

# TREAT ASIA REPORT

## Where Does the UN Go From Here?

The *TREAT Asia Report* Interview: Michel Sidibé, Executive Director of UNAIDS



(Photo: UNAIDS)

Michel Sidibé was a special guest at a Valentine's Day HIV prevention drive aimed at Bangkok sex workers.

Michel Sidibé has been the executive director of UNAIDS since 2009. A native of Mali, he has worked to advance global health and welfare for almost 30 years. Widely respected for his humanitarian work, Sidibé also serves as Under-Secretary-General of the United Nations.

**TREAT Asia Report.** Many children born with HIV, in Asia and elsewhere, are now on the cusp of adulthood, even as their options for affordable antiretroviral treatment (ART) are becoming increasingly limited. TREAT Asia is launching a study of drug

resistance among children and adolescents, but it is clear that without access to second- and third-line drugs, the future of these young patients is not secure. What can be done to extend the supply of essential medicines to include these more expensive, less accessible drugs?

**Michel Sidibé:** The number of young people who have already benefited from ART for several years and will require second- and third-line drugs is indeed expected to increase further, and we need to ensure that such drugs are available everywhere.

UNAIDS advocates drug research and development to optimize pediatric and adult

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## When Saving Money Means Saving Lives

Microsaving Among Women in Viet Nam

Ninh Binh province was home to Viet Nam's first imperial capital in the tenth century, but its past glory means little to Chi Hong.\* An HIV-positive widow who lives with her two school-age children in a small village, she cannot regularly get her AIDS medicines locally and so must travel three hours north to the modern capital, Hanoi. Supporting her family with a small vegetable stall, Chi Hong struggles to scrape together resources to pay for her trips to the doctor. Some months she has been unable to go.

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HIV-positive widows in Viet Nam saved money for health emergencies—and children's school fees—through collective savings groups developed by TREAT Asia.

## TREAT Asia Report

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TREAT Asia is a network of clinics, hospitals, and research institutions working with civil society to ensure the safe and effective delivery of HIV/AIDS treatments throughout Asia and the Pacific.

The information in the *TREAT Asia Report* is compiled from a variety of sources and may contain controversial views and opinions not endorsed by amfAR. Material in the *Report* should not be used as the basis for medical diagnosis or treatment.

This newsletter is also online at [www.treatasia.org](http://www.treatasia.org).

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AIDS RESEARCH

# FROM THE DIRECTOR

## Could the Indian Pipeline Be Shut Down? Trade Negotiations Threaten Supply of Low-Cost AIDS Drugs



This year marks TREAT Asia's tenth anniversary, a decade in which our network has worked to expand and improve HIV/AIDS treatment across the region. TREAT Asia's launch in 2001 happened to coincide with the beginnings of generic antiretroviral (ARV) production, a development that has saved millions of lives around the world.

But the HIV/AIDS community faces a new threat. Trade negotiations now under way between India and the European Union could compromise ARV production in India, which manufactures almost 90 percent of all low-cost generic drugs for people with HIV. Without India, we have no ARV drug pipeline for the developing

world. Without generic ARVs, we lose our most critical tool for treating the global epidemic.

But it is not necessary to completely shut down supply in order to cause significant harm. If Indian companies are not able to produce their drugs under this agreement, the result will be interrupted supply chains, stock-outs in clinics and pharmacies, lower drug purchasing power for donors, and the further suffering of people living with HIV.

The government of India has issued assurances that the production of generic medications will be protected, but community networks of people living with HIV/AIDS, the World Health Organization, and UNAIDS are unconvinced. India is the main source of generic ARVs for the world. There is no way to meet global needs if production in India is compromised.

As Director of UNAIDS Michel Sidibé tells us in this issue of the *TREAT Asia Report*, "Countries should not trade away the public health of their people for other trade gains." This isn't just about trade laws but our commitment to save the lives of the poorest and most marginalized among us. We cannot turn away from that commitment.

Annette Sohn, M.D.

**This isn't just about trade laws but our commitment to save the lives of the poorest.**

## A Decade of Progress

### TREAT Asia Hosts 10th Annual Network Meeting

Faced with a growing HIV/AIDS epidemic in the most populous region of the world, TREAT Asia was founded in 2001 to help spearhead a comprehensive regional response to the epidemic. Ten years later, HIV/AIDS specialists from across Asia gathered in Bali in October 2010 to commemorate a decade of successful

collaboration at the 10th TREAT Asia Network Annual Meeting.

More than 140 HIV/AIDS specialists from 16 countries attended the four-day meeting, which this year had a strongly scientific focus. "TREAT Asia's network meetings are bringing key scientific and clinical issues to the forefront of their agenda," said Mervyn

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# A Deadly Nexus: Cancer and HIV in Asia

## TREAT Asia Symposium Gathers Global and Regional Experts

Confronting the increasing burden of cancer among people living with HIV/AIDS in Asia, TREAT Asia co-sponsored a two-day symposium in November bringing together regional and global experts with the aim of deepening understanding of cancer and its relationship to HIV.

“People with HIV are living longer because of highly active antiretroviral treatment [HAART], but because they have a higher risk of developing certain cancers associated with other viral infections, they can still die younger,” said TREAT Asia Director Annette Sohn, M.D.

“The situation is amplified in Asia and other resource-limited regions where cancer is hard to diagnose and treat since medical resources are not usually available.”

Because of the strong association of human papillomavirus (HPV) with anal and cervical cancers, a number of presentations addressed current research into these two illnesses. Studies have shown that HIV-positive women and men who have sex with men (MSM) are much more likely to have HPV-associated cancers. In the US, HPV is now preventable through a childhood vaccine, but the cost is prohibitive in Asia. “We don’t have the infrastructure in Asia for cervical cancer screening in the general population, but it’s desperately needed among women with HIV given the much higher risk,” said Liesl Messerschmidt, TREAT Asia’s director of research.

High rates of HPV-related anal dysplasia have been identified by the Thai Red Cross AIDS Research Centre in Bangkok via a screening program supported by TREAT Asia through a grant from the US National Institutes of Health’s IeDEA (International Epidemiologic Databases to Evaluate AIDS) program.

The Thai study has raised significant concerns about the extent of anal cancer risk among MSM, according to principal investigator Nittaya Phanuphak, M.D. The study is now looking at proteins associated with anal cancer in order to determine if men who are more likely to progress to cancer can be more accurately identified. The Thai Red Cross’s research is rapidly advancing the understanding of anal cancer risk, progress that is leading to opportunities to collaborate with other US and Australian investigators.

**HIV-positive women and MSM are much more likely to have HPV-associated cancers.**



*Dr. Nittaya Phanuphak (center) of the Thai Red Cross AIDS Research Centre with study physician Dr. Nipat Teeratakulpisarn and study nurse Ms. Amornrat Sukjitpaiboonphol*

Another area of growing interest in Asia is liver cancer associated with viral hepatitis infection. Many of the local HIV epidemics in the region are connected with injection drug use and studies show that upwards of 90 percent of IDUs in Asia can also be infected with hepatitis C, which puts them at risk for liver cancer; this risk is even greater in the context of HIV infection. But because the costs of treating hepatitis B and C are prohibitively high, local clinicians lack the tools to help patients who may have more problems with liver disease than with their HIV infection.

The symposium, which was supported by the IeDEA program, brought together 61 participants from nine countries to hear presentations from the World Health Organization’s International Agency for Research on Cancer; the US National Institutes of Health’s National Cancer Institute; regional medical centers and universities; and Australia’s National Centre in HIV Epidemiology and Clinical Research, which co-sponsored the symposium. ■

## Viral Load Testing—Should It Be the Standard of Care in Asia?

An ongoing global debate is weighing whether HIV treatment can be monitored successfully by clinical assessments and CD4 testing alone, or if more sensitive—and more expensive—viral load tests should be considered the standard of care, even in resource-limited countries. The crux of the debate is whether virologic monitoring (using viral load testing) can prevent unnecessary switches to second-line antiretroviral therapy (ART) by allowing clinicians to more reliably identify treatment failure, and whether it can be implemented in an economically

feasible way. Answers to these questions would allow ART to be more proactively managed to delay disease progression and drug resistance.

In a recent study in India, 122 adults were referred for viral load testing when they were found to be failing first-line ART following the clinical and CD4-based criteria recommended by the World Health Organization (WHO). Researchers found that 24 percent of patients who ordinarily would have been switched to second-line ART using these criteria actually had undetectable viral loads, representing very low levels

of active HIV virus in the body. This showed that their ART was working to control their HIV infection. The researchers concluded that using viral load testing to evaluate treatment failure could prevent unnecessary switches to second-line ART.<sup>1</sup>

The benefit of viral load monitoring has been shown in children as well. In another study of 584 HIV-positive children in Latin America, a viral load of more than 5,000 copies/mL was found to reliably predict which children would go on to worsening HIV disease.<sup>2</sup> The lack of routine viral load testing was felt to delay recognition of treatment failure until after significant clinical illness and even drug resistance occurred. The researchers commented that having a

## HIV and Hepatitis in an Indonesian Prison

HIV and hepatitis C are often more prevalent in prison settings than in the general population due to the over-representation of people who inject drugs.<sup>1</sup> Improved access to voluntary counseling and testing (VCT) during the prison intake process may vastly improve identification of infected inmates, improve access to HIV treatment, and facilitate prevention after release. While HIV prevention, care, and treatment programs are generally limited in prisons in Southeast Asia, Indonesia has made significant progress in addressing HIV in prisons. To understand the behavioral correlates of HIV and other blood-borne infections among Indonesian prisoners and to explore the impact of prison-based VCT, a cross-sectional study was conducted in the West Javan city of Bandung in Banceuy prison, one of two in the region for drug-related offenses.

Among the 639 incoming prisoners who agreed to be tested, the prevalence of HIV was 7.2 percent, 5.8 percent for hepatitis B, and 18.6 percent for hepatitis C.<sup>2</sup> A history of injection drug use was strongly associated with HIV and hepatitis C infection. Hepatitis B and C were more common among prisoners with tattoos. Current prisoners with self-reported risk behavior or signs and symptoms related to HIV

infection were also offered testing. Of the 57 inmates who were tested, 29.8 percent had HIV and 37.7 percent had hepatitis C.

All who were diagnosed with HIV received further CD4 count testing and ART according to national guidelines.

VCT for incoming prisoners is an important but often missed opportunity to provide timely diagnosis and treatment of HIV. It may also provide an opportunity to inform and educate inmates who are engaging in high-risk practices. The researchers emphasized the importance of supportive prison policies, collaboration between the prison and healthcare facilities, and the involvement of staff and prisoners to successfully implement a comprehensive testing and treatment program. ■



1 Dolan, K, et al. HIV in prison in low-income and middle-income countries. *Lancet Infectious Diseases*. 2007; 7: 32-41.

2 Nelwan, EJ, et al. Human immunodeficiency virus, hepatitis B and hepatitis C in an Indonesian prison: Prevalence, risk factors and implications of HIV screening. *Tropical Medicine and International Health*. 2010; 15 (12): 1491-98.

viral load test done twice a year could lead to better treatment outcomes by identifying children and families who may be in need of greater adherence support or second-line ART.

## All three studies encourage the adoption of routine viral load testing as the standard in resource-limited settings.

While viral load testing is part of standard practice in high-income countries, it is considered too expensive and technically challenging for many HIV clinics in resource-limited settings, including in Asia. A recent TREAT Asia study sought to explore how the availability of clinical resources influences treatment outcomes. Data from 2,333 adults in this regional cohort showed a 35 percent increase in disease progression among patients receiving viral load testing less than once per year, compared to patients who had more frequent testing.<sup>3</sup> The researchers commented that the lack of viral load testing also put patients at risk of developing drug resistance during periods of failure.

All three studies encourage the adoption of routine viral load testing as the standard of care in resource-limited settings. ■

1 Rewari BB, et al. Evaluating patients for second-line antiretroviral therapy in India: The role of targeted viral load testing. *J Acquir Immune Defic Syndr*. 2010 Oct 1. [Epub ahead of print]

2 Oliveira R, et al. Viral load predicts new World Health Organization Stage 3 and 4 events in HIV-infected children receiving highly active antiretroviral therapy, independent of CD4 T lymphocyte value. *CID*. 2010 Dec 1;51(11):1325-33. [Epub 2010 Nov 1]

3 Oyomopito R, et al. Measures of site resourcing predict virologic suppression, immunologic response and HIV disease progression following highly active antiretroviral therapy (HAART) in the TREAT Asia HIV Observational Database (TAHOD). *HIV Medicine*. 2010. [Epub ahead of print]

## Survival of Children with HIV in Asia

TREAT Asia initiated a study in 2008 to assess the outcomes of children with HIV in Asia. The TREAT Asia Pediatric HIV Observational Database (TAPHOD) now includes data from more than 3,700 children from Cambodia, India, Indonesia, Malaysia, Thailand, and Viet Nam. An analysis examining survival rates and factors associated with early death was conducted in this regional cohort.<sup>1</sup>

A total of 2,280 children were included in this analysis of data collected to March 2009. Of the 1,752 children who had ever received antiretroviral therapy (ART), the median age at the start of ART was 6.5 years. After a median of 3.1 years of follow-up, 6.6 percent had died, 8.8



percent were lost to follow-up, and 6.8 percent had been transferred to other clinical facilities. The risk of death dropped from 10.2 per 100 child-years in the first three months of ART to 0.9 per 100 child-years after 12 months. Risk of death was highest in those with the lowest CD4 levels, low weight by standardized growth curves, and severe clinical disease.

The 528 children who never received ART were followed for a median of 0.9 years; 6.8 percent died, 46 percent were lost to follow-up, and 6 percent were transferred to another clinical facility. Overall, the most common causes of death were pneumonia (lung infection) and sepsis (i.e., severe infections in the blood and other body tissues).

These results demonstrate the higher risk of death when ART is started too late. Children with initial CD4 levels of less than five percent made up 28 percent of those who received ART and 39 percent of all deaths after ART. In comparison, children with initial CD4 levels of more than 15 percent made up 20 percent of the group receiving ART and only 7 percent of all deaths after ART. The high loss to follow-up among those who did not receive ART may have masked additional deaths in this group. Despite these concerns, the study also demonstrates that strong pediatric ART program retention is possible in resource-limited countries in Asia. Earlier diagnosis and ongoing support for pediatric care and treatment programs will help to ensure that children with HIV have the chance to live to adulthood. ■

1 Lumbiganon P, et al. for the TREAT Asia Pediatric HIV Observational Database. Survival of HIV infected children: A cohort study from the Asia-Pacific region. *J Acquir Immune Defic Syndr*. 2010 Dec 14. [Epub ahead of print]

drug regimens. The aim is to make them longer lasting, easier to ingest, less toxic, and less likely to induce resistance. In the medium term this will hopefully reduce the need to switch from one regimen to another. In the shorter term, UNAIDS, in collaboration with other organizations, advocates both reductions in the high prices of existing second- and third-line drugs, as well as sustained and increased funding for AIDS treatment.

Governments do have a responsibility in this respect. They need to include second- and third-line antiretroviral regimens in their national essential drug lists, ensure training of health providers in their use, and allocate sufficient resources to pay for them. In many countries, this should be possible. For countries that cannot afford these costs, however, international solidarity must ensure access.

Finally, we should not forget that stopping new HIV infections among babies is the most important measure that can be taken to reduce treatment need among children. UNAIDS has called for the virtual elimination of new HIV infections among children by 2015. In Asia this requires addressing the needs of vulnerable mothers and their partners.

**TA Report:** One of the goals of UNAIDS since you became director has been to put an end to mother-to-child transmission of HIV. Despite Asia's relative economic strength compared with Africa, the region performs more poorly when it comes to implementing these interventions. What can be done?

**Sidibé:** The key is integration—investments for women's health must be comprehensive. We need to shift our perspective of considering programs to prevent mother-to-child transmission of HIV as separate from maternal and child health programs. We must also increase demand for them. Successful experiences in countries such as Cambodia are showing that the increased involvement of networks of people living with HIV and civil society is making services more effective and efficient.

**TA Report:** Ongoing free-trade negotiations between India, which manufactures most of the world's generic ARVs, and the European Union have raised concerns about consistent access to high-quality generic drugs. The possibility of further limiting the supply of generics at a time when donor nations are trimming back their commitments to universal treatment presents a grave threat. What will the UN do to help maintain and expand generic production?

“ Countries should not trade away the public health of their people for other trade gains. I urge all countries to ensure that universal access is not impeded by trade agreements. ”

**Sidibé:** UNAIDS's vision of zero AIDS-related deaths cannot be achieved if people living with HIV do not have sustained access to affordable medicines. Generic drugs are playing a crucial role in current treatment gains. Countries should not trade away the public health of their people for other trade gains. I urge all countries to ensure that efforts towards universal access to HIV prevention, treatment, care, and support are not impeded by bilateral and multilateral trade agreements.

Countries must fully use the flexibilities provided in the World Trade Organization's TRIPS Agreement and the Doha Declaration, as needed, to achieve universal access to HIV treatment. These flexibilities set out to protect public health and provide access to medicines for all; they must not be undermined by other trade agreements.

**TA Report:** Unlike in sub-Saharan Africa, the AIDS epidemic in Asia is largely concentrated within vulnerable communities. But programs aimed at these marginalized populations—men who have sex with men (MSM), injection drug users, sex workers—have been significantly underfunded. What is the UN's plan to help change the priorities of local and regional governments and funders to support programs targeting these groups?

**Sidibé:** Compelling evidence shows that for Asia to turn the tide on AIDS, country strategies have to focus on people at higher risk of HIV infection. Asian countries cannot afford to ignore the HIV prevention needs of MSM, people who inject drugs, sex workers and their clients, and transgender people.

The *Report of the Commission on AIDS in Asia* put it plainly: Political leadership on HIV in Asia is the key, and that's why our strategies in Asia focus heavily on building and sustaining leadership to ensure that funded programmes are in place for those most affected.

**TA Report:** Harm reduction has been shown conclusively to help stop the spread of HIV, but harsh attitudes toward drug users prevail in many countries. Nonetheless, harm reduction efforts



(Photo: Pico Gustav, AP/W)

*More than 3,000 protesters marched through New Delhi on March 3, raising their voices against free trade negotiations between India and the European Union that could threaten access to generic HIV medicines.*

have begun to find a foothold in a few places such as China and Viet Nam. What has happened there to turn the tide in favor of harm reduction and how could that be applied in neighboring countries?

**Sidibé:** A combination of civil society pressure, backed by strong scientific evidence, has helped the political leadership in these countries make tough decisions.

Countries are learning from the example of China and Viet Nam. The most dramatic turnaround in favor of harm reduction has been in Malaysia. In response to a Millennium Development Goal report that suggested Malaysia was lagging behind,

the government took rapid action to see how and where this could be best addressed. They reviewed their singular reliance on compulsory detention as the response to injecting drug use and pushed the cabinet to endorse a switch to harm reduction in November 2005.

**TA Report:** Many Asian countries are now solidly in the ranks of middle-income countries and receive only moderate foreign aid to support their AIDS programs. How can regional governments be convinced to dedicate more of their own public funds to HIV/AIDS prevention, treatment, and care?

**Sidibé:** Gains in the AIDS response are fragile and funding must be a shared responsibility. Funding decisions for HIV should have a human face. Resources must go to the communities that need them most and should not be based on economic indicators alone.

While we urge donor countries to increase their allocations to the AIDS response, we also underline that domestic investment for AIDS must be increased. A new Domestic Investment Priority Index developed by UNAIDS shows that many developing countries with strong economies—including a number in Asia—can meet a substantial portion of their resource needs from domestic sources alone.

Governments understand results. I am hopeful that by showing results in the AIDS response, we can make the investments sustainable and predictable. ■

## A DECADE OF PROGRESS

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Silverman, M.D., M.P.H., an expert on AIDS and public health who provides guidance to TREAT Asia as chair of amfAR's program advisory council.

The scientific community's growing optimism about recent advances in HIV prevention and progress toward a cure was reflected in numerous presentations by network members and visiting international AIDS experts. These included an overview of new research into a cure from Jeffrey

Laurence, M.D., amfAR's senior scientific consultant; and a discussion of recent studies on preventing HIV by using antiretroviral drugs (a method known as pre-exposure prophylaxis, or PrEP), by Kenneth Mayer, M.D., of Brown University and Fenway Health. TREAT Asia Network member Nittaya Phanuphak, M.D., of the Thai Red Cross AIDS Research Centre, presented her findings from an innovative TREAT Asia-supported study that looks at anal

cancer risk among HIV-positive men who have sex with men.

TREAT Asia members have made significant advances in strengthening care and treatment in the region over the network's ten-year history. A recent highlight has been TREAT Asia's growing education program, which has included workshops on research methods, scientific writing, epidemiology, and research ethics. ■



## MICROSAVING CONTINUED FROM PAGE 1

Chi Hong's story is a common one in rural areas and isolated villages across Viet Nam and throughout Asia. Even when healthcare is available, those under treatment for HIV must often deplete their meager savings to travel grueling distances, an economic burden that weighs heavily on women like Chi Hong, who contracted HIV from her now-deceased husband and raises her children alone.

Enter the Ninh Binh savings groups.

Recognizing that treatment access often hinges on the simple ability of patients to get to the doctor, TREAT Asia set up a small fund in 2008 to support medical transportation for members of two local HIV women's self-support groups. But that money eventually ran dry. Casting about for a way to make the emergency fund sustainable, TREAT Asia community manager Jennifer Ho considered microfinance, a system that makes small loans available to low-income people, often women who want to establish a small business.

### Interested but Wary

The women of Ninh Binh weren't thinking about commerce, but they occasionally needed modest sums of money to keep their lives on track. Why not set up a savings-and-loan—a sort of borrowing collective—financed and organized by the women themselves so that they could help each other out in the event of health-related emergencies? Ho made a suggestion to two groups: each woman could put in 10,000 Vietnamese dong per month (US \$0.75), borrow against the fund if they needed to, and pay the loan back with only modest interest. At the end of the year, group members would get their money back with an equal share of the interest generated from the loans.

The women were interested but they were wary. Microfinance was an unfamiliar concept in Viet Nam, and

personal trust between group members was a question as well. "They raised issues like, what if the person in charge of the money spent it, or what if they didn't give it to the right person?" remembered Nguyen Thi Diu of World Concern Vietnam, who worked with TREAT Asia to implement the community savings program.

To help ensure transparency and accountability, the women's groups developed their own guidance on the types of loans they would make and the process of repayment. "We suggested that not just one person would keep all the money but maybe two or three in the group, and that they would decide together who would borrow the money," said Diu. "So then it was OK for them. Before then, the women's groups had a strong sense of solidarity, but now they really had to learn to trust each other."

## Why not set up a savings-and-loan financed and organized by the women themselves so that they could help each other out in the event of health emergencies?

The two Ninh Binh savings groups were established in mid-2009 with around 15 women in each group. Although the original idea was to support medical care, members soon decided to extend help to women like Chi Thuy, a widow whose seasonal income as a rice farmer made it difficult for her to pay school fees up front for her two young children, one of whom is HIV positive. "Living with HIV and bringing up children is very difficult," explained Diu. "So the women agreed to lend money sometimes for school fees as well."

After one year, the two community savings projects far exceeded expectations: more than 90 percent of the women contributed to the funds on a regularly basis and they repaid 100 percent of their loans. "By encouraging the participants to develop the habit of saving, they were able to provide each other with much needed financial assistance," said Ho.

Although the TREAT Asia project in Ninh Binh officially ended in 2010, the women's community savings projects live on. "Our goal was to help create a stronger community for HIV-positive women," said Ho. "Now, they've taken that goal into their own hands." ■

*\*Chi Hong and Chi Thuy's names have been changed in this story to preserve their privacy.*