

Von: Gruber Evi-Kornelia GTZ 4313  
 Gesendet: Tuesday, 20. July 2010 02:02  
 Betreff: Tagesberichte IAC Wien 2010

Dear Colleagues,

Today we send you the first, short daily report containing information and impressions from the 18th World AIDS Conference in Vienna:

This year's conference, which is being held under the motto "Rights Here, Right Now," was opened by Austrian President Heinz Fischer. The region in focus is Eastern Europe and Central Asia, home to a particularly high number of people living with HIV and AIDS to whom both access to prevention and treatment continue to be out of reach. This is also reflected in the title of one presentation: "We are dying less, but we are dying faster." There are multiple determinants for the spread of the virus. In terms of numbers, each day, 500 people in the Eastern Europe/Central Asia region become newly infected with HIV.

During numerous events, official representatives such as Brigitte Schmied (President of the Austrian AIDS Society) and Julio Montaner (President of the International AIDS Society) stressed the importance of both obtaining and respecting the right to access, information and treatment. Alongside the development of comprehensive healthcare systems, both speakers and conference participants alike promoted the need to reduce stigma and discrimination.

### German Pavilion

The German Pavilion was formally opened by Annette Widman-Mauz, Member of the German Bundestag and Parliamentary State Secretary in the German Federal Ministry of Health (BMG). The German Pavilion also received some high-level visitors from South Africa: the South African Vice-President and Health Minister, together with an official delegation, paid a visit to the stand.



### Satellite Events

Four of the events organised by the German Development Cooperation took place on Sunday, July 18th.

1. The "Stigma Index Satellite," organised through the GTZ BACKUP and IPPF, demonstrated through country-specific examples from the Dominican Republic, Bangladesh, Ethiopia and England that still more needs to be invested in research on the consequences of stigma for women, men and people with different sexual orientations, so that we can better understand, evaluate and be able to respond with more effective approaches. (Further Information: [www.stigmaindex.org](http://www.stigmaindex.org)<<http://www.stigmaindex.org>>)
2. GTZ, in cooperation with UNODC, DFID and the Dutch Foreign Ministry, organised an event on substitution treatment. Best practice examples from different regions (Germany, Hong Kong, Malaysia, Nepal and Central Asia) showed that substitution treatment is implementable in any environment, is cost effective, and is effective in reducing new HIV infections within high-risk groups of injecting drug users.
3. The topic of the third event was the "join-in-circuit," an instrument that was developed by the Federal Centre for Health Education (BZgA) as part of its AIDS awareness campaign "Don't Give AIDS a Chance." Speakers from Bosnia, Mongolia and Zimbabwe who utilized this instrument described vividly their experiences. A lively discussion took place on the sustainability and effectiveness of the join-in-circuit. Youth multipliers from Bosnia enriched the event through their contributions.
4. "Tuberculosis is a global health emergency," appealed UAL Bindert (BMG) to participants at the BMZ, BMG, KfW and WHO co-organized event on HIV/TB Co- Infection. Given that TB is the main

cause of death among AIDS patients in the WHO EURO-Region, the topic is very high on the agenda of the conference. Early treatment against AIDS is very important for patients who simultaneously suffer from a TB infection.

### **HIV and Civil Society**

"We will be brave and bold," (in developing this strategy) – this was one of WHO's key messages at the consultation with the Civil Society on the development of this new strategy. Representatives of civil society called for compliance with the resolution of the world health conference for transparent proceedings and the systemic inclusion of civil society in the development process.

### **Millennium Development Goals (MDGs)**

Julio Montaner was not the only one to express his disappointment with the fact that the pledge of the G8 and G20 was not kept and, thus, the available financial resources are not sufficient to guarantee achievement of the MDGs. "Prevention is not just a dream, we have to make it happen" (M. Sibide-Director of UNAIDS) – even if universal access by 2010 is not achieved, it is possible by 2015 through renewed political commitment. For this it is necessary to facilitate strategies and ways for more efficient prevention and faster testing. The health-related Millennium Goals (MDGs 4,5,6) were discussed critically by international partner organisation, above all against the backdrop of fully integrating health services for HIV, mother-to-child health and sexual reproductive health. "The distinctiveness of HIV and resulting global movement continues to be an important element of resource mobilization," this according to Moroke Odetoyingo, an AIDS-Activist from Nigeria. In order for the MDGs to be reached by 2010, it is necessary for all states to comply with their political commitment to human rights, of which the reduction of stigma, discrimination and criminalisation of people who are HIV-positive are also a part.

If you would like to read more information about the IAC 2010 in Vienna, please open the following link: [www.aids2010.org](http://www.aids2010.org)<<http://www.aids2010.org>>.

Best wishes and until the next summary report,

The GTZ Delegation in Vienna

**Von:** Gruber Evi-Kornelia GTZ 4313  
**Gesendet:** Mittwoch, 21. Juli 2010 11:32  
**Betreff:** 2nd report IAC 2010 Vienna

Dear Colleagues,

This is the second, short daily report containing information and impressions from the 18th World AIDS Conference in Vienna:

### Personalities

Bill Clinton and Microsoft-founder Bill Gates were among those who spoke at the AIDS conference yesterday. They promoted new models for financing and medication. Their commitment reinforced both with shocking numbers from Eastern Europe, where the auto-immune disease is currently spreading most rapidly. Bill Gates underscored the fact that the war against the auto-immune disease still poses many challenges for all participants at the IAC. Bill Clinton called for more efficient utilization of financial resources for the fight against HIV.

### Body Maps Exhibit

In a colorful and lively opening event of the „Global Village,“ in which the most affected groups from throughout the world are represented, the exhibit „Our Positive Living“ was opened with many celebrities, self-help organizations, a large number of representatives from the media and hundreds of participants from all over the world in attendance. The event was organized jointly by GTZ, the Trust for Indigenous Culture and Health (TICAH), the art therapy project Art2Be and the German AIDS-Help (DAH). Body Maps are life-size self-portraits that outline the body pictorially. These very personal and expressive portraits of people living with HIV tell stories of healing, stigma, exclusion, but also of support and vitality.



*When you see our pictures, we want you to listen with your eyes.*

### Youth

“60 percent of new infections in the world are young people between the ages of 15 and 24.” The South African Ministry of Health views youth as the largest population group in the highest danger and with the greatest interest in changing their behavior. The program “Love Life” has been applied throughout the country together with 19 NGOs. The NGOs provide a diverse range of offerings for girls and boys at the youth centers. The central elements are the “peer-to-

peer” prevention awareness and the schooling of personnel at health centers. Evaluations over the last ten years show that youth who attended the schooling at the youth centers, particularly, were ready to change their behavior. Youth who only obtained information via radio and other media, however, hardly changed their risk behavior.

Satellite Events

### Two of today’s satellite sessions were organized and/or co-conceptualized by GTZ:

**1. ESTHER:** German universities and hospitals make a considerable contribution to improve HIV treatment in developing countries. On behalf of the German Federal Government, GTZ is supporting the exchange between closely involved institutions in Germany, Africa and Asia. We assist and advise doctors in the implementation of partnerships. Particularly important in this regard are aspects of development policy, such as mutual responsibility and accountability.

The European Commission considers the ESTHER alliance to be a central instrument for the concentrated merging of HIV- and international cooperation-experts from EU member countries. The AIDS ambassadors of Norway and France emphasized the responsibility of all partners in increasing the effectiveness of approaches, particularly the implementation of the Paris Principles. On behalf of the 10 German ESTHER partnerships, Professor Gundel Harms-Zwingenberger and their Rwandan partner presented their common Capacity Development approach through accompanying research in a spirit of partnership.

2. In a further event organized by the German BACKUP Initiative and in cooperation with WHO and the National Institute of Occupational Health (South Africa), representatives of three **Knowledge Hubs from Russia, Lithuanian and Croatia** were brought together to report on their work in the areas of harm reduction, HIV surveillance and care and treatment. Topics discussed included primarily financing and sustainability, as well as measuring results of capacity development through knowledge hubs. Representatives of the World Bank highlighted the quality of the approaches of knowledge hubs and recommended exploring the possibilities for financing through GFATM.

### Poster Presentations

The Ghana AIDS Commission, supported by the German BACKUP Initiative, presented new study results on stigma and discriminatory attitudes of the total population toward men having sex with men (MSM) and sex workers. According to Dr. Amenyah, "The results of this study support the Ghana AIDS Commission (GAC) substantially in the prioritization and design of evidence-based HIV interventions." If you would like to read more about this study, please send an email to:

[info@ghanaims.gov.gh](mailto:info@ghanaims.gov.gh).

Best wishes and until the next summary report we remain,

The GTZ Delegation in Vienna

[www.aids2010.org](http://www.aids2010.org)

**Von:** Gruber Evi-Kornelia GTZ 4313  
**Gesendet:** Donnerstag, 22. Juli 2010 17:04  
**Betreff:** 3rd report from the IAC in Vienna

Dear Colleagues,

This is the third short report from the International AIDS conference in Vienna:

Research and treatment were the top themes of the overall conference yesterday, two topics that were also taken up at the German Pavilion in the form of various contributions and offers of advisory services. The visitors of the stand had the opportunity to exchange views on research and practice on the thematic areas of MSM, STIs and university partnerships.



### **New Research Results**

A study by the Center for the AIDS Programme of Research in South Africa (CAPRISA) shows that a vaginal gel being developed significantly reduced the risk of women contracting HIV or genital herpes. The microbicide, which contains 1% Tenofovir (an antiviral medication used for the treatment of HIV), was found to be effective in reducing the risk of HIV infection during intercourse in 39% of test subjects and 51% effective in the prevention of genital herpes. Should other studies with the Tenofovir gel have similar findings, then a country-wide campaign to distribute

the gel in South Africa alone could prevent over a half a million new infections. "Tenofovir gel could fill an important HIV prevention gap by empowering women who are unable to successfully negotiate mutual faithfulness or condom use with their male partners," said Dr. Quarraisha Abdool Karim, Vice-President of CAPRISA.

More information on this topic can be found on these websites:

[www.caprisa.org](http://www.caprisa.org)  
[www.fhi.org](http://www.fhi.org)  
[www.conrad.org](http://www.conrad.org)

### **Panel Discussion on Criminalization of Same-Sex Sex Acts**

Same-sex sexual relations is criminalized in 38 African countries (seven with the death penalty) and even one European country. The consequence is extremely reduced access of MSM (men who have sex with men) to health services and HIV prevention. In Kenya, 43% of all MSM are living with HIV – in comparison with 6% of the general population. The speakers at the event were in agreement that HIV prevention for MSM in developing countries is dramatically suppressed and can only be realized through the strengthening of human rights. Particularly challenging is the quality of epidemiological data, as well as the proven effectiveness of prevention measures for MSM. Responses to HIV should address not only MSM, but also lesbian, gay, bisexual, transgender and intersex (LGBTI) groups. "Decriminalization, tolerance and a human rights perspective is needed to overcome homophobia", said David Kuria from the Kenyan partner organisation Gay and Lesbian Coalition of Kenya (GALCK).

### **Gender based Violence (GBV)**

„Tradition and religion are no excuse for GBV“ was the main theme of the opening plenary session. If we continue to allow GBV (against women, men and vulnerable groups like LGBTI), then we are all actively promoting human rights abuses and a public health crisis, as GBV puts a strain on our health systems. There are calls for increased investment in evidence that is able to establish more definitively the negative consequences of GBV in the context of HIV.

## South-to-South and Triangular Cooperation

The GTZ-organised Satellite event “*South-to-South and Triangular Cooperation: Innovative tools for sustainable and more effective response to HIV and AIDS*” presented four examples from South America, Central Asia, the Caribbean and South Africa that demonstrated the high relevance of “new” forms of cooperation. The “new donor countries” such as Brazil, China, India, Mexico or South Africa, play a particularly important role in this type of cooperation with “classical” developing countries and with the “classical” donor countries. Keynote speaker Dr. Mirta Roses Periago, Director of PAHO (Pan American Health Organisation) stressed that in South-South and/or Triangular cooperations, it is less about the financial cooperation and more about the exchange of knowledge between the three partners leading to the creation of new knowledge. Maria Luz Osimani, President of the Latin American Directors of AIDS Programmes, emphasized this during her presentation of the GTZ-supported project on HIV and AIDS in Latin America, in which the experiences of Triangular cooperation between Germany, Brazil and six south American countries on sexual education were discussed. During the discussion it became clear that these forms of cooperation are, for many organisations, topics for the future. Amongst others, the Initiative AIDS 2031 ([www.aids2031.org](http://www.aids2031.org)) has taken up this topic and there is a great deal of anticipation about how the topic will develop until the next International AIDS Conference.

## March for Human Rights

Lead by Annie Lennox, thousands of participants of the IAC 2010, tourists and Viennese demonstrated for the human right for equal access to prevention, care and treatment.



All the best and until the next short report we remain,

The GTZ Delegation in Vienna

[www.aids2010.org](http://www.aids2010.org)

Dear Colleagues,

This is the fourth, short daily report containing information and impressions from the 18th World AIDS Conference in Vienna:

### Theme Day on Human Rights at the German Stand



The motto of the conference “rights here, right now” was also the subject of the Theme Day on Human Rights at the German pavilion. This consisted of artists’ portraits, Body Maps, a discussion on experiences of people living with HIV with stigma and discrimination in Ghana, the Dominican Republic and Bangladesh, as well as the introduction of practical instruments, such as strengthening capacity in the health sector in order to integrate a gender- and rights-based approach into health and HIV and AIDS programmes.

### Financing the Fight against AIDS

“The amount that donor countries are willing to commit to in September will be a deciding factor for projects in round 10,” said GFATM Director Christoph Benn. At a Workshop hosted by UNAIDS, recommendations were made to ensure that applications focus on approaches with the greatest leverage effect. In November 2010, the GFATM Board will decide how many applications will be approved and to what extent they will be financed, based on promised funds. All donors are remaining discrete, which has given rise to protest marches demanding compliance with the promises: “Breaking promises kills!”



Even at the German booth the demonstrators were unyielding in their demands. Compared to other stands and events (with the French and US-AIDS ambassadors) the general mood of the campaign was comparatively more moderate. A large German flag was posted with the writing: “Global Fund: Germany cuts by 2/3,” as well as diverse posters (particularly against patent rights).

Another important point with regard to financing is Capacity Development in order to strengthen the accountability of the funds’ primary recipients. Bill

Clinton called for this. There may be need for a change of image: it is not a question of “technical assistance” as has been rightfully criticized in past decades, but rather of long-term support of change processes—such as those that GTZ practices.

In Vienna, the Tobin Tax on banks was renamed the “Robin (Hood) Tax.” Professor Moatti from the French INSERM explained that 40 billion US Dollars per year could become available for the fight against AIDS through such a tax. He named the French and German finance ministers as supporters of such a bank tax on all spot conversions of one currency into another.

“It is impossible to achieve the MDGs with ODA funding alone. For this reason, we need innovative financing mechanisms.” This was the joint introductory statement of Michel Kazatchkine (Executive Director of GFATM) and Phillippe Douste-Blazy (Chairman of UNITAID). The economic sector that profit the most from globalization should be utilized for the mobilization of additional financial resources. This also means taxation, among others, of the internet industry, mobile telephones, investment businesses (e.g. Tobin tax) and tourism.

The presenters avoided the question of who and through whom the additional funding should be

administrated. Some concrete examples: a tax on airline tickets through which UNITAID mobilized 1.5 million US Dollars within 3.5 years, the currency conversion tax, or the first national "AIDS tax" in Zimbabwe.

### **IS as Sub-Recipient in Global Fund Projects**

Many leading representatives from GFATM, UNAIDS, WHO and other organizations are not aware that IS has been contracted in Afghanistan, Ethiopia, Togo and the DRC on behalf of the respected countries – and always with the task of implementing capacity development. The example of Ethiopia awakened particular interest: there, the government "diverted" GFATM funds in order to build health centers and, thereby to improve access of AIDS information, care and treatment to underserved rural populations. This had already been highlighted at the AIDS conference in Mexico City as a shining example of taking ownership. The Ethiopian Ministry of Health contracted GTZ to build the first 500 health centers. Not only are the centers finished, but the construction firm is now better qualified and, above all, the ministry of health is able to allow the construction of an addition 800 health centers based on the experience gained by GTZ through its own initiative.

### **Sexual Education**

The definition of the theme of Sexual Education is continually raised at the IAC (for example, during several of the speeches at the opening ceremony). Sexual education was one of the central strategies raised during discussions about the MDGs. During the "post-2015" discussion, sexual education should be of central importance. The study on sexual education, which was "follow-up" on the declaration on Health and Education for Latin America and the Caribbean ("Prevenir con Educación") from Mexico in 2008, was carried out by the Mexican Ministry of Health in cooperation with UNESCO. She gave an updated on the current status of the sexual education program in Latin American countries and the Caribbean. The UNESCO document on the efficacy and success factors of sexual education programs, which was released just before the conference, was discussed at length in a workshop. The study report contained important information about the (possible) effects of sex education.

During the satellite event "Preventive Interventions among Youth," results of the study "HIV prevention in young people in Sub-Saharan Africa: A Systematic Review (Feb. 2010) was presented. The focus was on a report of the results from the first "Ready-Steady-Go Review" from 2006, which was based on relevant publication from 2005-2008. According to the study, documented effects were shown above all by the inclusion of HIV prevention in the lesson plans. This was not observed in studies of other forms of interventions (e.g. peer-to-peer education) to the same extent (see <http://www.evidence4action.org/images/stories/documents/srgreview.pdf>). Another focus of the satellite session was the use of conditioned social transfers for HIV prevention with youth.

Best wishes and until the next summary report we remain,

The GTZ Delegation in Vienna

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Dear Colleagues,

This is the fifth daily report containing information and impressions from the 18th World AIDS Conference in Vienna:

Yesterday, the topic of the German stand was prevention. The DED presented the community programme with InWEnt on HIV Workplace programmes in southern Africa (AWiSA) and the Ukrainian delegation introduced the national prevention strategy that built on the experiences of the German prevention strategy in the framework of the German-Ukrainian partnership initiative ([www.hiv-initiative-ukraine.org](http://www.hiv-initiative-ukraine.org)). In addition, women's groups from various countries discussed approaches to HIV prevention by women.



### Harm Reduction

One of the main topics of the IAC was „Harm Reduction.“ It was a recurring topic at the conference at several sessions and discussions. The high efficacy of harm reduction measures was emphasized (e.g. the substantive impact of combined substitution treatment, needle and syringe exchange programmes and access to ARTs on the reduction of new HIV infections among intravenous drug users) as a means of broadening the scope of existing prevention and treatment options for HIV and AIDS. Most intensively discussed was the need for fighting the numerous human rights abuses around intravenous drug use (IDU) (for example, compulsory treatment centers, criminalization and stigmatization).

A particular highlight was the satellite session on opioid substitution therapy (OST) organised by GTZ in cooperation with UNODC, DFID and the Dutch Foreign Ministry. Example of best practices from Germany, Hong Kong, Malaysia, Nepal and Central Asia demonstrated most impressively that substitution therapy can be implemented in any setting, is very cost-effective and very effective in reducing the number of new HIV infections among the high-risk group of IDUs.

Even Bill Clinton emphasized in his motivating speech at the beginning of the week that harm reduction is an evidence-based and very effective measure in HIV prevention. Worldwide scaling-up of harm reduction measures, especially substitution treatment and needle exchange programmes are badly needed. Clinton stressed that even PEPFAR would finally support harm reduction measures. Both announcements were well-received by the audience.

On Wednesday, the special issue of the scientific magazine “The Lancet” for the IAC 2010 was launched to a very interested public (ca. 1000 people). The special issue is dedicated to the topic “HIV in People who use Drugs.” Different aspects of harm reduction measures are presented in various studies and inputs. For example, the magazine reports that, through expansion of harm reduction measures (combination of substitution therapy, needle syringe exchange programmes and access to antiretroviral therapy if needed), covering 60% of IDUs, a 40% reduction in HIV new infections among this high risk group can be achieved .

The „UN Reference Group on HR” delivered numbers on the current state:

- 15.9 million people inject drugs in 148 countries
- 3 million of them are infected with HIV
- Opioid substitution therapy is now available in 70 countries
- Globally, only 2 needles or syringes per injecting drug user are distributed per month.
- Only 8 per cent of injecting drug users receive Opioid Substitution Therapy.

- Only 4 per cent of HIV-positive injecting drug users receive antiretroviral therapy.

### **Patents and the TRIPS Agreement**

During an event at the IAC on patents and the TRIPS Agreement, several speakers from India, France, Brazil, and the USA discussed very critically the difficulties in applying the TRIPS flexibilities in Lead Developed Countries. In particular, new legislation on counterfeit drugs in developing countries (supported by the developed countries), the complicated and difficult use of "voluntary or compulsory licensing," and the increasing patenting of individual partial substances of a drug in order to prevent disclosure of the steps of production of drugs, are often used by the pharmaceutical industry and developed countries to prevent the know-how transfers to the, in theory, possible local production of medicines in developing countries. These statements were illustrated through a series of case studies from the recent past.

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### **Other Events**

The Corporate Social Consortium (CSC) Nepal, in cooperation with GTZ, organized a satellite event on "The Role of the Private Sector as Social Investor in the National Response to HIV and AIDS in Nepal." The speaker gave an overview of the financing and the structure of the Nepali national health system. Particularly notable is the very small proportion of the health financing from the national budget (3%). In addition to the national strategy, the incorporation of the private sector in the area of health was introduced. These guidelines are to be implemented with the help of the Corporate Social Consortium. The goal is to support the exchange between the public and private sectors and, through the incorporation of the private sector, to improve the quality of health services in the fight against AIDS in Nepal. The relative young private sector in Nepal presents a challenge, which offers only very few possible approaches for the implementation of the strategy.

Another discussion-based event of GFATM, together with Grant Management Solutions (GMS)—a USAID project—focused on "**Strengthening Country Coordinating Mechanisms (CCM) in Monitoring Application of Funds.**" At hand, in particular, was the use of instruments for improving information and analysis. The so-called "Dashboard" as a grant oversight tool was introduced. Piloted across several continents with measured success, the CCM oversight tool provides the CCM decision makers with an overview of the performance of key areas of grants in a focused and timely manner. It can assist the CCMS with the timely detection of problems, e.g. early warning of low stockpiles of medication, which will contribute to an improvement of general use of funds. Dashboard will also be useful in quickly increasing the capacities of national partners in their administration of contributions. A prototype of Dashboard can be accessed here: <http://www.theglobalfund.org/en/ccm/guidelines/#dashboard>

### **No Resources, No Results!**

Catherine Hankins from UNAIDS showed how the increased financing has, thus far, lead to clear advances: even in many partner countries an increase proportion of national income in being invested in the fight against AIDS and BRIC countries are becoming donor countries. We are not quite there, but we are off to a good start: there has never been so much scientific proof of successful measures that can bring us closer to achieving the MDGs by 2015, as well as so many synergies that can achieve so much

and have such a great impact.

The process of striving for the achievement of the MDGs until 2015 should not be delayed but promoted by all means. There are a growing number of academic studies that highlight the success of measures that have been undertaken with this aim. As Michel Kazatchkine emphasized, efficiency and benefits of these measures are increased by synergetic effects. Thus it is important to ask whether or not it is actually possible for the developed countries – such as Japan, Germany and France – to contribute more to the realization of the MDGs. The commitment of the United Kingdom and the United States in this respect is exemplary. Unfortunately, the fight against HIV/AIDS is a particularly neglected issue. The amount of bilateral funds that were dedicated to this purpose in 2008 added up to only USD 7 billion. This is an astonishingly small commitment compared to the USD 8 billion that were paid as bonuses to the banks in London, USD 12 billion that people spent worldwide for Valentine's Day or even USD 200 billion that were invested in the security of Iraq. If the funding sources for the fight against HIV/AIDS stagnate or even dry up, the goal to reverse the spread of HIV/AIDS will become impossible to reach. There has never been an international initiative as successful as the Global Fund! Thus, promises that were made to support this cause need to be strictly observed. Furthermore, the potential of new methods such as the "Robin Hood Tax" need to be considered. Above all, it is important to stress the effectiveness and promote the enhancement of efforts made to reduce the prevalence of AIDS/HIV.

Best wishes and until the last short report we remain,

The GTZ Delegation in Vienna

[www.aids2010.org](http://www.aids2010.org)