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**Notes from 7th International Congress on AIDS in Asia and the Pacific
Kobe, Japan 1-5 July 2005**

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Introduction

The International Congress on AIDS in Asia and the Pacific (Held in Kobe, Japan, 1-5 July 2005) was attended by around 4000 delegates, with particularly good representation from India and Cambodia, as well as, of course, Japan. Most other countries in the region shared some information, although the Pacific Islands and China were under-represented. Central Asian countries were notably absent, and without a European regional conference it is unclear where these countries 'fit' in global HIV/AIDS networking. The theme of 'Bridging Science and Community' was adhered to fairly well, with a good mix of prevention and care work ongoing in the region; activism, and the latest clinical information.

For detailed transcripts of the main conference sessions and speakers, please go to <http://www.healthdev.org/eforums/cms/individual.asp?sid=96&sname=SEA-AID>

Major themes

Prevalence

Certainly a very different picture to that of the early 90's, since which time HIV has permeated all the countries in the region and an estimated 8.2 million are infected. Although there are relatively low prevalence rates in many Asian countries (around 1%), for some countries the figures are misleading due to their huge populations. India's 0.9% prevalence is an equivalent number of people to South Africa's 21.5% (around 5 million people). Similarly China has far more people infected than Brazil, despite much lower prevalence rates.

Vulnerable Groups

The region's epidemic is characterised by rising infection rates moving swiftly from vulnerable groups to the general population. Exceptionally, two of the countries in the region (Thailand and Cambodia) have recently seen a slight reversal in the number of new infections, both attributed to strong, comprehensive responses early on - STD management, 100% condom use policies and community care programmes. Both countries, however, now face challenges from a growing Injecting drug users (IDUs) population. Additionally, adolescent girls and men who have sex with men (MSM) consistently came up as the sections of the population of most current concern. Bangladesh and the Philippines were singled out as having kept prevalence low with successful interventions, although again the figures do not always reflect what's happening in the most marginalized groups in these countries. Dhaka's recent discovery of extremely high levels of STI amongst truck drivers - who tend to have high risk sexual activity and in addition regularly sell blood - is cause for concern. The Philippines was warned against further reducing its already drastically reduced HIV budget.

Capacity Building

Lack of capacity, as opposed to funding, was a constant theme. Vietnam is described as 'going boom' – awash with resources but unable to disburse to where its needed. Indian NGOs pleaded for capacity building funding to be included in funding proposals.

ART

Despite the recent announcement of the 'failure' of WHO's 3 by 5 initiative, anti-retroviral scale-up is happening everywhere in the region. WHO's regional representative defended 3 by 5 as having put ART scale up firmly on the agenda – governments no longer debate whether they should scale up, but rather how it should be done. However there is widespread concern that the resource implications for a few years down the line are not being considered. Thailand, as the most mature nation of people with AIDS (PWA) on ART, is increasingly having to use second-line therapies for the 50,000 Thais on treatment, which are far more expensive. It is estimated that the ART bill for the region in 5 years time will be between \$8-10 billion. Nevertheless, the regional UNAIDS representative pointed out that the estimated \$5.1 billion needed annually to respond adequately to the epidemic is only 4% of current regional health expenditure, implying that if the region pulls together it is an affordable target. Regional responses to SARs and the tsunami were cited as evidence of the region's ability to cope with crises.

New Drugs and Vaccine Research

Updates on recent developments in both vaccine and drug research were received. The vaccine updates remain rather disheartening, although Phase I trials are ongoing in the region in China, India and Australia, and despite the recent failure of the efficacy trial in Thailand a different trial is currently in Phase II. Data from this trial is due in 2008. IAVI representatives urged a global effort to incentivise the private sector, whose support has reduced recently. Both push and pull incentives were urged – the US extension of the Bioshield to diseases of poverty and Advance Purchase Contracts (APCs) were applauded as examples, and it was hoped that this would be a key topic at the G8. WHO were requested to push harder for regulatory reform – the slow progress in achieving coverage of Hep B and Hib vaccines cited as evidence of the extent of existing barriers. The Global Enterprise Vaccine Initiative for which DFID recently hosted a stakeholder meeting in London was only mentioned in passing.

Updates about drugs were slightly more encouraging. Most treatment failures are now due to loss of follow-up or treatment interruption, rather than unbearable side-effects or drug interactions. There are also many new drugs in the pipeline, with TMC114 one of the most exciting (shows low resistance in patients who are mostly resistant to Protease Inhibitors). Resistance continues to be a major challenge though, with 14.5% prevalence of resistance mutation detected in a recent study.

Harm Reduction

Harm reduction was regularly mentioned. Whilst there is progress in the attitudes of the UN, bi-laterals and the Global Fund, it is still an approach unpalatable to many in the region – and indeed most significantly, the US. Malaysia announced that it is going to take a more Public Health oriented approach to harm reduction, which was welcomed.

Bilaterals

There were also interesting discussions surrounding the approaches of some of the bilateral agencies. DFID's positive support towards the Three Ones approach and their broad-minded attitude regarding funding received praise, in particular from Peter Piot, Executive Director of UNAIDS. PEPFAR also fared quite well, although the US's stance in general was criticised in some quarters.