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FOCUS

FOCUS ON HIV/AIDS II/2008 17th World AIDS Conference Special Edition

Dear colleagues,

This is FOCUS ON HIV/AIDS, the former "SDC's HIV/AIDS newsletter". The electronic medium lives through interaction. You are invited to send us your suggestions, requests and information flashes. Please mail to: claudia.kessler@unibas.ch or helen.prytherch@unibas.ch who have developed this issue in collaboration with Nathalie Vesco, from SDC Nathalie.Vesco@deza.admin.ch The editors are grateful for any contribution received!



Round up and closure:

The conference has been commended for having achieved the "marriage" of treatment and prevention as well as for having put pay to the criticism that funding AIDS works against health systems. It has seen young people, sex workers and many of those personally affected by HIV themselves taking the podium. Greater openness has been called for – in particular with regards to anal sex and the moral judgments often attached to reports of multiple, concurrent partnerships. The double-edged sword of religion was underlined on several occasions. Religious owned health services provide a large proportion of care and treatment and were praised alongside religious groups engaged in taking care of orphans and vulnerable children. However it was criticised that many religious leaders still preach that HIV is a consequence of sexuality and promiscuity and that others talk about AIDS using an apocalyptic narrative – portraying it as a sign of the end of the world.

Interesting discussions have been held – including on when to start people on ARV treatment and which therapy to start with. There is a push to explore the feasibility of starting people on treatment earlier in light of evidence that untreated patients with CD4 counts above 350 have significantly higher rates of non-AIDS related illnesses. The advantages of starting earlier, need however to be weighed with downsides such as toxicity, resistance and maintaining long-term adherence. Calls were raised to bring the female condom in from the darkness and promote its use much more widely.

Considerable energy was also invested in explaining the refining of UNAIDS statistics on the epidemic. Entire sessions were dedicated to conveying the changes that have taken place in surveillance – such as the expansion and improvement of systems, increase in geographical and population surveillance coverage as well as the generation of representative HIV prevalence data in countries where this was previously lacking: Angola, Liberia and the Sudan. It was shown that stronger broad-based health systems can integrate HIV interventions more easily whilst at the same time HIV-targeted programs can reciprocally contribute to health systems strengthening and global health. However the interlinkage between TB and HIV were identified as a weak area. None of the three biggest AIDS donors – the Global Fund to Fight AIDS, Malaria and TB, the United States President's Emergency Plan for AIDS Relief and the World Bank – have incorporated requirements for TB testing to be provided to people living with HIV in their programmes. Please see: <http://www.plusnews.org/Report.aspx?ReportId=79626>

Summaries from commentators on key conference topics:

HIV/AIDS and humanitarian assistance

– if Universal Access is to be achieved, we have to act fast!

Sessions provided detailed analysis of the increased human susceptibility and vulnerability natural catastrophes and man-made emergencies generate. OCHA outlined that these include the collapse of social networks, increased interaction between military, peacekeepers and local populations, decreased access to prevention, education and STI services as well as the possibility that loss of income may result in an increase in transactional/commercial sex (Hieber-Giradet). It was highlighted that of the 17 countries in the world with more than 100,000 children orphaned by the epidemic, 13 are in conflict or on the brink of an emergency involving conflict. Individual vulnerability is further exacerbated by diminished access to food and nutrition, loss of livelihood and inability to access health services – if available. Risk of default on treatment and re-infection as well as disruption of home based care for PLHA. The inclusion of a response to HIV in the earliest stages of emergencies was underlined as well as the need for continuity between emergency and recovery phases, with humanitarian programming systematically linked to the development of local capacity for long-term HIV services. Please see: <http://www.plusnews.org/Report.aspx?ReportId=79555>

Setting a new research agenda:

The importance of continuing the quest for a cure for HIV/AIDS was stressed. Despite the efforts to extend ART provision to all those in need – the practicality of such a solution makes it hugely challenging. Although a larger number of people are now receiving ART than ever before (ART coverage grew from just over 200,000 people in 2002 to 3 million in 2007), the number has only grown to include 30% of those who need it. “It is extremely improbable that we will have the structure and financial ability to take on all the people who require ART, and then to treat them for life,” declared Dr. Anthony Fauci, from the National Institute of Allergy and Infectious Diseases in the US.

Recommendations ensued that research efforts in the field of treatment be focused on finding some kind of cure and not just follow viral suppression strategies and disease management. He explained that by the term “cure,” we understand a process through which a person undergoing long-term ART could be taken off their medication permanently; without suffering any shortcomings in health as is the case with some bacterial infections. In this respect, there is not a single documented case. Patient management therapy in contrast only tries to keep the illness it focuses on under control; as is the case with diabetes, rheumatoid arthritis, and of course, HIV/AIDS, “or so far at least”. Sessions continued to point out that to eradicate HIV, the best hope is still to diagnose and treat people in the earliest stages of infection. Scientists also outlined other research ongoing into the effect of ART on prevention as a pre- and post-exposure prophylaxis; as well as on prevention of mother-to-child transmissions. For more information see:

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=53793

Tackling Human Rights Imperative!

Throughout the conference HIV experts from around the globe highlighted the dramatic negative impact that stigma and the denial of human rights, including gender inequality, continue to have on the effectiveness of HIV treatment and prevention scale up. Fear of violence, discrimination and unwarranted prosecution prevent many people living with or at risk for HIV from seeking testing and treatment, and drive others to place themselves at risk for infection. As we strive for universal access we must once and for all commit to the ideal that every life is worthy of respect.” In particular, laws that criminalize HIV transmission and sex between men came in for attack. “The law is a very blunt tool,” Mike Kennedy of Victorian AIDS Council/Gay Men's Health Centre highlighted. “Criminalization of HIV transmission

laws do not prevent transmission as is often intended; instead they create more danger for people living with and at risk of contracting HIV". Citing the case of Romania, Human Rights Watch commented that the existence of HIV transmission criminalization laws impede efforts to promote disclosure to children and youth of their HIV-positive status or voluntary HIV testing, to reduce stigma and prevent discrimination, and to provide broader legal protection for individuals living with HIV.

A rights approach was also prominent in calls to stem the epidemic through continuing efforts to reduce poverty and the discrimination of women. Furthermore a new impetus emerged to make health care a basic human right. Several speakers at the conference rejected the backlash against HIV/AIDS of powerful critics. The debates about the exceptionalism of AIDS were many and complex – it seems this is sometimes used to refer to AIDS somehow having too much money, or to the parallel nature of ARV provision. The alternative is the normalisation of HIV/AIDS – which many argue means the provision of ARV through primary health care services of strengthened systems. The backlash is blamed for making it possible for countries not to take action about HIV/AIDS. Instead of arguing to bring AIDS down, the AIDS and Rights Alliance called for other areas to be pulled up. This led to a renewed call for health for all – and the provision of comprehensive primary care to those who need it – which was a central tenet of the Alma-Ata Declaration. For more information see:

<http://www.plusnews.org/Report.aspx?ReportId=79680>

Globalization and mobility - an increasing trigger in the epidemic!

As more and more local and national economies are pulled into the circuit of global trade and production, deep social and cultural changes are being created. Many groups are permanently on the move in search of work and natural resources. Beyond the damage to the environment, the effects on people can be profoundly negative – in particular, when individuals are treated as commodities. This can take the form of human trafficking - but it is important to note that this is only one of the aspects of global modern migration in this era. The vulnerability to HIV infection that mobility generates has been long since realized. Migration particularly along the border of Mexico and the United States was an area focused upon at the conference. However, it is interesting to note that commentary at the conference pointed out at several times that the infrastructure that can spring up in areas where people are on the move – not only affects those passing through, but also those living in the immediate vicinity. Roadside bars, truckers and sex workers have often been blamed for spreading the virus. Surveys conducted along some of East Africa's major transport corridors in fact show that truckers driving through such areas often make up the minority of clients at highway stops. The rest of the clients came from a wide range of occupations including local businessmen, teachers and healthcare workers. For more information see:

<http://www.alertnet.org/thenews/newsdesk/IRIN/c67ffc5b0548faf3f99b422e1abd4d.htm>

Central Asia and Eastern Europe

Experts at the conference pinpointed states of the former soviet as facing widespread HIV/AIDS epidemics. Michel Kazatchkine, executive director of the Global Fund To Fight AIDS, Tuberculosis and Malaria, said that concentrated cases of the disease among injecting drug users, commercial sex workers and men who have sex with men are placing some countries "on the verge of a generalised epidemic." A Ukrainian field worker, Anna Koshikova, said that the incidence of HIV transmitted through heterosexual intercourse in her country had increased in the last year or so, spilling over from vulnerable niche groups into the general population. 8,000 people in Ukraine are currently receiving treatment, but there has been a problem with imported antiretrovirals that are below standard and lack sufficient active ingredients to repress the virus, she said. "There's a very high level of corruption in government and non-transparency in [drug] procurement. It's a huge problem," she said.

According to UNAIDS statistics, the average prevalence of the AIDS virus across the region, a category that also includes Bulgaria, Romania and the former Yugoslav states of Croatia and Bosnia-Herzegovina, was 0.8 percent among people aged 15-49 in 2007, a doubling since 2001. Prevalence varied from 0.1-0.2 percent in most of the Caucasus and Central Asia, to between 1.0-1.5 percent in Russia and 1.5 to 2.0 percent in Ukraine. Infection numbers are rising in Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan and especially Uzbekistan, which "now has the largest epidemic in central Asia," according to the updated UNAIDS assessment of the pandemic.

Experts at the conference said while there has been some progress in providing antiretroviral drugs to those who need them, funding and political support are lacking. According to UNAIDS, only one in four HIV-positive people has access to antiretrovirals in Eastern Europe and Central Asia. In addition, stigma and homophobia appear to be deeply rooted in the region, with policies, legislation or regulations that have been obstacles to care, treatment and prevention in place in more than half the countries.

Farida Tishkova of the Tajik Scientific and Research Institute for Prevention Medicine, said, "The fight against HIV is a new problem. It's very challenging, and it involves a lot of issues. Some of the work we do can be incompatible with the laws and practices of our countries." In particular in rural areas the stigma against HIV is very pronounced. Reports of the children of those believed to be infected cannot go to school. Frequently they become victims of physical violence. Fear keeps people from going for testing or from seeking medical help as they are afraid of revealing their (HIV) status. For more information please see: <http://www.ippf.org/en/News/Intl+news/Former+Soviet+states+at+AIDS+tipping+point.htm>

No Small Issue: Children and Families!

An estimated 2.1 million children younger than 15 years were living with HIV in 2007, 90% of whom are in sub-Saharan Africa. More than 90% were infected through mother-to-child transmission. Pregnant women's access to antiretrovirals to prevent transmission to their children has increased substantially in recent years, from 10% in 2004 to an estimated 33% in 2007. Though children's access to antiretroviral treatment has also increased, from 75,000 in 2005 to 198,000 in 2007 it is substantially lower than the coverage rate for adults.

Speakers commented that while affected children have been highly visible in photo opportunities and headlines about AIDS, their real needs have been consistently overlooked. An estimated two million children are living with HIV today, and many millions more are directly affected by the epidemic through the illness and death of their parents or caregivers, emotional distress, material deprivation, and lack of access to treatment, support, basic health services and education. The development of family-centered approaches to address the needs of all children affected by HIV and AIDS were called for. Above all social protection services that support families and communities in caring for children were advocated. In addition, economic assistance for poor families, particularly through income transfers, were advocated as the crucial missing ingredient in a comprehensive response to children affected by HIV in both low- and high-prevalence settings. For more information please see: http://www.kaisernet.org/health_cast/hcast_index.cfm?display=detail&hc=2856

Beyond HIV/AIDS – financing for sustainable national health care

It was welcome developments to see funding for health systems rather than simply for the AIDS response come under close scrutiny in Mexico. Progress with the current scale up of ART provision was naturally highly commended but at the same time concern was raised about long-term funding implications. The more people that start on treatment, the more the bill goes up. With no cure or vaccine in sight, and with the lifeline comprising a regimen of powerful drugs that must be taken daily, the money crunch is doomed to return -- and with a vengeance.

In particular, the insupportable burden of disease in Sub-Saharan Africa was lamented with out-of-pocket expenses coming under fire as being the least efficient and least inclusive form of health care financing. Prepaid financing systems were praised for introducing predictable revenue streams. Being able to invest such funds in health services can bring improvement in quality and capacity which can, in turn, increase people's willingness and capacity to pay for health care services. Social health insurance models – in particular from South America – were presented and the importance of care packages to include primary health care and basic secondary care, including hospitalization, was identified as decisive. In the ideal scenario HIV prevention, testing, treatment and terminal AIDS care would be integrated. Donor funding is being channeled into such models in several countries. Another discussed approach is the introduction of private health insurance coverage for HIV/AIDS, malaria and tuberculosis for people with a low and medium income in Africa. Here the need to tailor care packages to people's expectations and concerns was underlined as pivotal in getting people to pay to join. To read the full transcripts please go to:

http://www.kaisernetwork.org/health_cast/uploaded_files/080608_ias_finance_transcript.pdf

Male Circumcision

While researchers and advocates at the International AIDS Conference this week urged donors and governments to rapidly scale up male circumcision programmes, others raised concerns about what this would mean for women. In March 2007, the World Health Organisation and UNAIDS issued recommendations that gave the green light to male circumcision as an HIV prevention strategy, after studies in Kisumu, Kenya and the township of Orange Farm in South Africa showed that it could reduce the risk of infection by up to 60 percent.

But the recommendations also stressed that not enough is known about whether male circumcision reduces sexual transmission of HIV from men to women, making the intervention "highly problematic" according to Marge Berer, editor of the London-based journal *Reproductive Health Matters*. "From a public health perspective, we are told that 60 percent protection [for circumcised men] is far better than nothing. But is male circumcision good enough for women?" she wondered.

"All I'm hearing [at the conference] is about what it will do for men, the sexual satisfaction of men...but what about the women? What is their involvement?" commented Sipiwe Hlope, a founder of Swazis for Positive Living (SWAPOL), an AIDS support organisation. Nicolai Lohse a research officer at UNAIDS said mathematical modelling showed women would benefit from male circumcision as long as it did not result in condom use dropping by more than two-thirds. Women's risk of acquiring HIV would also be reduced if circumcision programmes led to fewer HIV-positive men in the population. The risk to women of HIV acquisition would decline by 2 percent if only 5 percent of men were circumcised, and by 20 percent if half the men in a population were circumcised.

While Berer told delegates on Thursday that the potential benefits of male circumcision were "too large a gamble" for women, many countries in Southern Africa are already in the process of developing national policies on the procedure. "We have to support these programmes, I don't think we have a choice. But one would really argue that these programmes have a responsibility to women," Berer told IRIN/PlusNews. She called for campaigns expanding male circumcision to involve couples and not to focus solely on men. Women health advocates also had a role to play in drafting national policies. "No one is going to pull out the red carpet for women's involvement in male circumcision ...it is up to women to stop being victims." <http://www.plusnews.org/Report.aspx?ReportId=79712>

Useful resources

Within the scope of the Mexico conference the Lancet has launched a series on HIV prevention which has been summarised in a press release at:

<http://www.aids2008.org/admin/images/upload/772.pdf>

The specific articles appeared in the Lancet released on 6th August. Summaries and sometimes full texts can be downloaded from:

http://www.thelancet.com/journals/lancet/full?issue_key=PIIS0140673608X60349

The conference is well documented and videos of sessions can be viewed on the official website: <http://www.aids2008.org/start.aspx>

Photos and speeches also feature on the UNAIDS website:

<http://www.unaids.org/en/Conferences/AIDS2008/default.asp>