

**Summary of the International AIDS Conference, “Access for All”
(based on the rapporteurs session held July 16th, 2004)
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On the final morning of the conference, the Rapporteurs Session was held. The rapporteurs are individuals who attend all of the sessions and view all of the posters for each track¹ of the conference. There were 5-8 rapporteurs for each program track. It was their job to summarize the information given within the track and present a comprehensive overview. The rapporteurs enable all delegates – and all those who could not attend the conference -- to have a summary of what has been presented during the conference. The following is a summary of the individual summaries presented by the teams of rapporteurs assigned to each track. If you are interested in reading further, you can find the transcript from the rapporteurs on the conference website: www.aids2004.org.

Track A – Basic Science

Rather than being accessible to all, as the conference theme implies, the Basic Science oral sessions and posters seemed to be presented only for the benefit of other scientists. A suggestion was made that when planning for the 2006 conference in Toronto, Track A needs to be promoted as a place where Basic Science is integrated with all of the lessons learned from all disciplines, thus being more inclusive of all who want to learn.

Therapeutic developments: In the area of therapeutic developments, presentations covered a variety of topics including small molecule entry inhibitors, virion maturation inhibitors, the targeting of latent reservoirs, and therapeutic vaccines. The vaccine research data that was presented described studies of macaque monkeys that had been infected with SIV², placed on anti-retroviral therapy (ART), and then given DNA vaccines. The results included the boosting of SIV-specific cellular responses, and control of viremia for up to 18 months after ART was stopped.

The evolution of HIV: Dual infection with different subtypes of HIV is on the rise. This recombination seems to be found in communities in which multiple strains are already in circulation, and in which there is a notable level of migration in the population. It was noted that this is likely to make preventive vaccine development even more complicated. Another interesting point was the possible implications for the spread of HIV. Data was presented showing that Clade C virus seems to have a lower capacity for replication, meaning that disease may advance more slowly. Clade C also seems to have a high transmission capacity, as opposed to HIV-2, which seems to be poorly transmitted by comparison. Scientists refer to this as “viral fitness.”

¹ “Track”, in this case, is used to indicate a general topic or subject area. The conference had five tracks.

² Simian Immune Deficiency Virus, which is closely related to HIV but infects monkeys and apes. HIV does not cause the same illness in apes and monkeys that it does in humans. Testing drugs and vaccines in monkeys against the SIV virus allows for some further understanding of how humans might tolerate and use the same product, although a direct comparison is impossible.

Preventive vaccine research: Data was presented showing some efficacy of vaccine approaches in animal trials with SHIV³, but the immune assays⁴ used in the lab were not able to detect a correlate that determined this protection⁵. This raises the question, “Are we measuring the right thing(s) in the right way(s)?” Posters presented by the HVTN’s own Dr. Julie McElrath and Dr. Helen Horton showed that the presence of T-cells was not enough to ensure protection, but that it was important to know how to understand whether the T-cells would be effective against HIV. Drs. McElrath and Horton presented data from two groups of HIV-infected persons. Those who were defined as “long term non-progressors” had HIV-specific CD8 T-cells that were able to grow rapidly and were high in perforin, a substance used in the process of killing HIV-infected cells. The people who had advancing HIV infection also had HIV-specific CD8 T-cells, but these were not able to proliferate and were low in perforin, therefore not effective in fighting off infection.

Other vaccine presentations showed that there had been little advancement in the area of finding a vaccine that could promote strong neutralizing antibodies, but that new candidate vaccines seeking to promote a cellular response looked promising. These candidates included a variety of constructs, such as adeno-5 (a specific adenovirus), MVA (modified vaccinia Ankara), and VEE (Venezuelan Equine Encephalitis).

Track B – Clinical Research, Treatment and Care

Mother-to-Child Transmission: There were many interesting reports in this track. One topic which stirred up a great deal of attention were the studies published in the July 15 2004 issue of the New England Journal of Medicine showing that the use of a single dose of Nevirapine, a therapeutic drug known to prevent mother-to-child transmission of HIV, can lead to drug resistance in the mother. A presentation by Dr. James McIntyre, co-investigator at the Soweto HVTU, showed that adding a short course of Combivir to the single dose of Nevirapine was able to reduce the likelihood of drug resistance.

Monitoring use of ART in patients: Another important presentation was given that covered the impact of patient monitoring on the cost of providing ART treatment. The price of the tests and equipment needed to monitor patients receiving ART can significantly add to the cost of the drug itself. An example from Malawi was presented, showing that the cost of an evaluation and viral load test could be as expensive as providing ART to a patient for six months. Medicins sans Frontieres (Doctors Without Borders) presented data about a new evaluation protocol that they have been using which is half as expensive.

ART regimens: One of the most interesting presentations was by Sanny Chen and colleagues, called “Which antiretroviral regimens yield the best odds of survival in San Francisco?” They reviewed four of the 3-drug combinations being used in the World Health Organization (WHO)

³ SHIV is related to SIV.

⁴ An assay is a laboratory test

⁵ A ‘correlate of protection’ is something in the immune system that can be measured to confirm or deny whether the immune system is working as it should to fight off a virus. In this case, no tests done in the lab showed anything that confirmed that the immune system would be able to fight off SHIV.

“3 x 5”⁶ plan and compared them to other available treatment regimens. The researchers were guided by the obvious: effective drug regimens will be associated with living, and ineffective regimens with the dead. Their results showed that the 3 x 5 regimens performed better than all other regimens (statistically significant at $p = .001$). It was noted that treatments that are more expensive, such as Fuzeon, were not necessarily better than those which were cheaper. Sanny Chen was also recognized with the International AIDS Society’s Young Investigator Award at the Closing Ceremony.

Track C – Epidemiology and Prevention

The rapporteurs who presented the summary from this track did a bit of data collection of their own. In the spirit of epidemiology, they wanted to know who was attending the sessions at the conference. They presented a chart showing that while the rapporteurs had attended all of the sessions, and students and others who had received scholarships to the conference had attended the next highest number of presentations, department heads and government leaders had attended less than 5 sessions on average, and global superstars had attended even fewer than that. It was noted that government leaders and superstars primarily attended those sessions at which they were seated on the dais or were serving as moderators. This bit of research got a big round of applause from the conference delegates!

On a more serious note, the rapporteurs noted that there had been no significant new findings to report. Many biomedical interventions are being tested, such as microbicides and vaccines. There is also new emphasis being placed on preventing and treating other sexually transmitted diseases in order to reduce the risk of HIV infection. They noted the emphasis that was being placed on continuing to use existing prevention methods such as male and female condoms, needle exchange, and harm reduction models.

The rapporteurs also noted that one of the highlights of the Bangkok conference was the heightened awareness of the specific needs of sex workers, intravenous drug users, women and youth, and the increased involvement of these groups in the conference. There was acknowledgement that governments have begun to recognize these populations and were beginning to take action, but the action is slow, and not enough to fully address the problems.

There was a suggestion made that the planners of the Toronto conference in 2006 allow ample time for the presentation of results (or interim data) from clinical trials currently in progress.

Track D – Social and Economic Issues

The rapporteurs for this track began by posing several questions relating to the theme of the conference, “Access for All.” They asked: Access to what? For whom? By when? With what consequences? At what cost? They noted that the conference had raised more questions than it had answered.

⁶ An attempt by the World Health Organization to provide ARTs to 3 million people by 2005.

The changing nature of the epidemic: Session highlights included discussion of the ways in which the look of the epidemic has changed (among both new HIV infections and people living with AIDS), society's maturing understanding of how to cope with the disease, and the development of the responses themselves. As countries more directly address the social and economic issues of HIV/AIDS, and the consequences of the impact of the disease, the profile of the epidemic shifts.

Vulnerable populations: There was discussion of the increasing vulnerability of more groups of people and the diverse responses that would be required. There was recognition that the general infrastructure of society has an impact on the world of HIV/AIDS, especially as poverty and stigma/discrimination are on the rise. It was noted that the conference had improved the visibility of issues surrounding youth, but that youth were still not fully equal, active participants in conference planning. By contrast, while many speakers had noted the increasing vulnerability of women, especially poor women in developing nations, there were few sessions which actually addressed this problem. Those that were held had mostly been at satellite meetings.

Integrating the fields: There was also acknowledgement of a shift from "treatment vs. prevention" thinking to "prevention + treatment + care" discussions. The rapporteurs noted that the Toronto conference will need to address this more fully and examine whether the use of resources is balanced appropriately. As a call to action for Toronto, the rapporteurs posed one last question, "Are we protecting, treating, and caring for the majority of the population affected [by the epidemic]?"

Additionally, the rapporteurs noted that with the growing impact of the epidemic on youth, minorities, the poor, and young married women, they hoped that the \$1000 registration fee could be waived so that more people from these groups would be able to attend and participate in the Toronto conference.

Track E – Policy and Program Implementation

The rapporteurs for this track stated three guiding principles that emerged around this subject:

1. Policies must reinforce programmatic successes.
2. Policies that impede success must be reformed.
3. Policies and programs must be based on scientific reality, and not on ideology. (One example of this was the emphasis on abstinence rather than other prevention methods.)

Within these principles, the rapporteurs were able to identify nine key themes:

1. National leadership (we need more of it)
2. Community participation and partnerships are vital
3. Human capacity cannot be underestimated
4. Human rights protection, and the need to ensure the same rights for all people
5. Trade agreements should not impede the access to and availability of prevention and treatment mechanisms

6. Mobilization of resources, ensuring that funding gets to the places that need it
7. Implementation of knowledge-based policies and programs
8. Access to treatment for all, using all available tools
9. Access to prevention for all, using all available tools

Within these nine themes, the rapporteurs noted that there was a need for linking communities with resources. As resources are often given to governments for distribution, it was noted that some governments are corrupt, meaning that the funds never get spread out to the programs that are doing important work. Similarly, the rapporteurs noted that there was a need to link communities and resources with policy and policy-makers.

Next, the rapporteurs presented their call to action for the XVI International AIDS Conference in Toronto in 2006:

- Increase the number of sessions which address gender issues
- Seek abstracts that will address strengthening of human capacity
- Seek abstracts that will address stigma and discrimination
- Ensure access to prevention, and continue to break down the dichotomy of treatment vs. prevention thinking
- Scale up advocacy to activism:
 - Use of a human rights framework
 - Inclusion of the infected and affected in governance
 - Achieve the 3 x 5 initiative
 - Care proportionate with local purchasing power
 - Free access to HIV care and treatment in many countries

Community Issues – Sex, Lies, and AIDS Conferences

While there was no formal track to address community issues, there were rapporteurs assigned to cover the variety of community program offerings and activities. The rapporteurs titled their presentation “Sex, Lies, and AIDS Conferences.” They began by noting that the theme of “Access for All” really meant “Access for a Few” at this meeting, and they criticized the registration fee and the lavish exhibit hall booths of the pharmaceutical companies⁷.

On the theme of sex, the rapporteurs noted several things:

- The prevention message of “ABC” puts ideology first. This contributes to circumstances in which people must pay with their lives due to a lack of information about available prevention methods (such as male and female condoms) and harm-reduction efforts such as needle exchange.
- Women are being spoken of as a homogeneous group. In fact, the issues and needs for female IDUs, lesbians, sex workers, and prisoners are all very different, and none of these groups of women were addressed in any of the plenary sessions.

⁷ Which were subject to picketing and protest marches throughout the conference.

- Sex has been “removed” from the epidemic. It was noted that due to the emphasis on ideology, sex as a normal human behavior was not discussed. As a result, sexual identity issues, such as the needs of the GLBT community, are entwined with stigma and discrimination. The rapporteurs felt that there needed to be discussion that celebrated sexual identity and acknowledged the value of sexual relationships at the conference.

On the theme of lies, the following points were made:

- It is important that we not confuse leaders with leadership.
- Too often, leaders were given the microphone and all they made were empty promises. One leader aptly described this as “public health by press release”.
- Future conferences should begin by holding leaders accountable. Promises made in Bangkok should be monitored and progress toward fulfilling these promises should be presented in Toronto. Accountability has to go two ways, so leaders must also work to hold community members accountable. This requires that all parties be respectful of each other.
- Accountability also demands that existing commitments are implemented, including the outcomes of the UNGASS (United Nations General Assembly Special Session on HIV/AIDS) meeting and implementation of the World Health Organization’s 3 x 5 Plan (which should evolve into a 5 x 7 plan, and so on).

On the theme of the AIDS conference:

The Community rapporteurs did have some positive things to say as well. They praised the excellent arts and culture program at the conference, and noted that arts and culture are at the heart of every community. They felt that the presentations in Bangkok had been extensive, interactive, full of heart and love, and excellent in every way. They also commended the conference organizers on the wonderful lounge for PWAs⁸, citing the staff of the lounge for providing excellent care and hospitality. They also spoke highly of the Global Village, which included gathering places for various affinity groups, such as youth, sex workers, IDUs⁹ and older adults; places for informal gatherings and networking; information booths from many of the Thai AIDS Service Organizations; and a marketplace featuring Thai musicians, artisans and craftsmen, merchants, and food vendors. The rapporteurs suggested that the Global Village was so successful that it should be made a part of every future International AIDS Conference.

The Community Rapporteurs also made these recommendations for the Toronto 2006 conference:

- The abstract submission process should be revised to allow for more community content
- The process for selection of abstracts to be presented should reflect the need for inclusion of “on the ground” community experiences

⁸ People With AIDS

⁹ Intravenous Drug Users

- Conference organizers should build in time for networking and interaction between sessions. In these large conference centers, you often have to run to get to the next session, thereby losing the chance to speak with other delegates after a presentation.
- As noted by rapporteurs in other tracks, time should be allotted for reporting on the progress toward the fulfillment of promises made by leaders in Bangkok.

The Leadership Programme

Last to be covered was the Leadership Programme. An innovation created by the Thai Host Committee, the Leadership Programme brought together leaders from a variety of sectors, including government officials, business and industry, research, and entertainment. Thailand's Prime Minister Thaksin Shinawatra, the United Nation's Secretary General Kofi Annan, and Graca Machel, former Prime Minister of Mozambique and the wife of Nelson Mandela, were all patrons. The Leadership Programme attempted to increase the level of accountability across all sectors, and in her remarks as rapporteur, Ms. Machel committed the Leadership Programme to monitoring the fulfillment of commitments made by leaders in Bangkok. She said that the Leadership Programme will report on the successes and/or failures of these leaders at the next International AIDS conference in Toronto in 2006.

Personal observations from Gail: I attended several of the "Meet the Leaders" panel discussions that were presented by the Leadership Programme. Of particular interest was one that featured panelists Zackie Achmat of the South African Treatment Action Coalition, Craig McClure of the International AIDS Society, Stephen Lewis, who serves as the United Nation's Envoy to Africa, Seth Berkeley of IAVI, Laetitia van den Assum, who serves as the AIDS ambassador from the Netherlands, and Chrispus Kiyonga of Uganda, who previously chaired the Global Fund. In listening to these panelists, and in hearing the questions from the audience, it became clear to me that we must continue to present HIV preventive vaccines as a long term "project" and not a quick fix. Zackie Achmat of the South African Treatment Action Campaign noted that there was a strong need to de-mystify vaccines so that laypersons can gain an understanding, particularly in cultures where knowledge of anatomy and human biology may be limited. Mr. Achmat felt that one of the ways this could be best accomplished in the developing world was to encourage adults to get vaccines that are already available, such as Hepatitis B and influenza, so that adult vaccination becomes as commonplace as childhood vaccination. It was also pointed out by several of the panelists that just as we speak of the need for "combination therapy" when referring to multiple drugs used to treat HIV, so too we must speak of combination prevention, helping people to understand that vaccines and microbicides will not replace existing prevention methods, but will instead provide additional prevention choices for people.

While the rapporteurs did a superb job of summarizing the presentations at the Conference, it must also be noted that they could not present information about that which was missing from the Conference. Notably absent were presentations and posters addressing the topic of the epidemic among African Americans, youth, and women in the United States. It is not known whether this is in any way related to the limited number of scientists from the NIH and CDC who

were permitted to attend the Conference; many abstracts that were submitted by American scientists had to be withdrawn when the authors learned that they would not be able to attend. While I appreciate very much the knowledge and insight I gained by seeing the epidemic through the lens of the developing world, it was difficult for me as an American to not hear any mention of the epidemic “at home.” I can only hope that this will be rectified at the next conference in Toronto in 2006.