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**4<sup>th</sup> IAS Conference on HIV Pathogenesis,  
Treatment and Prevention  
Official Opening Press Conference  
International AIDS Society  
and Australasian Society for HIV Medicine  
July 22, 2007**

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**LEVINIA CROOKS:** Welcome you all to Australia and to Sydney. I'm Levinia Crooks and I'm the chief executive officer of the Australasian Society for HIV Medicine, or ASHM, which is the local host for this, the fourth IAS Conference on HIV pathogenesis, treatment and prevention.

The IAS Conference is the largest meeting of its kind, and the defining feature of this conference series is that it provides an opportunity for leading scientists, HIV clinicians and community leaders to examine the latest developments in HIV research and discuss how these translate into action on the ground in communities around the world, particularly in low- and middle-income countries that continue to bear the brunt of this pandemic. ASHM and the International AIDS Society are very excited about this conference, coming as it does at a time when we are seeing some important advances in HIV science.

Our speakers from today's opening session who are with me here will say more about that in a moment. Adding their immeasurable expertise to the conference proceedings are some of the international leading lights of HIV research. We are extremely fortunate to have with us today Tony Fauci and Michel Kazatchkine, whom I will introduce to you in greater detail a bit later.

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We are also very pleased to open Deputy Conference co-chair professor Sharon Lewin and an outstanding community advocate, Maura Elaripe from Papua, New Guinea. Full bios from all today's speakers, as well as other speakers at this evening's opening session, can be found in your press kits.

But first I would like to introduce Pedro Cahn. He is an esteemed colleague of mine who is the international co-chair for the IAS 2007 Conference, and president of the International AIDS Society. Dr. Cahn is president and co-founder of the Huesped Foundation, one of the major AIDS organizations in Argentina. He is also chief of the Infectious Diseases Unit at Juan A. Fernandez Hospital and assistant professor of infectious diseases at Buenos Aires Medical School.

Pedro previously chaired the Argentinean AIDS Society and AIDS Committee for the Pan-American Society of Infectious Diseases and has served as an external advisor to the World Health Organization and Pan-American Health Organization, completing missions in Zaire, Ethiopia and Honduras, among others. Pedro Cahn.

**PEDRO CAHN, M.D., PH.D.:** Thank you, Levinia. Good afternoon and on behalf of the International AIDS Society, I would like to welcome you all to our exciting International AIDS Society meeting 2007. First of all, I would like to thank our local host, the Australasian Society for HIV Medicine, for

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the incredible work they have put together into making this conference such a success and for the warm hospitality of the Australian people. In particular, I would like to thank my co-chair, Dr. David Cooper, and the deputy local co-chairs, Sharon Lewin and John Calder.

This is the first time that the IAS has held an international meeting in Australia, a country that since the very beginning of the epidemic played a leadership role in the local response to AIDS. As Levinia has said, the unique feature of this conference is that this is an opportunity for scientists, clinicians and community leaders to discuss new scientific advances, and at the same time examine how they can be translated into strategies to move us closer to the goal of universal access to HIV prevention, care and treatment.

Please be reminded that we are dealing with a preventable disease, and 11,000 people are contracting HIV every day. We are dealing with a treatable disease, and more than 3 million people are dying every year because of HIV AIDS. Science has given us the tools to prevent and treat HIV effectively. The fact that we have not yet translated this science into practice and that most people in the world who need access to preventive strategies and effective treatment do not have access is a shameful failure on the part of the global community.

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We have joining us here in Sydney more than 5,000 delegates from 133 countries. To ensure broad participation from all areas affected by the epidemic, the organizers have awarded more than 170 scholarships to delegates and another 45 scholarships to speakers. This is indeed a very exciting time in HIV research, as you will see during the week.

The conference is organized around three tracks. The first one is basic science, and during the conference we will hear updates on pre-clinical research into drugs and vaccines and we'll also learn about developed plans in biology, immunology and pathogenesis of the disease causing mechanism of HIV. The second track will examine issues related to clinical research, treatment and care. In track B, we will hear about new research related to diagnosis, natural history and novel treatments on the horizon, which is one of the more exciting and most important developments coming out of the conference. Two new classes will be discussed in the conference, classes that are very close to being approved by the regulatory authorities in different countries, and also about new compounds in already existing classes. Together, these new therapeutics offer new hope to many individuals in whom HIV has become resistant to existing drugs.

Clinical data related to these new drugs will raise important questions about when to begin HIV therapy, which Dr.

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Fauci, I believe, will say more about in his remarks. The third and final track, which was first added in our formal conference in Rio de Janeiro two years ago, will focus on HIV prevention. And basically, we will deal with new tools for prevention, what we call biomedical prevention. Not to set aside the classical tools for sociobehavioral prevention, but to complement them, and to work together towards more effective prevention strategies.

We also are releasing during the conference the Sydney Declaration. I think Sharon will talk to you a little bit more about that. This is a very important effort in order to draw the attention of the world about the need of having many devoted to operational research in order to show the real benefits of our efforts in terms of investing money in prevention and care.

I'm happy to speak more about this or answer any questions during the question and answer period, and I want to thank you for being here and helping us to spread the word about the important scientific developments coming to be presented at IAS 2007. Levinia?

**LEVINIA CROOKS:** Thank you, Pedro. Could I just ask if people could turn off their phones? We're having some interference. Our next speaker is professor Sharon Lewin, who

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is the deputy local co-chair for the conference. Sharon is a close colleague of mine in her role as president of ASHM.

She joins us on behalf of the local conference co-chair, professor David Cooper, who is unfortunately unable to be here at this time. Sharon is a professor of medicine at Monash University in Melbourne, and director of Infectious Diseases at The Alfred Hospital. The Infectious Diseases Unit at The Alfred is the largest infectious diseases unit in Australia. The hospital is co-located within the [inaudible] Barnett Institute for Medical Research, the largest basic virology institute in Australia with a primary focus on HIV virology [inaudible]. She is also a member of the HIV Subcommittee of the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis. That is the peak HIV advisory body to Australian government. Sharon Lewin.

**SHARON LEWIN, FRACP, PH.D.:** Thank you, Levinia. As president of ASHM, we're delighted to have the opportunity to be the local host for this meeting and to have worked so closely and productively with the International AIDS Society over the past two years to make this really an outstanding meeting.

As Pedro mentioned, the choice of Australia as host of IAS 2007 reflects this country's long-standing commitment to HIV AIDS, including its support of dedicated research centers

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in several disciplines. Australia was one of the first countries to develop a national strategy on HIV AIDS, and continues to base its response on a collaborative partnership between the research, health care, government and community sectors.

ASHM and the IAS have joined together to develop the Sydney Declaration. The Sydney Declaration is a global sign-on letter calling for the scale up of HIV research as an essential part of a comprehensive response to HIV, which also includes universal access to HIV treatment, care and prevention. The Sydney Declaration was recently published in a dedicated issue in the *The Lancet*, and requests that all HIV donor funding for the developing world should mandate a non-negotiable 10-percent for research. This applies to all programs, and treatment roll-out programs to train into facilities, and we strongly believe that no aspect of HIV management in any setting is valid without research to point the way forward. And in order to carry HIV treatments forward, we must ensure that clinical and prevention research as well as capacity building and basic science continue to thrive in the most affected countries.

Operations research is also critical, and what we mean by operations research is a need to identify which approaches are effective in the field, which are not, and why they're not. We need to learn how to integrate HIV specific services with

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other highly relevant services, such as those for primary healthcare, tuberculosis, malaria, prenatal and postnatal and sexual and reproductive health services.

Finally, we believe that all areas of research, and particular in resource-poor settings, further strengthen our efforts to confront the absurdist theories of AIDS denialists.

As of this morning, we're pleased to announce that roughly 2,000 individuals have already signed the Declaration. We hope that every participant in this meeting will join us and sign on to support this very important move in HIV treatment. Thank you.

**LEVINIA CROOKS:** Thank you, Sharon. As I mentioned earlier, this conference is greatly enhanced by the presence -

**MICHEL KAZATCHKINE, M.D.:** Thank you, Levinia. Good afternoon everyone. I'll be briefly discussing tonight progress in access to antiretroviral treatment in the developing world, and my message will basically be a message of hope. Hope based in the reality of our recent progress in expanding global access to HIV treatment. In 2001, when we first gathered at the first IAS conference on pathogenesis and treatment in Buenos Aires, a couple of hundred thousand people who are in the developing world were receiving antiretroviral treatment. Today, it is 2.2 million. This is far beyond what most of us thought would be possible when we met at that time

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in Argentina. Hope also because of the encouraging advances in science that we will be discussing in this conference, and hope - and this is another message that I shall be conveying tonight - hope because the world is coming together as I believe never before to act on health, as never before to realize how health is an essential part of development, and how much investment in fighting diseases is a sound way of fighting poverty and promoting development. For AIDS, this has become particularly clear. You cannot have development and prosperity when AIDS is killing large parts of the population and eroding human capital.

There are two major players that participate in this true turnaround in access to treatment in the developing world in the last five years, the U.S.-funded PEPFAR program, the Presidential Emergency Plan for AIDS Relief that was launched in 2003 and the Global Fund for AIDS. The Global Fund has raised so far 11 billion US dollars in pledges and has committed over 7.7 billion in grants in 440 programs in 136 countries. More than half of that money goes to AIDS and approximately 60-percent of it goes to Africa. We currently estimate that with those funds, 3,000 lives are saved every day thanks to the programs supported by the Global Fund, more than 100,000 every month.

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I'll also be discussing briefly tonight some of the challenges that I believe we face in the near future, the challenge of resources. We need more resources but we also need more sustainable resources. I will be discussing the challenge of drug costs, of the weakness of health systems in many of the countries where we need urgently to scale up treatment programs, the need for integrating and fully integrating prevention and increased preventive efforts into our treatment efforts. How we should learn to monitor impact of what we're doing and not only measuring, as we have been so far, processes or numbers of people that are accessing treatment. And then the need for more policy, advocacy to maintain AIDS and the fight against the killer diseases of the developing world is high on the political agenda for development. Thank you.

**LEVINIA CROOKS:** Thank you, Michel. Our final speaker is Dr. Anthony Fauci, the director of National Institute of Allergy and Infectious Diseases, or NIAID. Dr. Fauci is a key advisor to the White House and to the U.S. Department of Health and Human Services on global AIDS issues, and on initiatives to bolster medical and public health preparedness against emerging infectious disease threats, such as pandemic influenza.

As author, co-author and editor of more than 1,000 scientific publications and textbooks, Dr. Fauci has made many

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research contributions and continues to be involved directly in research, despite his responsibilities overseeing the NIAID's 4.4 billion dollar research portfolio.

Earlier this year, Dr. Fauci was awarded the National Medal for Science, one of the highest honors in the United States for scientific research. Please welcome Dr. Anthony Fauci.

**ANTHONY FAUCI, M.D.:** Thank you very much, Levinia. It's a pleasure to be here with you this evening. Tonight, at the opening ceremony, I've chosen as the topic of my presentation, HIV AIDS in 2007, Much Accomplished, Much to Do. And the reason I chose that is that I reflected back when the organizers asked me to present at the opening session, of an article that I was actually asked to write by the Journal of the American Medicine Association immediately after the 1996 meeting in Vancouver when there was so much hope related to the initiation of the triple combination therapy, when there was a great deal of optimism. And in that article, back then 11 years ago, I reflected that we should celebrate that very important advance but that we should also not lose sight about how much we still need to do. And 11 years later, it hasn't really changed, so tonight, what I'll do is pick out the three components that are actually the name of this society, the International AIDS Society, to look at in this meeting -

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pathogenesis, treatment and prevention, and I'll talk a bit about the advances that have been made in pathogenesis over the last several years, particularly the last couple of years, and these advances in the fundamental basic science have really served as the matrix of our understanding targets for antiretroviral therapy, for understanding some of the events that occur from the early infection up through and including the destruction of the immune system, all of which inform our abilities for better treatments and vaccines.

The much to do in pathogenesis is that over the past couple of years, we've just realized things like the importance of the early events. We paid attention to early events, but we were not really as sure as we are now how those very early events, including the infection of the gut associated lymphoid tissue, can cause irreparable damage from which patients can essentially never fully recover. That opens up the question of how we can utilize that knowledge in fashioning prevention with vaccine as well as early treatment and the relevance, or not, of how early one should start therapy.

Then you move on to treatment. Probably the most important area of overwhelming advances in HIV have been in the areas of treatment that were referred to both by Dr. Cahn and Dr. Kazatchkine. The issue with treatment is that we now have extraordinary treatment for people who have access to

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treatment. From a fundamental standpoint, what we need to do is we still need a chain of new drugs, what we call the pipeline. You're going to hear about the drugs that Dr. Cahn mentioned that are really extraordinary in their capability of suppressing the virus. We need to continue that, because we should always have a robust pipeline.

But what about the gaps of things that we need to do? You heard Michel talk about the great advances that we've made in access. As great as those advances are, namely more than 2.2 million people through the programs that Michel mentioned that now have therapy available to them, mostly in low and middle income countries, we still now are treating only about 28% of the people who actually need therapy. And if you do the simple mathematical calculations and look at 4.3 million new infections each year, and we're only treating 28-percent of the people who need them, this leads us in the next important arena, which is the final thing I'll talk about tonight, and that is prevention. Because we cannot sustain a successful effort with HIV without prevention. And again, it becomes a matter of access. There are proven, known prevention modalities that work. We know that. We've had one important breakthrough this year with understanding the role of circumcision in prevention. We need to do more of that and importantly, we need to make available to the people throughout

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the world the prevention methods that are proven technologies. In fact, of the projected 60 million infections that will occur by 2015, fully half of them are projected to be able to be prevented with already known and proven prevention methods.

So I'm going to close by challenging us all to know that although we celebrate 26 years since the beginning of extraordinary accomplishments, we're actually going to be judged as a society in what we do in the next 20 to 20-plus years. Thank you.

**LEVINIA CROOKS:** Thank you, Tony. We'll now turn to some questions. We'll be taking questions from registered members of the media. If you could make your way to the microphones, there's two in the center of the room, one towards the front, one towards the back. And if you could indicate your name and the media organization that you're from please.

**ANDREA DONOR [misspelled?]:** Good evening. My name is Andrea Donor and I'm [inaudible]. Dr. Cahn, [inaudible] press release [inaudible] to prevent and treat HIV effectively and the fact that we have not translated this science into practice is a shameful failure. That could be considered a very powerful indictment on HIV programs worldwide. And we know that there are many challenges to implementation of treatment programs and treatment roll-outs, and that it's been taking a number of challenges and it could be lack of funding, some poor

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countries have problems with capacity building. What exactly would you pinpoint as the reasons for this - what you call a shameful failure?

**PEDRO CAHN, M.D., PH.D.:** Thank you for your question. The question has not a unique answer. We have a lot of problems to confront. Obviously, one of the major issues that are in our agenda is the health care workers crisis. That means we are lacking enough human resources to really serve in the role of antiretroviral therapy in many countries. This has many reasons. One of them is AIDS mortality itself, which is - it's painful to say that our healthcare workers in many developing countries are also a part of the toll we are paying for this epidemic. We have issues with working capacity and low salaries that are also determinants of migration of qualified healthcare workers from the south to the north. In some countries, up to 25-percent of people working in the HIV field are foreigners, and half of them come from developing countries, which is really very bad news.

Having said that, we have also other types of problems, and I think that when Michel mentioned the issue of poverty and development linked to AIDS, he's giving part of one of the major reasons why we are failing. It's not only a matter of parachuting medicines in Africa or in Asia or even in some parts of Latin America. It's also a matter of helping to build

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capacity. If you don't have electrical power, if you don't have safe water supply, if you don't decent housing, it's very difficult just to provide medicine and say that's okay, we have done our job. So there are a lot of instances, and I'm sure that the other members of the panel can also add to those I have just underscored, and I think that this endeavor is an extraordinary challenge, not only for the medical community but for the society at large. Without confronting together poverty and other health issues in an integrated manner together with AIDS - that means STIs, other sexually transmitted infections, tuberculosis, reproductive health, child health, mother to child prevention, et cetera, et cetera, in an integrated manner with HIV AIDS, it will be very difficult to really be successful in this field.

**ANDREA DONOR:** Doctor, I just want to say something [inaudible] areas, because [inaudible] mother-to-child transmission [inaudible] too harsh?

**PEDRO CAHN, M.D., PH.D.:** Well, as long as we see that again, as I said, people are acquiring on a daily basis a preventable disease and people are still dying from a treatable disease, no statement would be too harsh, in my view.

**LEVINIA CROOKS:** Can you place your question from the microphone? We are recording.

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**AMANDA DONOR:** You seem to be relaying the failures of the fate of people who are involved in the global HIV effort in terms of researchers and the medical practitioners, but I find that the HIV issue - it's a social problem as well and it involves a lot of personal choices. That is why I'm saying - I'm asking again, do you think your statement is too harsh? Because based on how you phrased the statement, it seems that you're laying the failure at the feet of people who are involved in the fight against the epidemic.

**PEDRO CAHN, M.D., PH.D.:** No, no, no.

**AMANDA DONOR:** Okay.

**PEDRO CAHN, M.D., PH.D.:** No, probably I wasn't clear enough. When I'm saying that we are failing as a society.

**AMANDA DONOR:** Okay.

**PEDRO CAHN, M.D., PH.D.:** Obviously, there's a specific responsibility for us as researchers and as a member of an organization like the International AIDS Society, we are falling short to our duties, but that doesn't mean that the society at large is not also responsible.

**AMANDA DONOR:** Thank you for that clarification.

**LEVINIA CROOKS:** Do we have other questions? If people could move to the microphone at the front of the room or at the rear of the room. Yes. Can you state your name and the agency that you're representing, please?

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**SHERRY MARGULIES [misspelled?]:** Sherry Margulies, Voices of Positive Women in Toronto. Thank you very much. My question's for you, Sharon, regarding the Sydney Declaration. Could you clarify if the 10-percent that's being demanded will be new money? Or is that money that is already existing and allocated for treatment, prevention and care?

**SHARON LEWIN, FRACP, PH.D.:** Our expectation is that would be in addition to what is currently allocated. Pedro may want to add.

**PEDRO CAHN, M.D., PH.D.:** Absolutely, we are asking for this money not to harm the current efforts for the world and on the contrary, to sustain it with evidence-based data. Good science plus good policy, so we need evidence in order to support our policy.

**LEVINIA CROOKS:** At the rear, if you could state your name and agency.

**HOLLER [misspelled?] GOODMAN:** This is Holler Goodman. I work for [inaudible] in Pakistan. [Inaudible] still facing shortage of resources. In terms of money, I just want to know what percentage of money you are still lacking in your research and [inaudible].

**MICHEL KAZATCHKINE, M.D.:** Please accept that I spend a few minutes on your question. It's a key question, that of resources, and there's a lot of confusion, because people keep

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comparing what we call estimates of needs and then available resources. And then at the same time, we forget, and that was the basis for some of Pedro's comments, some of Tony's comments and the question from the lady from Jamaica. At the same time, there is a limit to what we can actually spend, and to which countries can actually implement if the resources were to come. UNAIDS estimates that in order to impact on the epidemic, that is scale up prevention to where we would wish it would be, to scale up treatment, care, support, to fight AIDS on every ground where AIDS is to be fought, particularly promoting good governments, human rights, fighting stigma, discrimination, denial, promoting leadership. The estimated needs are around \$18 billion per year for 2008 and they will increase by \$22 billion per year by 2010. These numbers may be debated. Some people would think they are too large. Some people think they are too restrictive. The available resources are about half of - or for sure below half of those numbers. In 2007, the cumulative amount of money that is available to fight AIDS is approximately \$9, \$9.5 billion.

As I said, however, a minute ago, I would wish that we look not only at this difference between the available resources and the estimated needs, but also at what countries can potentially spend in terms of money, and that's where of course we would wish that strengthening health systems,

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building capacity, building the leadership, would be efforts that would increase the country's capacities to respond to the epidemic and spend more of the money if more was available.

Where I think that the PEPFAR U.S. initiative and the Global Fund are in the role is to close the gap between the demand that is what countries in the world is capable to spend on AIDS and the available resources. And I hope that there will be no gap there. And then our common role, that of researchers, governments, civil society, bilateral agencies, UN agencies, is to really help closing the gap between the demand that is what the countries can express that's what they can spend and the estimated needs. And that gap is still relatively high at this time.

So the answer to your question, I'm saying, is somehow complex. Yes, we need much more resources, yet we have to be careful about how much of these resources can be spent. So let us raise funds in response to demand and let's close these two gaps, the gaps between the available resources and the demand and between the demand and the estimated needs.

And just one more quick comment. Not only do we need more resources, but we need resources that are sustainable. We need predictability and visibility in resources. How can we encourage a country in sub-Saharan Africa or Central Asia to initiate antiretroviral therapy in tens of thousands or

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hundreds of thousands of people? And at the same time, for us donors, say that we're somehow uncertain of the resources in two or three years' time, or that the resources next year will be subject to examination by our Parliament or our Congress? We do need sustainability. We need to find ways of having at least three to five years of visibility in the type of resources we're gathering.

**LEVINIA CROOKS:** Thank you.

**HILLARY JOSEPH [misspelled?]:** I'm called Hillary Joseph. My name it's from Uganda, the new vision. The Sydney Declaration is asking for that 10-percent, but often in countries where I come from, we have a problem of resources, and we are struggling to allocate resources to the provision of HIV services to the people. Couldn't you consider a country that contributes not in terms of money, but because we don't have enough money, in terms of volunteers for research, for vaccines. Like I realize in this conference we have a lot of research from Uganda but I doubt whether the Uganda government gives money for that research. The research came internationally. Wouldn't you consider those countries which can't afford to contribute in other ways other than monetary and you contribute it in terms of that 10-percent?

**PEDRO CAHN, M.D., PH.D.:** Well, indeed, the call is for the international community at large and basically to the major

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donors to consider that we need to allocate money for research, and this shouldn't affect, as I said, any efforts, and we are not asking the poorest countries to put money in that, because I agree, that you may have some burning urgent priorities that do not allow you to allocate money for that. But without operational research, it will become more and more difficult to convince donors to continue making sustainable the program as Michel stated.

**ANTHONY FAUCI, M.D.:** Also, I interpret it to include what you're saying, because it's 10-percent of resources. There are financial resources and there are human resources. So the point that you make is a very valid point. If your country doesn't have enough financial resources to put it in but you're proposing that you would contribute to the research effort by having individuals get involved in volunteering or whatever to help the research effort, at least myself personally, I would consider that very adequate for you and for your colleagues in your country.

**MICHAEL SMITH:** Yes, I'm next. Michael Smith, *Netpage Today*, for Dr. Fauci. Dr. Fauci, you sort of hinted, I think, in your brief overview of what you will say that it may be time to rethink the decision points in terms of treatment. When one begins treatment, and I think that largely applies to the developed world, but possibly in the developing world as well.

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Can you expand on that a little? That's one thing. The other one is, you also talked about the various forms of prevention that are known to work. Can you expand a little bit on those, given of course the administration's insistence, at least until fairly recently, that the main one should be abstinence?

**ANTHONY FAUCI, M.D.:** Okay. Let me start off with the first one. We always need to keep re-examining, and that refers to your question about when to treat. I mean that's a burning that all of us in HIV research, particularly those of us involved in treatment clinical trials. You like to have evidence-based situations to guide your decisions about therapy.

One of the things that we're starting to learn a lot about, and that's why alluded to the early events in HIV infection, that would impact not only if you start therapy early, whether or not, even though there's been always the argument and the tension that we've discussed at these meetings since the meetings began, is the balance of toxicity of the drugs versus the ultimate beneficial effect of suppressing the virus. The more we learn, and we learn that for example from studies like the SMART study, from studies that just came out recently about deferring treatment in children versus treating them right away. The evidence is starting to mount that the longer that you allow the virus, even if it isn't necessarily

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at its optimum, a half a million or a million copies, that you're going to do some damage, not only to the immune system but also to other organ systems. So I'm not telling you that we should therefore, right now, change what we do, but we need to keep probing, using evidence based findings about what the most appropriate time to start therapy is.

The second part of your question was regarding prevention. If you look at three major areas of the prevention, sexual transmission, transmission through blood and mother-to-child, there have been an extraordinary amount of very good data that have helped us to push that agenda forward of prevention. What we still need to do is to explore other areas like implementing in a safe, culturally sensitive way, the whole circumcision issue. We also need to look at the lack of accessibility. If you look at the proven prevention modalities throughout the world, it's striking the relatively small percentage of people who would benefit from those prevention modalities who actually have it available to them. I'm going to show a chart on one of my slides tonight that goes through about six or seven of these, and the highest one was approximately 20-percent or so that was available. We don't have good availability.

Just to correct your point, I mean, obviously I have been for years saying that abstinence alone is not to be taken

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as something in a vacuum. It just works under certain circumstances. But alone I think is not realizing the realities of sexual transmission. However there's one thing I would like to correct you about is that in the PEPFAR program, abstinence is not the major component of prevention. Prevention comprises about 20-percent of all of the money. One-third of that is for abstinence, and the rest is for condoms and others.

So although I agree with you that there are many times that the promotion of abstinence might be used under circumstances that are not appropriate, it isn't the major component of the preventive measure. It's just not. That's not a fact.

**MAURA [INAUDIBLE]:** I'm Maura [inaudible] Germany. A question - this conference's main focus is science and when I looked back it always explicitly said so. So how did the conference move to more political issues? Is there a change? What is the balance? And the second short question, could you give a brief overview about the scientific program?

**PEDRO CAHN, M.D., PH.D.:** Let me explain to you, we have two types of conferences. One is the International AIDS Conference, which was held last year, 2006, in Toronto and will be held in 2008 in Mexico, approximately in the first week of August. And then we have the Pathogenesis Conference. The

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first one is the larger one in which we have a broad program that includes a community program, includes the leadership program and also includes five tracks from basic science, clinical science, prevention, political and policy issues and all sociobehavioral issues, including demographic components, economic aspects of the epidemic, religious issues, media issues, et cetera, et cetera. In this conference that we are having - that we are starting today, the Pathogenesis Conference is restricted to three major tracks: basic science, clinical science and biomedical prevention. Obviously as you will hear from many of the talks, starting with Michel Kazatchkine's talk, it's impossible to discuss science in a vacuum without taking into account all the social aspects. But for you to know, it's part of our agenda and all the other aspects will be thoroughly discussed during the Mexico conference next year.

**ANTHONY FAUCI, M.D.:** Actually, the IAS meetings were formulated to answer what your question is, that we wanted to have a meeting that would be fundamentally centered on the issues that Dr. Cahn had mentioned as opposed to getting diluted out with things that might be important but are not fundamentally based in science. So that's the purpose of the IAS meeting.

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**LEVINIA CROOKS:** We'll take one last question. Yes, in the back.

**CEDRIA MARTIN [misspelled?]:** Good afternoon. My name is Cedria Martin from the *Trinidad Express* newspaper. Now, I know sex workers were featured prominently in the convention of which you had their participation in a number of the vaccine trials. How does the panel respond to the fact that the U.S. aid funds have that condition that beneficiaries should denounce sex work?

**ANTHONY FAUCI, M.D.:** Who are you asking the question to?

**CEDRIA MARTIN:** I would like everyone - the panel - everyone.

**ANTHONY FAUCI, M.D.:** I don't agree with that.

**CEDRIA MARTIN:** Please expand.

**ANTHONY FAUCI, M.D.:** I don't agree with the concept of you don't get any aid unless you completely disassociate yourself from the commercial sex workers, because commercial sex workers are a very important arena for which you need to implement preventive measures. So I think you cannot avoid that.

**MICHEL KAZATCHKINE, M.D.:** I would certainly agree with what Tony just said, and I don't think that you will find anyone on the panel disagreeing with that. And I will mention

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in my talk the emphasis that we need to have also in addressing sex workers in our efforts for prevention and for treatment. They're part of the vulnerable group that are poorly reached in a number of countries, actually in Asian countries, as we expand prevention and treatment to large scale.

**PEDRO CAHN, M.D., PH.D.:** And just to add to that, it's part of our effort to fight against stigma and discrimination against any vulnerable group, either drug users, men that have sex with men, women, children, sex workers, whatever it is. We are not fighting against people. We are fighting against a virus. We are fighting against an epidemic.

**CEDRIA MARTIN:** Thank you.

**MALE SPEAKER -** [French language spoken]

**MICHEL KAZATCHKINE, M.D.:** [French language spoken]

The question was about what would happen if tomorrow, donors would stop funding the Global Fund? And my answer was first I can't imagine that would happen. Second, I said earlier answering a previous question that we in the Global Fund and in the AIDS community in general are not only concerned with how much resources we will obtain but also about the sustainability of those resources. And third, I answered that we also need also to build sustainability and capacity at the country level, and that one of the ways of building sustainability at the country level is to start and build health insurance, health

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protection systems, and that's also something I'll mention later tonight.

**LEVINIA CROOKS:** Thank you. That will end that session. I'd like to thank all of the panel for their contributions and thank you for attending.

[END RECORDING]