

Interview with Paul De Lay November 21, 2006

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JACKIE JUDD: Dr. Paul De Lay, thank you for joining us again this year.

DR. PAUL DE LAY: It is a delight to be with you.

JACKIE JUDD: Thank you. In the new report, it shows that new infections of HIV have stabilized, but not in Eastern Europe or Central Asia. What is happening in those two regions?

DR. PAUL DE LAY: The epidemics in Eastern Europe and Central Asia are actually very unique in the world. What we are seeing is that this is primarily started as an epidemic of injecting drug users - that is, then increasingly spread through sexual transmission. What is unusual about it is that the number of young people who do use drugs and do inject is unlike patterns we see elsewhere in the world. So we are talking about, essentially, a generalized epidemic of young people using drugs and becoming infected with HIV.

JACKIE JUDD: And what are some of the statistics?

DR. PAUL DE LAY: Well, as far as Eastern Europe or as far as the global totals are showing, as you have stated, a number of new infections at over 4 million - 4.3 million - it is difficult to compare these trends to the preceding year. You need to look at a broader range of time.

Generally, we like to look back two or three years to get some idea of what is happening with the epidemic. We

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were hoping that we would start to see decreases because last year there were some hopeful signs in some countries - Kenya, Zimbabwe - that we are going to see decreasing numbers of new infections. That has not been confirmed. We are still seeing the epidemic is unabated. And I think we are also concerned as the numbers of deaths increase. Almost three million deaths are estimated for 2006 -

JACKIE JUDD: Well, I wanted to ask you about the death rate, Dr. De Lay, because, as you say, you cannot look just at the preceding year, but if you look back, it has steadily crept up. Two-point-two million in 2001, 2.4 million in 2002, finally, 2.9 million in 2006, yet more people than ever before are now receiving treatment. So why is that number still climbing?

DR. PAUL DE LAY: Well, first of all, not enough people are on treatment. We estimate that one in five, about 20-percent, are receiving any retrovirals...

JACKIE JUDD: But that is still more than in earlier years.

DR. PAUL DE LAY: Right. But the number of people needing treatment is going up faster than the number of people being started on it. And that's the big problem, the rate of scaling up these treatment services is nowhere near at the same speed as the number of people who were infected

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five, six, seven, eight years ago, who now are sick and need to be started immediately.

JACKIE JUDD: The goal of Universal Access is looked at for 2010, and I know that is pretty far out, but based on the statistics that you have seen for 2006 and in earlier years, what is your expectation of whether that goal can be met?

DR. PAUL DE LAY: Well, as we look at the progress over the last couple of years, we see a number of things. There are certain services where we will be close to Universal Access but overall, some countries are going to make it and others will not. What we are doing as we work with individual countries is to try to look at what is realistic.

Universal Access, for instance, for treatment is covering 80-percent of people who need it. That is not 100-percent, it is 80-percent. Because we have seen, even in the developed world, that it is almost impossible to get above 80-percent. Some people do not want to be treated, you can't force them to be treated. But some countries are just not going to get there by 2010, some countries it may be 2015, 2020 before they get to that 80-percent Universal Access number.

JACKIE JUDD: Let's move on to Africa, and as the report says, "As always, Africa continues to bear the brunt

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of this epidemic." But behind that headline are two interesting comments, and they seemingly contradict each other, so I would like you to walk me through this. On the one hand, it notes that awareness is very low, even now. On the other hand, you note that there are very positive trends in young people, who seem to be changing their sexual behavior.

DR. PAUL DE LAY: Part of the reason for it is the – what factors actually are primarily the cause of reducing risk behavior, and the fact that knowledge is part of it. Knowledge by itself just is not enough for changing behavior, particularly sexual behavior, which is such a personal thing and it involves, essentially, decisions that have to be made day by day, hour by hour, as far as reducing risk.

And particularly for youth, the social norms, the general acceptance that you can wait until you are older to have your first sex, that you don't have to have a large number of partners to be popular. So the social norm is as powerful as individual knowledge. Knowledge is needed but by itself does not necessarily cause the risk behavior, particularly in youth, to be reduced.

JACKIE JUDD: And when you talk about awareness being worryingly low, that of course is applied to people who are actually infected and not aware of it.

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DR. PAUL DE LAY: It applies to both people who are infected and uninfected. I think it is disturbing that awareness is that low, I must say, particularly in countries where this has been a rampant epidemic for the last 20 years. There is this expectation that everybody knows about it, everybody knows how to prevent it, everyone knows how to go and get a test to be assessed for the need for treatment. And we are still not seeing that, so there is something just not clicking as far as the prevention programs.

JACKIE JUDD: What is your idea about that?

DR. PAUL DE LAY: Well, I think the intensity of the messages is just not getting out there. It is not getting out there in the right way, it is not getting to youth in a way that they will appreciate and recognize their personal risk. The problem with AIDS is, particularly for youth, it is still very much of an abstract concept. What we are seeing in the developed world, though, is more of a complacency. As people go on treatment, the feeling is that this is a chronic disease, it is treatable, and there is not the same sense of the severity, the danger, of this infection.

JACKIE JUDD: Well, when we talked this same time last year, I asked you, "What is the most troubling aspect about the epidemic?" And your answer at that time was the ongoing relentless rise in the epidemic and, most depressing,

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you said, was that that was especially true in high-income countries. What would you say this year about what troubles you the most?

DR. PAUL DE LAY: Well, certainly we are seeing a confirmation of this increase in high-income countries. In fact, one positive piece of news is that the information we have, the data we have, continues to get better and better so we are having a better understanding of the dynamics. I think one of the things this year is this very troubling lack of seeing an impact from the scale-up from treatment. The recognition that the number of people in need are way beyond our rather pitiful attempts to scale up. We are adding about 50,000 new patients on treatment per month. That is not enough. And that means we need to rethink how we are going to scale up treatment.

The other thing that is disturbing is that the epidemics keep changing. We are now seeing that in Africa, we are starting to see injecting drug-use epidemics in addition to the sexual. Kenya, Tanzania, South Africa, Nigeria. We did not really expect this and this is a dynamic we have seen in Asia and Latin America, where the evolution of how people get infected changes. And we are now seeing that in Africa.

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JACKIE JUDD: Well, it sounds like in 2006, in some respects, you feel like we are still running behind the epidemic, that you are still not ahead of it.

DR. PAUL DE LAY: That is absolutely correct. And we need to rethink parts of our strategy. We need to have a much longer view on how we are going to deal with this epidemic. This epidemic is going to be with us for the next 100 years. It will be there long after this first generation of people who have been exposed to this virus are long gone. And I think we have to try to figure out better ways to scale up, rethink the way we provide these services, and continue to just chip away at it. We are seeing successful stories. Prevention does work. We know it works. It is just not working at the scale that it needs to.

JACKIE JUDD: Do you find yourself surprised that at this point in the epidemic, which is now more than a quarter-century old as we know it, that you are still having to make those arguments?

DR. PAUL DE LAY: Yeah. I think that – we still lack a constituency, advocacy for prevention. Prevention is not a particularly popular topic. The increasing access to treatment has captured the imagination of the donors, of the international advocate. Prevention is still something that is tacked on as almost an afterthought. I think that somehow we need to continue to work on changing that dynamic.

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Prevention is the only way we are going to be able to treat people. Because, as we see this year, we are not going to be able to keep up with the numbers of newly needing treatment.

JACKIE JUDD: Dr. Paul De Lay of UNAIDS, thank you very much for joining us.

DR. PAUL DE LAY: Thank you.

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