

The end of AIDS? Gains and challenges in fighting HIV: Gains and challenges in fighting HIV

by [Paul Jeffrey](#) in the [September 19, 2012](#) issue



PROGRESS: Home-based care worker Maria Silo (left) with patient Sellah Mwanza (center) in Ekwendeni, Malawi. Silo is HIV positive and on antiretrovirals, as is her husband, but their five children are all HIV negative because she got into the Prevention of Mother to Child Transmission program. Since starting antiretrovirals, Silo reports she is feeling better. © PAUL JEFFREY

Recent reports about the approval of Truvada, a drug that inhibits HIV infection, along with the story of a Seattle man, popularly known as the “Berlin patient,” who has reportedly been cured of AIDS, have generated hopes that the end of AIDS might indeed be near. But hints of an imminent cure have been heard before, and the wily virus has proved itself more clever than the scientists who plot its demise. The religious leaders, activists, caregivers and researchers who came to Washington, D.C., in July for the biennial International AIDS Conference warned that even if a cure is found, it won’t mean the end of AIDS.

“There’s a lot of excitement about new science, new processes that might someday yield a cure or a vaccine. As much as we want to celebrate and pursue those opportunities, we must not lose sight of the ‘software’ of the HIV response,” said Peter Prove, executive director of the Ecumenical Advocacy Alliance, referring to the many community-based programs that provide education, treatment and care while also combating the stigma and discrimination that make AIDS so deadly.

“We will not win this struggle against HIV with pharmaceuticals alone. It has to be fought at the community level, at the level of people’s attitudes, with the participation of those communities most affected,” Prove said.

Finola Finnan, chair of the Catholic HIV/AIDS Network, said that if the social and political context of the virus doesn’t change, finding a cure will be anticlimactic:

The epidemic has taught us that we need to go back to our roots and talk about justice, gender and equality. Those are the social determinants that are driving this epidemic. HIV has put a spotlight on people at the margins who need to have a voice, on women needing to be at the decision-making table, and on the factors that drive poverty. That’s what the epidemic has taught us, and we won’t end it until we deal with those issues.

In 2011 the number of people receiving life-giving antiretroviral medicines rose 20 percent to roughly 8 million, an all-time high—which means that more people living with HIV are staying alive. Yet the glass is also half empty: another 8 million could benefit from the treatment but have yet to receive it because the drugs are too expensive, or because they live in a remote area or belong to a social group—IV drug users, sex workers or men who have sex with men—that is heavily stigmatized and so are reluctant to come forward for testing and treatment.

The International AIDS Conference celebrated an ambitious plan to reduce mother-to-child transmission of the virus to zero by 2015 in India and the 21 hardest-hit countries in Africa. The program owes its success in part to antiretroviral drugs that lower the viral load in pregnant women to the point where babies are likely to be born without the virus. Yet according to Maryknoll priest Richard Bauer, who until this year ran a massive HIV education and treatment program in Namibia, the plan will also owe its ultimate success to the ordinary people who labor at the grassroots to educate, test, treat and care. Bauer pointed to the role of Catholic volunteers who, when they see “a pregnant woman on the street, grab her and say, ‘Do you

know where the clinic is? Do you know there's a medicine that can help your baby be born HIV negative?' It has become a joke of sorts that if you're pregnant you have to watch out for the AIDS volunteers. But that enthusiasm has made Namibia a success story in combating AIDS."

Faith-based groups, which provide as much as 70 percent of health care in some African contexts, are crucial actors in combating HIV and AIDS, and many of the groups have come a long way since the early days of the epidemic, when some of them interpreted the disease as divine retribution against sinners.

While the AIDS conference was meeting across town, the Saddleback Church of Lake Forest, California, held a forum on the religious response to HIV. Lindsay Graham, a Republican senator from South Carolina, argued that AIDS ministries in Africa are important for U.S. national security:

Radical Islam is on the move. . . . The best way you can affect al-Qaeda and these other groups that are roaming around in Africa is to give the population some resources and hope so they can say no.

So from a national security perspective, an effective foreign policy program that has a foreign aid component can do more good than a brigade or whole division if you spend your money right.

Another speaker at the Saddleback forum was Assembly of God Bishop Joshua Banda of Zambia, who pushed back at Western agencies that criticize his country's criminalization of homosexuality as being counterproductive in the fight against AIDS. "It is incorrect, almost disrespectful, for your governments to insist that we change the laws in our country," he said.

Criminalizing homosexuality endangers progress in combating HIV, however, because it stigmatizes population groups whose cooperation is essential. Banda's resistance also angers international funders who dislike the substitution of dogma for science. The U.S. President's Emergency Plan for AIDS Relief has provided billions for Africa, but because it has not been overly concerned about discriminatory policies, PEPFAR has provoked appeals from AIDS activists and religious leaders who insist that the organization employ a robust human rights screen in reviewing funding applications.

This was the first time in over two decades that the International AIDS Conference has been held in the U.S., a development made possible when the Obama administration removed a prohibition against issuing visas to people living with the virus. Their voice is essential, many AIDS officials believe, as we can't make decisions about people living with the virus unless they're part of the conversation.

Gracia Violeta Ross Quiroga, founder of the Bolivian network of People Living with HIV/AIDS and an HIV ambassador for Tearfund, the British evangelical aid group, took advantage of the visit to warn that U.S. trade policies are endangering advances in the fight against AIDS.

"If the U.S. signs a free trade agreement with India that includes medications, we are done," she said. According to Quiroga, most international AIDS groups purchase antiretroviral drugs from generic manufacturers in India, except for programs funded by PEPFAR, which buys name-brand drugs. A free trade agreement would mean the end of India's generic drugs, and this would jeopardize efforts to save lives and reduce new infections.

"The whole developing world would be left to die because of the price of drugs," she said.

With medicines becoming an even more critical part of the HIV response, the price of drugs is a hot topic. Faith leaders are pushing pharmaceutical companies to join the Medicines Patent Pool, a United Nations-sponsored voluntary project that encourages manufacturers to allow the licensing of their drugs to generic producers at a lower price. But so far only one company—California-based Gilead—has agreed. Participants at an interfaith preconference event used Twitter to pressure Johnson & Johnson and others into negotiating with the patent pool sponsors. Outside the convention center, thousands marched on the White House to demand a change in trade policies that protect patents over people. Several protesters were arrested after using red ribbons to tie prescription bottles to the White House fence.

Holding the meeting in the District of Columbia, with its large African-American population and relatively high HIV rate, provided some with an opportunity to speak frankly about the resilience of the disease in certain U.S. communities.

"Today the rate of HIV among black women in Raleigh-Durham, North Carolina, is higher than the rate of HIV in the Democratic Republic of Congo," said Pernessa Seele, founder of the Balm in Gilead organization. "We work in both Tanzania and

here in the United States, and the HIV infection rate is higher among African Americans than in Tanzania.”

She added that a connection with their religion is key to the hope and healing of those affected.

“We’re finding commonalities among black women, among men who have sex with men and amid youth. We have a lot in common with Africa, most especially about the role of faith. For black people around the world, faith is central to how they address everything in their lives, including HIV and AIDS.”