

AIDS 2010

XVIII International AIDS Conference Vienna 18-23 July 2010



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“No retreat – fund AIDS”

There was anger at the opening of the 18th International AIDS Conference (AIDS 2010), being held this week in Vienna, at the fact that donor nations aren't keeping their promises on HIV funding.

Two thousand activists marched to the conference hall, and then occupied the stage carrying a huge banner emblazoned with “No retreat – fund AIDS”.

Julio Montaner, President of the International AIDS Society, said that he couldn't disguise his “disappointment and deep frustration with the recent G8 and G20 meetings”.



Image: ©IAS/Marcus Rose/Workers' Photos

He said that although donor governments were having problems finding the cash to fund their AIDS funding commitments, they had no difficulties providing financial support to their “corporate friends” and bankers.

Donor funding for the global AIDS response reduced slightly in 2009.

“Reductions in investment on AIDS programmes are hurting the AIDS response,” said Michel Sidibé, UNAIDS Executive Director.

He called for a 'Robin Hood tax', a tax on global financial transactions, to fund global health initiatives.

Broken promises to fund HIV treatment and care were compared by one speaker to “bounced cheques”.

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Cure must be a priority

Finding a cure for HIV must be prioritised, said Sharon Lewin of Monash University in Melbourne, in a keynote address at the opening session of the AIDS 2010 conference.

Thanks to antiretroviral therapy, many people with HIV have a near-normal life expectancy. But Lewin stressed that their prognosis is still poorer than that of HIV-negative people, and that even very low levels of HIV replication can cause damage to the immune system and people's health.



Image: Opening Press Conference. Sharon Lewin, Director of the Infectious Diseases Unit at The Alfred Hospital, Professor of Medicine at Monash University in Melbourne, and Co-Director of the Centre for Virology, Burnet Institute. ©IAS/Steve Forrest/Workers' Photos

At a pre-conference session, Steven Deeks of the University of California, San Francisco, explained that very low viral loads were contributing to the development of health problems such as heart and liver disease.

"There's some sort of HIV-related problem that's causing people to get sick earlier than they otherwise would have," he said.

The long-term costs of HIV therapy were also highlighted by Lewin, who noted that to treat 80% of eligible patients in resource-limited settings would cost US\$35 billion by 2030.

Latent infected T-cells, and reservoirs of the virus in locations such as the brain and gut, will need to be eradicated for a cure to be achieved, said Lewin.

Interleukin 7 (IL-7) is being investigated as a possible therapy for these latent cells and reservoirs. The aim is to activate resting cells and flush HIV out of hiding. Another strategy uses compounds called histone deacetylase (HDAC) inhibitors to turn on HIV genes.

However, a cure isn't just around the corner.

"The international conference in Vienna will not be the conference where we announce a cure," Lewin concluded, "but it will mark the beginning of a future where we seriously prioritise finding a cure."

Fifty per cent of HIV-exposed children not receiving prophylactic drugs

Almost half of children exposed to HIV during pregnancy and childbirth did not receive prophylactic nevirapine to prevent transmission of the virus, a study conducted in four African countries has shown.

Providing a single dose of nevirapine to a mother during labour, and then prophylaxis to her baby, dramatically reduces the risk of mother-to-child transmission of HIV. Indeed, a target - described as "sacrosanct" by Michel Sidibé, Executive Director of UNAIDS - has been set to eliminate vertical transmission of the virus by 2015.



Image: Michel Sidibé. ©IAS/Steve Forrest/Workers' Photos

But a study conducted in 2007 and 2008, and published in the *Journal of the American Medical Association* to coincide with the opening of the AIDS 2010 conference, showed that this simple, cheap and effective therapy was not provided in approximately 50% of cases.

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Carried out in Cameroon, Ivory Coast, Zambia and South Africa, the research involved 3196 HIV-positive mothers and their infants.

The total number of mothers receiving nevirapine during labour was 1845, and only 1725 mother-infant pairs received the drug.

This finding shows that much still needs to be done to achieve the target of eliminating mother-to-child HIV transmission by 2015.

A failure to achieve a 'cascade' of actions – all of them critical – was highlighted by the investigators as the reason why so many mothers and their infants did not receive nevirapine.

This cascade consists of:

- Documentation that the mother has presented to the health facility, and the opening of a health record which documents all of the subsequent critical steps in this pathway;
- Offer of maternal HIV testing;
- Acceptance of testing;
- Giving the HIV test result to the mother and recording by the health facility;
- Dispensing of maternal nevirapine or other antiretroviral regimen;
- Taking nevirapine (or other antiretroviral drugs) as instructed;
- Infant given nevirapine prior to discharge from hospital or within 72 hours of birth at home. The infant dose is necessary to maximise the protective effect of nevirapine prophylaxis.

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Six hundred people convicted for HIV transmission or exposure to date

At least 600 HIV-positive people have been convicted for transmitting HIV or exposing others to it, according to figures presented to a satellite session of the AIDS 2010 conference in Vienna.

The figures are based on data gathered by GNP+ (the Global Network of People Living with HIV), which has been running a Global Criminalisation Scan to monitor prosecutions since 2005.

It has recorded prosecutions in 50 countries, with those in North America and Western Europe leading the way. However, the satellite also heard that there is a growing trend for African countries to criminalise transmission of the virus.



In total, 45 countries have laws that specifically criminalise HIV transmission or exposure.

Susan Timberlake of UNAIDS told the session that it was now a "corporate priority" of the organisation to "remove punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV".

The satellite meeting, co-organised by NAM, coincided with the publication of *HIV and the Criminal Law*, a new guide to the use of the criminal law in response to HIV transmission and exposure, written by Edwin J Bernard and published by NAM.

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Internet key to reaching men who have sex with men with Africa, Asia and eastern Europe

A workshop held before the opening of the AIDS 2010 conference heard that about the central role that the internet has in reaching marginalised gay and other men who have sex with men.

Organised by the Global Forum on MSM & HIV, the *Be Heard!* workshop featured speakers from Cameroon, Romania and Thailand.

In many countries, sex between men is illegal or highly stigmatised, making HIV prevention work difficult.

The speakers described how the internet is being used to give men safer sex and other health information, or to provide a safe social networking space for those living with HIV.

New *aidsmap* launches at AIDS 2010

The new **aidsmap.com** is here! Please take a look around and let us know what you think.

For more information on the redesign visit our new blog, or if you're in Vienna for the conference come and talk to us at stand 502.



More coverage of the conference

For more coverage of the conference visit our Vienna webpages. You can also follow our Senior Editor, Keith Alcorn, on Twitter.

Two other official partners are providing coverage and analysis online, so you can have the fullest picture of the conference. Clinical Care Options (CCO), will be providing audio highlights, capsule summaries and downloadable slidesets, while the Kaiser Family Foundation will be providing webcasting from conference sessions.

AIDS 2010 conference coverage in partnership with:

