

AIDS 2010's Rights Here, Right Now theme emphasizes HIV treatment as a basic human right

During a recent visit to the UNAIDS Secretariat in Geneva, Dr. Julio Montaner, Director of the BC Centre for Excellence in HIV/AIDS (BC-CfE) and President of the International AIDS Society (IAS), gave an impassioned overview of key issues on the agenda for the upcoming XVIII International AIDS Conference (AIDS 2010) being held in Vienna from July 18 to 23.

The AIDS 2010 theme Rights Here, Right Now was selected by conference organizers to underscore the deep connection between human rights and HIV.

"Rights Here, Right Now is a reminder that the protection and promotion of human rights is a prerequisite for any successful HIV strategy," said Montaner, who will also chair the conference.

"Concrete human rights, such as the right to dignity and self-determination for affected populations; equal access to health care and life-saving treatments; and the right to evidence-based interventions need to be in place to protect those most vulnerable to and affected by HIV, especially women and girls, sex trade workers and people who use drugs."

The Rights Here, Right Now theme also emphasizes the location of the conference in Vienna. The historic city was chosen by organizers for its connection to Eastern Europe and Central Asia – regions experiencing some of the fastest-growing HIV epidemics fuelled by an ever-increasing population of injection drug users.

"In the Eastern European context, it is critical that we address injection drug use and its connection to HIV," Montaner noted. "Information presented at AIDS 2010 will reinforce the benefits of prevention programs tailored for injection drug users in the fight against HIV."

Most importantly, the conference theme underscores the need for leadership, accountability and action from world leaders following a still unmet 2005 promise to deliver universal access to HIV treatment, prevention and support.

"Universal access to HIV treatment is a promise many wealthy nations made during the 2005 G8 summit," said Montaner. "When we gather in Vienna, we'll make our demands for action and responsibility from governing nations loud and clear. World leaders must live up to their commitments, and we will help ensure they do."

Keynote speakers Bill Clinton, founder of the William J. Clinton Foundation and 42nd President of the United States, and South African Health Minister Aaron Motsoaledi are set to address the issue of universal access and other pressing HIV/AIDS concerns.

President Clinton will deliver keynote remarks on the first Monday of the conference, while Minister Motsoaledi will give a plenary presentation the following day.



Dr. Julio Montaner will be chairing the XVIII International AIDS Conference in Vienna, July 18 to 23

Noticeably absent from the speaker lineup is Prime Minister Stephen Harper, who is expected to present a maternal and child health strategy a month earlier at the G8 meeting being held in Ontario. Harper declined an offer from the IAS to speak at the upcoming conference and has remained silent on Canada's action plan for meeting the G8's neglected commitment to universal access.

"As with many world leaders, Stephen Harper has not taken a stance for Canada in meeting their G8 goals and responsibilities," said Montaner. "AIDS 2010 will remind the Prime Minister and other G8 leaders that universal access to HIV treatment is not just a critical human right for every citizen, it is something the G8 promised in 2005 and has still failed to deliver."

HIV/AIDS treatment essential to maternal, child health

When leaders of the G8 nations descend upon Ontario in June for their 2010 meeting, they will devote time and energy to discussing maternal and child health programs. But many health experts are concerned about a startling absence on the G8 agenda: the still unmet five-year-old G8 pledge of universal access to care, treatment and prevention of HIV/AIDS by 2010.

Dr. Julio Montaner, President of the International AIDS Society (IAS) and Director of the BC Centre for Excellence in HIV/AIDS (BC-CfE), points out the importance of an HIV/AIDS strategy within the context of maternal and child health.

"HIV is the leading global killer of women of reproductive age, and one of the leading causes of adult and child deaths in low-and middle-income countries," said Montaner. "Because of this, no maternal and child health program can succeed without universal access to care, treatment and prevention of HIV/AIDS."

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), women comprise about half of all people living with HIV worldwide and three-quarters of people aged 15-24 living with HIV in sub-Saharan Africa. In many African countries, the rate of HIV is as high as 30 per cent among women of reproductive age.

Yet, the benefits of HIV treatment with highly active antiretroviral therapy (HAART) are real and expanding. HAART has decreased mortality rates in adults by 95 per cent and, according to a recent report in *The Lancet*, has helped reduce death rates among women worldwide.

By lowering mortality rates among women, HAART also benefits children. A recent Ugandan study found HAART treatments helped reduce the number of orphans by 93 per cent and decreased

mortality among uninfected children – who are often left motherless and more likely to die within two years of their mother's death – by 81 per cent.

Antiretroviral treatments during pregnancy can also eliminate the transmission of HIV from infected mothers to children, and continued use of HAART after delivery allows mothers to safely breastfeed their infants.

The benefits of HAART also extend into a mother's much-needed support system. To date, at least 20 per cent of South Africa's nursing force has become infected with HIV. The result is a weakened health-care system and potential deterioration among other essential services such as social workers and teachers.

Through continuous advances, HIV treatments are improving the lives of women and children everywhere. However, it seems the 2005 G8 promise of ensuring universal access to HIV treatment and care has been forgotten by the leaders currently creating the framework for a comprehensive maternal and child health strategy.

"World leaders like Prime Minister Stephen Harper have the duty to meet the pledge of universal access to HIV services," said Dr. Montaner. "HIV treatments do not compete with other health priorities. In reality, they are essential to any maternal and child health program the G8 hopes to implement."

Before embracing new strategies for maternal and child health, G8 leaders should live up to past promises. Failing to deliver universal access to HIV and AIDS treatments will put the credibility of the G8 into question, and severely undermine the potential success of any new health initiative, said Dr. Montaner.

CTN marks 20 years of advancement against HIV and AIDS

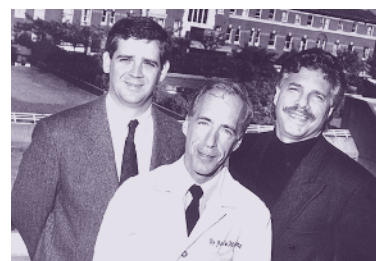
The BC Centre for Excellence in HIV/AIDS (BC-CfE) is thrilled to congratulate the CIHR-Canadian HIV Trials Network (CTN) on its 20th anniversary and recognize the incredible progress the organization has made in improving the treatment of HIV and AIDS in Canada.

Founded by Dr. John Ruedy, Dr. Martin Schechter and Dr. Julio Montaner in 1990, the CTN has been a part of many scientific breakthroughs in advancing HIV care. Among their many accomplishments, the CTN has reviewed more than 250 studies, led 116 trials of HIV treatments and vaccines, and encouraged future research through 58 post-doctoral fellowship awards.

Much of CTN's research has improved the lives of people living with HIV, helped establish the efficacy of triple-drug therapy and reduced

the number of AIDS-related deaths. The CTN also established the Community Advisory Committee and clinical trials skills building workshops for Canadians living with HIV.

The CIHR-CTN marked its 20th anniversary with a reception during its semi-annual meeting in Saskatoon earlier this month.



From left to right: CTN Co-founders Drs. Julio Montaner, John Ruedy and Martin Schechter in 1990

RECENT STUDIES



Amphetamine and methamphetamine use and associated HIV

L Degenhardt, B Mathers, M Guarinieri, S Panda, B Phillips, S Strathdee, M Tyndall, L Wiessing, A Wodak, J Howard

Researchers concerned over the potential risks of HIV infection among amphetamine users have not found evidence that allows for any causal conclusions to be made about the use of amphetamines and transmission of the virus.

This news comes from researchers at the University of South Wales who recently conducted the first-ever global review of

literature and databases to take a closer look at the patterns of amphetamine or methamphetamine (M/A) use and HIV.

While their findings confirmed that M/A abuse is on the rise globally, they were unable to determine if people who inject M/A are at a different risk of HIV infection than other injection drug users, since few countries actually document HIV prevalence or incidence among M/A injectors.

Researchers also acknowledged that high risk sexual behaviour among M/A users may indeed contribute to increased risk of HIV infection, but current evidence does not clearly prove that the association is causal.

Other data showed M/A use in 110 countries, with patterns indicating higher rates of addiction in East and South East Asia, North America, South Africa, New Zealand and Australia. Use is higher particularly in countries where the crystalline form is available and users are more likely to smoke or inject it.

Study authors point out that as M/A abuse spreads globally, a significant investment of time and resources will be needed to properly address it and to prepare for the potential rise in related health risks such as HIV.

(International Journal of Drug Policy, 2010)

HAARTbeats

Seek and Treat gains global favour

The groundbreaking 'Seek and Treat' strategy developed by the BC Centre for Excellence in HIV/AIDS (BC-CfE) is gaining further traction as an effective approach in reducing the incidence of HIV in communities in Canada, the U.S. and around the world.

The province of British Columbia and the BC-CfE recently launched a \$48-million, four-year Seek and Treat program expanding access to highly active antiretroviral therapy (HAART) among hard-to-reach populations, including sex trade workers and injection drug users. In addition, the US National Institute of Drug Abuse (NIDA) is investing \$50 million to evaluate the program for use in reducing HIV/AIDS in the criminal justice system. As well, the Canadian Institute of Health Research (CIHR) recently awarded the BC-CfE with \$100,000 to support the Centre's ongoing research and program development.

This strategy has also been adopted by U.S. health officials for high-risk populations living in New York and Washington, D.C., and embraced by Michel Sidibe, Executive Director of the Joint UN Programme on HIV/AIDS (UNAIDS), who publicly hailed Seek and Treat as an "aggressive form of prevention." San Francisco has followed suit, with public health doctors advising patients to start taking antiviral medicines once they are found to be infected with HIV.

A group of Harvard scientists in Botswana have launched a similar 'Test and Treat' program in the village of Mochudi, where at least 25 per cent of the population is infected with a virulent strain of HIV. Hoping to reduce or prevent the spread of infection, local health workers will go door-to-door testing villagers for the virus. Villagers found to be infected will immediately receive HAART.

The trial follows closely behind a recent African study which found a significant reduction in the rate of partner-to-partner transmission with continued use of antiretroviral therapy – the first study to clearly show the benefits of HAART in preventing infection.

A similar treatment program will soon be set up in Gabarone, the capital city of Botswana, as well as Tanzania and Zambia, thanks to a recent research grant from the Global Health Research Initiative (GHRI).

"People and communities around the world are now benefitting significantly from Seek and Treat and the expansion of HAART. We hope to see more countries embrace the strategy to help improve the health of their citizens and prevent transmission of HIV," said Dr. Julio Montaner, Director, BC-CfE.

COMMUNITY PROFILE

AIDS Vancouver volunteers challenge stigma, promote treatment



Brian Chittock, Executive Director of AIDS Vancouver

A new campaign by AIDS Vancouver aims to provide volunteers with the training to challenge stigma and encourage participation in HIV/AIDS services in communities across the Lower Mainland.

Brian Chittock, who was recently named Executive Director of AIDS Vancouver, says the comprehensive in-house volunteer training program is a key step in reaching diverse communities where issues of avoidance and stigma surrounding HIV and AIDS continue to prevent many individuals from accessing treatment.

“A lot of people don’t see us because of the stigma attached to our name,” Chittock says. “The key is to find out which communities we’re not reaching and to train volunteers to take our message into these communities.”

One area he hopes to target is Abbotsford, where there is a shortage of HIV/AIDS outreach programs.

Chittock has deep experience in creating volunteer-based community outreach programs. He previously served as Executive Director of Jessie’s Hope Society, a non-profit organization that provided support and advocacy services for individuals with eating disorders. He’s also been

involved with AIDS programs since the early 1980s and was able to draw on expertise in primary prevention initiatives while developing the new volunteer program.

Although Chittock’s new role at AIDS Vancouver comes in the wake of recent funding cuts, he credits staff and volunteers with demonstrating dedication and resilience.

“With the funding cuts we’ve endured, we’ve really been able to come together as an organization,” he says. “We’re trying to take a step back and look where nobody else is looking.”

Founded in 1983, AIDS Vancouver has been at the forefront of the community response to the HIV/AIDS epidemic in the Lower Mainland. The organization provides a comprehensive and integrated range of health promotion, education, case management, and support services. Find out more by visiting the AIDS Vancouver website at www.aidsvancouver.org.

Quick Facts:

Location: 1107 Seymour Street, Vancouver

Mission: Alleviate individual and collective vulnerability to HIV and AIDS through support, public education and community based research. Prevent. Act. Support.

Contact: 604-893-2201;
contact@aidsvancouver.org

BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

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Tel: 604.806.8477

Physician Drug Hotline
1.800.665.7677

St. Paul’s Hospital Pharmacy Hotline
1.888.551.6222

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info@cfenet.ubc.ca

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what’s new

Forefront Lecture Series

Dr. David Moore, Associate Professor, National Drug Research Institute, Curtin University of Technology, Melbourne, Australia

“Beyond disorder, incompetence and ignorance: Re-thinking the youthful subject of alcohol and other drug policy.”

The lecture will take place in the Hurlburt Auditorium, St. Paul’s Hospital, Vancouver, on Wednesday, June 2nd at 12:00pm.

A light lunch and refreshments will be served. For more information please visit our website: www.cfenet.ubc.ca/events

