

**American Foundation for AIDS Research (amfAR)
and the Mailman School of Public Health at
Columbia University - "HIV/AIDS in Asia: Forging
a Collective Response"**

**Overview: "Therapeutics Research, Education,
and AIDS Training in Asia (TREAT Asia)"
New York, NY
December 3, 2002**

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[BEGIN TAPE]

ALLAN ROSENFELD: Someday you may be famous.

[laughter]

We're going to move on now to talk about a unique new program that amFAR is championing. And it's name is Treat Asia, an acronym that stands for Therapeutics Research Education and AIDS Training in Asia. AMFAR announced this program at the International AIDS Conference in Barcelona just a few months ago. It is not a new venture for AMFAR to be involved internationally, but it's a new campaign that amFAR is taking a very important lead.

I think of this poster, and as Jeff Sach said when we were talking with Richard, if we make this an Africa focus, it's something like 29 million people HIV positive, 30,000 being treated. And we have 29 million basically still to go. We don't want that to be the situation a decade from

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now, but there's 100 million people HIV positive people in Asia, India, and China, and we're treating [unintelligible] people.

So we have a big challenge. Treat Asia as we begin to look at increased access to therapeutics, the opportunities to both mount prevention programs and care and treatment programs, this is the time begin that. In Asia today, we are seeing the prevention of maternal to child transmission programs being started. We need to add quickly the plus component that not only do we prevent transmission to the baby, but we help keep the mother alive and other HIV positive members of her family.

We have the opportunity now. AmFAR's going to take a lead working with colleagues in India, China, and elsewhere with the Treat Asia initiative, Thailand. My favorite little country, not so little, where I spent some six years of my life working. And to discuss this, Kevin Frost,

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an amfAR staff person with tremendous experience, both on the AIDS epidemic in this country, and has taken the leadership for amfAR and helping put together with colleagues on the board, on the staff, and in the countries this remarkable new initiative. And Kevin will now take the floor to describe this to us. Kevin?

[applause]

KEVIN FROST: Thank you, Dr. Rosenfield.

Earlier this morning, Jerry Radwin talked about this program a little bit and talked about some of the champion at amfAR, but with moving this along. And I think that there have been a lot of staff folks at amfAR, members of the board, who have helped to advance this program. I think that importantly, he left one person out, who probably has been our biggest champion for the program, that's really enabled the program to be what it is, because when we began this process three years ago, most of the world rightly was

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just beginning to wake up to the African epidemic, and Asia was nowhere on the radar screen.

And the fact that staff was really given an extraordinary amount of freedom and autonomy to go and spend the time and resources that it took to really put this program together I think is a testament to Jerry's leadership. And I appreciate that very much. I begin in telling you about this program. I think there are a couple of basic assumptions that I want to pull together from the talks that you've heard this morning, to really lay the groundwork for a better understanding of what this program is really designed to do.

Because as Jerry pointed out, it is a rather narrowly focused program around the introduction of therapeutics and their safe and effective delivery within the epidemic in Asia. So there are a couple of things I have think you have to understand and accept from the outset. Number one, the Asian epidemic is very different

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than the African epidemic because therapeutics are rolling out in Asia at a much faster pace than they have in Africa. And I think there's a lot of reasons to believe while that will continue, and in fact probably increase over time, Elizabeth Rosenthal and the group of physicians that were here that spoke earlier pointed out that there a number of countries in Asia where generic versions of these drugs are being manufactured. India, of course, is probably the most famous because they're exporting them through companies like Sipla (Misspelled?), but the Thai GPO, the Thai government pharmaceutical organization is manufacturing triple drug therapy, as Professor Poupon (Misspelled?) points out, for about \$1.00 a day or \$350 a year.

Now they expect to have capacity for 50,000 people by the end of this year and 100,000 people by the end of next year. And as Professor Poupon (Misspelled?) pointed out, though you may

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have this greater capacity, what you don't have is that critical mass of treating doctors, nurses, social workers, healthcare infrastructure that's prepared to deliver those therapeutics safely and effectively.

So I think this program is really helping to try and improve that situation. I think China, there's a -- there are companies now that have approval to manufacture generic drugs. In China, it's a two step process. You're approved to first to manufacture, then to sell. There are several companies that have already been approved to manufacture. And Vietnam is beginning to license at least to four separate companies the development of generic drugs.

So I think it's clear that treatments are becoming more widely available, much more rapidly in the Asian epidemic than they have in Africa. So this program really is trying to focus on that and the introduction of those, because there's

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great concern as these drugs roll out in Asia as to what the consequences of that may be if there isn't a convergence of a healthcare infrastructure that's prepared to deal with that. And I think this was highlighted as one of the elements that you've heard about from the National Intelligence Council in their report to the CIA recently.

And this is a direct quote from that report that states "the increasing use of antiretrovirals in the next wave countries, and here, we're really talking about those five countries, but importantly including China and India, almost certainly will increase misuse due to their weak healthcare systems, undermining their effectiveness and fueling HIV resistant strains throughout the world.

And as Dr. Solomon pointed out in her talk, those HIV resistant strains are likely to come home to roost. It's a global village that we live in. And HIV resistance anywhere is a problem

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everywhere. So what is Treat Asia? Well, Treat Asia is designed as a program specifically to address the healthcare infrastructure, and to try and develop programs around what we often talk about as a three legged stool. That's research, education, and training, but specifically around therapeutics, specifically around the introduction of these therapeutics.

And I use the term "therapeutics" because we're not just talking about antiretrovirals. We're not just talking about triple drug therapy. We're also talking about the drugs that Dr. Solomon mentioned, that are necessary for treating things like PCP pneumonia, and the need for a better understanding of Pluconizol (Misspelled?) and its ability to prevent fungal infections, and how that can be used.

Because you can develop resistance to all of these drugs. So the important issue here is how we develop programs that educate and train for

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these safe and effective delivery of these drugs.

So it's really a network of sites that we've been able to bring together. There's about 25 sites that have been participating now in about 13 countries throughout the region to develop these programs. And I'll go through some of the structure for you in just a moment, but it's really and truly focusing on that very narrow issue that I've talked about.

Tom, we've been doing this for the better part of about two years now. It's been a very broad consultative process, bringing the groups together. Some of you may recognize that fellow right there from his talk earlier today.

Professor Poupon (Misspelled?) and Dr. Solomon have both been extraordinarily generous in their time and energy in helping to focus this initiative and move it forward. Thank you both very much.

The group set forth a number of objectives

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that they wanted to tackle. And there are four primary objectives that have been defined by the groups working together. The first is to -- what I've said, just develop the skills of the healthcare workforce for the safe and effective administration of these drugs. But also, to enhance existing infrastructures, and to formulate strategies for capacity building, to prepare for the expanded access to, and the safe administration of these drugs. And a lot of this, what we're talking about is not just the healthcare infrastructure, but there's a real recognition on the part of this group that has to extend into the community, that there has to be education programs that deal directly with the affected and infected community, and that includes family members in order to better understand.

Because oftentimes in many of these countries, families are the deliverers of care. And so an understanding and an education program

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that addresses that is very important and critical to the success of this initiative.

It's also to develop a framework for regional collaboration. And this is really the first effort in Asia that seeks to bring together the countries regionally to collaborate on a therapeutics research agenda that's specific to, and responsive to the needs of the region, because we've developed these antiretrovirals here in the West, using Western standards, with very little information about how they're best going to be used in other populations. In fact, one could argue that we still don't have a very good understanding of how these drugs should be used in women, since most of the trials that have gone on in the West have been done in men.

But when you start to factor in things like lower average body weights in Asians, you begin to understand that how we apply these drugs in these foreign countries may in fact be very

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different than how we've applied them here. And then finally, an issue that everybody -- I think is trying to tackle from different perspectives. And that's the issue of intellectual property rights. And so, we're trying to define what some of the impediments are from a policy perspective to broader access to treatment, and how do we approach those impediments, and how do we overcome them, so that in fact we can roll out treatments on a much broader scale.

Just a few more folks. I thought you might recognize that person right there, since she's been causing trouble most of the morning. The structure of Treat Asia is really quite simple. It's governed by a steering committee that's made up of 10 members. They are both elected and appointed members. There's a community advisory board, because the group has set forth the idea that there must be community input from the region. It's indigenous to the

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region. There's a number of really terrific community organizations throughout South and Southeast Asia, including APM Plus, APCASO, which is the Asian Pacific Coalition of AIDS Service Organizations, that are working really, really hard in the region. They've all been involved in this process and helped to develop the programs that we hope are going to be bringing together the initiative itself. And then they'll be an international advisory committee, made up of experts from international organizations to help move the group forward as well.

Now the group itself really defined four major areas that they want to focus on, and I'm just going to briefly touch on what some of those are. There are four committees, a scientific committee here, which is really starting to work on this first one, the observational database. Since there's precious little information about the population that we're talking about in South

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and Southeast Asia, the group prioritized this observational database as really one of the first projects to try and move forward and begin to capture some basic information about what drugs are being used in the region.

We know, for example, that you can walk into a pharmacy in Ho Chi Minh and buy these drugs illegally on the black market. And so, there's -- this is really an attempt to try and figure out what drugs are being used, in which parts, in which countries, but there are a number of other studies that the group has prioritized, including cost effectiveness interventions. I know Dr. Solomon's group in China¹ (Misspelled?) is working with David Bloom, a Harvard economist and also an amfAR board member, to look at cost effectiveness studies.

There's studies to look at monitoring how we use tests in a particular way. Dr. Solomon's group again has been looking at total lymphocyte

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count, a very important measure that is much cheaper than the traditional CD 4 counts or viral load tests. And so, there's some important studies in that regard. Mother to child transmission, obviously, this is an important extension of treatment. And Dr. Rosenfield's group, which is really been leading the way with MTCP Plus, which is that additional treatment, we think that's going to be critically important. And then studies for opportunistic infections, as well as understanding what this bottom talks about the WHO, the World Health Organization, treatment guidelines really is trying to understand what I was talking about earlier, and that is, how we develop treatment standards in the region that are specific to the region.

There's an education and training committee, which is trying to develop curricula specifically to address the education of the healthcare workers, to develop training programs.

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We've got a training program that we're putting together in Shanghai, that's going to be looking at co-infection of HIV and Hepatitis C, which is a major problem in the region. We'll be doing a training meeting the second week of January in Puna (Misspelled?), India, for a group of about 300 treating physicians, specifically again around how we introduce therapeutics for HIV. So they're also working to establish a core curriculum for HIV management, one that's exportable within the region, and then try to provide training and site leadership for site management.

There's a policy committee, which I mentioned earlier, is largely focusing on policy impediments to access to treatment. That is, what are the issues? Are the intellectual property rights, are they the trips or trip plus agreements? Are they patents? What are the issues? There's precious little understanding of what those issues are on a country by country

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basis in Asia. And until we really do have a good understanding of that, it's very difficult to address them in a comprehensive way.

So the policy committee has really tried to begin to understand those. And there's also raising awareness and developing strategies to empower people in the community. A fundraising and communications committee, which I'm proud to say Dr. Solomon chairs from China (Misspelled?), is looking at how we develop cross border collaborations, how we develop programs for participation in conferences, and raise awareness for the issue in Asia.

There's strategies for reaching the different populations, obviously, and building a key database for that committee. Just quickly, as I end here to give you a brief list of some of the countries that are participating to date. Many of these countries, the larger countries, like China, obviously, there are several sites in China from

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the north and the south that are participating. A couple in India, both East and West. Singapore, Taiwan, Malaysia, Cambodia, Hong Kong, Indonesia, Philippines and then a couple of obviously technical advisors.

And I think my last slide really just presents for you kind of graphically what we're trying to do in bringing the region together to work collectively on this initiative. And I think that's it. Thank you.

[applause]

[END TAPE]

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