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**4<sup>th</sup> IAS Conference on HIV Pathogenesis, Treatment and Prevention**  
**Newsmaker Interview with Craig McClure**  
**International AIDS Society**  
**and Australasian Society for HIV Medicine**  
**July 22, 2007**

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**JILL BRADEN BALDERAS:** Craig McClure, thank you for joining us today. At an event in Washington, D.C. recently, you were quoted as saying that the International AIDS Society has undergone huge changes in the past couple of years. What are those changes and how will they impact this conference?

**CRAIG MCCLURE:** At the end of 2004, the IAS relocated from Stockholm to Geneva. That was part of a process of reorganizing, restructuring the society. One of the things that came out of that change was the building up of a permanent secretariat, a permanent staff. Up until then, we had used temporary staff and partners for the organization of the conference. Since 2004, we've built up a permanent staff of 40. That enables us to think about conferences a little bit differently. Instead of one-off events, we think of them more as part of a continuous cycle of learning.

It has also enabled us to provide technical support to the regional conferences in the Asia Pacific, in Africa, in Latin America and Eastern Europe and to connect those more effectively to the international meetings. And then it has also enabled us to develop other sides of our work as a professional society, such as our education work. For here, for example, we have our first education program that took place yesterday. Thirty young, developing country, basic, clinical and prevention scientists came together, talked about

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the science that will be presented here, looked at the translational issues between the three tribes and those people also were given free one-year IAS memberships, which enables them to connect to our communications structures, which have expanded. Our newsletter is becoming much more issues-focused. I mentioned our work in the region is not just with the conferences, but with regional societies who are independent from us and forming stronger links there. And perhaps most importantly, we now have the capacity to do much more advocacy and policy work.

So, I kind of feel as if we've come to the end of that transitional phase that started in late 2004. This conference is really the first one where we have a full, experienced staff in conference organizing, policy advocacy, education and regional development.

**JILL BRADEN BALDERAS:** So what do you hope will come out of this conference to help move the global fight against HIV/AIDS a few steps forward?

**CRAIG MCCLURE:** Well, to me, this is one of the most exciting years in science ever. I would say the most exciting year since 1996 when combination antiretroviral therapy first became available. At this conference, we'll hear about two new classes of drugs: integrase inhibitors and entry inhibitors. In each of those classes, we have drug that's been approved or is about to be approved this year, which raises from three

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classes of drugs to five classes of drugs. What does that mean? It means that people with HIV and AIDS, particularly those who have run out of treatment options, now have at least one, or possibly two, more regimens. That gives them more options and more quality of life. I think that's a huge difference.

Also, within a couple of the classes that currently exist, specifically the non-nucleoside analogs, there are two more drugs that are not cross-resistant to the others that are coming to the end of their phase III studies and are likely to be approved in the next year or so. There is a whole range of treatment options that we didn't have before coming around this year and being presented at this conference.

On the prevention side, it's also quite exciting, in terms of biomedical prevention. Circumcision, for which we know the results of the trials last year, was shown to be a really effective mechanism with around about 60-percent reduction in transmission in heterosexual men who participated in the trials. Circumcision is beginning to be scaled up throughout the developing world as a biomedical prevention intervention. We'll hear about the results of the diaphragm study as a potential prevention tool for women. We'll hear about a number of microbicides that are now in phase II and phase III studies that are not yet completed – we don't have

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final results – but it's looking like a really exciting conference, in terms of the science.

**JILL BRADEN BALDERAS:** Now, the number of abstracts that were submitted this year was 50-percent higher than in Rio, and Rio set a record of its own. What does that say to you about the state of HIV research that that many abstracts were submitted?

**CRAIG MCCLURE:** Well, first thing, I think it says quite a bit about this conference. The IAS Pathogenesis, Treatment and Prevention Conference was really created five years ago because there was a sense that there was a need to link state-of-the-art science with implementation and to try and accelerate that gap between new data and policy and programming in the field. I think the fact that so many more abstracts were submitted this time shows that the conference has really grown in terms of its credibility, its visibility and its importance in the field of HIV and AIDS.

In terms of research overall, certainly I think that there is more research happening, particularly in developing countries. It's not enough. There's not enough research capacity, not enough research infrastructure, but it is growing.

**JILL BRADEN BALDERAS:** Now, a few weeks ago, the IAS presented the Sydney Declaration, which is calling for a

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stronger commitment for research. Why is there a need for this declaration?

**CRAIG MCCLURE:** Our sense is that as treatment and prevention programs are being scaled up, particularly in low and middle-income countries, as the resources become available to do that, many countries are really racing against time to get treatments out to the people who need them and to scale up their prevention efforts. At the same time, though, it's really important that we learn from what we're doing now, that we learn from our mistakes, we learn from what's going well and that we plan for the future, which we hope will be a brighter and better future for HIV prevention and treatment.

Now, unfortunately, that's not really happening enough in countries. There are provisions for research to be done in conjunction with scaling up programs. For example, the Global Fund. The Global Fund to Fight AIDS, TB and Malaria does allow for countries in their proposals to incorporate up to 10-percent of the budget proposed to the Global Fund to do operations research. But the fact is that on the country coordinating mechanisms in the countries themselves, these are the multi-stakeholder bodies that within each country develop the proposals for the Global Fund and then oversee their implementation. On those CCMs, which involve civil society, government and health care workers, there is really a drastic lack of involvement from the research community.

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So what we're trying to do with this declaration is to say that countries really need to learn from what they're doing now in order to drive better policy and better programming in the future. We're trying to stimulate countries to engage the research community more effectively in the country-coordinating mechanisms and other multi-stakeholder bodies within the country and to scale up their research infrastructure and their human resources capacity to do research. Primarily, we're talking about operations research, health services research, research looking at the programming being delivered now and trying to identify what's working and what's not in order to do it better in the future.

**JILL BRADEN BALDERAS:** What has been the response so far to the declaration?

**CRAIG MCCLURE:** Well, we have over 1,500 signatures so far. The declaration itself and the call to sign onto the declaration went out on our web site just over a week ago. It was in conjunction with the publication of *The Lancet's* pre-conference special issue on HIV, which is the second time that *The Lancet* has done that. The first was in Toronto. Throughout the week of the conference here, there will be opportunities for more people to sign on. We're going to highlight it in the opening of the conference and in each of the sessions there will be slides calling attention to the Sydney Declaration, but I'm really thrilled that already almost

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2,000 scientists, researchers and implementers throughout the world have signed on.

**JILL BRADEN BALDERAS:** Now, last year, at AIDS 2006 in Toronto, you talked about a policy report that would be issued to measure how well the evidence that was presented at the conference was actually implemented, in a way to kind of seek some accountability for what was talked about in Toronto. Can you talk a little bit about the state of that policy report and if there is anything similar from this conference in Sydney?

**CRAIG MCCLURE:** Certainly. The Toronto Policy Report is being released today at the conference. It is in printed form available at the IAS booth and will be on our web site in the next couple of days. What it does is it analyzes what the key flash-point or hot-button issues were at Toronto, in terms of policy. How they were addressed at the conference and what gaps were identified at the conference, in terms of moving from concerns about policy to actually implementing sound policies. It identifies the key issues that were discussed at Toronto. It also looks at the commitments that were made at Toronto from leadership, whether it is political leadership or financial leaders from around the world or even celebrities and community leaders for that matter. So it identifies the commitments that were made at Toronto.

How are we using that report, in terms of planning the next International AIDS Conference, which will take place in

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Mexico City next August? We're working with the program committees and the organizing committee for Mexico to identify from that report what the issues were that were really critical and discussed in Toronto, what's happened since and how we highlight at the Mexico conference what commitments were lived up to that were made in Toronto, where there have been shifts in policy as a result of the discussions at Toronto and what happened afterwards. That's another part of our kind of transformation at the IAS. Hopefully, that enables us not just to have institutional memory or conference memory, but to really play a strong role in advocating for change, for the kind of change that people are talking about at our conferences that needs to happen.

**JILL BRADEN BALDERAS:** Will there be any sort of policy report issued here in Sydney, or any sort of attempt at accountability?

**CRAIG MCCLURE:** Well, this is primarily a scientific meeting, of course. We will be doing a report that highlights the main issues that were discussed, the main data that was presented and where there were policy issues discussed at this conference. For example, there is a non-abstract-driven session focused on HIV tested. There has been a lot of talk around shifting from a voluntary counseling and testing model to more of a provider-initiated testing model, so actually healthcare providers offering testing to their clients or

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patients when they come forward for healthcare, being a little bit more proactive about offering HIV testing. That's been controversial in some circles because, of course, there are always concerns about stigma and discrimination. So it's important that as testing becomes more available, more routine, that there is real care and attention paid to ensuring that are protections for people who do test positive, to protect them against discrimination in their countries. There is a need to monitor that as new testing models are rolled out. That will be discussed at our non-abstract-driven session on testing. We'll certainly be covering that issue in the report. That's just an example of the number of issues.

Another one, I think, is a special session that is on Tuesday on antiretroviral guidelines and takes place lunchtime. As I mentioned earlier, there are so many new options – in terms of drugs that are becoming this year and next year – that it's going to change the landscape, in terms of looking at what should be the first regimen of drugs that people take versus second and third options. We had a lot of discussion at that meeting about revising the guidelines as they stand in light of these new treatment options. We'll be reporting on that and looking back again in the future about what has happened as a result of the discussions, the dialogue that takes place here.

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**JILL BRADEN BALDERAS:** Craig McClure, executive director of the International AIDS Society, thank you for joining us today and we wish you the best of luck with this conference.

**CRAIG MCCLURE:** Thank you very much.

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