

## Time for change

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According to surveys past, the number one thing people get out of attending international AIDS conferences is not, as you might expect, 'finding out about new treatment developments', but rather 'a sense of spiritual renewal in the fight against HIV'.

This was revealed during the community orientation session leading into the fifth International AIDS Society (IAS) Conference on HIV Pathogenesis, Treatment and Prevention held in Cape Town, last month.

The revelation may surprise those of us in treatment-rich settings like Australia, but it helps us focus on the global HIV picture and the underlying theme of this year's conference. It was held in South Africa where one in five adults and fifty per cent of women aged between 15 and 25 have HIV.

Despite significant advances in access, seven million people who meet the current guidelines in the developing world (meaning they have less than 200 CD4s) starting to develop [resistance](#) [1]HIV which has mutated and is less susceptible to the effects of one or more anti-HIV drugs is said to be resistant. and toxicities and need the next generation of second- or third-line drugs, like those available here.

In his opening address to the conference, IAS Chair, Julio Montaner, spoke out about the G8 countries failing to honour their previous commitment to provide universal access to [antiretrovirals](#) [2]A medication or other substance which is active against retroviruses such as HIV. by 2011. Apparently, the global recession dominated their recent meeting.

In her community welcome, Vijuseka Dubula from the South African Treatment Action Campaign, echoed Montaner, saying that HIV is not in recession and that part of a global recovery must include a recovery in health.

The idea of treatment as prevention was a major theme of the conference. In one plenary, Dr Rueben Granich from the US presented a model, showing that with universal testing and treatment there would be a 95% reduction in HIV infections within 10 years. While no one expects this to happen, the concept of using antiretrovirals as part of global prevention strategies has certainly gained traction within the scientific community.

However, the US Global AIDS Coordinator, Dr Eric Goosby, pointed out that any 'test and treat' programs need to 1) be adequately trialled, 2) protect human rights and 3) treat people only when they are ready to be treated.

The behavioural scientists at the conference were keen to emphasise that HIV prevention will need to include a range of responses such as continuing safe sex behaviour, circumcision, plus the elusive 'holy grail' – an effective microbicide or vaccine.

Apparent everywhere at the conference were the stories of disparity between resource-rich countries and resource-poor ones. None more so than hearing that mother-to-child transmission has been virtually eliminated in the wealthier countries, while the rates continue to be a major source of new infections in the developing ones. Relevant to all potential HIV positive mothers though, was new evidence showing that vertical transmission during breastfeeding is reduced to 1% by treating either the mother or child.

A small group of conference participants were introduced to the Médecins Sans Frontières clinics on the outskirts of Cape Town where some 4000 patients are being treated. It was here, with so many people lined up to be treated by such a small number of nurses, that they saw the true dimension of South Africa's crisis.

One delegate told me how shocked he was at the number of positive children in attendance under the care of their grandmothers because their parents had already died from advanced HIV.

Rolake Odetoyinbo, a positive woman from Nigeria, delivered a powerful statement at the closing ceremony. She asked the countries of the North whether we had started to believe that HIV was no longer an emergency. 'Will you help me and so many others like me to keep ourselves alive and stop our babies from dying?' she asked.

'Will you stand up if you believe HIV is still an emergency and that we need a sustained response to overcome it?' Showing their solidarity, the entire conference gave Ms Odetoyinbo a standing ovation.

But perhaps the best indication of support came from Julio Montaner when he closed the conference with the announcement that the next IAS meeting in Rome would have as its theme: *One world, one treatment*.

It gives us hope that one day scientists, political leaders and the community will unite to bring an end to this global epidemic.

- [International AIDS Conference](#)

**Links:**

[1] <http://www.napwa.org.au/glossary/term/109>

[2] <http://www.napwa.org.au/glossary/term/122>