



HARVARD School of Public Health

NEWS RELEASE

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Interviews with experts are available by phone and in person.

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End to the 30-year War against AIDS in Sight

Global leaders plan next steps at Harvard on World AIDS Day

Antiretroviral treatment is effective in preventing new HIV infections

Continued Funding for Global AIDS Response Remains Uncertain

Thirty years, 30 million deaths and 60 million infections after HIV appeared, medical researchers now have the tools to halt the deadly epidemic.

"We have the weapons to win the war against AIDS," says Richard Marlink, M.D., Executive Director of the AIDS Initiative at the Harvard School of Public Health. "It is time to take what we have learned to turn the epidemic around and end AIDS."

So why not just do it?

It's complicated and involved, but now possible.

An estimated 34 million people are currently living with HIV. Nearly half of all people living with HIV who are eligible for treatment now have access (6.6 million people).

Positive new findings have come from new clinical research done in multiple countries showing that treatment can be up to 96 percent effective in preventing HIV transmission among couples.

AIDS experts from around the world will address these issues at the World AIDS Day symposium, AIDS@30, December 1-2, organized by the Harvard School of Public Health and held at the Joseph Martin Conference Center at Harvard Medical School, 77 Avenue Louis Pasteur in Boston. AIDSat30.org

GLOBAL AIDS LEADERS ATTENDING THE AIDS@30 SYMPOSIUM AT HARVARD INCLUDE:

Deborah Birx, Centers for Disease Control and Prevention
Max Essex, Harvard School of Public Health
Paul Farmer, Partners in Health, Harvard Medical School
Anthony Fauci, National Institutes of Health
Robert Gallo, University of Maryland
Elly Katabira, International AIDS Society
Michel Kazatchkine, The Global Fund
Chip Lyons, Elizabeth Glaser Pediatric AIDS Foundation
His Excellency Festus Mogae, former President of Botswana
Angela Mushavi, Ministry of Health, Zimbabwe
Nancy Padian, Office of the U.S. Global AIDS Coordinator
Phill Wilson, Black AIDS Institute
Bruce Walker, Harvard-MIT Ragon Institute

"Now that the end of AIDS may be possible, it's time to pause and reflect, then regroup and redouble our efforts," says Julio Frenk, M.D., Dean of Harvard's School of Public Health. "We have invested so much we can't afford to slow down now."

At issue are the resources needed and the best ways to bring these weapons to all parts of the globe, especially to the high-risk groups most vulnerable to infection with HIV, the Human Immunodeficiency Virus that causes AIDS.

An explosion of scientific knowledge

After years of frustration and a mounting death toll, the new hope for ending the AIDS epidemic stems from an explosion of scientific knowledge in the past few years.

This knowledge has led to new and better prevention interventions, such as:

- Treating pregnant women and nursing mothers infected with the virus or the nursing baby, stops mother-to-child transmission of the virus, protecting infants and young children from HIV.
- Treating HIV infection itself with antiretroviral drugs dramatically reduces by 96 percent the likelihood that the infected person will pass on the virus to a sexual partner.
- In men, circumcision reduces the risk of becoming infected with HIV.
- Antiretroviral drugs used by people in high-risk groups before exposure can also prevent HIV infection.

At the moment, several obstacles stand in the way of applying this knowledge to halt the epidemic. The first, and most obvious, is the global economic slowdown, which threatens the needed boost in funding to follow through on these prevention interventions.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations agency charged with leading the global effort against AIDS, the world spent \$15 billion on AIDS in 2010, but far more is needed to reach all people who are eligible for treatment and to fully implement necessary HIV prevention efforts.

A goal of universal treatment

UN Member States set bold targets in the 2011 UN Political Declaration on HIV/AIDS which include halving new HIV infections, providing treatment to 15 million people and scaling up resources for AIDS to between US \$22-24 billion annually by 2015.

UNAIDS has developed a new investment framework to help countries reach their goals, which would avert at least 12.2 million new HIV infections and 7.4 million AIDS-related deaths between 2011 and 2020.

"AIDS is a smart investment, even in this difficult economic environment," according to UNAIDS Executive Director Michel Sidibe. "We have to look beyond the short-term and recognize the long-term benefits."

Sense of urgency has waned in U.S.

Another key to halting the epidemic is leadership, both at the national and international levels. Early in the epidemic, a strong activist movement prodded both scientists and policy makers. New combination drug treatments were developed and shown to be very effective.

"Once drugs transformed AIDS from a death sentence into a chronic disease, unfortunately the urgency related to AIDS seemed to decrease dramatically," says Dr. Marlink

A poll by the Kaiser Family Foundation showed that, in 2009, only 6 percent of those questioned considered AIDS the most urgent public health problem. A similar poll in 1995 found 44 percent considered AIDS the most urgent public health problem.

Such findings show the public thinks the crisis is over, even though an estimated 50,000 new HIV infections occur every year in the US, according to the Centers for Disease Control and Prevention. The difference may be that AIDS today is seen as a chronic disease and the current generation has not lived with the wasting and cancers that characterized the early years of AIDS.

Leadership in Africa is making a difference

In Africa, which is home to two thirds of people living with HIV, strong leadership has made a difference. Botswana has had a robust national program for 10 years. In South Africa, where there are more people living with HIV than in any other country in the

world, new leadership has given rise to a much more expanded and effective AIDS treatment and care program.

Already 6.6 million people in low and middle-income countries, many in Africa, are receiving treatment and in 33 countries the rate of new infections has fallen, according to UNAIDS.

Antiretroviral treatment decreases HIV transmission by up to 96 percent

In May, results from an international study, known as HPTN 052, showed that people infected with HIV were 96 percent less likely to transmit the virus to their sexual partner if they were taking antiretroviral medication when their immune systems were relatively healthy. In fact, the NIH-funded study, slated to last until 2015, was ended early because the results were so positive. It was the first randomized clinical trial to produce such convincing results.

Mother to child transmission can be prevented in over 95 percent of cases

New HIV infections among children have already been virtually stopped in high-income countries, with the number of new infections among children falling dramatically due to the effective use and availability of antiretroviral drugs. Comparable results can be achieved in low- and middle-income countries. Transmission of HIV infection from mother to child can be reduced to less than 5 percent if pregnant women living with HIV have access to health programs involving antiretroviral drugs.

Possible funding slowdown

About half of all funding for the AIDS response comes from domestic sources. The other half comes from international donors, primarily through the Global Fund, established 10 years ago. However, the Global Fund is cutting new grants for countries battling AIDS until 2014.

The fate of PEPFAR, the huge international U.S. AIDS program, remains in question as the US Congress contemplates ways to address the deficit.

On December 1-2, 2011, the vanguard of the global AIDS response will gather to chart a path toward the end of AIDS. The two-day Harvard Symposium, *AIDS@30: Engaging to End the Epidemic*, begins on World AIDS Day in Boston, Massachusetts.

Learn More: AIDSat30.org

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