Anne Aslett:
In the early days, you were really talking about palliative care, about just making people a little bit more comfortable. Then you get this huge breakthrough where we have something called antiretroviral medication, which is seen to reduce the amount of HIV in your system, what's called the viral load, really dramatically. Then you have people who had made their wills and were getting ready to die, literally getting up from their sick beds and getting on with their lives. As that happened, by this stage you have an epidemic that is global rather than just in North America and western Europe. The Foundation spent a lot of resources and money supporting ways in which those treatments could get to people as quickly as possible.

Pamela Rich:
That's Anne Aslett, Chief Executive Officer of the Elton John AIDS Foundation, a global organization that envisions a world free from AIDS for everyone. Anne joined the Foundation almost 20 years ago before today's advances in treatment for HIV and now leads the organization's work to end the AIDS epidemic for people and communities who are most vulnerable. Today, Anne is joined by Mike Steinberg, the team lead for Global Public Health and Special Projects at Chevron Corporation. Mike oversees various projects and programs across the enterprise that support the health, wellness, and safety needs of the company's 40,000 employees as well as communities in which the company operates. This includes a focus on the prevention and treatment of HIV AIDS.

I'm Pamela Rich and this is the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers. Just in time for World AIDS Day, Anne Aslett and Mike Steinberg are joining me for a conversation about mapping a world free of HIV.

Anne and Mike, welcome to the Business Group on Health podcast. I'm just so thrilled to be able to sit down with you and have this conversation. Both of you bring such experience and interesting perspective to the topic of preventing and treating HIV AIDS and we have a lot of ground to cover. Let's just jump right in. Anne, I'd love to start our conversation with you. The Elton John AIDS Foundation is one of the leading AIDS organizations in the world. And let's be frank, the name alone has a lot of cache, so I'd love to hear from your perspective about the origin story of the foundation and how you got to be where you are today.

Anne Aslett:
Sure, and thank you so much for having me. Yes, the Elton John AIDS Foundation was founded 30 years ago this year, around Elton John's kitchen table in Atlanta. It was founded in response to Elton getting to know a young kid called Ryan White who was living in Indiana, who'd been infected with HIV through a contaminated blood transfusion. Elton was so struck by the plight of Ryan and his family and the stigma and discrimination and judgment that they received from the community, from school. It really turbo charged him to want to do something much, much more significant personally, so he founded the charity. In the early days, around the early nineties, there was no effective treatment, questionable ways of confirming diagnosis which were long and convoluted, and a huge amount of fear and stigma. The mission of the foundation in those days was to allow for people to live with a little bit less pain and more dignity, so protecting them as far as possible from the shame and judgment associated with HIV and giving palliative care to people who were dying of AIDS. As the epidemic has evolved and so many wonderful new medical advancements and technologies have come online, our ability to have an impact on the epidemic and the kinds of things that we fund as a grant making organization has also evolved.

Pamela Rich:
What is your specific mission today then?

Anne Aslett:
Our mission is to see an end to the AIDS epidemic by 2030. It's our mission, but it's also one of the United Nations sustainable development goals. Some of those advances that I talked about in terms of really effective treatment for HIV now, really good diagnostics and HIV testing, self-testing, home testing, make that a possibility. There are other challenges which are impeding that progress, but in terms of our medical advancements, we are in a good place.

Pamela Rich:
As you said, the organization was started 30 years ago. I think you've been with the organization for almost 20 years and there's been so much tremendous and positive change over that time span. You just mentioned many of the medical advances. Can you delve into a few of those things that have really transformed the dynamics to what they are today?

Anne Aslett:
Sure, so as I say, in the early days you were really talking about palliative care, about just making people a little bit more comfortable. Then you get this huge breakthrough where we have something called antiretroviral medication, which is seen to reduce the amount of HIV in your system, what's called the viral load, really dramatically. And you have people who had made their wills and were getting ready to die, literally getting up from their sick beds and getting on with their lives. As that happened, by this stage you have an epidemic that is global rather than just in North America and western Europe. The Foundation spent a lot of resources and money supporting ways in which those treatments could get to people as quickly as possible. We did a lot of what's called decentralization or step down work, because particularly in fragile systems in Samsara Africa, for example, you can't have that treatment concentrated in one district hospital located in a city which is hours or days walk for most patients who need to get there.

We funded a lot of work to make sure that those medicines got to the little local clinics where people could actually use them. Then more clinical trials showed that that antiretroviral medication, if taken by a pregnant woman during her pregnancy, not only saved her life, prevented her from progressing from HIV infection to AIDS, but also stopped HIV from being passed from her to her unborn child. This was another huge game changer. We worked extensively in Southeast Asia and Samsara Africa on programs that would enable pregnant moms to find out whether they were HIV positive, and secondly, if they were to make sure that they took these drugs in their third trimester so that they gave birth to HIV negative babies. So suddenly you have a real momentum here. There's treatment that can save people's lives and those developments led to something called PrEP, which is pre-exposure prophylaxis, where not just pregnant women, but all people who are at risk of contracting HIV can take antiretroviral formulations prophylactically, in other words, in advance of exposing themselves to the virus and they also don't get HIV. So you have a really effective prevention strategy. It's not everything. There are also condoms and awareness and health literacy and so on, but you have a really effective strategy for preventing new infections and for saving people's lives at the same time, which became known as treatment as prevention. More recently we have had, as I say with HIV testing, which used to be this long agonizing process where you'd have to go to a hospital and you'd wait two weeks for the results, now we have HIV self-testing and home-testing, which is absolutely as straightforward as a COVID test and can give you a result very quickly. So you layer on top of getting the people who are already living with HIV to get access to good treatment with expanding the access to testing, because we now know that if you test positive, there is a root through which you can be safe and you won't pass HIV on to people that you love. That's been the journey. Now with the Foundation, we are involved in very large programs, which are around smart and effective ways of making sure that people are aware that these technologies exist and the delivery systems to make sure that they're able to use them.

Pamela Rich:
It really is just an incredible timeline and journey to hear you recap it like that. It's just a wonder.

Anne Aslett:
When you look back at news footage from the late eighties and early nineties and just the hopelessness of this epidemic, particularly as we've all just lived through a global pandemic, was heartbreaking and desperate. To see now that we're in a position where millions of people around the world are on treatment and it's saved their lives, they haven't orphaned their children, they're able to be productive members of society and millions more are able to protect themselves through this medicine and test regularly to make sure that they're not living with HIV that they don't know about.

Pamela Rich:
It really is incredible. I also want to think about, too, the theme of World AIDS Day this year in 2022, which is equalized because all of the treatments and prevention strategies that you just mentioned are incredible, but we also recognize that there's disparities in access to prevention and in access to treatment services and that there's disparities in the populations as well that are more likely to be at risk or to contract HIV AIDS. Can you share maybe a few data points or give us a picture of what those disparities or inequalities look like across the globe?

Anne Aslett:
Sure, actually now in terms of new global infections, almost 70% of all infections are amongst so-called key populations or vulnerable people. This falls into a number of, not ideal, but broad buckets, which is the LGBTQ community, people who use drugs, people who sell sex, people who are incarcerated. On top of that you have a huge cohort of young people, particularly young women, who are very vulnerable. The thing that all of these groups have in common is they select the agency to get the information that they need to keep them safe and then to act on that information. In a lot of cases, that's really prevented because of shame and judgment, social shame and judgment. Or in extreme cases, particularly around LGBT, in criminalization, you know, it's still illegal to be gay in 68 countries around the world, over a dozen of them by the death penalty. Now, despite all of these amazing advances, no one is going to come forward and put their head above to be tested for HIV when they risk the possibility that they're going to go to prison. You absolutely hit the nail on the head, our huge challenge now is what you might call some of the structural determinants, the inequality for these vulnerable populations and the stigma and discrimination that's thrown at them, which makes it so difficult for them to do what they need to do to keep themselves safe.

Pamela Rich:
I love the fact that you used the word agency. I think that's a great way to put it. Mike, I think that that's a way that I'd love to bring you into the conversation here and a good point to do so, because I know that at Chevron where you work, you're doing a lot to try to provide employees and the communities where Chevron is with the agency for prevention and treatment of HIV AIDS. Let's back up a little bit and talk first about how it was that Chevron became so invested in preventing and treating HIV AIDS.

Mike Steinberg:
Yes, thanks for that and thanks for having me here. It's a pleasure and a privilege and just listening to Anne, it was refreshing because they're doing such amazing work and we're aligned in a lot of the ways that we work and our goals and our strategies. It's just nice to hear that. Chevron's been in existence for over 140 years and always had a focus on the health and safety of our workforce and always as well with supporting our communities and where we operate and we feel like it's our responsibility, you know, wherever we're operating, to support of course our workforce and keep them healthy and safe and fit for duty, but then to bring that out into the communities and support the communities. Our workforce lives in these communities as well.

Our HIV AIDS response began probably the mid to later 1980s, and we really started seeing a lot of our workforce directly affected by the virus, certainly in our home offices, which were in the San Francisco Bay area, and then certainly particular our Africa operations. Our programs begin with leadership support. We had great executive sponsorship, which was of course critical for us in putting more financial support behind that, as well as getting new proposals and progress within our workforce as well. So really focused a lot on HIV

workplace programs at the beginning, established a culture that encourages HIV testing and treatment, fighting stigma and providing comprehensive medical care for employees and their dependents. We focus a lot again on the education and training for our workforce, but also our medical personnel. We have Chevron managed and Chevron staffed clinics around the world.

That was a big part of us being able to reach our workforce more effectively, but again, those clinicians would go out it in the communities too. In 2005, we were the first energy company to implement an HIV AIDS policy, which really addressed the issues I just talked about, also with benefits, policies, and exclusionary clauses. Certainly working with our partners has been critical along the way. We worked in the early days with several partners. As an example, we partnered to develop a video for school age youth in San Francisco Unified School District, partnering with the Department of Public Health. We have an internal peer health educator program that actually grew out of the HIV AIDS crisis. These are volunteer employees that are trained and act like trusted advocates, basically, who are equipped through some training to support their peers, families. They take that out into the community members as well with trusted information. They're able to provide resource referrals. Again, a lot of times that resonates more from a peer than it does maybe from the corporate office, as an example. We continue also to partner with our Pride Employee Resource Group, which was actually the first employee network group we had at Chevron, was our Pride Network. We partnered with them on education and safe behaviors and stigma and misinformation, again, supporting our communities through partnerships has always been part of sort of our values that are woven into the fabric of our company culture. Many of our partnerships began out of the HIV AIDS crisis with the Global Fund, for example, San Francisco AIDS Foundation, University of California San Francisco, Pact where we did a lot of work supporting mother to child transmission initiatives in Nigeria, Angola, Cambodia, Thailand, and South Africa, for example.

Pamela Rich:
It's a huge body of work that you're doing and I'm sure it's just something to be so proud of. I want to circle back to what Chevron is doing in terms of reducing stigma. It sounds like there's a lot of on the ground work, peer-to-peer education, utilizing your networks of employees. Can we drill down just for a minute and talk about any other initiatives that you have in place to reduce stigma?

Mike Steinberg:
We've taken this more holistic picture of all things health. We've had a very strong HIV AIDS pillar. It’s one of our big health pillars in the past, but we are looking at that much more holistically over the decades and really looking at all the things that come along with that, which we still struggle with and in some of those inequities and talking about social and health determinants and the need for strengthening systems. But the stigma is obviously something that's persisted through the HIV AIDS crisis, certainly has persisted through COVID. We've seen firsthand even in monkeypox. Working with our resource groups like the Pride Network has been a great way to reach different audiences. Evolving and developing our communications in a way that is evidence based and data driven, but then making sure it's coming from the right source with the right voice at the right time, I think is pretty critical.

Pamela Rich:
Anne, in terms of stigma, what would you add in terms of what you're seeing happening on the ground in terms of reduction efforts?

Anne Aslett:
I love what Mike says about sort of wrapping HIV around broader things, because I think the thing we need to remember is that people aren't vulnerable just because they have HIF. They were vulnerable and then they got HIV in many instances, so making common cause is really important. We've done some interesting work. We worked in the UK on something called opt-out testing for HIV because it was not standard practice across the health service in terms of the delivery mechanism. When you say to someone, if I say to you, I want to test you for HIV, there's an instant kind of defensiveness that says, what judgements are you making about me? If you say to someone, we test everybody for HIV, it's a totally different kind of response. We did this in South London and found half of all people who should have been diagnosed and in care but weren't.

What's interesting about that is that they've now loaded Hepatitis B and Hepatitis C onto that, and that has an impact not just for people living with HIV, but also people who are at risk of those diseases and people who use drugs. I think there's an important imperative in some of these structural changes to make common cause and not just see people as a kind of disease vector, but as a whole person, and what things make them more vulnerable, make all of us more vulnerable or more likely to seek care. I think political will is also another huge thing, you know, what comes the criminalization and social exclusion of people who are living with HIV or at risk really needs to change at the top as well as within communities. We need political leaders who will work on decriminalization in terms of stigma. I think the other thing is new voices and new ambassadors. HIV and AIDS is a long epidemic, as we've said, because it now is so much an issue around equity or inequity, and because we have this kind of very current and passionate discussion about sex and sexuality. I think this is going to bring forth, and we see in the Foundation, new voices and new ambassadors around the world who are going to fight stigma and discrimination because so much of it around AIDS is associated with homosexuality. They're going to fight it and they're going to fight it very vocally and very powerfully.

Pamela Rich:
Gen Z is very open.

Anne Aslett:
For sure.

Pamela Rich:
And they are allies.

Anne Aslett:
Yes, the number of people around the world who are now identifying where it's not a crime to do so has risen so dramatically in the last two or three years, but we've got to get rid of this criminalization framework and mindset around people of different genders and different sexualities.

Pamela Rich:
I've been talking with Anne Aslett, CEO of the Elton John AIDS Foundation, and Mike Steinberg, team lead for Global Public Health and Special Projects at Chevron Corporation. We'll be right back.

Pamela Rich:
I want to pivot just a bit and come back to you, Mike, because Chevron is a global organization and I know you have a comprehensive program and policy dedicated to HIV AIDS prevention and treatment, but I'm wondering how your programs and your policies are rolled out differently across the world, if there are nuances for what you're doing, say in San Francisco to what you're potentially doing in Africa and how those differences in what you're doing are informed.

Mike Steinberg:
That's a really good question. We are global and have been for a very long time and clearly we have to take some different approaches depending on the culture, depending on the regulation, depending on the legal

climate, depending on our relationships with the government, depending on the workforce and the highest risks within that workforce and the type of operations that we have. We do look a lot at data with risk ranking exercises, obviously in environmental and social risk, but health as well. We look at what are the things where really we could have the most impact within these communities and our workforce. How can we then either direct resources or social investment or programs or services to help address those? One of the things we've advanced is, thinking of an example, is our programs have evolved. We haven't just implemented stuff and left it at that. The discussion about PrEP, we were talking a little bit about PrEP earlier, it was later 2018 when we've committed to providing PrEP to all of our employees globally. That's no easy process really. We got a little slowed down through COVID, so we're still on the implementation mode, but we really had to look at what does this look like in each region, in each country, in each state even that we operate in. Again, looking at all those things I mentioned about regulatory, legal, what the health system is like, what are the gaps in the health system, what's the sustainability of it? It's a fragmented rollout really right now. It's not like we're just rolling it all out at once. We're going sort of location by location is how in reality it's turning out. In some locations we have access to PrEP and it's available through their insurance, so that rollout is going to look a little different for how we educate our workforce around here's what PrEP is. We do have already internal sites dedicated to PrEP, websites for our workforce around what it is, here's some resources available, here's where you can find it in your communities where we do have that information. Then also how do we educate people about it. It's not just you're getting some medication, back to that whole person health and the holistic view, you have to really provide other resources around, let's look at some of the barriers, let's look at some of the behaviors, let's look at some of the stigmas associated with this and make sure people are getting the right support and addressing more than just, here's some medication to help you reduce your risk.

Getting back to rollouts in other places. We have clinics at a lot of our locations and some of those clinics actually have pharmacies and we dispense medication out of those clinics. Just recently, actually, in our Philippines health and medical team, they progressed their PrEP program and now they're working with a local partner in the Philippines and they're providing a whole process of screening and counseling and consultation and then distributing PrEP to all of our workforce free of charge. I think that's an example of something they were able to put together in the Philippines with a local partner. Again, in other locations it's going to be maybe dependent on insurance and our benefit providers that we work with. In some locations, again, we've got some clinics that even if it's not we talk about what's legal in some countries and what's not, wherever we can get it legally into a country where the infrastructure might not be very good, then we can actually dispense this out of our Chevron clinic to our employees through some processes, screening process and consultation.

Pamela Rich:
What has the feedback been from employees about this program across the world?

Mike Steinberg:
I think in general, all of our HIV efforts and programs, I feel like at least the reception is good. I think our workforce is used to receiving really good benefits and programs and assistance with things. Again, based on what's available in each different country, a lot of times in some countries we've been the first to provide health care in that country to our workforce. Then we expand that out in the communities. We help to build hospitals and do some different social investment. I think a lot of our workforce has kind of expected and expecting that we provide really good benefits and opportunities and it also aligns really well with our values. I think one example I can remember thinking about PrEP and some reception of what we do, there was a group of our employees in the UK and they were asking about our PrEP commitments and I kind of think maybe they didn't feel like things were moving as quickly as they would like, they were very vocal. It was good discussions we had. I met several times with them, linked in with our medical director in the UK. We developed an engagement plan together and we actually leveraged one of our local U.S. partners that had a great relationship with an HIV clinic in London and we had that clinic go speak to our workforce in the UK. It was great to work with that employee group once we found out how interested they were. I really appreciate that engagement on their part and the interest, and I think we've been able to deliver what they need in that location. I felt like that reception was good and I was really happy that they spoke up and were engaged in that way.

Pamela Rich:
It must be rewarding. Well, I want to pivot again to public private partnerships, because I know that both of your organizations are engaged in partnerships. Our audience, as you know, are large employers and health industry partners. If you were to make the case to them for public private partnerships for the prevention and treatment of HIV AIDS, what case would that be?

Anne Aslett:
Interesting, I read an Edelman research earlier this year looking at the general public's confidence levels in different sectors - government, nonprofit and the business sector - both in terms of their ability to address pressing problems in their communities and around the world and their confidence that they would do so with integrity. What was fascinating about that was that governments, both in terms of their ability and their willingness to solve problems, confidence rating had gone through the floor. Nonprofits had raised somewhat because of COVID and there was fantastic response to COVID, but corporations were through the roof in terms of people's confidence that they had the technical ability and the will and the empowerment to actually address these problems. I would say from our perspective, we have a big partnership at the moment, we have multiple partnerships with big corporations, but one at the moment that comes to mind is with Walmart in America.

Because you know, you have 400,000 Americans who are living with HIV and aren't on treatment and you have about 165,000 people who don't even know that they're infected. Overwhelmingly the most at risk are amongst African American and Latin populations. Walmart, which is this huge company with 5,000 stores across America, has a footprint which overlaps so deeply with the communities that we need to reach, and they are trusted. This is what's interesting about this trust index. They are deeply trusted because that's where you buy your groceries, that's where you buy your Christmas tree, it's what you use and it's around the corner. In many cases they're trusted much more than standard health facilities. So I think there's that. I think there's also, as Mike talks about, mobilizing a workforce that cares about this. The people who work at Walmart are also in this population that's vulnerable to HIV and other diseases. To mobilize them and then to have care delivered or services or information or engagement delivered by people who look and sound like you, we know from decades is much more effective than something that seems to be delivered on high or in complex medical language. They also have goods and services that are what we need. We've raised over half a billion dollars in our history, but there are things that companies can do, which is already part of their delivery, whether it's IT and technical infrastructure or data analytics or a voice or a channel through which they can reach people that mean that your needs to raise funds are less urgent, because you can do it to some extent with what already exists. From the example that Mike gives about Chevron's workplace programs, it also offers an opportunity in some countries where there really isn't the body of evidence or the critical mass of people who are accessing something like PrEP to make the advocacy case.

You can make the health case, but what's wonderful is if you have a company program that's delivering this and you can provide data, that's when you go back to governments and you can make the advocacy argument about this is something that should be standard provision and we know this is what the uptake is likely to be and this is what it costs and so on. You've got a much better armory with which to talk about it and you've got interest because you have people in those environments, in those communities who are accessing that kind of health care. I really feel, not just for HIV, but for COVID and other things, I really feel like this nexus of non-profit and corporations who have values where they really want to make the world a better place and they're well positioned, either through what they do or how they communicate or where they are, to reach the people who need to get information and services. Then there's an opportunity to make some of those structural changes, which can only happen ultimately in most cases by policy changes as well. I think it's a huge win. I really do and I admire Chevron enormously for what they're doing.

Pamela Rich:
Really compelling, Anne, thanks for that. Mike, I know that you're equally passionate about this topic, anything that you would add?

Mike Steinberg:
Anne had a great example there and totally agree with all those points. We have a lot of partnerships as well that are trying to accomplish some similar things. I think that's promising. There's so many people working on this, but we feel like every sector, every agency, public private organization really has a role in this. Back to what we were talking about earlier, maybe HIV AIDS is not the single thing that an organization is focused on, but there's all those intersections, and I promise there's those intersections that do connect with things that those organizations are interested in, so sometimes I do think making that connection and helping people understand like, this is sometimes more than just about one disease here, you're also helping to build and strengthen these systems and capabilities that are going to help with HIV AIDS and other health threats.

Definitely everyone has a role to this that they need to play and whether it's large or small, everything can have an impact. We have the ability to make significant impact in regions where we operate and working definitely with multi-sectoral collaboratives and alliances. I think working together, obviously we have a of a greater impact. It's not just financial. To what Anne said we're accessing collective experience, expertise, the networks, the technology, supply chains and capabilities of one another, that can really have a lot of impact. Look what the world was able to accomplish when we got all the best science, the research, health community working towards the same goal without barriers and together, and then with Department like Defense spending, of course, look what the unprecedented progress we've been able to make getting that COVID vaccine at record time and saving lives. I do think it's important to establish the shared goals with partners, be very clear on aspirations, have real plans and outcomes focused steps. We can all talk a lot, but we really need specific steps and we really need to be impact and outcomes focused.

Just one story I was thinking about, again, back to the ways that public private partnerships could really add a lot of value. We've leveraged our partners expertise time and time again. They're the ones doing the work on the ground. They're the ones with the real expertise oftentimes. But I remember one partner that we've partnered with years back and it was an emergency response partner and the other day I was actually talking with them and they were sharing, hey, you remember when you guys helped us get into this country? We wanted to get into this one specific country and provide some aid and services. We didn't really have a connection there. It was Chevron that we helped connect them with the local government because we were doing operations there and we were able to provide those introductions and bring them in. We're actually not in that country anymore, but they still are. We're able to make those connections for them. Again, that's just one example of how we work together with our partners and opportunities that we can leverage in, again, outside of the financial realm of course, which is always needed, but there's really a lot of value in partnerships.

Anne Aslett:
And we talked about Gen Zers earlier - it's a win for the company as well, it seems to me, because increasingly young people don't want to work for an organization that doesn't have clear values and doesn't act on those values. So seeing an organization like Chevron or Walmart or, we work with Gilead and the whole range of other organizations. Actually, it's meaningful. It's not just a statement in a company brochure. They're actually doing it and attracts the kind of talent that you want. Passionate young people as well.

Pamela Rich:
So well said. As we start to wrap up here, I have a lightning round of questions for each of you. Quick questions, quick answers. Anne, maybe we'll start with you. I know your Foundation has the ambitious goal of ending HIV AIDS by 2030. What is the next immediate step that we need to take collectively to get there?

Anne Aslett:
From a structural point of view, we need to see not just HIV, but all infectious diseases, COVID, monkey pox and others to come as a combined threat and collaborate on our resources rather than splitting them. Then, if I may, one other thing, we need to change political will, we need to change laws and policies.

Pamela Rich:
Mike, what one piece of advice would you give employers that are looking to invest more fully in the prevention and treatment of HIV AIDS?

Mike Steinberg:
Understand and figure out what your specific goals are and what your values are and then align some efforts around that. You don't have to recreate the wheel. There's been a lot of work done in this space and a lot of data and a lot of research and a lot of partnerships and mechanisms that are already in place. I think leveraging those existing learnings and then determining how you can support that and whether it be with just the specific HIV AIDS focus or back to building stronger systems that are going to help us manage all health threats, now and in the future, I think those are some good ways to start approaching that.

Pamela Rich:
Anne, what gives you hope?

Anne Aslett:
What gives me hope is the hundreds and thousands, millions of people that we've supported and worked with and partnered with, because despite formidable odds over the last kind of two decades that I've been doing this, they have never stopped and they have never given up. I also believe that, fundamentally, human beings want people to be safe and secure and healthy and free in the main. Yes, that's what gives me hope.

Mike Steinberg:
Yes, I would fully agree with that. I think look what we've been able to accomplish with medicine and technology, with partnerships, with the aligned structures that have been put in place and mechanisms that have been put in place and people are living longer, safer, and more productive lives with HIV AIDS. Then we've got U=U, we've got great treatments and opportunities for people to manage any illness and live more prosperous lives. I also think the recent Global Fund Replenishment was positive. We've had a lot of people that have been working this over a really long time. There's a lot of room for some organizations, maybe this is new to them, to start stepping up and getting involved.

Pamela Rich:
Well, that's a wonderful note to end on. Thank you so much for joining me today and for having this conversation. I really appreciate your time.

Anne Aslett:
Thank you. Thank you for having us.

Mike Steinberg:
Thank you. It was a pleasure.

Pamela Rich:
I've been speaking with Anne Aslett, CEO of the Elton John AIDS Foundation, and Mike Steinberg, Global Public Health and Special Projects team lead at Chevron Corporation, about how to support people living with HIV AIDS around the world.

I'm Pamela Rich. This podcast is produced by Business Group on Health, with Connected Social Media. If you enjoy today's conversation and know someone who would too, please consider sharing.