

FOREIGN PRESS CENTER BRIEFING WITH DEBORAH VON ZINKERNAGEL, PRINCIPAL DEPUTY COORDINATOR, U.S. DEPARTMENT OF STATE OFFICE OF THE U.S. GLOBAL AIDS COORDINATOR; DR. DIANE HAVLIR, AIDS 2012 U.S. CO-CHAIR, PROFESSOR OF MEDICINE AND CHIEF OF HIV/AIDS DIVISION, UC-SAN FRANCISCO; CHRIS COLLINS, VICE PRESIDENT AND DIRECTOR OF PUBLIC POLICY AT AMFAR, THE FOUNDATION FOR AIDS RESEARCH

TOPIC: PREVIEW OF THE AIDS 2012 CONFERENCE

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MS. HAVLIR: Thank you very much. As mentioned, I am Diane Havlir. I am a physician and a researcher from the University of California-San Francisco, and I will be co-chairing the International AIDS Conference this year with Dr. Elly Katabira from Makerere University. It is really my pleasure and our pleasure to welcome you to this press briefing and welcome you to the AIDS 2012 Conference.

The AIDS community every two years gathers at a destination around the world in order to take stock of the epidemic, to share the latest scientific advancements, and to map out a plan of the way forward. These meetings have been occurring since 1985. The first International AIDS Conference occurred in Atlanta, Georgia in 1985, and it was held in my hometown in San Francisco in 1990 – 22 years ago. The conference was supposed to be held two years later in Boston, but it was not held there because of the travel ban that prohibited persons living with HIV to enter the U.S. This ban was lifted by the Obama Administration in 2009, and we are just delighted and very proud to announce that the conference in 2012 is going to be hosted in the United States.

The AIDS International Conference really is like no other medical conference. In fact, it's not a medical conference. It is a gathering of leaders around the world; it is a gathering of scientists, of clinicians. It is a gathering of the community. And it's a large gathering. We estimate that there will be approximately 25,000 persons attending the conference this year with probably upwards of a thousand media persons.

Probably normally – I don't do asking questions to you in a conference, but I'm just interested – how many of you have been to an International AIDS Conference before? Okay. So a few of you have, and you can attest to the fact that it's really quite different, and it is filled with people, no matter what walk of life they're in or what profession, are passionate about what they do. And they're passionate for a good reason. We have 34 million people living with AIDS at the present moment. We have lost 30 million people already to the epidemic, the second-largest epidemic since the Black Plague.

So what's going to happen this year at AIDS 2012? Well, maybe to start out with, what is – the theme of the conference this year is "Turning the Tide Together." Every conference –

International AIDS Conference has a theme, and I'd like to refer you back to the conference in 2000, which was absolutely an extraordinary moment in the AIDS epidemic which was held in Durban, South Africa, which was called Break The Silence. And it was at this conference at the gathering that the – this gathering the world came together and made a commitment to avail prevention and treatment services to people all around the world. It was a defining moment in the AIDS epidemic.

Well, the conference this year we believe also is going to be a defining moment in the AIDS epidemic. It's – first of all, it's very significant it's back here in the United States, and let me tell you why. First of all, it represents a human rights victory because of the lifting of this travel ban. Secondly, it's going to be an opportunity to focus on leadership and U.S. leadership. And you'll hear about this a little bit more of what the U.S. has done in responding to the AIDS epidemic here in our own backyard and also internationally through programs such as PEPFAR.

It's also significant it's back in the United States because even here in the United States, despite the fact the 50,000 people are infected every year – and this number has not changed for the last decade – it's going to be an opportunity for us to highlight what's happening with AIDS in the United States.

But probably the most important reason why we think this is going to be a historic event is because we really do think we are at a turning point of this epidemic. For the first time ever, and I've been working in this field since the very beginning, we feel like we can declare that we are at the beginning of the end of the AIDS epidemic. Why is that the case? Well, I don't have time to elaborate on all the reasons, but suffice it to say, over the last three years, there have been a series of breakthroughs in HIV which allow us to know that we can significantly curb the number of new infections and death from AIDS. And these breakthroughs include knowing that treatment not only saves lives, but it works as prevention. In fact, in the pivotal study, treatment reduced transmission by 96 percent. And this is nothing short of astonishing and was cause for great celebration and in the scientific community was called the breakthrough of the year.

We also know that treatment can be provided to individuals before they are infected strategically and protect them from acquiring HIV. We also know that adult male circumcision reduces HIV susceptibility by 50 percent. And you'll be hearing at the conference that these – that this protective effect appears to be sustained over many, many years. This is all good news. So we are at the defining moment. The question is: Are we going to – how are we going to move forward? And that in essence is what we're going to be talking about at this conference.

So a little bit, for those of you who haven't been at the conference, on the way it's organized. So the conference starts on a Sunday evening with an opening session. This session marks the beginning of the conference, and we have several high level speakers, including Jim Kim from the World Bank, Margaret Chan, Michel Sidibe from UNAIDS. Then each day, there are sessions in the morning, three to four, where there's nothing else going on. They're called the plenary sessions where we hear about overviews in the field. For example, Monday promises to be just a really exciting day. Dr. Tony Fauci, the head of NIAID, is going to be talking about the science – where we're at and where can the science take us in the quest to begin to end the AIDS epidemic. We're also going to hear from Phill Wilson, who's president of the Black AIDS

Institute in the United States, who's going to talk about the epidemiology and what's happening with AIDS in the United States.

So this is just to give you a little bit of a sampler. Every day during the conference, there is a series of plenary sessions. One of the plenary sessions will be talking about the HIV cure. Another session will be talking about where are we exactly at in this field in HIV vaccines. Our closing session will include a summary of what's happened during the meeting, as well as a closing address by President Bill Clinton.

We're really thrilled to report that we're going to have much high-level participation from policy makers, including Secretary Sebelius, Nancy Pelosi, Barbara Lee, Senators Bill Frist, Senators Lindsey Graham, Ambassador Goosby, Tom Frieden – head of the CDC, and other entertainers also participate in the conference. Elton John will be participating, as well as Whoopi Goldberg will be participating in a session on HIV and tuberculosis. Bill Gates also will be there, Aung San Suu will be giving an address, Laura Bush will be there, the faith-based community is represented, Kay Warren, and the economist Jeff Sachs. So it is a wide variety of individuals who are there.

So let me, in broad strokes, talk about some of the topical areas that we're going to be delving into during the conference. So I would say the first one is combination prevention. We think we can begin to end the AIDS epidemic, and the main way we're going to go forward in that is through combination prevention. So we're going to be talking about the science of delivery, if you will. How do we best do that? What are the most efficient models? What are the most effective models to reach the most people, most safely, most quickly?

And in the rubric of that, you'll be hearing about new data about test and treat, adult male circumcision, pre-exposure prophylaxis. And you'll also be hearing about leveraging HIV resources to help establish infrastructure for other chronic diseases, such as diabetes and hypertension. These will all be very, very exciting elements of the discussion of implementing combination prevention, and really as we say, the how of what we do.

I would say the second big topical area that we will be discussing at the meeting is affected populations. All of you know that HIV disproportionately affects populations around the world. In our country here in the United States, disproportionately affects men who have sex with men. There's going to be breaking epidemiologic data about what are some of the statistics about the MSF and epidemic in the United States in a late breaker abstract. Other affected populations include individuals who use drugs, and of course, also inclusive of children, HIV/TB – how should we be approaching that – and sex workers. So these are just – we know that in order for us to begin to end the AIDS epidemic, we need to, as a society, as a global community, reach out and begin to overcome many of the structural barriers that these populations experience.

The third topical area that you'll be hearing a lot about is the finance of this. How are we going to pay for this? If we think we've got all these breakthroughs, is the funding ahead of the science, which is what some people think? So what will be presented at the meeting is leaders from institutions who are funding agencies talking about how they're approaching the funding challenges. And also, some new economic models: How can things be paid for? For those of

you who've seen and looked through the abstract, there's some really intriguing modeling and report-backs about taxing – taxing alcohol, taxing cigarettes, as a source of income to fund what's needed for the AIDS – and really the overall global health response. Interesting presentation about using generic drugs here in the United States: How would that affect the financing in terms of our ability to support care for the global epidemic?

The fourth topical area we always talk about at the conference is new drugs. And at this meeting, you'll be hearing about new drugs for HIV, some advances in terms of simplifying therapies and toxicities of therapies. And then for the first time, we're very excited about this, will be some new breaking data on drugs for tuberculosis. We haven't had new drugs for TB in over 30 years and the – TB is a leading cause of death in persons living with HIV. So this is very, very important to the HIV movement.

Finally, you'll be hearing about the cure. The – there is great renewed interest in momentum, in supporting research to look for an HIV cure. There'll be discussion of the individual who has been deemed cure of HIV, and what other approaches that scientists think as we move forward on that path to begin to work towards curing HIV.

So that, in broad strokes, are the topical areas that you'll be hearing about at the meeting. I'd also like to share with you that the D.C. Declaration, which is a call for the commitment to begin the ends of the AIDS epidemic, will be released today. This is a call to action. There will be a website for people to sign on. And with that, I'm going to turn the podium over to my colleague, Chris Collins from amfAR, who will share with you more elements of the meeting.

MR. COLLINS: Good morning, and thanks for coming today. I think the D.C. declaration is going to be very important because it's going to make clear why we're coming together this summer, and that is to recognize we now have the potential to begin to end this epidemic but then also to challenge ourselves to make the investments and the tough choices we have to make to realize that potential. I think this conference is going to be critically important in terms of U.S. public policy. This is the conference where we bring the tremendous scientific advances of the last several years to the nation's capital and challenge lawmakers here and around the world to follow through.

You've heard that we now have – science has given us the potential to begin to end this epidemic, which is an amazing and fantastic place to be. But realizing that potential isn't going to be easy; it's going to take continued investment at a time when the United States and other countries face fiscal challenges. It's going to take tough choices about using resources where they can have maximum impact and not doing things that aren't having any impact, and it's going to take much more attention to addressing the HIV-related needs of marginalized populations all over the world, and that includes gay men and people who use drugs and sex workers.

Now, on the domestic front, the United States has come a long way in tackling our own domestic epidemic, but it remains a serious public health challenge here. As you've heard, there's 50,000 new HIV infections in the United States every year, and hundreds of thousands of people living with HIV in this country are not getting the care they need. Gay men and African American and

Latino men and women are heavily affected by this epidemic in the United States. But things are changing. Two years ago, President Obama introduced the nation's first comprehensive national HIV/AIDS strategy, which called for a much more coordinated and accountable effort and sets clear targets for making progress. And I would say the Administration has shown real political courage in implementing reforms through that strategy.

Then the Affordable Care Act health reform promises to extend healthcare to millions of Americans and thousands and thousands of people living with HIV. Together, the national HIV/AIDS strategy and health reform can be the game changers in the U.S. domestic epidemic if they're implemented fully. So some of the key issues that policymakers are going to need to grapple with regarding the U.S. epidemic based on the science we're going to hear at this conference include the need to really scale up treatment access to more people living with HIV, do a much better job of getting HIV testing, and then linkage into care to people in affected groups; focus much more on populations that are much more acutely affected in this country, including gay men and people of color; remove the federal prohibition on federal funding for syringe exchange, which is an evidence-based intervention which is incredibly cost-effective. Right now there's a prohibition on using federal funds to launch syringe exchanges. And then we've got to do much more to tackle stigma against people living with HIV and people in groups perceived to be at increased risk for HIV, because that stigma is standing in the way of people getting HIV tested, learning their status, and getting the care they need.

So this conference brings a lot of promise and challenge to lawmakers in Washington and around the world. We have the tools to begin to end the AIDS epidemic, and now lawmakers in Washington and other capitals need to make the investments and the tough choices to realize that potential. I'm really excited about this conference, and I've been to a lot of them. I'm excited about this one because I really believe this can be a turning point.

And with that, I'd like to hand it over to Deborah von Zinkernagel of the Office of the Global AIDS Coordinator, which runs the President's emergency plan for AIDS relief.

MS. VON ZINKERNAGEL: Good morning. I'm delighted to join you here this morning and delighted for your interest in the conference, which I do think is going to be an amazing week full of content, full of a lot of sharing of both the latest scientific data as well as experience it's gained from the field. We've come a long way in this epidemic in the global context from countries where the overwhelming rates of morbidity and mortality due to the HIV and its effects are really decimating communities – communities, societies, families who are really in an extraordinary difficult position. And I think with the sort of coming together now both of the countries themselves, of the Global Fund, of PEPFAR, of the United States, other donors, I think we're coming to a place where we really do embrace the theme of this conference of turning the tide as a goal we can hold for ourselves.

So it is an extraordinary time. I think you will see a lot of new information being shared, you will see experience from the ground, from the community level, from the scientific level, from what are the new research areas and opportunities for focus, how are we going to sustain this response going forward. It will be a rich presentation, I think, of a lot of information.

I think we have to hold ourselves accountable for sort of the goal that's in front of us. President Obama has laid forward an ambitious goal of an AIDS-free generation, and PEPFAR has been – is committed to really working with our partners to sort of make that a reality both looking at high-impact interventions that – high investment opportunities, whether it's prevention of mother-to-child transmission, male circumcision, really looking at how do we scale up treatment and get the benefits of prevention from treatment, as well as how do we do the best – how do we do prevention as wisely and as effectively as we can.

So I think there will be an opportunity both through satellite sessions, through special presentations to sort of reap the benefits of the experience of what we've learned so far and where do we go from here. So we look forward very much and to keep this time for you to offer questions, we'll keep our remarks short.

MODERATOR: Thank you. As we move to the Q&A portion of the event, if you're here in D.C., please wait for the microphone, which could be coming from either side, and please state your name and publication for the transcript. Also our callers joining us remotely should press *1 and also identify themselves and their publications, but we are going to first take questions here in Washington and then go overseas. We'll start right here.

QUESTION: Hi. Manon Globensky from [CBC] Radio-Canada. Seeing that the Canadian Minister of Health is mentioned as a high-level speaker, I'm wondering if there are any specific expectations from her presence at the conference.

MS. VON ZINKERNAGEL: I think we are not aware of any right now, in terms of announcements that are going to be made. So that's the answer to that question.

QUESTION: Christina Bergmann, Deutsche Welle – German International Broadcasting. Could you please talk a little bit about – of the international participation at this conference and the international challenges concerning AIDS? Thank you.

MS. VON ZINKERNAGEL: I think we all could go and on about the international challenges that we have. So let's start out with the declaration is trying to ramp up treatment. Okay. How many people are in treatment right now globally? About 6 million. How many do we think with our current guidelines – we have to double that number. So challenge number one is how are we going to ramp up therapy? And when we think about ramping up therapy, there's a whole – what we're going to be talking a lot about is first of all, we need to fund it. There'll be a lot of talk about financing, how do we fund it. But then we need to deliver it.

And you're going to here a term at this meeting called the cascade of care in terms of delivering therapy. And what the cascade of care means is the series of steps all the way from one is diagnosed with an illness, in this case HIV, to they get to a provider or healthcare setting, to they get treatment, get their tests, and then they stay on treatment. And it turns out there are a lot of challenges all along the way in that cascade, but we're beginning to understand those challenges. And as we talked about how are we going to get 6 million more people on therapy, we are going to figure out how to make the systems more favorable for the patients and also how

to get the drugs available to the patients that we need. So I would say that's one of our major challenges.

We're very fortunate, as alluded to by all of us, that therapy now has a dual purpose. Therapy not only is treating the individual and keeping them healthy, but it is also reducing transmission. We've got a global goal that's reachable in a couple of years and that is – this is very important for the international community – and it's elimination of mother-to-child transmission. We've nearly accomplished that in the United States, and here in D.C. there hasn't been a mother-to-child transmission in years. We absolutely know how to do that.

So I think one is going to be hearing a lot of discussion at this meeting. There's many different treatment ways. People are going to be talking about how to optimally do that. But that is a scalable goal that we can all reach, and certainly the PEPFAR and the Global Fund have already made great strides in doing that. So I'll stop there, but I – those are just some of my remarks on that.

MODERATOR: Okay. We'll now break away and take a caller. Please go ahead, caller.

OPERATOR: U.S. Embassy Chad, your line is open.

QUESTION: Okay. My name is Assira Nambatingar from Number 7 Television. I have a question about HIV-free generation. I think that this generation will be possible, but there is a question about the (inaudible) because (inaudible) can be subjects to (inaudible) of contamination. As here in Africa, (inaudible) expose young people to prostitution. So do you think that there are – so I think that there is an opportunity to do in order to have an AIDS-Free Generation. So there is enough (inaudible) to work in order to (inaudible), in order to fight against this epidemic, and to have this free generation, because here (inaudible) exposed young people to prostitution. That is my question.

MS. VON ZINKERNAGEL: I'll take a part of that. I think that you've raised a very good point, and that is that you can't – HIV – there's always a new generation coming. Prevention is never something that you can stop. I think as we look at scaling up all the things that we know reduce risks, whether it's male circumcision, whether it's prevention of new infections of mother-to-child, I think you always need to look at the youth who are coming along and make sure that we're looking where – how do we minimize risk? How do we get information out there? How do we have the social supports available that help people to grow up safely, grow up well, grow up healthy?

So I – this is probably only a part of your question, but I do think it's an important part to make. We've learned that we need to always be smarter. We need to be listening around behavioral messages, around cultural messages, how can we protect the next generation, even as we have our biomedical interventions that we know can really significantly reduce the risk.

MS. HAVLIR: And maybe just elaborate on one point with you. Something that we do in this conference is we have a whole youth track. There's no better way to reach youth than from youth to each other. So at this meeting you are going to hear some incredible young speakers

who are going to be talking about what is life like both to live with HIV and the prevention messages. And for any of the veterans out there who were at the Durban meeting, Nkosi Johnson stole the show of the Durban meeting at the beginning, when at the opening session – this is the late Nkosi Johnson, who was eight years old at the time living with HIV – and I’ll never forget what he said, which is: Do what you can, when you can, where you are. And it really was an example of how youth set the tone and the youth participation in these conferences.

MODERATOR: Okay. We’ll take another caller from overseas. Please go ahead, caller.

OPERATOR: Cameroon, your line is open.

QUESTION: Thank you very much. My name is Eugene Nforgwa. I work for The Standard Tribune newspaper and the Voice of America. Now can we talk of a turn around with the epidemic when so many people still do not have access to treatment? And you talk about 6 million people in treatment now. If you compare that to the number of people who qualify for treatment, that’s quite a small number. And in countries like ours in Africa, that number is a lot smaller than that. Can we really talk of the beginning of the end of the epidemic with all these statistics? And nobody – you see the number of people living with HIV or people dying from HIV or new infections declining. You talk about the number in the U.S. (inaudible) about 50,000 new infections annually. On a global scale, what is the trend? What’s happening to the statistics? Thank you.

MS. VON ZINKERNAGEL: I think you’re absolutely correct. There’s a long ways – we have a long road to go. I think there’s been a lot of progress. We think we’ve learned a lot about how to do our work more effectively, more efficiently, how to deliver services at less cost, how do we – how do we take the strengths of all parts of our society, how do we take the community and the private sector, how do we take government, how do we take civil society. I think this is an all hands on deck moment. This is not an easy job for us, but I think we knew – we do know that we have the tools to do it. I think there needs to be a will to do it, and I think it’s going to take all hands and all parts to do it.

Increasingly, we do see governments stepping up and putting more of their own resources towards this. And I think both resources, as well as leadership and management and planning, oversight really taking this on and saying, “We need to do this; these are our people.” So I’m more hopeful, I think, than we’ve ever been that we are on the right course to turn this around. But there is a long way to go and there are still a lot of people in need, so I would definitely echo that with you.

MS. HAVLIR: Can I just thank you for that question and also to – we want people to ask that question at the meeting because that is the right question to ask – how are we going to do this? And we – go back to 2000. Can you – when people said, “We’re going to treat everyone,” that – what we had to do to get from treating no one in Africa to where we are was nothing short of remarkable. Okay, so what we have to do now is to double or do a little bit more. As Deborah said, we need to bring more people into the task. And we’ve seen a lot of evidence that more people are going to come in, hence why we put the “together” into the theme of our conference.

We've seen countries having much more investment, and people have done economic projections. I mean, the real question is we're either going to invest now or the problem's going to get even bigger. And for those of you who are interested in the economics, when you do the modeling, investing more now is cost-saving 10-plus years from now. Because what happens is you reduce the number of infections, you keep people who are living with the disease healthier so they go to clinics and they don't end up in the hospitals. So if we are visionary and if we are strategic in our thinking, we know this is the right thing that we need to do.

We also know it's not going to be easy, but let us say if we don't do this, we know what's going to happen, because that's the natural history of the AIDS epidemic. More people get infected and more people die from this disease. And this is a disease where one death in a family or a community is a death for the world in the AIDS community, and that's what we're all about at this meeting.

MR. COLLINS: Yeah. When we talk about the ability to begin to end the AIDS epidemic, we're not saying it's going to be easy. We're saying that the science is telling us we can do that. But now, we've got to make the investments and choices necessary to do that. I would recommend looking closely at what Secretary of State Clinton says at the conference in her Monday plenary. And I think an important reference point for this whole discussion is the Secretary's address on November 8th at National Institutes of Health last year, where she announced that it is a policy priority for the United States to achieve an AIDS-free generation.

And that's a very important speech for that, but also because the Secretary identified three core evidence-based interventions that we've got to bring to scale. And if we do bring them to scale and get wide coverage around the world, we can make real headway against the epidemic. Those include AIDS treatment, both for its lifesaving potential but also because of its profound prevention impact; vertical – programs to prevent vertical transmission from mother to child; and then voluntary medical male circumcision. If we can bring those to scale, we can get a lot done on this epidemic. And I really look forward to hearing from Secretary Clinton at the conference about how we put – where we stand in terms of implementing that vision and how we move forward.

MODERATOR: Okay. We're going to take another question here in Washington, the gentleman in the middle.

QUESTION: Marcel Calfat from [CBC] Radio Canada. Can you comment on the fact that Washington, D.C. is still considered the AIDS capital in the U.S.? And that in certain wards, the rate of infection, especially among African American heterosexual women, is very high?

MS. HAVLIR: Well, I think we can say that the – that AIDS remains a problem in the United States. And people have been talking about what's been happening in Washington, D.C. one of two ways – that when AIDS International Conference comes to a city, it puts a spotlight on the city just as you are doing. In preparation for this conference, the city of Washington, D.C. has put through a series of measures and they have seen a reduction in the number of new HIV cases.

But you point out a very important statistic – that is, in certain infected (ph) populations, we are still not being – making the progress that we need. And that once again is the overlying message of this conference – is we have a major challenge, we've seen progress in some areas, and people are going to be looking to Washington, D.C. as the city – some of the things that they've done really well that have worked.

But Washington, D.C., like other major cities all around the country, still have problems. My home city in San Francisco – we have more education than any other city, perhaps on the planet. We have 23 percent men who have sex with men living with HIV in our city. These are just astounding statistics. Our new infection rate is going down, and we'll be sharing those lessons with other communities at this conference. But I think that you point out something that – a field that's going to move forward at this conference.

MR. COLLINS: But I think it is really important too to recognize that there are glimpses of success here in the United States and in many other places in the world. But for example, in the state of Massachusetts and the city of San Francisco, we see falling HIV incidents related to – and there are several things that happen in those settings. We got universal healthcare to more people, so we got the prevention and treatment benefit from HIV treatment. We made health centers comfortable for people to use. We made it – we made health services accessible for gay people. We ramped up testing. And we've seen positive impact from that.

So I wouldn't want you to think that it's all about doom and gloom in terms of responding to this epidemic in the United States. In fact, we're beginning to see the real payoff in going to scale with the things that we know work. We're seeing that around the country, and I think we need to highlight that as well.

QUESTION: If I may follow up, I'm just wondering, can you comment on the fact that maybe denial is one part of the problem, at least when we're talking about here in Washington, D.C. amongst religious groups, amongst other things, the research we have been doing? Is denial part of the problem?

MR. COLLINS: You know --

MR. VONZINKERNAGEL: I think there's been some interesting stories in The Washington Post in the last week or so which talks about kind of the role of the churches and how they're now doing counseling and testing campaigns, how they're taking on a lot of social issues, from – everything from weight to the importance of addressing HIV in their communities. I think it's been an evolution. I think it's been an understanding.

I think as the numbers have become – people have become aware of how impacted some of the communities are that are below the radar screen, I think people are mobilizing, and I think you'll see the buses with the signs for counseling and testing campaigns and things. So I do think the faith-based community is particularly important. They often reach people who aren't coming into other places and to the clinics or other sources of contact. So I think that – I think we're seeing a change here.

MODERATOR: We'll take another question here in D.C., the gentleman right there.

QUESTION: Welcome. My name is Ren Haijun. I'm working with China's Xinhua News Agency. I have a question for Professor Havlir. The (inaudible) are transmitted and acquired drug-resistance emerged in both developed and developing countries in recent years. So do you think it is a big challenge for the international community to contain HIV and AIDS? Thanks.

MS. HAVLIR: That's a great question. Thank you for the question. So one of the arguments against trying to scale up antiretroviral therapy globally was that we're going to get widespread resistance immediately, and the drugs will stop working. And we know – we're fortunate we know a lot about drug resistance and HIV. We know how it develops, we know how to prevent it, and we know what to do when it occurs.

So from the beginning in the global rollout of ARV, one of the strategies was to deliver medicines in a way that would most minimize drug resistance. And that is by putting all the medicines co-formulated into one pill so people couldn't take less than the amount they needed, because when you take less than you need, that's how you get drug resistance.

So from the very start, we had a strategy to reduce drug resistance. So fast forward; we've got 6 million people on HIV therapy. Is drug resistance preventing people from benefitting? The answer to that question is no. Is there drug resistance? Absolutely. We knew drug resistance. We couldn't start a treatment not acknowledging that that would occur.

The WHO has an ongoing project right now which is tracking levels of drug resistance globally. There are – and the way this is done – you can imagine this is very difficult to do. You have to do these sophisticated sampling methods to do that, but the new data on that are going to be presented at the conference, and I'd encourage you to look at. And I would say that the results are overall very encouraging, that we are successfully having people suppress HIV and not selecting for drug resistance. What we found is in the cases we do select for drug resistance, it's a small proportion, and there's been no surprises. The mutations that have come up have been those that we expect, and we know what drugs we can use next. So it's a legitimate concern, and it's important that we continue to track the problem because, as they say, you cannot manage what you don't measure, and that's what we're doing with HIV drug resistance globally.

MS. VON ZINKERNAGEL: And to that I would add that we have – it's an – in the western world, in America for example, there was an evolution of learning about treatment, and some people started on single therapy or dual therapy. In the PEPFAR program, when Africa, as we embrace the treatment goals, people started on three drugs at one time. So they started on more effective regimens, so we haven't seen as much emergence of resistance as we have experienced in the United States, where there's a lot of juggling of drugs in order to deal – (inaudible) for resistance patterns. But from the get-go, there's been three drugs, has been the standard treatment option. And I so I think that has been graceful in terms of – we haven't seen as much resistance as you might expect we would have.

MODERATOR: Okay. We're going to go overseas again. Caller, please go ahead.

OPERATOR: Addis Ababa.

QUESTION: My name is Merga Yonas, from The Reporter newspaper [Ethiopia]. I have a question. How exactly will you – would you be working with government in the (inaudible) and their policies to bring the change in the community?

MS. VON ZINKERNAGEL: I think that as we're working in countries in the PEPFAR program in PEPFAR countries, we're going to dialogue with government. We have what we call partnership frameworks, which kind of lays out our plan going forward, and it's a document that we work with the countries in negotiating sort of what can – what are their priorities, what does the government want to do, what will the United States PEPFAR program do. But in that, I think we also look – there's a critical partner in that countries are more than their governments; they're also their societies. And we've put a lot of emphasis and importance on bringing civil society in communities into conversation. Their effected communities often have the best sense of some of what the needs are and how to plan from them.

So both I think through – in our working with countries and governments, we're also very, very attentive, and we need – we know that nothing – the game is not won unless the community is involved. I think that also extends to encouraging, as we're working with the Global Fund, making sure that folks are sitting on those representational bodies as well and bringing the voices and the lessons and the knowledge of community into the planning dialogues as we look at sort of how best to use our resources.

MODERATOR: Okay. We'll take another overseas caller. Please go ahead.

OPERATOR: Chad, your line is open.

QUESTION: Yeah. Okay. My name is Sabre Na-Ideyam, newspaper La Voix. My question is, is this (inaudible) AIDS conference, do you believe that research will find a final medical solution in this (inaudible) the next five or ten years, because it has made and continues to make thousands of victim each year in Africa?

MS. HAVLIR: I'm sorry. This is Dr. Havlir. I didn't exactly hear your question. My understanding is scientific developments over the next five to ten years?

QUESTION: Yes. Yes.

MS. HAVLIR: Oh, we wish we knew the answer to that question. (Laughter.) That's a tough one. No wonder why everyone's looking at me. We don't know the answer to that question. The – but I can tell you that we are closer than we were three or four years ago, because we used to call it the C-word. No one would mention it, because we'd be afraid to be talk about it, because we didn't think it would ever be possible. Now we know that one person has been cured, so now we can start the research agenda. And we're going to have small steps. I think you're going to hear some very exciting discussions about that.

Same with vaccines. My understanding is in the vaccine world, which will be discussed in the plenary session, there will also be some data trying to understand in the Thai vaccine study those individuals who seemed to be protected from that particular vaccine, what was it about their immune system and the viral antigens that they saw that afforded them protection?

So I think these are the kind of steps – this is how science advances – that one can expect to see at this meeting. But I think that we're extraordinarily hopeful, over the horizon of the next five to ten years, we will see tremendous progress in both of these areas.

MODERATOR: Okay. We'll take a question here in Washington. Please, go ahead. Yeah. Go ahead.

QUESTION: Yes. Hello. Yvan Cote with CBC French. You talked earlier about a turning point, and you said that it's very important that this conference is going to be held here in Washington. I was wondering: What kind of impact do you think it's going to have? Why is it more important or meaningful to have this conference here in the U.S. than in Africa or South Asia?

MS. HAVLIR: Maybe both Deborah and I can answer that or all three of us. And I can just start with it's important we have this conference in all different cities around the world. We have not had this conference in the United States for the last 22 years. And AIDS has fallen off the global conscience in our country and also around the world to a large extent. We know it's a big problem, but it hasn't received the attention that we think it needs in order for us to amount this surge of activity we need right now.

So by having the conference in the United States – the United States is a major donor for the global AIDS epidemic; the United States has been an absolute leader, along with many other countries such as France, in the scientific advances that have occurred – it brings attention to our country. Let's just look at our country in terms of people have invested in this disease. What have we gotten from it? We have gotten an awful a lot. And then the other question is: What can we get as we go forward? And for that reason – I think that's one of the reasons why I think it's very, very important and significant it's here in the United States.

MS. VON ZINKERNAGEL: I don't think I could answer it better than that. Perhaps it was our turn. We've been in Africa, we've been in Europe, and so now it's time for the United States to host the conference here. I do think we have a lot of lessons domestically that we've learned here, and Chris is very in the forefront of those. I think we have the NIH down the road. We have a lot of scientific opportunity and expertise to share, a lot of exciting research, I think, that has contributed to a global response. So I think we're just delighted that it's here. We're looking forward to it. We're looking forward to a lot of the dialogue that will take place.

MR. COLLINS: Yeah. I would just say that this conference is going to be held in this nation's capital, but the message of this conference needs to be heard and acted on in capitals around the world, and that is we have the potential to begin to end the worst epidemic of our time. And now is a test to see whether public officials and the public around the world will take that opportunity.

MODERATOR: We'll take another question here in D.C., down in front.

QUESTION: Jorge Banales from the Spanish News Agency, EFE. I understand that in other conferences, the chief of state of the host country has addressed the conference. Do you expect President Obama to address this conference?

MS. VON ZINKERNAGEL: Those decisions haven't been made yet. I think his commitment and his track record is very strong on this both in a domestic and global, but I can't give you an answer on that today. There will be many of the leadership of the government will definitely be addressing the conference.

MODERATOR: Okay. We'll take another question here in D.C. I would also suggest – we are coming down to last questions. If you've not asked a question from overseas, I suggest you press *1 and get in the question queue. So we will come down here.

QUESTION: Todd Feathers, German Press Agency. I wanted to know if there is any estimate of the global price tag for implementing your goals over 10, 20, 30 years, and how do you hope to achieve that funding given the current economic state?

MS. VON ZINKERNAGEL: I think I would refer you to the UNAIDS, which has done some work in terms of the strategic investment framework in terms of what some of the requirements would be if we really looked at some of the efficiencies that we could gain in sort of how we plan and how we put services on the ground. So rather than try to freelance on that one, I think they've done perhaps the best work at sort of looking at estimates and ballparks for perhaps what will be needed to – in the long run.

I think you also, at any stage in the game, new science breaks in. So people can make estimates based on what they know today based on modeling. But as we've seen with the HPTNO52 with the treatment advances, things can change overnight in this epidemic. There will still always be a large number of people that we would need to care for, but I think the strategic investment framework lays out sort of a framework map that a lot of us are sort of looking at as we're moving forward.

MR. COLLINS: And what that model and the investment framework from UNAIDS shows is that with somewhat increased investment and more strategic investment, cost curves begin to fall within the next five years. So if we can get more strategic and some more money in the response, we can bring incidents and mortality and morbidity down within just the next few years, and we can start seeing fewer resources needed in about five years down the road. To do this effectively and realize the potential when we're thinking about money, it is going to take more investment, it's going to take bringing costs down for things like treatment and other kinds of services, and it's going to take very effective and strategic targeting of our resources to make sure we're investing in programs that can really have impact.

MS. VON ZINKERNAGEL: Maybe just one other point to elaborate – Bernard Schwartzlander is the author of the report that you've been hearing about, the UNAIDS report – is that we're starting to look at the benefits of treatment and prevention in a much broader context. So it's not

just how much money does it cost to do this, what do we gain economically and education-wise in societies for people staying healthy? And what happens is when people stay healthy, even child labor goes down. Okay, so you can imagine that when parents are sick, they drop out of the workforce, the family has no money, children drop out of school, they go into work. So the economist model now are much broader and are looking at these cost issues in a much more, we think, realistic and fair framework.

MODERATOR: Are there other questions here in D.C., perhaps from someone who's not yet asked a question? Are there any final questions from anyone? Please, go ahead.

QUESTION: Just something –

MODERATOR: Wait for the microphone, please.

QUESTION: Oh, sorry. Marcel Calfat with [CBC] Radio Canada. It was mentioned earlier that – about drug resistance. We understand that there's more drug resistance in the U.S. because of experimentation with different combinations as opposed to Africa where they started right away with it, the three combo – three medications. I just want to make that clear.

MS. HAVLIR: That is absolutely correct, because when we initially had medicines in the U.S., we didn't have the triple combination. So for example, in my city of San Francisco, when someone gets infected with an infection, the number of individuals who have drug-resistant virus with a new infection is quite high. It's about 10 percent. So when we manage patients in San Francisco we look at their virus, and then we select the regimen based on that. But that was a consequence of what Deborah said was a sequential addition of medications.

MODERATOR: Okay. If there are no further questions from Washington or overseas, this event is now concluded. Thank you all for coming.