



During her Nov 8 speech, US Secretary of State Hillary Clinton highlighted Treatment as Prevention as a critical part of a combination strategy to create an "AIDS-free generation" and called for increased funding to combat HIV globally.



B.C. Premier Christy Clark welcomed U.S. commitment to the made-in-B.C. Treatment as Prevention strategy.

## Hillary Clinton Endorses BC-CfE's Treatment as Prevention Strategy

### B.C. Premier Christy Clark lauds call for AIDS-free generation

Hillary Rodham Clinton, the high-profile United States (US) Secretary of State, called the Treatment as Prevention strategy pioneered by the BC Centre for Excellence in HIV/AIDS (BC-CfE) a vital plank in her comprehensive proposal to combat HIV and AIDS.

Secretary Clinton, speaking on November 8 to a global Internet audience, highlighted Treatment as Prevention as part of a combination approach aimed at creating an "AIDS-free generation," in which virtually no children are born with the virus, the risks of becoming infected are dramatically reduced, and people with HIV have access to treatment that prevents them from developing AIDS and passing on the virus to others.

"Treating people will not only save lives, it will generate considerable economic returns as well," said Clinton in her speech at the US National Institutes of Health in Washington, D.C., noting that highly active antiretroviral therapy (HAART) allows people with HIV to work, support their families, and contribute to the community.

The Treatment as Prevention strategy was developed, modelled and proven by the BC-CfE and publicly introduced by its director, Dr. Julio Montaner, at the International AIDS Society conference in 2006. The strategy advocates for widespread HIV testing and access to free HAART for all medically eligible HIV-positive individuals.

HAART decreases the level of HIV in blood and sexual fluids to undetectable levels, improving the health of individuals with HIV and reducing the likelihood of HIV transmission by more than 95 per cent.

B.C. Premier Christy Clark lauded Clinton's call for a scaled up Treatment as Prevention strategy based on the BC-CfE's model.

"It was British Columbia under the leadership of Dr. Julio Montaner and the BC Centre for Excellence in HIV/AIDS that put the pieces of the puzzle together to realize that expanded treatment could prevent the spread of HIV/AIDS," said Premier Clark. "We are proud to be able to share this effective treatment against the spread of HIV/AIDS with Canada and the world, and look forward to its increased implementation globally resulting from Hillary Clinton's announcement this morning."

Montaner provided full support to Hillary Clinton's impassioned call for increased funding to the Global Fund to Fight AIDS, Tuberculosis and Malaria to enable a faster rollout of Treatment as Prevention and other measures to combat HIV globally.

"Some emerging powers and nations that are rich in natural resources can afford to give, but choose not to. To sit on the sidelines now would be devastating. It would cost lives," said Clinton.

Montaner agreed, and pointed to Canada as a global laggard in funding programs to improve access to HIV therapies in Canada and around the world.

"Canada's contributions to the Global Fund remain below the country's stated commitments and far below its ability to pay," Montaner noted. "As a wealthy country with extensive resources, it is time that Canada stepped up to the plate and met its obligations."



» Secretary Clinton has reaffirmed the United States' government's strong commitment to this effort and has described a vision that should inspire us all. I hope that her call will galvanize leadership from around the globe to accelerate efforts to end the AIDS epidemic."

- Michel Sidibé, executive director, Joint United Nations Programme on HIV/AIDS (UNAIDS) quoted in *The Guardian* about US Secretary of State Hillary Clinton's speech



# China targets HIV through comprehensive Treatment as Prevention strategy

Dr. Julio Montaner, director, BC Centre for Excellence in HIV/AIDS (BC-CfE), returned from China this month impressed by the enthusiasm and leadership that China and the Chinese Centre for Disease Control and Prevention (CDC) have invested in the country's emerging Treatment as Prevention strategy.

"China is developing a comprehensive Treatment as Prevention strategy that includes specific five-year targets, including a 30 per cent decrease in AIDS mortality, a 25 per cent reduction in new infections, and zero discrimination," said Dr. Montaner. "China's leadership in implementing Treatment as Prevention on a national level and improving access to highly active antiretroviral therapy (HAART) will save lives, prevent infections, and in the long term, save money."

Montaner, who was in China to speak at the 6th Experience Exchange Conference of International Cooperation Programs on HIV/AIDS held at the Beijing Friendship Hotel in early November, noted that the expansion of HAART treatment throughout the world is critical to containing and curbing the global HIV and AIDS pandemic. Over the last couple of years, the BC-CfE has been working with the CDC under the leadership of Dr. Zunyou Wu, director, National Center for AIDS/STD Control and Prevention, to adapt the made-in-B.C. Treatment as Prevention strategy for China.

"This represents a great honour for the BC-CfE, because it shows yet again that our work is having a major impact at the global level," said Montaner. "Further, it represents a unique opportunity to field-test our Treatment as Prevention strategy in a very different environment. Finally, it gives us an opportunity to learn from this work about possible



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novel implementation strategies that may be applicable to other countries around the world."

China, like many other countries including Canada, faces numerous challenges as it tries to control HIV/AIDS. They include geographical challenges, socio-cultural issues such as stigma and discrimination, and limitations in internal mobility and human resources.

The conference, co-sponsored by the Ministry of Health of China and the United Nations Theme Group on HIV/AIDS in China, was attended by key representatives from the Chinese government, health care workers from all areas of China, and senior representatives from a number of nearby countries including Vietnam, Cambodia, Thailand and Laos.

A formal message of support from B.C.'s provincial Minister of Health, the Hon. Michael de Jong, was well-received by conference attendees.

## STOP HIV/AIDS

# Oak Tree Clinic uses pilot to engage at-risk women, youth, and families

The Women and Family HIV Centre at BC Women's Hospital, also known as the Oak Tree Clinic, is a tertiary referral outpatient facility providing specialized HIV care for infected women, pregnant women, partners, children and youth, and support services for affected families.

Part of the Provincial Health Services Authority, the Oak Tree Clinic is involved on a number of levels with the BC-CfE-led Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) pilot initiative.

Cheryl Davies, Vice-President, Ambulatory Programs at BC Women's Hospital, explained that the Oak Tree Clinic has a significant role to play in highlighting the unique needs of women and youth. She emphasized the importance of keeping their realities such as gender-based power imbalances, violence and poverty in mind while developing STOP initiatives that are appropriate for these populations. The Oak Tree Clinic has implemented a number of targeted initiatives both provincially and regionally as part of the pilot.

On a provincial level, Oak Tree has contributed to the development of HIV primary care and intra-partum guidelines for HIV-positive women and infants, including updating the kits for labour and delivery rooms. Regionally, Oak Tree has developed new and enhanced strategies

such as appointing a dedicated outreach worker to support HIV-positive youth in accessing appropriate medical care.

"The success of Oak Tree's initiatives is best reflected in the high level of engagement of women, youth, and their families in their care with Oak Tree's interdisciplinary team," said Davies. "Through the STOP pilot, the networks between Oak Tree and other service providers on local and provincial levels have been significantly strengthened."

STOP HIV/AIDS is a four-year, \$48-million pilot project based on the Treatment as Prevention strategy pioneered by the BC-CfE. It's currently underway in Prince George and Vancouver's inner city, expanding rapid testing and treatment to hard-to-reach populations such as injection drug users and sex trade workers. The goal is to prevent HIV from progressing to AIDS in individuals and to dramatically reduce new HIV diagnoses in the community.



Cheryl Davies

## HAARTbeats

# HIV drugs increase life expectancy by 15 years in British patients

A new study recently published in the *British Medical Journal* found that better, less toxic drugs and earlier diagnoses are to thank for a 15-year rise in life expectancy for HIV-positive people in Britain.

The study, co-led by Mark Gompels of North Bristol National Health Service Trust and Margaret May of Bristol University, looked at patients aged 20 years and over who started treatment with at least three HIV drugs between 1996 and 2008. It showed life expectancy (the average additional years that will be lived) for an average 20-year-old with HIV increased from 30 years in 1996 to 1999, to almost 46 years in 2006 to 2008. The study, which used data from the United Kingdom Collaborative HIV Cohort study, also showed that life expectancy at age 20 was 50 years for HIV-positive women and 40 years for HIV-positive men during the period from 1996 to 2006.

While life expectancy at age 20 for HIV patients is still less than that of the general U.K. population (62 years for women and 58 years for men), dramatic progress in reducing side effects from drugs, offering them as combination therapies and starting treatment earlier have helped turn HIV into a chronic disease with a good prognosis, the researchers said.

Quoted in *Reuters*, Elena Losina, a senior scientist at Boston's Brigham and Women's Hospital, said that although the progress in Britain was encouraging, it should also serve as "an urgent call" to increase awareness among patients and health care workers about how effective HIV treatment can be, especially if started early.

## Research

### BC-CfE researchers receive prestigious international awards for work in drug policy research

On November 5, Dr. Evan Wood and Dr. Thomas Kerr, co-directors of the Urban Health Research Initiative, a program of the BC Centre for Excellence in HIV/AIDS (BC-CfE), were honoured with the Alfred R. Lindesmith Award for Achievement in the Field of Scholarship at the International Drug Policy Reform Conference in Los Angeles. The award recognizes scholars, like Alfred Lindesmith, whose personal courage and quality of published research constitute a source of rational inspiration for all who labour in drug policy scholarship.

In addition, Dr. Evan Wood has been selected to receive a 2011 Distinguished International Scientist Award from the International Program of the United States National Institute on Drug Abuse (NIDA). Through the Distinguished International Scientist Collaboration Program, NIDA seeks to enhance international collaborative research on drug abuse and drug-related consequences. The competitive Distinguished International Scientist Collaboration Awards invite senior researchers from other countries and NIDA grantees to apply to work together in the most suitable locale for their joint research. Dr. Wood will be going to Harvard and the University of Pennsylvania for his exchanges in November 2011.

### Women less adherent to antiretroviral therapy than men

Researchers at the BC Centre for Excellence in HIV/AIDS have found that in multiple studies from developed countries, women often show lower adherence to antiretroviral therapy (ART) than men.

The study authors conducted a literature review of original research articles on adherence to ART in developed countries published from January 2000 to June 2011, to determine if gender differences exist in adherence to ART. Of the articles reviewed that reported comparative data on proportional adherence by gender, 68 per cent found women to be less adherent than men, and of the 10 articles that reported significant differences in adherence by gender, nine showed women to be less adherent than men.

Based on the study findings that were published this year in *Current HIV/AIDS Reports*, the researchers believe that the unique circumstances of HIV-positive women, which can include HIV-related depression, stress, stigma, and a greater focus on social relationships, require specialized care to increase adherence to ART.

## Contact

### 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.

Physician Drug Hotline  
1.800.665.7677

St. Paul's Hospital Pharmacy Hotline  
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