

Get Screened Oakland participates in IAS 2009 Conference and related events

Institute on Health Systems for Experts, HIV Researchers and Implementers

(July 17-18, 2009) Members of the Get Screened Oakland staff participated in a two-day pre-conference meeting of the International AIDS Society's 2009 Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009). The International AIDS Society (IAS) and Columbia University's International Center for AIDS Care and Treatment Programs (ICAP) organized the meeting with funding from the Rockefeller Foundation. Titled, "Accelerating the Impact of HIV Programming on Health Systems Strengthening," the meeting examined the impact of HIV programming on health systems.

The expansion of HIV treatment is the most dramatic change in years for health care worldwide. HIV resources, programming and advocacy have reinvigorated global awareness of the importance of health care and what diverse interventions in the health sector can do for both community- and country-level improvement. The South Africa meeting represents the second in a series of meetings that began in Bellagio, Italy, in September 2008. That meeting, titled "Leveraging HIV Scale-Up to Strengthen Health Systems in Africa," was sponsored by the IAS, ICAP and Rockefeller Foundation. (More information about the Bellagio meeting can be found at www.columbia-icap.org.)

The 2009 meeting objectives included:

- Reviewing key policy issues and priorities that are required to leverage the impact of HIV programming on health systems strengthening
- Examination of the results and progress of work that is currently being carried out in the area of HIV and health systems strengthening by a range of international experts
- Providing a platform for profiling ongoing research, existing case studies and best practices
- Mobilizing researchers and implementers in the fields of HIV and health systems to collaborate to define methodologies and accelerate the research and rigorous evaluations required to answer vital questions on the impact of HIV programming on health systems strengthening.

The pre-conference speakers represented myriad organizations and agencies: the World Bank, the Global AIDS Vaccine Initiative, the Doris Duke Foundation, the U.S. Centers for Disease Control and Prevention (CDC), the European AIDS Treatment Group, UNAIDS, UNICEF, OXFAM and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Other participants included university- and community-based researchers, scholars and center directors.

Keynote Presentation

Dr. Debrework Zewdie of the World Bank delivered the keynote address in which she outlined the successes, challenges and effects of health sector(s) worldwide that have resulted from the unprecedented global response to the call for "universal access to HIV prevention and treatment," which has placed four million people on antiretroviral therapy around the globe. Funding for HIV/AIDS has contributed to the overall health care delivery capacity, she remarked. "Thirty percent of all health funding worldwide can be attributed to HIV/AIDS funding," she added. This information served as the impetus for the attention to the impact of HIV programming on health sectors worldwide.

Issues Covered at Meeting

Other pre-conference presentations focused on current research and discussions of country-level case studies and frameworks for evaluation and methodologies to leverage HIV scale-up activities for health systems strengthening. There were also sessions dedicated to the following topics: health economics and financing; service delivery; health sector workforce; research methodology; and AIDS exceptionalism and the health systems response.

The session, “Health Economics,” examined the use of insurance schemes, the true costs of delivering treatment through such schemes and their impact on overall health care costs at the country level. The session, “Service Delivery,” looked at best employer- and community-based practices in HIV program implementation for individuals, adults, and families and children.

Another session, “Healthcare Workforce Issues,” reviewed and identified challenges in addressing capacity issues, education and training issues and the “brain drain” that is occurring in some countries in Africa as trained doctors, nurses and technicians leave for better opportunities in Europe and North America. “Research Methodology” looked at issues related to monitoring and evaluation, program outcomes and gaps in knowledge. “AIDS Exceptionalism” presented the rationale for viewing HIV/AIDS programs as special, given the high prevalence and incidence of HIV infection in many African and Asian countries.

Meeting Objective

The two-day pre-conference attempted to answer the question, Have HIV programs strengthened health systems? After the discussions, presentations and lectures, the overwhelming consensus was yes, they have.

HIV scale-up has enhanced and strengthened key components of health systems. For example, health expenditures have increased. The overall health workforce has become more developed. Human rights and social determinants are now at the forefront of primary health care and outcomes. Global solidarity exists in support of health systems strengthening and accountability measures and effectiveness studies of public health interventions have improved.

Fifth International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention convenes in Cape Town, South Africa

(July 19-22, 2009) Just under 6,000 scientists, clinicians, advocates and implementers met in South Africa to review and provide updates on the worldwide HIV epidemic. South Africa was chosen to host IAS 2009 because it is the country most heavily affected by HIV, with an estimated 5.7 million people living with HIV in 2007.

About the IAS 2009 Sessions

The conference consisted of abstract- and non-abstract-driven sessions. The abstract-driven sessions were divided into five categories: basic science, clinical science, biomedical prevention, operations research and oral abstract sessions. The non-abstract-driven sessions included plenary sessions, bridging sessions, symposia and other special sessions. Get Screened Oakland presented an abstract on scaling up HIV screening in Oakland and the greater Alameda County.

What follows are highlights from the four-day conference.

“We are watching you”: Treatment Action Campaign’s afternoon march and rally

With a big inflated “eyeball” and the message, “We are watching you,” Treatment Action Campaign (TAC) members in red t-shirts marched through the streets of Cape Town, South Africa to call attention to the plight of people living with HIV. TAC sponsored the march and rally to call for a true and lasting commitment to the resources needed to meet South Africa’s National Strategic Plan for HIV/TB treatment and prevention.

South Africa has the largest number of people living with HIV in the world. An estimated 5.7 million people out of a total population of 46 million are HIV positive. Approximately 1,000 AIDS-related deaths occur in South Africa everyday. The HIV prevalence rate in South Africa’s adult population is 18.1 percent, which means one in every five adults in South

Africa is living with HIV. In neighboring Swaziland, the HIV prevalence rate is 26.1 percent, which is the highest in the world.

According to TAC, an estimated 600,000 patients in South Africa have access to lifesaving antiretroviral therapy, as of mid-2008. The U.S. Government, through the PEPFAR program, provided grants totaling more than \$856 million to support prevention and treatment programs in South Africa between 2003 and 2007. However, in light of the global recession, TAC members are worried there will be a retrenchment of funding.

Wearing t-shirts with the statement “HIV is not in recession” on the front, the marchers spoke about the need for government leaders and scientists to advocate for the continuation of funding. The rally ended with a call for true commitment and partnership between science and community.

A Sunday evening welcome

The opening session began with welcoming messages from the conference co-chairs, Drs. Julio Muntaner of Canada and Hoosen (Jerry) Coovadia, of South Africa. Dr. Muntaner stressed the fact that the “global recession” is not an excuse for “putting the global response to AIDS on hold.” He said, “Amidst a lingering global recession and reports that world leaders are retreating on prior commitments, either we move forward or we will fall back.” Dr. Coovadia stressed that HIV/AIDS has shaped the country’s reality, stating “Without a doubt, HIV occupies a pivotal position in South Africa’s history. The need to rapidly translate science into practice is very real for our country.”

Fresh from speaking at the TAC rally, Ms. Viyuseka Dubula, Secretary General of TAC, South Africa, shared the community perspective. In her remarks, she reminded attendees that HIV is not in recession, adding that the G8 countries must keep their HIV/AIDS commitments. Ms. Dubula also provided an overview of the main themes to emerge from AIDS 2008, the IAS conference that was held in Mexico City, Mexico in August 2008.

The highlight of the evening was an address by Dr. Francoise Barre-Sinoussi, titled “Can the Establishment and Persistence of HIV Reservoirs Ever Be Controlled?” Dr. Sinoussi stressed the importance of understanding the “hidden virus” – or viral reservoirs. She said viral reservoirs constitute the most important and vexing obstacle to eliminating HIV from the body. Then, she considered two important questions: What are the main reservoirs of HIV in the body? And what are the mechanisms responsible for the establishment and persistence of these reservoirs?

During her remarks, Dr. Sinoussi also announced her intent to host a pre-conference session at the 2010 World AIDS Conference (AIDS 2010) on finding a cure for HIV. She put out a call to all scientists who might be interested in joining her. As she concluded, Dr. Sinoussi removed her jacket and put on a bright red t-shirt with the words “HIV Positive.”

The Hon. Stephen Lewis, Former Special Envoy of Canada for the UN and Co-Director of AIDS Free World, delivered the closing remarks. He emphasized the important role advocacy plays in the global response to HIV/AIDS. He then asked the scientists in attendance to join in and raise their voices in solidarity with community in order to strengthen the response to HIV and AIDS at both the global and local levels..

Monday morning plenary on current and future HIV prevention research

The World Health Organization (WHO) has been examining the impact of scaling up HIV testing and starting patients on HAART since 2006. At the plenary, Dr. Reuben Granich of WHO’s HIV/TB Division discussed an emerging approach that combines the use of highly active antiretroviral therapy (HAART) with HIV prevention interventions that are structural, behavioral and biomedical. Key to this emerging approach is deciding when to start a patient on HAART for maximum clinical and prevention benefit.

Dr. Amalio Telenti of the University of Lausanne, Switzerland, spoke about the new field of HIV and host genetics, examining the role of host genetics and their influence on people’s susceptibility to HIV disease. According to Dr. Telenti, there is enough data to suggest that understanding the role of common human genetic variations in HIV disease progression and drug toxicity can help improve treatment outcomes. He encouraged scientists to begin to translate the knowledge about

host genetics into clinical tools and technology for the treatment of HIV.

Dr. Louise Kuhn of Columbia University, New York, presented the latest data on the prevention of mother-to-child transmission (PMTCT). Although the use of short-term antiretroviral treatment regimens across sub-Saharan Africa has resulted in significant decreases in mother-to-child HIV transmission, much more must be done to reach scale in PMTCT coverage and coordination. He highlighted three strategies that are essential to mitigating the negative effects of eliminating or shortening the duration of breastfeeding: lactation support and counseling; continuation of maternal HAART after delivery; and extended infant prophylaxis with nevirapine.

Dr. Wafaa El-Sadr of Harlem Hospital and Columbia University, New York, gave an overview of inflammation as an important cause of morbidity and mortality in people living with HIV. Data seem to suggest that inflammation has played a role in organ damage in people living with HIV. Biomarkers, particularly inflammatory markers, are associated with HIV disease progression, cardiac disease and mortality, she reported. Dr. El-Sadr also discussed the need for innovative interventions to control HIV-associated inflammatory response.

Get Screened Oakland presents an oral abstract on Oakland's municipal HIV screening program

As part of the conference session dedicated to oral poster presentations, staff from Get Screened Oakland provided the global gathering with information on Oakland's screening efforts. "Enhancing Access and Delivering Routine and Targeted Opt-out Testing Through a Municipal HIV Screening Program, the Case: Oakland" offered data on the Oakland/Alameda County epidemic with a particular focus on the HIV rates of late testers.

Thirty-eight percent of Alameda County residents who were screened for HIV in 2007 were late testers. Late testers are defined as individuals who receive an AIDS diagnosis less than twelve months after testing positive for HIV. The majority of late testers in Alameda County were and are Oakland residents.

The poster also examined the outreach to clinics and hospitals and the HIV rapid testing that are currently underway at two Oakland-based medical centers. According to the Alameda County Office of AIDS Administration, HIV testing rates are up 20 percent since Get Screened Oakland began in mid-2007. The findings suggest that creating a municipal HIV screening initiative can increase local HIV screening rates.

Other sessions on Monday

In addition to the plenary session, there were sessions on when to start HIV treatment, antiretroviral therapy for HIV prevention, future directions in biomedical prevention research. There was also a special session on global HIV research, policy and program implementation under the new U.S. Administration. Drs. Anthony Fauci of the National Institutes of Health and Eric Goosby of the Office of the Global AIDS Coordinator were the presenters. Dr. Michel Kzactchikine, Director of the Global Fund, moderated the session.

Tuesday plenary on biomedical prevention, financing and current research

In covering these themes, Tuesday's plenary placed particular emphasis on South Africa.

Dr. Ronald Gray, MD, of Johns Hopkins University, Maryland, summarized the results of trials of STD control, microbicides, pre-exposure prophylaxis, HIV vaccines and male circumcision. Of 28 completed biomedical prevention trials, only four – including three male circumcision trials – have reported significant efficacy. According to Dr. Gray, phase three clinical trials are difficult, expensive and time-consuming. Consequently, he wondered if fewer should be done. Moreover, he added, when trials *are* done, researchers must use greater rigor and ensure a higher degree of quality.

Dr. Bruce Walker of Harvard University and MIT, MA, discussed the roles of CD4 and CD8 T-cell responses in control

ling HIV infection. Drawing from data collected in collaboration with South African researchers, Dr. Walker showed how T lymphocytes fall short in fighting off HIV. He explained how genetics affect the body's ability to control HIV, how mutations in cell-killing (cytotoxic) T lymphocytes can impair HIV's ability to replicate, and why specific genes in the human leukocyte antigen (HLA) system affect viral control differently in people infected with different HIV 1 subtypes.

Dr. Stefano Bertozzi of the National Institute of Public Health, Mexico, spoke about financing the long-term response to HIV. In his remarks, Dr. Bertozzi, identified several strategic areas that should be strengthened to improve efficiencies. These areas in need of strengthening areas were the strategic selection and targeting of HIV interventions; and the management and strategic integration of successful interventions into other services.

He also urged scientists to work with their respective governments on investing resources for the long-term. He said a better balance needs to be struck between funding interventions that achieve short-term results and funding programs that will provide real long-term benefits. This holds true not only for HIV interventions but for other health-related interventions as well.

The final plenary speaker, Dr. Prashini Moodley of the University of KwaZulu-Natal, South Africa, gave an overview of the emergence of multi-drug resistant TB and described the interconnections between local tuberculosis (TB) and HIV epidemics. According to Dr. Moodley, there is a need to improve HIV and TB diagnostic methods so that case finding is active. Equally important are the early intervention and treatment of all TB patients and timely initiation of antiretroviral treatment for HIV-positive patients.

Other sessions on Tuesday

There were several important discussions at the following sessions: "HIV/TB research: where do we stand and what are the priorities"; "Accelerating the impact of HIV programs on health systems"; and "New strategies and controversies in HIV testing and surveillance."

In the testing session, much of the discussion centered on the need for quick expansions of HIV testing (so that that the goal of universal access to HIV treatment and care can be met), and for evidence of HAART's success on lowering community infection rates.

Wednesday plenary on TB/HIV co-infection, HAART and issues of gender and sexual identity

In addition to providing an overview of basic science and operations research on TB's impact on people living with HIV, the presenters of this plenary reviewed the successes and challenges inherent in HAART and discussed the influences gender and sexual identity issues have on HIV prevention and care.

Dr. Gerald Friedland of Yale University, Connecticut, reviewed recent operations-research efforts to address the epidemics of TB and HIV in KwaZulu-Natal, South Africa. Eighty percent of the estimated 700,000 people with TB/HIV co-infection reside in sub-Saharan Africa, with 250,000 (29%) living in South Africa. Dr. Friedland gave examples of effective interventions that have successfully integrated TB and HIV care and treatment in both urban and rural settings and have reduced TB drug resistance.

Dr. Pedro Cahn of Argentina — the immediate past president of IAS — discussed the remarkable impact of antiretroviral therapy on HIV-associated morbidity and mortality and the quality-of-life and life-expectancy improvements that have resulted for its use. He called for expanded HIV testing and the "timely and safe" initiation of antiretroviral treatment. In addition, Dr. Cahn stressed the need to monitor drug toxicity and avoid toxic drugs, such as d4T. Dr. Cahn also called for new drugs; cheap support tools for HIV monitoring and treatment adherence; simple, low-cost second- and third-line treatment strategies, and the training and retraining of health workers.

Dr. Rachel Jewkes of the Medical Research Council, South Africa, said that gender identities (masculinities and femininities) have not received enough attention. As a result, HIV prevention research has failed to consider underlying meanings of risky sexual practices and their social context. Considering sexual practices within the context of gender identities may help on a couple of fronts. It may help clarify the reasons efforts to change isolated sexual behaviors (such as interventions that promote consistent condom use) have met with resistance. It may also help explain why HIV interventions that seek to change gender norms enjoy relatively greater success than others.

The final plenary speaker, Dr. Jerald Sadoff of Aeras Global TB Vaccine Foundation, reviewed efforts to develop a TB vaccine to protect people living with HIV. The current TB vaccine, BCG, has not been enough to control the worldwide TB epidemic. Because a new vaccine for children and adults is desperately needed, four TB candidates are currently being tested in Africa.

Other Sessions on Wednesday

Several special sessions rounded out the day: “Monitoring and outcomes of antiretroviral program expansion in Southern Africa”; “Revisiting contraception and HIV”; “Circumcision — moving from research to practice”; and “Antiretroviral treatment for prevention.”

In addition, there was closing session, which had three parts: the rapporteur reports, the closing address, and the IAS 2011 announcement.

The rapporteur reports provided syntheses of each of the conference’s tracks: basic science, clinical science, and biomedical. The reports summarized the critical issues that were addressed in the sessions of a given track. Each presentation also highlighted important results from research studies and key recommendations for next steps that emerged from a track’s sessions. The rapporteurs reports covered key themes from IAS 2009 as well. These themes can be combined into the following messages:

- HIV testing must be increased and scaled up.
- Antiretroviral therapy is prevention, and started much earlier the so-called HIV latency period is not a period of non-activity.
- Inflammation is an issue area that requires serious attention and clinical monitoring.
- HIV reservoirs must be the focus of ongoing scientific inquiry.
- TB and HIV cannot be ignored.
- Operations research focusing on ways to improve the quality and implementation of HIV prevention, care and treatment programs, was yet another focus point at this conference.

Ms. Graca Machal, wife of Nelson Mandela, and a renowned international advocate for women's and children's rights, gave the closing address. A social and political activist, she is Founder and President of the Foundation for Community Development (FDC), a not-for-profit Mozambican organization. The FDC makes grants to civil society organizations to strengthen communities, facilitate social and economic justice, and assist in the reconstruction and development of post-war Mozambique. Ms. Machal has served on the boards of numerous international organizations, including the UN Foundation, the Forum of African Women Educationalists, the African Leadership Forum and the International Crisis Group. Among her many other commitments, Ms Machal chairs the Fund Board for the Global Alliance for Vaccines and Immunisation (GAVI) and she serves both as Chancellor of the University of Cape Town and as a peer for the African Peer Review Mechanism. In her remarks, Ms. Machal gracefully challenged conference attendees to do more and to help governments keep their commitments to funding the global HIV response. She also thanked IAS for returning to Africa in order to highlight the progress that has been made there, and at the same time, to encourage African leaders to continue in the fight.

The new South Africa has had three presidents. Some have said the first president, Mr. Mandela, was the liberator. The second, Mr. Mbeki, was the reconciliator. And now the third, Mr. Zuma, must be the program implementer. There is much to be done.

IAS 2009 ended with the announcement about IAS 2010. The Sixth International Conference on HIV Pathogenesis, Treatment and Prevention will be held from July 17-20, 2011 in Rome, Italy.

Oakland-based Flowers Heritage Foundation co-sponsors Cities meeting

(July 23, 2009) “Towards Global Routinization of HIV” brought together public health experts, physicians and community members to share their experiences implementing citywide routine HIV testing services in Washington, DC, Oakland and Los Angeles, CA, Miami, FL, the Bronx, NY, and Cape Town, South Africa. Speakers at the conference included Dr. Jonathan Mermin, Director of the Division of HIV/AIDS Prevention at CDC; Dr. Marsha Martin, Director of Get Screened Oakland; Dr. Donna Futterman, Director of ACTS; Ms. Evelyn Ullah, Director of Miami/Dade County HIV Prevention and Early Intervention Services; Stephen Simon, City of Los Angeles AIDS Coordinator; Dr. Celia Maxwell, Director of Howard University Hospital; and Dr. Amanda Castel of the HIV/AIDS Administration of Washington DC.

“Identifying those with HIV infection and linking them to care is our next winnable victory in HIV/AIDS, said Dr. Futterman. “With no vaccine or microbicide on the horizon, we have the means to offer HIV testing routinely to our clients in clinics, hospitals and the community so that those who are living with HIV can learn their status, access treatment and be part of an effort that can significantly curb the growth of this epidemic.”

The ACTS model – Advise, Consent, Test and Support – adopted by Get Screened Oakland is focused on eliminating missed opportunities to diagnose HIV-positive clients by increasing routine testing at clinics. ACTS was first used in free clinics in the Bronx, where it increased testing from 10 percent of patients to 28 percent. When Washington, DC, launched Come Together DC, Get Screened for HIV, city officials called on Dr. Futterman to introduce ACTS to DC’s health care providers.

ACTS South Africa is funded by the U.S. President’s Emergency Plan for AIDS Relief and is being implemented in collaboration with the Western Cape and Cape Town Departments of Health. Multiple sub-districts in Cape Town are planning to use ACTS to improve HIV testing and care citywide. The meeting featured an interactive exchange of ideas between local officials in South Africa, including Dr. Linda-Gail Bekker from the Desmond Tutu Foundation, Nicky Booysen from Action Against AIDS, and Dr. Virginia de Azevedo from the City of Cape Town.

“It is our hope that this meeting is the first of many such forums to foster collaboration and encourage the sharing of experiences and strategies from around the world to identify individuals living with HIV and engage them in care,” said Gregory Edwards, Executive Director of the Flowers Heritage Foundation. A report of the one-day conference is forthcoming.

Community Calendar 2009

Upcoming Events and Dates to Keep in Mind

August

- Th. 08/13-F. 08/14 National Older Adults HIV/AIDS Training by AIDS Community Research Initiative of America (ACRIA); San Francisco LGBT Center, 1800 Market Street, SF, CA. For more information, contact Nilda Rodriguez at rodrigueznila@yahoo.com.
- Sa. 08/15-Su. 08/16 HIV Testing and Prevention Education Outreach, Art and Soul; various locations, downtown Oakland. For more information, contact Marsha, Adriann, Damon, 510-238-7070.
- Sa. 08/22-Su. 08/23 Urban Coalition of HIV/AIDS Prevention Services meeting, Atlanta, GA.
- Su. 08/23- Su. 06/26 National HIV Prevention Conference, Atlanta Hyatt Regency and Marriott Marquis Atlanta, Atlanta, GA. For more information, www.nhpc.org
- Tu. 08/25 Municipal Scale-Up of HIV Testing: Report from Cities, an affinity session hosted by Mayor Ronald V. Dellums and Get Screened Oakland, Hyatt Regency room Regency VI, Atlanta, GA, 3:30 - 5 p.m.

September

- F. 09/11- Sa. 09/12 HIV and the Rule of Law: American Bar Association AIDS Coordinating Committee Conference; Notre Dame University, South Bend, IN. For more information, contact Michael Pates, ABA, 202-662-1025.
- Sa. 09/12 Medicine Warriors, All Nations 10th Annual POW-WOW with HIV outreach; Clinton Square Park, International Blvd, between 6th and 7th Avenues, Oakland, CA; 11:00 a.m.-7:00 p.m. For more information, contact Gayle Burns, 510-836-2924
- Sa. 09/19 Community Heroes Award to Grupo Fremont VIP; Grand Hotel Wilshire, 930 Wilshire Blvd., Los Angeles, CA. For more information, contact, omora@bienestar.org
- W. 09/13– W09/26 Congressional Black Caucus Annual Legislative Conference; Washington, DC Convention Center. For more information, link to www.cbcfoundation.org.
- “An Evening without Politics” National Minority AIDS Conference and the CBC Foundation reception to raise awareness about HIV/AIDS. 9:00 p.m.-1:00 a.m. For more information, link www.nmac.org.

Community Calendar 2009

Cont.

October

Th. 10/15

National Latino AIDS Awareness Day

Th. 10/29-10.31

U.S. Conference on HIV/AIDS. an event of the National Minority AIDS Council; San Francisco Hilton/ For more information, link to www.nmac.org.