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**XVII International AIDS Conference
Newsmaker Interviews: Kevin De Cock, M.D.
August 5, 2008**

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JACKIE JUDD: Kevin De Cock, thank you for joining me today.

KEVIN De COCK, M.D.: It is a pleasure.

JACKIE JUDD: Two days, two full days into the conference, what dominant themes are emerging?

KEVIN De COCK, M.D.: Oh there is, as always, there are quite a few. I think the need to be much more active in prevention, to emphasize prevention much more, and to really forge a strong coalition between treatment and prevention. I think that has come out very loud. I think the issue of groups at-risk and concentrated epidemics.

In other words, in regions mainly outside of Africa, men who have sex with men, injecting drug users, sex workers and their clients that have been very visible. The march on homophobia the other day, the excellent plenary presentation this morning, the Jonathan Mann Memorial Lecture by a colleague from Mexico.

Thirdly, I would say a lot of discussions about treatment scale-up but also about the need to strengthen health systems.

JACKIE JUDD: Let us take the first one first, prevention strategies...

KEVIN De COCK, M.D.: Yes?

JACKIE JUDD: Have you heard anything in the past couple of days that strikes you as a creative new direction to make prevention of HIV transmission more effective?

KEVIN De COCK, M.D.: I am not sure I have heard anything really new but, as always, you sort of hear new wrinkles on older topics and..

JACKIE JUDD: And what new wrinkles have you heard?

KEVIN De COCK, M.D.: Well I think one, if you think back over the last two years, we have had a fair amount of disappointing results in biomedical prevention in the negative results of vaccine studies of microbicide trials, of herpes suppressive therapy, all of those were, of cervical diaphragms, all of those were topics that were sort of talked up in Toronto two years ago. Male circumcision has been a positive story and that is, we need to talk about scale-up there where it is needed.

The topic that remains to be clarified is the issue of use of antiretroviral therapy for prevention or the effect...

JACKIE JUDD: Treatment as prevention.

KEVIN De COCK, M.D.: ...The effect of ART, antiretroviral therapy, on prevention and there are two aspects to think about here. The first is what we all pre-exposure prophylaxis. That is people taking antiretrovirals before exposure to HIV like taking a contraceptive before pregnancy, for example, and the potential effect that has on blocking HIV infection, that is one aspect of, we call it PREP, pre-exposure prophylaxis.

The other aspect is the use of antiretrovirals for people who need it for their own treatment but what the effect of that is on reducing their infectiousness and their risk of transmitting to others. I think both of these topics are major talking points at this meeting but in the absence of data but I think we will get data or more data in the next couple of years.

JACKIE JUDD: You anticipated my next question. What kind of timeframe is attached to this debate?

KEVIN De COCK, M.D.: Yes. As far as the PREP trials are concerned, I think we are talking possibly 2009 or 2010 for the first efficacy data. So I mean we do need to be patient but there are several trials in progress and I mean I think we will get, once the first data come in, I would expect that we will have more and more coming in as well.

JACKIE JUDD: Okay, I wanted to move on to another topic and that is the subject of what some people here refer to as the backlash against AIDS. It is being discussed here. There was an editorial in Lancet, the Lancet Magazine that you responded to in which it was said we have a system in public health where the loudest voice gets the most money. AIDS has grossly distorted our limited budget. What are your concerns about this kind of debate and today, the World Bank and the WHO had some kind of reaction to it...

KEVIN De COCK, M.D.: Yes. Yes.

JACKIE JUDD: Fill us in.

KEVIN De COCK, M.D.: Well there is an interesting analogy in this debate with the treatment or prevention debate, which dominated some years ago. It is not treatment or prevention. It is treatment and prevention and we need a strong coalition between them.

It is, I think, it is sort of the same and this debate about disease-specific initiatives, sometimes referred as global health initiatives such as PEPFAR and the Global Fund and programs for malaria and for tuberculosis and so on and the need to strengthen health systems. We need both.

We need strong health systems to deliver interventions for diseases that have names because specific diseases that affect real people. Strengthening health systems should not be some kind of theoretical debate at the same time. These disease-specific initiatives have the capacity to strengthen health systems and have done so in some settings. They need to work together better because they have a common goal.

JACKIE JUDD: The idea is the rising tide lifts all boats?

KEVIN De COCK, M.D.: Well I mean in an ideal world, we have to make sure that happens. So one thing we do need is better analysis of the experience we have had to date but the World Health Organization strongly believes that there is enormous scope, a synergy for a win-win here to do better with the continued scale-up and, at the same time, to strengthen the systems that are delivering services in the first place.

JACKIE JUDD: Well fill me in on this project that was announced today between the World Health Organization and the World Bank.

KEVIN De COCK, M.D.: Well it is a, and there are other partners involved as well actually, it is a broad initiative to try to first of all, get better information on what has been the experience. So many people express opinions that this has happened that has been a negative effect. That has been a positive effect. We need good data on this.

So it is really an attempt, firstly, to have a thorough analysis of experience to date and then to define what knowledge we do not have and to think about how to have to gather that knowledge but there is certainly an enormous need for research on delivery of interventions because we epidemiologists or researchers doing clinical trials and so on tend to think well once you have the intervention, that is fine. It is all done.

Well you never have an automobile manufacturer thinking that way for example. Once you have your car that is it. You actually have to deliver the product that you. That is actually a whole science in itself. So we need to think about these rather neglected areas.

JACKIE JUDD: One final question, it is one I have asked other people this week in Mexico City and that is what will be your definition of success at the end of this conference?

KEVIN De COCK, M.D.: Gosh, well I mean I hope these are supposed to be scientific conferences. They are also enormous opportunities for networking and exchanging ideas. So I hope that the many thousands of people who are here leave here with thinking slightly differently than when they arrived, at least with some new knowledge or some altered insights. Actually I think I have myself already.

JACKIE JUDD: In what ways?

KEVIN De COCK, M.D.: Oh gosh, in several ways. I mean I think my thoughts about treatment, about ART in the context of prevention, actually a subject that we have worked a lot on, the issue of HIV testing.

I think our collected experience has been that the single biggest barrier, obstacle to universal access has been weakness or is a weakness of health systems and everything entailed, everything that a health system entails but I also, talking to colleagues and seeing some recent data from Kenya, have sort of thought to myself, probably the biggest obstacle right now to further success is lack of people knowing their sero status.

There are some absolutely stunningly, to my mind, important data out of Kenya. They have just done a, in 2007, did a large survey of AIDS indicators, 18,000 people participated in the study, random survey, tested for HIV, very high uptake, 10,000 households and for people found to be HIV-infected, they did CD4 counts.

So they were able to assess HIV-infected people, what was their access to therapy. That is, to my knowledge, I may be wrong but, to my knowledge, this is the only country in the world where we have that data. I think it is remarkable. They found, of HIV-infected people, 35-percent knew that they were HIV-infected and were accessing antiretroviral therapy.

Two-percent knew that they were HIV-infected, were eligible for treatment and were not accessing therapy. The rest, 63-percent or so, were not accessing, were eligible for therapy were not accessing it, did not know they were HIV-infected. Lesson from that, to me, is universal access needs universal knowledge of HIV sero status.

JACKIE JUDD: Okay. Terrific. Thank you so much Dr. Kevin De Cock. I appreciate it.

KEVIN De COCK, M.D.: Thank you. A pleasure talking with you. Thank you very much.

JACKIE JUDD: Great.

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