

Some headlines from the International AIDS Conference occurring this week in Toronto (full articles attached below):

BBC News: "Call for widespread HIV testing"

USA Today: "Plan for routine universal AIDS testing draws strong reaction"

Khaleej Times: "Activists slam US over abstinence in AIDS plans"

Reuters Health: "Multiple partnerships fueling AIDS epidemic"

Boston Globe: "Leaders urge blacks to take on AIDS cause"

Reuters Health: "Cannabis pitched as painkiller at AIDS conference"

Agence France Presse: "Mexico to host 2008 AIDS conference"

LifeSiteNews: "Gates Booed For Mentioning Abstinence, Faithfulness"

National Post: "Teaching abstinence reduces teen sex: study: Condom use not affected"

Washington Blade: "U.S. limits attendance at Int'l AIDS Conference"

The Gazette: "Missed chance for U.S.: Bush's funding curbs means world won't hear many success stories"

Edmonton Journal: "Superinfections compromise vaccine development"

Newsday: "AIDS activists misguided in goal to legitimize 'sex work'"

Business Day: "Minister's remedies shock world AIDS indaba"

Reuters Health: "Small victories feature at AIDS conference"

Canadian Press: "Legalizing sex trade key to cutting HIV, activists tell AIDS conference"

Reuters Health: "Sex workers march for rights at AIDS conference"

Agence France Presse: "Condoms, cannabis, beads... and networking: Secrets of AIDS forum success"

Agence France Presse: "Sex sells AIDS prevention message at conference"

Indo-Asian News Service: "Safe sex, and good sex, talk of AIDS conference"

National Post: "'Hollywood' meeting blasted: Activists up in arms"

Canadian Press: "Activists protest Richard, Bill, Bill & Melinda distract from real story of AIDS"

Business Day: "UN envoy lashes 'colonial' Bush AIDS plan"

Financial Times: "US AIDS chief denies morality comes before life"

Reuters Health: "Former President Clinton defends Bush on AIDS"

Ottawa Citizen: "AIDS meeting is just a pricey photo-op"

Xinhua General News Service: "Protesters demand greater U.S. role in fighting AIDS"

Reuters Health: "Drug abuse seen driving new HIV epidemics"

Gay City News: "Toronto AIDS Conference Targets Bush"

Aidsmap: "U.S.-led war on drugs 'inadvertently fuelling HIV epidemic'"

Reuters Health: "Making condoms stylish for everyone"

Associated Press Worldstream: "Canadian government holds off AIDS announcement: conference too 'politicized'"

The Gazette: "Safe-injection site protest halts traffic"

Deutsche Presse-Agentur: "Voices of HIV-positive were missing at their own conference"

San Francisco Chronicle: "Cash crunch still curbs AIDS fight; As conference ends, activists call for sustained political pressure"

Financial Times: "World spends too much in the fight against AIDS"

Washington Times: "Bill's 'no-brainer'"

LifeSiteNews: "'Brains' Behind Ugandan AIDS Success Condemns Toronto AIDS Conference 'Abstinophobia' and 'Matriphobia'"

Toronto Sun: "Condom use by gays falls"

Mainichi Daily News: "All eyes on "The Condom Collection" at International AIDS Conference"

The Boston Globe: Progress is being made in the fight against AIDS in Africa, thanks in no small part to the president's aid program. But that's not what some people want to hear.

Calgary Herald: "Envoy blasts South Africa's 'lunatic' AIDS policy: Harper, Bush also targeted in tough speech"

Toronto Star: "Faith groups struggle with AIDS response"

Calgary Sun: "AIDS APPROACH CLOUDED BY POLITICS"

London Free Press: "MEN FEEL LEFT OUT AT CONFERENCE; GAYS WORRY ABOUT THE LACK OF CONCENTRATION ON THEM AS THE FOCUS OF AIDS SHIFTS AND EXPANDS."

National Post: "Chanting the mantra of harm reduction: 'Abstinence does not work: people lie,' scientist says"

The Record: "AIDS delegates too 'overwrought' for rational discussions: Clement"

Times Colonist: "Conference produced words, but little action, AIDS activists say"

The Toronto Star
August 13, 2006 Sunday
SECTION: IDEAS; Pg. D04

Conference 'irrelevant' to basic scientists Too much circus, too little science

BY Andrew Chung, Toronto Star

By the time the 14th International AIDS conference came to Barcelona in 2002, Dr. Robert Gallo, the famed American scientist who co-discovered HIV, was already feeling the weight of its size and scope.

He was treated like a major celebrity, with 50 reporters and photographers descending upon him, flashguns blasting.

"This is bad!" Gallo recalls thinking to himself. "I'm not Mick Jagger, and it's serious - AIDS is a serious disease."

The media throng followed him to the auditorium's front row. "They were still flashing at me there, and the speaker was trying to speak and I yelled at them. I said a vulgar word to them to get out of my face!"

Gallo is among the most prominent researchers in the HIV world. And though he was not asked to participate in AIDS 2006, which begins tonight in Toronto, he also says he wouldn't attend anyway, and for a very specific reason.

"I don't think they serve any purpose for science at all," Gallo says of the biannual AIDS conferences. "These meetings are platforms for a lot of diverse groups. They have a function, and I wouldn't be against these meetings, but I don't need to be a participant in

them regularly."

With all the hype surrounding this week's conference, little mention has been made of the discontent among scientists who perform the research that underpins the search for a cure.

Gallo, director of the Institute of Human Virology at the University of Maryland Biotechnology Institute, goes further.

Every major advance in the field of HIV, he says, has been a result of basic laboratory science, yet scientists feel like "fish out of water" at the conferences.

"What I worry about at this meeting is that there is a certain degradation of science (by) the circus quality and the lack of importance of that which is the only way the problem is going to be solved." After reviewing the abstracts for the conference, "I have to admit the quality left something to be desired," he says.

The circus atmosphere has been around for years, created by the thousands and thousands of activists, journalists, politicians, celebrities - actor Richard Gere and singer Alicia Keys are just two on the menu this year - and other lay people that descend upon the conferences. This year's \$20 million version is the biggest yet, with 20,000 to 22,000 attendees.

In the past, there have been large protests. Activists have boisterously taken over trade-show exhibits, like those of big pharmaceutical companies, demanding to know where the cure was and, more recently, why so many poor countries don't have cheap access to HIV drugs.

"They have made for good theatre - people marching through and disrupting sessions," says Dr. Jeffrey Laurence, a professor of medicine at Cornell University and editor of the journal AIDS Reader. Laurence has attended every AIDS conference over two decades except one.

He agrees with Gallo on the science aspect. "For basic scientists, it's become an irrelevant conference," he says. "It might be a reasonable review for young people coming in, but you're not going there to find out the latest information on what new molecular or immunologic tricks the virus has come up with. It's not the place to find out what's happening with vaccines."

Even the conference co-chair admits the science is not the most advanced. However, he adds, that is no longer the purpose of the conference. "Is this the best basic science conference in the world? No, it's not," says Dr. Mark Wainberg, director of the McGill University AIDS Centre.

The conference still has its place, Wainberg says. "It tries to be all things to all people, which is a noble initiative."

The conference has evolved since its inception in Atlanta in 1985, when HIV wasn't even known yet by that name. Laurence says the change is less regrettable than inevitable: the International AIDS Conference has morphed into one focusing on prevention and social and political science, whereas the Conference on Retroviruses and Opportunistic

Infections, held annually in the U.S., is where all the real science is discussed.

"I've just altered the way I look at these (International AIDS) conferences and realized they're good for what they are and don't expect more than that," says Laurence, who will be attending the Toronto event. "They're not detracting from basic science, it's just that the vast majority coming to them don't have a background to interpret the basic science."

The beauty of the International AIDS conference, Wainberg says, is that it captures international media attention for a week, while the smaller, domestic conferences that are only high-level science capture virtually none.

"In terms of AIDS awareness and education worldwide, this conference does far more than anything else to stop the spread of AIDS," he says.

And the circus aspect? That's a necessity, says Wainberg. "Let's face it, there are lots of people who come and want to be here because of that. Those celebrities, they're the people who, when they get a hold of a microphone and plead with people in developing countries to protect themselves, get headlines."

Gallo disagrees. The meeting has its purpose, he concedes, for ethicists, epidemiologists, public health experts, and social scientists. But, he insists, international meetings shouldn't be about celebrities. "I mean, this is silly. If that's what gets people to come, then you've got the wrong people coming."

Wainberg worked in Gallo's lab at the National Cancer Institutes in the early 1980s during Gallo's pioneering work on HIV and considers his mentor a friend. Still, he thinks Gallo's attitude is wrongheaded.

"He's a good friend of mine but he's known to engage in hyperbole from time to time," Wainberg says.

"Dr. Gallo is one of these purists who will defend science and the integrity of science, but (he) should have more understanding of the mission of this conference and its greater role of disseminating the health message worldwide, and the critical role of journalists getting that message out.

"He's just a bit too much in the ivory tower."

National Post (f/k/a The Financial Post) (Canada)
August 12, 2006 Saturday
Toronto / Late Edition
SECTION: NEWS; Pg. A8

**Conference boasts star power like no other health cause:
Entertainers were involved early when many victims were gay**

BY Tom Blackwell, National Post

It is unlikely there will ever be a Parkinson's film festival, an official Crohn's disease sculpture at the Royal Ontario Museum or a concert for prostate cancer headlined by U.S. pop star Alicia Keys. But all that spectacle and more is part of the huge, and oddly fashionable, International AIDS Conference that gets underway tomorrow in Toronto.

With its many cultural events and celebrity appearances, the conference underlines how HIV and AIDS have been embraced by the arts and entertainment world like no other health-care cause.

Yes, the core of the massive meeting -- attracting 24,000 delegates and up to 3,000 media members -- is an overwhelming array of research from scientists and other scholars.

However, actor Richard Gere is hosting a couple of sessions, Bill Clinton will make appearances, as will Bill and Melinda Gates, whose foundation's billions are largely earmarked for the AIDS fight. Entertainers at official and associated events include Ms. Keys, Canadian rock bands Our Lady Peace and the Barenaked Ladies and actresses Sandra Oh and Olympia Dukakis.

There is speculation about an impromptu visit from Elton John.

"This is sort of like the Super Bowl of disease conferences. There has been a long and symbiotic relationship between this particular disease ... and Hollywood," said Shinan Govani, the National Post's gossip columnist.

"I was talking to someone who works at the conference and they were saying there is so much bold-face and glitter involved in its organization that you have to remind yourself people wouldn't be gathering unless people were dying."

Academics who study mass communication and disease sociology say the glamour around AIDS was born in the early days of the epidemic in North America, when most victims were gay.

With gay people disproportionately represented in Hollywood, they became pioneers in marshalling the crowd-drawing powers of celebrity and entertainment for their cause, said Alan Bewell, a University of Toronto specialist in the history of disease.

In fact, they broke new ground in creating a public profile for a sexually transmitted disease, something long considered a taboo subject outside of the doctor's office, he said.

"They made the disease political by using all the mechanisms available to them to draw attention to the disease," Prof. Bewell said.

"That's how we do draw attention to things today. We do live in a post-modern media world in which people hear about things through these kinds of [entertainment-type] events."

At a conference-linked event today, the Royal Ontario Museum was planning to unveil AIDS, a long-hidden sculpture created by the General Idea artistic collective in 1989. Two members of General Idea have since died of AIDS-related causes.

Several other art exhibits are also planned, including one called Lovers in a Dangerous Time: Erotic Art and Safer Sex.

Ms. Keys will appear at the concert that launches the event tomorrow night, along with the Blue Man group, the Barenaked Ladies, Our Lady Peace and others.

The Emmy-winning Ms. Oh is slated to show up for the screening of her movie Three Needles at the AIDS 2006 Film Festival.

Jennifer Hollett, a former MuchMusic VJ, and the group CARE are putting on a fashion show with young people from around the world, displaying clothes that make a statement about HIV and AIDS.

In some ways, the glitz is nothing new. High-profile celebrity advocates for the cause, from Angelina Jolie to Sharon Stone to Bono, have become almost routine. To some show-business luminaries, it is a "trendy" cause, Mr. Govani said.

Martin Laba, director of Simon Fraser University's School of Communications and activist in the HIV/AIDS movement himself, said he feels a little cynical about the Hollywoodization of the disease. But the end result -- raising awareness with the undeniable power of celebrity -- is hard to argue with, he said.

"Celebrity, almost by definition, is trivial," he said. "At the same time, that doesn't diminish what is a complex and continuing history and relationship between the world of arts and entertainment and this cause."

The Toronto Sun
August 12, 2006 Saturday
SECTION: NEWS; Pg. 10

CHURCH RIPPED OVER CONDOMS; GROUP WILL USE AIDS MEETING TO TAKE AIM AT THE VATICAN OVER ITS TEACHINGS ON THE USE OF CONTRACEPTIVES

BY KEVIN CONNOR, TORONTO SUN

Activists from Condoms4Life have a plan to get the Vatican to drop its ban on condoms.

About 20,000 scientists, world leaders and activists from around the world gather in Toronto tomorrow for AIDS 2006, the XVI International AIDS Conference. Condoms4Life decided it was the perfect opportunity to take on the Catholic church.

Many of the countries being devastated by AIDS are devoutly Catholic. The official policy of the church is that birth control is a sin.

"A change in Vatican policy is critical. You can't keep talking about a culture of life and

turn a blind eye to the suffering and dying. You can't tell people to love and care for one another and deny them the means by which to protect each other," said Frances Kissling, president of Catholics for a Free Choice and founder of Condoms4Life.

"More than two dozen bishops and bishops' conferences have asked for a change. Catholic people get it. People spending their lives fighting this pandemic get it," Kissling said yesterday from New York. "Lifting this cruel and stigmatizing ban on condoms would be a positive and life-affirming move for the new pope."

The Joint UN Program on HIV/AIDS says that since Benedict became pope in April 2005, more than 5 million people have acquired HIV, and more than 3 million have died of AIDS-related diseases.

Many Catholic institutions around the world are against condom use. In Toronto, beginning in 2000, St. Michael's Hospital, a Catholic institution, assumed the responsibilities of the former Wellesley hospital, which served the gay community.

St. Mike's has the largest HIV/AIDS medical unit in the country.

The hospital has a needle exchange program to help prevent the spread of AIDS, but it doesn't hand out condoms.

"It's an example of what is going on around the world and it's appalling," Kissling said.

"It's not a good use of the public health system, which is supposed to serve and treat AIDS patients as well as prevent the spread of the disease."

For more information about the Condoms4Life campaign, visit www.condoms4life.org.

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First Medical Marijuana Exhibit at the XVI International AIDS Conference: Canada Leads the Way

DATELINE: TORONTO Aug. 11

For the first time in the conference's history, an exhibit on the therapeutic use of marijuana (cannabis) is being offered at the XVI International AIDS Conference this week in Toronto. This initiative acknowledges that for many people living with HIV/AIDS, cannabis is an important part of their medical therapy.

The Cannabis and HIV/AIDS exhibit will be located in the Global Village. The exhibit offers people living with HIV/AIDS, caregivers, front line workers and clinicians with current clinical evidence, information on legal access, and practical tips on the use of cannabis as a medicine.

The Canadian AIDS Society (CAS) and the Medical Marijuana Information Resource Centre (MMIRC) are co-hosting the exhibit. The MMIRC is sponsored by Cannasat Therapeutics Inc. The co-hosting organizations both believe that people living with HIV/AIDS who use cannabis as a medicine should have legal access and be educated on current scientific information that enables them to make informed choices.

Canada is a world leader in progressive policy on access to medical cannabis. People living with HIV/AIDS who use cannabis as a medicine must be informed of their right to do so legally. This right is granted under the federal Marijuana Medical Access Regulations (MMAR).

The Cannabis as Therapy for People Living with HIV/AIDS: "Our Right, Our Choice" report, released by the Canadian AIDS Society in June 2006, identifies barriers to legal access of medical cannabis and proposes recommendations to address these barriers. Increasing awareness about the program and the need for physician education are high on the recommendation list.

"Our consultation with people living with HIV/AIDS across Canada revealed that only one quarter of those who use cannabis as part of their therapy had obtained legal authorization to do so," says Lynne Belle-Isle, project consultant with Canadian AIDS Society. "The vast majority of people living with HIV/AIDS who use cannabis as therapy are still relying on illegal sources, exposing them to the inherent risks of dealing with the black market."

"We are providing people and their caregivers with a source of current clinical evidence on the therapeutic use of cannabis as we feel education of the international HIV/AIDS community on this topic is critical," says Hilary Black, spokesperson for MMIRC. "We are proud to show Canada's progress in becoming a global leader in this important frontier of medicine."

The Cannabis and HIV/AIDS exhibit is part of the Global Village, North Building Halls A & B at the Metro Toronto Convention Centre, from August 13-18 and is open to the public.

About the Canadian AIDS Society

The Canadian AIDS Society is a national coalition of over 125 community-based AIDS organizations from across Canada. Dedicated to strengthening the response to HIV/AIDS across all sectors of society, we also work to enrich the lives of people and communities living with HIV/AIDS.

About the Medical Marijuana Information and Resource Centre (MMIRC)

The Medical Marijuana Information Resource Centre is established to provide patients, caregivers, and clinicians with a source of scientific and current information about the use of marijuana (cannabis) as a medicine.

The MMIRC is sponsored by Cannasat Therapeutics Inc.

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Windsor Star (Ontario)
August 14, 2006 Monday
SECTION: NEWS; Pg. B1

'Deal with sinners' - Gates: AIDS is top public enemy, tycoon says, and moral stance impedes help

BY Tom Blackwell, CanWest News Service

TORONTO - Authorities must lose their distaste for prostitutes, premarital sex and drug addicts and give women more power over their own health to effectively combat AIDS -- the world's "public enemy No. 1" -- Bill Gates and others argued as a huge AIDS conference kicked off Sunday.

Prevention is crucial to controlling the still-growing pandemic, and that means encouraging safe sex, helping sex workers and keeping injection-drug users infection-free, the International AIDS Conference was told.

Despite recent infusions of private and public cash and promising new treatments, leaders in disease research and philanthropy noted, billions more every year would be needed to save the lives of all HIV patients.

Gates, the billionaire founder of Microsoft, and his wife, Melinda, urged governments to increase spending on antiretroviral treatment to HIV-positive people, but said stopping new infections is the key.

And in a swipe at controversial U.S. government policy that encourages abstinence in developing countries, they said prevention requires distributing more condoms, working with prostitutes and giving drug addicts clean needles.

"We need tools that will allow women to protect themselves," Gates said in a speech to some of the 24,000 delegates to the conference.

"This is true whether the woman is a faithful mother of small children or a sex worker trying to scrape out a living in a slum.

"No matter where she lives, who she is, or what she does -- a woman should never need her partner's permission to save her own life."

Just a small fraction of the world's estimated 45 million HIV-positive inhabitants are receiving that antiretroviral treatment, while infection rates of 20 per cent or more continue to afflict some countries.

The Bush administration has been criticized for excessively encouraging abstinence and

marital fidelity in its ABC policy -- abstinence, being faithful in marriage and the correct use of condoms.

Activists also worry about the U.S. insistence that those who get its funding sign a pledge opposing prostitution, and a longstanding ban on federal funding for needle-exchange programs.

Melinda Gates, co-chair of the Gates foundation, said health care must reach out to prostitutes, both to help them and to prevent transmission to their clients, and to the spouses of those customers.

Her husband said poor women don't have the power to say no to unprotected sex, or must marry men who have unprotected sex with others.

This conference could mark a "special moment" in the history of the epidemic, a turning point, as the advances of the last decade are applied to more people, said Dr. Peter Piot, executive director of the agency UNAIDS.

Ottawa Citizen
August 14, 2006 Monday
SECTION: NEWS; Pg. A1

PM's absence 'breaks heart' of organizer: Co-chairman goes public with bitter attack on PM for lack of leadership

BY Chris Cobb, The Ottawa Citizen

TORONTO - Anger over Stephen Harper's snub of the International AIDS Conference boiled over yesterday with one of its chief organizers bitterly attacking the prime minister for lack of leadership and poor political judgment.

"HIV is one of the worst enemies we have on this planet," said conference co-chairman Mark Wainberg. "Why is Mr. Harper not here to show leadership on the world stage? As a Canadian it breaks my heart."

In the first public criticism of Mr. Harper by conference organizers, Dr. Wainberg said he had been trying since the last election to get the prime minister's agreement to attend the conference.

"We understood that a new prime minister and a new government might not understand the importance of this conference," he said, "and we wanted to tell them everything they needed to know. We never wanted to embarrass Mr. Harper, which is why our door was open until the last moment. I have deliberately not made statements to the press about his absence until now because we have been hoping against hope that he would change his mind."

Gov. Gen. Michaëlle Jean officially opened the conference last night in Toronto.

Other speakers were actor Richard Gere and UNAIDS executive director Peter Piot. The keynote speakers were Bill and Melinda Gates.

Although Mr. Harper was on a visit to Canada's North this past weekend, organizers don't believe the prime minister is absent from the AIDS conference because of a scheduling conflict -- the reason now being given by his officials.

They see his decision as deliberate, but seem genuinely baffled as to why he isn't attending and sharing the international spotlight with attendees such as former U.S. president Bill Clinton and Microsoft founder Bill Gates.

The best guess among organizers here is that Mr. Harper declined the invitation because he doesn't want to be booed for his opposition to same-sex marriage.

If that's true, said Dr. Wainberg, it's a poor excuse.

"Same-sex marriage is a side show," he said. "Mr. Harper knows full well that internationally this is a heterosexual disease. And so what if people boo him? If you want to be prime minister you have to be prime minister for all Canadians. (Former prime minister) Brian Mulroney knew that when he went to the international AIDS conference in Montreal in 1989 he would be booed. He was and he took it. He understood that the prime minister has to show leadership to the world. Mr Harper should have done the same."

As well as passing up on an opportunity to shine on the world stage in front of thousands of national and international journalists, Dr. Wainberg accused Mr. Harper of "poor politics."

"Mr. Harper wants to win a majority government," he said. "Here was a chance to show solidarity with the millions of people around the world afflicted by HIV and in so doing soften his political image. He's seen by many Canadians as a right-winger intolerant of liberal causes. He had a chance to soften that. He and his advisers have lost a very important political opportunity. I'm so disappointed."

NDP leader Jack Layton said at a gathering of 300 African and Canadian grandmothers yesterday that Mr. Harper's decision not to attend is "shocking and irresponsible."

"It's unbelievable that the political leader of the host country isn't here," he said. "The whole world has come here to talk about the biggest health crisis on the planet and it's profoundly sad that our prime minister isn't among them."

The Canadian Press(CP)
August 14, 2006 Monday
SECTION: GENERAL AND NATIONAL NEWS

Number of delegates at AIDS conference higher than

officials expected

BYLINE: LISA PRIEST, CP

TORONTO (CP) _ She arrived in Vancouver, hoping the hardest part of her flight from Indonesia was over. But as Rita Farida found out, her difficulties were just beginning: Security officials there confiscated her traditional medicines.

Gone was a liquid remedy, commonly used by Indonesians to help ward off colds and fever. Gone, too, were eye drops. A special gel, used to help sore muscles, was also tossed in the trash.

"I told them I wasn't going to hurt anyone," said Farida, a visual artist who is to display her art at Toronto's International AIDS Conference. "But he [the security guard] said, 'Don't start with me.'"

Farida is one of **more than 31,000 people who made the trip to the conference** at a time when Canadian air safety authorities were stepping up security measures, including a ban on liquids and gels in carry-on luggage.

Travelers could not bring liquids or gels in containers of any size, such as toothpaste, hair gel, suntan lotion, juice and aerosols. The increase in air security follows a foiled terrorist bomb plot in Britain on Thursday, which wreaked havoc on transatlantic flights and caused lengthy lineups at airports.

At the time, there were concerns that scores of delegates-- many of whom had to travel through Heathrow Airport in London-- would find the lineups, cancelled flights and increased security so onerous they would turn back home.

Mark Wainberg, director of the McGill AIDS Centre in Montreal and co-host of the conference, expressed concern last week that the foiled terrorist bomb plot may result in fewer participants.

But a precise tally, provided late Sunday, showed that the number of people attending the conference was higher than anticipated.

Overall, there are 31,383 people attending the AIDS conference from more than 170 countries, including delegates, staff, volunteers and children traveling with parents, Gene Long, spokesman for the conference, said in an interview.

"The turnout is larger than expected and it reflects the intense interest in this particular event," Long said on Sunday. "This conference is occurring at a critical moment in which there is great concern about emerging epidemics in Asia, Russia, India and China. There are also profound issues of access to treatment."

However, there were some key delegates who did not manage to make the trip, he said.

A VIP from Rwanda flew to Heathrow Airport on Thursday, then had her flight delayed, so she decided to turn back.

"It was regrettable she was not here," said Long, adding that she was to be a high-level participant in the conference.

As well, Liberia's first elected female president, Ellen Johnson-Sirleaf, who also happens to be a Harvard-trained economist, was planning to attend the conference, but decided not to after she learned that Prime Minister Stephen Harper was not planning to attend, Long said.

The Canadian Press(CP)
August 11, 2006 Friday
SECTION: GENERAL AND NATIONAL NEWS

Drug companies, govts handing kids with HIV/AIDS a death sentence: experts

BY CHINTA PUXLEY, CP

TORONTO (CP) - Drug companies and apathetic governments around the world are handing millions of children living with HIV/AIDS a death sentence by not treating or preventing the disease, said experts gathering in Toronto for the International AIDS Conference.

There are some 2.3 million children around the world living with the disease but they "always come last," said some of the 20,000 delegates expected to attend the global conference which begins Sunday. Although drugs exist to prevent a mother from transmitting the disease to her child at birth, many children especially in Africa don't live to see their fifth birthday.

"It's intolerable," said Stephen Lewis, UN Special Envoy on HIV/AIDS in Africa. "It's such an indictment of the international community and of multilateral agencies, I don't know how they can hold their heads up. It isn't as though we haven't known about this for a very long time."

Lewis said drugs are available, and are used very successfully in the Western world, to treat and prevent the disease from birth. But he said governments need to make children living with the disease a priority, as do drug companies.

"Why is the life of a Western child worth so much more than the life of an African child?" he said. "We can begin saving lives tomorrow morning."

Some say it's not that simple.

Cathy Wilfert, scientific director of the Elizabeth Glaser Pediatric AIDS Foundation, said "children always come last" in the battle with HIV/AIDS.

Pharmaceutical companies aren't in a hurry to develop pediatric drugs because it's not as lucrative, she said. Development costs are higher and companies don't see a "precise audience," Wilfert said. "This attitude is a long-standing problem," Wilfert said. "Unless

you provide an incentive for developing a drug for children . . . you can't just politely ask folks who develop drugs to do that for you."

Even with the appropriate drugs, Wilfert said it also costs money to train those in developing countries to screen for HIV/AIDS and administer the treatment. But she said it's worth it.

"If we don't prevent infections, we will never be able to turn the tide of the epidemic," Wilfert said. "It's too easy to sit at home and think the work that needs to be done has to be done by someone else. This is a global community."

Chewe Luo, senior adviser with UNICEF's HIV/AIDS division, said Third World governments are more accustomed to treating immediate diseases like malaria rather than HIV/AIDS which requires longer treatment.

But she said many countries are starting to adjust their thinking, as are drug companies.

"(Companies) realize that it's never going to be for money," Luo said. "It has to be their social responsibility to respond and we have to keep the pressure on them."

Still, the fight against HIV/AIDS isn't progressing fast enough for some.

Karen Vance-Wallace, executive director of the Teresa Group _ a Toronto-based support centre for HIV children, said the cases she sees are heartbreaking. One 11-year-old patient once wondered aloud "who invented AIDS and why do I have it?"

Vance-Wallace said there is still a lot of stigma around the disease that doesn't exist around other illnesses.

"I wish they called it cancer," she said. "Then the whole community would come together and say 'how can we help?' "

Although thousands around the world are gathering in Toronto to talk about the treatment and prevention of HIV/AIDS, Stephen Lewis said he's growing increasingly impatient. He said he's tired of hearing excuses for the deaths of millions of children when treatment exists to save them.

"We know what to do," he said. "For God's sake just implement the stuff and stop talking about it. Every time you talk, you lose another life while you're talking."

The New York Times

August 8, 2006 Tuesday

SECTION: Section F; Column 1; Health&Fitness; THE DOCTOR'S WORLD; Pg.

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Talking About AIDS, With All the World Watching

SERIES: MEDICINE THEN AND NOW: H.I.V.'s Changing Face

By Lawrence K. Altman, M.D.

The 16th International AIDS Conference opens in Toronto on Sunday and will vastly differ from the first meeting, in Atlanta in 1985, four years after AIDS was discovered.

What began as a relatively small forum for 2,200 scientists to share their embryonic knowledge has evolved into a huge arena for many groups, including patients infected with H.I.V., their advocates, social workers, economists, lawyers and policy makers to share the now huge body of knowledge.

I have attended all but two of the conferences since 1985, and I have watched the meetings change, reflecting one of history's worst pandemics. In some cases, they have helped shape the response to the epidemic, influencing attitudes, politics, policy and treatment. They have also have played a major role in lowering the price of antiretroviral drugs in poor countries.

In the last six years, the conference has been held in South Africa and Thailand. This was done in part to give scientists in modern laboratories and hospitals their first view of the challenges in delivering antiretroviral therapy in developing countries, where a vast majority of the world's H.I.V. infected people live. These two conferences also helped doctors in developing countries get up to speed on AIDS and encouraged scientists to conduct research on AIDS problems peculiar to their geographic area.

Many AIDS experts point to the last decade as the beginning of efforts to narrow the gap between rich and poor countries in providing fairer distribution of treatment and care for H.I.V.-infected people. But the efforts started earlier. In 1988 at the Stockholm conference, I heard discussions about ways that people in poor countries might be given access to the same care and drugs as patients in rich ones. The mainstay of therapy then was AZT, which cost about \$8,000 a year. Additional drugs were needed to treat the many and often fatal opportunistic infections that developed when the number of a patient's CD-4 immune cells fell too low.

Besides the scientists, patients and advocates, heads of state and royalty have also attended some of the conferences.

King Carl XVI Gustaf of Sweden attended the conference in Stockholm. Former presidents, including Bill Clinton and Nelson Mandela of South Africa, have attended. Both have said they wished they had done more to prevent AIDS when they were in office.

The Toronto conference will be the third held in Canada. Prime Minister Brian Mulroney opened the 1989 meeting in Montreal, but his successor, Jean Chretien, did not appear at the Vancouver meeting in 1996. The current prime minister, Stephen Harper, has not accepted an invitation to appear in Toronto, disappointing the organizers.

But as Dr. Helene D. Gayle, the president of the International AIDS Society, an independent professional group that is chief organizer of the meeting, said, "AIDS conferences can sometimes be hard on politicians."

In Barcelona in 2002, demonstrators drowned out a talk by Tommy G. Thompson, the secretary of health and human services in President Bush's first term. In San Francisco in 1990, protesters prevented Dr. Louis Sullivan, the secretary of health and human services under the first President Bush, from delivering a closing speech.

The conferences have also had their more startling moments.

In a speech at the Durban conference in 2000, President Thabo Mbeki of South Africa refused to acknowledge H.I.V. as the cause of AIDS. Minutes later, he walked out of a televised forum as Nkosi Johnson, 11, spoke of being born with H.I.V. He wished, he said, that the government would "start giving AZT to pregnant H.I.V. mothers to help stop the virus being passed on to their babies."

In a K.G.B. disinformation campaign in 1986, a Soviet official told the conference in Paris that H.I.V. had been genetically engineered and that it had escaped from a government laboratory in the United States.

In 1996 in Vancouver, the audience cheered after a grandmother told the conference: "How did I get infected? The answer is very simple: It just doesn't matter."

The sessions at the first conference, in 1985, filled only a few rooms in a convention center in Atlanta. There was a growing understanding that the AIDS virus, which had yet to be named H.I.V., had been spreading silently for at least a decade before the disease was first detected in 1981.

At the time, there were no effective antiretroviral drugs. Some doctors were shunning AIDS patients. Hospital workers left meal trays at patients' doors. Many people feared that they might become infected from casual contact despite epidemiologic evidence to the contrary.

The cases in the United States, then fewer than 10,000, were mostly among gay men, intravenous drug users and hemophiliacs. But the totals were doubling every six months. In one presentation, Dr. Peter Piot, a researcher who is now the executive director of the United Nations AIDS program, reported a cluster of

heterosexual cases in Africa. But few knew how wildly the disease was spreading there.

A new H.I.V. test was about to be approved to protect the blood supply, but there was intense debate over its use in testing people. Activists proclaimed "No test is best" because of the stigma linked to the disease and the lack of effective therapy. Now the federal government wants all Americans to be tested.

Dr. Kevin M. De Cock, who now directs the World Health Organization's H.I.V./AIDS program, recalled the audience's silence at that first conference as pathologists described brain damage from the virus.

"The realization was sinking in that you were going to see dementia and terrible neurological disease," Dr. De Cock said, and "everything we were learning about AIDS in those days was, This is worse than we thought."

Two years later, on the eve of the 1987 conference in Washington, President Ronald Reagan gave his first speech on AIDS. At that conference, demonstrators protesting the slow drug approval process claimed that they were being denied potentially lifesaving treatments as scientists conducted lengthy clinical trials.

Dr. Jonathan Mann, then the leader of World Health Organization's AIDS program, said the global epidemic had entered a stage in which prejudice about race, religion, social class and nationality was spreading as fast as the virus.

At the conference's end, the mood was restrained, but there was real optimism that the widespread problems were not so awesome as to be beyond control.

By 1988, when the meeting was held in Stockholm, there were more discouraging findings for H.I.V. patients: a vast proportion would develop full-spectrum AIDS within a decade of being infected, countering earlier suppositions that a relatively small percent would be struck down by its debilitating complications.

The Montreal conference in 1989 made me sad -- and angry -- when President Kenneth D. Kaunda of Zambia delivered an apology for his indifference to the epidemic, saying he had lost a son to AIDS in 1986.

A year earlier, denying my request to interview Mr. Kaunda about AIDS in the Zambian capital, Lusaka, his press secretary scolded me for going to Africa to report on an American disease. The president had more important things to do, the aide said.

At the meeting, Mr. Kaunda pleaded with governments to support scientists to find a cure for AIDS, saying failure would turn the epidemic into "a soft nuclear bomb on human life." But in the years of Mr. Kaunda's silence, hundreds of

thousands of Africans had become infected.

Organizers moved the 1992 conference to Amsterdam from Boston to protest the new United States' policy of denying visas to H.I.V.-infected people. Since 1990, no conference has been held in the United States.

In Amsterdam, researchers presented a study showing that young American doctors were more reluctant to care for AIDS patients than comparable groups of doctors in Canada and France.

The Berlin conference in 1993 was my dreariest. The epidemic was worsening, and the outlook for major scientific advances seemed bleak. A European study, presented at the meeting, showed that AZT alone did little good over the long term.

For years, scientists said they had learned more about the AIDS virus than about any other microbe. But skeptics were numerous because therapeutic advances were few.

Then, in 1996, reports at the Vancouver conference showed that a combination of new antiretroviral drugs, called protease inhibitors, and older ones could successfully treat AIDS, extending the lives of many people. Some patients got up from their deathbeds to live more normal lives in what seemed like Lazarus.

If Coca-Cola could deliver its product in Africa, an AIDS expert said in Vancouver, then the world could deliver AIDS drugs to poor countries. The drug cocktails, which cost about \$20,000 a year, reduced the amount of H.I.V. detectable in the blood and increased the number of T cells, a crucial component of the immune system. The startling turnarounds in patients confirmed, in their own way, the causal role of H.I.V. in AIDS and refuted claims to the contrary.

Exuberant leaders talked about curing AIDS by ridding the body of H.I.V. Later, experiments showed that a cure remained beyond reach because the virus found hiding places in the body to escape the drugs.

That year, as the treatments began to emerge, the United Nations created its AIDS program. In the years since, its director, Dr. Piot, has stressed that the political will of top world leaders is necessary to turn the epidemic around.

At the Geneva conference in 1998, the first country-by-country estimates of H.I.V. infections and AIDS deaths underscored the devastating impact of the epidemic in the developing world.

And enthusiasm about promising reports of effective treatments was dampened by the recognition of unexpected complications. In the case of the drug cocktails, it was lipodystrophy, a side effect of protease inhibitors that causes fat to

disappear from some areas of the body and redistribute in other areas, changing the body's shape in peculiar ways.

The Durban meeting, in 2000, was the first international AIDS conference held in a country with such widespread poverty. Speakers directly attributed the magnitude of the epidemic to the failure to advocate protective measure and to provide effective treatments to vast populations in Africa and elsewhere.

A session was scheduled to announce what organizers thought would be favorable research findings: that a spermicide, nonoxynol-9, could be an effective microbicide against H.I.V. A microbicide, any substance that kills germs, can be formulated as a cream, gel, film or suppository. But the plenary session became a surprising disappointment: the product had failed.

In Barcelona in 2002, Dr. Bernhard Schwartlander, a W.H.O. epidemiologist, provided the outline of what has become the agency's efforts to treat millions of people. Though the plan has failed to meet its target, health officials say it has fundamentally changed attitudes about what can be done in poor countries.

The last conference, in 2004, was held in Bangkok to focus attention on AIDS in Asia. Yet the Thai government had to cancel a summit meeting of 10 invited heads of state at the conference because only President Yoweri Museveni of Uganda accepted.

This year in Toronto, to accommodate the disparate interests of the 24,000 participants, the sessions will cover a wide range of topics. Over six days, the presenters are to deliver 4,500 reports --and hundreds more in satellite meetings before and after the main event.

As in previous years, noisy protests are likely to punctuate the conference, adding to a circuslike atmosphere and making it seem more like a convention and social gathering than a scientific meeting.

The AIDS conferences are not intended to set agendas or to pass resolutions -- like conferences on the environment, for example -- or even to reach a consensus on how to fight the disease. A few major advances have been announced at the international meetings over the years, but most gains have been incremental, as is true for meetings in other fields.

For these and other reasons, a number of leading scientists have stopped attending, choosing to present their findings elsewhere. The United States is paying for about 175 people -- government employees and representatives of nongovernmental agencies -- to attend.

Some scientists continue to go wherever the conferences are held to attend refresher courses, learn of new findings and listen to reports from disciplines to

which they are rarely exposed.

These scientists say they believe the activism and diversity of the participants are critical to keeping AIDS in the news. Still, some supporters complain that the quality of the scientific presentations has declined at recent conferences.

Recognizing that criticism, Dr. Gayle, the president of the international society, said that the organizers had focused on strengthening the meeting's scientific component.

For journalists and participants, the conferences are challenging. A participant can listen only to a small fraction of the presentations, and at best has time to digest the material. All too often, presentations that a participant wants to hear are scheduled a few minutes apart in different areas of vast convention halls. Also, the race between meeting rooms is often interrupted by chance encounters with other participants who want to stop and talk.

The conferences have come to attract a wide array of institutional sponsors and commercial exhibitors, who together are paying about half the \$20 million cost of the Toronto conference, about the amount for similar meetings. The other half of the cost comes from registration fees that range from \$150 to \$995, depending on the participant's country. (Those from poor countries pay the least, and some receive scholarships.)

Scientists have come far in the 25-year history of AIDS. Some infected patients now need to take only one pill a day. Only a few years ago, many regimens involved a dozen or so pills, taken several times a day.

But scientists and political leaders still have much further to go. In the decade since the drug cocktails were introduced, 20 million people have become infected, underscoring that the need to build a system to deliver effective health care is as urgent and essential a need as lowering the cost of antiretroviral drugs.

That is why "Time to Deliver" is the theme for the Toronto conference. So many lives -- and so much money -- is now at stake, organizers say, that everyone involved in fighting the AIDS pandemic must be held accountable.

The Canadian Press (CP)
July 24, 2006 Monday

SECTION: ENTERTAINMENT AND CULTURE

Alicia Keys, Barenaked Ladies among stars on bill for AIDS conference kickoff

BY SHERYL UBELACKER, CP

TORONTO (CP) _ Once a stage for big-name scientists to showcase their latest research, the International AIDS Conference is also attracting another kind of star power-- actors, singers, politicians and business magnates who lend their status to raise awareness and funds for global causes.

The 2006 instalment of the biennial AIDS conference _ to be held in Toronto next month _ will kick off with an opening ceremony and concert featuring a who's who from the world of entertainment and HIV/AIDS activism.

The star-studded Aug. 13 concert lineup includes Alicia Keys, the Barenaked Ladies, the Blue Man Group, Our Lady Peace, Amanda Marshall and Chantal Kreviazuk.

Opening ceremonies will include remarks by actor Richard Gere, Gov. Gen. Michaëlle Jean and UNAIDS executive director Peter Piot, followed by the concert.

The event will conclude with a keynote address by Bill and Melinda Gates, whose charitable foundation supports a variety of HIV/AIDS programs, followed by a performance by Canadian opera star Measha Brueggergosman and the Toronto Symphony Orchestra.

Invited guests also include actors Sandra Oh and Olympia Dukakis, who will be showcasing their film *Three Needles*, which features differing perspectives on the AIDS pandemic. Former U.S. president Bill Clinton and Crown Princess Mette-Marit of Norway, a UNAIDS special representative, are also slated to attend the conference.

"I am so looking forward to coming to Toronto to be with like-minded warriors in the struggle against AIDS," Keys said in a statement.

"It's quite an honour to be asked to speak among such luminaries as President Bill Clinton and Bill Gates and feel the power of so many committed people coming together to yell at the top of our voices, 'Time to Deliver!' " said the American singer, referring to the conference's theme.

The program to open the six-day conference will begin at 7 p.m. Aug. 13, with the concert scheduled to get underway at 9 p.m. Proceeds from ticket sales will go towards several AIDS-related groups.

Besides the 25,000 tickets being given to conference delegates for the opening

ceremony and concert, an additional 20,000 will be sold to the public, with prices ranging from \$35 to \$150. Tickets are available through Ticketmaster by calling 416-870-8000 or by visiting www.ticketmaster.ca.

"It's always a benefit to the work we do when we can get people who can attract media and can attract attention that can sway public opinion to work on our behalf," said Lori Lucier of the AIDS Committee of Toronto (ACT), which helped organize the concert and will receive some of the proceeds for its programs.

"This is killing thousands of people every day," Lucier said of HIV/AIDS, "and yet it doesn't get the kind of mind-share and heart-share that one would expect. Perhaps because it's overwhelming.

"So if it's Richard Gere, if it's the crown princess, whoever it is . . . I don't think it takes away from these conferences," she said Monday. "In fact, I think it adds to them because it adds the community piece, the mobilization of the masses that really needs to happen if something significant is to happen around HIV."

So why is a conference that was originally set up primarily as a means of sharing information and scientific progress among health-care providers and researchers attracting so much attention from the entertainment world.

Lisa Hartford of Imagine Canada, a charitable organization that works to support 161,000 charities and non-profit organizations across the country, suggested that there may be a higher proportion of people in the music and film industry living with HIV/AIDS, "and perhaps that has an impact on the (entertainers') will to contribute."

There is also altruism at work. Hartford said surveys have found that in the case of ordinary Canadians, at least, people volunteer their time to good causes because they want to make a contribution to their communities. And when it comes to donating money, "it's because they feel compassion to people in need."

Prof. Dennis Duffy, who teaches cultural studies at the University of Toronto, suggests that some celebrities become involved in promoting causes like the fight against HIV/AIDS in part because they feel "residual guilt" about leading lives distant from most members of society.

"So one of the ways you get to feeling good is to endorse real things that real people engage in. And I think that's good because it gets more people involved," Duffy said. "But I don't think anyone should take too much credit for being involved in so good of a cause.

"Anybody who does volunteer can tell you that the emotional payback that you get from volunteer work is far greater than what you put into it."



Toronto Star
July 15, 2006

AIDS conference is ramping up

**Registration booming, dignitaries and rock stars on board
Organizers happy delegates don't have to disclose HIV status**

TANYA TALAGA
HEALTH REPORTER

The international AIDS conference, coming to Toronto next month, could be the largest to date due to the city's proximity to the United States, an expansive cultural and scientific program, and the fact people with the disease don't have to disclose their status to gain entry into Canada.

Conference organizers expect to cut off registration soon because it is approaching 25,000 people, roughly 9,000 more than the last two conferences — Bangkok in 2004 and Barcelona in 2002.

"The conference expects to close registration early because response from our own country and around the world is so positive," said Darryl Perry, executive director of the AIDS 2006 Toronto Local Host Secretariat. "We fully expect this will be possibly the largest ever."

About a year ago Citizenship and Immigration Canada quietly changed the visa process for short-term visitors, the culmination of an intense lobbying effort led by a task force, which included the local Toronto host and the Canadian HIV/AIDS Legal Network.

"This is an important achievement that'll benefit people coming to the conference and it's a lasting change we are very proud of," Perry said.

The change to the application for a temporary resident visa happened in May 2005, said Marina Wilson of Citizenship and Immigration Canada.

Richard Elliott, deputy director of the legal network, said at one point the federal government wanted to change the application form only for the duration of the conference, which runs from Aug. 13 to Aug. 18.

One of the reasons the conference hasn't been held in the United States in recent years is to protest its policy, which bans visitors with HIV/AIDS.

Before the Canadian form was changed, it exposed people to "all kinds of human rights abuses" including invasion of privacy. "We're talking about people coming to Canada on a short-term basis," Elliott said. "We don't need to know their status."

Canadian immigration officials do require the disclosure of tuberculosis status on visa forms, said Wilson, since it is an infectious disease that can be passed on to others via coughing. And a visitor could be denied a short-term visa if immigration officials think they might need extensive medical services such as hospitalization.

But just because you no longer have to disclose your HIV status doesn't mean everyone will have a smooth ride getting to Toronto. Several conference participants from Nepal are having trouble getting visitor's visas but Elliott said the network didn't have any details. Conference organizers said they are working with immigration to iron out such problems.

Canada's Governor General Michaëlle Jean will officially declare the conference open on Sunday, Aug. 13 at a gala event attended by international dignitaries and capped by a star-studded rock concert.

Among the guests will be Microsoft billionaire Bill Gates, who will give the keynote speech, and his wife Melinda. Organizers say if Prime Minister Stephen Harper wants to join in, there is still room at the podium. "We are absolutely thrilled (Jean) is coming," said Perry. "The welcome mat is still out there for the Prime Minister to come if he is still available."

The meeting will attract the world's top HIV/AIDS scientists, doctors and activists, not to mention artists, celebrities and patients. Add to that 3,000 journalists, nearly 3,000 volunteers and 1,000 exhibitors, all packed into the Metro Toronto Convention Centre.

The line-up of rock talent should be announced next week and rumours are swirling that Elton John, an openly gay man whose partner is from the Toronto area, will end up on stage though his name won't officially appear on the roster. Opening ceremonies will be held at the Rogers Centre to accommodate the crowds and stage the concert.

Former U.S. President Bill Clinton, whose work in persuading drug firms to lower prices for HIV/AIDS medications in some developing nations, will also attend.



By Jorge Uzon, AFP/Getty Images

Members of ACT-UP protest against the Bush administration policies on HIV/AIDS during the XVI International Aids Conference in Toronto, Canada, Monday.

USA Today

August 14, 2006

http://www.usatoday.com/news/health/2006-08-14-aids-testing_x.htm

Plan for routine universal AIDS testing draws strong reaction

By Steve Sternberg, USA TODAY

TORONTO — A push to make HIV tests as routine as a test for high blood pressure provoked a backlash here Monday from opponents who say AIDS' lingering stigma makes the risk of disclosure too great, especially when many patients still can't get access to treatment.

But doctors who treat AIDS patients say the risks of people not knowing whether they are HIV-positive are greater, because those who are diagnosed with the disease in its late stages die within months and people who get treatment can survive for decades. Studies also show that people who test positive change their behavior and are much less likely to infect others.

"We've had 40,000 new cases in the USA a year for 16 years, and we haven't made a dent in that," John Bartlett of Johns Hopkins University said at the 16th International AIDS Conference. "It's a no-brainer. You have to test."

The U.S. Centers for Disease Control and Prevention circulated draft recommendations in March calling for routine HIV testing without specific consent in all doctors' offices,

clinics and hospitals, unless patients explicitly refuse or "opt out." Final recommendations will be published Sept. 22, says the CDC's Timothy Maestro, an architect of the proposal.

The World Health Organization and the United Nations Programme on HIV/AIDS also are clamoring for more widespread testing. They propose that doctors and nurses recommend that even healthy-looking patients get tested while allowing them to decline.

"It's estimated that no more than 10% of people around the world know whether they have an infectious disease for which effective treatments are available," says Kevin De Cock, head of WHO's AIDS program. He adds that treatment programs can't expand without more testing, but the results must remain confidential and appropriate counseling must be provided.

But India-based human rights lawyer Anand Grover, project director of the Lawyers Collective HIV unit, says he fears that doctors' supreme authority in the developing world probably will lead many to simply order tests without consent.

Last week, the non-profit Human Rights Watch issued a report condemning testing policies in many nations. For example, it said, Saudi Arabia tests foreign workers, confines those who are positive and then deports them.

A few dozen protesters at Monday's meeting marched with signs, chanting, "We need more than just a test." Julie Davids of the Community HIV/AIDS Mobilization Project said the protesters objected to "scaling up testing without an immediate scale-up of treatment."

Jodi Jacobson, director of the Center for Health and Gender Equity, says developing countries also must combat the stigma of HIV. "There are many issues in the debate in the U.S. that are magnified a million times over internationally because there are fewer protections in place," she says. "Just couple of weeks ago, a 12-year-old boy in Mysore (India) was tied to his bed by doctors who tested him for HIV."



Khaleej Times

August 14, 2006

http://www.khaleejtimes.com/DisplayArticleNew.asp?section=theworld&xfile=data/theworld/2006/august/theworld_august496.xml

Activists slam US over abstinence in AIDS plans

TORONTO - Activists at the International AIDS Conference lashed the global US AIDS strategy, claiming it promoted sexual abstinence for political and moral reasons and thus hampered efforts to stem the deadly pandemic.

While acknowledging that President George W. Bush's 15-billion-dollar, five-year emergency plan for AIDS had had a major impact by getting HIV drugs to poor countries, many campaigners charged it was badly flawed by a linkage with abstinence.

"Sure, the US has put 15 billion dollars into HIV, there is no question that that through that effort we have raised the profile of the epidemic worldwide ... but more money is not always a good thing when it follows bad policy," said Jodi Jacobson, executive-director of NGO the Center for Health and Gender Equality, as the six-day conference got underway on Sunday.

"People are sexual beings, and sex is a normal part of human life."

The Bush administration backs the so-called "A-B-C" plan to fight AIDS, focusing on Abstinence until marriage, Being faithful to one sexual partner, and if those conditions are not practised, to use Condoms.

Bush's initiative, which was launched in 2003, allocates 20 percent of the 15 billion dollars to HIV prevention. Of this, the US Congress, where the conservative Republican Party wields a majority, has stipulated that at least a third should be spent on encouraging abstinence-until-marriage programmes.

Jacobson complained that, as a result, the Bush plan focused too much on the "A" and "B", which were unworkable in many cultures and countries. This was especially so in sub-Saharan Africa, where women were often powerless in the face of their husband's or boyfriends sexual demands.

And by relegating the "C" to a last-resort option, the Bush initiative had effectively stigmatised the condom, she said.

"We have segregated our condom programme to those we now categorise as high risk," Jacobson said. "A-B-C ... fails to address fundamental realities in a meaningful way."

Top administration officials deny this, as well as the claim that the plan is configured to appease Bush's religious and moral political base of conservative Republicans.

"The notion that there's an excessive focus on abstinence is just untrue," Mark Dybul, appointed as Bush's global aids coordinator earlier this year, has said. "This debate in Western and Northern capitals about A versus C just misses the point entirely and actually misses the reality on the ground in Africa," he said.

Dybul and others say that A-B-C has been adopted enthusiastically and effectively by many African countries themselves, notably Uganda, which says its HIV infection rate has declined, in part through abstinence promotion.

The argument “really ignores the African solution, which the Africans developed for themselves and which has been proven to be effective ... it would be nice if we started listening to Africans, as they’re fighting their own epidemic,” said Dybul.

That defence found an echo with Reverend J.P. Heath, of the South African Action Network of Religious Leaders Living with AIDS, who said abstinence was part of a workable AIDS strategy, although it should not outweigh other factors.

“When we project onto other people our own prejudices and attitudes, the only thing that can be guaranteed is we increase their vulnerability.

“When we are dealing with HIV and AIDS that is the one thing we have to attack,” he said.

Others said Congress’ stipulations effectively barred any AIDS funds from being used to promote or advocate the legalization of prostitution or sex trafficking, and blocked funds from groups which care for at-risk sex workers.

Melissa Ditmore, of the Global Network of Sex Work Projects, said US policies had resulted in sex workers being denied medical care at a clinic in Thailand, and had seen outreach workers lose their jobs after talking to prostitutes about their problems in Cambodia.

BBC News

August 15, 2006

<http://news.bbc.co.uk/2/hi/health/4793413.stm>

Experts are calling for a massive increase in routine testing for HIV to try to combat the spread of the virus.

Figures show that over 90% of people carrying HIV do not know they have it.

Dr Kevin De Cock, of the World Health Organization, said empowering doctors to test patients could have a significant effect.

However, other delegates at the 16th international conference on HIV and Aids in Toronto expressed concerns over civil liberties.

They say testing must be accompanied by comprehensive treatment and support programmes, and that informed consent is vital.

The number infected with HIV disease now tops 45 million, and 25 million are estimated to have died from Aids-related illness.

“ Women do not get abandoned by their communities, or beaten up by their partners for having other diseases ”

Joanne Csete
Canadian HIV/Aids Legal
Network

Dr De Cock said it was "appalling" that only around 10% of people infected with HIV were aware of their condition.

Stigma

He said the WHO could not accept that patients were flocking to health centres across the world, but were not being tested for HIV.

Efforts to combat the spread of the virus were severely compromised by the fact that many people were simply not aware of the risk they posed to others.

Dr De Cock said although new treatments for HIV had become much more widely available, prevention of new infections remained vital.

There are concerns that some people who might suspect they are infected are unwilling to take tests, fearing discrimination, stigma and an erosion of their own basic rights in often developing societies.

However, it is thought that just 12% of people worldwide who want a test have access to it.

Dr De Cock said: "Prevention has to be at the centre of our response.

"We are not going to solve this epidemic just by scaling up treatment.

"We have to provide prevention advice and service to people living with HIV."

Threat of violence

John Tedstrom, of the Global Business Coalition on HIV/Aids, said it was impossible to engage in appropriate prevention, counselling and treatment programmes if millions of people carrying the virus had not been identified.

Joanne Csete, of the Canadian HIV/Aids Legal Network, said routine testing was fine - provided people had the option to turn down the test, and were given adequate pre-test counselling.

"HIV is not like other diseases. Women do not get abandoned by their communities, or beaten up by their partners for having other diseases in the way that still unfortunately happens with HIV.

"WHO has shown that there is a significant percentage of women in many heavily affected countries who can expect to face violence when it is known that they are HIV positive."

Reuters Health
August 15, 2006

http://today.reuters.co.uk/news/articlenews.aspx?type=healthNews&storyID=2006-08-15T132307Z_01_COL548149_RTRIDST_0_HEALTH-MULTIPLE-PARTNERSHIPS-DC.XML&archived=False

Multiple partnerships fueling AIDS epidemic

By Terri Coles

TORONTO (Reuters Health) - In Swaziland they are called "lishendes" -- multiple concurrent sexual partners -- and they are the driving factor behind the HIV epidemic in southern Africa, said researchers on Monday at the 16th International AIDS Conference in Toronto.

Instead of casual sexual encounters with multiple partners, established partnerships outside of marriage are fueling a generalized epidemic in southern African countries. These partnerships often involve inconsistent condom use and occur in the context of low rates of male circumcision.

At the conference in a presentation titled "Prevention Works: What's The Evidence," researchers put forward evidence for various HIV prevention programs aimed at increasing education, reducing stigma and changing behavior.

"In southern Africa and a country like Swaziland we're talking about a very generalized epidemic," said Dr. Daniel Halperin of the US Agency for International Development's Southern Africa HIV-AIDS Program in Mbabane, Swaziland.

Halperin described the HIV infection rate in Swaziland as "astonishingly high." The prevalence rate for the general adult population was 33.4 percent in 2005. Multiple concurrent sexual partnerships are a main driver of the generalized epidemic in Swaziland, Dr. Halperin said. These partnerships are not casual sexual encounters or polygamy, but are instead longer-term relationships outside of marriage.

"Data worldwide consistently shows that people with a higher number of partners have a higher prevalence of HIV," Halperin said. Partner reduction can be one important element of HIV prevention, but it's not the only factor to consider.

Men in countries like Thailand and the United States report more lifetime sexual partners than men in some African countries, but have a lower prevalence rate of HIV infection. The problem is not that Africans have more sexual partners, Halperin said, but that concurrent partnerships lead to villages becoming linked up in sexual networks, aiding the spread of the virus. Having two or three regular sexual partners leads to an increase in the risk of HIV infection.

A large majority of those who responded to a baseline survey of 2000 adults in 12

randomly selected communities -- done before the start of a sexual behavior communication campaign in Swaziland -- agreed that lishendes were common or very common in their communities.

During the study, many respondents said that multiple partnerships were harmful to the fight against HIV/AIDS. Females in particular felt that choosing to have only one sexual partner at a time was important for prevention and the fight against HIV/AIDS in Swaziland.

A government-led campaign was launched in June 2005, and a follow-up survey of 2000 adults was conducted in the same 12 communities a year later, along with three rounds of focus group discussions with men and women in each of the communities.

The campaign focused on a message of abstinence and monogamy. Advertisements aimed at young people promoted waiting to have sex, while those for adults presented messages like "I choose to have only one sex partner" and "I'm circumcised, proud of it...and I'm still faithful to my partner."

Another group of advertisements had fear-based messages highlighting the risks of multiple partnerships, with messages like "Why kill your family?"

The advertisements were controversial in their approach, going against a belief by some NGOs and activist groups that fear-based messages are not effective, Halperin said.

"Many of people in the (focus) group said 'You should show people dying of AIDS, you should scare people'," Halperin said. "We're seeing a bit of a disconnect between what people in the community say and what we, as experts, believe is the right way to do AIDS prevention."

The controversial advertisements were widely discussed in Swaziland, where they were subject to heavy public and media attention. In their surveys after the fact, researchers found that more than 80 percent of respondents were aware of the campaign. Anecdotally, he said that the advertisements were widely discussed in the general population.

Boston Globe

August 15, 2006

http://www.boston.com/news/nation/articles/2006/08/15/leaders_urge_blacks_to_take_on_aids_cause/

Leaders urge blacks to take on AIDS cause Clinton and Gates also address summit

By Beth Duff-Brown, Associated Press

TORONTO -- It is time for the African-American community "to face the fact that AIDS has become a black disease" and find ways to defeat it, the chairman of the NAACP said at the international AIDS summit yesterday.

Julian Bond, the Rev. Jesse Jackson, and other powerful African-American leaders called on their community to accept responsibility for ending the devastation of AIDS, which has claimed more than 200,000 black Americans since the epidemic began 25 years ago. In a first for the political leaders, they blamed the disaster on a lack of will and pledged to do more.

"The story of AIDS in America is mostly one of a failure to lead, and nowhere is this truer than in our black communities," said Bond, chairman of the National Association for the Advancement of Colored People. "We have led successful responses to many other challenges in the past. Now is the time for us to face the fact that AIDS has become a black disease."

According to the US Centers for Disease Control and Prevention, African-Americans account for half of all new cases of HIV, the virus that causes AIDS. It is the leading cause of death for black women ages 25 to 34. Overall, blacks are seven times more likely to die from AIDS than other at-risk groups.

"Because of poverty, ignorance, and prejudice, AIDS has been allowed to stalk and kill black America like a serial killer," said Jackson, chairman of Rainbow Push Coalition. Jackson didn't attend the conference, but issued a statement of support with the other leaders.

"But we have also been a compliant victim, submitting through inaction," Jackson said. "It is now time for us to fight AIDS like the major civil rights issue it is."

The US black delegation pledged to draft a five-year plan to reduce HIV rates among African-Americans and to boost the percentage of those who get tests and learn their HIV status.

The 16th annual AIDS summit has drawn more than 24,000 researchers, activists, and health workers from 132 countries this year, which marks the 25th anniversary of the first

reported cases of HIV. Since then, nearly 65 million people have been infected with the virus globally and AIDS has killed more than 25 million.

The conference opened yesterday with two key figures in the global fight against AIDS -- Microsoft founder Bill Gates and former president Bill Clinton.

Clinton, accompanied by daughter Chelsea, irritated some delegates when he suggested that the Bush administration's call for abstinence to combat AIDS was not all bad.

The United States is sometimes criticized for not doing enough to help poorer countries fight AIDS or for the high cost of AIDS drugs made by US companies. But Gates and Clinton both praised President Bush for his pledge of \$15 billion over five years to combat the disease in 15 countries, noting that it was the largest single pledge ever made to fight a disease.

The program, however, calls for at least 30 percent of the funding to go toward abstinence programs. Clinton noted that abstinence should be part of the prevention cocktail.

Abstinence is a touchy topic that angers AIDS activists because they say many women in developing nations have no control over their male partners.

In a roundtable discussion, Clinton and Gates, whose foundation has given more than \$1 billion to fight AIDS, said they believe the disease is one of the greatest heartaches of their generation.

``It's a breathtaking human tragedy," Clinton said. ■

Reuters Health
August 15, 2006

Cannabis pitched as painkiller at AIDS conference

By Cameron French

TORONTO (Reuters) - The light scent of marijuana wafted among exhibits at the 16th International AIDS Conference in Toronto on Monday, as activists took advantage of Canada's comparatively pot-friendly policies to make a pitch for the drug as a pain-killer.

"This is the first time that an exhibit of this kind has been at the AIDS conference," said Hilary Black, spokeswoman for the Medical Marijuana Information Resource Center, which along with the Canadian AIDS Society sponsored the display.

"It's possible that it may be the only time, until we see a global shift around the policies governing this plant."

Researchers say marijuana can ease some types of severe and chronic pain as well as symptoms like nausea better and with fewer side effects than many prescription remedies.

While marijuana use is not generally legal in Canada, the federal government runs a medical marijuana program, although only about a quarter of medical marijuana users infected with HIV get their cannabis through legal sources, Black said.

In the United States, the use of medical marijuana has long been contested on the state and federal level. Last June, the U.S. House of Representatives rejected a bill that would have allowed the medical use of the herb. But efforts are under way in several other states to legalize marijuana use.

The Canadian resource center is backed by Cannasat Therapeutics Inc., a Toronto-based research company trying to develop cannabis-based medicine that would eventually be available by prescription.

The group has been passing out information on legal access and tips on the use of cannabis as a medicine and dealing with reaction from participants who have come from around the world for the week-long conference.

"We had some people here from Uganda. One doctor said its like crack cocaine, it's bad, it trouble," said Sara Lee Irwin, a spokeswoman for the center and medical marijuana user, as she cut open a foil 250 gram (8.8 ounce) bag of government-issued cannabis. "The next guy said, 'It's not like crack, it's everywhere, why aren't we using it?'," she said.

Agence France Presse
August 13, 2006 Sunday

Mexico to host 2008 AIDS conference

DATELINE: TORONTO

Mexico will become the first country in Latin America to host the 2008 International AIDS conference, organisers said, as the current this year's biennial gathering opened Sunday in Canada.

The conference, grouping scientists, political campaigners and fundraisers will be held in Mexico City from August 3 to 8.

Its arrival in Mexico will shine a spotlight on the toll the disease has had in Latin America and the Caribbean and will help "chart a course for a stronger and a more effective global response to the pandemic," said Pedro Cahn, Chair of AIDS 2008 and president-elect of the International AIDS Society.

In Latin America, 140,000 people were newly infected with HIV in 2005, bringing the figure for people in the region living with the virus to 1.6 million, according to the agency UNAIDS.

The region's biggest epidemic is in Brazil, which has a third of the region's cases, but the virus is also rapidly spreading in smaller states like Honduras and Belize.

The 2008 conference will be the 17th such event.

This year's conference in Toronto features heavyweight fundraisers like Bill Gates, political superstars like ex-US president Bill Clinton, and top AIDS scientists and caregivers from around the world.

More than 20,000 delegates have registered for the Toronto event, along with more than 3,000 journalists.

LifeSiteNews.com

Monday August 14, 2006

<http://www.lifesite.net/ldn/2006/aug/06081403.html>

International AIDS Conference Opens in Toronto: Gates Booed For Mentioning Abstinence, Faithfulness

By John Jalsevac

TORONTO, Canada, August 14, 2006 (LifeSiteNews.com) – Canada's largest city, Toronto, is currently playing host to many of the world's most influential movers and shakers as the world's largest international AIDS conference gets underway. For the next five days approximately 24,000 delegates, including the "Double-Bill" – Bill Gates and Bill Clinton – will attend numerous seminars and speeches, all in an ostensible attempt to combat what Gates and other conference attendees are calling "public enemy No. 1"—AIDS.

The general flavour of the conference, however, was made abundantly clear during Gates' opening remarks, where the thousands of delegates violently booed one of the rare mentions of abstinence and sexual fidelity as possible solutions to AIDS, and enthusiastically cheered for latex, pharmaceuticals, and increasing acceptance of prostitution and hard drug use.

In his opening remarks to the conference Gates briefly mentioned the controversial ABC (Abstinence, Be faithful and Condoms) program, the program of HIV/Aids prevention that is pushed internationally by the Bush Administration, and which has been employed with unprecedented success by the Ugandan government. "This approach," said Gates, "has saved many lives, and we should expand it."

The mere mention of the program, however, which focuses primarily on abstinence and faithfulness as the surest means of prevention, with condom-use as a distant last resort, provoked unanimous and energetic boos from the thousands of attendees.

Unperturbed, Gates, to sudden and swelling cheers, then continued to highlight the “limits” of such a program, and criticized abstinence and faithfulness as ultimately ineffective and unrealistic methods of prevention. In the course of the speech the United States Government’s anti-prostitution and anti-drug stance also came under fire for allegedly endangering sex-workers and drug addicts.

Gates, however, did also criticize condoms, pointing out that condom usage is initiated by the man in a sexual encounter. Women, said Gates, must be given more power to prevent HIV infection themselves. To that end the Gates Foundation is adding to the host of artificial and chemical "solutions" to Aids by funding research to develop powerful oral and vaginal chemicals that can be used by women just prior to sex to prevent transmission of the HIV virus.

Gates’ wife, Melinda Gates, who is also active in the multi-billion dollar efforts of the Gates Foundation, concurred with her husband in his criticisms of the ABC program, expressing a faith in the condom that many pro-life advocates argue is scientifically and statistically unfounded. “Some people believe that condoms encourage sexual activity, so they want to make them less available,” complained Melinda Gates. “But withholding condoms does not mean fewer people have sex; it means fewer people have safe sex, and more people die.”

Melinda Gates also called into question the good-will of condom opponents, accusing them of having ultimately destructive ulterior motives. “In some countries with widespread Aids epidemics,” she said, “leaders have declared the distribution of condoms immoral, ineffective or both. Some have argued that condoms do not protect against HIV, but in fact help spread it. This is a serious obstacle to ending Aids. In the fight against Aids, condoms save lives. If you oppose the distribution of condoms, something is more important to you than saving lives.”

Unlike the 2004 International Aids Conference, where Uganda received an enormous amount of coverage for successfully and dramatically reducing its HIV/Aids infection rates by means of the ABC program, Gates' opening remarks seemed to indicate that this year's conference will continue to focus on forgetting Uganda's behaviour-driven successes and return to the traditional Aids conference agenda of artificial and chemical solutions to the pandemic.

The dearth of an objective discussion of behavioural solutions that strike at the very heart of the Aids pandemic, and the exclusive focus on superficial chemical solutions, however, is nothing new at international Aids conferences. Dr. Edward C. Green, PhD, an AIDS prevention worker and senior research scientist at the Harvard Center for Population and Development complained in 2002 that presentations from the USAID and Centers for Disease Control staff made no mention of abstinence or

faithfulness in assessing the Ugandan situation. "They spoke exclusively about latex, drugs, vaccine research," he complained.

National Post (f/k/a The Financial Post) (Canada)

August 15, 2006 Tuesday

SECTION: NEWS; Pg. A1

Teaching abstinence reduces teen sex: study: Condom use not affected

By Sharon Kirkey, CanWest News Service

DATELINE: TORONTO

TORONTO - Abstinence-only programs can reduce sexual activity among young teens and effectively delay their "sexual debut" without discouraging future condom use, according to a new study of the controversial HIV prevention strategy.

A study of 662 African-American Grade 6 and 7 students from inner-city middle schools in Philadelphia found those taught an abstinence-only approach to sex were less likely to have had sexual intercourse at 24 months' follow-up compared to those put through a "safer sex" intervention that emphasized condom use but made no mention of abstinence.

And while Bill Clinton, the former U.S. president, told delegates to the International AIDS Conference in Toronto yesterday that abstinence programs delay sexual activity but make teens less likely to use condoms when they do start having sex, the study found the opposite to be true.

"It did not reduce intentions to use condoms, it did not reduce beliefs about the efficacy of condoms, it did not decrease consistent condom use and it did not decrease condom use at last sexual [encounter]," lead author John Jemmott, of the University of Pennsylvania, said.

The youngsters in the study ranged in age from 10 to 15; half were girls. Twenty-three per cent said they had had sexual intercourse at least once before the study began.

"There aren't any studies that show that children are less likely to use condoms as a result of an abstinence intervention. I've looked in the literature, there are no studies that show that," Mr. Jemmott said in an interview.

"But you have to be concerned about it, because many abstinence-only until marriage programs give misinformation about condoms and present the failure rates in a way that would discourage people from using them."

At the massive AIDS meeting being held here this week, abstinence-only programs are about as popular as Alcoholics Anonymous at a brewery. Planned Parenthood has called the approach "one of the religious right's greatest challenge to the nation's sexual health." In the United States, federally funded abstinence programs have been found to push distorted and inaccurate information about sexual health, homosexuality and abortion.

But Mr. Jemmott said not all abstinence interventions can be lumped together "and thrown away," and there is no logical reason that an abstinence intervention cannot be effective.

The abstinence intervention in his study promoted abstinence from vaginal, anal and oral sex until a later time in life when youth would be able to handle the consequences of a sexual relationship.

Researchers removed all mention of condoms, other than telling facilitators not to say anything negative about them. The team involved a researcher from the University of Waterloo.

The youth were followed for two years. Through role-playing, videos and video clips and group discussions, "We changed the intention to have sex," Mr. Jemmott said. It also delayed the sexual debut of youth who were virgins when the study began.

"We caused them to have more positive attitudes towards abstinence and the negative consequences of engaging in sexual activity at an early age, including less likely to achieve one's career goals."

The Washington Blade

Friday, August 11, 2006

<http://www.washblade.com/2006/8-11/news/national/conference.cfm>

U.S. limits attendance at Int'l AIDS Conference Bush officials criticized at high-profile confab in past

By RYAN LEE

On the eve of the largest gathering of HIV/AIDS researchers, service providers and activists from across the globe, critics of U.S. AIDS policy say that it is encumbered by the same dilemma as much of the Bush administration's foreign relations: Most of the good the U.S. does is overshadowed by America's leadership staking out ideological positions that run counter to global scientific opinion.

"We have committed more resources for HIV research than any other government in the world," said Tom Coates, director of the UCLA Program in Global Health. He cited as examples the President's Emergency Plan for AIDS Relief, first outlined in President

Bush's 2003 State of the Union address, along with the billions of dollars in AIDS funding allocated to the U.S. Department of Health & Human Services.

"But then we get hung up on issues like promotion of abstinence-only education, or [needle exchange programs]," Coates said. "We get tripped on our own ideology, and our lack of knowing the evidence."

The Bush administration has already come under attack for again limiting the number of U.S. government scientists who can attend the XVI International AIDS Conference, which takes place Aug. 13-18 in Toronto. The biennial meeting brings together about 20,000 AIDS workers and is where some of the most important breakthroughs in the fight against AIDS have been announced, such as when anti-retroviral drugs were unveiled at the 1996 conference in Vancouver.

Travel restrictions implemented by the office of the U.S. Global AIDS Coordinator following the 2002 International AIDS Conference in Barcelona — at which former HHS Secretary Tommy Thompson was booed by critics who believed the U.S. contribution to the Global AIDS Fund was insufficient — reduced the maximum number of HHS officials who can attend the conference by two-thirds, from more than 230 in 2002 to 50, according to HHS spokesperson Bill Hall.

"But if there's a justified need, we can go beyond that," said Hall, who noted that 76 HHS delegates are scheduled to attend the Toronto conference. Twenty of the delegates represent the Centers for Disease Control & Prevention, with the remaining representatives coming from the Health Resources & Services Administration and the National Institutes of Health.

"Any type of travel needs to be approved to avoid duplication of efforts," Hall said. "[There are] certain thresholds at which further justifications need to be made."

The restrictions were caused by a reduction in the HHS travel budget for the International AIDS Conference from \$3.6 million in 2002, to approximately \$500,000 for the 2004 and 2006 events, according to CDC and HHS.

The limits keep U.S. brainpower from interacting with leading global counterparts, according to critics.

"For me, it's a shame, and it was stupid and shortsighted that the U.S. has restricted the number of NIH and CDC people from coming to the conference," said conference co-chair Mark Wainberg, who added that U.S. leaders were treated unfairly at previous conferences.

"[PEPFAR] is a lot better than nothing, and it's a hugely generous program," said Wainberg, who described the proverbial glass of U.S. anti-AIDS efforts as "well more than half full."

The Gazette (Montreal)

August 15, 2006 Tuesday

SECTION: EDITORIAL / OP-ED; Pg. A19

Missed chance for U.S.: Bush's funding curbs means world won't hear many success stories

BY MARK WAINBERG

Dr. Mark Wainberg is director of the McGill AIDS Centre and co-chair of the XVI International Conference on AIDS.

The largest gathering ever of AIDS researchers, experts, stakeholders and activists is unfolding in Toronto, and the United States, sadly, is woefully underrepresented. In certain ideological circles, this isn't such a bad thing; some people still see AIDS as a hopeless, tiresome, issue that has nothing to do with them or anyone in their zip code.

But the Bush administration has restricted federally funded participation at the conference to fewer than 80 scientists from the U.S. National Institutes of Health and the Centres for Disease Control - both world-renowned institutions whose contributions in AIDS research are recognized far beyond the medical, scientific and activist communities.

Ironically, the world's most generous program that buys HIV/AIDS drugs for patients in developing countries is financed by the U.S. government. It's called the President's Emergency Plan for AIDS Relief (PEPFAR) and was an early initiative of George W. Bush, the same president whose government is now all but boycotting this conference.

Unfortunately, the United States receives very little credit for this program, despite the fact that it has probably done more to save the lives of HIV-infected individuals in developing countries than any other program of its type.

This conference would have been an ideal opportunity for the Bush administration to tout both its generosity and accomplishments in the field of HIV/AIDS to the world. There are 25,000 participants here, roughly 3,000 of them journalists.

But few of the presentations at the conference will deal directly with the impressive successes and accomplishments of the PEPFAR initiative - recognition already granted the administration by front-line researchers but that would benefit from a wider audience at a time when the United States might welcome the positive optics of a successful international humanitarian initiative.

The lack of representation at this 16th conference on AIDS from the nation that has produced some of the greatest breakthroughs in HIV/AIDS research has been attributed publicly to funding cutbacks and privately to politics.

Because of the controversy surrounding the ideological divisions on AIDS-prevention programs from faith-based abstinence programs on the one hand and widespread education and promotion of safe sex practices on the other, any gathering of AIDS professionals happens at the crossroads of science and politics.

And anyone who has followed these debates in the United States during the past few years knows that the crossroads of science and politics is not an intersection for the squeamish: It demands an adherence to principle over political expediency, especially in a mid-term election year.

At a time when opinion polls around the world reveal a sustained unease with U.S. foreign policy and a widespread nostalgia for the internationalist, one-for-all approach to crises that characterized the second half of the last century, the Toronto conference represents a squandered opportunity to highlight U.S. leadership in a field that long ago transcended the moral debate over sexual orientation and behaviour and now resides squarely in the moral and humanitarian debate over developing-nation poverty and equal access to medical care.

The PEPFAR program has its critics, despite of the fact that it is by far the most generous initiative of its type in the world. Some criticize its requirement of the use of antiretroviral drugs that have been approved by the U.S. Food and Drug Administration rather than drugs that are produced by low-cost generic manufacturers. Some have objected to the program's emphasis on drug access to the detriment of clinical trial and other research initiatives.

But ask anyone with HIV in a developing country who has free access to drugs courtesy of PEPFAR whether they are pleased with the program and the answer is invariably "yes."

Toronto was chosen as the venue for the International Conference on AIDS in part because of its proximity to the U.S. and the expectation that travel costs for the thousands of American scientists who were to attend would be kept to a minimum. How unfortunate that so many Americans who wanted to participate in the conference were kept away not by logistics or expense but by politics.

Not surprisingly, given the level of commitment of so many scientists based at U.S. universities, hospitals and elsewhere who are not directly employed by the U.S. government, many found ways to get to Toronto without using their government grants to do so.

The reality is that virtually all scientists who work in HIV/AIDS are fully committed to making a difference and not merely toward short-term progress in their own laboratories and clinics. So many are voting with their feet and attend the Toronto conference even if it means paying for registration and travel costs themselves.

Meanwhile, Americans should know that much of the good their government has done will go unheralded on an issue that defines the lives of so many people suffering worldwide and who, in the midst of that pain, bless America rather than curse it.

Edmonton Journal (Alberta)
August 15, 2006 Tuesday
SECTION: NEWS; Pg. A6

Superinfections compromise vaccine development

BY Sharon Kirkey, CanWest News Service

TORONTO - HIV superinfections, where a person is infected with multiple strains of the AIDS virus, are occurring more often than had been believed, a worrisome finding that calls into question extensive vaccine development, U.S. and Canadian scientists say.

Eight cases of superinfection have been found among 57 HIV-infected women in Mombasa, Kenya, researchers reported Monday at the 16th International AIDS Conference in Toronto.

Many of the women became infected with a second strain of HIV within the first year of their first infection, but others have occurred up to five years later.

The new research "is suggesting that superinfection -- that is re-infection by a second partner -- is occurring more than we had originally expected," says Julie Overbaugh, associate program head at the Fred Hutchinson Cancer Research Center in Seattle, Wash.

While the study is believed to be the largest of its kind, "We're still talking about only 57 women and eight cases," she cautioned.

It's not known whether the risk of superinfection is nearly as high as first infection, but "the data are starting to suggest that's an issue," Overbaugh said.

There is also a "hint" becoming re-infected makes a person progress more rapidly to AIDS.

There have been sporadic reports of superinfection over two decades of the AIDS epidemic, but Canadian AIDS doctors say this is the first to estimate how frequently they occur.

The study may have important implications for "Internet partner" and "sero-sorters" -- HIV-positive men who seek other HIV infected partners for unsafe sex. Overbaugh says they may be at risk of getting re-infected.

"It means that even though the person already has HIV infection, they're still susceptible and they still have health to lose from getting exposed again," says Dr. Bill Cameron, professor of medicine at the University of Ottawa and the Ottawa Hospital.

He said even among sexual partners who have HIV it's important to practise safer sex to avoid having "ping pong" infections back and forth between them.

In some studies of sex workers in South Africa, as soon as they find they are HIV positive, they have two different viruses.

"It may be that they got them from one partner, but it looks like they probably got sequentially infected," Overbaugh said in an interview.

That means re-infection can occur early. But her team found it can occur late, too, "meaning that that's the time when the person has had the first virus, they've got an immune response to it and yet they still are receptive to infection by a second virus."

That could be discouraging news for vaccine development. Current vaccines -- there are 23 in clinical development -- are built on trying to mimic a natural HIV infection to churn out neutralizing antibodies.

But the study suggests "the kind of immunity you look for in vaccination is not present in natural (HIV) infections," says Cameron.

To date, around 65 million people have been infected with HIV, and AIDS has killed more than 25 million people since it was recognized in 1981.

Newsday (New York)
August 15, 2006 Tuesday
NASSAU AND SUFFOLK EDITION
SECTION: OPINION; Pg. A35

AIDS activists misguided in goal to legitimize 'sex work'

BY James P. Pinkerton

TORONTO

To attend an international AIDS conference is to enter a world in which traditional morality is conquered by political correctness. But only temporarily, of course - because the larger world, politically incorrect as it is, always prevails.

Consider the issue of prostitution. Or as almost every one of the 25,000 global AIDS-tivists gathered here prefer to call it, "sex work."

Public-health experts are correct when they note the sex trade is a major vector for AIDS. In the past, venereal disease epidemics were often dealt with by such tough measures as shutting down brothels and quarantining prostitutes. But those solutions are not under consideration here.

In fact, in this AIDS-conference world, prostitution - oops, sex work - is part of normal life. Nestled comfortably within the exposition area are many booths devoted to the sex trade, "The Star Whore Show," for example.

One prominent group, Stella (chezstella.org), which bills itself as "by sex workers, for sex workers," has issued a manifesto, "Sex Workers, Human Rights, and the Fight Against HIV." In other words, Stella seeks to establish the right to be a "sex worker" as a human right, alongside, say, free speech.

Most populations of the world are uncomfortable, to put it mildly, with this formulation of sexual-political rights - but of course, such queasiness didn't stop the Canadian government from funding Stella; the sex group also acknowledges funding from George Soros' Open Society Institute.

The effort to "mainstream" prostitution is not at all a fringe issue here. It is being waged by those at the pinnacle of the AIDS establishment - for example, Melinda Gates, who delivered the keynote speech here on Sunday, alongside her husband, Bill Gates.

"The simple fact," Melinda Gates declared, "is that HIV is transmitted through activities that society finds difficult to discuss, activities that are infused with stigma, and that stigma has made AIDS much harder to fight." She is, no doubt, correct. All venereal diseases, across human history, have carried a stigma.

But now Gates, making her bid to be the next Princess Diana - a glam do-gooding jet-setter - wants to change all that historical precedent. "When Bill and I visit other countries," she said, "we are enthusiastically accompanied by government officials on all our stops - until we go meet with sex workers. At that point it can become too politically difficult to stay with us, and our official hosts often leave."

The audience winced with collective appreciation for Gates' pain as she recollected those difficult moments. And then everyone smiled and nodded when she said of her being abandoned, "That is senseless."

But in the real world, we might observe that even if the stigmatizing of prostitution is senseless, it is also a matter of consensus. Even in those countries where prostitution is legal, it still is a subject of shame, and political leaders naturally shy away from such disrepute.

And so we see the problem confronted by AIDS-tivists: They wish to see AIDS not just as a scientific-medical issue, but rather as a social issue - a chance to turn tragedy into an

opportunity to re-engineer societies around the world, starting with the "sex worker-ization" of prostitution. The weight of world opinion is against them, to be sure, but here in Toronto they keep trying.

The most interesting refutation of Gates' activist ideology came, interestingly enough, from Bill Gates. In a separate appearance yesterday, he allowed that the whole topic of "sex workers," as well as "men having sex with men," is "controversial." He added, wistfully, that if there were a country that attached no stigma to sex, "I would like to go to that country."

The audience cheered loudly, because such a sexual Shangri-la is exactly where they all want to live. But the happy throng seems to have missed his point: There is no such non-stigmatizing country, and there never will be.

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Business Day (South Africa)

August 14, 2006

Business Day Edition

SECTION: HEALTH; Pg. 3

**Minister's remedies shock world AIDS indaba
African potato, garlic get global airing**

BY Tamar Kahn
Science and Health Editor

TORONTO - Just hours before the official opening of the 16th International AIDS Conference last night, Health Minister Manto Tshabalala-Msimang whipped up controversy over the best way to treat HIV patients, extolling the benefits of garlic, beetroot, lemons and the African potato.

This is in spite of the University of Stellenbosch's Nutrition Information Centre warning three years ago that the African potato caused bone marrow suppression in HIV patients, and cautioned against its use.

"We have a constitution which says people have choices to make. If people choose to use traditional medicine ... why not give them those choices?" said the minister as she opened the Khomanani exhibition stand at the conference. Khomanani is government's primary HIV/AIDS awareness campaign. Its future is uncertain after the health department failed to issue a new tender for its management.

While the minister's provocative views on the relative benefits of nutrition and antiretroviral medicines for people infected with HIV are no secret, delegates were

shocked to hear her express them so forcefully ahead of such a high-profile gathering.

The week-long international AIDS conference is the largest of its kind, and is expected to draw more than 25000 experts.

"There's absolutely no empirical, scientific evidence" that garlic and lemon juice boost the immune system, said Dr Harry Moultrie, a South African HIV paediatrician based at Chris Hani Baragwanath Hospital.

"I think it's despicable for you to bow to the minister's wishes and display (these things)," he said angrily to Khomanani campaign manager Peddie Nhlapo.

In addition to posters and literature about government's comprehensive plan for the prevention, care and treatment of people affected by HIV/AIDS, SA's exhibition stand displayed beaded bowls of garlic, lemons, beetroot and African potatoes among the shelves of crafts made by people living with HIV.

Details about government's free AIDS drug programme, the largest in the world, were by contrast limited to leaflets. Government has committed R3,4bn to pharmaceutical firms under contract to supply the medicines used in its treatment programme, which now reaches more than 140000 patients.

Ministerial spokesman Sibane Mngadi said the vegetables, displayed among packets of samp and nutritional supplements, were intended to highlight the "multi-pronged interventions government can make".

Shortly after fielding questions from journalists, Khomanani staff hurriedly added two vials of AIDS drugs to the stand's shelves. Nhlapo contradicted Mngadi, saying the exhibition had been intended to include antiretroviral medicines, but this had not been possible because the samples were in his suitcase, which had been lost in transit from SA.

SA's HIV/AIDS epidemic is one of the world's worst, with 5,4-million people infected.

Reuters Health
August 17, 2006

Small victories feature at AIDS conference

By Natalie Armstrong and Cameron French

TORONTO (Reuters) - Small victories are being won against the AIDS virus, experts said on Wednesday as a report showed that 10 times more people in Africa are getting life-saving HIV drugs than did three years ago, but overall most people who need treatment are still not getting it.

Studies showed the benefits of providing drugs would outweigh the costs, and one report predicted that if people were treated, they would be significantly less likely to pass along the virus.

Other research presented to the 16th International AIDS conference found that providing nutritious food to AIDS patients can benefit them as much as providing drugs can, and a report highlighted Thai programs as an example of how to use condom and drug distribution to cut infection rates in half.

"The moral imperative of universal access to HIV treatment has never been clearer," Dr. Helene Gayle, president of the International AIDS Society, told the conference.

The World Health Organization published a survey showing that more than a million people in sub-Saharan Africa now receive drugs that help many with the virus live normal lives.

But only 24 percent of those in poor or middle-income countries who should be taking the drugs get them, WHO said.

The findings suggest that a push has worked, at least partly, to get lifesaving drugs to the people who need them, WHO HIV/AIDS Director Dr. Kevin De Cock said.

At the end of 2003, 100,000 people in Africa were being treated -- about 3 percent to 4 percent of those who needed the drugs to stay alive, De Cock said. Now there are 1.04 million.

The AIDS virus infects nearly 39 million people globally, and has killed 25 million people since it was identified 25 years ago. Virtually all -- 95 percent -- of people infected with the virus live in the developing world. There is no vaccine.

Dr. Julio Montaner of the Canadian HIV Trials Network presented evidence supporting a theory that people who take the drugs, thus suppressing the virus, are less likely to infect others. His team at the British Columbia Center for Excellence in HIV/AIDS released a computer model that showed the number of HIV-infected people would be reduced from 40 million to fewer than 1 million over 45 years if all people who need them got the drugs.

A GOOD EXAMPLE

Thailand provides a good example of how to try to achieve such results, the World Bank said in a report released at the conference.

A former hot spot for the virus, Thailand has more than halved the number of new HIV infections over the past decade by providing HIV drugs to nearly 80,000 Thais, more than 90 percent of those who need it, the World Bank said.

But many people are left out of drug treatment programs, notably injecting drug users, the conference was told.

"Outside of Africa, nearly one in three HIV infections comes from injecting drugs with contaminated equipment, yet in many countries drug users are not able to access HIV treatment," said Dr. Peter Piot, executive director of the Joint United Nations Program on HIV/AIDS or UNAIDS.

And programs also forget some of the other basics for good health, such as nutritious food, the World Food Program said.

It and UNAIDS said that between 3.8 million and 6.4 million people need nutritional support for 2006 to 2008. It costs 66 cents a day to provide nutritious food to an AIDS patient plus his or her family, the agencies said.

Scientists reported they had found some intriguing new clues about the virus. Dr. Bruce Walker of Harvard Medical School and colleagues said they had identified a group of HIV-infected people they dubbed "elites" because their bodies can control the virus without drugs.

They said as many as one in 300 HIV patients never gets sick and never suffers damage to their immune systems. They are trying to find as many of these people as possible, to study their genetic makeup and see why they escape the fatal effects of the virus. "If we can figure out how people are doing that, we can try to replicate it," Walker said.

The Canadian Press(CP)
August 17, 2006 Thursday

Legalizing sex trade key to cutting HIV, activists tell AIDS conference

BY JOSEPH HALL

TORONTO (CP) - As Donna Summer moans "Love to Love You Baby" in the background, three prostitutes are lolling provocatively across a satin-covered bed _ amid a scatter of sex toys _ while half a dozen others sway to the music nearby. That this is happening in the Metro Toronto Convention Centre _ with plenty of the city's finest patrolling the facility _ is a little disconcerting on first approach. But there's a sharp point to the scene, a highlight of the International AIDS conference's huge Global Village area.

"While it's meant to be fun and humorous, we really did want to make this look like a typical workplace," said Anna-Louise Crago, a prostitute and spokeswoman, for a Montreal sex workers alliance called Stella.

"This is exactly the kind of setting we work in," says Crago, who helped organize the contingent of sex workers from 21 countries attending the conference.

Recognizing prostitution as legitimate legal work, in both criminal law and labour codes, is a key step to stamping out HIV and other diseases among sex workers and the broader population, several researchers have told the conference.

Prostitution remains a main conduit for HIV in many parts of the developing world, and was the focus of several research presentations.

Even former U.S. president Bill Clinton came to the defence of sex workers Tuesday,

criticizing the Bush administration's ban on AIDS funding to groups that don't officially oppose prostitution.

"I wish they would just amend the law and say 'we disapprove of prostitution, but here's the money _ go save lives,'" Clinton told a conference meeting.

"They are people, too, and they deserve the chance to be empowered to save their lives. To me it's a no-brainer."

Studies presented this week urged countries to legally recognize sex workers, to improve their safety and lower their susceptibility to AIDS.

"Sex workers are part of the solution in the fight against HIV," says Crago. "And sex workers need workers' rights and human rights' in order to fight AIDS."

Many of the visiting sex workers took to the streets around the conference centre Wednesday to voice their demands for legal recognition, which they say would help combat the spread of AIDS by allowing prostitutes to come in from the dark and marginalized areas _ geographical and social _ in which they typically ply their trade. Having legal rights would provide the financial stability they need to refuse high-risk encounters, and give them easier access to medical treatment and education.

It would also reduce their vulnerability to rape and sexual assault lowering their chances of contracting HIV, said Glenn Betteridge, a senior policy adviser with the Canadian HIV/AIDS Legal Network.

"In many countries the law makes engaging in sex work illegal, and in those countries the law disempowers women," Betteridge said. "And we know, from the history of the HIV epidemic, when women are disempowered they don't have control over HIV prevention methods."

Betteridge said data indicates that sex workers in Canada, who began to insist on condoms and other protections early on in the AIDS crisis, don't pose a threat as an HIV vector in this country.

In southern Africa, however, sex workers remain one of the most volatile links in the spread of the disease.

Reuters Health
August 16, 2006

Sex workers march for rights at AIDS conference

By Maggie Fox

TORONTO (Reuters) - Sex workers and their supporters from 21 countries marched on Wednesday through the 16th International AIDS Conference to demand their own place not only at the conference, but in their own societies.

Wearing turquoise T-shirts, they marched from a gauze-draped bed in the Toronto conference's Stiletto Lounge, one of the exhibits at the meeting, through art displays, exhibits about prisoners with AIDS and around booths offering information to drug users and religious groups.

"Sex work is work. Sex workers are workers," said Philal Sri Kumzaw from Thailand, standing amid pillows and sex toys in the Lounge. To cheers from a crowd of around 200 people, she demanded health insurance, paid vacation and job security.

The AIDS epidemic has launched homosexual men not only into open society, but made them some of the most prominent advocates for research and care. Now the sex workers want their share of the action.

"They should be treated as human beings, instead of being discriminated against, instead of being tormented, instead of being tortured," said Macrina Akorot, a social worker helping sex workers in Kampala, Uganda.

"You can't do without them, and some of them are parents, some of them are our own relatives."

Some of the most prominent speakers at the conference, from billionaire donor Bill Gates to former U.S. president Bill Clinton, have said prostitutes, drug users and other AIDS victims at the edges of society need to be recognized and helped.

The demonstrators want more than just help. "Sex workers are good people too," said Prempreeda Pramoj of Bangkok. "That's why they should demonstrate."

Some came to the conference openly, others under the auspices of groups.

Melissa Ditmore of the Network of Sex Work Project in New York said at least 24 sex workers were at the conference on scholarships but it was not clear how many actual sex workers were attending the meeting, which has attracted 24,000 delegates from around the world.

"I think people are hesitant to come out, especially if they come from places where they are prosecuted," Ditmore said.

But she noted that a group called Prostitutes of New York sent four delegates.

"Sex workers are part of society and not adjacent to it," Ditmore said in an interview.

It is also good public health to make sure prostitutes are treated as part of mainstream society, she noted.

Agence France Presse
August 17, 2006 Thursday

Condoms, cannabis, beads... and networking: Secrets of AIDS forum success

By Richard Ingham

DATELINE: TORONTO, Aug 16 2006

The audience is receptive as New York prostitute-turned-author Tracy Quan, curled on a makeshift double bed adorned with silk drapes, cushions, condoms and an assortment of strap-on dildos, reads from her latest book.

Excerpts of "Diary of a Married Call Girl," Quan's second foray into literature after a first novel that has sold several hundred thousand copies, meet with smiles and occasional nods from the small assembly of fellow sex workers and the simply curious.

It's all in a good cause: Quan is doing her bit at the International AIDS Conference here to get recognition for prostitutes, hoping to transform an industry that in many countries is criminalised and stigmatised and thus badly at risk to the AIDS virus.

At a meeting area opposite, grassroots workers debate the problems of HIV/AIDS in China and Hong Kong. A Canadian booth is promoting free legal advice for people with HIV.

Activists discuss the plight of gay Tamil men and transexuals in India. Japanese campaigners show off dozens of comic condoms, a useful addition to safe-sex efforts in Japan.

A Bangkok orphanage, the Mercy Centre, proudly talks about its experience in saving Thai AIDS orphans. Campaigners for the sexual rights of Muslim women press their case. African non-governmental organisations sell clothing and beaded jewellery to raise funds. Small organisations of caregivers learn how to apply for grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The meeting point, called the Global Village, is one of the most vibrant, features of the global AIDS conference, a sprawling event held every two years that this year has drawn a record 21,000 people.

And delegates agree that the Village is one of the conference's most useful features, too, because it encourages grassroots networking and new ideas.

"The response here has been fantastic, we are completely overwhelmed by the interest," said Sara Lee Irwin, with a Canadian company, Cannasat Therapeutics Inc., which is researching medical uses of cannabis for HIV patients to help them relax and stimulate their appetite.

Members of a small Canadian group, Lipo-Action, said they had been encouraged by interest in their campaigning about a distressing side-effect from taking HIV drugs -- the risk of a huge buildup of solid fat in the neck that is called "buffalo hump".

"When I walk down the street, I feel as if people are moving out of their way, they don't

look me in the face," said Lipo-Action's Brian Marsan. "I had a friend who committed suicide over this."

Lipo-Action wants the Canadian health service to fund operations to remove the disfiguring bulge but also wants drug companies to investigate the phenomenon in order to improve their treatments.

Chinese AIDS activist Wan Yanhai, whose country is a newcomer to the fight against AIDS, said the AIDS conference was extremely useful for learning new skills from veterans. He had attended seminars on legal issues, treatment, prevention of HIV and legal rights.

"China has yet to organise an effective AIDS campaign," Wan told AFP, adding that back home, grass-roots work -- an essential tool for delivering safe-sex awareness, fighting stigma and encouraging HIV testing and so on -- was hamstrung by officialdom.

For Wan and others who are fighting a lonely war, the AIDS conference hammers away at the walls of isolation, creating contacts, friends and moral support from around the world that in turn enhances knowledge, provides tools and encourages funds.

Peter Piot, executive director of the UN agency UNAIDS, says he is unsurprised that the twice-every-two-years conference is such an eagerly-awaited event and that "HIV/AIDS community" is not a false term.

"The history of AIDS is also a history of globalisation, the globalisation of a pandemic," Piot said Wednesday, as he noted how HIV began with a tiny human source and then spread around the world, with nearly 38 million people today infected by the virus.

"Every single individual living with HIV is connected to all other persons living with HIV. And that is the existential meaning of the movement of people living with HIV, I believe."

Agence France Presse
August 15, 2006 Tuesday

Sex sells AIDS prevention message at conference

By Michel Comte

DATELINE: TORONTO, Aug 15 2006

Lessons in erotic art, pornography and talking dirty have been a spicy addition to the global AIDS forum here as campaigners try to make safe sex, well, sexy.

A workshop on finding a woman's G-spot, a display of explicit artworks and studies showing that great sex can be pivotal in halting the spread of HIV have been hugely popular at the 16th International AIDS Conference.

"Sex sells," commented one of over 100 delegates who crammed into a tiny room for a

seminar entitled "Where is the Pleasure in Safe Sex?"

"People are tired of hearing about the doom and gloom of AIDS. This workshop seemed fun," explained another.

Wendy Kerr is a worker with the Pleasure Project, which has helped health educators in Cambodia to break the shyness barrier in talking about sex and enabled priests in Mozambique to counsel couples to have better sex so that husbands do not stray and possibly become infected with HIV.

Twenty-five years of AIDS activism has neglected that "sex is fun," Kerr said. "Safe sex doesn't have to be dull."

Her crew compiled a list of dozens of groups worldwide pushing the Kama Sutra to teach prostitutes how to pleasure clients without penetration and other tricks, and showed British film directors how to use condoms in porn movies "in a sexy way," Kerr said.

A 15-minute movie clip at the workshop showed women how to apply condoms on penises with their lips and other sex stunts.

Alexandra Lutnick of San Francisco-based St. James Infirmary promoted questioning prostitutes about their sexual or work satisfaction in counseling to help them open up, then share safe sex practices with them.

Many assumed they have to be victimized to access social services. Some 70 percent in a poll had never told health care providers about their jobs fearing they would be shamed, she said.

"If people feel good about sex, it minimizes risk (of getting sexually transmitted diseases)," said activist Neha Patel.

But cultural and language barriers to chats about sexuality in South and Southeast Asia, where such topics are "taboo" with a heavy emphasis on morality, make linking it to public health problematic there, she said.

As well, some sex terms are not easily translated into all languages, she said.

Men often refuse to use condoms because it reduces their pleasure, commented a male observer.

"The way men think about condoms is a big barrier," Wendy Kerr conceded.

One person offered to share tricks taught to prostitutes in Montreal to make condom use more fun for men, but mostly the issue was left unresolved.

Lebogang Ramafoko of non-profit Soul City in South Africa said a May poll of hundreds of African men found that they would seek out daring sex with women other than their wives because they dared not talk to their wives about sex.

"All said: 'I can't have this discussion with my wife about pleasure, what makes me happy and experimentation,'" she told AFP. "This inability to talk about sex is fueling the

spread of AIDS."

A new study presented at the conference found that men would likely welcome HIV-thwarting creams, called microbicides, that now being tested to stop AIDS.

"Using condoms is like eating wrapped sweets ... (but) gel use added a certain sweetness to sex," said one unnamed participant in the study which unfolded in South Africa, Zambia, Uganda and Tanzania.

But some men worried that if women equally enjoyed sex with the gel, they may seek out more sexual partners, according to researcher Charlotte Watts of the London School of Hygiene and Tropical Medicine in Britain.

Indo-Asian News Service
August 16, 2006 Wednesday

Safe sex, and good sex, talk of AIDS conference

Toronto, Aug 16 -- Tens of thousands of red, yellow, pink and blue condoms have flooded downtown Toronto. But talking about sexual pleasure is a somewhat sticky issue at the world's largest AIDS conference.

"Fear of AIDS will not scare people into having safer sex. It will become like the anti-smoking drives which everyone ignores," Yvonne Green, an AIDS activist from South Africa says.

"We must be able to talk about sexual pleasure in public. Without it the international HIV/AIDS response is losing a very powerful tool to stem the spread of the disease," she adds.

Britain-based Pleasure Project, an educational organisation, believes that "we can have safer sex if we know how to have good sex".

"The HIV 'industry' avoids discussion of sexual desire and pleasure, while the pleasure industry avoids discussion of safer sex," a statement from the organisation said.

"At best the conventional line seems to be: Safer sex is a necessary evil - protect yourself or face the consequences," the statement added.

"In my country and religion, men and women don't talk about sex. Who knows about sexual pleasure?" said Meena Rehman, an HIV-positive, Muslim mother of two from India.

Rehman was infected by her husband, who revealed his status a few months before dying. She now works towards empowering women in her community.

"Our discussions are frank and open, because we feel we have nothing to lose. Many women say they never liked or have no interest in sex. Our culture teaches us to be

guilty for feeling any desire," Rehman says.

At a conference where many discussions centre around the sexual transmission of HIV and male and female sexual behaviour, why the hesitance to talk about pleasure?

"Wanted sex, good sex and the right to enjoy sex is not something that is covered in many intervention programmes," a paper from Britain's Institute of Development Studies quoted a Namibian woman as saying.

"How do we expect young women to understand the importance of consensual sex and negotiating skills if education is only limited to prevention of pregnancy, sexually transmitted infections, and sex being a no-go area in many societies?"

The Pleasure Project first shook things up at the Barcelona AIDS conference in 2002, where people involved in HIV prevention work in Africa, Asia and Europe were asked to draw a vagina. The reactions ranged from shock and amusement to disgust and embarrassment.

At the 2004 Bangkok AIDS conference, the organisation hosted a discussion on introducing pleasure into sexual health programming.

"For the first time at an international AIDS conference we showed an explicit erotic film," they said.

"Discussion ranged from the importance of sexual lubricant in Asia, to how to turn young men on, and pleasurable sex after an HIV diagnosis."

"Many people commented that this was the first time that they had seen any sessions that actually mentioned pleasure and desire at any HIV conference - a shocking omission for a disease spread through often pleasurable sexual contact," the organisation says.

Their Global Mapping of Pleasure initiative is a rich resource of projects and organisations that put pleasure first in AIDS prevention, and includes groups such as Kubatsirana, an HIV/AIDS association of 56 churches in Mozambique.

The church programme includes training religious leaders and married couples to become counsellors and discuss issues such as sexual positions, gender roles and how to improve sex lives.

National Post (f/k/a The Financial Post) (Canada)
August 17, 2006 Thursday
SECTION: BODY & HEALTH; Pg. A16

'Hollywood' meeting blasted: Activists up in arms

By Tom Blackwell, National Post

TORONTO - Leading activists took an angry jab yesterday at major AIDS organizations and the International AIDS Conference, complaining that Bill Clinton and Bill Gates were treated like royalty at the "Hollywood" meeting, while patients and front-line workers have received little profile.

One American HIV campaigner took the stage at a major session and lambasted what he called an unaccountable international bureaucracy that has built up around the disease.

"This conference has been more of a Hollywood conference for philanthropists and stars than for people who are living with AIDS," said Siphso Mthathi, head of the South African group Treatment Action Campaign.

"We would like this to be registered by the International AIDS Society that we are quite aggrieved. Does money and does being a former president buy you a voice in today's times?"

The first three days of the conference provided a prominent stage to both Mr. Clinton, the former U.S. president, and Mr. Gates, the Microsoft chairman and world's wealthiest man. Both have charitable foundations dedicated largely to fighting AIDS; Mr. Gates' is funded by billions of his own money.

Richard Gere, the Hollywood actor, also took part in two sessions, and his appearance has been touted for weeks in public relations material put out by the conference organizers.

Dr. Helene Gayle, the conference co-chair and a former official with the Bill and Melinda Gates Foundation, defended the presence of such celebrities as good for the cause.

"It's been wonderful to have people come to the conference who, by definition of their visibility, create more visibility for the conference," she said.

"It's hard not to feel good about the two richest people in the world committing their resources, a powerful ex-president committing ... to this effort, and an actor like Richard Gere, who is using his celebrity status to shine light on this issue."

She noted that the 25,000 delegates and many of the speakers have included a large contingent of activists and people with HIV, far more than would be able to attend most disease conferences.

Ms. Mthathi said the hundreds of conference sessions featured too many celebrities and "professionals" -- scientists and government and agency officials largely from the Western countries least affected by the pandemic. Delegates from Africa, which has been ravaged by the disease, were seriously under-represented on the podiums, she said.

What is needed is a solution-based meeting that better incorporates the voices of patients and those on the front lines, and puts political pressure on countries like her own that have hindered the AIDS fight, Ms. Mthathi said.

She said she welcomes contributions by Mr. Gates and Mr. Clinton, but said donors

should not dictate how their money is spent.

Gregg Gonsalves of the AIDS Rights Alliance for Southern Africa also created a stir at a special session with leading lights of the AIDS community, including Peter Piot, head of the UNAIDS agency. "We have created a large infrastructure [around AIDS] that is largely unaccountable," he told the audience of hundreds. "No wonder things aren't getting better. We have designed the system to fail."

Mr. Clinton and Mr. Gates have been treated at the conference "like some kind of royalty," but it is activists on the ground who really make the difference, said Mr. Gonsalves.

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The Canadian Press(CP)
August 16, 2006 Wednesday

Activists protest Richard, Bill, Bill & Melinda distract from real story of AIDS

BY HELEN BRANSWELL

TORONTO (CP) _ The constellation of political and entertainment world stars drawn to the International AIDS Conference has drowned out the voices of the people living with AIDS, a group of activists complained Wednesday.

The activists, many from South Africa, derailed a news conference to protest that the presence of former U.S. president Bill Clinton, philanthropists Bill and Melinda Gates and actor Richard Gere had drawn all the media attention away from the plight of people living with HIV or AIDS.

"We are quite aggrieved," said Siphon Mthanthi, general secretary of the Treatment Action Campaign of South Africa.

The co-chair of the same committee, Nkhensani Mavasa asked: "Is this a Hollywood conference or is this an AIDS conference?"

Mthanthi insisted it was "unacceptable . . . people with AIDS and activists coming from the regions most affected by HIV have had a lesser voice than people who are rich and have money."

She added that if the conference wants to live up to its theme, Time to Deliver, it must address the conditions facing many HIV-positive people of the world "who are dying waiting for treatment, and are dying waiting for prevention and are dying waiting for their human rights to be protected."

The news conference was meant to be an opportunity to pose questions to speakers from a panel discussion on the 25th anniversary of the AIDS pandemic. Among those

present to take questions was Dr. Anthony Fauci, a world renowned AIDS researcher and director of the U.S. National Institute for Allergy and Infectious Diseases.

But the session quickly became an ideological discourse over whether the AIDS conference was being tugged off track by the celebrities who spoke to standing-room-only rooms and whose sessions have dominated news coverage of the event to date.

Conference co-chair Dr. Mark Wainberg, who was not in the room at the time, found the criticism unfair.

"I think it's absolutely untrue that we don't want to hear the voices of people with HIV," said Wainberg, who noted a number of people with HIV are speaking in key sessions at the conference, which blends science and activism under a large and often chaotic Big Top.

"They should understand, as we all do, that we would not have 3,000 journalists at this conference if not for Richard Gere and Bill and Melinda Gates and Bill Clinton. We simply would not," insisted Wainberg, an AIDS expert from Montreal's McGill University.

"So they can't have it both ways. They can't have the celebrities come here and attract the journalists and then expect the journalists not to do stories on the celebrities."

"And it's true, to some extent, yes _ there is a distraction from mainline stories that we would like to get out by the presence of the celebrities who wind up getting big pictures in all the papers. . . . But that's how it is.

Business Day (South Africa)
August 15, 2006
SECTION: POLITICS; Pg. 3

UN envoy lashes 'colonial' Bush AIDS plan

By Tamar Kahn
Science and Health Editor

TORONTO - The United Nations (UN) special envoy on AIDS for Africa, Stephen Lewis, launched a blistering attack yesterday on US President George Bush's \$15bn Emergency Plan for HIV/AIDS (Pepfar), saying its ideologically driven policies were undermining African countries' efforts to combat the disease.

Pepfar is the world's biggest donor programme for HIV/AIDS.

It targets countries that have been hit by the pandemic, including SA to which it has pledged \$450m over five years.

One of the most controversial aspects of US global HIV policy is a provision that at least 33% of its prevention funding be earmarked for programmes promoting abstinence from sex until marriage.

In SA, 36% of Pefar funds allocated for 2004 and 57% of funds allocated for last year went to programmes promoting abstinence and faithfulness, according to an analysis by the US-based Centre for Health and Gender Equity.

"No government in the western world has the right to dictate policy to African governments on the way they structure their response to the pandemic," Lewis said at a press conference at the 16th International AIDS Conference. "That kind of incipient neo-colonialism is simply unacceptable."

Lewis was backed by US congresswoman Barbara Lee, one of the chief co-authors of the legislation that established Pefar. While the bilateral aid programme had strengths on the care and treatment front, its prevention policies were deeply flawed, she said. Lee recently introduced legislation to the US house of representatives, called the Pathway Act. The act proposes scrapping what she described as Pefar's "terrible" prevention provisions - the requirement that at least one-third of US global HIV funding go to programmes that promote only abstinence before marriage.

"The abstinence-until-marriage policy makes no sense for women when they face gender-based discrimination, violence, rape and can't control their own bodies," she said.

Pefar's policies were distorting programmes in many African countries.

"We have been forced to cut funding to support effective, evidence-based programmes that prevent the transmission of HIV from mother to child, or that provide comprehensive HIV prevention services, including condoms, to vulnerable populations," Lee said.

Jodi Jacobsen, the executive director of the Centre for Health and Gender Equity, said there was growing evidence that global US AIDS funding was restricting access to health information, condoms, and increasing stigmatisation and discrimination. She said condoms were being shunted at high-risk groups, such as prostitutes, and away from the general population.

There were signs that Pefar had undermined HIV-prevention programmes in Uganda to such an extent that the rate of new infections was on the increase.

This undermined progress made over the past 20 years in promoting safe sex. "The result is ... to stigmatise condoms and the whole notion of safer sex."

US AIDS chief denies morality comes before life

By Andrew Jack in Toronto

The new head of President George W. Bush's agency for tackling the world's Aids epidemic denied on Wednesday allegations that the agency was putting morality before saving lives.

In an interview with the Financial Times, Mark Dybul, who was sworn in last week as US global aids co-ordinator, argued that US policies were inspired by scientific evidence and not morality, with critics using "sound bites rather than a nuanced public health approach."

His comments came on the sidelines of the International Aids Conference in Toronto, where the US administration has come under attack from scientists, health officials and activists.

They have criticised the US President's Emergency Plan for Aids Relief for focusing on abstinence and monogamous relationships over condom distribution in the prevention of HIV/Aids. Pefar also refuses to fund needle exchange programmes for drug addicts or any activities "promoting prostitution".

However, Mr Dybul, a 42-year-old scientist, said there was "no public health basis" for a traditional approach of "just throwing condoms at people". At the same time, he stressed the US was giving out more condoms 477m so far this year, up from 320m in 2001.

Nor did he feel constrained by his mandate to spend a third of Pefar's prevention budget on discouraging sexual promiscuity. "Overall we have flexibility," he said, adding that Pefar offered a "compassionate response" to prostitution.

Jodi Jacobson, head of Change, a US charity that scrutinises Pefar activities, said the proportion of prevention funds allocated to promoting no sex or monogamy was far greater than one-third.

She added that US distribution of condoms had fallen from 900m since 1990, even as the epidemic spread.

She said there was a lot of "self-censorship" among groups seeking funding from Pefar to avoid working with prostitutes a key group and a growth in local "vigilante" groups ensuring compliance with US guidelines.

Former US president Clinton was careful to avoid direct public criticism of Pefar in a

speech at the conference, stressing the significance of its funding. The agency expects to spend \$4bn (3.1bn, GBP2.1bn) this year.

But Mr Clinton said that while abstinence programmes deferred the age at which people began having sex, a failure to educate them about condoms meant they took fewer precautions once they did begin to have sex.

Mr Dybul stressed continuity with his predecessor, Randall Tobias, a veteran former pharmaceutical executive who now runs USAid, the US foreign development agency.

He also planned to continue a shift towards purchases of lower-priced generic Aids drugs, usually produced in China or India, and away from higher-priced US equivalents, provided they were deemed "safe and effective" by the Food & Drug Administration.

Reuters Health
August 16, 2006

Former President Clinton defends Bush on AIDS

By Maggie Fox

TORONTO (Reuters) - Former President Bill Clinton leaped to the defense of the Bush administration's AIDS efforts on Tuesday, saying the United States is spending more to fight HIV than any other government.

Clinton joined Microsoft co-founder Bill Gates in praising President George W. Bush's President's Emergency Program for AIDS Relief, saying it has done more good than harm.

Such support for the conservative Bush government was unexpected at the 16th International Conference on AIDS, a meeting held every two years where activists join researchers, funding agencies and aid groups to discuss the pandemic and, usually, denounce most governments for doing too little.

Clinton, whose foundation negotiates cheaper prices for drugs and HIV tests in developing nations, said PEPFAR has done a lot of good, despite a requirement that 33 percent of prevention funding be spent on abstinence-only programs.

"If you take out the 30 percent of the money that has to be spent on that - the other 70 percent is still a whopping amount of money and more money in federal aid than I think anybody else is getting," Clinton told a plenary session of the conference.

That said, Clinton joined the majority of experts who say abstinence-only programs do not work. Better, he said, are programs that include abstinence counseling as part of a range of options.

Other experts have noted that abstinence-only programs have little meaning in societies where young girls and women are forced into early marriage, forced to have sex, or raped.

HELP FOR SEX WORKERS

Clinton was less positive about a U.S. law requiring HIV/AIDS organizations that want PEPFAR funding to pledge to oppose commercial sex work. "I wish they would just amend the law and say 'we disapprove of prostitution but here's the money - go save lives'," Clinton said. "They are people, too and they deserve the chance to be empowered to save their lives. To me it is a no-brainer."

A spokeswoman for PEPFAR said the program worked closely with sex workers, providing condoms, counseling and treatment. "Nothing in U.S. law or policy prohibits the U.S. government, or any of our partners, from providing services to high-risk populations, including commercial sex workers," she said. "We are committed to support all people infected and affected by HIV/AIDS with dignity and compassion."

PEPFAR, which Bush unveiled in 2003, aims to spend \$15 billion over five years in 15 target countries. It provides drugs to HIV patients, distributes condoms and funds programs run by many aid groups.

Gates, whose Bill & Melinda Gates Foundation gave \$500 million last week to the Global Fund to fight AIDS, Tuberculosis and Malaria, praised the program in his speech opening the conference on Sunday.

"The President's Emergency Plan for AIDS Relief has done a great deal of good, and President Bush and his team deserve a lot of credit for it," Gates said.

Ottawa Citizen
August 16, 2006 Wednesday
SECTION: NEWS; Pg. A11

AIDS meeting is just a pricey photo-op

By Michael Valentine

One of the things emerging from the AIDS conference in Toronto this week is the question of poverty and how it affects the AIDS epidemic.

Consider that, with approximately 26,000 delegates and journalists descending on Toronto, each spending a conservative estimate of \$500 each, a total of \$13 million is being spent on what is essentially nothing more than a photo opportunity for the likes of Bill Gates and Bill Clinton.

If the attendees at this conference were as committed to the eradication of AIDS as they say they are, surely this money could have been more effectively spent on the prevention of the disease.

All kinds of promises are going to be made but little, if anything, will result. All the money that has been spent so far [on the conference] has resulted in not one fewer cases of

AIDS. To me, the conference is a complete waste of time, and -- more importantly -- money that could have been used much more effectively.

Xinhua General News Service
August 16, 2006 Wednesday

Protesters demand greater U.S. role in fighting AIDS

About 50 Protesters, most of whom are delegates at the International AIDS Conference, on Wednesday urged the U.S. government to play a greater role in the fight against AIDS.

The protesters, who threatened to shut down Toronto's University Avenue on Wednesday, gave the U.S. Consul General John Nay a one-metre letter demanding universal access to AIDS treatment and asking the U.S. to use its influence to help other countries battle the disease.

Eric Sawyer, organizer of the protest, said he hoped the letter would be passed on to U.S. President George W. Bush.

He said the protesters had planned to form a human chain, blocking traffic to the U.S. Consulate General to make their point, but abandoned the idea when they gained a meeting with the consul general.

The protest was one of a few associated with the huge conference taking place in the city until Friday. The conference has attracted more than 24,000 delegates from 140 countries.

Reuters Health
August 16, 2006

Drug abuse seen driving new HIV epidemics

By Terri Coles

TORONTO (Reuters Health) - Many populations worldwide have seen a decrease in HIV prevalence, but in several countries drug use is fueling new HIV epidemics. Prevention has become a key focus of the 16th International AIDS Conference in Toronto, highlighting the importance of targeting and engaging drug users in the fight against HIV and AIDS.

Users of illegal injection drugs are at a disproportionately higher risk of becoming infected with HIV, and their health is poorer when they are HIV-positive. But non-injection drugs are also of concern in the fight against HIV and AIDS.

"Meth is the major driver of the HIV epidemic in the United States," said Dr. Steffanie Strathdee of the University of California, San Diego at a conference presentation on Monday.

Dr. Strathdee's research focused on heterosexual methamphetamine (or meth) users, but there has been concern about meth use in the gay community possibly leading to risky sexual behavior.

"One of the recreational purposes of the use of meth is increased sexual stimulation," said Amy Drake of the Centers for Disease Control and Prevention on Tuesday. Therefore, Drake said, "Meth use among men who have sex with men is of concern for HIV prevention."

The CDC surveyed homosexuals, bisexuals and other men who have sex with men (MSMs) in 15 American cities about their sexual activities and drug use. They found that meth use was more common in men infected with HIV. Also, regardless of HIV status, MSM meth users were more likely to report engaging in high-risk unprotected anal sex. "It is clear from our data and other data that meth use among men who have sex with men presents a challenge," Drake said.

But drug users are often left out of the fight against HIV/AIDS because of discrimination against illegal drugs and those who use them. During the conference's opening ceremony on Sunday, Bill and Melinda Gates called attention to the stigma that prevents drug users from gaining access to testing, treatment and prevention supplies like condoms and clean needles.

As well, misconceptions can contribute to the stigma, even among the users themselves. There's a widespread impression that using meth causes irrational and risky behavior, said Sandra L. Bullock of the University of Waterloo in Waterloo, Ontario.

"It can lead to a self-fulfilling prophecy," Bullock said during a presentation on Tuesday. "If we're telling people that using this is going to cause you to do things you're not going to otherwise do, it can be a built-in excuse."

Facilities like safe injection sites are key to preventing HIV infection in drug users and controlling the epidemic, said Dr. Alex Wodak, former president of the International Harm Reduction Association, at a conference session on Tuesday.

Harm reduction is effective, safe and cost-effective, and it's necessary to push for its use even if it appears to some to be promoting illegal drug use, said Dr. Wodak, now director of the Alcohol and Drug Service at St. Vincent's hospital in Australia.

Behavioral intervention can reduce risk behavior even if it doesn't target drug use directly, said Dr. Strathdee. "Heterosexual active meth users can reduce their high risk sexual behavior even though they're still engaging in active meth use."

In the face of "monstrous" stigma, there is a need for a comprehensive, whole-person approach that engages drug users where they are at the time of intervention, not where we wish they were, said Walter Cavalieri, director of The Canadian Harm Reduction Network.

"Harm reduction is not just needle exchanges, not just safe injection facilities," said Cavalieri. "Needle exchange has done wonderful work, but more than anything it's a bridge to more work."

Day-to-day support and physical and mental health also need to be considered, he said, along with a wider look at the effectiveness of current restrictions on illegal drugs and drug paraphernalia and how they affect use and stigma. "You cannot look at harm reduction without looking at how we deal with regulation of drugs."



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http://www.gaycitynews.com/qcn_533/torontoaids.html

HEALTH

Toronto AIDS Conference Targets Bush

BY ADAM GRAHAM-SILVERMAN

In Zambia, they microwave condoms and then pour milk through them to show they don't work. In Nigeria, an organization working with youth can't get money from the United States because it talks about condoms with school kids. In South Africa, publication of a book for Muslims that contains the headline "Sex is OK" was held up for more than six months. In Tanzania, condom marketing campaigns disappear, and rumors begin that condoms aren't effective.

At the International AIDS Conference here, activists and non-governmental groups swapped stories like these that all had a common culprit—President George W. Bush's plan to spend \$15 billion to fight AIDS—known by the acronym PEPFAR—and its approach to preventing HIV infections worldwide.

PEPFAR officials beg to differ.

"PEPFAR is increasing the HIV epidemic in some places," said Anne-Christine D'Adesky, who runs WE-ACTx, a group in Rwanda that provides HIV care and treatment to more than 4,000 people. "It's an incredibly dangerous policy. The [groups] that we have worked with have found it a very difficult process to fit their programs into something that PEPFAR has set up and they feel it's not realistic given what's going on on the ground."

"There is not a single country in which the United States government is funding HIV work where abstinence-only is being pursued," countered Warren W. Buckingham III, the head of PEPFAR in Kenya. "No one else has this comprehensive an approach," said U.S. Global AIDS Coordinator Mark Dybul.

The differences between the activists and U.S. officials are so striking it appears they are working in two different realities. In one, PEPFAR is a White House-driven program

insisting on an unsuccessful, ideological approach lacking scientific support. In the other, it is a locally led, comprehensive effort—the broadest in the world with spending of \$322 million in fiscal year 2006—that is about to bear fruit.

From top to bottom in Toronto, PEPFAR has been a target for suspicion. Though many credit the half-million people it has put on anti-retroviral drugs, at least some hostility greets most appearances by U.S. officials.

“In the fight against AIDS, condoms save lives,” Melinda Gates said in a subtle dig during her keynote address August 13. “If you oppose the distribution of condoms, something is more important to you than saving lives.”

Bill Clinton said that though PEPFAR has done more good than harm, “An abstinence-only program is going to fail.”

Activists hope to use the conference to build momentum to overturn what they call PEPFAR’s emphasis on abstinence-until-marriage programs and de-emphasis of condom distribution. The PEPFAR law mandates that one-third of prevention money must be spent on abstinence programs. U.S. Representative Barbara Lee, a California Democrat, introduced a bill in June that would strike the one-third earmark. The bill itself may not go far in the Republican-controlled House, but Lee wants to lay the groundwork for the change when PEPFAR must be completely reauthorized in 2007. Lee’s measure has 73 co-sponsors, two of them Republicans, and the support of more than 70 groups such as the National Organization for Women, Gay Men’s Health Crisis, and the Elizabeth Glaser Pediatric AIDS Foundation.

U.N. Special Envoy for HIV/AIDS in Africa Stephen Lewis called the earmark “incipient neocolonialism” for dictating policy to developing countries.

“Policy research shows that U.S. policy on HIV prevention under the Bush administration is tied to an overall agenda to control non-orthodox expressions of sexuality, and by that I mean, everything but the sex that takes place within heterosexual marriage,” Francoise Girard, a senior program officer at the International Women’s Health Coalition, told a roomful of delegates. “It’s to enforce a set of views about sex and morality without regard to context.”

Dybul said the law’s mandate brought U.S. work into balance from a position that favored condom distribution. The rule “served a good purpose to get us into a balanced program. There are many other donors that fund condoms, no one else is funding AB”—the abstinence and faithfulness initiatives, he said.

According to the Center for Health and Gender Equity, in 2006, 60 percent of U.S. sexual prevention money goes to programs supporting abstinence and fidelity, far exceeding the legal requirement, according to CHANGE Executive Director Jodi Jacobson. It’s part of what she sees as a programmatic shift that goes deeper than dollars.

In Tanzania, for example, Jacobson said 95 percent of new money for prevention is going to these programs. Dybul said each country can determine its prevention spending

at the local level. "We're just supporting what they develop," he said.

That's a contention Jacobson vigorously disputes. "Tanzania has its own strategy, a comprehensive strategy," she said. "But [PEPFAR] is 95 percent abstinence and fidelity." Only two of PEPFAR's 15 focus countries include condoms in prevention programs in 2006, she said.

An April Government Accountability Report found that the spending requirement can impair development of prevention programs that respond to local needs. "To meet the requirement, [some] country teams have, in some cases, reduced or cut funding for certain prevention programs, such as programs to deliver comprehensive messages to populations at risk for contracting HIV." The Global AIDS Coordinator directed one country's team to shift money from programs to reduce mother-to-child transmission to abstinence and fidelity programs to meet the requirement, though the country then fell far short of its goals on providing service to keep newborns free of infection.

PEPFAR guidelines require that condom programs include information on abstinence and fidelity, though U.S. officials in Toronto suggested the situation on the ground may differ from the guidelines. "I'm not aware of any requirement that condom programs must be linked to A and B programs," said Buckingham. "There are politicians who are saying things and people who are implementing programs to do what needs to be done."

The rhetorical debate has progressed to the point where both sides say they want the same thing. PEPFAR officials argue for the right to choose abstinence in the same terms that activists argue for the right to choose condoms: "We need to get past this polarization and get to the real issues," Dybul said.

And Nono Simelela of the International Planned Parenthood Federation told a group of activists that finding effective prevention methods that work would be a better idea: "We can blame Bush. After he leaves we'll find someone else. Let's stop doing that and find something else."

Aidsmap.com

Wednesday, August 16, 2006

<http://www.aidsmap.com/en/news/AB03DD3D-E34D-4899-A96E-A07FE316561A.asp>

US-led war on drugs 'inadvertently fuelling HIV epidemic'

By Edwin J. Bernard

An excessive reliance on drug law enforcement is *the* major barrier to stemming the tide of new HIV infections amongst injecting drug users (IDUs), Australian harm reduction expert Alex Wodak told the Sixteenth International AIDS Conference during a plenary session on HIV prevention. The former President of

the International Harm Reduction Association said that this policy is "inadvertently pro-HIV" and accused policy makers who ignored "the scientifically proven benefits of harm reduction" of being "obscenely and indulgently in denial".

In 2003, a UNAIDS report highlighted that injecting drug use was fuelling exploding HIV epidemics throughout the world, particularly in eastern Europe and central Asia. UNAIDS now estimates that injecting drug use currently accounts for around 30% of new HIV infections outside of sub-Saharan Africa, and one-in-ten of new HIV infections globally. However, injecting drug use is a growing concern in some sub-Saharan African countries, according to a recent report.

"The proportion of global HIV infections attributable to injection drug use are growing," Dr Wodak, Director of the Drug and Alcohol Service at St. Vincent's Hospital in Sydney, Australia told a packed Toronto auditorium. He argued that the benefits of needle and syringe exchange and opiate substitution programmes for IDUs was "one of the most effective interventions in the HIV/AIDS repertoire".

In fact, harm reduction experts have known how to prevent HIV infection in IDUs "for at least 15 years", he said, adding that the "scientific debate is now over: harm reduction is effective, safe and cost-effective."

Harm reduction has been adopted by many countries where IDUs are at risk of HIV, he added, and it is now an accepted intervention by most UN agencies. However, it is primarily opposed by the United States on moral and political grounds. "The opposition in the United States prevents these pragmatic approaches being spread throughout the world," he said.

Indeed, US influence is wide-reaching. As well as affecting UN policy, it is also a stipulation of the US President's Emergency Plan for AIDS Relief (PEPFAR) to prevent organisations in receipt of PEPFAR funds from talking about - and addressing - harm reduction strategies for IDUs.

He pointed out the ironic situation faced by the United States where around 25% of new HIV infections are amongst IDUs. By ignoring harm reduction, the US has the highest incidence of HIV infections of any high income country – about five times greater than runner-up, Spain.

Dr Wodak noted that the UN Office on Drugs and Crime currently estimates that the drug trade has an annual turnover of more than US\$322 billion a year and accounts for around eight per cent of total international trade. It was clear, he said, that the war on drugs has failed, and that it was time to be pragmatic. "Drug use around the world is a growing problem that the war on drugs has completely failed to arrest," he said.

The US was not alone, however. Dr Wodak also pointed out that France is currently trying to reclassify the heroin substitution drug, buprenorphine, as a

narcotic. Recent reports also suggest that there is a lack of access to substitution therapy in Eastern Europe and Central Asia. And he pointed out that even in countries where harm reduction measures are in place, access to clean needles in prisons is almost non-existent.

"I find it particularly galling and tragic in that this is one part of the epidemic we really could do something about," said Dr Wodak, "and yet it's the politics in so many countries that prevents us from doing what has to be done." He added that policy makers who ignore the benefits of harm reduction are "obscenely and indulgently in denial" and argued that surely "80% of something is better than 100% of nothing." Warm applause greeted both of these statements.

He concluded by arguing that it was now *the* major issue for policy makers to recognise that drug use is "primarily a health problem" rather than a law and order issue, and that future policy should be based on "science and human rights."

"The choice," he said, "is either controlling drug-related HIV infections, or sending what some consider to be the right message. We can't have both."

Reference

Wodak A. *Controlling HIV among injecting drug users: current status of harm reduction*. Sixteenth International AIDS Conference, Toronto, TuPI04, 2006.

Reuters Health

August 17, 2006

<http://news.scotsman.com/latest.cfm?id=1205582006>

Making condoms stylish for everyone

By Natalie Armstrong

TORONTO (Reuters) - Condoms are very much in style as a fashion accessory at the International AIDS Conference in Toronto, showing up on strait-laced men, shy teenagers and African grandmothers.

"There's a great need to de-stigmatize condoms around the world, especially in Africa," said Franck DeRose, executive director of The Condom Project, which aims to get people comfortable about condoms, especially those living in countries where the little piece of latex is considered taboo.

To do that, the project has a program that gets people making their own condom art pin. It all starts with a craft table, packaged condoms, scraps of colored paper, candy and other double-sided tape.

Toronto resident Maria Parish, 58, was making hers with a blue condom and blue and yellow paper. "I want something to symbolize the flag of Ukraine," she said. "I am of Ukrainian descent and AIDS is a global problem."

DeRose said that creating wearable art out of condoms attracts people who normally wouldn't wear the prophylactics, let alone touch them or even utter the word.

"It opens the door," said DeRose. "We find that we're very, very successful." Almost 400,000 condoms have been decorated and turned into brooches or pins around the world including India, Thailand, Senegal and Burkina Faso, he said.

Just this week alone, about 30,000 of the pins have been decorated at the conference, DeRose said. People from different cultures and backgrounds wear them, trade them and even argue over safe-sex related topics while making them, including when to broach the subject with kids, DeRose said.

"We're not pushing it on people. They come to us and the information is there," said DeRose, adding his group teams up with the local information groups in the communities where his team visits.

"I don't think it's healthy or appropriate to change a culture. But we can change the risky behavior within a community."

DeRose, an artist from Washington, D.C., came up with the idea three years ago while talking about ways to get more people to wear condoms to fight the HIV epidemic. The program has since spread around the world.

"I have grandparents making them in Togo and Ethiopia. I have groups of heterosexual men making them in Washington," said DeRose, 42. He said he was also motivated by concern for his daughter, now 12, and 15-year-old son.

Adriana Bertini of Sao Paulo, Brazil, also was making a condom fashion statement. She had plastic mannequins sporting a dress made of orange condoms, a rose-colored mini, a blue harem outfit made of blue condoms, complete with a tight bodice and full-legged trousers.

"The idea is you will see it and think of AIDS," said Bertini, who says she has been making her condom fashions for 10 years.

Associated Press Worldstream
August 17, 2006 Thursday

Canadian government holds off AIDS announcement: conference too 'politicized'

Canada will not be making any announcements about boosting funding or other measures to fight HIV-AIDS this week because the Conservative government has said the issue has become too "politicized."

A spokesman for Health Minister Tony Clement confirmed Thursday that there will be no announcement before the International AIDS Conference in Toronto wraps up Friday and an estimated 31,000 delegates return to their homes around the world.

"The government of Canada is strongly committed to the fight against HIV-AIDS and continues to commit a significant amount of money to this issue," press secretary Erik Waddell said by e-mail. "Our government is committed to doing more in the future.

"However, there are no announcements this week while the issue is so politicized."

Nor will Prime Minister Stephen Harper's government announce whether it plans to renew support for North America's only safe injection site for drug users in Vancouver a decision that had the opposition Liberals fuming Thursday.

At a news briefing at the conference, interim Liberal Leader Bill Graham and British Columbia member of Parliament Keith Martin slammed Harper and his government for choosing not to announce measures that would show Canada's leadership in the battle against HIV-AIDS, both globally and at home.

"What an opportunity that's lost," Graham said. "I think we have to recognize that the art of politics is the art of inspiring people to say, 'How do we rise above petty differences and how do we try to genuinely help people?'"

"And this was an opportunity to show leadership and to genuinely help and if the money comes, great. But it would be a shame that it couldn't be done in a way with the global community that's here and so many young Canadians could've said, 'We're proud of you.' "

Martin called the government's postponement of an announcement reprehensible and appalling.

"It shows a complete lack of respect for this disease and for the people who suffer from it and for the people who work in it," he said. "The government has been missing here. They've showed no presence, no plan, no money."

Graham and Martin both urged the Tory government to renew its support for

Vancouver's safe-injection site, saying that shutting it down would potentially condemn thousands of people to death from AIDS or hepatitis.

The license for the pilot project, which gives drug users access to clean needles as well as counseling, is due to expire next month. It needs federal approval to continue and the government has not said whether it will stay open.

The Gazette (Montreal)
August 17, 2006 Thursday
SECTION: NEWS; Pg. A4

Safe-injection site protest halts traffic

BY CHRIS COBB, CanWest News Service

DATELINE: TORONTO

To the sound of angry lunchtime motorists honking their horns, protesters stopped traffic at one of Canada's busy intersections yesterday to protest against the federal government's continuing refusal to say whether it will allow a safe injection site in Vancouver to stay open.

About 500 protesters left in buses from the International AIDS Conference to briefly block 336 Toronto intersections but the bulk of them headed to the corner of Yonge and Bloor Sts. Organizers were unable to confirm whether the protests had been successful at all 336 sites - a number chosen because 336 people who overdosed at the injection site are still alive.

The injection site's three-year exemption from federal drug laws expires next month.

Prime Minister Stephen Harper has already expressed his philosophical opposition to safe-injection sites but promised this year to wait for evidence of its effectiveness before making a decision on whether to prolong its life.

The centre, called Insite, released a study here on Tuesday saying the evidence is overwhelmingly in favour of the centre remaining open.

Former U.S. president Bill Clinton also gave the injection site a boost at his news briefing yesterday, saying the sites are a vital tool in the fight against AIDS and admitting he was wrong to oppose them when he was president.

Bloc Quebecois health critic Christiane Gagnon made a surprise appearance at the rally, urging Harper to follow Clinton's example.

"The Bloc thinks you're right to ask Mr. Harper to change his mind, like Mr. Clinton changed his mind," she told the crowd. "We will pressure Harper when the House of Commons resumes but I hope he changes his mind before. His head is in the sand."

Deutsche Presse-Agentur
August 18, 2006 Friday

Voices of HIV-positive were missing at their own conference

BYLINE: Anindita Ramaswamy

The voices of people living with HIV/AIDS were muted or often missing this week at the world's largest ever AIDS conference in Toronto, a grand circus of an event meant to address their rights and unique needs.

Over five days, through hundreds of back-to-back sessions attended by 24,000 people, those most impacted by the raging epidemic were poorly represented. This despite the well-known fact that AIDS programmes cannot make a difference without the intimate involvement of people living with the disease.

"What would be the difference if women were in charge of the AIDS response?" asked human-rights campaigner and former Irish president Mary Robinson, before answering her own question

"It would mean women would be in charge of the world. It would mean that girls wouldn't be getting infected. It would mean that health would be treated as a human right," she said.

"And it would mean that poverty would be tackled because military budgets would be slashed."

In Toronto, however, when HIV-positive women were given an opportunity to speak at official events, it was often mere tokenism. The same was true for other groups vulnerable to HIV.

"There seems to be little space to really learn from the experience of the positive young girls, women, men who have sex with men, people who inject drugs and sex workers who are today's faces of HIV/AIDS," an editorial in a conference newsletter by UK development communication agency Panos said Thursday.

"They know what drives this epidemic intimately, and are already finding innovative responses. Why are we not listening?"

Of course people living with HIV/AIDS were present in large numbers at the conference, but their forum for free expression was in spaces away from the formal agenda.

They were part of the protestors demanding universal access to drugs, sex worker's rights and more government accountability. They were eager to share their stories and offer their perspectives on prevention strategies that worked.

Gregg Gonsalves of the AIDS and Rights Alliance for Southern Africa was scathing in his criticism of the "often misdirected energies and efforts, and the paralysing effects of the international AIDS bureaucracy."

"We've created a system designed to fail. Yet, in the margins of this system, there remain men and women who are largely forgotten, unknown, ignored or reviled by those who make this machine run," he said.

The highly-publicized conference being covered by an estimated 3,000 journalists had its share of celebrities, such as former US president Bill Clinton, Microsoft boss Bill Gates and activist-actor Richard Gere.

Clinton and Gates have donated billions of dollars to combat the spread of AIDS through their foundations. They spoke eloquently at several sessions of the need to improve access to treatment and end discrimination against people living with HIV/AIDS.

"It's not Bill Gates or Bill Clinton who have made a difference in this epidemic despite their welcome to this meeting as some sort of royalty," Gonsalves said. "The seduction of the money and power they represent have blinded us to what they've really delivered."

Activists said the main AIDS response lies in the hand of the people most affected - marginalized communities across the globe such as women, the poor, sex workers, drug users, migrants, prisoners and gay men.

Frika Iskandar, an HIV-positive woman from Indonesia who also spoke at the opening ceremony, criticized the international

community's preoccupation with buzz words and jargon like "stigma" and "discrimination."

"It's been there more than 20 years. Instead of saying 'reduce the stigma', let's just learn how to live with it," she said.

"There is no point in reducing it, because that won't happen. I have overcome this issue of stigma and discrimination because I learn how to live with it, fight it and demand my rights.

"What will it take to empower all of us? Let's move from 'reducing the stigma and discrimination' to the 'true involvement of people living with HIV/AIDS'," Iskandar said.

"But let me be clear. Empowerment or involvement is not just giving a testimony. I don't need to just be listed in a report of a meeting. I want to be more involved."

The Panos comment noted that there was too much focus on the medical aspects of the epidemic, and not its social, cultural and political ramifications. It questioned who was really setting the agenda for these meetings.

"We had groups like the Treatment Action Campaign from South Africa really rallying around us and organizing protests, making our voice for cheap drugs and better treatment heard," said Gayle Erasmus, an HIV-positive South African.

"Look at the presence of the big pharmaceuticals at this conference. They dominate the exhibition hall. The scientific and technical sessions sidelined us. That is the main problem with the AIDS response," Erasmus added.

Speaking about the next 25 years of the epidemic, Peter Piot, executive director of UNAIDS, said: "An AIDS response that is not as embedded in advancing social justice as in advancing science is doomed to failure."

The next conference is to be held in 2008 in Mexico City.

THE SAN FRANCISCO CHRONICLE (California)
August 18, 2006 Friday
SECTION: NEWS; Pg. A4

Cash crunch still curbs AIDS fight; As conference ends, activists call for sustained political pressure

BY Sabin Russell, Chronicle Medical Writer

New York activist Eric Sawyer stood on the stage of the 11th International AIDS Conference in Vancouver a decade ago and challenged delegates to do the impossible: Make the newly found HIV drugs that were saving his life available to the world's poor.

This week, as he quietly strode the hallways at the 16th International AIDS Conference here in another Canadian city, the number of people in low- and middle-income nations taking those drugs approaches 1.7 million.

After a week of watching passionate speeches, angry demonstrations and the dry display of thousands of scientific slides, delegates to this AIDS conference will depart today having marked great gains against the epidemic. Today, nearly a quarter of the people in the world who need these antiviral drugs to survive are getting them.

But activists like Sawyer still see the glass as three-quarters empty, and they worry about the challenges to come. "Sustaining what progress we've made is unlikely," he said. The battle against AIDS is still short of cash, short of a cure.

"Many people living with AIDS (still) can't get access when they need it," Sawyer said. Despite a \$500 million gift from the Bill & Melinda Gates Foundation, he noted, the Global Fund to Fight AIDS, Tuberculosis and Malaria is half a billion dollars short of the \$3 billion it needs by November to fully fund existing programs and pay for a new round of grants.

Breathtaking strides have been made against the epidemic in the past decade, but this conference is haunted by the same question Sawyer raises: whether the progress and commitment can continue.

"Sustainability is key," said Dr. Mark Wainberg, director of the McGill University AIDS center in Montreal and co-director of the weeklong conference, which drew 24,000 delegates from around the world. "We need to sustain the political pressure, and sustain the rollout of drugs."

It was Bill Gates, on the opening day of the conference, who first raised the

question, with what he called the "harsh mathematics of this epidemic." There are nearly 40 million people in the world who are living with HIV and will eventually need the medications. Nearly 5 million people are newly infected each year. "Treatment without prevention," Gates said, "is unsustainable."

Dr. Richard Feachem, executive director of the Global Fund, acknowledged in an interview that the organization will need \$500 million by its November board meeting to meet its goals. "As always, I am cautiously optimistic," said Feachem, who will leave the Global Fund in March.

Feachem noted that it was the industrialized nations themselves that set the goal of universal access to AIDS drugs by 2010. "They know that, without a fully funded Global Fund, universal access is pie in the sky," he said.

Dr. Kevin DeCock, recently named director of HIV/AIDS programs for the World Health Organization, likened the recent progress in expanding access to antiviral drugs as harvesting low-hanging fruit. "The fragile health system is not limitlessly going to be able to take on more cases," he said.

DeCock is disturbed that children have been shortchanged in the current distribution of drugs. An estimated 800,000 children under 15 need AIDS drugs, but fewer than 100,000 of them are receiving therapy. "We must conclude that scale-up has so far left children behind," he said.

The task ahead for expanding coverage of AIDS drugs is similarly limited by the weaknesses of the global health system meant to deliver them. Throughout the conference, demonstrators repeatedly disrupted speeches to highlight the mounting human resource crisis in poor countries.

"AIDS thrives where there are no health care providers," said Dr. Jennifer Cohn of Health GAP, which called on the United States to pump \$650 million into a new initiative to train and retain health care workers in Africa. According to the World Health Organization, sub-Saharan Africa alone is short 1.5 million doctors, nurses, midwives and community health workers.

AIDS itself contributes to the health care worker shortage. In South Africa, 1 in 6 health care workers are HIV-positive.

Dr. Mark Dybul, newly named as Global AIDS Coordinator and director of President Bush's overseas AIDS program, said health care worker training is a crucial part of the administration's initiative, accounting for 30 percent of spending -- with a goal of getting 1.7 million new workers in place.

Another issue that threatens the sustainability of the current commitment to treat the world's poorest AIDS patients is the limitations of the drugs themselves. The French medical charity Doctors without Borders, which has been treating large

numbers of patients in South Africa for six years, found that 16 percent of patients needed to switch medications to more expensive "second-line therapies" within four years. But the newer branded drugs can cost seven times as much as the older medicines, which are now largely produced by generic pharmaceutical companies in India and China.

The French group contends that the key to keeping second-line treatments affordable will be to enforce international agreements that allow countries to sidestep patents and produce low-cost generic copies -- the same strategy that made the older AIDS drugs affordable.

The Financial Times
August 14 2006

<http://www.ft.com/cms/s/c2fb7574-2bbd-11db-a7e1-0000779e2340.html>

World spends too much in the fight against Aids

T-shirts, condoms, grant proposals and 20,000 people. It must be the International Aids Conference in Toronto this week. This is the biennial jamboree for what now constitutes an "Aids industry" engaging everything from big pharma to "anthropologists for sex workers' rights" groups. Nearly every participant makes a living in this industry.

In 2004, 21 per cent of all health aid was allocated to HIV, up from 8 per cent in 2000, according to the Organisation for Economic Co-operation and Development. It could now exceed a quarter of all health aid and is the only disease to have its own United Nations agency, UNAIDS.

Is this justified?

In 2001, HIV/Aids represented 5 per cent of the burden of disease in low and middle-income countries as measured by disability-adjusted life years lost, a measure combining reduced life expectancy and quality of life. This compares with 3 per cent each for tuberculosis and malaria, and 6 per cent each for respiratory infections and perinatal conditions.

Are HIV interventions so much more cost effective to justify this disproportionate spending? Probably not.

Comparable costs per death prevented are lower for immunisations, malaria, traffic accidents, childhood illnesses and tuberculosis than for HIV. Moreover, HIV incidence (new infections per year) has peaked already in Africa, a fact not widely promoted by the industry.

Could this money be spent better?

The bottleneck to improving health is that the services delivery systems of sub-Saharan Africa cannot turn funding into outputs. Public sector capacity is constrained by flawed organisational structures and lack of infrastructure and staff. Yet in 2004, while HIV received 21 per cent of health aid, only 2 per cent was directed at infrastructure and education, training and development of health workers – down from 3 per cent in 2000 – and virtually nothing at improving the private sector where most people now turn for care.

While much of the surge in HIV funding is attributable to a highly successful lobby including UNAIDS, some results from donor frustration at the lack of reform in government organisations. At least, donors say, we can save some lives through investing directly in prevention and treatment.

Unfortunately, disease-specific funding such as that for HIV is making things worse by creating policy, programming and financing in parallel with those for basic health services. Funding for preventing mother-to-child transmission, for example, is not strengthening maternal and child health services including antenatal care, where the testing of pregnant women must become part of normal business if transmission is to be reduced. Moreover, there are opportunity costs: high spending on HIV is attracting staff away from other programmes.

Two big changes are needed if the rich world's recent concern with the health of Africa is to achieve results.

First, there must be country mechanisms integrating all health funding and allocating it where it will do most good, whether to state or non-state service providers. There have been attempts at this with so-called sector-wide approaches in which all donor and government funding is pooled and spent according to an agreed strategy. They have had some success but have been weakened by lack of co-operation by some donors and by being managed by health ministries with vested interests. But they have potential. A small Caribbean island, Anguilla, is engaged in a bold programme in which healthcare is no longer provided directly by government. An independent national purchasing agency will receive all health funding, combining government revenues and social health insurance contributions, to procure care for the population by contracting the best value-for-money services available.

The second big change needed is in the structure of aid. Independent national purchasing agencies would impose some discipline on donors, many of whom over-fund HIV programmes because it is fashionable. But the roles of key players are unclear and their structures deficient. Some 75 global funds and partnerships target single communicable diseases, creating massive co-ordination challenges at country level. The UN remains rooted in public sector thinking, with the UN Development Programme promoting ever more funding for policies that have

failed. Why is the UN running projects (using donor funds) when there are national and international private organisations that do it better? Vast swaths of the UN's Aids-related bureaucracy could be abolished or privatised. However, there is no international agency capable of supporting health-sector restructuring. The World Bank could shift its focus but this would require changes in its skills base and a structural shift in its modus operandi from project funding to strategic support.

Rationalisation of the UN and international agencies is needed and must be led by the donors, for the agencies have no incentive to reform themselves. After Toronto, donors could make a start by questioning why we have UNAIDS, the agency promoting HIV as exceptional instead of just another disease, resulting in distorted funding and weakening health systems.

The writer was founder and director of HLSP, a specialist healthcare consultancy, and is forming a new institute on health policy in developing countries

Washington Times
August 18, 2006

http://www.washtimes.com/national/20060817-114652-3881r_page2.htm

Bill's 'no-brainer'

Former President Bill Clinton has sided with activists who say legalized prostitution can help prevent the spread of the AIDS virus.

An international AIDS conference in Toronto this week was attended by "sex workers from 21 countries," Joseph Hall of the Canadian Press reports.

"Recognizing prostitution as legitimate legal work, in both criminal law and labor codes, is a key step to stamping out HIV and other diseases among sex workers and the broader population," researchers at the conference said.

However, the Bush administration — as part of its efforts to fight international sex-slavery trafficking — has banned AIDS funding to organizations that don't officially oppose prostitution. And that's wrong, Mr. Clinton told the conference.

"I wish they would just amend the law and say, 'We disapprove of prostitution, but here's the money — go save lives,'" the former president said Tuesday.

Prostitutes "are people, too," Mr. Clinton said, "and they deserve the chance to be empowered to save their lives. To me it's a no-brainer."

According to a May 16 letter sent to Rep. Scott Garrett, New Jersey Republican, by the Department of Health and Human Services, HHS spent \$315,000 to send 78 employees to the Toronto conference.

LifeSiteNews.com

Wednesday August 16, 2006

<http://www.lifesite.net/ldn/2006/aug/06081603.html>

"Brains" Behind Ugandan AIDS Success Condemns Toronto AIDS Conference "Abstinophobia" and "Matriphobia" International AIDS groups flooding Uganda with condoms and pornography causing increase in AIDS

By Hilary White

LAS VEGAS, August 16, 2006 (LifeSiteNews.com) – Hatred of motherhood and the family, a pathological fear of fidelity and sexual continence and loathing of traditional Christian values are the defining forces in the international fight against AIDS according to a long-time Ugandan AIDS activist.

Speaking to LifeSiteNews.com from Las Vegas where he is giving talks, Martin Sempa, a Ugandan pastor and the "brains" behind the Ugandan effort against the spread of AIDS, says he avoided the Toronto AIDS conference because of the seething hostility to his message he was likely to find there. The only trouble is, he says, that the delegates in Toronto are missing the one thing that will save the lives of millions.

Throughout the 1980's, the rate of HIV/AIDS climbed to a staggering 30% of the Ugandan population in line with most other countries of Africa. But since their establishment in 1987, the country's home-grown programs of abstinence and marital fidelity brought the rate down as low as 6.2 per cent. The Christian churches, Catholic, Anglican and Evangelical, worked successfully with the government developing policies to promote marital fidelity and a "no grazing" message to "stay with your husband, stay with your wife." But, says Sempa, "all hell broke loose" in 1994 when the news got out that a program based on sexual self-control, one rejecting the condom-plus-promiscuity approach of the international organizations, had succeeded so dramatically.

AIDS groups began their own counter campaigns. The country is flooding with condoms and pornography and since 1994, the HIV/AIDS rate has begun to climb incrementally. In some areas HIV/AIDS is up to 6.7 per cent.

Sempa says that a dual "pathology" of hatred for abstinence and motherhood is driving the international AIDS campaign. What he calls "abstinophobia – fear of

sexual abstinence and fidelity as a way of fighting HIV AIDS - and “matrphobia” – ” irrational paranoid fear of programs that promote marriage and motherhood – are “the last gasp of life for a sexual revolution that has gone stale in the west is using the AIDS crisis as a means of keeping itself going.”

“They’re afraid to mention it,” Sempa told LifeSiteNews.com. “They are looking for any other way to combat the disease. The real problem is right in front of them, but they say, ‘Don’t tell me my promiscuity is wrong.’”

The grassroots abstinence and fidelity programs, however, are deeply rooted in Uganda’s mainly Christian culture, he says. “People are very observant Christians in Uganda. There is 80 per cent adherence to Christianity in its various forms and our approach resonates with the culture, with public health and is economically viable.”

Sempa says there is a gulf in the basic understanding of the nature of the problem. “Western experts, Bill Clinton, the UN, and the World Health Organization, look upon the AIDS problem as ‘not enough condoms.’ We on the ground, those who actually live in the country, see that the problem is too much promiscuity.” This gulf sets home-based Ugandan AIDS activists against those attempting to impose a western-style culture of “free sex” with condoms at odds with traditional Ugandan culture.

The Ugandan success story is not over yet, however. While the AIDS rate has climbed, it is still among the lowest in Africa and the abstinence and fidelity program is being spread to other countries. Four other countries are importing the Ugandan program in the last year and are seeing some success already. HIV/AIDS rates are starting to fall in Kenya, Zimbabwe, Rwanda, Swaziland since the beginnings of implementation.

If Sempa had a message for Microsoft founder and philanthropist Bill Gates, who has used the Toronto International AIDS Conference to promote the condoms approach to combating the disease, he says it would be to point to his own long and happy marriage as an inspiration.

He said, “The best thing Bill Gates can do for Africa is to speak about how his own marriage to one wife has helped him be successful in life.”

“Bill Gates’ best story is not his money, but his marriage to Melinda. He has had the experience of being faithful to one wife. He need to bring that story to all those who have come from divorce and broken homes. We don’t need more condoms from Bill and Melinda, but more hope and fidelity in marriage is a message of hope.”

The Toronto Sun

August 18, 2006

<http://torontosun.com/News/TorontoAndGTA/2006/08/18/1763003-sun.html>

Condom use by gays falls

By KEVIN CONNOR

The AIDS epidemic is re-emerging in the gay community as more men are engaging in unprotected sex.

"With the new treatments, more people are living. It's not seen as a fatal thing. HIV is seen as a long-term manageable disease," said Rui Pires, the gay men's community education co-ordinator with the AIDS Committee of Toronto. "There is also the misconception that there is a cure," he said yesterday at the 16th International AIDS Conference.

In Toronto, the number of new HIV infections started to drop in the mid-1980s. In 2000, Toronto had 554 new HIV infections, which is 400 more than in 1996.

The trend is happening worldwide.

"Same-sex behaviours and the prevalence of HIV among men who have sex with men is much higher than previously thought in low-income countries," said Dr. Carlos Caceres from the Cayetano Heredia University in Lima, Peru.

"Although there is limited data, consistent condom use of men who have sex with men in Latin America was 30%," Caceres said.

In developed countries, a study shows 50% of gay men consistently used condoms, said Dr. Ron Stall from Pittsburgh University.

Mainichi Daily News

August 18, 2006

<http://mdn.mainichi-msn.co.jp/photospecials/graph/060818condomfs/>

Condom Fashion

All eyes on "The Condom Collection" at International AIDS Conference

This season, the condom is the thing to wear.

That's the message at the International AIDS Conference in Toronto, where the aim is to destigmatize the humble prophylactic by turning them into brooches and

pins as part of a movement called "The Condom Project." The initiative is aimed at fighting the spread of HIV by making people comfortable with condoms. One woman took it a step further by creating an entire rubber wardrobe. Brazilian designer Adriana Bertini displayed several latex confections at the conference, including a dress made of orange condoms. "The idea is you will see it and think of AIDS," she said. (Compiled from wire reports)



A dress made of condoms by Brazilian artist Adriana Bertini is on exhibit at the International AIDS conference in Toronto August 17, 2006. (REUTERS)



A girl looks at a dress made of condoms by Brazilian artist Adriana Bertini at the International AIDS Conference in Toronto August 17, 2006. REUTERS/J.P. Moczulski



Laxmi Narayan Tripathi, a transvestite from India, looks at a dress made of condoms by Brazilian artist Adriana Bertini at the International AIDS conference in Toronto August 17, 2006. REUTERS/J.P. Moczulski



A girl looks at a dress made of condoms by Brazilian artist Adriana Bertini at the International AIDS Conference in Toronto August 17, 2006. REUTERS/J.P. Moczulski



A dress made of condoms by Brazilian artist Adriana Bertini is on exhibit at the International AIDS conference in Toronto August 17, 2006. REUTERS/J.P. Moczulski



Delegates view a display of garments made from condoms by Adriana Bertini of Brazil at the 16th World Aids Conference in Toronto, Thursday, Aug. 17, 2006. (AP)



Daria Alekseeva of Russia, a delegate to the 2006 International AIDS Conference, photographs a garment made of condoms. The work is by Adriana Bertini of Brazil.

Photo Credit: By Frank Gunn -- Associated Press

The Boston Globe
August 20, 2007

And now for the good news

Progress is being made in the fight against AIDS in Africa, thanks in no small part to the president's aid program. But that's not what some people want to hear.

By John Donnelly

FIVE YEARS AGO, in Jos, Nigeria, a city on the country's central plateau, Dr. John Idoko regularly made rounds in a hospital packed with people dying from AIDS because they couldn't pay for the antiretroviral drugs necessary to keep them alive. Three years ago, as the price of the drugs plummeted, the Nigerian doctor was able to deliver the life-extending medication to 700 patients-until his government's supply ran out for several months.

Today, the change for the better is astonishing: Idoko now treats nearly 6,000 HIV-positive patients. He has expanded his clinic three times in five years, and his waiting room once again is too crowded. "Now, we are eyeing an abandoned building nearby," he said last week, chuckling.

The major reason for Idoko's success is the Bush administration's AIDS program, which in the last three years has sent billions of dollars to Africa and helped save the lives of hundreds of thousands of people. When I moved to Africa three years ago, the President's Emergency Plan for AIDS Relief, or PEPFAR, was just getting off the ground. As I return to Washington this month, the \$15 billion program is just hitting

its stride, and many Africans believe it has become the single most effective initiative in fighting the deadly scourge.

“The greatest impact in HIV prevention and treatment in Africa is PEPFAR-there's nothing that compares,” Idoko said.

Only you wouldn't know it in America-or Canada, or Europe, for that matter-given the tenor of the AIDS debate in Washington and the nature of the international media coverage.

That debate was on full view last week at the International AIDS Conference in Toronto, which ended Thursday. While the AIDS epidemic in Africa is as urgent a crisis as it ever was-an estimated 24 million are infected on the continent and as many as 2 million died last year from AIDS-related illnesses-there are now at least some hopeful signs, though few activists in Toronto wanted to give the United States any of the credit. Indeed, the politically polarized bickering, according to those in Washington AIDS policy circles, could have effects far beyond the Beltway, threatening to impede national and international funding for AIDS programs.

...

One telling moment in Toronto came last Sunday when Bill Gates, whose foundation has spent billions on global health in recent years, praised PEPFAR, prompting a chorus of boos from the audience. Earlier, Stephen Lewis, the passionate United Nations special envoy on AIDS in Africa, said that the Bush administration's push for abstinence programs as part of its ABC policy-which calls for abstinence until marriage, being faithful to one's partner, and failing that, using condoms-amounts to “incipient neocolonialism.”

For three years, a wide range of AIDS activists, including Lewis, have been hammering at what they perceive as faults of the US AIDS program, creating the perception that the program is riddled with trouble. They have criticized the administration for funneling its billions into PEPFAR rather than the Global Fund to Fight AIDS, Tuberculosis, and Malaria, another new initiative based in Geneva. They have claimed that the US-funded treatment programs were moving far too slowly. They have questioned the wisdom of the US preference for funding faith-based groups, and have complained that Congress's mandate to spend one-third of all money targeted for prevention on abstinence programs is excessive and counterproductive.

The last issue, abstinence, as Lewis's remarks in Toronto attest, is now the rallying cry against the US program—even though US officials say that just 7 percent of its money goes to programs that try to persuade young people to avoid sex until marriage. No AIDS expert is against abstinence education, but people differ sharply over how much money should be spent on it, and who should determine the mix of messages.

“We all believe in abstinence programming,” said Paul Zeitz of the Global AIDS Alliance, a Washington-based AIDS advocacy group that has been one of the Bush administration's strongest critics. “Our issue is that local leaders in Africa should determine the local funding.”

AIDS policy has become so divisive in Washington that an independent mediator, Search for Common Ground, a Belgium-based group with offices in Washington, took the initiative to step in last September as a kind of referee, searching for a “common front” in the response to the disease. After three meetings involving representatives from 30 private groups—ranging from the Global AIDS Alliance to several large faith-based groups that are now big recipients of US AIDS money—participants concluded “there was more common ground among them than people realize,” but not enough to write a consensus statement, according to a five-page report by the organization. Last month, the mediation effort was abandoned.

Carole Frampton, senior facilitator at Search for Common Ground, said the outcome revealed the gulf between what was happening in sub-Saharan Africa and what was being said in Washington.

“What was encouraging was to see that there is a lot of collaboration [happening] on the ground in Africa,” Frampton said in a phone interview. “We didn't see that level of collaboration in Washington.”

...

In Africa, the kind of polarized debate that dominates Washington policy circles is rarely heard. Among those working on US-funded AIDS programs, there's a sense of energy and optimism and a belief that they are making history. Every week, faith-based and secular groups, encouraged and funded by US AIDS specialists, are finding new ways to treat people, prevent new infections, and care for the ill.

Pragmatism rules. Two years ago in the southwestern African nation of Namibia, Lucy Steinitz, a Jewish Brandeis graduate who was then the head of Catholic AIDS Action, told me that US officials sought out

faith-based groups because of common sense: Churches were running many of the country's hospitals and clinics already. The same is the case in many African countries.

`` Civil society is only just beginning to emerge in Namibia. So what's left? Church is it. I have a lot of skeptical friends back in the US about the funding of faith-based groups, but it works here," she said. That kind of pragmatism can be seen in other US-funded efforts: new collaborations in which traditional healers are referring patients to South African medical doctors; in Kenya, the support of a drug distribution system that can fill any order in the country within five days; and in Uganda, door-to-door surveys during which people are tested for HIV in the privacy of their homes.

But the impact of the US programs, and other funders' programs, will in great part rest on whether they can find a comprehensive approach to cut down on new infections.

Some US AIDS coordinators in Africa grumble about the spending requirement on abstinence programs. In Washington, US officials have given waivers to some countries to spend less money on abstinence programs, allowing the continuation of effective existing efforts to distribute condoms to truck drivers and reaching out to men to try to change sexual behavior.

In Nigeria, Idoko said that more money should be spent in all areas of prevention, especially in the education of young people.

`` It's not that people in Africa are having more sex than anywhere else, it's just that sex in the West is a lot safer because of the information they have and because of the technology that is available," Idoko said. `` For many Africans, buying a pack of condoms is a huge problem. Many don't have enough money."

Even though the US programs are saving lives, many more are being lost by the day. It is hard to comprehend the emotional and physical loss in faraway Washington, or even at the Toronto AIDS conference. But in any African village, everyone feels it. That's why the breakdown of efforts such as Search for Common Ground seems so tragic to many.

Last month, in the town of Livingstone, Zambia, my driver, Jefferson Phiri, and I were stuck in one of the town's daily funeral processions. For 20 minutes, we inched along. The dead man was a local police officer; no one was talking about the cause of death.

`` People don't live too long here," Phiri said. `` I'm 34. I'm an old man. I have 15 friends dead already. Fifteen! Our situation is an emergency."

*John Donnelly is a Globe reporter and the former Africa bureau chief.
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The Calgary Herald (Alberta)
August 19, 2006 Saturday
SECTION: NEWS; Pg. A6

Envoy blasts South Africa's 'lunatic' AIDS policy: Harper, Bush also targeted in tough speech

BY Chris Cobb, CanWest News Service; with files from The Canadian Press

DATELINE: TORONTO

In an emotional speech, punctuated with sharp barbs against the Harper government, the Bush administration and South Africa, UN special AIDS envoy Stephen Lewis closed the International AIDS Conference Friday with a fiery condemnation of negligence and bloated bureaucracies.

Lewis, whose five-year tenure as special envoy to Africa ends in December, lambasted aid agencies for spending too much money and time on bureaucratic pursuits rather than devoting resources to work that directly benefits HIV-AIDS victims across the world.

"What has to happen is we place a temporary moratorium on the endless, self-indulgent proliferation of meetings, seminars, round tables, discussion groups, task forces ad nauseum, plus the production of reports, documents, monographs, statistical data and concentrate every energy at country level," he said.

Lewis criticized the Harper government for not responding to fears over the future of Vancouver's safe-injection site for intravenous drug users.

The site's three-year exemption from federal drug laws expires next month but, despite numerous appeals, the government has yet to announce whether it will extend it.

"It would be positively perverse to close the Insite safe-injection facility when it has been positively evaluated in a number of studies," Lewis said. "In fact, there should be several more such facilities. To shut Insite down is to invite HIV infection and death. One has to wonder about the minds of those who would so readily punish injecting drug users rather than understanding the problem for what it is: a matter of public health."

Lewis described the the Bush administration's insistence that a third of the U.S. AIDS prevention budget is spent on abstinence programs as "ideological rigidity."

"Abstinence-only programs don't work," he told the crowd of 6,000. "Ideological rigidity never works when applied to the human condition. It's an antiquated throwback to the conditionality of yesteryear to tell any government how to spend its money for prevention. That approach has a name: neo-colonialism."

But Lewis's harshest criticism was reserved for the South African government, which he described as "obtuse, dilatory and negligent" in its approach to AIDS treatment.

"It is the only country in Africa whose government continues to propound theories more worthy of a lunatic fringe than of a concerned and compassionate state. Between 600 and 800 people a day die of AIDS in South Africa. The government has a lot to atone for. I'm of the opinion they can never achieve redemption."

AIDS activists have long criticized South African President Thabo Mbeki for being in a state of denial over AIDS while ignoring scientific and medical evidence. Mbeki has attempted to have Lewis fired from his envoy position over previous criticism of his government.

But Lewis was unapologetic Friday.

"There are those who say I have no right, as a United Nations official, to say such things of a member state," he said. "I see my job as advocating for those who are living with the virus. It is not my job to be silenced by a government when I know what it is doing is wrong."

Lewis, former leader of the Ontario NDP and Canada's former ambassador to the United Nations, also accused G-8 countries of breaking their funding promises to developing countries.

At the conference, the federal government was expected to make a funding or policy announcement on battling the AIDS epidemic. But in Nova Scotia on Friday, Health Minister Tony Clement said he didn't make any announcements because it was becoming difficult to have a "rational discussion" at the conference. Clement said activists and "so-called experts" had skewed the dialogue toward grandstanding political demands.

The Toronto Star
August 19, 2006 Saturday
SECTION: RELIGION; Pg. L11

Faith groups struggle with AIDS response

BY Dale Hanson Bourke, Religion News Service

In the long-running tragedy known as the global AIDS pandemic, religion has played various roles.

Two decades ago, while doctors and researchers worked to find a cure for the newly recognized disease, religious voices were either silent or heard as oracles of doom and condemnation.

At the International AIDS Conference in Toronto this past week, faith groups were more visible, but they often were jeered at by other participants, with criticism aimed primarily at the continuing debate over abstinence as a tool for effective prevention.

In an opening session, philanthropist and Microsoft chairman Bill Gates was warmly received by the thousands of delegates from around the world - until he mentioned the "ABC approach," which brought loud boos from the audience.

With the "A" standing for abstinence, the approach was embraced by the Bush administration in the United States and tied to a percentage of AIDS funding, which primarily went to faith-based groups who agreed to use the funds for abstinence education.

The approach is viewed as unrealistic by some and condemned as far worse by others. Stephen Lewis, who has spent the past five years as the United Nations' special envoy for HIV/AIDS in Africa, told participants that the pursuit of an abstinence-only until marriage policy, at the expense of condoms, is "not intelligent."

But while the public debate over abstinence continues, it obscures the fact that faith-based organizations have made a great deal of progress not only in philosophy but in practice. Some of that progress was evident at an interfaith meeting convened before the main conference and attended by hundreds of people from various faiths.

Gunnar Stalsett, former Lutheran bishop of Oslo, Norway, and co-chair of the interfaith conference, says faith-based organizations are now widely recognized for delivering the majority of services to local communities.

Today, few religious leaders openly condemn those infected with HIV, but many still find open discussions about behaviour awkward.

Says Stalsett: "We need to say it is about sexuality, it is about drugs. People representing faith organizations need to use these words in order to be heard and be connected to the real issue."

Speakers at the event also urged participants of various faiths to work together. "HIV and AIDS is an issue where we find our unity within our diversity," said Mark Hanson, the presiding bishop of the Evangelical Lutheran Church in America and president of the Lutheran World Federation, to a group of Christians, Buddhists, Muslims, Jews, Baha'is and Hindus.

Admitting there are obstacles to interfaith collaboration, he continued: "We come as people of faith whose identity has been shaped by deeply held convictions and practices. That makes collaboration very difficult because we tend to distrust the faith and religious practices of the other."

Kay Warren, head of the HIV/AIDS response project at Saddleback Church in California and wife of Purpose-Driven Life author Rick Warren, said her participation at the event for faith-based groups was "an incredible moment and blessing," according to a news release issued by the Ecumenical Advocacy Alliance, which co-ordinated the event.

But if the pre-conference meeting was encouraging to religious leaders, the main conference has stood in stark contrast. While the conference began as a forum to share scientific and clinical findings, it has expanded to include dozens of workshops on various aspects of HIV/AIDS prevention, care and treatment. Some faith groups complained privately that subjects relating to faith were barely represented in the program.

Exhibits in The Global Village section of the conference included graphic demonstrations by sex workers and vocal rallies by various advocacy groups. Except for World Vision, acknowledged as one of the most active groups in working with those affected by HIV, no faith-based group was represented.

Ken Casey, who heads World Vision's international effort, said: "It can be discouraging. There is so much work to do and spending time debating the approach can be draining."

The recent report by UNAIDS, however, praised the participation of faith groups and identified congregations as having untapped potential for responding to the pandemic.

But with faith-based groups receiving an often hostile response from other participants in the international meeting, they continue to struggle to find their place on the global stage. Some, finally, are acknowledging that their efforts are making a difference.

Dale Hanson Bourke is author of The Skeptic's Guide to the Global AIDS Pandemic.

Calgary Sun (Alberta)
August 20, 2006 Sunday
SECTION: EDITORIAL/OPINION; Alberta View; Pg. 33

AIDS APPROACH CLOUDED BY POLITICS

BY TED BYFIELD

Talk about selective outrage. That man Stephen Lewis certainly indulges in it.

Last week Lewis was one of the keynote speakers before the International Conference on AIDS, which drew -- get this -- 24,000 delegates to Toronto.

Fighting AIDS has obviously become a very big industry.

Lewis, the former provincial NDP leader who failed to form an NDP government in Ontario, and the son of former national NDP leader David Lewis, who failed to form an NDP government in Ottawa, has for years served as the UN's special envoy for HIV/AIDS in Africa.

He was therefore a highly qualified speaker-- doubly qualified, in fact, since the conference, judging from the front-page headlines it generated, was maybe 15% about AIDS and 85% about politics.

The real objective was not actually the extermination of AIDS, but the extermination of one George W. Bush, at the mention of whose name jeers, boos, catcalls and abuse resounded through the conference.

The U.S. president was targeted because his five-year \$15-billion US "Pepfar" program (President's Emergency Plan For AIDS Relief) advocates an "ABC" battle against AIDS -- first, Abstinence from sex outside marriage; second, Be faithful to your spouse; third, use Condoms if A and B fail. What was really galling is the program's requirement that at least 33% of the spending be used to advocate abstinence.

How dare the Americans impose their "ideology" on Africa, thundered Lewis, for whom apparently pre-marital virginity and marital fidelity have now become an American "ideology."

It's a form of "colonialism," he raged. "No government in the western world has the right to dictate policy to African governments around the way in which they structure their response to this pandemic."

But then something odd happened -- or rather, didn't happen.

Ex-president Bill Clinton, another speaker, set out the kind of program he thought the U.S. should be running.

There should be needle-exchanges, mandatory testing, massive circumcision of males...

Gulp!

Where was Stephen Lewis' outrage now? Nowhere to be heard, apparently. I wasn't there, but

one assumes he just sat there nodding in warm approval.

The mind reels. When a Republican U.S. government arrives in Africa wielding a provision in its anti-AIDS program that requires that a certain percentage of the money be spent advocating things like no-sex-till-marriage, and no affairs and/or hookers after marriage, this represents an intolerable invasion of national autonomy.

But when a Democratic U.S. government arrives in Africa wielding, well, a knife, over nearly every male on the continent, oh well, that's a very different thing.

That's what Bill Clinton describes as "scientific" or "intelligent" spending.

Now it's true the most successful African assault on AIDS was in Uganda, and the chief factors that brought it about were a powerful emphasis on abstinence and fidelity.

But these methods, said Clinton, ignoring the Uganda experience, are "doomed to failure."

One understands, of course, that this a policy area with which Bill Clinton has notable personal experience, shared with the whole country during his last term in office.

That he considers "marital fidelity" an absurd idea, we can hardly find surprising.

Something of a different take on AIDS came from Michael Fumento of the Hudson Institute.

It was not presented to the conference, needless to say, though it did appear in a Toronto newspaper the day the conference opened.

Fumento disclosed:

First: That AIDS peaked in Canada 13 years ago; only 272 cases were diagnosed last year. By contrast, 137,000 Canadians were diagnosed with cancer, about 19,000 with breast cancer.

Second: 38% of the new cases in Canada were homosexual males; drug users accounted for 17%; another 5% were both. The homosexual proportion is rising.

Third: As for apocalyptic prophecies on the ruin to be wrought by the disease: Back in the late '80s, one Uganda official predicted his nation "will be a desert" in two years; its population has in fact doubled.

In 1998, the UN reported 12% of Rwandans 15-49 were infected, while another agency said 30%; it turned out to be 3%. In fact, AIDS has probably already peaked in most African countries.

Fourth: The present AIDS budget "swamps" spending on malaria and tuberculosis in Africa, which kill twice as many people..

So put away the knife, Bill. Maybe the worst is over.

London Free Press (Ontario)
August 19, 2006 Saturday
FINAL EDITION
SECTION: NEWS; Pg. A1

MEN FEEL LEFT OUT AT CONFERENCE; GAYS WORRY ABOUT THE LACK OF CONCENTRATION ON THEM AS THE FOCUS OF AIDS SHIFTS AND EXPANDS.

BY SHERYL UBELACKER, CP

DATELINE: TORONTO

When AIDS first crept into the public consciousness in the early 1980s, the victims of the terrifying new disease were mostly gay men in North America and Europe. One after another they died, as partners and friends worried about becoming infected themselves and wondered if the next of the innumerable funerals they attended would be their own.

But 25 years later, gay men have found themselves relegated to the periphery of the HIV-AIDS pandemic, which has expanded exponentially into every continent and to every possible segment of humanity.

The shift in focus from men who have sex with men (MSM), as they're now called, to women and children, and from western countries to Africa and other southern regions, was nowhere more apparent than at the week-long International AIDS Conference, which wrapped up yesterday.

Few sessions dealt with issues of importance to the MSM community, said gay men at the conference -- and that has left many of them feeling left in the dust by those leading the discourse about the disease.

"One thing I've heard people talk about is the lack of exposure at this conference on issues having to do with men who have sex with men," said Jerome Galea, who works in the global health program at the University of California at Los Angeles.

"I got an e-mail from someone that I always see at conferences, who works in the public health department in California, and didn't come to this one," said Galea, a homosexual who is not HIV-positive. "And that was the question he asked me: 'Have you seen the MSM stuff? It seems like it's just fading away.'

"I think people aren't coming because they're not seeing that," he said of the lack of sessions dedicated to homosexual, bisexual and transgendered men.

Gabriel, a public health worker from Mexico who asked that his real name not be used, conceded he is angry that MSM-specific groups weren't among those that put together the Toronto conference, although gays and lesbians are involved in many advocacy organizations that attended the meeting under other banners.

"I'm not saying that women are not important," said Gabriel, who is gay. "But in Latin America, women have an HIV prevalence from one in 1,000 to 15 in 1,000. For gay men it's 90 in 1,000 to 250 in 1,000. So it's not comparable.

"There is a sense among many people that if you prioritize one group you are excluding another,

but that's not true. There's only so much money for HIV treatment and prevention and you have to treat them equitably -- not equally, but equitably."

And Gabriel pointed out that women primarily get infected by having sex with men. "And nobody's talking about that. You have to talk about those who are transmitting it, and that's men.

"What have you heard about men in this conference? I've heard about male circumcision -- and that's it."

Franck DeRose, the Washington-based executive director of the global Condom Project, called it deplorable that there was no representation of the MSM community "inside the conference."

"I'm not resentful. I'm a little bit disappointed actually," he said. "Am I surprised there's not something on MSM? Yes I am. I would think that we would be a little bit more progressive."

While acknowledging that gay men were the most affected in the early days of the epidemic, conference co-chairperson Dr. Helene Gayle of Atlanta said that since then, HIV-AIDS has become much more diverse.

"And so this has to be a conference that represents the totality of the epidemic," she said. "That may mean or that may feel like some issues don't get the attention that they may have gotten in further days, but there continues to be strong support for inclusion of gay men and we'll continue to do that."

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Chanting the mantra of harm reduction: 'Abstinence does not work: people lie,' scientist says

BY Tom Blackwell, National Post

DATELINE: TORONTO

TORONTO - About midway through the International AIDS Conference, Dr. Mark Wainberg, the bookish-looking AIDS scientist from Montreal and the meeting's co-chair, found himself in the thick of a chanting demonstration of prostitutes.

As the sex workers and their supporters, including a statuesque Indian transvestite, shouted out for legalization, Dr. Wainberg shouted along. As they punched the air in defiance, the respected microbiologist punched, too.

At this massive and extraordinary conference, supporting such causes is almost compulsory. As is speaking out for the rights of injection drug addicts, lamenting the plight of the overlooked transsexual and tolerating promiscuity, so long as that multiple-partner sex involves condoms.

Abstinence is a dirty word and human rights take precedence over quarantine.

To some outsiders it might seem like political correctness run amok. But as the largest-ever AIDS conference ended yesterday, researchers and agency leaders said the science is irrefutable that judgmental approaches to the groups most at risk of getting HIV do not work; trying non-

coercively to change that behaviour or make it less likely to spread HIV -- something called harm reduction -- is the best hope.

"Yes, a number of people can get emotional about the issues ... but the fact is that it ought to be scientific agendas that drive what we do," Dr. Wainberg said in an interview.

"And it's as simple as this: Harm reduction works -- that is established medicine -- abstinence [programs] does not work and people lie about their sexuality and their sexual behaviour all the time...."

"Anyone who would articulate that being faithful is the solution to this problem is clearly putting their heads in the sand," Dr. Wainberg said.

Only by reaching out to "marginalized," and in some cases criminal, groups such as drug addicts and prostitutes, can public health hope to communicate ways to make their behaviour safer, scientists stressed at the forum.

That largely meant, though, that the role of personal responsibility in avoiding infection, at a time when some men in North America, for instance, are increasingly neglecting safe-sex methods, was largely overlooked.

Still, some aspects of the liberal approach were challenged at the meeting, which drew 17,000 delegates and 2,300 media workers from around the world. A few public-health leaders called for more aggressive HIV screening systems that put the onus on people in endemic areas to opt out of "routine" testing, rather than waiting for them to volunteer. Human rights activists are opposed, though.

And in a closing news conference, the acting head of the World Health Organization said the conference did not deal enough with personal behaviour and condom use.

"We have one magic bullet that works," said Dr. Anders Nordstrom, holding aloft a condom, after colleagues suggested there is no one method that can always prevent HIV infection through sex.

"The WHO believes in a rights-based approach but as the epidemic has changed ... keeping on doing the standard approaches that we always have used is reactionary," said Dr. Kevin DeKock, the UN agency's head of infectious disease. "We need to evolve. Evolve or die."

Scientists also voiced guarded hope about a range of experimental drug technologies -- and old-fashioned male circumcision -- that could eventually prevent many HIV infections biologically or chemically.

AIDS luminaries such as Canadian Stephen Lewis pleaded emotionally for the West to spend billions of dollars more on fighting the disease, and harshly condemned South Africa for promoting unproven folk cures and withholding well-tested drugs in the face of the world's worst epidemic.

AIDS funding, at a record \$8-billion now, needs to climb to \$22-billion by 2008 to begin to address the shortfall, Dr. Nordstrom said.

Dr. Wainberg called it the most science-based International AIDS Conference yet. Work on new anti-retroviral drugs that can better beat back the virus, anti-microbicides that women apply before sex with the aim of preventing infection and vaccines that could be available within 10 years were among the promising scientific developments discussed at the conference.

Underlying many discussions were two pillars of HIV prevention that have proven hard to take for some governments: promoting safe sex over abstinence, and harm reduction -- tactics to make

needle-sharing drug addicts and the like less likely to pass around the virus.

The U.S. government's \$3-billion a year in international AIDS funding is tied in part to recipients promoting abstinence and being faithful, a policy that many aid groups and researchers say is creating damaging stigma around condom use. Evidence at the conference of the effectiveness of abstinence-education was mixed at best.

A review of studies on abstinence-only prevention in Africa by the Johns Hopkins School of Public Health found that some of the programs changed beliefs on the topic, but none actually changed behaviour.

As for harm reduction, researchers at the B.C. Centre of Excellence for HIV and AIDS discussed studies that found Vancouver's controversial safe injection site -- where addicts can shoot up under medical supervision -- has cut overdose deaths, reduced crime and pushed more users toward detoxification treatment.

Another mainstay of the HIV battle has been testing that is voluntary, avoiding any kind of pressure that might force people underground. But Dr. DeKock of the WHO says that means that millions visit health care facilities in Africa and other endemic areas and are never asked to be tested. That makes no sense when an estimated 90% of HIV-positive patients do not even know they are infected, and when early diagnosis, if it is followed by drug treatment, can add years to a person's life, he said.

The agency believes people should always be asked to be tested, but still be allowed to decline. A project in Malawi to do just that resulted in 22% more people getting screened, according to research presented at the conference. Yet human rights groups such as the Canadian HIV/AIDS Legal Network complained the policy could be damaging to people who are not ready to hear about a positive test, or unsure how to disclose it to others.

"To couch this debate as one of human rights is neither completely helpful nor completely understanding of the whole situation," Dr. DeKock said. "What we're trying to do is ensure maximum access to life-saving testing and care."

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AIDS delegates too 'overwrought' for rational discussions: Clement

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The federal minister of health says he didn't make funding or policy announcements at the International AIDS Conference in Toronto because overwrought delegates were making it impossible to have a "rational discussion."

During a visit to Nova Scotia yesterday, Tony Clement said activists and "so-called experts" had started to skew the dialogue towards grandstanding political demands during the weeklong gathering in Toronto.

"That conference in our view was becoming a place where you couldn't have a rational discussion," he said in an interview.

"It wasn't only the Canadian context. There was a delegate who demanded the resignation of the South African health minister. It was really becoming a very politicized conference. . ."

During an announcement of the creation of a centre to study the root social causes of disease, Clement commented that his warm welcome at St. Francis Xavier University in Antigonish was a contrast to Toronto.

The Conservative government came in for criticism during the conference because Prime Minister Stephen Harper didn't attend. On Wednesday, the prime minister said the gathering had become too "politicized" for funding announcements.

During the week, Clement postponed but didn't reschedule a funding announcement on Canada's contribution to combating the epidemic.

During a candlelight vigil, he was heckled by members of the crowd.

By week's end, Clement said he'd had enough, given that Canada has doubled its domestic funding for AIDS and is set to announce additional funding beyond its current \$800-million commitment to the international effort.

"Is there more to do? Yes there is and we'll be announcing that in the near future," he said. "I think things were way over the top, at least from some of the so-called experts and people that like to have an opinion on these things.

"You know the fact of the matter is that Canada was at the conference. We put \$6 million to fund the conference. We were present everywhere and I was there for five days out six . . . I was being part of the give-and-take of the debate."

The health minister also expressed frustration about criticism of his government's refusal to commit to renew support for North America's only safe-injection site for drug users in Vancouver. Clement said the matter was "a red herring" because it was still under review, and there was never any plan to make an announcement on the site.

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Conference produced words, but little action, AIDS activists say

By Chris Cobb, Canwest News Service

TORONTO -- The theme of the just-concluded 16th World AIDS Conference was "Time to Deliver" but whether it did depends on who you ask.

Veteran Ugandan AIDS activist Lydia Mughenera said it was a very nice week but 80 per cent of children who need anti-retroviral (AIDS prevention) drugs still don't have them and the conference didn't deliver on that.

"I don't know what was different here than [at the previous conference] in Bangkok two years

ago," she said. "We need universal access to drugs and the drug companies still haven't come down with their costs. So nothing new has been given to Africa but I did get chance to meet and share stories with other activists. I didn't learn anything but I met a lot of good people."

Ugandan pediatrician Sabrina Bakeera Kitaka said the conference of so many people was impressively organized.

"But I come from a developing country," she said, "and my priority is prevention of mother-to-child transmission of HIV. I am a little bit surprised that so little of concern to sub-Saharan Africa was discussed here. It seems that the emphasis at the conference was where the money is, as opposed to where the need is greatest. There was a lot about intravenous drug users but that's a problem here isn't where the big AIDS epidemic is."

And in a sense conference co-chairman Mark Wainberg agreed.

"It was a successful conference and we achieved what we wanted to achieve," the McGill University scientist said in an interview.

"But it's not enough. We have to keep up the pressure not only at home but on foreign governments. The AIDS pandemic is like a famine and we should treat it as one. If hundreds of thousands of people are starving, the world has no problem getting together and providing food for them. We have to get HIV drugs to people with AIDS and can't make progress if more people are becoming infected than are able to access treatment."

An angry group of about 30 southern African delegates demonstrated in the conference's media centre criticizing the conference for becoming a Hollywood-like spectacle -- a reference to Bill Clinton, Bill Gates and Richard Gere.