

NEWSLETTER



International
AIDS Society

November 2008

Stronger Together

The International AIDS Society (IAS) is a global membership organization of professionals committed to the fight against HIV/AIDS. The IAS Newsletter is a tool for the organization's diverse members to find out more about past, ongoing and future activities at the IAS and to learn how to become involved. For more information about the IAS, to search for and contact other members, or to find breaking news in HIV/AIDS prevention, care and treatment, and updates on upcoming IAS conferences, please visit the website at www.iasociety.org

March for Universal Action Now at AIDS 2008. Photo: International AIDS Society/Mondaphoto



AIDS 2008

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Message from the President

DURING THE INTERNATIONAL AIDS Conference in Mexico, where I became President of the IAS for the next two years, I was extremely impressed by the quality of the presentations, and the enthusiastic debate that often continued beyond the walls of the conference centre. I was delighted to see so many wonderful presentations given by a new generation of highly committed participants. Their youth and enthusiasm invigorates us and reassures us that there is a generation ready to carry on the fight against this devastating epidemic.

I WANT TO use my first newsletter message since becoming IAS President to offer my thoughts on the key messages from AIDS 2008, and how the IAS proposes to move these forward.

FOR ME, THE key word emerging from this conference is **combination**.

- Combination prevention strategies tailored to decrease HIV transmission.
- Combination antiretroviral therapy to dramatically reduce morbidity and mortality among those infected worldwide.
- Combination antiretroviral therapy to reduce community viral load as an aid to prevention of HIV transmission.
- Combination strategies to enhance HIV testing.
- Combination strategies to reduce poverty, homelessness and discrimination.

WE CURRENTLY FIND ourselves at a critical juncture. Over the previous three decades, we have collectively accumulated a tremendous amount of knowledge regarding what needs to be done to effectively combat HIV

at individual and societal levels. Yet, implementation flounders. We must work most diligently to overcome the ever-growing implementation gap.

FAILURE TO ENACT a comprehensive, sustained and multi-pronged attack on the pandemic represents a crime - a crime against those infected, a crime against those affected, and a crime against those susceptible.

JUST PRIOR TO the conference, UNAIDS released the 2008 Report on the Global AIDS Epidemic. The new report points out that there are now 33 million people living with HIV/AIDS worldwide against a previous estimate of 40 million. Last year, 2.7 million people were newly infected with HIV. Though down from the 3 million in 2001, this still represents an unacceptable number of new infections.

TWO MILLION PEOPLE died from AIDS in 2007, yes, down from 2.2 million at the peak in 2005. Still 2 million too many.

THE NUMBER OF children infected with HIV and AIDS fell to 370,000 in 2007 from 410,000 in 2005. Hardly a victory, when optimal use of Highly Active Anti-Retroviral Therapy should be able to eradicate neonatal HIV infection! In that context, 33 per cent of pregnant HIV-positive women now receive drugs to prevent vertical HIV transmission, up from 14 per cent two years ago. Still, only 33 per cent.

OVER 3 MILLION people in resource-limited settings are now on antiretrovirals, an increase of one million in the past year alone. Though this is substantial progress we are falling further behind every minute that

goes by: there are five new infections for every two people starting antiretroviral therapy.

THE THOUSANDS OF men, women and children, becoming infected and dying every day are the victims of our inability to transform knowledge into action. We must strive for universal action now. Anything less would be a crime.

THERE IS HOPE. During AIDS 2008 we learned that the United States will continue its PEPFAR funding for HIV and AIDS, tuberculosis and malaria for the next five years. Despite lingering concerns regarding the strings attached to this pledge by the current administration, I would like to thank the American people for this tremendous commitment, though the responsibility must not lie solely on their shoulders.

THE WORLD MUST follow their example. I therefore call upon all of the G8 leaders to match President Bush's contribution on a per capita basis, now. We want the contribution to be sustainable, long term and without strings attached.

FURTHER, THERE CAN be no end to the pandemic unless we secure full protection of human rights for those most vulnerable to HIV and AIDS. The rights of sex workers; injecting drug users; men who have sex with men; aboriginals; and women, as well as girls; must be protected through legal and policy reform in every country around the world, and now.

I THEREFORE CALL on all political and religious leaders to make this a reality, now.

I WOULD ALSO like to address a recent announcement by the United States to lift the travel ban for those living with HIV and AIDS. As you know, this has been a top priority for the IAS for many years. Now that this legislation is passed, we will begin the process to bring the International AIDS Conference back to the United States when the policy is removed by the Department of Health and Human Services.

I LOOK FORWARD to working with our esteemed team of Governing Council members, staff and IAS members to ensure that the IAS continues to play a central role in the shaping of the fight against this devastating pandemic. ■

Julio Montaner
IAS President



Message from the Executive Director

Organizing the International AIDS Conference puts intense pressure on the IAS Secretariat. In the weeks after Mexico, the staff who put so much time, energy and passion into the conference first beamed with excitement and pride at its success, then retreated in collective exhaustion, and finally returned to their work to re-group and plan for the future.

THE EVALUATION OF AIDS 2008 in Mexico is ongoing, but we can already point to some specific positive outcomes. In Mexico, the commitment on the part of the government to negotiate lower drug prices, and the removal of the restrictions on importing medicines from companies without manufacturing facilities in Mexico, are already showing results. Ministers of Education from countries around the region have signed an

agreement to provide comprehensive sex education to pre-pubescent young people in schools. Globally, there is a growing commitment to maximize the potential of HIV treatment to reduce HIV transmission and to address the prevention, treatment and care needs of the most affected communities – particularly men who have sex with men, injection drug users, and sex workers. And finally, a strengthened commitment is evident among donors and others to ensure that the roll-out of HIV services in the poorest countries is integrated with attempts to strengthen overall health systems.

IN SEPTEMBER IT was necessary to restructure the secretariat to ensure our viability for the future. The restructuring included making a number of permanent positions redundant. This is never an easy decision and is always a painful process for a small organization. I wish our colleagues well who are moving on from the IAS and thank them for their tremendous contribution. For the organization, the changes will enable us to be more flexible in meeting the short terms needs of the secretariat to fulfill our objectives, while continuing to have a strong core of permanent capacity.

MEXICO PROVIDED ME with the opportunity to meet personally with hundreds of IAS members that I have not met before. I would like to take this opportunity to thank you, and the many thousands more, for your support and ongoing engagement with the IAS. Ensuring that your collective voice of independent expertise is heard is as important now as it was at the beginning of the epidemic. ■

Craig McClure
IAS Executive Director

Book Review

'Sizwe's Test - A young man's journey through Africa's AIDS epidemic'
by Jonny Steinberg

Review by Mallory Smuts

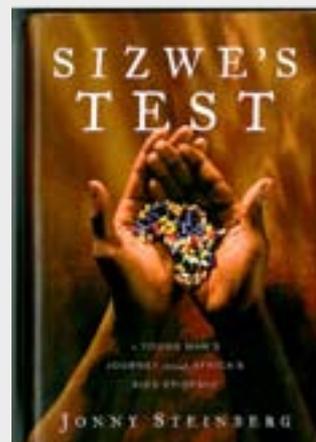
An eye-opening yet heart rendering journey into the AIDS epidemic in Africa, *Sizwe's Test* not only provides the reader with a deep understanding of the impact of the HIV epidemic on village life in southern Africa but also delves into the lives of individuals in rural communities, highlighting the fears they face, the beliefs they hold onto and the power of culture and shame.

Award-winning author, Jonny Steinberg, a gay, white South African, wanting to understand the AIDS crisis in his country – and himself struggling with his own psychological barriers to HIV testing – wonders why HIV testing and treatment are still being rejected in areas even where they are readily accessible.

He travels to the poor rural village of Ithanga, where running water and electricity are not available, but where antiretrovirals are. He meets Sizwe Magadla, a 30-year-old shop-keeper, who becomes Steinberg's interpreter and teaches the author about the village's traditional health-care system, the dependence on witchcraft and traditional healers, and the aversion to Western medicine.

As the relationship between the two men develops, Sizwe confides in Steinberg about his resistance to HIV testing, the loss of those he has loved to AIDS, and his fear of further loss. Through their discussions Sizwe begins to question the long-standing African myth that the white man created HIV in order to regain power, and also struggles with his confusion in reconciling his traditional beliefs with medical fact.

Insightful, compassionate and touching, this informative work makes clear the stark day-to-day reality of living with HIV and makes us question our own beliefs and preconceptions. *Sizwe's Test* is a powerful and emotional read, which not only highlights the strength of the epidemic, but also casts light on the strength of human tenacity and brotherhood. ■



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Letters to the Editor

Letters should be emailed to editor@iasociety.org, and should be a maximum of 250 words in length (we reserve the right to edit letters for publication). Unless otherwise specified, letters selected for publication will include your full name and country of residence. If you wish to remain anonymous, kindly state this clearly at the bottom of your letter.



HIGHLIGHTS FROM AIDS 2008

By Rodney Kort, with contributions from Martin Flynn, David Gilden, Mark Mascolini, Eric Mykhalovskiy, Parijat Baijal and Glen Brown.

The XVII International AIDS Conference (AIDS 2008) in Mexico City was the first such conference to be held in Latin America, providing speakers and delegates with an opportunity to address pressing issues related to the HIV response regionally as well as globally.

ALTHOUGH THE CONFERENCE was notable for the diversity of the programme, which addressed a broad range of health and development issues, several content areas dominated discussion and debate:

State of the Epidemic

Data from the UNAIDS 2008 Report on the Global AIDS Epidemic, released immediately prior to the conference, indicates that globally, the percentage of people living with HIV has remained stable since 2000 and new infections have declined from 3 million in 2002 to 2.7 million in 2007. However, overall prevalence, due to ongoing infections and the impact of ART rollout, remains high, with 33 million people estimated to be living with HIV at the end of 2007.

WOMEN AND GIRLS continue to be disproportionately affected in sub-Saharan Africa, although the ratio of males to females living with HIV globally has remained stable at 50 per cent since 2001.

THE GOOD NEWS that most sub-Saharan African countries are reporting reductions in new infections was offset by increases in HIV incidence among some injection drug

using, men who have sex with men (MSM) and sex worker populations. Discussions focused on the need for better HIV surveillance and other strategic health information on these key populations, both in generalized and concentrated epidemics.

Viral Reservoirs and New Therapeutic Targets

Research released before and during the conference confirmed the speed with which HIV establishes latent viral reservoirs following infection (within one week), particularly in gut-associated lymphoid tissue, and the resulting challenges to viral eradication given how effectively HIV proviral RNA inserts itself into human DNA within these reservoirs.

SEVERAL STUDIES ADDRESSED innate immunity and the role of toll-like receptors on the surface and interior of cells to regulate the body's immunological response and, ultimately, HIV expression, with sometimes contradictory findings.

FUTURE IMMUNOLOGICAL RESEARCH on viral/host dynamics is expected to furnish the scientific community with a better understanding of the role of these receptors in the inflammatory response to HIV, and how they might be harnessed in new therapeutic agents and strategies.

Clinical Management: Optimal Start and Switch Timing, Resistance and the Challenge of TB/HIV Co-infection

A consensus statement released by WHO, IAS, the Global Fund and the World Bank at the conference called on donors and the research community to address knowledge gaps in delivering ART and care using the public health approach, including the role of laboratory services in clinical decision-making.

THE RESEARCH GAPS highlighted by the consensus statement were underscored by a number of speakers and presentations. A Malawi study raised concern about how

the rise of resistance mutations in high-burden countries could compromise the efficacy of second-line regimens, a situation compounded by the fact that viral load testing – which could provide evidence of viral rebound well before it is reflected in CD4+ cell attrition and clinical endpoints – remains expensive and unavailable to most clinicians in the developing world.

RESULTS FROM THE ongoing, international PEARLS study also suggested that viral load monitoring was important to optimize clinical management. The results of these studies will hopefully strengthen efforts to develop and implement inexpensive, quality-assured laboratory technologies for use in resource-limited settings.

THE QUESTION OF whether to initiate ART at higher CD4+ cell counts than currently recommended by WHO treatment guidelines was also the topic of much discussion. Updated treatment guidelines released by IAS-USA immediately prior to the conference place no upper CD4+ count limit on when treatment should be considered if other health conditions, such as viral hepatitis or cardiovascular disease, are present. And a growing evidence base from recent trials suggest that earlier ART intervention may ward off not only AIDS-defining illnesses, but also non-AIDS cancers and heart, liver or kidney disease.

THE MOVE BY the IAS-USA guidelines to treat HIV as a chronic inflammatory disease, and the resulting change in recommendations regarding ART initiation, will place additional pressure on changing WHO treatment guidelines. If that happens, it will result in a substantial increase in the number of people who need treatment.

Responding to HIV among Gay and other MSM

No doubt at least partly due to its relevance to the epidemic in Latin America, speakers and delegates paid an unprecedented amount of attention at the conference to HIV

among gay and other men who have sex with men (MSM), with discussions buttressed by a small but growing number of studies indicating that – even within generalized epidemics – HIV prevalence was several times higher among MSM compared to the rest of the population.

A REPORT FROM Sam Avrett on page 10 of this newsletter provides greater detail on MSM issues at the conference.

Sex Work

The enormous challenges faced by sex workers in accessing HIV prevention, care and treatment also received unprecedented attention at the conference, with a plenary, several sessions and a number of demonstrations focusing on how the legal status and stigma attached to sex work, coupled with the violence and harassment faced by sex workers from law enforcement officers, undermines the response to HIV in this key population.

BRAZIL DEMONSTRATED LEADERSHIP on this issue, implementing several initiatives including decriminalizing sex work and promoting HIV prevention education and self-esteem among sex workers through the, ‘No shame girl, you’re a professional’ media campaign.

Health Systems

Several sessions addressed various aspects of the ‘vertical’ (disease-specific) versus ‘horizontal’ (health systems) funding debate. Several speakers suggested this was a ‘false debate’, with little evidence to suggest that, without the recent increases in HIV investments, resources for broader health systems would somehow have materialized.

HOWEVER, SEVERAL AFRICAN ministers of health at the conference agreed that the proliferation of HIV projects and funding streams, coupled with higher salaries offered in HIV programmes, presented additional challenges to both a coordinated AIDS response at the country level and to effective management of other areas of the health system. These concerns were supported by studies of several Global Health International projects that were presented at the conference, which found problems with alignment and coordination between funders and country coordination mechanisms. In one instance, funds were flowing from no less than 17 different international agencies, each requiring separate reporting mechanisms from the recipient country.

NEVERTHELESS, THE OVERWHELMING majority of evidence from the conference indicated that HIV investments strengthen health systems overall. Studies and reports cited the establishment of clinical and laboratory

infrastructure, strengthened supply and procurement systems, improvements in health care worker training, and increased community engagement as examples.

THE DEBATE HAS had the valuable effect of pushing donors, programme managers and recipient countries towards a more strategic and coordinated approach to scale-up.

TASK-SHIFTING HAS BEEN an important strategy for dealing with the acute shortage of health care workers in many high-burden countries, and several studies demonstrated the impressive progress in health system efficiencies garnered by using nurses or other health care providers to deliver care and treatment interventions. One modelling study estimated that, with task shifting, the number of physicians needed for ART in Rwanda by the end of 2008 would drop from 77 physicians working 30 hours per week to 17 physicians working 30 hours per week, a 183 per cent gain in physician capacity for non-HIV care.

MANY SPEAKERS NOTED that task shifting, training and health care worker retention strategies will be increasingly critical as the HIV field moves into the ‘second wave’ of ARV rollout.

Stigma and Discrimination

AIDS 2008 was a watershed moment that established reducing stigma and discrimination as fundamental priorities in working towards universal access to HIV prevention, treatment, care and support.

SPEAKERS AT A session on evidence-based approaches to addressing stigma and discrimination called for establishing stigma and discrimination reduction as national and international funding, policy and programme priorities.

WHILE HIV-RELATED STIGMA is widely regarded as an important barrier to epidemic management, research efforts to address knowledge gaps in the defining and measuring of stigma and assessing the impact of stigma-reducing initiatives have been limited. Several new initiatives addressed the need for empirical research to measure stigma, including the People Living with HIV Stigma Index. The index is intended to measure changes in stigma over time and establish country comparisons to inform programme and policy interventions, as well as advocacy work on the structural sources of stigma. Lessons learned from the global roll-out of the index, currently underway, will help clarify the potential of this unique community-centred approach to stigma surveillance and response.

Human Rights

Human rights was the focal point for a



number of activities at the conference, including marches against homophobia, for women’s rights and housing, and the first ever Global Village “Human Rights Networking Zone”.

SEVERAL UNAIDS AND Open Society Institute publications, released before and during the conference, emphasized the importance of securing human rights to achieve universal access goals, including addressing workplace discrimination, travel restrictions, and the denial of women’s property and inheritance rights.

A NUMBER OF sessions addressed the human rights context of homosexuality, drug use and sex work, the criminalization of HIV transmission and/or exposure, and the challenges of incorporating human rights principles in HIV programming.

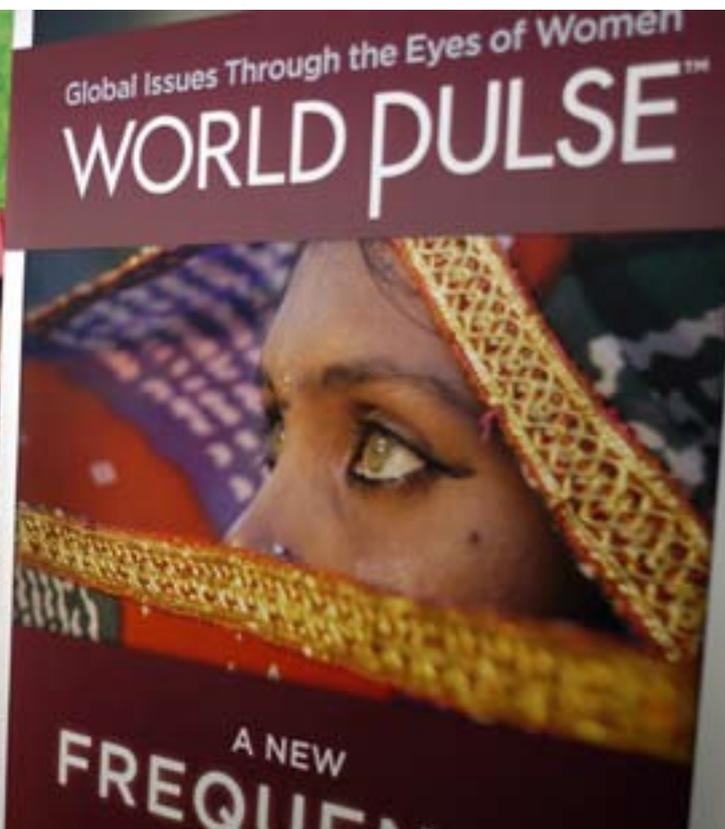
THE INTERNATIONAL AIDS Society has commissioned a XVII International AIDS Conference Impact Report, due for release in early December, which will provide a comprehensive analysis of the major research and lessons learned from AIDS 2008, including implications for future research, policy and advocacy. In addition, all abstracts presented at the conference are available online at www.aids2008.org. ■



Photos on this spread:
International AIDS Society/Mondaphoto



Photo: International AIDS Society/Mondaphoto



Stories from Across the Globe

Many of the recipients of a media scholarship to attend AIDS 2008 have prepared articles to highlight HIV in their home countries and their personal experiences of living with and/or reporting on HIV.

THEIR STORIES HIGHLIGHT their dedication to journalism while presenting the complexities surrounding HIV/AIDS in their communities.

We are pleased to include short excerpts of three of these articles.

Visit www.iasociety.org to read the complete articles.

What HIV Means to Me, My Country, and My Region by Shirley Thomas, Guyana

"As a journalist, I see myself as having a crucial role to play in the fight against HIV/AIDS, both locally and at the regional level. As Caribbean nationals we should constantly look out for each other, while striving to forge alliances that will rebound to the good of all Caribbean peoples. The 'eating away' of Caribbean economies by HIV/AIDS is far too expensive a price to pay for 'looking the other way' or looking on indifferently as sister nations grapple individually to fight the monster AIDS."

Fighters for Life by Claudia Elena Laslo, Romania

"Alex is a handsome 19 year old man, with startling blue eyes and his large, work-hardened hands tell the story of a life full of responsibilities. From early childhood he's been raised by his grandmother in her village house. His absent mother lives in the city of Constanta, with her new, 'clean' family. His father, a violent alcoholic, has been long gone. Now Alex is the man of the house, helping out at every step, repaying his sick, old grandmother for her good deeds. He dropped out of school but took an interest in cars and became a mechanic. The scars on his handsome face prove how fiercely proud he is: How did he get infected? From a needle. How did he find out? He guessed that much from the medical staff's conversations. Has it been his choice to tell others about his situation? No, but when somebody else heard about it by chance, the news spread throughout the village. Now everybody knows."

HIV/AIDS in my Community, Region, and Country by Janice Dayle, Canada

"As is the case with all immigrant cultures, assimilation doesn't take hold within Caribbean communities and deeply ingrained traditions and cultural norms have remained steadfast. In that context, issues commonly deemed 'immoral' like HIV/AIDS have historically been looked on in a degrading way. As a result a generally negative response to HIV/AIDS transcends borders, generating a culture of hate within Caribbean communities, for anything related to this crippling virus, based on mis-education, myth, fear and basic human unkindness." ■

The Role of the IAS Industry Liaison Forum (ILF)

A summary of the IAS-ILF satellite meeting on the role of industry in the development of ARV-based prevention technologies for women, held at the XVII International AIDS Conference in Mexico City

"Globally, more than 15.4 million women are living with HIV and the proportion of new HIV infections in women continues to rise¹."

THE INDUSTRY LIAISON Forum (ILF) of the International AIDS Society has as its mission to accelerate scientifically promising, ethical HIV research in resource-limited countries, with a particular focus on the roles and responsibilities of the pharmaceutical industry as sponsors and supporters of research.

THE IAS' STRATEGIC plan commits ILF to focus on scientific, ethical and policy issues related to the need for HIV research for women and children in low- and middle-income countries by identifying gaps in this area of research, and advocating with industry to address them.

¹ UNAIDS, Making HIV trials work for women and adolescent girls, August 2008.

ARV technologies for women

With this focus, the ILF held a satellite meeting during the XVII International AIDS Conference in Mexico City. Entitled *The Role of Industry in Development of ARV-based Prevention Technologies for Women*, the meeting brought together researchers from within and outside industry, as well as representatives from civil society and government, to analyze the impact of the epidemic on women globally. A specific focus was on Pre-Exposure Prophylaxis (PrEP) and microbicide trials, and relevant clinical data on women for approval of antiretrovirals, including data for use of antiretrovirals during pregnancy.

PRESENTERS DISCUSSED CHALLENGES that impede new prevention technologies for women, and together, speakers, panelists and attendees identified key questions to be answered in future research.

Pre-Exposure Prophylaxis

Javier Lama of Investigaciones Medicas en Salud (Peru), provided an update on progress in PrEP, specifically citing both challenges and opportunities related to the participation of women in PrEP trials. Although women are part of the PrEP research agenda, results from studies on women are not expected for at least two more years, and results from studies on men cannot automatically be used for women. PrEP efficacy and/or safety in women could be affected by differences in: body composition and size, what the body does to the drug, woman-specific concurrent medication use, and modes of exposure and transmission rates.

PrEP EFFICACY STUDY results for populations of men who have sex with men and users of intravenous drugs are expected in 2009. These results should be interpreted and carefully extrapolated to the population of

women. Study results with women are not expected until 2010 and 2012.

Microbicides

Zeda Rosenberg of the International Partnership for Microbicides (USA), spoke about what the future holds for next generation microbicides and partnerships with industry.

UNTIL TODAY, MICROBICIDE efficacy trials have been cancelled due to harm, lack of statistical significance, or lack of efficacy. However, throughout the process many lessons have been learned regarding design, safety, adherence and the need for trials in varied geographic locations.

NUMEROUS NEXT GENERATION microbicides are currently in product development, mostly in partnership with industry. Issues related to intellectual property rights must be considered prior to the development, manufacturing and distribution of antiviral compounds as microbicides in resource-limited countries. Opportunities for further industry involvement were identified in the areas of formulation development, long-term seconded technical expertise, support for access and distribution in resource-limited settings, and guidance on product approval and regulation.

ALEX COUTINHO OF the Infectious Disease Institute at Makerere University (Uganda), addressed the challenges and opportunities in conducting microbicide trials. Resource-limited countries have the greatest need for HIV prevention options thereby making them opportune locations for testing. By running trials in areas where such options will be used, various factors pertinent to the local population can be studied while simultaneously creating opportunities for understanding about future access. The challenges associated with these trials in-

clude unknown incidence, understanding potential social harms, and resource limitations. Yet each of these challenges brings opportunities, such as updating guidelines, access to referral networks and partnerships, and site development.

ARVs in pregnancy

Lynne Mofenson of the US National Institute of Child Health and Human Development at the National Institutes of Health (USA), discussed the use of antiretroviral drugs during pregnancy. Although antiretroviral therapy is often needed during pregnancy, there is a lack of sufficient data on dosage and safety. Further research in this area is urgently needed as about half of pregnancies are unplanned, inadvertent exposure to drugs is common before the woman knows she is pregnant, and drug interaction with hormonal contraceptives may increase the risk of pregnancy.

DATA ARE STILL needed in a variety of areas. Participating industry representatives expressed a clear interest in working with the ILF to identify the highest priority areas and how to move forward with data collection and research. All participants agree that collaboration is key to the success of developing prevention technologies for women.

ILF – the future

The ILF will continue to address the inadequacy of research data to meet the needs of women and children in low- and middle-income countries. By convening meetings in different regions and inviting researchers from around the world, the ILF hopes to build a network of scientists, clinicians and investigators to work with industry towards increasing gender and paediatric perspectives in key research areas. The next ILF session will be held at the International Conference on AIDS and STIs in Africa in Dakar, Senegal in December 2008. ■



Editors-in-Chief: Elly Katabira, M.D. (Uganda) and Mark Wainberg, Ph.D. (Canada) **Executive Editor:** Shirin Heidari, Ph.D. (Switzerland)

Currently on JIAS:

Prevention of the Sexual Transmission of HIV-1: Preparing for Success, by Myron Cohen, Pontiano Kaleebu, Thomas Coates

HIV Prevention: What Have we Learned from Community Experiences in Concentrated Epidemics? By Bruno Spire, Isabelle de Zoysa, Hakima Himmich

Confronting TB/HIV in the Era of Increasing Anti-TB Drug Resistance, by Chakaya JM, Getahun H, Granich R, Havlir D,

Benefits of an Educational Program for Journalists on Media Coverage of HIV/AIDS in Developing Countries, by Jorge L Martinez-Cajas, Cédric F Invernizzi, Michel Ntemgwa, Susan M Schader, Mark A Wainberg

HIV/AIDS, Conflict and Security in Africa: Rethinking Relationships, by Joseph U Becker, Cristian Theodosios, Rick Kulkarni

www.jiasociety.org



Baragwanath Hospital Perinatal Research Unit, South Africa. Dr. Saul Johnson examines 18 month-old Buzisile, a participant in a study to determine the effectiveness of ARVs in preventing transmission of HIV from mother to infant.
Photo: UNAIDS/L.Grubb

Clinical News

The effect of antiretroviral treatment on pregnant women and their infants in Cote d'Ivoire

EFFECTS OF ANTIRETROVIRAL treatment on infants during pregnancy were recently investigated in a study in Cote d'Ivoire. The findings showed that although combination therapy was more effective in preventing perinatal HIV transmission than short course mono or dual therapy, it was conversely associated with low infant birth weights.

WHILE ANTIRETROVIRAL THERAPY improves the health of pregnant women living with HIV and dramatically reduces the risk of transmission from mother to child, the effects on newborns are not so well-known. The studies carried out in high income countries show conflicting results and the number of studies with children born in Africa is very limited.

A RECENT STUDY in Cote d'Ivoire shows that combination therapy during pregnancy can result in low birth weight of the infants. However, the low birth rate does not seem to have any detrimental effect on child survival and does not increase the mortality rate, according to this study.

THE SCIENTISTS IN this study analyzed how infants born to HIV-positive pregnant women are affected by different antiretroviral treatment strategies in two different cohorts in Cote d'Ivoire.

THE FIRST COHORT included 175 women

followed from 2001 to 2003. The women received either short course mono therapy with zidovudine (AZT), or dual therapy with AZT and lamivudine (3TC), plus a single dose of nevirapine during labour for prevention of transmission of HIV to their infants. The second cohort included 151 women with combination therapy during pregnancy between 2003 and 2007.

ALL NEWBORNS RECEIVED two doses of nevirapine and zidovudine for seven days after birth as prophylaxis. In addition, women were advised to either exclusively breast-feed their infants or use formula.

THE MEDIAN CD4 cell counts in the first group of women in the study were 177 cells/mm³ and in the second group 182 cells/mm³ in the second group. The length of the therapy between the groups did however vary. Women on short-course monotherapy or dual therapy were treated for approximately five weeks, whereas the duration of the combination therapy was almost twelve weeks.

THE RESULTS OF this study clearly show that combination therapy is much more effective in preventing mother to child transmission, compared with short course mono or dual therapy. Among infants of mothers who received short course mono or dual therapy, 16 per cent became HIV infected, compared to only 2 per cent of infants born to mothers on combination therapy. Furthermore, there were a significantly higher number of paediatric infections among infants born to mothers on short course therapy; approximately 16 per cent compared to only 2.3 per cent among infants born to mothers who received HAART.

THE STUDY FOUND that infants born to mothers on combination therapy were more frequently low weight at birth (under 2500 g). More than 20 per cent of infants born to mothers on combination therapy had a low weight at birth compared to nearly half the number in newborns to mothers on single or dual drug therapy. Another factor that was considered related to low birth weights was mothers' low maternal body mass index.

THE FREQUENCY OF still births was comparable between the two groups. Looking at infant mortality during the first year of life, it did not show any association with either low birth weight or the antiretroviral treatment strategies of mothers. The only association to infant mortality was the paediatric HIV infection.

THE STUDY PROVIDES important information on the consequences of various treatment strategies in pregnant women and their infants in Africa. Further large scale studies are needed to confirm these results and provide a better understanding of the complexity of the epidemic among pregnant women.

THERE IS AN urgent need to develop more beneficial strategies for pregnant women and their infants' wellbeing. ■

Ekouevi DK, Coffie PA, Becquet R, Tonwe-Gold B, Horo A, Thiebaut R, Leroy V, Blanche S, Dabis F, Abrams EJ. 'Antiretroviral therapy in pregnant women with advanced HIV disease and pregnancy outcomes in Abidjan, Côte d'Ivoire'.

AIDS. 2008 Sep 12;22(14):1815-20.



2007 Requel Legaspi/AHP/ACS, Courtesy of Photoshare

Relaunch of the Journal of the IAS

The Journal of the International AIDS Society (JIAS) is now accepting submissions. Submit your manuscript via our online submission system at www.jiasociety.org.

THE JOURNAL OF the International AIDS Society (JIAS) has been relaunched by BioMed Central and the International AIDS Society. With a dynamic new board comprised of distinguished scientists, the journal is better positioned to take advantage of recent research trends in HIV and AIDS.

JIAS IS AN open access, peer-reviewed online journal that encompasses all aspects of HIV-related research across various disciplines. The journal strongly encourages submissions from investigators carrying out research in low- and middle-income countries.

JIAS' FOCUS IS on studies that show practical approaches to the fight against HIV in the countries most affected by the epidemic. As a result, priority will be given to operations research. We are looking forward to further strengthening the link between JIAS and other initiatives at the IAS consistent with the organization's strategic priorities of operations research and health systems strengthening. In addition, editorials, commentaries and highlights from International AIDS Conferences and other relevant conferences will be published.

JIAS OFFERS AN efficient online submission process, a rapid, high quality peer-review process, and immediate publication upon acceptance. The published version of your article will immediately be posted at PubMed Central and other freely accessible full-text repositories.

THE AIM OF JIAS is to contribute to strengthening research capacities in low- and middle-income countries. In addition to providing a free, open access platform for publication, JIAS offers a series of workshops on manuscript writing and also provides manuscript mentoring. Through such initiatives, investigators will receive individual feedback and mentoring and thereby increase their chances of having their research findings published in peer-reviewed, indexed journals.

WORKING WITH OUR partners in scientific publishing and research training, JIAS is committed to addressing the gap in health research capacity, and increasing the visibility and impact of research undertaken in resource-limited settings.

THIS AUTUMN JIAS will present some of the most exciting new research on HIV, including new clinical and social science research, as well as information on some of the research controversies discussed at the XVII International AIDS Conference in Mexico City.

IN THE UPCOMING issue: Dr Myron Cohen of the University of North Carolina and coauthors analyze why the treatment and prevention of HIV must be considered together and implemented simultaneously.

DR BRUNO SPIRE, of AIDES France, INSERM and the University of Aix Marseille, and colleagues write about community experiences in concentrated epidemics and explore imperatives to reducing the sexual transmission of HIV, including combating prevention fatigue, diversifying HIV testing, and eliminating HIV-related stigma and discrimination.

DR JEREMIAH CHAKAYA of the Kenya Medical Research Institute and coauthors underline the importance of implementing three key interventions to combat HIV/TB co-infection: Intensified TB screening; provision of isoniazid prevention therapy; and TB infection control.

DRS MARK WAINBERG and Jorge Martinez-Cajas of McGill University in Montreal examine education programmes for journalists and analyze the impact of such programmes on the dissemination of correct and relevant HIV information in low- and middle-income countries.

DR JOSEPH BECKER and coauthors of the Yale University School of Medicine publish a refreshing analysis of the effect of conflict on HIV transmission, and cast doubt on preconceived views that conflicts are contributing significantly to the spread of HIV.

Please visit our website to learn more: www.jiasociety.org. ■



2007 Bonnie Gillespie, Courtesy of Photoshare



Diego Cecchini at AIDS 2008. Photo: International AIDS Society/Mondaphoto

Professional Development for Members - Seize the Opportunities!

Diego Cecchini is an infectious diseases specialist in Buenos Aires. As an IAS member who has participated in various educational initiatives at International AIDS Conferences, he shares with **Gurmit Singh**, IAS Education Coordinator, the benefits of continuous professional development, where personal initiative and collaborative learning are the keys to success.

Gradual induction

"I got my first scholarship to attend IAS 2005 in Rio de Janeiro. I presented a poster and was exposed to the world of professional learning at conferences. Since then, I have received scholarships to AIDS 2006 in Toronto, and for the Education Programme at IAS 2007 in Sydney. This year, I used the online Abstract Mentor Programme, and my abstracts were accepted. With each opportunity, I have been able to present my ongoing research on cryptococcal meningitis to a global audience, as well as update my knowledge in my areas of interest, especially Prevention of Mother-to-Child Transmission (PMTCT)."

Advancing my career

"Attending conferences is a new feature in my professional life. For many HIV professionals from middle- and low-income countries, IAS scholarships are the only chance to attend and network with global

health leaders. In Sydney, I met two senior researchers from Argentina. Both invited me to work with them at the Argerich Hospital to work in PMTCT and at Helios Salud in developing HIV and STD prevention programmes.

"**WITH A STABLE** position, I can now network with more people in cutting-edge basic and clinical science. I always bring back what I learnt to share with my colleagues. This is definitely another motivating factor."

New professionalism

"What I find exciting about attending IAS Education Programmes at international conferences is learning about advances in the field from leading experts. Though it was challenging at first to understand all the science presented, I found myself growing over the years. Because of the high scientific quality of IAS programmes, I now have a better understanding of the field, and can apply what I learn to improve my clinical practice, gradually taking on new roles within my hospital.

"**FOR HIV PROFESSIONALS** to move into an enabling role in global health, we must take ourselves to a new level of professionalism. We demand more of ourselves as empowered people, because the task at hand is so much more critical. Personally, my gratification comes because I am now equipped with the skills and knowledge to be much more directly involved in improving the quality of care for people living with HIV. This focus makes my job more rewarding and challenging." ■

A Global Concern: HIV among Men who have Sex with Men

By **Sam Avrett**

In early August, on the eve of the XVII International AIDS Conference (AIDS 2008), thousands of activists marched through Mexico City to rally against homophobia, stigma and discrimination.

FOLLOWING A YEAR when UNAIDS announced that HIV rates outside Southern Africa were far lower – and more concentrated – than previously believed, AIDS 2008 focused more than ever before on the HIV-related needs and risk factors of marginalized populations, including men who have sex with men (MSM).

NOTABLY, A PRE-CONFERENCE satellite orga-



March Against Homophobia, International AIDS Conference, Mexico City. Photo: Martin Flynn

nized by the Global Forum on MSM and HIV attracted more than 450 participants from 82 countries for a two-day series of presentations and meetings about this topic.

EVIDENCE SHOWS THAT MSM transmission may account for a substantial portion of annual HIV infections in many countries. More than half of all new HIV infections are among MSM in many countries of North America and Western Europe, but MSM also account for a substantial portion of the HIV epidemic in parts of Central and South America, the Caribbean, Eastern Europe, Asia, and the Pacific.

"Today in Asia, in about every single major city that we have looked at, in China, Malaysia, Indonesia, Thailand, Vietnam, and elsewhere, there are epidemics of HIV among men who have sex with men, epidemics that remind me of what we've been seeing here in North America, in Western Europe, in Australia, in the 1980s." – Peter Piot, Executive Director, UNAIDS

Prevention needs of MSM

Efforts are underway to address the HIV prevention needs of MSM in many places. Sex workers and MSM are now described as beneficiaries of national HIV programmes throughout Latin America and in selected countries of Africa, Asia, Eastern Europe, and the Caribbean. The Global Fund to Fight AIDS, Tuberculosis and Malaria is now exploring ways to better address the vulnerabilities of gender and sexual minorities. Several international donors, including foundations such as amfAR, Hivos, and the Open Society Institute, are stepping forward with increased funding for community programmes working with MSM on HIV. The Office of the High Commissioner on Human

MSM and HIV in Low- and Middle-Income Countries, 2003-2007

Estimates compiled through a systematic literature review

	Percentage of men reporting ever having sex with men (# of studies)	Proportion of "MSM" who engage in sex work (# of studies)	Prevalence of HIV among MSM (# of studies)	Prevalence of gonorrhoea among MSM (# of studies)	Condom use last anal sex with a man (# of studies)	Proportion of national legal systems that are repressive to LGBT rights
Sub-Saharan Africa	1-4% (2)	74-76% (2)	9-25% (4)	5% (1)	6-47% (2)	30/48
Asia & Pacific	4-34% (7)	12-64% (6)	0-40% (37)	2-16% (3)	0-82% (8)	21/32
Caribbean	no data	45% (1)	11% (1)	no data	77% (1)	12/14
Eastern Europe & Central Asia	3% (1)	5-15% (2)	2-5% (2)	3-13% (2)	37-58% (2)	2/27
Latin America	3-15% (4)	10-31% (6)	8-51% (10)	0-9% (2)	47-61% (2)	2/19
Total	1-34% (14)	5-76% (13)	0-51% (59)	5-16% (8)	0-82% (13)	67/160

Adapted from C F Cáceres, K Konda, E R Segura, and R Lyerla. Epidemiology of male same-sex behaviour and associated sexual health indicators in low- and middle-income countries: 2003-2007 estimates. *Sex Transm Infect* 2008;84:i49-i56

Rights has increased its efforts related to sexual orientation and gender identity. And at an international level, UNAIDS and its ten co-sponsors, including UNDP, WHO, UNODC, UNFPA, UNESCO, UNICEF, and ILO, are newly committed to working with national governments at the highest level to support policies and programmes to address HIV among MSM and other sexual minorities.

Behavioural research

BEHAVIOURAL RESEARCH ON HIV among MSM was a major theme at AIDS 2008. Many researchers are calling for improved national epidemiological and behavioural surveillance to better assess the extent and characteristics of male-to-male sexual behaviour.

"Given the importance of cultural context in prevention strategies, we need not only better bio-behavioural surveillance, but also better ways of eliciting information about sexual behaviour in large-scale surveys, and we need to invest in targeted socio-behavioural studies, including ethnographic studies." – David Wilson, Senior Monitoring and Evaluation Specialist, Global HIV/AIDS Monitoring and Evaluation Team, World Bank

NATIONAL HIV EXPENDITURES are not matching national epidemics or the prevention or treatment needs of MSM. In countries with low-level or concentrated epidemics, national funding should focus primarily on HIV interventions for most-at-risk populations, including MSM, sex workers, injection drug users, and other marginalized groups. In July 2008, UNAIDS reported that across all the countries with concentrated epidemics in 2007, the bulk of HIV expenditures were geared to the general population, and only 10 per cent of overall HIV prevention spending targeted most-at-risk populations.

Human rights

HUMAN RIGHTS APPROACHES are described as essential to address the stigmatization of homosexuality, and the need to support national leaders to catalyze honest conversations and programming about gender, sex, and sexuality. Laws in more than 85 countries criminalize private consensual sex between persons of the same gender.

IN THE 2008 Country Progress Reports to UNAIDS, nearly two-thirds (63 per cent) of the countries were reported to have laws, regulations or policies presenting obstacles to effective HIV interventions for most-at-risk populations. More than half of the countries in Africa and Asia lack mechanisms

to report, document, and address cases of discrimination against people living with HIV and/or most-at-risk populations.

A CHORUS OF calls are coming from MSM populations in the global south and from international leaders to develop effective policy and programming on these issues. As noted by an African participant at AIDS 2008 in Mexico City: "In all my years of working in AIDS, I have been frightened to be identified as gay and have argued that AIDS is not a gay disease. Now there is this great awakening of interest in existence and needs of MSM. We are hearing all these calls to action. How will we respond?" ■



Gay Rights Parade, Mexico City, 2008.
Photo: Lorena Olarte



Regan Hoffman
Photo: Martin Flynn

Reclaiming our Lives

Martin Flynn reports on the Positive Leadership Summit (Living 2008)

ON THE EVE of the XVII International AIDS Conference in Mexico City in August, 350 HIV-positive leaders from 88 countries came together for a two-day summit to set their own agenda in response to the AIDS pandemic. The theme of the Positive Leadership Summit – Living 2008 was ‘Reclaiming our Lives’, referring to reclaiming the advocacy agenda and reaffirming positive leadership. The IAS was an organizing partner of the Summit.

INTERNATIONAL CONFERENCES OF people living with HIV and AIDS have been held in various locations across the world since 1986, the latest being in Poland in 1999, Trinidad and Tobago in 2001 and in Uganda in 2005.

THE FACT THAT the International AIDS Conference was held in Latin America for the first time was also crucial and meant that people across the continent were forced to talk about sex and HIV, some for the first time openly.

ANUAR LUNA, FROM the Mexican Network of People Living with HIV, confirmed the impact for local positive people: “For Mexican people living with HIV, our participation in all aspects of the summit has been an intense and transforming learning experience.”

SIXTEEN-YEAR-OLD STEPHANIE FROM Australia and 19-year-old Eva from New Zealand represent a new generation of dynamic HIV-positive leadership who won’t take no for an answer.

‘I’M VERY INVOLVED and try and make sure youth are on every agenda for HIV positive people,” Stephanie explains: “I want to tell people how it is to be a young person living with HIV. We learn so much from older people living with HIV. I wouldn’t be here without the mentoring from older HIV-positive women who taught me to push, push and push until you get what you know is right. You can speak up and will be thanked for it.”

FOUR KEY AREAS of strategic focus were endorsed at the Living 2008 Summit: positive prevention, access to care, treatment and support, criminalization of transmission of HIV, and sexual and reproductive health rights.

Key findings of the Summit included:

- Criminalization of HIV-positive people does not work.
- Positive prevention will not work until stigma and discrimination directed against people living with HIV (PLHIV) is eradicated; the concept of positive prevention cannot focus on prevention of HIV transmission.
- Until PLHIV, especially women, claim the sovereignty of their sexual and reproductive health lives, and have access to comprehensive health care, many will continue to needlessly die.
- Treatment will fail without basic social determinants of health including food and water.

THE POSITIVE LEADERSHIP Summit discussions also played an important role in AIDS 2008. The involvement of HIV-positive delegates within both the AIDS 2008 conference programme and the phenomenally successful Global Village are two examples of the Summit’s broader impact.

FOR THE FUTURE, the Living 2008 Summit should further strengthen the PLHIV movement by promoting the involvement and leadership of people living with HIV in the global HIV response.

REGAN HOFFMAN SUMMED up for many when she said, “I think the positive community will be the global solution to AIDS. It’s going to require a reinvigoration of

our activism around the world. The things HIV-positive people around the world deal with are essentially the same. Stigma and access to care are issues for us all. I hope that after Mexico we can demand treatment and prevention for all. Now is the time to ask for more.” ■

Living 2008 Participants Speak Out

WE ARE AT the centre of the response. Who better than the HIV-positive community itself to identify and develop recommendations for researchers, doctors, physicians and world leaders in areas that demand their immediate attention. - *Regan Hoffman, Editor, POZ*

IT’S TIME FOR us to be at the centre of the response to this epidemic, instead of remaining on the sidelines watching others determine our fate. - *Louise Binder, Chair, Canadian Treatment Action Council*

PEOPLE LIVING WITH HIV are key to reversing the epidemic and can contribute to well informed policy and programming at the national, regional and global levels. - *Kevin Moody, International Coordinator, Global Network of People Living with HIV*

LIVING 2008 WAS an amazing hand over of strengths, skills and knowledge. It is always exciting to see young energetic faces take over the battle and fight with passion. - *Tita Isaac, Network of African People Living with HIV/AIDS* ■



Shaun Mellors
Photo: Martin Flynn

The IAS Talks With Dr. Papa Salif Sow

IAS Governing Council Member from Africa

Papa Salif Sow, MD, MSc is Professor of Infectious Diseases at the University of Dakar in Senegal, and since 2002 has also served as Head of the Department of Infectious Diseases.

HE IS A member of the WHO Guidelines Development Group, the WHO Director-General's Strategic Advisory Committee for HIV/AIDS, and the Global Fund for AIDS, Tuberculosis and Malaria's Technical Review Panel. Dr. Sow is also a member of the WHO HIV/TB Working Group, President of the African Network of AIDS Physicians in Africa, and Coordinator of the Regional Centre for Research and Training at Fann Hospital, Dakar, Senegal.

Q: Dr. Sow, as a newly elected Governing Council member, how do you see your role as an IAS representative in Africa?

A: I WILL do my best to represent the IAS in the region; that means making the IAS more known in the region, disseminating IAS policy and activities to communities, scientists and clinicians involved in HIV, as well as politicians, and encouraging them to become members of the IAS and to become involved in all IAS activities. My aim is to help the region have a good collaboration with the IAS, improve communication, and also contribute to the promotion of IAS activities, such as the newsletter and website, which provide access to relevant

information on HIV. I will also be available to facilitate workshops and participate as an IAS representative on regional bodies.

Q: Which of the IAS policy and advocacy priorities are most relevant for Africa?

A: ALL THE IAS policy and advocacy priorities are relevant to my region due to the level of HIV infection in Africa. Health system strengthening is a key issue in terms of improving health infrastructure, laboratories' capacities, human resources, monitoring and evaluation. Also the HIV/TB burden is very important in this region with high prevalence for both diseases.

COMBATING STIGMA AND discrimination and promoting more social and political science research are also high priorities for Africa. We need to protect the rights of all people living with HIV and to involve more political leaders. In addition, vulnerable groups need to be protected and their rights respected in terms of access to care and treatment.

Q: What can the IAS do to strengthen its work with the regions?

A: It will be important for the IAS to help organize workshops on HIV/TB, good clinical practice and ethics, and research training in order to help the scientists and clinicians from Africa to improve their knowledge and to be more involved in HIV.

AS A REPRESENTATIVE of the IAS in this region, I will be happy to use the Regional Center for Research and Training in Dakar, for which I am the Coordinator, to contribute to these regional activities. The IAS could also improve the region's access to HIV information through newsletters and scientific journals, as people in Africa do not have

enough money to pay for subscriptions.

I WILL ALSO contribute to developing a strategy for building regional capacity and establishing strategic partnerships with other institutions in the region, in particular with the African Network for AIDS Physicians.

AS A MEMBER of the WHO HIV/TB Working Group and as an IAS Governing Council member, I also will focus on the training of clinicians in this area, and on the implementation of TB/HIV activities at all levels of the health system, in order to decrease the burden of HIV in TB patients and to decrease the burden of TB in people living with HIV.

Q: Why would you encourage someone to become a member of the IAS?

A: I WOULD urge people to become members of the IAS because the organization is a good and wonderful institution that is fully involved in the fight against HIV.

IAS MEMBERSHIP IS an opportunity to participate in the International AIDS Conferences, which are the world's leading forums for debate, discourse and direction for action on HIV. Membership also provides the opportunity to participate in the IAS Conference on HIV Pathogenesis, Treatment and Prevention, a global scientific conference on HIV research, and a chance to network with other scientists and clinicians. This is the ideal occasion for physicians from developing countries to have access to the latest news in terms of care and treatment, second line ARVs, new drugs and new antiretroviral strategies, drug resistance, and clinical trial results. In addition, the IAS website is an excellent forum to help members stay informed. ■



5th International Conference on AIDS and STIs in Africa

DAKAR, SENEGAL | 3 – 7 DECEMBER 2008



www.icasadakar2008.org

ASAP and 9th ICAAP Update

On 13 June, the 9th International Congress on AIDS in Asia and the Pacific (ICAAP 9) – which will be held in Bali, Indonesia from August 9-13 2009 – was launched in Jakarta ahead of an Executive Committee meeting of the AIDS Society of Asia and the Pacific (ASAP).

IN HIS REMARKS at the launch, Professor Myung-Hwan Cho, President of ASAP, said: “Indonesia has been given the opportunity to take bold and innovative steps to support the regional response to HIV and AIDS. Countries of Asia and other regions will be waiting to see Indonesia take the lead.”

THE ICAAP 9 Local Organizing Committee (LOC) is working with ASAP’s Executive Committee, UNAIDS and a newly established International Advisory Committee to examine the thematic, programmatic and logistical opportunities for the conference. In particular, current issues important to the Asia Pacific region that emerged from the Colombo ICAAP in 2007 are being examined for inclusion in the Bali Congress programme. These are questions that range from the best approaches to testing for HIV, to legal issues relating to upholding the human rights of people who inject drugs and sex workers, to providing sufficient space for discussions on men who have sex with men.

AT THE LAUNCH, ASAP Vice President, Associate Professor Elizabeth Dax, called for the region to honour the theme of ICAAP 9, “Empowering People: Strengthening Networks”, and drew attention to a “geographical vacuum” in responses to some epidemics. She called on various stakeholders to find ways of empowering the peoples of Pacific island countries by creating a “much stronger bridge between Asia and the Pacific.”

ASAP VIEWS INDONESIA as playing a vital role in developing that bridge. It is necessary not only for the reason of Indonesia’s location within the Asia Pacific region, but also because of its own, very challenging epidemic within the province of West Papua in neighbouring Papua New Guinea.

ASAP ALSO CONGRATULATES the LOC on the publication of its First Announcement booklet and leaflet. Each was widely distributed during the XVII International AIDS Conference in Mexico in August. They

both contain important preliminary planning information, and are now available for download at www.icaap9.org. ■

News from the European AIDS Clinical Society

New Guidelines

The European AIDS Clinical Society (EACS) has published HIV Treatment Guidelines, developed by a panel of European HIV-treating physicians and diagnosticians to assist in the care of HIV patients, and to establish a standard of clinical practice across Europe. Six thousand copies of the latest guidelines (June 2008) were distributed in both English and Spanish during the XVII International AIDS Conference in Mexico this August. The guidelines are also available in several other European languages.

Training Programmes

MEDICAL EXCHANGE PROGRAMME: Twelve to 15 physicians are selected every year on the basis of their CVs, and posted in one of the EACS European clinical centres.

ADVANCED HIV COURSE: A three-day, intensive course run every year in Montpellier (France). Fifty to 60 physicians are selected every year to attend, on the basis of their CVs.

APPLICATIONS FOR BOTH programmes will open soon. For more information please contact sylvie-chatelin@eacs.ws.

European AIDS Conference

Dates to remember:

- Registration opens in February 2009.
- Deadline to apply for scholarships – 15 June 2009.
- Abstract submissions opens in February 2009.
- Abstract submissions deadline – 1 July 2009.

The Conference will be held 11-14 November 2009 in Cologne, Germany, visit www.eacs-conference2009.com for more information. ■

5th FORO to be held in Peru

Peru will be the venue for the 5th Latin American and Caribbean Forum on HIV/AIDS and STDs (FORO) in May 2009. Registration opened on 1 November.

THE CONFERENCE WILL bring together more

than 4,000 participants from across the region, including government representatives, civil society, people living with HIV, academic institutions, international agencies, bilateral and multilateral development organizations and the private sector.

ACCORDING TO DR. Jose Luis Sebastián Mesones, Technical Secretary of the Horizontal Technical Cooperation Group - an initiative of representatives of Governmental HIV/AIDS Control and Prevention Programmes from 20 Latin America and Caribbean Countries - this forum will be the most important opportunity for HIV professionals in the region to exchange knowledge and discuss the challenges and opportunities in responding to the epidemic.

UNDER THE THEME: ‘Health, Our Right. Universal Access, Our Goal. No Discrimination, Our Challenge’, key issues have been identified for the forum debates, including: healthcare as a right for all; universal access to HIV prevention; comprehensive care; and respect for human rights.

FORO WILL FOSTER shared learning and help disseminate practical lessons in HIV prevention, awareness, clinical management, and research. It also seeks to expand participation in the HIV field and advance the response to the epidemic in the region in order to fulfil international commitments to HIV/AIDS.

FOR MORE INFORMATION, e-mail: gcth.secretaria@gmail.com. ■

Upcoming Conferences

Ninth International Congress on Drug Therapy in HIV Infection
Glasgow, Scotland
9 – 13 November 2008
Email: hiv9@kp360group.com
Website: www.hiv9.com

15th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA 2008)
Dakar, Senegal
3 – 7 December 2008
Email: icasa2008@orange.sn
Website: <http://www.icasadakar2008.org/>

5th Latin American and Caribbean Forum on HIV/AIDS and STDs (FORO 2009)
Lima, Peru
April 2009
Email: itsvih@minsa.gob.pe

5th IAS Conference on HIV Pathogenesis, Treatment and Prevention
Cape Town, South Africa
19 – 22 July 2009
Email: info@ias2009.org
Website: www.ias2009.org

The 9th International Congress on AIDS in Asia-Pacific (ICAAP)
Bali, Indonesia
9 – 13 August 2009
Email: icaap9@aidsindonesia.or.id
Website: www.icaap9.org



A nurse in Egypt vaccinates an infant.
Photo: 2007 Omar Mohsen, Courtesy of Photoshare

Strengthening Health Systems through the AIDS Response: Insights from AIDS 2008

By Jacqueline Bataringaya

IN 2006, UNITED Nations member states agreed to work towards the goal of “universal access to comprehensive HIV prevention programmes, treatment, care and support” by 2010. The international community responded by intensifying its efforts, building on the momentum generated by WHO’s “3 by 5” initiative. The exceptional response, including increased investments, has accelerated the pace of treatment scale-up in low- and middle-income countries, such that 3 million people were receiving antiretroviral therapy (ART) at the end of 2007.

DESPITE SUCH PROGRESS, experts agree that weaknesses in underlying health systems are slowing the further expansion of HIV treatment. In addition, some argue that the HIV response is diverting resources from healthcare infrastructure, which is needed to more effectively battle other diseases. The ongoing debate, commonly referred to as “HIV exceptionalism”, was raised in several discussions at the recently concluded International AIDS Conference (AIDS 2008) in Mexico City.

IN RECOGNITION OF the need to strengthen healthcare systems, the AIDS 2008 programme featured a number of related sessions, including: an examination of donor interactions with national health systems; financing for sustainable national health care; synergies between health systems and global health initiatives; models of care for HIV-treatment; and innovations in human resources. The conference also featured direct debates on the impact of HIV scale-up on health systems. Below is a selection of perspectives from these discussions.

LOCAL PRIORITY SETTING: Health systems

that do not specify priorities invariably end up catering to the needs of the better off, and over-investing in tertiary hospitals in urban areas. A new ‘diagonal thinking’ paradigm (as opposed to vertical disease-specific programmes or the horizontal strategy of strengthening health systems generally), identifies explicit priorities according to the realities of a given country, in order to drive structural reform and general improvements in the health system needed in that particular context.

RENEWED MOMENTUM FOR Comprehensive Primary Health Care: The long-term success of HIV scale-up will entail delivery of services that would rely on primary health care systems for sustainability. Several speakers cited the 1978 Declaration of Alma-Ata, which calls for universal access to comprehensive primary health care.

INTERCONNECTED SOLUTIONS FOR Health Workforce and other Health System Building Blocks: Several studies show that the AIDS response has contributed to increased investment in the building blocks of health systems, including: training and motivating the health workforce; strengthening management of drug and commodity procurement and supply; building laboratory and clinic facilities; and building strategic information systems. Abstract findings from several African countries also showed that models of care employing task shifting from physicians to nurses, community health care workers, and people living with HIV have helped to increase treatment coverage.

INCREASED FINANCIAL INVESTMENT in the Health Sector: Chronic underinvestment and macroeconomic policies were highlighted as key factors contributing to weak health systems in low- and middle-income countries. Evidence presented showed that between 2001 and 2005 (when PEPFAR and the Global Fund were created), there has been a near doubling of development assistance for HIV/AIDS, from \$1.4 billion to \$2.6 billion. During the same period health sector development more than doubled, from \$2.3 billion to \$4.7 billion, dispelling the myth that AIDS funding has taken money away from general health services. Still, substantial increases in funding is needed to finance not only the HIV response, but also the strengthening of health systems to achieve other health-related Millennium Development Goals (MDG).

UNIVERSAL HEALTH INSURANCE: Experience from Mexico, China, Rwanda, and the Netherlands showed the positive impact of the introduction of universal health insurance on utilization of services and health outcomes, including infant, child and maternal mortality. Recognizing that HIV/AIDS is embedded in contexts of socioeconomic

disparities and often coexists with other communicable and non-communicable diseases, experts urged the implementation of national health insurance. Such systems, it was argued, would further HIV-related access goals while also addressing important equity issues.

EFFECTIVENESS OF INVESTMENTS and Partnerships: AIDS 2008 participants discussed the International Health Partnership + Related Issues (IHP+), a new initiative to further health-related MDG outcomes. The IHP+ promises to draw on lessons learnt from UNAIDS’ “Three Ones” principles by enhancing accountability around one country-led and country-owned national health plan and one results framework. The IHP+ compact provides the opportunity to attract predictable, long-term financing to the health sector, to improve coordination, and in turn, to strengthen the response to HIV and other disease-specific programmes, while also building health systems capacity.

OPERATIONS RESEARCH: MANY of the potential solutions discussed at AIDS 2008 are untested, and systematic study of their long-term effectiveness and impact on health systems (beyond documentation of case studies) is still limited. As a follow up to the IAS Sydney Declaration – which called for increased investments in HIV research – WHO, the IAS, the World Bank and the Global Fund issued a joint statement in Mexico City that recognizes the need to address knowledge gaps in the public health approach to delivering ART and care. The consensus statement urges the expansion of operations research to guide service delivery and ensure the most effective use of available resources.

THE INCREASED PROFILE of discussions on health systems at AIDS 2008 presents an opportunity to bring the success of HIV advocates to the broader field of global health. With more than 25 years of experience and lessons learnt – including the importance of involving most affected communities, the central role of human rights and the need for evidence-based policy and programming – HIV advocates and professionals have much to contribute, as well as much to learn, from such partnerships. ■



A doctor examines a child during his visit to a slum area of Chandigarh, India.
Photo: 2008 Pradeep Tewari, Courtesy of Photoshare



In this Edition:

Highlights of AIDS 2008 | The Role of the Industry Liaison Forum | Stories from across the Globe | Clinical News | Relaunch of JIAS | Confronting HIV Among MSM | Professional Development for Members | Reclaiming our Lives | The IAS Talks with Papa Salif Sow | Regional Partnerships Update | Strengthening Health Systems | New IAS Governing Council

IAS Governing Council, 2008-2010

The 2008 International AIDS Society (IAS) Governing Council Election was completed prior to AIDS 2008 in Mexico City. A total of 1,735 votes from 793 members were received, which means that 29.8 per cent of all members eligible to vote, with a personal email address, participated in the election.

Effective 8 August 2008, the IAS Governing Council (GC) consists of:

Julio Montaner, Canada, President
Elly Katabira, Uganda, President-elect
Alan Whiteside, South Africa, Treasurer
Pedro Cahn, Argentina, Immediate Past President
Craig McClure, Switzerland, IAS Executive Director

Representatives of five geographic regions (see table below)

The IAS Executive Committee is made up of the President, President-elect, Treasurer, and one Regional Representative from each region, as well as the IAS Executive Director.

To learn more about the Governing Council election procedure, please visit the election page on the IAS website: www.iasociety.org/Default.aspx?pagelid=163.

Region 1: USA and Canada

Diane Havlir, USA, Regional Representative
Christopher Beyrer, USA (new member)
Joel Gallant, USA
Cheryl Smith, USA
Sharon Walmsley, Canada (re-elected member)

Region 2: Europe

Peter Reiss, The Netherlands, Regional Representative
Françoise Barré-Sinoussi, France
Bonaventura Clotet, Spain
Michel Kazatchkine, Switzerland (re-elected member)
Anton Pozniak, United Kingdom (new member)

Region 3: Africa

Viola Onwuliri, Nigeria (re-elected member), Regional Representative
Faustine Ndugulile, Tanzania (new member)
Papa Salif Sow, Senegal (new member)
Robin Wood, South Africa (new member)
Debrework Zewdie, Ethiopia (new member)

Region 4: Latin America and the Caribbean

Celso Ramos Filho, Brazil (re-elected member), Regional Representative
Celia Christie-Samuels, Jamaica (new member)
Ivette Lorenzana de Rivera, Honduras
Ricardo Diaz, Brazil
Hector Perez, Argentina (re-elected member)

Region 5: Asia and the Pacific Islands

Aikichi Iwamoto, Japan, Regional Representative
Dennis Altman, Australia (re-elected member)
Praphan Phanuphak, Thailand (new member)
Sai Subhasree Raghavan, India (new member)
Najmus Sadiq, Bangladesh