



## OFFICIAL PRESS RELEASE: DAY 4

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### **TIME TO DELIVER ON TREATMENT SCALE UP**

#### Call for Universal Access by 2010 Rings Through Conference Halls

**Toronto [16 August 2006]** Citing recent advances in treatment scale up as evidence that universal access to antiretroviral therapy is possible, HIV/AIDS researchers, activists, and political and civil society leaders at the XVI International AIDS Conference urged stakeholders at every level of the global response to take whatever steps necessary to ensure HIV/AIDS treatment and care to all who need it by 2010.

"There is tremendous momentum toward universal access," said Conference Co-Chair Dr. Mark Wainberg, Chair of the Toronto Local Host Board and Director of the McGill University AIDS Centre. "We now know that effective treatment scale up in resource-limited settings is possible and the only way forward is to commit the resources and expertise necessary to provide care to all who need it."

"We must turn the corner from hope to execution," said Dr. Helene Gayle, Conference Co-Chair and President of the International AIDS Society. "The moral imperative of universal access to HIV treatment has never been clearer."

Speakers at the morning plenary session offered updates on state-of-the-art treatment and scale up.

#### **Report on Recent Progress in Treatment Scale Up and Challenges Ahead**

Dr. Kevin De Cock (United States), Director of the Department of HIV/AIDS at the World Health Organization, presented new estimates showing that access to antiretroviral treatment increased over the last six months from 20% to 24% of those in need. At least 20 low- and middle-income countries are now treating over 50% of their citizens who need treatment and coverage in Africa has increased ten-fold since the end of 2003. Coverage in North Africa and the Middle East, and in Eastern Europe and Central Asia, remains relatively low at 5% and 13% respectively.

The data show no systematic gender bias, but illustrate that treatment scale up has failed to adequately address the needs of children and injecting drug users. Recent studies also show that over 80% of deaths among those on treatment occur within four months of initiating treatment, highlighting the need to diagnose HIV and initiate treatment much earlier.

In moving toward universal access, Dr. De Cock, drawing upon lessons from the "3 by 5" initiative, cited the need to address major health systems weaknesses such as procurement and supply systems, laboratory infrastructure, health financing mechanisms and the chronic global shortage of health workers.

### **The Potential Impact of Treatment Scale Up on HIV Prevention**

Dr. Julio Montaner (Canada) of the BC Centre for Excellence in HIV/AIDS and the Canadian HIV Trials Network highlighted a new strategic shift in the use of HIV drugs that could reduce global prevalence of the virus seven-fold. Dr. Montaner cited emerging evidence showing transmission of the virus is rare by persons with undetectable levels of the virus in their blood, owing to use of highly active antiretroviral therapy (HAART). The availability of rapid HIV testing coupled with a new highly effective one-pill-a-day, fixed-dose, drug combination presents a unique opportunity to expand global HAART programs and potentially curb the global growth of the pandemic.

Dr. Montaner unveiled a population-based model demonstrating that HIV prevalence could be reduced over a 45-year period more than seven fold from over seven cases to less than 0.1 of a case per 1,000 population. The number of HIV-infected people would be reduced from 40 million to less than one million. Results of new modelling demonstrate the short-term cost of treating up to 100% of HIV-infected individuals worldwide today would be more than offset by the number of new infections prevented. Dr. Montaner called for the thorough and urgent evaluation of this innovative strategy.

### **Prevention and Universal Access**

Dr. Agnes Binagwaho (Rwanda) of the National AIDS Control Commission stated that prevention and universal access are equally critical to sustaining Rwanda's response to HIV/AIDS. She laid out the Rwandan government's response to HIV/AIDS, highlighting ingredients of success along with challenges and opportunities ahead. She cited the integration of HIV/AIDS and poverty-reduction programmes and the short-term commitment of development partners as key challenges facing Rwanda and urged partners to be results-oriented and not timeline driven.

### **Children and AIDS**

Professor Ruth Nduati (Kenya) of the College of Health Sciences at the University of Nairobi presented on state-of-the-art treatment in children living with HIV/AIDS, calling for greater commitment to comprehensive care for HIV-exposed and infected children. Nduati outlined barriers to paediatric diagnosis, including limited laboratory infrastructure, lack of HIV testing policies for children and the challenges of HIV disclosure. She also reviewed the clinical predictors of HIV disease progression in children, highlighting the fact that the risk of death for HIV-infected and uninfected children of HIV-positive mothers is halved if the mother stays alive. She also noted the crippling impact of healthcare worker shortages and the brain drain of qualified health personnel on the provision of HIV care for children in sub-Saharan Africa.

### **25 Years of AIDS: Looking Back, Looking Forward**

Today's Special Session (12:45, Session Room 1) will feature a panel of experts representing the range of stakeholders in the fight against HIV, who will reflect on the first 25 years of the global response and how that history can inform future efforts to accelerate research and scale up prevention, care and treatment. Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases at the U.S. National Institutes of Health, will discuss the scientific response, with UNAIDS Executive Director Dr. Peter Piot speaking about the global response and his vision for how it must grow and change in the future. Dr. Elizabeth Madraa, from Uganda's AIDS Control Programme, will speak from the point of view of a developing country that responded early. Activist and educator Hydeia Broadbent (United States), who was born HIV positive, will speak of her experience growing up as part of the first generation that never knew a world without HIV, and Gregg Gonsalves of the AIDS and Rights Alliance of South Africa will speak about the role of activists.

### **XVI International AIDS Conference**

The XVI International AIDS Conference, organized by the International AIDS Society (IAS) and the AIDS 2006 Toronto Local Host, is the biennial gathering of the global AIDS community. The conference will feature the presentation of more than 4,500 abstracts and an array of community and cultural activities. Over 24,000 participants from more than 170 countries are in attendance.

IAS, the world's leading independent association of HIV/AIDS professionals with 10,000-plus members from 153 countries, convenes the world's largest meetings on HIV/AIDS--the International AIDS Conference and the IAS Conference on HIV Pathogenesis, Treatment and Prevention. The Local Host has been responsible for preparing Toronto and Canada as host city and country, as well as for a number of programme activities. The conference co-organizers are UNAIDS, Global Network of People Living with HIV/AIDS, International Council of AIDS Service Organizations, International Community of Women Living with HIV/AIDS and the Canadian AIDS Society.

### **Additional Resources**

For additional information, including programme information, abstracts, rapporteur and scientific summaries, and links to webcasts, podcasts, transcripts and presentations from key conference sessions, please visit [www.aids2006.org](http://www.aids2006.org).

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### **For Media Enquiries**

#### **On-site Media Centre**

Tel: +1 416 585-3620

#### **Canadian Media**

Nicole Amoroso, Toronto Local Host

Tel: +1 416 840 3334, x304

Email: [Nicole.Amoroso@aids2006toronto.org](mailto:Nicole.Amoroso@aids2006toronto.org)