

kaisernetwork.org presents:
Video Highlights from the
XV International AIDS Conference in
Bangkok, Thailand, July 11 – 16, 2004

Narrator:

More than 17,000 delegates from over 160 countries attended the XV International AIDS Conference in Bangkok, Thailand July 11 – 16. The theme of the 2004 conference was “Access for All.”

Joep Lange, Conference Co-Chair:

Access to unbiased information and education about HIV/AIDS; access to effective prevention tools; access to comprehensive medical care; access to resources; access to all those things that will minimize the impact HIV/AIDS has on human lives. It also stands for access to essential HIV-related science.

Thaksin Shinawatra, Prime Minister, Thailand:

There is no doubt that history will record our response. There is no time for complacency, no time to rest our laurels. It would be a crime to let HIV continue to spread while we already know how to interrupt it.

Narrator:

This year’s conference marked the first time a secretary-general of the United Nations has attended. Kofi Annan spoke about the importance of leadership at every level.

Kofi Annan, Secretary-General, United Nations:

We need leaders everywhere to demonstrate that speaking up about AIDS is a point of pride, not a source of shame. There must be no more sticking heads in the sand, no more embarrassment and no more hiding behind a veil of apathy.

Narrator:

Together with Thailand’s Prime Minister, Annan honored the more than 20 million people who have died of AIDS by lighting a candle of unity. For six days, leaders from around the globe challenged conference attendees, at times almost harshly, about the task that lies ahead.

Jim Kim, M.D., Ph.D., World Health Organization:

Since we last gathered, six million more people have died. Ten million more people have become infected. The number of people on treatment in developing countries may have doubled, but from such a minimal base, that we, all of us with the power and the responsibility to make a difference, can only hang our heads in shame. By these measures of human life, the ones that really matter, we have failed and we have failed miserably to do enough in the precious time that has passed since Barcelona.

Sonia Gandhi, MP and President, Indian National Congress Party:

Given the scale of suffering wrought by the HIV/AIDS epidemic, it is to be expected that Doomsday scenarios of its spread are commonplace. My country figures prominently in all these projections. While I do agree that there is no room for complacency, I would like to take this opportunity to categorically assert the determination and ability of the government and the people of India to meet this daunting

challenge just as effectively as they did in the campaign to eradicate smallpox some decades ago. We have risen to meet social, political and technological challenges in the past, and I am more than confident we will do so again in the present context.

Nelson Mandela, Former President, South Africa:

The day after tomorrow, the 18th of July, will be the day I turn 86. There could be no better birthday gift than knowing that there is a renewed commitment from leaders in every sector of society to take real and urgent action against AIDS. We know what we need to be done—all that is missing is the will to do it. Allow me to enjoy my retirement by showing that you can rise to the challenge. I thank you.

Narrator:

The United States Global AIDS Coordinator addressed U.S. HIV policy and President Bush's \$15 billion pledge to fight AIDS, tuberculosis and malaria, despite protestors who tried to keep him from speaking.

Randall Tobias, U.S. Global AIDS Coordinator:

Abstinence works...Being Faithful works...Condoms work, and each has its place. I want to get something straight about the U.S. position on prevention, because there seems to be a lot of confusion and misinformation. Preventing AIDS is not a multiple-choice test – there is no one right answer to preventing the spread of this pandemic. Those who want to simplify the solution to just one method – any one method – simply do not understand the complexity of the problem. And let me go further. Anyone who believes AIDS can be defeated by just these three means of prevention alone surely underestimates the challenges that we as a world community face in trying to save people from the ravages of this disease. The years ahead are going to require exceptional leadership to meet the special needs of individual countries. Prevention will require us to empower women. Prevention will require us to compassionately assist drug users in liberating themselves from their dark addictions. Prevention will require us to find many ways to give hope to communities devastated by pain, and suffering and loss.

Narrator:

Young people, who are disproportionately burdened by HIV, played a welcome role in this year's conference.

Raoul Fransen, Young Positives Foundation:

Youth may be the future but we are also the present. And the present shows that 50 percent of the 15,000 new HIV infections each day are amongst persons aged 15 to 24, of whom seventy-five percent are girls. And in sub-Saharan Africa more than half the population is estimated to be under 18 years old. And more than a third of all people now living with HIV/AIDS are young people between the ages of 15 and 24, and almost two-thirds of them are girls. But at the International AIDS Conference in Barcelona two years ago, of the 15,000 participants only 200 were under 30. So it is high time that a conference such as this puts youth higher on the agenda. And for this we compliment the organizers.

Narrator:

No ground-breaking scientific advancements were announced at the conference, but attendees were able to exchange ideas on everything from AIDS drugs and tuberculosis to the hope for a vaccine or microbicides to provide the HIV protection so many women now lack.

Zeda Rosenberg, Sc.D., International Partnership for Microbicides:

One aspect of the microbicide development pathway that requires express consideration is access. As is clear from this conference, getting effective treatments to people who need it is a huge challenge, and for microbicides getting to an effective product alone will be an enormous success. But we will have failed miserably if that successful product does not reach women who are at greatest risk, and we need to plan now. If the products that are in efficacy trials now should work, we will have a microbicide within five years. That is not a long time to prepare for access.

Diane Havalir, Chief, Positive Health Program, San Francisco General Hospital:

Anti-retroviral therapy is the most powerful tool that we have. It's just simply not realistic that we are going to develop all of the diagnostic capabilities and the treatments for all of these complications that develop in the HIV disease.

Tony Fauci, M.D., Director, U.S. National Institute of Allergy and Infectious Diseases:

The pipeline is robust obviously in all drugs trials. There is a rate of failure that is real, so these are not going to all eventuate into drugs that we can put into our armamentarium. But hopefully at least a few will of them will alleviate some of the difficulties of people who might in fact be resistant to many of the drugs that we already have available.

Jack Chow, M.D., World Health Organization:

One-third of the world's population lives with tuberculosis germ in their lungs. And with the proliferation of HIV, particularly in poverty-stricken settings, the ability of HIV to produce pools of immuno-compromised individuals is the fertile environment for tuberculosis to replicate. Through the simple act of breathing TB continues to propagate. Indeed now, is the leading killer of those living with HIV worldwide. TB causes at least of 15% of deaths among people living with HIV/AIDS. In some countries in Africa up to 70% of TB patients are HIV positive. So if you find TB in these settings, you will find HIV.

Jose Esparza, M.D., Ph.D., The Bill & Melinda Gates Foundation:

When HIV was discovered in 1983, 1984, we all expected that an HIV vaccine would be very quickly developed. And we were wrong because this virus proved to be much more complex than we had thought at that time.

Purnima Mane, Ph.D., UNAIDS:

I think the area of vaccines unfortunately seems to have not been focused on perhaps adequately in this conference. The area of vaccines is slow in development, and I think we all have to acknowledge that. But we do eventually need an effective vaccine and probably more than one vaccine.

Narrator:

This was the first AIDS conference held in a developing country in Asia, putting a focus on the unique problems of battling the epidemic there as countries like Thailand and India scale up programs to offer HIV treatment.

Suniti Solomon, M.D., Director, YRG CARE:

The problem in India was that people have to travel quite a distance to come to these places to collect the drugs and month after month they have to do this. And somehow in India people think they feel better they stop the drugs. This is what I'm worried about, because we've done a little study in our center and we find 14% of people who have never taken ART -- that is ART [inaudible] patients have got resistance to NNRTIs.

Tim Brown, Ph.D., East-West Center:

The bottom line is we are failing to contain HIV in many Asian countries, and we are only providing care for a handful of those living with HIV in the region. So what should we do? First of all, we need as a community to do a better job of advocating for appropriate and adequate responses. And I don't just mean advocating with the decision makers, yes, we need to get them to do the right programs. But we need to advocate with the donors to make sure that they are supporting the right programs and that they are working with the national programs to do locally appropriate approaches. We need to advocate with the public to make sure that they are willing to support the prevention and care programs, which we need. And we need to advocate with the vulnerable populations themselves because many of them have not yet embraced HIV as a problem for themselves and are not as actively involved in the response, as they should be.

We need to move beyond the boutique projects -- the wonderful, beautiful little projects that look great when you bring the donor into the country, but that only reach a handful of people. We have to scale up our responses to reach all of the at risk populations in Asia. And finally, we need to mobilize the resources to make all of this happen. My hope is that coming out of Bangkok, we will have a renewed commitment to making the right choices in terms of prevention and care in Asia and mobilizing the resources necessary to ensure that we can provide access for all to both prevention and care in a sustainable way in the region.

Narrator:

American actor and activist Richard Gere lent some celebrity to the conference talking with delegates about his work to create media campaigns in India.

Richard Gere, American Actor/Activist:

We approached this as a business plan. How do you sell a product? How do you sell soap? How do you sell toilet paper? How do you sell AIDS? And it was approached the same way, and I think because it was seen as a business plan, ultimately we have a chance of being really effective with this. All the mechanisms that are in place for selling products will be used in the mechanism selling the solving of the problem of AIDS and educating people. So again, you are not creating – not putting energy into creating new venues, you are using ones that exist. And again I am emphasizing, the point is creating human connections with self-starters, with effective people who already are doing the things that you want to be part of in stimulating a human connection there, so they do the right thing. Which again -- I am an optimist at this point, I haven't always been, but I am right now -- and I think that people basically want to do the right thing.

Narrator:

The gathering ended with delegates committing to work together towards progress in both treatment and prevention.

Helene Gayle, M.D., M.P.H., President, International AIDS Society:

I hope we leave here having put an end to divisive debates about abstinence, monogamy or condoms when we need them all and more; that we find a way to make generic drugs and branded drugs of the highest quality and lowest cost available to all who need them; that we no longer talk about clean needles or drug treatment when both are necessary; that we recognize that pooled resources and bilateral funding are complementary; that we can change men's behaviors and empower women at the same time; that we can fight AIDS and fight poverty.

Sudarat Keyuraphan, Minister of Public Health, Thailand:

In the next decade, we need to do more to rapidly move to focus on our unfinished and neglected agenda. We need to focus on the vulnerable groups. In addition, we need to tackle head on the issues of stigmatization and discrimination.

Peter Piot, M.D., Executive Director, UNAIDS:

There is no time to be divided by institutional agendas. We all have the same goals, and we must work together—each playing to our individual strengths. Today I reiterate my own commitment and that of the whole UNAIDS family to doing so. But are we really willing to change our institutional behaviors as much as our personal behaviors? Are we ready to radically take on these challenges, to leave our flags behind? Every person in this room will provide part of that answer. But what I know is if we are not willing we will massively fail.

Narrator:

The hope is for successes to celebrate—in terms of lives saved and infections thwarted—when the 2006 conference convenes in Toronto, Canada.