

# AIDS conference reflects failure to tackle deepening catastrophe

Barry Mason  
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The latest figures for the AIDS epidemic were published by UNAIDS and WHO (World Health Organisation) last month. Two million people died of AIDS in 2007—of whom one-quarter of a million were children. A total of 33 million people are now living with HIV/AIDS, two million of them children.

In 2007 2.7 million people became newly infected by HIV. Sub-Saharan Africa remains the most affected region, with 67 percent of the total of HIV/AIDS cases. HIV remains one of the world's biggest epidemics. In June this year the International Federation of Red Cross and Red Crescent Societies (IFRC) said HIV should be classified as a world disaster and one of the most complex long-term problems facing humanity.

The 17th International AIDS conference took place in Mexico City last week with more than 22,000 delegates in attendance.

UN Secretary-General Ban Ki-Moon spoke at the opening. "As the fight against AIDS nears the end of its third decade," he said, "we are still facing a huge shortfall in resources...The responses to HIV and AIDS require long-term and sustained financing."

Executive Director of UNAIDS Peter Piot amplified these remarks. "The end of AIDS is nowhere in sight," He said, "Every day almost three times as many people become newly infected with HIV as those who start taking antiretroviral therapy...We must categorically reject any attempt to so-called 'normalize' AIDS...there is not too much money going to AIDS but too little."

In spite of the ongoing unfolding catastrophe the conference received little coverage in the mainstream media and the conference itself failed to match the needed urgency.

At the conference's conclusion the development charity Oxfam International issued a statement on August 8 which said: "The International AIDS Conference concluded today without a clear plan or any new impetus to reach the 2010 target of universal access to HIV/AIDS prevention, treatment and care."

In July 2005 the leaders of the G8 countries agreed to

make anti-retroviral (ARV) treatment universally available. This promise was reaffirmed at a UN meeting in June 2006.

The AIDS activist website avert.org in a statement updated May 2008 wrote: "Much greater effort will be required to achieve the far higher targets agreed by the world's leaders. At the current rate, fewer than 5 million people will be receiving treatment by the end of 2010, instead of the 10 million target."

The Oxfam statement at the conference's conclusion quoted Robert Fox of Oxfam International: "To say we are disappointed is an understatement. Has the AIDS Conference become just another expensive gab-fest? Rather than rally the troops, officials from government and UN agencies talked about 2015 as being good enough and seemed happy to let the 2010 goal slide. How many will suffer and die if that happens?...the air of complacency from officials is profoundly disturbing. The message from people on the front lines of this pandemic stands in sharp contrast. They know that funding is inadequate, health systems weak, and medicines are far too expensive."

Dr Mohga Kamal-Yani, an Oxfam health adviser, stated: "Officials tried to gloss over the real problem of getting AIDS-specific funding to strengthen health systems...Universal access must mean access to comprehensive health services for all."

On August 7 Oxfam issued a statement accusing multinational pharmaceutical companies of restricting access to antiretroviral medicines.

Rohit Malpani of Oxfam said: "Big pharma has gone all out to destroy India's role as the pharmacy of the developing world. The country supplies eighty percent of the world's affordable, generic antiretroviral medicines. Since India was obliged to introduce twenty years of patent protection in 2005 (under the WTO, TRIPS agreement relating to intellectual property rights—BM), brand-name companies have rushed to patent key medicines there without any thought to the impact on access...Each patent granted to brand-name companies in India will mean fewer medicines available for people living in poverty...Many

people are under the illusion that ARV prices will continue to fall. Prices for second-line medicines are high and will stay high unless the companies adopt a more flexible approach to patent protection.”

An August 4 press release issued in Mexico, by anRs—the French National Agency for Research on AIDS and Viral Hepatitis—explained: “Every year, 10 percent of patients in a given cohort must replace their first-line treatment by a second-line treatment (to prevent drug resistance—BM), and the costs inherent in this switch will increase by 250 percent by 2010, while simply maintaining current access programmes.”

ACTION (Advocacy to Control TB Internationally), an international partnership of advocates working to mobilize resources to treat and prevent the spread of tuberculosis (TB), issued a statement at the conference, on August 7, explaining that people diagnosed with HIV were not being tested for TB.

“A mere 1 percent of people living with HIV/AIDS are reported to have been screened for TB,” the statement said, “according to the most recent global data available from the World Health Organization. Health experts and activists at the International AIDS Conference are calling upon HIV/AIDS programmes and international donors to ensure universal TB screening of every person who has tested positive for HIV.”

The statement goes on to explain that around 50 percent of people with HIV will develop TB. “TB is a death sentence for people living with HIV/AIDS—up to 90 percent of people living with HIV/AIDS will die within a few months of developing active TB if they do not receive proper treatment.”

TB is the one of the three leading causes of death by infectious disease (the other two being HIV and malaria). It claims around 1.5 million people each year. Africa has the world’s highest incidence of the disease and it is the leading cause of death for those with AIDS.

The ACTION statement quoted Dr Jim Yong Kim of Harvard University: “One of the great tragedies of this epidemic is that people who are living with HIV after hard fought battles for access to antiretroviral treatment, go on to die needlessly from TB.”

There has been a slight improvement in the figures for AIDS-related deaths. Over the past two years the figure has declined from 2.2 million deaths in 2005 to 2.0 million in 2007. In every year prior to 2005 the death toll from AIDS-related illnesses increased.

Also, the number of people receiving anti-retroviral treatment in low and middle income countries has increased 10-fold in the last six years, reaching almost three million by the end of 2007, though still a small proportion of the 33

million HRV/AIDS sufferers.

This improvement seems to have led to a certain complacency among those working in the HIV/AIDS field. But a few voices have spoken out against this attitude and have called for continued research into a cure.

Laurie Garrett, a Senior Fellow for the Global Health at the Council on Foreign Relations (US) and the author of *Betrayal of Trust: The Collapse of Global Public Health* and also *The Coming Plague*, wrote in the *International Herald Tribune* July 30 that she would not be attending the AIDS conference.

“I will not be there: This will mark the first AIDS Conference I have deliberately missed since 1985...the first such gathering in Atlanta.”

She explained that whilst welcoming better and more available treatment for HIV sufferers, treatment should only be considered “a stop-gap measure to tide humanity over until we can collectively reach what ought to be our real goal—stopping HIV’s spread, entirely. On an individual basis living with AIDS is a proper goal; on a population basis it is catastrophic.”

“It is inconceivable that children coming of age in 2021—40 years after the recognized start of this epidemic—will feel gratitude toward today’s leaders for saddling them with a still widely circulating virus.”

“The best-funded HIV vaccine trials have all failed over recent months, or been halted due to serious safety concerns...As for ‘cures’—no leading figure in HIV research has publicly uttered the word cure since the early 1990s.”

Garrett’s concern about the direction of the campaign against HIV/AIDS reflects the general decline in attention paid to public health issues. Discovering a vaccine or cure for HIV/AIDS demands the kind of public funding that is just not available when drug research is dominated by the profit of a few big companies. As the world’s governments have increasingly come to represent the interests of a tiny super-rich layer, which includes those who sit at the top of the drug industry, they have turned their backs on vital questions of public health. Health has been reduced to a matter of individual responsibility and individual wealth.



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