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**A kaisernetwork.org Interview with
Helene Gayle, M.D., M.P.H., Director of the Gates Foundation's
HIV, TB, and Reproductive Health Program
May 13, 2003**

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MR. LARRY LEVITT: This is Larry Levitt from Kaisernetwork.org and I'm join, joined here by Dr. Helene Gayle from the Bill and Melinda Gates Foundation. Dr. Gayle, thanks for joining us.

DR. HELENE GAYLE: Hi, my pleasure.

MR. LARRY LEVITT: Uh you co-chair uh a group called Global HIV Prevention Working Group which released a report this week on, "Gaps in Access to Preventive Services Worldwide." Um can you give us a sense of some of the um messages that came out of that report?

DR. HELENE GAYLE: Well I think we have a couple of uh key messages. First off, this is the first time a report has been done like this. It documents that, not only what the overall funding gaps are, but what those funding gaps um translate into in terms of gaps and access to prevention intervention at the ground level. Um and so we, we talked about the gaps in access to prevention strategies, the whole range of prevention strategies, uh and overall demonstrated that about 1 in 5 people who are at, at risk for HIV or who moved um access to prevention strategies actually have that access. So there's a gap of um a large gap in, in um access to exit, exiting strategies. The other thing that we talked about is the importance of having AIDS interventions begun in combination and that there is no one magic bullet that will slow the uh spread of HIV, but it's really doing all of the interventions

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that we know make a difference in the right combinations.

That's where we're going to have the greatest impact.

MR. LARRY LEVITT: Okay and what type of preventive services are we talking about?

DR. HELENE GAYLE: Well we're talking about the whole range of services from behavior change intervention and behavior communication to get people to reduce their risk, but also access to services like uh treatment for sexually transmitted diseases, access to antiretroviral therapies for women who are pregnant and HIV infected to reduce the risk of transmitting to her child, access to voluntary counseling and testing so people are aware of their status and can adapt their behaviors accordingly, uh tracing of the blood supply to reduce the spread through the, through those means, um harm reduction for people who inject um drugs and uh access to school education for young people. So the whole gamet [Misspelled?] of different interventions that we know, based on the evidence, have a huge impact in reducing the risk of uh HIV transmission.

MR. LARRY LEVITT: And it sounds likes it 1 in 5 people, only 1 in 5 people, have access to these services, that it's going to take some money to, to fill this gap. Do you have a sense of, of what that funding gap is?

DR. HELENE GAYLE: Well we estimate that there's a funding gap of about 4 billion and that would um would increase resources from the estimated 1.9 billion dollars now to about

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5.7 billion dollars um to really fill that gap and bring to scale the interventions that we know can make a difference and save uh life and, and save people from getting HIV infection to begin with.

MR. LARRY LEVITT: And there is science behind these and these are proven prevention mechanisms?

DR. HELENE GAYLE: These are the in, interventions where there have been considerable research done that demonstrates that they if done well and done correctly they can make a difference in reducing the spread of HIV.

MR. LARRY LEVITT: And is this uh worldwide problem or is there some regions, uh like in Africa or Asia or Latin America, where, or some countries where they come closer to fulfilling this gap?

DR. HELENE GAYLE: Well what tried to do is to look at the gaps region by region because we know that, that different uh parts of the world have been at this for longer. We know the different parts of the world um have been facing HIV for longer periods of time and also the resources are different and the populations at greatest risk vary from region to region. So we looked at the different regions in the world and make gaps uh look at the access gaps uh for all of the different regions that I think have a good way of uh trying to estimate those region by region.

MR. LARRY LEVITT: One, one country that's come up a

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lot in, in congressional debates on this issue is Uganda uh with ABC's prevention approach. Is Uganda an example of the kind of uh systemic comprehensive approach that you're talking about?

DR. HELENE GAYLE: Yeah, well Uganda has really, has been one of the countries in, in the forefront that has demonstrated that if you have a comprehensive approach to this epidemic you can make a difference. And while there's been a lot of focus on the ABC strategy, that's just one component of a comprehensive strategy. So that's the behavior change aspect, where either abstinence, being faithful, or condom use can reduce one's risk for HIV. But Uganda also puts uh emphasis on the other strategies like keeping, um reducing the risk through um keeping the blood supply safe, voluntary counseling and testing, treatment of, of sexually transmitted diseases, mother, prevention of mother to child transmission, so the ABC is one component uh that focuses on, on reducing behavioral risks. But there are other services and interventions that are part of preventions that Uganda also utilizes.

MR. LARRY LEVITT: Now you report focuses on prevention and, and the group is the prevention working group, um but you do discuss the, a gap existing and treatment for people who are all ready infected with HIV or, or have AIDS. Um how do treatment and, and prevention relate? How do they go hand in hand, and...?

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DR. HELENE GAYLE: Well the, in fact they do. They pre, prevention and treatment need to go hand-in-hand. I mean that's another one of the key points that we make in the report. There's not prevention or treatment. Its prevention and treatment and the two work synergistically together to reinforce the other. So for instance, um if somebody knows that they have uh access to treatment, their going to much more likely to get tested. It's an important strategy for prevention as well. So we know that they reinforce each other and that to really be able to do all that we can to fight this epidemic, it's important to have prevention, to have treatment, to have care um as well as more research, access to research to, to continue to improve the uh technologies that we have available for prevention as well as for treatment.

MR. LARRY LEVITT: Um now this week as you releasing this report, uh a global age initiative expected to come to the floor in the Senate based on the initiative President Bush proposed in his State of the Union address, unless the [Unintelligible] has all ready passed the House. How far do you think this initiative would go in, in filling the 3.9 billion dollar funding gap that you're group identified?

DR. HELENE GAYLE: Well it's hard to put into actual dollars and cents because um it's still going through and it's hard to know. Uh clearly um it is a sub, uh what the President discussed in the State of the Union is clearly a substantial

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increase in the resources that are necessary but it will by no means fill the gap. Um and in many ways it's just a down payment for what's necessary to fill the gap in prevention as well as in treatment. But I think it does demonstrate a commitment that we hope will be uh able to leverage other resources, uh the United States as well other rich nations, well we still need to do more and we still can do more as, as a rich nation that we are.

MR. LARRY LEVITT: And do you think there are lessons in your work for uh, for a US global AIDS mission?

DR. HELENE GAYLE: Well I think um the important lessons learned are ones that uh the combination of interventions are important if you want to have an impact. It's, it's no different than uh the discussions around combination therapy. Today, in this day and age, we would not suggest that, that you would, you know, somebody with HIV to use only one of the drugs. So just like with these combination therapy, combination prevention ought to be the standard of preventions um interventions at this point in the pre, prevention approach. Uh secondly, that although we have many small scales successes throughout the world, it's only when you take things to scale that we are going to have an impact. It's 1 in 5 people have access to prevention and we've all ready had some success, imagine what kind of success we could have if we really did scale up and uh have the adequate levels of services

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that are necessary. And I think third that the uh integration of prevention with treatment is clearly going to be the way to have the most long lasting impact on HIV.

MR. LARRY LEVITT: Are you optimistic about the efforts that are underway now in the US?

DR. HELENE GAYLE: I am cautiously optimistic. I think that this has been a uh very encouraging sign that there has been recent increased um vigor around the, the discussion that this is an important global issue for us and the rest of the world. So I am, I am optimistic.

MR. LARRY LEVITT: And what's next for this prevention working group?

DR. HELENE GAYLE: Well we're going to continue to um develop reports and, and now that we have had two reports that look at things at a global level, we are going to put up, develop some reports that we can go deeper into some of the regional issues, particularly in Africa uh that has all ready been very hard hit. But also in Asia which is part of a new wave and the emerging epidemic globally. So we want to really look at those two regions and then continue to analyze data that will help um give people the information they, they need to do uh a good job of prevention.

MR. LARRY LEVITT: All right, well Dr. Helene Gayle, thanks for joining us.

DR. HELENE GAYLE: Okay.

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