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17-20 JULY ROME, ITALY

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Plenary speakers address challenges in the delivery of sustained antiretroviral therapy in developing countries, call for social scientists to take their place at the HIV/AIDS policy-making table, and stress the need for a long-term response to AIDS

Tuesday, 19 July, 2011 (Rome, Italy) -- Researchers speaking in the second plenary session of the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011) have today provided insights into the future direction of HIV/AIDS policy making and alerted delegates to the challenges that developing countries continue to face in the delivery of large-scale antiretroviral therapy (ART) coverage.

The presentations reflect the breadth of expertise among the more than 5,000 researchers, clinicians and community leaders attending the conference, which runs from 17-20 July in Rome.

“The AIDS response up until now has led to unprecedented mobilization of populations and significant progress in terms of prevention and treatment,” said IAS 2011 International Chair and IAS President Elly Katabira. “However, given the projections we have made of infections over the next decade, together with the growing number of people living longer with HIV, it makes perfect sense to discuss whether a remodeling or fine-tuning of that response might more effectively meet the new challenges that lie ahead.”

“Discussion around the future direction of HIV/AIDS policy must begin to give a far greater voice to the social sciences,” said Stefano Vella, IAS 2011 Local Co-Chair and Research Director at the Istituto Superiore di Sanità (ISS). “The social and political sciences are a vital element in helping us to improve prevention efforts, especially in developing countries where major challenges remain in the effective roll-out of ART.”

The Social Barriers to Effective HIV Prevention

In her plenary remarks, Susan Kippax (Australia), Emeritus Professor at the Social Policy Research Centre, University of New South Wales, Sydney, suggested that in understanding HIV prevention efforts, people’s behaviours cannot be separated from their social, cultural and political structures, and the biomedical cannot be distinguished from the non-biomedical. Kippax argued that there is a need for social scientists to be at the table when it comes to discussing what many experts currently consider to be the greatest challenge to HIV/AIDS policy making - prevention.

Irrespective of whether prevention programmes or interventions advocate the use of condoms, clean needles and syringes, microbicides, pre- or post-exposure prophylaxis, or treatment as prevention - all prevention requires that people change their social practices: changes which cannot be effectively sustained unless they are supported by broader social transformation.

Challenges of Antiretroviral Therapy (ART) in Developing Countries

Serge Eholié (Ivory Coast) Professor of Tropical and Infectious Diseases at the Medical School of the University of Abidjan, focused on the challenges of sustaining antiretroviral therapy initiatives in developing countries.

A decade after the first antiretroviral therapy initiatives were initiated in developing countries, the number of HIV-infected individuals receiving ART has significantly increased. Recent data estimate that six million HIV-infected patients started ART and four and a half million of them (75 per cent) live in sub-Saharan Africa, and significant results have been obtained in decreasing mortality and morbidity.

Seven areas were identified as challenging in the ongoing delivery of ART in developing countries:

- financing the sustainability of ART-programmes, particularly in the context of the current adverse economic climate and with insufficient contributions from national governments;
- the high incidence of mortality and severe mortality during the first year following ART-initiation;
- the adaptation of programmes, physicians, countries and partners to the WHO 2010 revised guidelines for adults and adolescents;
- an increasing number of HIV-infected patients failing first-line treatment: the cost of second line treatment is four to five times higher than first line regimes. It is challenging for countries and partners to afford second line treatment, and difficult for physicians to detect first-line failure early enough;
- detecting first-line treatment failure earlier and prescribing an effective and safe second line regimen in light of the expense of the latter;
- management, diagnosis and treatment of side effects;
- retention of patients: data for cohorts studies show that 25%-30% of HIV patients starting treatment are lost to follow up after 12-24 months;
- socio-political instability and humanitarian crisis and natural disasters

AIDS: The Need for a Long-term Response

Peter Piot (Belgium), Director of the London School of Hygiene & Tropical Medicine, London, concluded the plenary session by reflecting that given the enormous mortality and human suffering caused by the AIDS epidemic, the nature of the global response to the AIDS epidemic has been framed as an emergency. Yet the ultimate duration of the emergency has rarely been discussed.

In spite of a recent decline in interest and funding for AIDS, UN member states recently adopted a "Political Declaration on HIV/AIDS: intensifying our efforts to eliminate HIV/AIDS" with ambitious goals for the next five years. Projections from aids2031 and UNAIDS estimate that over the coming two decades, there may still be one to one and a half million new infections and one million deaths annually, with resources required to curb infections well in excess of currently available funds.

The combination of these developments, as well as the longer life expectancy of many people infected with HIV, provides a compelling argument for the need for a long term view on the AIDS response. In addition, resource constraints dictate that effective investments leading to the best possible outcomes in both the short and long term are necessary, and right now.

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Online Coverage of IAS 2011 at www.ias2011.org

The online Programme-at-a-Glance, available through the website, includes links to abstracts, as well as session slides with audio and speeches (all abstract findings are embargoed until date and time of delivery at the conference). Additional online programming is provided by IAS 2011's two official online partners: Clinical Care Options and NAM. Reporters and others can also follow key developments on the IAS 2011 blog at <http://blog.ias2011.org> or on Twitter at www.twitter.com/ias2011.

About the IAS 2011 Organizers

IAS: The [International AIDS Society](http://www.iasociety.org) (IAS) is the world's leading independent association of HIV professionals, with over 16,000 members from more than 196 countries working at all levels of the global response to AIDS. Our members include researchers from all disciplines, clinicians, public health and community practitioners on the frontlines of the epidemic, as well as policy and programme planners. The IAS is the custodian of the biennial International AIDS Conference and lead organizer of the IAS Conference on HIV Pathogenesis, Treatment and Prevention, which is currently being held in Rome, Italy.

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ISS: The [Istituto Superiore di Sanità](http://www.iss.it) (ISS) is the leading technical and scientific body of the Italian National Health Service. Its activities include research, clinical trials, and control and training in public health. It also serves as a major national clearing-house for technical and scientific information on public health issues. Among other things, the Institute conducts scientific research in a wide variety of fields, from cutting-edge molecular and genetic research, to population-based studies of risk factors for disease and disability, to Global Health research.

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