

Dear all

In order to keep you updated, today we are sharing with you some of the Latest news regarding HIV & AIDS .These news will surely help you to analyze the current situation of the epidemic.

HIV & AIDS News

Revised figures on HIV in India show massive reduction in cases

July 05, 2007

New methods of sampling have led to a massive reduction in the estimated number of people living with HIV in India, the government has claimed.

Previous estimates had suggested that there were around 5.7 million people living with HIV in India, giving it the largest HIV caseload in the world. The new figures, which had been widely predicted but were not officially released until today, suggest that the actual total is somewhere between 2 and 3.1 million people - around 60% lower than the original estimate. This places India third after South Africa and Nigeria for countries with the highest HIV positive populations.

The new data were obtained through a survey that tested blood samples of 102,000 people across the country. Previous figures had been obtained using samples taken yearly from a number of surveillance sites visited mainly by pregnant women, injecting drug users and prostitutes. In addition to the higher levels of HIV often found in these populations, many of the surveillance sites were located in areas of particularly high HIV prevalence, leading to a false inflation of the country-wide figures.

"Today we have a far more reliable estimate of the burden of HIV in India," said the Indian Health Minister, Anbumani Ramadoss. "The results show that there are an estimated two million to 3.1 million people affected with HIV-Aids. In terms of human lives affected, the number is still large, in fact very large. This is very worrying for us."

The new data has been backed by the UN, who publish the most widely trusted statistics on HIV and AIDS through their UNAIDS epidemic reports and updates. The lowering of the caseload also lowers the HIV prevalence rate in India. With a population of over one billion the new rate now stands at 0.36 percent, down from 0.9 percent.

However, AIDS campaigners have warned that India should not become complacent. A recent government survey revealed that more than 40 percent of Indian women have not heard of AIDS, meaning they do not have the knowledge to protect themselves from HIV. The potential for the epidemic to grow rapidly is therefore quite high.

"I wish that AIDS had become half the problem that it was, but that's not the right way to interpret it," said Ashok Alexander, director of Avahan, the Gates Foundation's AIDS project in India. "The threat is exactly as big as it ever was."

National HIV Testing Day in the USA

June 26, 2007

27th June 2007 marks National HIV Testing Day in the United States, with hundreds of hospitals and organizations working together to highlight the importance of knowing your HIV status.

Around 260,000 Americans are thought to be unaware that they are infected with HIV, which represents approximately a quarter of those living with the virus nationally. The organizers of National HIV Testing Day, the National Association of People with AIDS (NAPWA), hope to reduce this number by encouraging people to "Take the Test: Take Control". Many hospitals, clinics and community centres across the country will be offering free HIV tests, some of which may provide results in as little twenty minutes. HIV and AIDS charities and organizations are also working together to stage events and awareness campaigns in many major towns and cities.

Zimbabwe in an "unbelievably desperate" situation

June 25, 2007

A wide range of reports from Zimbabwe document how the country is collapsing under the triple burden of hyperinflation, food shortages and AIDS. Experts predict the situation will continue to worsen for the foreseeable future, perhaps leading to the fall of President Robert Mugabe.

Inflation was 4,500 percent over the last twelve months and is increasing daily; some economists predict it could reach 1.5 million percent by the end of this year. Officially, an American dollar is now worth 20,000, but exchange rates on the streets are twice as high. Some businesses are closing because they cannot keep pace with the depreciation, while others are refusing local currency and illegally trading with foreign money instead.

"Inflation and the exchange rate are running away and out of control," John Robertson, an independent economist, said in an interview with South Africa's Business Day newspaper last Friday in Harare. "We're on a slippery slope that must be coming to an end now."

Around 80% of Zimbabweans are unemployed. Those who do work as farm laborers are often paid slave wages as low as 36 US cents per month, according to a recent report by human rights lawyers. This is barely enough to buy two loaves of bread.

One of the major causes of the current economic crisis is the government's land-reform programme, the impact of which is addressed by a separate report released this month by the Zimbabwe Human Rights NGO Forum and the Justice for Agriculture Trust. Over six months a survey examined 187 formerly white-owned commercial farms, most of which had been apportioned among Mugabe's supporters. It found that as many as 10,000 farmworkers may have died as a result of being displaced by farm invasions, while the commercial farming sector incurred losses of US\$4 billion.

The Food and Agriculture Organisation (FAO) and the World Food Programme (WFP) this week predicted that more than 2.1 million Zimbabweans will be in dire need of food aid in the third quarter of this year. That number could double by early 2008, to comprise more than a third of the entire population.

"Zimbabwe's looming food crisis is the result of another poor harvest, exacerbated by the country's unprecedented economic decline, extremely high unemployment, and the impact of HIV/AIDS," said Amir Abdulla, WFP's regional director for Southern Africa.

The shortages of food, work and money are in turn likely to worsen Zimbabwe's AIDS epidemic, already one of the most severe in the world. Due to the scarcity of foreign currency the government is struggling to maintain antiretroviral treatment programmes for people living with HIV. Although the US earlier this month pledged million for drugs and HIV test kits over the next three years, this will support only a fraction of the need.

A correspondent of AVERT's, recently returned from Zimbabwe, gave the following assessment:

"The situation in the country is really shocking and unbelievably desperate. The AIDS situation is horrific but has obviously been overtaken or masked by other issues such as critical poverty and chronic starvation. I still find it very difficult to even talk about it ... it is just too emotional and depressing."

America's ambassador to Zimbabwe last Friday predicted that the crisis was so dire it could precipitate regime change in the near future:

"Things have reached a critical point. I believe the excitement will come in a matter of months, if not weeks. The Mugabe government is reaching end game, it is running out of options."

Yet even with a new government in place, the road to recovery will be a long and arduous one for the country that was once the breadbasket of Southern Africa.

A bad week for abstinence in the USA

June 21, 2007

When it comes to sex, "abstinence-only" has always been the preferred message of the Bush administration in the United States. This week however, that message has taken a blow both domestically and internationally.

Abstinence-only education teaches young people that they should not have sex until marriage, and often omits accurate discussion of condoms and their ability to prevent sexually transmitted infections and

pregnancy. Many teenagers who do inevitably start sexual relationships before they get married may therefore lack knowledge about the ways they can protect themselves.

On Tuesday, the U.S. Senate approved a bill that reduces funding for abstinence-until-marriage education programs by .5 million. Though President Bush has threatened to veto the bill, he will be going against advice from his own government if he succeeds. In April 2007, the Department of Health and Human Services released a federally funded report conducted by Mathematica Policy Research Inc. that found that abstinence only programmes had no impact on the number of teenagers having sex, or on teen pregnancy and rates of sexually transmitted infections.

The money saved on abstinence-only education will go, in part, to provide approximately million in additional funding for the Ryan White Comprehensive AIDS Resources Emergency act.

The second blow to the abstinence-only agenda came when the U.S. House of Representatives passed a provision giving the president authority to waive the requirement that one third of all U.S. funding for overseas HIV prevention be spent on abstinence-until marriage programmes. Whether President Bush would ever choose to do this is debatable, but the provision may be useful for future presidents, and it sets in motion the process of abolishing the highly controversial policy.

"The abstinence-until marriage earmark ignores the fact that women and girls often are not in a position to negotiate abstinence, and that a faithful partner, while a desired outcome, is not the reality for many women throughout the world" said Serra Sippel, Acting Executive Director at the Center for Health and Gender Equality.

A second provision from the same bill will also benefit women by exempting contraceptive provision from the Bush Administration's 'global gag rule', which prevents any US money going to organizations that perform or provide information about abortion.

The Democrats have been cautiously working to reverse some of the Republican's stronger right-wing policies since they took control of both congress and the senate last year. A desire not to lose votes, and the constant threat of presidential vetoes has however prevented them from making any radical changes yet. The hope is that further changes that will benefit women, girls and HIV positive people are in the pipeline.

Betrayed: G8 backtrack on universal treatment pledge

June 07, 2007

In July 2005, the leaders of the world's eight richest nations made a pledge: by 2010 everybody in need of HIV treatment would have it. Today, the leaders of those same eight countries went back on this promise, and broke a commitment which has been at the very heart of the fight against AIDS for the past two years. By 2010, it is estimated that between 10 and 15 million people will be in need of antiretroviral treatment. The challenge faced by those responsible for treating these millions of people is immense. Some have said it is an impossible task. Indeed, realistically, it is unlikely at the current rate of increase that the target of universal access will be achieved. Nevertheless, the importance of this target has never really been in its feasibility, but in its aspiration and urgency. Set people an easy target and they may achieve it, but you will never know how much more they could have done.

Sadly, the new goal set by the G8 in their "Growth and Responsibility in Africa" summit declaration is a far too easy target. The pledge made on page twenty of this document states that the G8 nations will "over the next few years... support life-saving anti-retroviral treatment through bilateral and multilateral efforts for approximately five million people."

While the document does say that the G8 "reaffirm their commitment to scaling up towards 'universal access' to comprehensive HIV prevention, treatment and care by 2010" it is entirely unclear how this goal fits in with the 'five million people' pledge. "Five million people" is not "universal access". Furthermore, "over the next few years" is not "by 2010".

The only possible explanation would be if five million people only represents those in Africa (the continent discussed in the declaration) who will be helped specifically by G8 nations. Roughly seventy percent of people living with HIV in developing countries are African. This means out of the ten million people in need of treatment, about seven million will be based in Africa. If two million of these had their treatment supported by their own governments or non-G8 nations, then it is possible that the five million target would be in line with 'universal access'.

The other headline-grabbing figure given by the G8 on AIDS today hints at a different explanation for how the figure of five million was conjured up however. The G8 have pledged to spend billion on AIDS (and malaria and TB) "over the coming years". Coincidentally, this is precisely double the billion for AIDS (and malaria and TB) pledged by the USA just last week as part of the 2008 to 2013 President's Emergency Plan For AIDS Relief (PEPFAR). PEPFAR aims to get 2.5 million people on treatment through the programmes it supports by 2013. The G8, again, aims to achieve exactly twice this amount. If 'over the coming years' and 'over the next few years' are actually code for 'by 2013' then this most certainly does not equate to universal access by 2010. billion is, moreover, very unlikely to be 'new' money and represents just one third of the total amount that the UN estimates is necessary to fight AIDS, TB and Malaria between 2008 and 2012. It has also not been specified how much each G8 country will contribute to this total, meaning it will be difficult to hold individual countries accountable if it is not achieved.

"The last two days was bollocks," said Bob Geldof when asked what he thought of the outcomes of the G8 summit. "I don't want to see 2005 [the Gleneagles G8 meeting] reiterated endlessly. I want them [the G8] to commit to it... This wasn't serious, this was a total farce."

His thoughts have been echoed by HIV positive people, AIDS organizations and fellow celebrities worldwide. "We must not be distracted by big numbers. What the billion headline means at best is just billion extra in aid by 2010," said a policy adviser for the charity Oxfam. "Before this summit, Oxfam showed the G8 were set to miss their 2010 target by a massive billion. Today's announcement may only close that gap to billion."

"I am exasperated," said rock star and well-known anti-poverty campaigner, Bono, in reaction to the figure of billion. "I think it is deliberately the language of obfuscation. It is deliberately misleading."

It is thought to be mainly Canada who obstructed the signing of more ambitious and committed targets on AIDS and African aid in general. Other members of the G8, particularly the UK, are reported to be disappointed that a more radical deal could not be struck. Tony Blair, the UK's Prime Minister tried to make the best of the obvious failure, saying, "the important thing is that we have recommitted ourselves to all the commitments we made a couple of years ago," but it is difficult to believe that even he is satisfied by the outcome.

"If the G8 was a private company, there would be a strong case for suing it for breach of contract. As it is, the backsliding goes unpunished," commented Larry Elliott, economics editor of the Guardian newspaper.

It is likely that the 2007 G8 summit will be remembered largely for the groundbreaking climate deal made by leaders on Thursday rather than its failure on AIDS and Africa. But as Elliott concludes, such failures do "make you wonder whether yesterday's big new G8 initiative on climate change is actually worth the paper it is written on."

Threat to 'All by 2010' goal at the G8

June 06, 2007

In 2005, leaders of the eight most powerful nations in the world signed a pledge to ensure universal access to antiretroviral treatment for every HIV positive person in need of it by the year 2010. Two years after this 'All by 2010' pledge was signed, G8 leaders appear to be on the verge of reneging on their promise.

It is estimated that between ten and twelve million HIV positive people will be in need of antiretroviral treatment by 2010. A draft document from the G8 summit currently being held in Germany however proposes a new target that would ensure access for just half this number. The document states that the G8 would, "over the next few years" aim to ensure access for "approximately five million people".

If the new target of five million people is adopted by the G8, it would be a major blow for people living with HIV in countries where HIV treatment is scarce, as well as for the organizations who support HIV positive people and campaign on their behalf. Though it would not mean that any sort of limit would be put on the number of people being treated, it would reduce the pressure on country governments to get as many people as possible into treatment programmes.

"Africa will suffer greatly if the commitment is scaled back," said Elizabeth Mataka, the UN Special Envoy for AIDS in Africa.

"It is very disturbing to hear that some G8 countries are seeking to weaken the world's resolve on this issue. Just as we are trying to energize the global response to reach universal access, including by African governments themselves, the last thing we need is for the G8 to shift the goal posts."

The UK is reported to be contesting the new goal, although all other G8 nations appear to have agreed it is acceptable. If the 'five billion' target is signed by the G8 however, it would go against a similar pledge signed by all UN members (including the G8 nations) to pursue "the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010."

G8 members have also been accused of going back on their promises to double aid to Africa. A report by the Organization for Economic Cooperation and Development from earlier this year claimed that aid spending by most G8 countries actually fell between 2005 and 2006 once debt relief was factored out.

"The G8's talk of a contract with Africa rings hollow when they're renegeing on their most basic pledge. Failure to keep their promise of doubling aid will translate into millions of people being denied education, healthcare and clean water," said Collins Magalasi, head of policy for Southern Africa at the non-governmental organization Action Aid.

Thousands of activists are currently blockading the routes in and out of the summit in the Baltic resort of Heiligendamm, protesting at the watering down of the G8's pledges. It will not be until the final communiqué document is printed in a few days' time however that it will become clear whether the campaigners' protests have been heard.

Bush announces five-year billion renewal of AIDS plan

May 30, 2007

US President George Bush has announced that he will be renewing the President's Emergency Fund for AIDS Relief (PEPFAR) initiative for another 5 years, and will be doubling the amount of money that the fund will distribute.

The PEPFAR initiative was launched by President Bush in 2003 and was originally conceived as a five-year emergency programme, due to run until 2008. It initially committed billion in aid, most of which has gone to help fifteen 'focus countries' tackle their AIDS epidemics, though with the enactment of the President's 2008 funding request for the plan, the five-year total will actually stand at .3 billion.

If agreed by Congress, the five-year renewal of PEPFAR will commit another billion to fighting AIDS around the world; double the amount agreed in the first five years. The focus of the next five years of the plan will also move from emergency action, to expansion and sustainability of the programmes that have already been implemented.

In a speech given at the White House, President Bush said the additional billion for prevention, care, and treatment would "be spent wisely through the establishment of partnership compacts with host nations. These compacts would ensure that U.S. funds support programs that have the greatest possible impact and are sustainable for the future."

Partnership Compacts are a new idea, that will increase direct partnership with recipient countries to ensure they begin to improve their own domestic capacity to cope with AIDS.

The President also announced that PEPFAR was now supporting antiretroviral treatment for 1.1 million people. With the implementation of the next five years of the programme, the United States hopes to increase this figure to 2.5 million.

The President's announcement has been widely welcomed, but some have said it needs to be accompanied by the removal of PEPFAR's regulation that commits 33% of prevention funding to abstinence-only programmes.

"Increased funding for global AIDS is a necessary but far from sufficient response to the global AIDS epidemic" said Jodi Jacobson of the Center for Health and Gender Equity. "No amount of money will make up for the ideologically driven prevention policies now promoted by PEPFAR."

Her thoughts were echoed by Congressman Tom Lantos, chairman of the House Committee on Foreign Affairs who agreed that, "Mandating the preaching of abstinence may not be the best use of one-third of the funds in this fight." He said that his committee would examine this regulation very closely during the reauthorization process for the PEPFAR bill.

18th May: HIV Vaccine Awareness Day

May 17, 2007

Friday 18th May is international HIV Vaccine Awareness Day, when people around the world are asked to

remember the scientists and volunteers that are helping to develop vaccines to prevent HIV transmission. AIDS Vaccine Awareness Day 2007 marks the ten year anniversary of a statement of commitment on vaccines made by the then US president Bill Clinton. In a 1997 address to scientists and AIDS research funders around the world, he said:

"Today, let us commit ourselves to developing an AIDS vaccine within the next decade. There are no guarantees. It will take energy and focus and demand effort from our greatest minds."

Despite energy and focus however, ten years after President Clinton made his statement we seem to be no nearer finding a vaccine for AIDS.

A new report from the AIDS Vaccine Advocacy Coalition (AVAC) does however give some cause for hope. In 1997 there were 23 different trials of AIDS vaccines taking place. Today there are thirty. In 1997, most vaccine trials were in their preliminary stages and were being tested on just 1,350 volunteers. Today, 24,758 volunteers are involved in trials globally, and many of these trials are entering late stage efficacy testing.

Funding for vaccines has also increased significantly, with the Bill and Melinda Gates foundation providing significant funds for major research projects. The foundation has just announced for example that it is to give .7 million to the Elizabeth Glaser Pediatric AIDS Foundation to help further research on vaccines that could potentially stop babies acquiring HIV through breastfeeding.

It is unclear so far how many of the current vaccine candidates are likely to be successful – only time will tell if any can produce significant immunity to HIV. The virus is incredibly adaptive and difficult to target with vaccines, as it attacks the immune system itself. In a recent article in The New England Journal of Medicine, the director of the US National Institute of Allergy and Infectious Diseases, Dr Antony Fauci said:

"The development of an HIV vaccine is a complex research challenge because the virus is unusually well-equipped to elude immune defences. Much progress has been made; however, we must continue research efforts to improve our understanding of HIV and how it evades the immune system, to design new vaccine candidates and to assess the most promising ones in clinical trials."

It may only take one out of the thirty current vaccine candidates to be successful and stop AIDS in its tracks. Until this time however, AVAC are calling on continued financial and public support for vaccine research, better collaboration and coordination between researchers, and a greater understanding that one failure does not mean we have reached the end of the road for vaccines.

Powerless KwaZulu Natal AIDS organization calls for change in policy

May 10, 2007

In the push to expand the response to the AIDS epidemic in South Africa, the building of new HIV and AIDS community support centres is vital. However, this work is currently being hampered by the policies of a major South African electricity supplier, Eskom, who are refusing to set up any new electricity connections in some areas of the province of KwaZulu Natal.

The Tholulwazi AIDS organization is based in the town of eManguzi, in the Manguzi area of North KwaZulu Natal. Using funding from AVERT, Tholulwazi opened a new community centre last year to support the thousands of people in the local area living with HIV. Since its opening however, the community centre has been without power due to Eskom's policy of systematically refusing applications for new electricity connections in the area.

Electricity is at a premium in South Africa, and blackouts during times of peak demand are not uncommon. However, in the Manguzi area, there appears to be no plan in place to increase power output, meaning the Tholulwazi centre is likely to remain without power indefinitely.

Providing assistance to HIV positive people from a community centre without power is very difficult. Without lights, the centre cannot stay open after dusk. Running computers and communication devices that require power is impossible, and refrigerators to store food used in the center's orphan feeding Programme are also out of the question.

Around 16.5% of the population of KwaZulu Natal are thought to be infected with HIV, the highest HIV prevalence of any province in the country. The number of children orphaned by AIDS is also exceptionally high, with around 3,500 living in the Manguzi area alone.

Eskom claim to take a great degree of social responsibility in regards to the AIDS epidemic, but their refusal to connect the Tholulwazi centre casts doubt over these claims. AVERT and the staff of the

Tholulwazi centre are now calling for Eskom to honour their commitment to helping those with HIV, and establish a power connection as soon as possible.

Brazil breaks patent on brand name AIDS drug

May 08, 2007

The Brazilian government is to issue a compulsory license to break the patent on the AIDS drug efavirenz, after price negotiations with the manufacturer, Merck & Co., broke down.

Efavirenz is a commonly used antiretroviral, but it currently costs .59 per pill to purchase from Merck, a price which the Brazilian government say is unaffordable in the long term. Merck are said to have offered a reduction of 30%, but the Brazilian government have refused to accept anything less than .65 per pill – the price Merck currently charges in fellow middle-income country, Thailand.

It is a precedent set by Thailand that Brazil is following in their attempts to issue a compulsory license. Compulsory licenses are legal documents entitling a country to manufacture or import generic copies of drugs considered essential to human health. Several were recently issued by the Thai government to enable them to produce their own versions of the AIDS drugs efavirenz and Kaletra, as well as a number of medications for other conditions.

However, compulsory licenses are unpopular amongst major pharmaceutical companies, who claim the breach of their intellectual property rights damages their profits, and may lead to a reduction in future research and development for AIDS drugs, as companies may begin to see them as unprofitable.

Abbott, the company that manufactures Kaletra, have withdrawn all new drug applications from the country's governmental review process in retaliation for the government's actions. The United States have also placed the country on a "Priority Watch List" of twelve countries they deem to be committing intellectual property piracy. This is in spite of the fact that a compulsory license is a perfectly legal way of ensuring access to essential medicines under World Trade Organisation regulations.

However, Brazil and Thailand do have one American on their side. This week, Bill Clinton announced that he supported Thailand's move to break Abbott's patent.

"Clinton explicitly gave Thailand ... full support for its decision that will help poor people in the country gain access to medication," Thai Public Health Minister Mongkol Na Songkhla said in a telephone interview with a television station.

His foundation have also just secured a deal with the generic drug makers Cipla Ltd. and Matrix Laboratories Ltd. that will ensure much lower prices on a once-a-day combination second-line drug for developing and middle-income countries. Taken when individuals become resistant to cheaper 'first-line' drug options, second-line drugs are essential for maintaining HIV suppression and preventing a person from developing AIDS. However, they are generally much more expensive than first-line treatments, particularly in middle-income countries where the significant price reductions awarded to low-income nations do not apply.

With financing from UNITAID, an organization funded largely by airline tax revenues, the deal looks set to cut prices for the new generic combination of tenofovir, lamivudine and efavirenz to just 9 per patient per year. This is 45 percent less than the rate currently available to low-income countries and 67 percent less than the price on offer to most middle-income countries.

"Seven million people in the developing world are in need of treatment for HIV/AIDS," said Clinton in a statement. "We are trying to meet that need with the best medicine available today, and at prices that low and middle-income countries can afford."

Many HIV positive prisoners in South Africa want to return to jail

April 29, 2007

South African prisoners living with HIV are increasingly finding that prison offers them better prospects for survival than life on the outside, The South African Prisoners Organisation for Human Rights (Saphor) has claimed.

South African prisons are often squalid and very overcrowded, but all inmates receive regular meals and most of those with HIV are provided with the antiretroviral drugs (ARVs) they need to remain healthy.

With high unemployment levels and ARV treatment less accessible, life on the outside can seem far tougher

in comparison.

"I cannot feed myself as there is no work," said one inmate, Amos, a convicted thief.

"Like most prisoners I am suffering from Aids and I can't get the free treatment I got inside. I really don't want to return to crime but the only alternative for me is to go back to prison."

Around forty percent of the inmates in South Africa's prisons are thought to be living with HIV. Many of those released on parole have been jailed for minor offences such as stealing food and other non-violent crimes. However even those convicted of serious crimes including armed robbery and murder are being released because there is simply no room to house them.

Support for inmates on parole is non-existent, and most have little incentive or opportunity to find a good job that will enable them to support themselves and their families.

Golden Miles Bhudu, the Saphor organizer, said the South African authorities needed to "ensure they put into place a policy to ensure the smooth integration of these offenders into society."

He added that Saphor now felt compelled "to alert the authorities to the very harsh and terrible conditions ex-offenders find themselves in. You just can't put people on parole without support."

Australian judge rejects claim that HIV does not cause AIDS

April 26, 2007

An HIV positive man accused in Australia of endangering three women's lives by having unprotected sex with them has lost his appeal after a judge rejected his claim that HIV does not cause AIDS.

Andre Chad Parenzee was convicted of three counts of endangering life in January last year after a mother of two took him to court for having infected her with HIV.

Following his conviction, his defense lawyers launched an appeal, and called on two Perth-based medical researchers – Eleni Papadopulos-Eleopulos and Dr Valendar Turner – to testify that HIV was not the cause of AIDS, that HIV could not be transmitted sexually, and that Mr. Parenzee had not put the women's lives in danger.

Papadopulos-Eleopulos and Turner are both members of The Perth Group, a small group of "AIDS dissidents" who question the accepted scientific evidence on the link between HIV and AIDS.

The judge, Justice John Sulan dismissed their claims, saying that the witnesses lacked credibility and could not be considered independent experts.

"I am satisfied no jury would be left in any doubt that HIV is the cause of AIDS or that it is sexually transmissible." He told the South Australian Court of Appeal.

"The value of the evidence called is minimal (and) lacks cogency ... I do not consider that the evidence is plausible."

He went on to say that Ms Papadopulos-Eleopulos, a physicist who works at the Royal Perth Hospital, relied upon the opinions of others, which she frequently took out of context and misinterpreted.

Papadopulos-Eleopulos is so convinced of her beliefs that when asked by the judge whether she would have unprotected sex with an HIV positive man, she replied "Any time."

The Perth Group's claims were countered by experts including Professor Robert Gallo, a highly respected AIDS researcher and the first scientist to identify HIV as the cause of AIDS. He described members of the Perth Group as "misguided, inappropriate and delusional".

There is much debate among AIDS groups over whether HIV positive people should be prosecuted for having unprotected sex without informing their partner of their HIV status. Many claim that criminalization is a deterrent to HIV testing and enhances discrimination against HIV positive people.

However it is widely recognized that the flawed arguments proposed by AIDS dissidents can also be very damaging to HIV prevention efforts, leading to an unusual situation whereby many AIDS groups both support and condemn Parenzee's conviction.

Parenzee will now be remanded in custody until he is sentenced later in the year.

Two million getting HIV treatment, but progress still too slow

April 17, 2007

Two million HIV-positive people in low- and middle-income countries were accessing antiretroviral treatment at the end of 2006, according to a new World Health Organisation (WHO) report. This means

that around 28% of those in need of the life-saving drugs were receiving them.

Access to antiretroviral treatment - which can prolong the lives of people with advanced HIV infection or AIDS - has greatly expanded in recent years. In sub-Saharan Africa, only 100,000 people were receiving treatment in 2003, compared to 1.34 million at the end of last year.

But the speed of expansion is still too slow to meet global targets. The world's leaders have committed to pursue the goal of universal access by the end of 2010, which amounts to around ten million people receiving treatment in low- and middle-income countries. If current trends continue then only half this number will be getting the drugs; hundreds of thousands will die for want of medication.

Access for all by 2010 will only be achieved by greatly accelerating the rate at which people are put on treatment. This will require concerted action in several areas including:

- More HIV testing and counseling;
- More equal access for marginalized groups such as injecting drug users;
- Strengthening and expansion of health systems;
- Better services for children.

The WHO notes that concerns about financial sustainability are also hindering progress. Although it is well known that user fees restrict access to treatment, some countries continue to impose them because they are worried that foreign donors may withdraw their support in years to come.

Due to substantial price cuts in recent years, the cost of the drugs themselves is less of a problem than it once was. However second-line regimens - which are needed by people who fail on their first course of treatment - remain expensive in many countries. The WHO warns that, unless prices fall significantly, "countries will soon be confronted with budgetary constraints that may put treatment programmes at risk."

Access to antiretroviral treatment remains very uneven around the world. In Latin America and the Caribbean, around 72% of people in need are receiving treatment. Three African countries - Botswana, Namibia, Rwanda - have also achieved more than 70% coverage. But rates are less than 15% in Russia and India, which between them have nearly seven million people living with HIV.

Treatment coverage for children increased by 50% during 2006, but is still only 15%, compared to 28% among people of all ages. In sub-Saharan Africa, children account for 14% of people in need of treatment, but for only 6% of those receiving the drugs. The WHO urges faster scale-up of new approaches to diagnosing and treating children, including the use of specially formulated pills.

Australian Prime Minister Causes upset over HIV+ migrants

April 15, 2007

The Australian Prime Minister, John Howard, has sparked controversy after suggesting that HIV positive migrants should be banned from entering the country.

Asked in an interview whether he thought people with HIV should be allowed to enter Australia, Mr Howard replied that he would need to take "more counsel" on the issue, but that his "initial reaction [was] no." He then went on to say that there may be humanitarian considerations that would affect this decision in individual cases but that his government was nonetheless looking into tightening the restrictions.

"I think we should have the most stringent possible conditions in relation to that [admission of HIV positive people] nationwide, and I know the health minister is concerned about that and is examining ways of tightening things up," Howard said.

Howard's comments came in reaction to a report claiming that 70 of the 334 reported cases of HIV in the state of Victoria in 2006 were among immigrants. His reaction has caused outrage among HIV and AIDS support groups across Australia.

"It's a hysterical overreaction" said Dr. Chris Lemoh, an infectious disease specialist who is working on a doctorate on the spread of AIDS among African immigrants in Victoria.

"It mixes racism with a phobia about infectious disease. To not allow people to come on the basis of any health condition is immoral, it's unethical and it's impractical to enforce."

Others have complained that the figures for Victoria had been taken out of context. Only 20 out of the 70 migrants who were reported to have HIV were actually diagnosed overseas, and most were born in Australia or New Zealand.

Australia already has tight rules regarding the admittance of HIV positive people. New migrants are tested

for HIV as part of their initial health screen, and most of those that test positive are deported on the grounds that they would impose a burden on the health system. There is as yet no official ban on HIV+ migrants entering the country, but visa applications are routinely rejected if it is deemed that the cost of an individual's lifetime care will exceed, 000. The Australian government estimates that an HIV positive person's care costs can exceed 0,000, making them ineligible for a visa.

Noman Farooq

Senior program Associate

PNAC Resource Centre

PAKISTAN NATIONAL AIDS CONSORTIUM

Phone: +92 51 4100935 / 4432094

Fax: +92 51 4100935

Address: H.No 441, Street 57, I-8/3 Islamabad Pakistan

Email: resourcecentre@pnac.net.pk

URL: <http://www.pnac.net.pk>

<http://www.aidspnac.org>