group when she was 15 years old which prompted Musimbi to ask her well how old are you now, because she does look so young. Please welcome Kerrel as well.

So the way that we are going to do this again is we are going to have each of our panelists go up and make short presentations. I'll start with Mark Heywood.

MARK HEYWOOD: Good morning, can you hear me? Good morning, everybody. A few days ago as we watched President

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Clinton and Bill Gates on this stage, I had a dream of a better picture which was to see on the stage a similar discussion taking place between President Lula of Brazil, President Thabo Mbeki of South Africa, and perhaps Tony Blair the Prime Minister of Great Britain; where Lula would tell Mbeki about the experiences of Brazil in combating HIV and treating people with AIDS, and Tony Blair would offer the resources to make it possible to sustain the Brazilian AIDS program, and to make it possible for developing countries to properly tackle this epidemic. I say that because I think that one of the greatest missing pieces in this conference has been the question of political leadership. Without political leadership it will not be possible to turn the scientific discoveries that we have heard about into public health interventions that will save the lives of millions of people; so unless we find political leadership, and unless we interrogate the reasons why there is not political leadership, than our response to the AIDS epidemic will be doomed to being less effective than it could be. What I want to talk about this morning is the importance of political leadership; I want to show you something of what has happened in South Africa looking back. I want to talk for a few minutes about China looking forward. I want to talk about the duties that I believe arise from the recognition of HIV as a human rights issue where I'll argue that it's not sufficient to merely pay lip service to human rights, but there are active

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duties that flow from all of this talk about human rights. I want to talk about the responsibility of governments and the responsibility of society.

I want to start by saying that despite our criticisms of the declarations of commitment agreed in New York a few months ago, there was a very telling admission made in that declaration, the admission said that we now have the means to reverse the global pandemic and to avert the millions of needless deaths. My question, your question is, are we going to use those means? Will we hold the world's leaders to account to make sure that those millions of deaths are indeed avoided? Much of the first 25 years of the epidemic has been spent creating the means, but we don't want science for science sake, we want science for public health sake, we want science to save lives. I'll say that this is not just a matter that should preoccupy so-called activists, every health worker needs to be an activist, every scientist needs to be an activist, because your duty doesn't stop with the discovery of an antiretroviral drug or a microbicide, it stops at the point that those discoveries are made available to the population generally.

Let me briefly tell you a tale of two countries. South Africa, my own country, has 5.54 million people officially living with HIV, and China has 650,000 people living with HIV but with a terrible projection of 10 million people living with HIV in China within four years time. I want to talk about these

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two countries briefly because I believe that they show what happens without political leadership and what may happen if there is not political leadership in China. One of the things that has struck me, and Peter Piot referred to it yesterday, is tragically how much we have known about this epidemic over the years, and how little we have acted on it. In South Africa in 1990 a leader of the ANC who was tragically assassinated a few years later said we can't afford to allow the AIDS epidemic to ruin the realization of our dreams. In 1991 researchers pointed to the epidemiology of HIV showing how South Africa as a part aid migrant labor system could create an environment in which HIV would rapidly spread from so-called risk groups into the so-called general population. Peter Piot said we had the resources, I would say that if we had the will at a much earlier stage we could have saved many thousands, potentially hundreds of thousands of lives; but in South Africa we haven't had the political will, in South Africa we have fought over HIV, over whether HIV causes AIDS, over whether antiretroviral drugs work or whether they are poisonous, over whether nutrition works, and so on and so on, and as we've fought and as we've failed to provide the leadership that is necessary, inexorably this epidemic has grown and grown, and as you can see on this slide, the latest official antenatal statistics show HIV prevalence amongst pregnant women of 30.2-percent. Even more frighteningly is the deaths that are happening now,

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this slide is an official statistic produced by statistic South Africa in our country, and it's based upon counting the annual number of recorded deaths based on medical certificates on death. It shows that by 2004 567,000 people were dying per year as opposed to 319,000 people per year in 1997, and as you can see it shows the perverse situation that in my country more people die between the ages of 20 and 30, than between the ages of 60 and 70.

Now I want to make some hard comments about that, and the comments that I'm about to make are difficult for me to make; but I will make them all the same. It is likely that in the next two minutes because of what I will say I will be accused of being disloyal to my government, and unpatriotic, but what I want to say is that when we fought a partake we treated a partake not as a matter for South Africa alone but as a matter for the global community. AIDS is a health issue that is not a matter for South African governments alone, but a matter for the global community. When this number of people are dying in the face of anti-leadership and political denial then the world has to speak up, and the world is not speaking up. President Clinton can't speak about South Africa and the crisis of the AIDS epidemic, Peter Piot can't speak about South Africa and the crisis of their AIDS epidemic. I want to say now that I believe that our Minister Health should resign. I say that not because I'm disloyal but because I'm loyal to these people, to

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the people who are dying at this very minute in poor communities throughout our country, and are being deprived of medical services and access to healthcare services; that is a human rights violation and that cannot be tolerated, and it has to be stopped, and you have to help us to stop it. Silence equals death, this is what our President said in February of this year in the face of the knowledge of the mortality that is taking place because of HIV, it is unacceptable and it is tragic.

My last few concluding comments turn to another country, China. UNAIDS has pointed to a rapidly expanding HIV epidemic, the possibility of ten million new infections by 2010. China is very similar in circumstance to South Africa, we know who the risk groups are, the epidemiology has been projected, we have internal and external migrancy, we have gender inequality, and we have a government that in many respects has other priorities than AIDS. The question is will there be nine million new HIV infections in China in the next four years? Will we allow that to happen? Will the global community allow that to happen? It could take place relatively unnoticed. Ten million people would be less than one percent HIV prevalence; it could take place because there is a culture of impunity for human rights violations in the world. It could take place because statistics dull us the pain and suffering of dying of AIDS. We need consorted efforts for prevention and

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treatment, and the record of the Chinese government so far is cause for concern. There is the blood safety scandal, there is the imprisonment of millions of women who are sex workers, and there is harassment of civil society activists, imprisonment of people who petition, almost in conclusion.

I want to turn to the question of human rights. The tragedy for people vulnerable to or living with HIV is that the political response to HIV is influenced by the geopolitics of AIDS. When Kofi Annan visited our country in March 2006 he praised the government for many things correctly, but he didn't attack it for its response to AIDS. We need the leadership from people like Kofi Annan. This is almost my final slide. This is about the right to access of healthcare services. Compare mortality in South Africa with mortality graphs in the United States and Sweden, this is 21st century earth, and this is wrong, and this is why as a matter of human rights we have to make sure that everything is done to try to ensure that people have access to treatment. I'll skip my last two slides. My concluding question is we have the means, we've heard in this meeting that we have the means, will we utilize them? Will we tell the truth? Will we actually ensure that targets are set, monitored, and maintained so that in the next two, three, four, and five years real progress is made, and real political leadership to confront this epidemic is discovered? Thank you.

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SANJAY GUPTA: Okay, Mark Heywood thank you very much, you got us right into it for sure, you've raised lots of points and lots of questions as well. We'll get to those questions, a reminder to all of you; we are going to open up the audience to questions probably in about 20 to 30 minutes or so. I also want to point out something, this is a large group here, and it's somewhat intimidating for anyone to get up and speak in front of this group, so please keep that in mind as you welcome our next speaker as well. Sasha Volgina, please welcome her.

SASHA VOLGINA: Hello my name is Sasha and I'm from St. Petersburg from the Russian Federation. I have worked on advocacy as an activist of FrontAIDS movement for access to treatment, and in services as an expert on adherence and community mobilization in treatment models. In Russia eight out of ten HIV cases are due to injection drug use, and this is how I myself was infected. I tested HIV positive seven years ago, all that I knew was that I would die soon. I only found out that treatment had existed three years later, but most of the people living with HIV and AIDS in my country still don't know that treatment exists. People often don't receive any post test counseling. For years the AIDS centers in my country were just collecting statistics. I used to be the only person I knew that was positive. In recent years all of my friends have tested positive too. Prevention among IDUs failed. A growing number of new cases are among women who are not IDUs; it seems that

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prevention in this group is failing too. When my friends and I learned that treatment existed we had hope for the future, we were going to live not to die. Over night we thought that if treatment existed we would get it when we needed it, we never imagined that it could be otherwise. We started to work at hospitals helping HIV patients and we saw that the reality is very different; people were dying, because there was not enough treatment doctors in the center developed commissions to decide who deserved to live, and who will die. People were labeled social and productive and denied treatment, something had to be changed. We started to have demonstrations, speak to the media, and show the world that we existed; but still people felt that we were guilty and we didn't deserve treatment.

As I was saying silence equal death, we were not silent, we were screaming, but nothing changed. At that time we began FrontAIDS movement, we had the legal actions, we risked being sent to prison, but it was time to take that risk. We had nothing to lose. FrontAIDS united not only people living with HIV/AIDS but also [inaudible] organizations. We called ourselves FrontAIDS because it was a war for our lives. We started in Kaliningrad where nearly 1,000 people at that time had already died without treatment. The aim of actions in Kaliningrad, Moscow, and St. Petersburg was to force the government to admit that we existed, that an epidemic existed,

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and that we had the right to treatment. Our aim was political will.

After years of our protests and political actions the Russian government increased funding for AIDS, higher level officials, including the President, recently recognized the problem and expressed political commitment to access the treatment. The government admitted that drug users have the right to live, but antiretrovirals are still not available to everyone, and there is a lot of work ahead. Problems started with procurement, there have been treatment interruptions because AIDS centers run out of drugs, technical support and planning focused on delivery is needed. The system should become transparent to avoid corruption. Some have said that drug users shouldn't be given ARVs because they won't adhere, but the Russian also had to get here to treatment to ensure sustainability in medicine supplies. The regions supported by the global fund have sustainable ARVs delivery. The global fund has also provided the best treatment and prevention models in Russia, and technical assistance has been essential; but there are still problems to be overcome.

Many patients don't know that treatment is available, drug users are isolated, even if they know that treatment exists they have many fears and myths about it. They have learned to avoid all state institutions, pharmacies where you can't find a syringe, but you can always find a police patrol

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at the entrance. State run detox centers where the best developed referral system is to refer to the police. The lack of effective treatment of drug addiction causes problems for adherence for drug users. Substitution treatment with methadone and mypanath[misspelled?] is illegal in Russia. There is almost no access to drug free rehabilitation. The only drug free addiction centers are religious programs and government sponsored detox; but to get into the government sponsored detox programs you have to be officially registered as a drug user, then police, employers, and others discriminate against you. Effective drug addiction treatment, essential substitutional treatment is needed to make it possible for drug users to succeed in ARV. As Alex would've said at this week, the International debate in substitutional treatment is over. Russia must legalize methadone and mypanath immediately to help prevent and treat HIV. Until Russia legalizes substitutional treatment, ensures a steady supply of ARVs, develop integrated social support programs, and ends stigma and discrimination against people living with HIV/AIDS and vulnerable groups, access to antiretrovirals will be nothing more than an empty promise.

The system of providing access to treatment in Russia is still sick and in need of treatment. The global system is also not working. Global initiatives have not been successful in providing treatment to more than 25-percent of those in

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need. Patient laws and intellectual property rights make ARVs too expensive for the patients who need them. Access to treatment is a problem that must be solved globally, throughout the world we have the same problems, and I can see that in this conference. [inaudible] we can't just walk in our own countries, we have to unite internationally, and everyone in this room knows the price of inaction, death. Life depends on us, thank you.

SANJAY GUPTA: We'll have time to ask Sasha some questions here as well in a few minutes, but please for the time being welcome Musimbi Kanyoro to the podium please.

MUSIMBI KANYORO, PhD: Thank you very much [inaudible]. Ladies and gentlemen, when one is presented with such a topic as this, the temptation is to come out with many statistics that show what the cost would be; and I was tempted to do that. When I was invited I started to go through countries, go through different data, just to try to see what statistics we have that are available; and I decided that I did not want to bring the statistics to this session because I sincerely believe that there is not a person sitting in this room today who does not understand the consequences of inaction. In 2031, 25 years from now there will be no one under the age 50 who will be able to remember a world without AIDS, every government official, every religious person, and every grandmother will have lived through this pandemic. What story will they tell? We

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are responsible for shaping that story. The actions we take or fail to take now will shape the future and determine the story of tomorrow. Either we take hold of the future or the future will take hold of us. If by 2031 millions of people are still becoming infected with HIV it will not be because we did not act or understand the consequences of our inactions, it will be because we failed to apply the knowledge that we have gathered in this first 25 years.

We have spent 25 years with the pandemic, we are smarter in how we live with it, we are better educated about the behavior of the virus, we are more highly skilled in how to prevent it, and indeed we appreciate the role that leadership at every level from every corner can make a difference; yet I sincerely believe we are crossing over some important factors. I feel that one of the critical areas that we have not stayed sufficiently with is to examine how we today live with ethical stance with what we consider as values.

Let me illustrate the issue of mortality versus morality. The millions of lives lost cannot be ignored, and indeed these statistics that we have are a tragic snapshot of the past, but they also hint to a very frightful future. However, statistics say little about the wider context of the epidemic or it's complex and diverse interconnections with major issue that we have been dealing with such as our religious beliefs, the way that we manage economy, the way that

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we put security of peace or violence or gender inequality issues on the table, and how we integrate this. The imperatives of an ethical human society demand that we address AIDS with our minds open to new standards and values. Once ethical terms were highly dependent on how they thought that they grounded themselves in values, we know that values are heard during defining moments, and my question then is are these not defining moments of the ethics of morality versus mortality? Yes values carry us through tremendously difficult times when change appears to be spinning endlessly, but AIDS has put a wedge on how we think about values. Today we must answer the question, can morality override mortality? How can we let people die because they don't meet what we consider as our moral standards? Is it ethical to let people die because they are poor, and are not profitable drug clients? How much profit is ethical? How can some think that investing in war is more ethical than investing in peace? How ethical are budgets that are spent on war machines when millions are dying from poverty? These questions have lots of dollars attached to them, and they require responses from religions, from businesses, from governments, from individuals, and there are more questions that are ethical questions. Our responses will shape the story of the future.

A second concern that I have is how we use the knowledge that we have gathered to be able to over power this

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illness? I have found that HIV has opened a Pandora's Box about how powerlessness translates into poverty and death; but we see changes here because no one could have thought of a history where we would have had a world meeting at the United Nations, and listened to children, and listened to sex workers, and listened to drug users, etc. etc., but we are doing it today and we are asked to do more. We have to be able to translate the positive story of what we are doing into all of the areas where leadership is needed. The moral issues here are how we value each and every person providing leadership because our story of leadership has ended up being a story of only political leadership. I know working with women, when the home based care women in the village are not providing the leadership it does not matter how political leadership is able to be [inaudible] alone. I am asking that we put our force so that when we talk of leadership we are able to talk about leadership at every level, at every level. Leadership that we need in our hospitals, leadership that we need in the homes, leadership that we need in the youth clubs, and leadership that we need in every level; and we have to be able to lift it up and provide the resources that are needed for that to be effective, and we need to be able to look at the mechanisms that make it possible.

Finally, I hope that one of the lessons that we have planned in the last year, in the last years, is that we have to

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move away from creating any borders or boundaries. In order for us to do this we need to move away from any isolation in research, from clocking resources and long range treatment of care, and we need to move away from functionalism, and we need to move away from us and them, from the blames that we have had in the last few years. For lasting resources we must expect a lot from governments, but HIV/AIDS asks for more. As civil society private sector individuals join the table, the ship, the size, and the table manners will change. We have to learn to work together well, we must work as teams and partners across the borders, and the cost of inaction I think the cost of inaction is nothing less than a high moral failure that will shame our achievements for the last 25 years. It is still costly; you and I cannot afford that, the next 25 years needs to lead us, hook and all, where angels dare not go, thank you.

SANJAY GUPTA: Our next speaker is just 21 years old, she is from Jamaica as I mentioned, and she started a youth group there when she was just 15. She is going to talk about the youth and the future, please welcome Kerrel McKay.

KERREL MCKAY: Again I want to say good morning to my fellow panelists, the adults present here in the audience, and the ones who I stand to represent this morning, the young people. Reflecting on my challenges, failures, and successes of my over six years experience as and with youths remind me that there is still a lot to be said and done. However, I will use

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this platform to address the most pressing. At the age of nine I was told by my mom that my dad was HIV positive. Like most of the other youngsters I know at my age, I did not know exactly what she was talking about, the only thing that I thought about was that daddy was going to die. Daddy did not leave as soon as I thought he would, but living through the process with him was like I was being killed over and over again. I watched my childhood, self-esteem, innocence, and my father waste away; and the worse thing about it was I felt like there was nothing I could do about it. The day I feared most came, my father died, but I was lucky enough, unlike millions of other children, to after having lost my father to HIV there was support from people who knew I needed it, be it a phone call, monetary or other resources, a word of encouragement that ushered me into a role that later led to the mobilization of youngsters in and around my local town Portland Jamaica. Alongside with these other people and a strong adult and youth partnership, a partnership where young people were included in the decision making process. Our concerns were heard, and strong evidence of their inclusion could be seen, wherever the adults were we were in the midst making our contributions, and through this we were able to develop and implement youth friendly programs geared at tackling issues that bombarded youngsters in our homestead; and at the same time offered a space for young people to be engaged in positive activities.

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For a town that stretches northeast of the Island with youngsters living in deep rural areas, the educated and the non-educated, heterosexuals and homosexuals, the rich and the poor, one youth friendly center with limited resources was not able to stretch to the heights that the conditions demanded.

Now according to UNICEF almost 12 million young people ages 15 to 24 and three million children live with HIV and AIDS. The majority of new infections are among young people; 6,000 young people and almost 2,000 children become infected ever day despite the HIV and AIDS information that has been disseminated, new infections among young people continues to escalate and only a minority fraction of our young people infected have access to ARV medications or the knowledge about it, and the list goes on. For a world that has gone over 20 years with the epidemic and still in my local town, Portland Jamaica, kids whose parents are infected still are being discriminated against by teachers, students, community members, and worst yet their own family members, now this is cause for concern. Myths and conceptions that sex education should be to boot still lingers in the minds of youngsters who are daily, who are daily confronted with sexual choices. Despite their attempt to improve the standard of healthcare centers to upgrade the quality of services offered to young people, there is still a high sense of stigma and discrimination faced by youngsters who try to access condoms and other services despite

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the information. We know that the face of HIV and AIDS is young, as the statistics are repeated we hear echoes volume. In order for us to have a future we need to secure our young people, we need to be actively participating at all levels. HIV and AIDS is affecting the world but the fastest and hardest hit is our young, therefore there is no need for convincing that the right mechanisms should be in place to combat this epidemic, and fast. I took the liberty to ask youngsters in and around my local town what some of these mechanisms should be, today, this morning, I represent the voices of those who are not able to stand before you and speak for themselves. In order to secure our future we need quality sex education with a wider dissemination of messages. The provision of quality sex education in schools, churches, youth clubs, and other meeting grounds for youngsters is a must. This should include proper information on contraceptives, self-esteem, life skills, and the list goes on. We know that HIV and AIDS information cannot stand on its own, the space for freedom of opinions, the liberty to choose, and the environment to be yourself and to expose your concerns should be a must. On the contrary, however, that such a condition promotes early sexual activities should be revised, as effective sex education equips one with skills for better condom negotiation and the knowledge to know how to protect ourselves. Youth friendly healthcare services, healthcare centers that will offer equal treatment despite

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their sexuality. This means that young people in poverty stricken areas, the young homosexuals and bisexuals, the rich, the poor, the mentally challenged, and the disabled should be given the same in privileges in order to be effective and have a reduction in HIV/AIDS cases among young people, we should recognize that the youths from all sectors of society must, and I repeat must be placed equally on the agenda.

A stronger platform to confront the challenges that the epidemic brings, this year's conference gives a much stronger participation to young people compared to previous years, and I applaud the organizers. However, this should be an ongoing inclusion that covers a wide cross section of young people at different levels. Today I will not say to our leaders, I will not say to those who have the resources to make a difference, speed up the integration of these mechanisms and we will have a decline in new infections among young people, instead I will say to them, think about what will happen if we don not include and integrate these mechanisms, there is nothing more to it, we are young, we are affected greatly, and we can make a difference. We want to play our part with your help, thank you.

SANJAY GUPTA: Kerrel McKay, again just 21 years old, had a passionate speech, I have a feeling we will be hearing a lot from you over the years for sure. Again, we want this to be as much about all of you as possible, there are four microphones throughout the room here, a lot of speakers. We're

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going to ask for questions, but let me just get things started. Mark Heywood you got us right into it, you called for the resignation of the Minister of Health, let me ask you something. With all that you know now in your work with the law project, how do you build political will, not through just simple criticism, but how do you build political will with all that you know now?

MARK HEYWOOD: I think that you build political will by starting with the recognition at the highest level of government, that AIDS is a threat to the development of developing countries; and from that recognition comes an understanding that government has a critical duty to coordinate society's efforts. We heard about the importance of leadership at every level, which I fully agree with, but you can have leadership at every level but if there isn't a government at the center that encourages that leadership, that finds resources for it, and gives it direction, then you've got a problem, and that's what we've seen in South Africa. We can say in South Africa proudly that we have a very large budget for HIV from our government, but our government continually downplays the deaths that are taking place because of HIV, continually downplays the science of what will save people's lives. Then we say create hard targets, monitor at all points your program, evaluate your program, improve your program when you identify the weaknesses. Political leadership can't be an

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ephemeral idea, it has to be something that is objectively measurable and objectively measured, and that's what we would expect.

SANJAY GUPTA: and we will come back to this theme of hard targets quite a bit, and I apologize in advance, I'm having a hard time seeing, but I think there is a question over here. I want to ask you to go ahead and state your name and if you represent a specific organization state that as well please.

ROGER DEEDLES: Roger Deedles from UCLA. I applaud the first speaker in criticizing governments that do not take action, but I believe equally strongly that we should applaud governments that do take action; and therefore I wanted to set the record straight. The premiere and the Minister of Health of China have visited AIDS patients and visited AIDS hospitals, have visited AIDS patients in their homes, China has passed a law that every person who needs treatment for HIV/AIDS in China will have access to treatment, that includes commercial sex workers, men who have sex with men, and injection drug users, they have made the official policy to implement methadone maintenance clinics and needle exchange programs. There are currently more needle exchange programs and methadone maintenance clinics in China than all of the rest of Asia put together. They have passed an antidiscrimination law, and finally they have provided free education for all children who

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are affected by HIV/AIDS. China was slow to begin, but it has now begun, and I think we need to applaud countries that have taken dramatic action right from the top as you have said, thank you.

SANJAY GUPTA: Thank you. Let me just add as well as you state your name and your organization, let's make this a dialogue. I don't want to get statements as much from the audience as questions. We do have a crack panel here, so let's see if we can get to as much of that as possible, please.

IRENE ADAMS: Irene Adams from the Amore Clinic in Brazil. I have a question, could you all talk just a little bit about the role of spiritual leaders in promoting awareness, prevention, solidarity, reducing stigma, and the role of spiritual leaders even in care?

SANJAY GUPTA: Spiritual leadership, Musimbi do you want to take that one to start off with?

MUSIMBI KANYORO, PhD: Sure. Well I never underestimate what these future leaders can be, I certainly believe that that every person is a spiritual person of some sort; but the leadership by the spiritual leader has authority in the sense that they have not only the numerous amount of people but they also have the presence with people at the time of the most needs. I believe that at the present time I could be able to vouch for that because of the pre-meeting that took place. At the present time many spiritual leaders are engaged in what

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began as a various loss touch, and like the previous speaker I would want us to affirm that and even ask for more involvement of spiritual leaders.

SANJAY GUPTA: and Sasha let me just twist it a little bit, when you talk about political will, in talking about your remarks, are you thinking about spiritual leaders specifically as well as part of either getting that political will or as part of the political will that you want to get?

SASHA VOLGINA: Well, when I think about the political will, and Russia showing that for us, it's like, it's not it you know, well having political will doesn't solve all of the problems, it's just the beginning you know, we're moving to the aid, we're helping.

SANJAY GUPTA: Okay great, thank you, so please next.

ANNABELLE CANABIS: Annabelle Canabis[misspelled?] from Avert in the U.K. Each year half a million children are being born infected with HIV, yet we've known for ten years how to prevent transmission from mother to child, why are we not this week calling for, indeed, demanding a worldwide scale up, an urgent scale up of prevention of mother to child transmission efforts? Why are we spending so much time discussing new prevention methods, discussing microbicides which don't even exist, and discussing treatment for children when what we could be doing is preventing these children being infected in the first place?

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SANJAY GUPTA: Let me frame that a little bit for our panel. There was a lot of discussion about microbicides this week and I think it's quite important to set the record straight. Does anybody want to talk specifically about microbicides and does that sometimes, the newer prevention methods, get in the way of true and tried preventions methods, does it sort of take away from that? Does anybody want to take that, Mark do you want to address that?

MARK HEYWOOD: I think I agree with the speaker. Microbicides are incredibly important for all the reasons that have been said in this conference and the urgency of finding an effective microbicide can't be over emphasized, but I think that we tend to overlook the prevention tools that we have. Six years ago in Durban our ability to prevent mother to child transmission with a relatively simple dose of Nevirapine at that point was the news of the conference, that was what the excitement was about; but today globally, only 9-percent of mothers and parents are accessing those services, so again it goes back to political leadership. Why is it that a relatively simple health intervention is not being implemented in most countries in the world with a consequence for children and parents, which is terribly frightening to think about. So keep our eyes on what we have, but at the same time push for what we need.

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SANJAY GUPTA: I think well said. I want to ask, I can't see the other microphones, is anybody else lined up at the other microphones? Everyone is over here, okay let's keep going. What's your name and your organization?

LISA FOREMAN: Lisa Foreman from the University of Toronto [inaudible], it's more of a comment more than a question to Musimbi. I really appreciated your comments about morality but I think we should be very careful not to seek the language of morality to those who seek to use it as a weapon against effected communities and as a tool to deny them access to essential prevention and treatment standards as services. Morality is a standard that we should all use to judge our leaders and hold them accountable, and we should see morality as intimately intertwined with human rights standards; and we should be asking what is the morality of denying access to condoms and safe injection sites? What's the morality of leaders failing to fund AIDS globally when resources so readily flow into all trade and affluent lifestyles? What is the morality of political inaction, whether it's by Thabo Mbeki or by Steven Hoffer's [misspelled?] shameful failure to attend this conference?

SANJAY GUPTA: Musimbi you did talk a lot about morality versus mortality, and maybe you can, as simply as you can talk about does one get in the way of the other? Can you have morality in the truest sense of the word without it somehow

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increasing mortality or changing the way that we look at mortality?

MUSIMBI KANYORO, PhD: I think the question really has the tone to which I was also asking similar questions. I happen to believe that you can't have a world in which there are no values, there will be values, but the defining moment of how these values are framed is important. My argument there is that we need to see what is happening now and define the values that we have in regards to our world today based on what the realities are, not on wishful thinking, not on wishful thinking at all, so it's to stop being judgmental but rather to respond as persons who value the humanity as a whole using the human rights framework; but also raising it to a way in which we are able to save lives, that's important to me.

SANJAY GUPTA: Thank you Musimbi. Please sir, you name and your organization.

ALLAN WHITESIDE: My name is Allan Whiteside I am from the University of KwaZulu-Natal in South Africa. 25 years into this epidemic and 20 years of working at it, I am angry, frustrated, and emotional, but remember South Africa isn't alone in lacking leadership. India denies its data, Swaziland has 25-percent more infections than South Africa, in Zimbabwe the President is making many HIV positive homeless and they cannot afford to eat, they only see D countries. Who is holding the G8 accountable for the promises made and not kept, who is

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monitoring the trade agreements that are making people jobless? The next five years needs to be about social mobilization, about equity, gender, and development. My question to the panel is what does it take to take this audience and make us a broader more active audience that will reach other people? We need social mobilization, thank you.

SANJAY GUPTA: Kerrel McKay let me ask you because you talk a lot about the youth and the future, and I think in so many ways you represent that, and when you talk about social mobilization you cannot ignore the youth. How do you respond to him? What does social mobilization mean to you, and how do you get it done?

KERREL MCKAY: I think, I think in order to allow young people to feel like they are a part of the response is that adults, you know the ones who have the resources, and so they need to give us that platform where we feel like we are being included. So there is decision making going on, young people need to feel like okay I'm a part of that, and when we feel like okay we are actively participating in what is going on, and not just passively sitting back and having everything thrown to us, then you will get more people socially involved, you know mobilized and wanting to do stuff because they are not just given the recommendations but they are also involved in making the recommendations. It's getting, the strategy to use is to get young people involved.

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SANJAY GUPTA: Does a conference like this do that for you? I mean when you attend the international AIDS conference, what is the perception among young people about what this conference actually achieves?

KERREL MCKAY: For this year's conference I am very impressed, you know, I feel like we as young people have been given a platform to address our issues, to address the challenges that we have, to make the world know about the successes, the things that we have been doing, and also to allow everyone know what has been going on with young people; but at the same time, you know, it is very interesting that, you know, I think about it that okay we have been given such a wonderful platform and all of this has been happening, but then after this, you know, the recommendations that we need, you know, will they stop here at the convention center? You know, the things that we share, will they all stop here or after this, you know, adults will take our recommendations seriously and start thinking how can we include young people? You know, I also challenge young people after leaving here, our recommendations and our passion for what we are talking about, does it stop here? Or will we leave and go back to our countries and actively get involved and press the adults who want to allow our recommendations to fall on deaf ears, we will get up and say listen we spoke, you guys made commitments, now

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we want a follow through, we want our recommendations to be taken up on.

SANJAY GUPTA: Well said, please.

STELLA IWUAGWU: My name is Stella Iwuagwu of the Center for the Right to Health in Nigeria. When McKay would talk about political leadership, like everybody has talked about, and the importance of other countries coming together and putting pressure on defending human rights that have been declared and collectively signed, it really calls to mind to what extent can we influence the judiciary and the legal community to also play their role, they seem to be very silent, and over and over we have stated that stigma and discrimination is a deterrent to the progress in HIV/AIDS control. In Nigeria for the past five to six years we had a case of a nurse aid that was terminated from her job as a nurse, and it was clearly written that the reason for the termination was because of her HIV/AIDS status, that case went to court and the judge would not even let her come into the court, she needed evidence from Canada, U.S., and Europe to state that the people in the courtroom will be safe. That is the level of ignorance, that is the level of stigma, and that is the level of discrimination within the judiciary that is supposed to defend this right. Six years down the line this case is still on appeal, and this woman is barely living, barely living, but how long will justice take? We have another case against the government of legal state where a woman who

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was supposed to have, who was very sick having diarrhea and vomiting, she was taken to the hospital and they refused her care because she was HIV positive, that case has been in court for the past three years; and at some point we try to use the use of pseudonyms because of stigma and discrimination people living with HIV/AIDS cannot even use legal and judicial resources to affirm their rights, and we have asked for the use of pseudonyms to protect the privacy of this client, but again that has been thrown out. How can you enforce women's rights when the judiciary and the legal community are being an obstacle? How can we mobilize leadership in that area? Thank you.

SANJAY GUPTA: You know Mark Heywood I can't help but think as she's talking that that is the price of inaction in so many ways, right? I mean we are talking about the judiciary here, and not being able to get the simplest sort of beliefs about what we already know about HIV/AIDS across to people who should be making these decisions. You work with the AIDS law project, what happens in a situation like this? First of all, how do you convince people, get them the basic knowledge, and then to act upon it?

MARK HEYWOOD: Well what I would say is that, you know, the judiciary is a constituency that needs to be educated about HIV as much as any other constituency and in some countries it's very powerful because we talk about, we encourage people

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to use the law to protect their human rights, to use the courts to protect their human rights, and if they go to the courts and they encounter stigma, and they encounter discrimination, and they encounter indignities, then what it does is those people give up faith in legal processes, and retreat into their own stigma and their own fears and their own inability to talk to other people. I agree with the speaker, but again I would say that there are many aspects to working with the judiciary. Let me give you one example, and again, it comes back to the question of political commitment. In the last few weeks we have taken a case to court on behalf of prisoners in South Africa who are being denied access to treatment, our judiciary, the Judge in this case supported our argument and gave us a judgment instructing that the prisoners be treated; but the government refused to comply with parts of that order, and last week one of those prisoners died. That was contempt of court, contempt of the judiciary, so there are a critical series of issues that need to be addressed.

SANJAY GUPTA: Mark can that mean, and I want to sort of make this as simple as possible for people, but when we talk specifically about the judiciary, it seems like that would be a starting step in terms of actually trying to get things done. I mean 25 years as one of previous questioners asked, how can there be such a fundamental lack of knowledge among people who are educated making decisions on behalf of the entire country.

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MARK HEYWOOD: Well I think that's the problem, it's the-

SANJAY GUPTA: Let me, let me just, let me be even more straight forward, is it a lack of education or is it a lack of wanting to be educated?

MARK HEYWOOD: It's the lack of both. The shocking thing is that outside of conferences like this, the level of knowledge about HIV remains extremely low, there is an awareness of HIV, but knowledge is very low; and that includes amongst the judiciary, but the problem is compounded by the fact that there is no desire to know, there are certain parts of our countries and our constituencies that don't want to know because they think that they are not affected. There are governments that think that their not affected, Judges that think that their not affected, business people that think that their not affected, and religious leaders that think their not affected, so that remains a challenge for all of us, and as Kerrel was saying, that is the job of education and particularly of community activists.

SANJAY GUPTA: Alright, we are going to keep our theme here. Please, go ahead and state your name and your organization.

DIANNE REILLY: I'm Dianne Reilly, I'm with the International Harm Reduction Network for Youth, and I have a comment and a question. The comment is that given that in many

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parts of the world now it's injection drug use that's driving the pandemic, given that outside Africa one-third of HIV cases are related to injection drug use, the need to call attention to the fact that that is related to drug prohibition and a policy that is driven by the policies of the United States and the United Nations, and we must call attention to that and stop ignoring it at these conferences. The question relates to another point. The point is that the majority of people who are using drugs are youth, the majorities becoming infected are youth, many of those are street children, and their voices are missing from this conference and elsewhere. I would like the panelists to comment on that and the need for honest harm reduction education for youth, thank you.

SANJAY GUPTA: Thank you. I think we have talked about that somewhat in all fairness, and Kerrel you've done a terrific job, but Sasha let me ask you, when we talk about youth specifically it seems like you cannot have conferences like this without incorporating their voices into that, we heard from Kerrel, what is your impression, is enough happening?

SASHA VOLGINA: Well I think that it is not enough, of course, and I think that, well, such people as drug users have to be involved more and their voices have to be heard more stronger at conferences like this; and they have to be involved more in the advocacy movements. That is how we'll, this is my

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experience actually of fighting for our right to the treatment, fighting for the right to live, so that is my personal experience, I know that it works, and how it works. I think that if truly a lot depends on political leadership, things like that, but a lot on people themselves and how they are involved in all of that. I am very disappointed in the, again and again in many countries they've started discussing this harm reduction, I think that it's clear for, well I hope it would have to be clear for everybody that, well look at the results, if the harm reduction [inaudible] indication is provided, it really works, and if it does not, and it is the experience of Russia where all of our programs were forbidden and were not equally realized, so the prevention among IDUs fail, and stigma and discrimination is not working. It's not a question of morality or not morality, what is working, what will work, which is the point from my point of view.

SANJAY GUPTA: and Sasha you talk a lot specifically about governments and I'm reading some of the signs here as well: We all deserve to live, political leadership now, hold governments accountable. You know what's interesting Mark, as I mentioned in the earlier remarks, I've come to a lot of these conferences, is that the theme in Toronto? Holding governments accountable, is that what we're talking about this year in 2006?

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MARK HEYWOOD: Well I think it's more than holding governments accountable, it's about making governments work on HIV and AIDS. Again as Peter Piot said, we have many resources, we know how to prevent mother to child transmission, we know how to keep people who have HIV alive with antiretroviral medicines, we have more money than we've ever had before, but at the end of the day government's have power and government's have a responsibility to make sure that those advances are put into place. So yes accountability, but side by side with accountability finding a way forward. In New York in June this year, governments agreed in the political declaration to set targets by the end of 2006 for HIV prevention, HIV treatment, and HIV care. We have to make sure that those targets are indeed set, and that those targets are as ambitious as possible because those targets have the potential to turn around the AIDS epidemic, and I believe that we can't just let something like the U.N. meeting happen and then we forget it, and then we move on to Toronto and then we all have a big party here, and then we forget Toronto and we move on to somewhere else. Behind all of us, as one of the speakers said, are 40 million people in this world who live with HIV who don't come and stay in plush hotels, who can't walk the streets of Toronto and sit on these stages; and our duty is to those people, and I would say to people here in answer to what Allan Whiteside said, let's make the next step this year World AIDS Day, the first of

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December 2006, make it the theme, hold governments accountable, deliver the targets for HIV prevention and care.

SANJAY GUPTA: Musimbi.

MUSIMBI KANYORO, PhD: I agree with that entirely, but I think that the step that we need to take is how we empower the people in the nations, or how people get empowered to hold the governments accountable; because it's one thing to say hold governments accountable, but if the people of those particular places do not know how to, it doesn't get done. This is why a real cry for recognizing the leadership that can come from within, and especially the leadership that can come from the local places, we have seen of late, the political changes that we have had in the whole world. It is because the people stood up and said "No" that we had the walls go down. We have to be able to make it possible for us to ask the people to stand up and say "No" and say to the governments "Take up your leadership".

SANJAY GUPTA: Thank you Musimbi as well. Please, your name and your organization please.

FEMALE SPEAKER: Good Morning everyone, my name is Susheila Romachundren[misspelled?] and I'm here representing the Toronto Youth Force. First of all I would like to thank Kerrel McKay for presenting in this plenary session, and showcasing the importance of youth leadership in the response to the global pandemic of AIDS. Now for my question, this is

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for Kerrel McKay. What do you feel is lacking in the youth response to the global pandemic of AIDS and what void do we need to fill? Thank you.

KERREL MCKAY: What is lacking is, as my fellow partner has said here, is that young people know what they want. We know what we want, we know what our challenges are, but the thing is we don't know how, the necessary skills of really going about it and getting what we want effectively done, we don't really have all of those skills. I think what we need to do as young people is to come together and work on getting those skills. How is that when you're addressing political leaders, to go about it and when you are finished that you make sure that the recommendations that we made are met. How is it that you go about talking to, when you meet researchers and whoever it is, when we are finished they know that these youngsters know what they want, they are serious about it, and they are not going to stop until we deliver?

SANJAY GUPTA: Very well said. Please, your name and your organization please.

MALE SPEAKER: My name is Tin Wu[missspelled?] from China; I have a response to the first speaker Mark. Thank you very much for your concern about China, thank you for caring about China, and also thank you for your effort to study China. I have one question and two invitations. The question is for you, you compare and the quote that for 2010 China is predicted

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to have ten million HIV infections, where does this come from, where is the citation? At the top of that [inaudible] UNAIDS, we've checked, we cannot find credibility resource for that citation; if you could provide that citation I would appreciate it. I have two invitations to you and in this next session that starts at 10:45, in the session at 11:00 I will talk about how China is moving from signs, to policy, to law, moving from a pilot to scaling up. I would also like to extend a second invitation inviting you to visit China, I could make arrangements for you to meet with high government officials, you can talk to government officials, I could also make arrangements for you to talk with sex workers in the outreach program, I could arrange for you to talk with injection drug users who are in the best dimensions of programs, who are in like the [inaudible] program. I could also make arrangements for you to talk with men who have sex with men who are in the prevention program, I could also invite you to talk with people in re-treatment programs, whoever you want to talk to we could make arrangements for you, thank you.

MARK HEYWOOD: I think I must clarify my comments on China. What I'm saying about China is that vigilance and support from the global community for the Chinese epidemic, and for Chinese people living with HIV is absolutely essential, particularly when there are projections of an explosion of the Chinese epidemic. The statistic that I referred to for the

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projection comes from W.H.O. and UNAIDS and I can show you exactly where, it is also a projection that is found in China's application to the global fund to show the possibility of the epidemic taking off. What I would like to say is that I think that China shows the gulf that sometimes exists between civil society and the government. It's not good enough at this stage of the epidemic for political leaders to get credit for visiting people who live with HIV. We are past that; that is something that we praised 15 or 20 years ago. We want more than that now. In China my concerns are that activists are still being imprisoned. Three weeks ago a person with HIV who went to Beijing to petition for compensation was put in prison for trying to get compensation. That's a human rights violation and the Chinese government must commit to stopping that. I'm concerned that if we talk about human rights and we talk about the vulnerability of women and sex workers to HIV infection, that the continued criminalization of sex work in China places potentially tens or hundreds of thousands of Chinese women at risk of HIV infection, so as a human rights activist I ask for China to decriminalize sex work, and to make it easier to facilitate HIV prevention; but don't get me wrong I care about China very much, and my comments are made not in order to attack the Chinese government which shows some signs of a growing commitment to HIV, but to call for support, but for

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support that is based on the human rights that we accept internationally.

SANJAY GUPTA: You know this is the best part of this whole session when you can have these sorts of dialogues, and in that spirit let me just say because I think it's only fair, that if there is anybody here from the South African Health Minister's office, I'd invite you to one of the microphones over here to continue some of that dialogue as well. We have two microphones over here and another microphone over here, we have 15 minutes left, anybody from that office please speak up. In the meantime please [interposing] Okay I'm not going to put anybody on the spot but the microphones are open, if you want to go to the microphone please go ahead. Please, your name, your organization, and your question.

GERRI CLOUT: Hi I'm Gerri Clout; I'm the Youth Ambassador of Patrick 4 Life in North Bay Ontario. I hear the message from all countries that education of youth is so important, yet I'm a 13-year-old Canadian who is not educated about HIV/AIDS in the school systems. How do we get that to happen before it's too late?

SANJAY GUPTA: Well, you know Kerrel, that sort of talks again, we talk so much at these conferences about all of the things that are happening, but sometimes, again, we forget some of the most basic things, a 13-year-old not being educated,

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that's very surprising to me, shocking actually, what do you say?

KERREL MCKAY: Yes, it is indeed very shocking to me that a 13-year-old in high school is not being educated, and again, it goes to show us the consequences of inaction. You know, us not doing enough, like the government not doing enough, and I think what we need to do now as young people, you know the things that you are facing and it's time for us to talk to our teachers, let them know, listen to me these are the things that I am facing. The thing is students look up to their teachers, teachers are like role models for a lot of students, and so what we need to do is to talk to them, let them know listen I need information on this, you know, and the thing is if you're not getting it in school and you feel like, okay I am not getting the results that I want, we can also take up the responsibility of going to get that information for ourselves.

SANJAY GUPTA: It's some autonomy and some self motivation required for sure, but hopefully we're going to get beyond that as well. Again, just a few minutes left, if anyone from the Minister's office wants to come to the microphones. Please you question?

MARIAM SHARMANISH: Hi I'm Mariam Sharmanish[misspelled?] I work in Goa[misspelled?] India and the University College in London, and I kind of like the idea of the Ministers being held accountable, and Ministers of

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Health resigning, there would be many heads on the block at this stage looking at the past 25 years. I'm just wondering going back to issues that are being repeated over and over again, we know that harm reduction IDUs work, we know that decriminalization of sex workers is likely to work, we know that universal accesses are right in terms of life, and therefore that inaction may be a crime against humanity as it is beautifully said at the back there. Can we use international courts of law at this stage to take governments to those courts and hold them accountable? I wonder if the panelists have any experience of that leverage being useful or something that we can use firstly. Secondly, going to the U.S.A., the most strong nation able to wage wars everywhere in the world as we can see, what do the panelists think in terms of this free market ideology plus fundamentalist ideology really driving their anti-HIV agenda with the anti-prostitution laws that they're bringing in tied to their U.S. aid with the anti harm reduction that their taking to all of the policy meetings at high levels, and the abstinence only policy, and how again, if we're talking about political action practically, what can we do to take that forward rather than just conference after conference saying inaction is leading to lives, what are there practical fusions maybe that we can have between the anti-AIDS movement and many other anti-globalization movements that are talking this agenda

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forward at other levels in terms of agriculture, free trade policy, et cetera, et cetera.

SANJAY GUPTA: Good question, lots of questions actually wrapped into that. Mark do you want to tackle the first one talking specifically about the role of the courts and the judicial system, again, a little bit of a change to the question previously.

MARK HEYWOOD: Sorry I didn't quite get—

SANJAY GUPTA: Well I think in terms of what accountability the judicial system has in being able to enforce some of the things that we're talking about here.

MARK HEYWOOD: Well I think it depends from country to country in terms of the role of the judiciary and the status of the judiciary. In South Africa we've got a judiciary which protects our human rights based on the South African Constitution, it says people have the right to health, people have the right to dignity, and so on; and as activists we've used that human right, the judiciary with legal cases which have instructed our government to provide mother to child transmission services to pregnant women who have HIV, we've used it to instruct our government to provide access to treatment for prisoners who have HIV, although the government has defied that court order. There will be some countries like Canada where the judiciary can play a role, there may be other countries like Zimbabwe or certain other countries where the

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judiciary is marginalized, and where the judiciary is effectively not independent from the government, but the overriding principle is that law and human rights, and the use of law and human rights is a vital aspect of HIV prevention and of the general response to this epidemic.

SANJAY GUPTA: I know we didn't get to all of the points in your question, I don't know where you just sat down, and I apologize for that. I also apologize that we only have a couple of minutes remaining and I'll ask our panelists if you can stick around a bit after the presentation is over to answer any further questions. Again a final offer to the South African Minister's office, if you want to have a little bit of a dialogue here before we wrap this session up; but as we have just a couple minutes left I want to ask each of you to help some up for me, in terms of specifically again talking about this conference, this is a huge audience here, this is the first time we've had a session like this where we can have a dialogue, is it working? Is enough being done? Is this worthwhile to have these sorts of discussions? Whoever wants to start, Sasha why don't you start.

SASHA VOLGINA: Well I actually want to comment on the previous question about, well what I think about that is that the whole system of the intellectual property of like solving such questions out there, access to treatment for infection and disease, it will have to be taken from our market system, it

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will have to be like a planned system. All that [inaudible] floors have to be [inaudible] and that is the idea, that the activists are, we all see that it is not effective already, to try and work in each country trying to lower the prices on the treatment; it is better to unite our efforts and try to change the whole system. This was actually my idea about that, and thank you for your question.

FEMALE SPEAKER: I would like to follow that.

SANJAY GUPTA: Actually let me just interrupt. Are you with the Minister's office, is that correct?

FEMALE SPEAKER: Yes.

SANJAY GUPTA: Okay, please I would love to hear from you, please go ahead.

FEMALE SPEAKER: I am an official program manager in the Minister of Health in South Africa. I just want to talk about targets. That the studies have been from people from the United States not from my country which tell us that South Africa has the highest adherence of antiretrovirals in the world. South Africa has treated more people in the comprehensive treatment with antiretrovirals in the world, so I would like to ask our panelists to, not to get stuck in the five year, that the five year remark that came up because South Africa, the South African government takes into consideration each and every player, it could be a traditional healer, or anybody, they give everybody an ear to listen, and me working as a program

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manager, I've got a lot of projects to play around with, and I'm proud that there hasn't been any constraints in me choosing how to use the project. My business plan has never been restricted, so I've got a lot of power in using the project to implement programs in the policies, so if only we could now applaud the achievements that have been made now, which the other world, people outside South Africa are seeing that we have implemented better than anyone else in the world, thank you.

SANJAY GUPTA: Thank you for coming to the microphone as well, and we are unfortunately running out of time, but Mark you need to respond to that, I mean this is an important, this is what it's about, this dialogue.

MARK HEYWOOD: Well thank you, what I'd like to start by saying is that on the parts of the treatment action campaign and civil society broadly, there is a desperate desire to work with the South African government to ensure that as many people as possible are treated for HIV, and that we are as effective as possible in treating HIV; but what I have to say to my colleague is that the statistics that I showed were not statistics that I imagined, I'm not misleading this conference, those are the government statistics that show the numbers of people dying, that show the levels of HIV infection, so my reply to the colleague would be to say, okay let's agree on targets, let's agree on trying to cut the rates of new HIV

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infections by 20- or 30-percent by the year 2008, let's agree on 500,000 people on treatment by the year 2008, let's agree on 80-percent coverage for mother to child prevention by 2008, if we can agree on those targets you will find that you have 150-percent support of South African society and 150-percent support of the global community because you will be turning the tide of this epidemic.

SANJAY GUPTA: Unfortunately we're at time, I'm sorry, I hate to end it so unceremoniously, but Mark Heywood thank you so much, Sasha, Musimbi, and Kerrel. Please a warm round of applause for all of our panelists. I'm going to ask them to stick around for a few minutes to answer your questions; I hope you enjoyed this panel, thank you very much.

[END RECORDING]