

**Official Press Conference: Closing Press Conference
XVI International AIDS Conference
August 18, 2006**

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HELENE GAYLE: Good afternoon and welcome to the closing press conference. We have with us most of the speakers that were part of the closing plenary and ... we now have all of them except Keisha[ph], who I think will be joining us as well.

I think the speakers at today's closing ceremony captured the sense of momentum and hope that we feel as AIDS 2000 draws to a close. This convergence of people living with HIV/AIDS, scientists, community leaders, caregivers and policy makers have provided a crucial opportunity for all of us to move towards closing the gap between hope of delivering prevention, care and treatment to all and the reality of universal access. The momentum toward that goal is tempered though with a growing sense of impatience with the pace of our progress. We must channel that impatience into action, leaving Toronto committed to the ideal that the world will deliver on the promise of universal access to HIV prevention, treatment and care.

So it's my pleasure to introduce our speakers who will give a very brief summary of their comments, and then we'll open it up to your questions.

Our hosts this week have been our conference co-chair Mark Wainberg and his fellow Torontonians – well he's not a Torontonians – but his fellow Canadians and the Toronto local

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hosts. Their warm welcome and years of planning created a wonderful atmosphere for all of us together and get to the business at hand. Mark's dedication to this cause and to this conference has been visible throughout. He calls for a massive scale up of the response to the HIV pandemic and without further ado we'll just turn the podium over to Mark to provide an overview of the conference.

MARK WAINBERG, PH.D.: Thank you, Helene. First I think that I definitely do feel like a Torontonionian at this point in time. And I again want to thank everyone associated with our local host and the city of Toronto as well as the governments of Ontario and Canada for immeasurable support.

I think that we have made clear throughout this conference that the global demands of the epidemic require immediate response. That is why I ended with the remarks that there is no time to delay, it's time to deliver – a theme echoed I think by many of us throughout this week. If I can draw an analogy for you I think it would be that of a famine. When we see people dying of starvation in some area of the world that has been devastated through lack of food and water and other resources, we generally tend to respond with generosity and with dispatch because we understand the urgency of the crisis. We understand fully well that people who do not have anything to eat or drink will not survive. It seems to me that the HIV epidemic represents exactly the

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same kind of situation. We have the wherewithal to save people whose lives are surely threatened unless we can bring the lifesaving drugs to them in a clearly efficient and rapid manner. We have waited far too long to make this the crucial issue of our time. We have learned throughout this conference that the delivery of effective medications to people who will otherwise die will not only represent a means by which the lives of these people will be saved, but will also surely represent an important step in public health as the viral loads of the people thus treated go way down and as a consequence they have less virus throughout their bodies including, importantly, in their genital tracts, and these people simply become far less infectious. It seems to me this is win/win. It is not a matter that requires debate. It means that this is a situation that demands our utmost attention.

I want to say two other things: first, I really do feel gratified that many people have said that this has been an international AIDS conference that brought the science back into the level of discourse at an extremely high level. I think that is absolutely true, and I think that it is incumbent on us as an international AIDS society together with our partners to ensure that the visibility of high-level science at these conferences stays with us in Mexico City and beyond. These conferences can only be successful if they are

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truly transforming in the context of bringing together the political dimension, indeed, the community dimension, indeed. But let us not forget the science and we welcome, all of us, the announcements of new drugs and new drug classes at this meeting that truly have the potential to make a difference in people's lives. Surely yes, initially here in the rich country setting, but ultimately and without fail in developing countries and all of us will agitate for that to happen – believe me.

Third – and with this I will finish – I today, together with my colleague Stephen Lewis spoke out I think in rather strong terms against the failure of political leadership to act responsibly in those areas of the world in which the endemic is so prevalent. And South Africa was singled out for special attention. I feel privileged in a way to be a university employee. I do not work at a UN agency. I do not work for a Canadian governmental agency. I do not work at any one of a number of institutions in which political correctness might dictate that I not say some of the things that I have said here as the Canadian co-chair in regard to both the absence of our Canadian Prime Minister, but also by way of direct criticism of a foreign government. After all, I know that is not diplomatically correct, but I thought it was essential. There is no time to waste, and let's face it ladies and gentlemen, we as a world have sat

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back for far too long watching South Africa continue to deteriorate in terms of growing numbers of millions of people contracting HIV and a health minister who prefers to talk about lemon juice as opposed to talking about bona fide means of preventing transmission that must include pre-exposure prophylaxis and microbicides and yes, when we have them, ultimately vaccines. I think that is a given. It's not something that requires a PhD in political theory. It's just obvious to anyone who has spent any degree of time talking about this and why it is that a government can continue to remain in power in a country despite all of the evidence that it has abysmally failed to deliver the essentials to its population is something that I clearly do not understand.

I'm sure Mr. Lewis can speak about this with greater eloquence than myself, but it is something that burns a whole through my heart. And I say this, if you recall, as someone who assumed key responsibility with regard to organization of the conference that took place in Durban, South Africa in 2000. That was my year as president of the International AIDS Society. We went to the IAS meeting in Durban - all of us - myself, Pedro, Helene and all of our IAS colleagues together with our co-partners, such as E-Caso[ph] and GNP plus[ph] and Women Living with HIV all expecting that we would have a South African government that would be on side with us in ensuring that that conference would have effect.

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Instead what did we find? We found a denialist president in South Africa who immediately turned his back on us and who immediately began to convene committees that would articulate on his behalf that somehow it was in dispute, whether or not HIV was truly the cause of AIDS.

How could a world permit this to happen? I think we were all completely bamboozled. We, the scientists, who really have very little by way of political experience and political connections and political know how – we were completely taken aback. We were all insulted, and I think it is fair to say that six years later I for one am no longer prepared to just take a back seat as a scientist and not present my personal concern as to the atrociousness of the fact that this situation in South Africa seems to have continued unabated – unabated, ladies and gentlemen – for all of these six years, bringing us here to this conference in Toronto. I certainly hope that we will manage to find a means of reversing this horrible situation within the next short while, and if our statements here can add to the political pressure that will ensure that such change takes place I am certainly happy to be part of this. Thank you very much.

[Applause]

HELENE GAYLE: Thank you. I'll now turn it to Anders Nordstrom, who is the acting director general of the World

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Health Organization. In his remarks today he called for medicines, money and motivated healthcare workers. Anders?

ANDERS NORDSTROM, M.D.: Thank you very much. I think what we have been able to achieve during this conference are three things: first, to get a better balancing between prevention (condoms) and access to medicines. We need both, not just treatment, but we need also prevention. From my personal perspective I think we have been talking too little about behaviors and condoms. Possibly we can do that next time.

Second thing that we have achieved during this conference I think is the recognition of the involvement of all key stakeholders: women, definitely, young people. I think there is a general agreement today that both what we need to do, who needs to be involved and also among the populace it's been amazing to see the interactions in between people during the conference. People are prepared to faction. This conference is not only about a conference. This is about working, working together, and I think this has been a great achievement.

But my third, which I think has been a great achievement from this conference and I'm personally very happy with that - that was actually my third issue during my speech - that it's about the workforce, people. It's not enough with money and drugs. We do need people in the health

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centers, in the hospitals, and we need to begin to talk about what are the issues. You can't train the problem. You need to pay people. That is the core if I simplify it. We have been thinking that we can build a capacity by training. Training is important, no question about that, but that's the answer. We need to see why are we not having the right kind of people, whether it's in the private sector, in the NGOs or in the public sector. People are not doing that. They are driving taxis instead or they're going to another country. And I think we need the different understanding. This was the theme of the World Health Report this year from WHO: the workforce, the crisis in the workforce. We're missing millions of health workers, and we will never be able to succeed on the universal access if we don't address this issue.

I was mentioning the meeting. I was in New York with the secretary general with the heads of some of the largest pharmaceutical companies – a lot of goodwill and readiness to move on second line drugs, prices, pediatric formulas, etc. But what they were saying to me as well is that the bottlenecks today we have are with the distribution systems, the logistics and the lack of staff. So I think here we would need another sort of movement and commitment here from stakeholders. This is nothing the WHO will be able to solve. This goes beyond the health sector. But here I've been very,

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very happy to hear that people are talking about the need for health workers – not doctors. Doctors are not going to be the answer, but a mix of different kinds of health workers that will be needed for us to be successful. Thank you.

HELENE GAYLE: Thank you, Anders. And I now turn it over to Stephen Lewis, who is the president of the Stephen Lewis Foundation and the UN envoy for HIV/AIDS in Africa. Stephen gives voice to the dreams of so many people working on a world without AIDS. His work is rooted in his deeply held belief in the shared humanity of people around the globe. He too has welcomed us here on behalf of the Canadian people and has been a wonderful host. So Stephen.

STEPHEN LEWIS: Thank you, Helene. I don't want to go over unduly what I've said. I'll be happy to participate in the questions.

I think it should be pointed out that there have been many very strong and principled voices raised within South Africa against the government of South Africa. The Dr. Jerry Kervagias[ph] and the Alan Whitesides[ph] in Durban have taken enormous political principle and stated their views publicly, and the extraordinary voices of the Treatment Action Campaign, led until recently by Zackie Achmat and Mark Hayward whom you heard here at the plenary yesterday, but now increasingly led by a group of remarkably courageous young women living with the virus and speaking out in a thoughtful

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and persuasive manner against the government. It is always of course rather easier for those of us who are on the outside to make these statements, which are I suspect largely looked at as gratuitous by the government. But the people inside who fight the good fight, they are really quite remarkable, and I feel privileged to have some of them as my friends.

I was struck by the science as well, as Mark said, of the conference. I was struck in particular by the Bill Gates reference to pre-exposure prophylaxis, which is a potential breakthrough, as he indicated, which has not been widely explored. And I was equally fascinated by Julio Montana's reference to putting increasingly large numbers of people on treatment regardless of their CD4 count on the basis that if the viral load drops to undetectable levels then obviously the transmission of the virus does not occur or occurs at a much lesser degree and he has costed this now and worked on it. I'm not a scientist. It'll have to be peer reviewed and subject to intense scientific scrutiny, but it seems to me that both the Gates idea and the Julio Montana idea opened up lines of scientific enquiry, which give to this conference a particular scientific notoriety, which may indeed turn out to be a turning point down the road.

For myself I guess I was gratified to see the friendly audience response to the remarks (a) on abstinence,

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(b) on harm reduction, (c) on South Africa. Isn't it fascinating how a large group of people show such intense solidarity, and I think through that the expression of frustration about what is happening in South Africa. And finally on women – I think this conference has given real centrality not only to the struggle for an international women's agency but for the primacy of women in the fight against the pandemic. You know there were 120 sessions directly related to women's rights and women's concerns in relation to the virus. That is unprecedented over the last number of conferences. Thank you.

[Applause]

HELENE GAYLE: Our final speaker who is with us on this podium is Pedro Cahn. Today I turned the reins of the International AIDS Society over to my friend and colleague Pedro Cahn of the [inaudible] of Argentina. Pedro is the first IAS president from a developing country, and I know he will bring great visibility and passion to the issues of developing countries, and particularly, as he said in his comments, to the Latin American region. I know Pedro will lead IAS well as we prepare for AIDS 2008 in Mexico City, and I look forward to joining him there as a delegate.

PEDRO CAHN: We will try to find out some work for you, not only as a delegate.

MALE SPEAKER: I'll be there as an NGO, Pedro.

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PEDRO CAHN: Okay. So I will be very brief. I think it has been a long and very productive week, an extraordinary conference. We are very happy at IAS for being able to put together this meeting. And I think that my comments should be related to two issues. One is what is IAS's duty? I think that we are a powerful organization, I can say today, an organization that is able to put together – I think it's the only one in the AIDS field that has the skills to build such an incredible meeting in which basic scientists, healthcare workers of all disciplines, and people living with HIV/AIDS, politicians, artists and whatever you want to think and obviously media, which we are very grateful to because you help us to put, again, AIDS in the headlines. And this is really a very important point. I would like to encourage you, as much as you can, not to forget AIDS until 2008 because AIDS is a daily killing problem.

But obviously the duty of the International AIDS Society is not only limited to gather conferences. We have to raise our voice. We have unite our voice with other people's voices in regards to the issue of access. I just would like to point out one of the concepts of my closing remarks. We will not endorse any type of Schindler's list in which some people will select who lives and who dies. We are strongly committed with universal access. We are strongly committed to do our best in order to push that the objectives

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for 2008 and 2010 are accomplished. And if not to make accountable people who are responsible for that. And we are also part of the people that are responsible for that. Our feeling is that if you are not part of the solution, you're part of the problem. And we really would like to be part of the solution.

In regards to advocacy, we would like to underscore one issue that has been already mentioned by Dr. Nordstrom and that is the healthcare worker force. You cannot overestimate the importance of this problem. As I said in my talk, a quarter of the older healthcare workers working in US, UK, Canada and Australia come from abroad. Half of them come from developing countries. And people are leaving developing countries because of low salaries because they have no logistics to work with, and they don't have safe environmental conditions, including access to treatment if they get infected while they are treating patients. So this is a must that we should really address and the IAS will make out of this one of its major points.

And last but not least we are coming to Latin America with our first International AIDS Conference. Mexico has not been chosen by chance. When we look at the countries that can host a conference, we look at countries that have a very decent and large convention center – you can say Mexico is okay – enough number of hotel rooms. It's a logistical issue

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but you need enough number of hotel rooms, and this is okay. And then you need some other issues that are not that easy to obtain, which is free speech, free traveling for people living with HIV, no criminal prosecution to drug users, to commercial sex workers, not having homophobia as an official policy. On the contrary I can say that this is really ... Mexico has among these top officers in AIDS program, even transgendered people, which is very good news. And I can tell you that we are very happy to go to Mexico. We are pretty sure that the sites, the beauties of the country – I can tell you, I've been several times there, it's really a marvelous country – that it's the perfect country to host this conference. Let me tell you that in Latin America almost four million people are living with HIV. And by no means am I trying to diminish the importance of the epidemic in Arica and Asia because it's really a tragedy. But believe me, sometimes our feelings are that Latin America is a little bit being set aside in the shadow of other regions. And we want to put again Latin America in the agenda. The life of a young lady dying in Bolivia is as worthwhile as the life of a Canadian, as the life of an African, an Asian, etc.

So I'm happy to take any questions with my fellows here. Thank you.

HELENE GAYLE: Thank you. And before we start the questions I would just like to say how much we appreciate,

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since this is our final press conference, how much we appreciate the role that all of you who are in the audience from the media play. One of the important roles of this conference is to shine the light on this epidemic and make the world remember how important HIV/AIDS is and to not forget that this is still one of the greatest tragedies of all humanity. So we appreciate the fact that you come, spend the time that you do, to shine the light on this issue while we come together and learn and share information and go home energized. And as people said, it's important that you're here. It's important that you cover this. But it's equally important that you go back in the two years in between conferences and remember to keep AIDS on the map around the globe. So thank you for your role. And I will just now open it up for questions. And if people will just stand so we can get the mic to you, and say who you are.

LARRY ALTMAN: Larry Altman, *New York Times*. Dr. Wainberg, you spoke about the robustness of the science at this meeting, and returning it. Would you, in your estimation, name the five most important new scientific advances that were presented here at this meeting?

MARK WAINBERG, PH.D.: I think the new drug development issue is extremely important. I would list the Integrace[ph] talk that was given yesterday in the late breaker as being of high importance. The robustness of the

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drop in viral load is really extremely encouraging and suggests that this drug may have the capacity to alter the rapidity with which HIV can reservoir itself into latency. I think this is something that will have to be followed up. It may be very profound.

Two I would say the encouraging data with regard to the entry inhibitors. We all look forward to the continuing development of this story. I think as well some of the vaccine data here at this meeting has been very encouraging with regard to highlighting the importance of mucosal immunity. We won't have a vaccine in all likelihood unless we can better understand mucosal immunity and the challenge that it represents.

I think new breakthroughs in regards to epidemiology have been key in teaching us the importance, not only of how HIV is spread, but really the fact that harm reduction programs are working in every single setting in which they have been tested. I think this is key, and I think government leaders have to understand that science-based medicine is what should drive our response to the HIV epidemic.

And fifth I would say the encouraging data that we have out of this conference in regard to pre-exposure prophylaxis safety data suggesting really that this may well be the greatest hope that we have in the near future in

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regard to stemming the tide. And I fully hope that the trials that have been interrupted for far too long a time, in my opinion, can now proceed and go through to completion with what I am absolutely sure will be positive results.

HELENE GAYLE: Over here.

FERNANDO [INAUDIBLE]: From Mexico, Fernando [inaudible]. And Dr. Cahn you say that we need to put Latin America into the agenda for AIDS. What we can do that if in this conference the presence of Latin Americans were very small.

PEDRO CAHN: Well precisely this is my point. But let me tell you that in our minds the 2008 conference after a short break of the weekend, will start next Monday. We start working for the 2008 conference and let me anticipate that we are planning with Dr. Soto-Ramirez and with Craig McClure, our executive director to visit almost every single country in the region before the conference to ignite the issue of AIDS and to increase awareness. If you'll allow me the comparison, it's like the Olympic flame. We want to go country by country talking about AIDS and inviting people to join us in Mexico in order to make this really a difference in Latin America. The Durban conference in the year 2000 was a must for Africa, was really a turning point. We want to make the 2008 conference in Mexico a turning point also.

HELENE GAYLE: Right here.

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DAVID BROWN: David Brown from *Washington Post*.

There's been a lot of talk about various interventions that are in trials now without results yet, such as circumcision, more prep trials, microbicides, and there's a real feeling that these may all add up to a huge summation of interventions that can make a big difference. I'm wondering if you could just comment on whether you think there is ... people are really pouring too much hope into these, or they in fact could add up to a sharp corner in the history of the epidemic.

HELENE GAYLE: I might start by answering that. As you know we put out a report this Tuesday from the Global HIV/AIDS Prevention Working Group talking about the new prevention technologies that are in trials and while I think we feel a lot of optimism about the different trials, circumcision, diaphragms, herpes treatment, oral pre-exposure, prophylaxis, microbicides and ultimately a vaccine that we also realize that none of these are going to be 100 percent effective. And each of these tools will work best for a certain population. So I think what we want to make sure people realize that even with expanding the prevention options there is no silver bullet, and we still need to have a comprehensive prevention response that includes the prevention strategies that we already know work, incorporate behavioral as well as biomedical prevention approaches and

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that that still has to be linked to treatment, care and support if we're going to have the impact.

I think one of the things people keep pushing is for somebody to say that there is going to be one silver bullet. And I think we have to recognize that even with these expanded options they will have to be seen in a comprehensive way and linked to other, particularly behavioral, strategies if we're going to have the impact that we want in the long run and that we still have to – which I think also came out loud and clear at this conference – address some of the underlying social and economic vulnerabilities that place populations at risk to begin with, so attacking poverty, gender inequities etc.

So while we have incredible hope for these new prevention strategies, keeping in mind that they have to still be seen in a comprehensive light, recognizing that none of them will be 100 percent effective, and we still have to make sure that we look at this comprehensively.

Anybody else want to add anything to that?

PEDRO CAHN: Just that we have one magic bullet that works.

MALE SPEAKER: I'd like to add just one thing too Helene. David I trust deeply, and maybe without any critical faculties at work, the scientists with whom I chat about some of these things. And when somebody as authentic and

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thoughtful as Zeta Rosenberg[ph] talks about the first line trials and the second line trials, and talks in terms of five to seven years for microbicide and clearly has a pretty serious grasp on what they're learning and what they're doing, I'm inclined to feel that maybe five to seven years is quite real. I absolutely accept Helene's caveat that none of these interventions are sufficient of themselves or maybe even taken collectively. But if in fact a microbicide at 60 or 70 percent effective can save two to three million lives over a short period of time, that's pretty dramatic; and therefore that gives one considerable hope. If by chance the circumcision approach, and again, I'm inclined that the South African study seems pretty telling and my conversation with people who know the science at UNAIDS, for example, suggest to me that that's also very real, and that Uganda and Kenya are probably likely to mirror that. Again, taken together it feels as though we may have found, articulated at this conference, a potential turning point. We may look back on it as an important moment.

HELENE GAYLE: And I think we will come to Mexico with considerable new options in prevention. Yes?

MALE SPEAKER: [Speaking in French]

PEDRO CAHN: More than a question it was a comment in regards to my previous comment about putting back Latin America in the agenda and that sometimes other regions

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overshadowed the situation in Latin America and this gentleman is raising the concern that we should not fight one region against the other, but we should work in a unified way and we have one problem, and the problem is the same and we should just go together and move forward, and I fully agree. By all means I meant we shouldn't forget any other region. I'm just saying, hey we are also here. Please don't forget us.

TAMMY HOLTMAN[PH]: Hi I'm Tammy Holtman from AllAfrica.com. I wonder if any of you could address the issue of what kind of immediate, practical short-term mitigations might be made for the health worker crisis, particularly in Africa.

ANDERS NORDSTROM, M.D.: The very quick [inaudible] of course is to provide treatment so people will survive. That we can do tomorrow. Some of the more bigger issues that I was talking about in terms of conditions of service, salaries, et cetera, that would take much more longer time. But they're always good examples. You go to Zambia, some good progress has been made there in terms of getting doctors and nurses, even more important, available out in the communities, outside [inaudible]. Same good experiences from Uganda as well. There's a new global alliance on workforce led by the former Ugandan colleague [inaudible], but I think

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the very practical thing is now to get people on treatment.
Then we will save lives in workforce.

MARK WAINBERG, PH.D.: I'm inclined – you said Africa particularly Tammy – obviously I agree on the treatment, but I'm inclined to think that the crisis is of a nature that the only way to handle it significantly is to do for example what the UK department of international cooperation (DFID) is doing in Malawi: \$268 million over five years for the purpose of increasing public service salaries, improving working conditions profoundly, doing an intense training of quazi-professional workers or community health worker level in order to be able to dispense medication and do a number of things that don't require doctors and nurses, and also to build housing to find shelter. And what we have learned in the first year of the Malawi experiment is that the out-migration of nurses, for example, dropped almost to nothing. It was very interesting. I was speaking to the [inaudible] in Malawi just yesterday and they've had very good success with that.

Zambia has a plan at \$200 million a year for five years, a very excellent human development, human capacity plan, which were it to be funded would make all the difference in the world to that country in the retention of workers and in the training of new workers to overcome the gaps that exist. But that depends on the G8 delivering on

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its promises. A billion dollars over five years is not a lot of money if the amount that was promised for Africa by 2010 was delivered. And the fact that it is already falling apart suggests that Zambia is going to have to scramble for the money.

The Irish are moving into Lasutu[ph], and they're moving into Lasutu in conjunction with the Clinton Foundation. And they too are looking at serious human capacity plans. This seems to me to be the vehicle. If you can find one or two of the donors who are really serious about helping with capacity you can move fairly quickly, and Malawi shows that. Malawi's really quite fascinating in that regard.

ANDERS NORDSTROM, M.D.: I think you ought to look beyond the G8. I mean there are some other [inaudible] without that kind of money now.

MARK WAINBERG, PH.D.: I know of Sweden, Denmark, Finland, Luxemburg, Holland – am I missing one?

ANDERS NORDSTROM, M.D.: Netherlands.

MARK WAINBERG, PH.D.: I thought you were going to say Norway. [Laughter]

HELENE GAYLE: Question over here.

JERRY GREENE: My name is Jerry Greene. I'm a medical doctor and journalist in Toronto. I just spoke to Dr. Ramirez and the minister of health of Mexico, and they

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seem very interested in having complementary and alternative medicine form a major part of the next conference. And we're very pleased about that, and I'm just wondering what the resistance here has been for this area. There are many countries around the world that use natural things, whether it's Mexico, India - Dr. Rebello[ph] is here from India and was a presenter at this conference. That is a tribute to the conference that there was a small get together on selenium as a complementary method in addition to HRV, showed in a double-blind study to be effective in changing the blood status of AIDS people. So I'm just trying to understand, what has been the resistance to this in North America of including this?

HELENE GAYLE: There's no resistance to including it in the conference, and we are very happy to have abstracts submitted, satellite sessions that provide science that looked at this as an issue. And so a lot of ... the conference is obviously driven by what people submit and what information and who asked to have satellite conferences, etc. I think we're very willing to have more focus on science related to complementary and alternative medicine.

JERRY GREENE: Well that's good but it just -

HELENE GAYLE: Next question. Only one question per, sorry. No, I'm working the room. [Laughter]

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JAY RODRIGUEZ: My name is Jay Rodriguez, Gazetta[ph] Brazil in Toronto. My question goes to Mr. Stephen Lewis. As we know, Brazil has an amazing AIDS prevention program. Is it possible to apply the Brazilian program in Africa?

STEPHEN LEWIS: You know we have actually tried to marry some of the Brazil experience with Africa. In fact, one of my colleagues, who's in the room now, accompanied the minister of health of Lasutu to Brazil to meet with the Brazilian health authorities and to see to what extent the Brazilian experience could be used in Africa, and you will know that the Brazilian experience is being used to some limited extent in both Mozambique and in Angola.

I would think that if Brazil could at some point provide very low-cost drugs that might be of help to some of the African countries. And if it could do some training of health professionals and fill in some of the gaps. When I was recently in Mozambique we met with the minister of health at some length who had been trying to work things out with the minister of health in Brazil. But it was difficult. There are just limits on the number of people you can bring. And there is an effort though. There is a serious effort – so much as I've been able to observe – to involve Brazil in the life of the response to AIDS in Africa.

HELENE GAYLE: Thank you.

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MALE SPEAKER: My name is [inaudible]. I'm from Pakistan, so I would appreciate Dr. Mark and Stephen Lewis for coming up with old [inaudible] referring to the countries like South African. What I would like to know that your comments referring to countries like Pakistan, like [inaudible] this is a complete denial. They think that, you know, this is not our issue because we are Muslims, or this is not our issue and we have very low prevalence. So since you have like international leadership of fighting against AIDS, I would like to have you come into all these countries [inaudible]. And the second thing is I would like to ask you people then how to bring media as a partner to fight against HIV because during this conference I can see very few sessions on media. There was a session on media and AIDS, but that was addressed mostly by the media commercial giants coming from TV and all that, but how to bring the media because I think if you wanted to make it universally accessible treatment and [inaudible] by 2010, you need to have media as a partner, and so you think about strategically to bring it, and how you are bringing it in the next conference. Thank you.

MARK WAINBERG, PH.D.: I think you addressed that to myself and to Stephen Lewis. I would only respond briefly by saying that every country in the world is affected by the HIV epidemic, and in those countries that have state imposed

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religion of sorts, it is fair to say that people throughout the world who profess to adhere to any particular religion will, on a daily basis, violate some of the most sacred tenets of that religion and will lie about it. I think Mr. Lewis, who is probably far more religious than I am is better prepared to answer the question.

STEPHEN LEWIS: Oh yes, I'm ... [Laughter] I'm so profoundly non-religious it is worse having a chicher[ph] run through the audience. I think I address South Africa because that's where I do my work. I do my work in Africa. I wouldn't pretend to begin to comment on South Asia. I just can't do that. There is a UN envoy for Asia. Her name is Nafi Sadic[ph]. She's the former head of the UN population fund, and she speaks with enormous force and intelligence about what's going on. I'm simply not informed about South Asia. I'm sorry.

HELENE GAYLE: Last question.

DIANA MENDOZA: Thank you. I am Diana Mendoza from Mexico, and this question is to Mr. Nordstrom. I'd like to know what is necessary and whether the WHO would lead an initiative to pass from the [inaudible] of pharmaceutical industry to a workable framework that would make it a business instead of charity to have access for medicines when obviously there is volume there - one of the two variables in business. Also for Mr. Cahn, I'd like to know how are you

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going to address the loud call for transparency in the selection of abstracts for Mexico 2008. And from the co-chairs I would like to hear what's the official explanation as to why a full continent was excluded, and how this conference can be called a success when all Hispanic Latin America outside Brazil was excluded from this conference?

PEDRO CAHN: First of all I would like to say that it's not true that Latin America was excluded from this conference. I think this is too much strong statement. Probably we should have had more visibility. It also depends on the abstract that people submit. Helene was very clear about that, addressing other journalist's question. And it depends on the quantity. It also depends on the quality. And I can assure you that we will do our best to encourage people to submit abstracts. And we have also a process at IAS, which we are in some way mentoring people who don't know how to submit abstracts. We have a process of mentoring that has been put in place in this conference. And we will expand it for the next conference. But we will not sacrifice the quality of the science that we would like to see in Mexico on behalf of having more abstracts for any given region. We need more, but we need more quality science.

ANDERS NORDSTROM, M.D.: Quick [inaudible] in terms of access to drugs. Two things concretely are we doing from the WHO perspective. One is of course to continue the

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dialogue with the pharmaceutical industry in terms of the prices, accessibility. What are boundaries today in terms of access to drugs, in terms of licensing drugs, showing that there are opportunities for the agreements that [inaudible] can use. There was a big commission that worked for one and a half years on innovation, research and intellectual properties. We're taking forward that now through a governmental working group and negotiating process and providing the opportunities to see how can we ensure that access is achieved even better than we do today. So yes we can do more than we are doing today, and there's quite a strong agenda on that right now.

STEPHEN LEWIS: I need to point out that many of our committees did include people from many South American nations. We try to be inclusive. One of the co-chairs of our scientific committees was Dr. Horatio Solomon of Buenos Aires. I can't remember all the names, but I know for a fact that we had many, many people from South America serving as members of our committees for the makeup of this conference.

HELENE GAYLE: Just to go on record, we exclude nobody from any region or any country. But I think it's fair to say that we still need to work on making sure that we make this even more representative than it is. I think this conference has come a long way in terms of inclusiveness in

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all ways. I know Steven you had one last comment you wanted to make before we start wrapping up.

STEPHEN LEWIS: Yes, I'd like to use this opportunity to just expand briefly on one thing I said during my remarks at the plenary. In 26 days time, the exemption under the Canadian Narcotics Act expires, which allowed the Insight Clinic in Vancouver, the safe injection site facility, to remain open. Now that the government has decided to make a series of announcements about AIDS, after the conference is over, I would make an appeal to Prime Minister Harper to include in those announcements an explicit decision on the part of the government of Canada to extend the life of the Insight safe injection facility in Vancouver, which is supported overwhelmingly within the city by the city municipality and by, all the surveys show, a majority of the citizens and apparently beyond. The only group I can see that is determinately opposed is the International Narcotics Control Board, which whom I've had a rather unpleasant exchange, which I shall table sometime next week, based on a speech that I've made in Vancouver and their response. But I think this is a terrifically important issue because if Canada does not extend the Insight facility, it means that we are adopting the war on drugs mentality of the United States and we are moving even further down the road in that direction - with great damage I think - to injecting drug

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users for whom this is a public health problem in Canada. So given that there will be an announcement forthcoming in the next very few days from the government, let the extension for the Insight facility be a part of that, and let the government demonstrate that it supports harm reduction, does not capitulate to the insistence of United States political impulses and takes a stand.

[Applause]

HELENE GAYLE: Thank you. And before we close, I just have one final announcement. As was said earlier in one of the sessions, the conference co-organizers are very grateful to the hotel workers who did not strike during this conference. However, over the past two days, 52 hotel workers have been suspended for wearing a red ribbon associated with their union buttons. And I think some of the hotel workers are here. And I just wanted to say if there are people who wanted to talk to them about what has happened to them in the course of the last couple of days, they are happy to have an opportunity to talk with the media.

Again, thank you all for being here. Thank you for covering this conference. And we appreciate you keeping HIV/AIDS visible, on the radar screen here. But we hope that you continue over the next two years until we meet again in Mexico. Thank you very much.

[Applause]

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