

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

**Welcome Session
New York, NY
December 3, 2002**

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Welcome Session

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ALAN ROSENFELD: Good morning. I'm Alan Rosenfield, dean of the Mailman School of Public Health. And it's a pleasure to welcome you all, those of you who found your way here. We expect some stragglers to come wandering in, that have finally found the journalism school here at Columbia.

This is an important event, as we focus attention on the AIDS pandemic and its impact in Asia. Our attention has been very heavily focused on Africa and appropriately so. But if we want as citizens of the world to try to help prevent Asia a decade from now, looking more in terms of prevalence levels, like sub Saharan Africa, today is the time to begin or to expand the activities.

What I wanted to do in the opening few minutes is simply summarize UNAIDS most recent information on the global AIDS pandemic. And I'll just give you the -- as you know, this is the -- an event co-sponsored by the -- organized by AMFAR, in collaboration with the Mailman School here at Columbia. And it's a pleasure to be both co-sponsoring in my role as dean of the Mailman School and board member of AMFAR in chairing their committee on public policy.

This is the most recent data that UNAIDS put together in time for World AIDS Day. So this is the information as of December 2002, which I interestingly received in November 2002. So they fudged a little. At any rate, we're now up to the tragic figure of 42 million people globally who are HIV

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positive with five million new cases last year or this year, and 3.1 million deaths anticipated. And we'll just run through the global data with a focus on Asia in this particular slide, if the blue shows up. I hope it does. Maybe we could dim the lights a little bit or?

As you can see, currently, the vast majority of this pandemic continues to be in sub Saharan Africa. But if we looked at South and Southeast Asia and East Asia, and basically very heavily within that, we're looking at India and China, we see that they are now together up to 7.2 million HIV positive people as of the present time, with most people feeling at least in parts of those two regions and major parts of India and China, those figures are underestimates, not in any way overestimates.

If we look newly infected during the year, we see that we're now up to close an estimated million new cases in Asia, still not matching the 3.5 million new cases in sub Saharan Africa. In North America, this epidemic continues. We still see 45,000 new cases. And if I go back, we have, as of the present time, about a million people who are HIV positive in this country, many of those currently under treatment.

If we look at the deaths this year, it's a total of 3.1 million. The bulk of them tragically in sub Saharan Africa, particularly East and South African -- Southern Africa, but we're up to half a million deaths this past year estimated in

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Asia and the Asian region. If we look now at children, here again, the figures are incredibly disturbing. 2.8 million in sub Saharan African alone, but we're now up to about 250,000 HIV positive children.

New cases, about 45,000 in Asia. Over a half a million globally. Some decrease in sub Saharan Africa with the beginning of the impact of prevention of maternal to child transmission programs, PMTCT, but the impact of that really is still to come, because those are new programs just underway. Estimated number of children infected, again the bulk in sub Saharan Africa, but increasing numbers in Asia.

More than 95 percent of the HIV infections are in resource poor settings. 2000 are in children under the -- under 15 years of age. And this epidemic, this pandemic, its significant difference from all other pandemics that we've dealt with in history, which have predominantly hit either the young or the elderly. This pandemic affects people in their most productive years. And in sub Saharan Africa, it goes across all segments of society.

The bulk of the cases are in people aged 15 to 49. 50 percent are women. In sub Saharan Africa now, there are more women infected than men. About 50 percent are in the very young age group of 15 to 24. So this is a pandemic where we need effective prevention programs starting at very young ages, starting in the teen years. And we need to couple it with care

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and treatment.

To summarize again, children, 3.2 million with AIDS. Over 600,000 deaths. And as many of you know, there are now estimated to be 13 to 14 million orphans in sub Saharan Africa alone. And in many of these settings, the traditional families and family ties are stressed and stretched beyond their ability to care, provide care adequately for those children who particularly have lost both parents. What in sub Saharan Africa is now termed "double orphans," as compared to orphans, which are the loss of a mother and the terminology now used in sub Saharan Africa.

AMFAR prepared this slide, which -- this is not a UNAIDS slide, but I couldn't figure out how to change the logo at the bottom. But at any rate, the bulk of the world lives in Asia and the Pacific. And currently, the bulk of this pandemic is in sub Saharan Africa. The hope is that we will not see 10 years from now this become the size of the white area, the area in sub Saharan Africa.

Finally, just to review the sequence of events recently in resource poor settings, during the 1990s, the major focus was on prevention. Very important. Several countries have done this extraordinarily well, particularly Thailand, Uganda and a few others, have carried out effective prevention programs. I think you've all seen the data. But basically until the end of the 1990s, the general consensus was it was

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too expensive to introduce care and treatment programs. And the some 31 million people in sub Saharan Africa and the increasing numbers in Asia were simply doomed to a slow, but clear death.

This began to change first with the implementation of the PMTC programs put in place by the Elizabeth Glaser Pediatric AIDS Foundation with a grant from the Gates Foundation, by UNICEF, by MSF, [unintelligible] and other groups, to begin to at least try to decrease transmission from mother to child with a single dose -- predominantly single dose of Nevezapine to the mother and then to the baby after it's born.

In the Durbin meeting, South Africa in the year 2000, there was a cry that we can no longer continue to write off all of these people to die that we needed to begin to develop programs and approaches to treat -- provide care and treatment to those who are HIV positive. This led to Kofi Annan's dramatic call to action call that the Western world should be contributing \$8 to \$10 billion a year to help fight initially AIDS and then as the Global Fund was created, it was a Global Fund to treat AIDS, TB, and malaria.

Between these three diseases, we now see approximately seven to eight million deaths per year from these three diseases alone. The Global Fund was announced in 2001. Our school, with the help of eight foundations, and possibly

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federal funding soon, announced in the year 2001, 2002 I guess when we started it, but announced at the end of 2001 a program to build on the PMTC programs by adding care and treatment initially for women, their children, their spousal partners, as well as HIV positive healthcare workers involved in the program. That program is underway now with treatment starting in January in 12 sites in seven countries in Africa and in Thailand.

Similarly, AMFAR has been working for the past year and a half or two in the development of their Asia focused program, called Treat, which we'll hear about later this morning when Kevin Frost makes a presentation I guess right after lunch. So this is where we are with the world's worst pandemic, a pandemic that requires all of our increased focus and attention, if we don't want to see the 40 million people become 80 million and 100 million people and on up over the next decade. We to implement effective prevention programs and effective care and treatment programs. And we need a combined approach for the long term from the developed world and the developing world. And this is not a five year grant like program. This is a program, once you start treatment, you are committed to continue it for that individual's life.

And you must go into the program with that philosophy. And otherwise, it would be unethical to start treatment programs. We must be committed to continue them.

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With that, I'd like to introduce Jerry Radwin, the CEO of AMFAR. He's been involved for many years in this epidemic and a good friend. And I'm delighted to be co-sponsoring it with him, AMFAR, and of course AMFAR'S wonderful chairperson, Mathil Krim [sp] who's just arrived in the back.

[applause]

JERRY RADWIN: Good morning. Thank you, Alan. I can see that we have some people who have just arrived. And good morning to you all. Alan painted quite a picture for us this morning. Not only an epidemiological nightmare, and he was just reporting and stated in fact that if anything, the reports were underestimates of the epidemic that we are facing today across the entire globe.

That epidemic, if we look at in its totality, is something that is mind numbing, and something that leads to paralysis. We cannot allow that to occur. We remember the slide that Dr. Rosenfield showed prior to the call to action. In this country, we were somewhat and in the world paralyzed because the thought was that treatments were too expensive, and we can't do anything.

Well now we know treatments are being provided and gradually are rolling out in many countries across the globe. We cannot assume that innovation and change and that demand will not change the circumstances such that this epidemic can be controlled. And we must always understand that we have to

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do it one person at a time, one clinic at a time, one doctor at a time, one to borrow an expression, village at a time. And soon, we will gain some momentum in controlling this epidemic. I'd like to take us back just for a brief moment in history, and also reflect upon a quotation that graces the walls of AMFAR. The quotation is from a 19th century German philosopher, who talks about truth going through three stages.

And he said in the first stage it is ridiculed. In the second, it is opposed. And in the third, it is regarded as self evident. I know of no other statement that better expresses the ebb and flow of the epidemic of HIV/AIDS. Victories, the defeats, the hopes that are often dashed, only to be born again in new hopes. But when I think back to the beginning of the epidemic, how true it is, even just with our own organization, back in the early and mid 1980s, when our founding chairman and currently chairman of the board spoke out and said this is not a gay disease. There's no such thing as a gay disease. There are human diseases. And this will soon be expressing itself within the heterosexual community.

She was looked at and not only opposed, but vilified. When she said that this epidemic of AIDS would spread and become something equivalent to the epidemic of influenza in the first quarter of the last century, she was viewed as an alarmist and called an alarmist at times a hysteric. She was ridiculed. When she spoke and testified before Congress on

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numerous occasions, doing what AMFAR does, which is to advocate sound public policy based upon scientific evidence, what should be done based upon what we know needs to be done, she was opposed.

Today, the vast majority of what she has stood for over time is self evident. And therefore, I would like to ask all of you for the courage in speaking out, concerning this epidemic for the founding of the very organization which it is my privilege to serve today. And for all she has done, is doing, and will do, I would like you to join me in saluting Dr. Mathilda Krim [sp] .

[applause]

Thank you, Mathil, we need more of you. Some of you might wonder why the American Foundation for AIDS Research is involved globally. I'd like to share the basic reason why, and it comes to a founding value, if you will, a value that once again emanates from Dr. Krim [sp] . And that is the notion of the pursuit of and appreciation of research and science for the benefit of people. And that concept does not know of a boundary. It does not distinguish between and among people. It regards people as humans wherever they may reside.

Therefore, it should not be surprising to note that as early as 1987, two years after AMFAR was founded, that the first international grant was awarded to Dr. Peter Piatt [sp] for the study of sexual -- of heterosexual transmission of HIV

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in Kenya. And since that time, over 200 research projects have been funded by AMFAR globally in 39 countries. And through this year, we will have expended over \$10 million in that pursuit.

During the last five years, we have focused on support of a program that actually Dr. Rosenfield mentioned. And there was a series of conferences and workshops dealing with maternal fetal transmission. And under the banner of global strategies for the prevention of HIV transmission from mother to child, AMFAR supported the first, second and co-sponsored the third conference, which was held in 2001 in Uganda.

And on off years, because these conferences were held every other year, we supported numerous workshops that were held throughout the developing world. While we were engaged in what much of the world became engaged in, the African epidemic, we were also doing what we regularly do at AMFAR, and that is being introspective about our programs, questioning whether or not they are serving the full purpose they might, and looking to see how they may be adjusted, and what new innovations might take place.

Accordingly, there was a champion. There was an idea. And it was born both by staff and by two members of our board of directors. The staff person, our clinical research director, Kevin Frost, has already been mentioned. And I will mention him again, since he is the primary person who is

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responsible for the program that I'm about to describe in very brief detail. But it was also born with the championing of his co-partners on the board of directors, the head of our clinical committee. And there are two of them, two co-chairs, Dr. Michelle McNeil and Dr. Ken Mayer.

The three fought long and hard about the changing epidemiology, about where the next epicenter of the epidemic might be. And they developed an idea. And that idea resulted in Kevin Frost for the last 3.5 years, traveling throughout the region, visiting sites, visiting clinics, speaking with physicians, trying to better understand the epidemic in Asia and to see if he could get a handle on how AMFAR as a global citizen could fulfill its responsibilities as such in a productive way.

Two years ago, Kevin and others of us brought together a group of scientists, physicians and healthcare workers, some 90 in total representing 11 countries at the time, in Bangkok for a meeting to decide how we might confront the epidemic in Asia, how we might add an important piece. And the proposition before the table was the creation of a collaborative network, which AMFAR agreed to facilitate and has facilitated to this day. That program is known as Treat Asia, which stands for Therapeutics Research Education AIDS Training in Asia.

And the program is highly focused. It's focused on the achievement of a single objective, and that is better

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preparation of the healthcare infrastructure for the effective introduction of AIDS medications. Safe and effective, key words. Just a few years earlier, we were saying we couldn't even have them. Now today, we're talking about programs to safely and effectively administer them.

And later today, Kevin will describe in far greater detail in this program and its importance. Other speakers throughout the day will deal with different aspects of the epidemic, both elaborating on the challenges and obstacles that we face and must overcome, as well as the opportunities that we must access in order to effectively go forward in taking advantage of a window of opportunity that exists in Asia, with an epidemic that is not yet mature, a window of opportunity that is closing rapidly.

So we look forward to a day in which our imaginations will be challenged, in which our vision for the future will be broadened, and where we as a group of people concerned about this epidemic will understand that what we may find ourselves today opposed in, will tomorrow be regarded as self evident. And we hope and pray that this will lead to an effective response, a collaborative response to this epidemic, so that we may avoid the tragedy that we have seen on the African continent.

We look forward to sharing this day with you, and hope that you will be able to stay with us throughout the day and

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hear what promises to be an exciting group of panelists. Thank
you very much.

[applause]