Real participation of Key Affected Populations, Men who have Sex with Men, Sex Workers, Transgender People and Injecting Drug Users key to Turning the Tide of the HIV/AIDS Epidemic

Former U.S. First Lady Laura Bush to address the conference

Thursday, 26 July 2012 (Washington, D.C., United States)--- At a time when the potential of new HIV prevention technologies and treatment as prevention to turn the tide of the HIV/AIDS epidemic is greater than at any other time in the past three decades, experts are calling for a sweeping reassessment at all levels of decision making to turn around the disproportionately high rates of HIV prevalence in those groups most vulnerable to infection, delegates heard today at the XIX International AIDS Conference (AIDS 2012) taking place in Washington, D.C. this week.

Men who have sex with men (MSM), injecting drug users (IDUs), transgender people and sex workers continue to experience denial, stigma, prejudice, discrimination and tokenism that have led to both a resurgence and exacerbation of HIV epidemics in those populations in parts of the globe.

“If we are to take advantage of the huge possibilities that the science is now affording us in tackling the epidemic, we urgently need the most vulnerable populations at the table, but at the same time we need governments to be brought to account for policies that are criminalizing sexual preference and people’s behaviours rather than dealing with these issue as public health concerns;” said Dr. Elly Katabira, AIDS 2012 International Chair and President of the International AIDS Society (IAS).

“However, we also need to do better at our end. Outreach programmes to these vulnerable groups need to be scaled up, to be made more effective and to more adequately reflect the demographic of local epidemics and not placed in the too-hard basket.”

“We’ve seen over three decades that evidence-based approaches to public health have been the most effective instruments in driving down new infection in high-risk groups,” said Dr. Diane Havlir, AIDS 2012 U.S. Co-Chair and Professor of Medicine at the University of California, San Francisco. “Needle exchange programmes have saved millions of lives in many countries the world over, legal reform of sex work in some countries has reduced exposure to infection and the decriminalization of homosexuality is strongly linked to effective outreach in that community.”
Thursday Plenary Session

Dynamics of the Epidemic in Context

Speakers:


At 30 years, the HIV pandemic is not young. Neither is it a new concept that men who have sex with men (MSM) and transgender people are particularly vulnerable to infection. What is new are the tremendous prevention and care options; exciting possibilities for curbing the ravages of HIV, in the world and in Africa. It is thus particularly challenging that we are stumbling on the same old blocks of denial, stigma, prejudice and discrimination. We are held back by challenges which, 30 years into the epidemic, on the continent most affected, we have yet to face, challenge and defeat. Together, we can turn the tide against HIV. We can get to the dizzying heights, realms of a world of zero infections: but not without input from and services for all at risk for HIV including MSM.

**Cheryl Overs**, Senior Research Fellow, Faculty of Medicine, Monash University, Australia

*The Tide Cannot Be Turned without Us: HIV Epidemics amongst Key Affected Populations*

Defines ‘the tide’ from the perspective of HIV-negative and HIV-positive sex workers based on experience, informal knowledge and conventional research. Understandings of vulnerability, safety and protection influence the HIV response particularly in respect of ‘game-changing’ new prevention technologies and treatment as prevention. Discusses the role of sex workers within the HIV response and critiques the terms of the involvement by distinguishing instrumental or tokenistic participation from the meaningful or transformative involvement that is necessary to bring about the profound changes needed to reduce new infections and deaths. Conclude by imagining how more and better involvement of sex workers and might look and recommend some action to bring that about.

Sex workers from Sweden to Singapore to Swaziland say the greatest threat to their health and human rights is law and policy that make it impossible to find safe places to work and prevents them from enjoying the same opportunities and protections as other workers and citizens.

**Debbie McMillan**, CRCS Specialist/Drop-In Coordinator at Transgender Health Empowerment, United States

*Making Waves: The Changing Tide of HIV and Drug Use*

We the transgender community will stand up, challenge wrongs and assert our rights one day, one fight at a time.

"We are the people who are tired of being in the target sights of this epidemic and other storms. We are going to make that change. I have a dream that one day society will recognize the transgender population as human and deserving of all the rights afforded to most citizens."

**Gottfried Hirnschall**, Director of HIV Department, WHO, *Expanding Testing and Treatment*

Just over half the people requiring antiretroviral treatment (ART) globally can currently access it, but for every person who starts ART, another two become infected. The World Health
Organization argues that applying new knowledge about the clinical and preventive benefits of antiretroviral treatment is critical to addressing this gap. This means, for example, providing ART to HIV-positive partners in sero-discordant couples, HIV-positive pregnant women and key populations, both to keep infected people well and to reduce transmission.

Providing ART to more people earlier in the course of infection will inevitably increase the numbers of people eligible for ART. Current approaches to scale up access to ART will therefore not be sufficient. Forward-looking policies, innovative approaches to service delivery and further investments in the systems needed to support larger numbers of people on ART will be required.

The resource implications of current policy shifts to expand access to ART cannot be ignored. Modelling work done to date shows that frontloading of investments in ART in the next five years should lead to cost-savings in the medium- to long-term, as well as sizable societal benefits in terms of infections averted and productivity maintained.

Thursday Programme Highlights

**Symposia Session, HIV Persistence and Eradication** (11:00-12:30, Session Room 9)

The challenges of long-term HIV treatment, including drug toxicity and economic cost, call for a scientific effort at understanding the principles of viral latency. Speakers will describe the rapid advances in knowledge related to HIV latency, persistence, compartments and therapeutic approaches and present the advent of new therapeutic concepts. Co-chaired by Françoise Barré-Sinoussi, IAS President-Elect, and Steven Deeks, UCSF.

**Symposia Session, The Oldest Profession: Is Sex Work, Work?** (11:00-12:30, Session Room 8)

The session will provide the basis for the legal, policy, labour and public health rationale for creating an enabling environment in which sex work is integrated into communities as simply another occupation.

**Special Session, Leadership in the AIDS Response for Women** (13:00-14:00, Session Room 1)

High-level special session with a focus on the critical role of leadership in improving the HIV response for women, their families, and their communities. Speakers include former U.S. First Lady Laura Bush and Daw Aung San Suu Kyi, General Secretary of the National League for Democracy, Burma/Myanmar (via video).

**Symposia Session, The Global Fund: The Next Five Years** (14:30-16:00, Session Room 1)

Taking into account the recent organizational reforms at the Global Fund, this session will discuss the strategic direction and future hopes of fund the from the perspectives of the recently appointed General Manager, implementing countries, members of civil society, and the donor community.

ENDS

**AIDS 2012 Live webcast:** [www.kff.org/aids2012](http://www.kff.org/aids2012)

**Conference Organization**
AIDS 2012 is convened by the International AIDS Society and the conference’s international partners: the Global Network of People Living with HIV (GNP+); the International Council of AIDS Service Organizations (ICASO); the International Community of Women with HIV/AIDS (ICW) and the United Nations Joint Programme on HIV/AIDS (UNAIDS); the Caribbean Vulnerable Communities Coalition (CVC); Sidaction.

The U.S.-based Black AIDS Institute; the District of Columbia Department of Health (DOH); the HIV Medicine Association (HIVMA) of the Infectious Diseases Society of America (IDSA); the National Institutes of Health (NIH); the Office of National AIDS Policy (ONAP) at the White House; and the U.S. Positive Women’s Network (USPWN) are serving as local partners.

AIDS 2012: Join the conversation

Get the latest conference updates and share your thoughts and ideas through the Conference Facebook and Twitter. We are tweeting – @aids2012 – and hope many of you will tweet along with us, using #AIDS2012 to keep the conversation going. Become a fan of AIDS 2012 on Facebook and stay in touch with the latest conference updates and developments. Please visit www.facebook.com/aids2012 to become a fan. If your group or organization is participating in AIDS 2012, we welcome posts of photos and videos of your work on this page. Tell us why you are coming to Washington and what you hope to gain from AIDS 2012.

About the IAS

The International AIDS Society (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 will be held in Kuala Lumpur, Malaysia, from 30 June–3 July 2013. www.iasociety.org | www.ias2013.org

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