



**XVIII INTERNATIONAL AIDS CONFERENCE**  
*Vienna, Austria July 2010*

Summary: STATE OF AIDS RESPONSE  
By Marion Bunch

UNAIDS and the polling company Zagby International surveyed the world on what people think about the AIDS epidemic and response. In this first of its kind global poll, AIDS leads public perception as the top health-care issue in the world, followed by safe drinking water ([www.unaids.org](http://www.unaids.org)).

As of yearend 2008, there were 33.4 million people living with AIDS, with 97% coming from low and middle income countries. Sixty-seven percent live in sub-Saharan Africa. There were 2.7 Million new infections – women account for 50% of the total, and young people 15+ years account for approximately 40% of all new adult infections. The fastest growing HIV infection rate is occurring present day in Eastern Europe and Central Asia, primarily because of injection drug use by young people. There were 2.0 Million deaths due to AIDS in 2008.

Today, an estimated 5 million people living with HIV in low and middle income countries are receiving treatment, up from about 400,000 in 2003 – a more than 12 fold increase in six years. Although that speaks to some progress, the global coverage of antiretroviral therapy remains low. For every two people newly on treatment, five more become newly infected. A majority of people living with HIV are unaware of their HIV status. Although easily preventable (or so it would seem), the rates of mother-to-child transmission of HIV in many countries remain high.

This was my third AIDS conference and many attendees expressed they learned more at this conference than the others. This conference has gained huge momentum over the years, now drawing 25,000 participants worldwide. It draws the best minds/speakers in the world on this issue including top researchers, doctors, scientists, public health officials, politicians and business people. See listing at the end of this paper. Some are well known to us all, and others were country level experts who were very smart and learned from hands-on experience. Of course, as this disease ages, the experts learn and have more to share.

There was major emphasis at this conference on the following:

- Treatment as Prevention – MAJOR breakthrough-thinking announced!
- “Rights Here, Right Now” (the title and theme of the conference) which speaks to universal access by all marginalized people of antiretroviral therapy
- Gender-based violence against women and girls
- Children & AIDS must take a family-centered approach
- Microbicide breakthrough by South Africa team and RFFA’s partner, FHI
- New Learnings About Consequences of Antiretroviral Therapy (ARVs)
- Funding and delivery system issues

## **Treatment as Prevention – A Major Announcement**

The latest studies show that a reduction in new HIV infections of up to a third could be achieved globally if there is a radical overhaul of the way the world provides antiretroviral therapy and if global leaders meet their commitments of ensuring that all people in need of treatment are on it. Evidence clearly shows that successful viral suppression through treatment can substantially reduce the risk of vertical, sexual and blood-borne HIV transmission. This is a major shift in thinking. Up to now treatment and prevention programs have been relatively siloed.

## **Universal Access and “Rights Here, Right Now”**

Treatment as prevention sounds simple but is not. It will require many things to occur such as: creating a less toxic pill that can be self-monitored and reduce the delivery system costs; huge increase in HIV testing and counseling to get those infected on antiretroviral therapy (ART), building community-based approaches to build trust and protect human rights; and mobilizing community leadership that demands that country governments provide HIV care and support to marginalized groups such as drug users, men who have sex with men, sex workers and poor women.

The only way marginalized people in the world will engage in these services is if they are not at risk of having their human rights violated. Fear of discrimination is at the very core of this disease spreading throughout the world.

So much is learned at a personal level at this conference because it introduces you to thinking that creates understanding and compassion of marginalized groups in the world.

Eastern Europe and Central Asia now have the fastest growing HIV infection in the world because of young people using drugs. There were two excellent young speakers at the conference from Russia who spoke about their government NOT allowing them access to “a clean needle exchange program” which dramatically reduces HIV infection. They demanded treatment, not prosecution. Again, the emphasis on “universal access” to drugs was made. Again and again, it was stated that the UN Millennium Development Goals will not be realized by 2015 unless there is universal access. They asked country leaders to send that message to the G8.

*A personal note: One never thinks much of drug users until you learn about their problem and how it impacts and spreads a global health issue, such as AIDS. One never really connects to the issues of a “sex worker” until you remember the words of Malinda Gates (of The Bill & Malinda Gates Foundation) who said that “the sex worker is the mom who had three kids at home to feed and whose husband left her long ago”. One never connects to the issues of a homosexual until one becomes your friend or you have a homosexual family member.*

The lack of understanding by many in the world of how AIDS can spread through heterosexual couples is huge because we do not realize that women in the developing world have no rights to negotiate sexual activity, regardless if their partner is HIV positive. The World Health Organization reports that the number of girls whose first sexual encounter is forced is huge!

## **Gender-Based Violence Against Women & Girls**

Throughout the conference there were speakers that emphasized that we must make sexual violence against girls unacceptable and enforce laws that make it punishable as a crime. Strong links have been realized between violence and HIV, with violence being both a cause and a consequence of HIV. It is important to start broad-based sexuality education of girls as early as 10 years old because 10 to 14 is a vulnerable time for them.

Prevention of sexual violence against girls should be promoted as part of national and regional HIV prevention programs. Data is being collected now to make an impact on country leadership. We must move “from data to policy to program implementation.”

Issues standing in the way are cultural, social and community norms. Leaders at the community level are desperately needed who hold governments accountable to implement stronger anti-violence laws that take HIV into account. This was emphasized by Elizabeth Mataka, UN Secretary General’s Special Envoy on AIDS in Africa. Enforcement and building policy to enforce gender issues was emphasized as well by Ambassador Jimmy Kolker, Chief, HIV/AIDS of UNICEF.

*This is an area where Rotarians can make a huge impact since we are the leaders at the country level in most communities in the developing world. The only time I spoke out at this conference was to explain that Rotarians have the capability and stature in the community to hold governments accountable in support of women and girls’ issues. The world of Public Health organizations and leaders do not yet associate Rotary/RFFA with HIV/AIDS. The RFFA Board and members can change that perception by speaking out more often at public forums.*

## **Children & AIDS Must Take a Family-Centered Approach**

A two-day pre-conference was established by several private foundations (including Ford Foundation, Bernard van Leer Foundation, UNICEF, The Elma Philanthropies, World Vision, and others.) The primary AIDS conference did not have a “child-focused” session, but I predict this will be addressed in future conferences because it is so pertinent to the future of this disease.

The focus of this preliminary seminar was on “prevention of mother-to-child transmission” (PMTCT) of the virus when the mother is HIV positive. Vertical transmission of HIV is largely preventable because of a well-known drug therapy (Nevirapine) given to the HIV positive mother during child birth and to the newly born child right after birth. But a few identified barriers to success are:

- Only 21% of pregnant women get tested;
- Only 32% receive prenatal care;
- Limited access to health care facilities; shortage of drugs
- Safe breast feeding (they don’t disclose HIV status to partner or family)

It has been determined that PMTCT must take a horizontal, four pronged approach in order to be successful: 1) education of young girls about HIV to prevent infection; 2) HIV testing/counseling of pregnant mothers; 3) Administer drug therapy to mother and child; and 4) Ensure mother's health needs are met. In other words, you can't simply address the needs of the child and forget the mother!

Back in 2003, the U.S. government's Presidents Plan For AIDS Relief (PEPFAR) called for numbers of Orphans and Vulnerable Children (OVC) that were helped with care and support – but skipped the adults! It was not family centered at all. Today key indicators of success have been changed because of learning at the grass roots level. It does not help to focus only on the child. The children must be viewed as the center and part of a family or community.

“When you touch a child, it is like peeling an onion.” A majority of them are under the care of grannies who have little resources and/or energy. There may also be distant family members involved with the child. The grannie and child are part of a neighborhood community. Building the capacity of these families is critical to supporting the child. The need for case workers from local CBOs (community-based organizations) is critical because they link together different services in the community for a family to access. There must be more collaboration between service organizations in the community so they deliver an effective and more efficient response to the needs of the families.

There was an entire session on the importance of keeping an orphan child in a community, rather than orphanages or dormitory school living. Without a sense of family, children lack stimulation, have little sense of belonging, are slow to develop, and have difficulty integrating into society.

### **Microbicide Breakthrough by South Africa Team, including FHI (RFFA Partner)**

More than 50 percent of HIV infection in the world is among women. It has often been said that the best way to reduce the HIV infection rate is to put the power of prevention in the hands of women.

The most exciting groundbreaking news to come out of this Vienna conference was that a microbicide trial in South Africa proved a significant decrease in the rate of HIV acquisition, with 39 percent fewer infections, upwards to 54 percent of those women who were the most adherent to the trial regimen. This is the first effectiveness study of an antiretroviral-based topical microbicide gel. (A microbicide is a gel that the woman inserts into herself 8 hours before or within 8 hours after having sexual intercourse.) The drug, Tenofovir, is approved for HIV treatment, so this trial uses a proven technology in a novel way by creating a gel from it.

The trial and the partnership that conducted it was CAPRISA, FHI (our partner!) and CONRAD, and they have set an extremely high bar both scientifically and operationally for research institutions around the world. It was stated by many that these results are so promising in the worldwide effort to turn around the HIV epidemic.

## **New Learning About Consequences of Antiretroviral Therapy (ARVs)**

The success of highly active antiretroviral therapy (ARVs) has been evident for 15 years. Such long-term therapy can have complications though. Recent problems have been diagnosed in patients using ARVs over time that include cardiovascular risk, bone and renal disease, and even brain impairment. Full life expectancy is not controlled by ARVs. However, if you go off the ARVs, there is a rapid rebound of the virus in your system. The panel discussion included doctors from Germany, Ireland, Spain and the U.S.

## **Funding and Delivery System Issues**

There were three outstanding sessions in regard to funding of this disease. One was an address by Former U.S. President Bill Clinton, Founder of the Clinton Foundation; the second was an address by Bill Gates, Co-Chair of the Bill & Melinda Gates Foundation; and the third was a panel that included Ambassador Eric Goosby, MD and Head of the Office of the U.S. Global AIDS Coordinator, Michel Kazatchkine, Executive Director of the Global Fund, and Stephen Lewis, Stephen Lewis Foundation, Canada.

All three sessions had as its basis the importance of “universal access to treatment” in order to achieve Treatment as Prevention, coupled with the effects of the current financial crisis in the world. Basic facts were stated as follows: 5.2 Million people are on ARVs today, and 54 % of dollars donated are from the U.S. Government (PEPFAR). PEPFAR funding will remain relatively flat at \$7 Billion/year. The Global Fund must replenish its supply of funds from a few donor countries (included in the G8) and achieve a total fund of \$20 Billion. (Note: the U.S. donates 27% to 31% of the fund each year by matching the rest of the world’s contributions at 50 cents on the dollar. But other nations have given so little that the Treasury has consistently paid out less than Congress authorized.)

Although the U.S./PEPFAR’s Ambassador was challenged during his session about the U.S. not increasing its support this year, he was quite calm in his replies and said: “We are staying with our commitment, and we want to know who else is going to help?” “This is not the burden of one country but of the entire planet.” He suggested that the recipient nations engage with their population and their governments and gain support. He also suggested that we must find efficiencies at the country level that would make a difference in the need.

Both the U.S. Ambassador and the Director of the Global Fund agreed that pressure should be placed on the European countries and apply pressure for middle income countries *to be both a recipient and a contributor to the AIDS programs*. There was concern raised by the Global Fund Director on their ability to achieve the \$17 to \$20 Billion required. He strongly urged “human rights leadership” so that countries (like Russia) would commit funds and help their own people. It was also mentioned, as an example, that if South Africa had enough funding for the World Cup, they could provide AIDS funding for their population.

Former President Clinton made some practical suggestions. He believes in AIDS activism (as there were quiet activist marchers a few times during the conference), but he also suggested to the audience that they “lobby their Congress to increase the AIDS budget.” The Clinton Foundation has done a lot in negotiating lower prices of ARVS, and no one seemed to think that there would be much more reduction in the drug costs. Instead he suggested: Cut the cost of the delivery system (Bill Gates echoed this sentiment); scale up what works; shift tasks from doctors to nurses to traveling medical units; challenge African governments to put their money into their own health systems; request small donations from many people rather than focusing on a few donors; donated funds to organizations with local country presence; and educate as well as advocate.

Bill Gates echoed similar sentiments to Clinton – drugs costs won’t go down, so focus on delivery system costs. He added a well thought out business formula which was: If each HIV positive person cost \$200/year for drugs and \$100/year for delivery, totaling \$300/year per person, we would be able to double the number of people on treatment immediately. He stated that current and new tools could cut new infections by 90% in 20 years.

## Summary

It is important to note that the amount of research and funding that has gone into this disease has realized hugely positive impact for many diseases, not just HIV. All HIV/AIDS work has been an investment that has improved infant mortality, maternal health, better pre-natal health care, improved methodologies for other diseases like cancer and tuberculosis, and improved health systems. Little was said in this paper about the continued research of an AIDS vaccine because there have been no breakthroughs to date. There was a session on vaccines that discussed four different trials and ongoing strategy, but no proven vaccine.

This disease continues to bring a needed focus to the marginalized groups in the world, and a necessary and important demand for human rights. Governments all over the world have a responsibility to protect and fulfill all people's rights. It is so clear as a participant at this conference that this disease has brought together some of the "best minds" and leading edge organizations in the world to try and collectively change the tide of one of the nastiest, most devastating diseases ever put on the face of this earth.

It is my privilege to be part of this effort as an individual Rotarian and as the leader of Rotarians For Fighting AIDS, a Rotarian Action Group.

Respectfully submitted,

Marion Bunch

July 28, 2010

*In addition to those conference leaders mentioned in this text, a few others were:*

*Mrs. Elizabeth Mataka, UN Secretary General Special Envoy on AIDS in Africa*

*Ambassador Jimmy Kolker, Chief HIV/AIDS, UNICEF*

*Michel Sidibe, Executive Director, UNAIDS, and Under-Secretary General of the United Nations*

*Dr. Yves Souteyrand, Coordinator Strategic Information Unit of World Health Organization*

*Dr. Sharon Lewin, Director Infectious Diseases Alfred Hospital, Melbourne, Australia*

*Dr. Anthony Fauci, Director Infectious Diseases at National Institute of Health, U.S.*

*Dr. Theresa Betancourt, FXB Center for Health/Human Rights, Harvard*

*Annie Lenox, AIDS Activist and Entertainer*

*Family Health International (FHI) sent 50 employees to this conference, and made 20 presentations!*

*Many, many other well known NGOs, global and country level organizations*