

**DÖAK 2007 – Thursday 28.06.2007, Congress Center, Level 3, Room: Illusion 3**

**Global- ART- Program:**  
**„Ein Virus – zwei Therapien: ART in Entwicklungsländern“**  
*„One Virus –Two approaches: ART in Developing Countries“*

A symposium of the HIVCENTER of Frankfurt University in collaboration with the  
Department of Tropical Medicine and Public Health of Heidelberg University  
at the German-Austrian AIDS conference 2007

*Chairs:*

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**Introduction by Dr. Lennemann**

Ladies and Gentleman, on behalf of my Cochair Dr. Florian Neuhaus and Prof. Staszewski, Head of the HIVCENTER, I would like to welcome you all to today's Global ART Program – on virus two approaches: ART in developing countries.” As we have heard in the official opening ceremony of the conference, HIV Therapy in developing countries is an important and pressing aspect of the epidemic, which needs to be tackled through an international approach.

Today, HIV infected people in Austria or Germany do not have to die from AIDS. Their life expectancy increased by decades in the 90's due to the development of antiretroviral combinations. Today, it is increasingly comparable with non-infected persons of the same age.

HIV in those countries is turning into a chronic disease where fine tuning of lipid levels and control of cardiovascular risk factors in an aging patient collective has replaced questions on palliative care and treatment access. Drugs, dosing schemes and treatment strategies have been developed to customise treatment to the specific situation of the individual patient, be it pregnancy, multi drug resistance, or social parameters from night shifts to intravenous drug usage. Multiple monitoring tools are available to ensure safe administration of medication and long term therapeutic success.

Nevertheless those patients enjoying the benefit of such an individualized therapy are only a marginal fraction of the world's HIV infected population. The majority has still no access to those lifesaving drugs. In recent years, international activities have increased access to treatment up to 28% in low and middle income countries, but still many die of AIDS, not because there is no treatment for the illness but because they are lacking access to adequate and sustainable drug regimen and health infrastructure.

With increased concentration on the scale up of antiretroviral therapy in resource limited settings, it is often forgotten that the visible success we witness is not due to the availability of drugs alone.

The difference is made through treatment. Treatment is a term which not only includes monitoring and management of side effects and prevention of resistance development, or continuous supply of effective drugs and proper treatment of co-infections. It also includes individual, social, economic and cultural factors which have an impact on the sustainability of treatment. And it includes knowledgeable health care personnel who are able to render qualified support to the affected population group. Each of those factors may compromise the outcome of treatment to a stage where the overriding goal of long term survival collapses.

Sadly, not only is the "simplified therapy" an euphemism for the abolition of crucial tools to ensure safety and efficacy of

antiretroviral drugs, it is further forgotten that the question “how to treat HIV/AIDS” in itself has up to now not been conclusively answered - neither in industrialised countries nor in the developing world.

From “hit hard an early” over “no watch, no adherence”, dogmas on how – and if - to treat HIV are constantly turned over and new ideas established with cumulating evidence generated through research integrated in and associated to treatment of HIV/AIDS.

Research plays a vital part to develop drugs and strategies against HIV, but is further needed to constantly find new approaches to a disease continuously changed through the treatment developed and administered so far. Where patients survive longer, they develop long term side effects as much as resistance, they fall ill to new diseases known of older age groups, with subsequent interacting co-medications. They demand more convenient and new effective drug formulations and a communicating health infrastructure to suit their active life and preserve their mobility.

Where we start patients in large numbers on first line therapy, not knowing how to finance their second line and not knowing what to offer as third or for the line, research is a crucial, inseparable factor of treatment to path the way for the future. Only ongoing, intensive research will enable us to actually keep the promise of universal, sustainable access to lifesaving drugs.

Needless to say, but nevertheless said: as this applies to treatment of adults, it much more applies to the treatment of HIV infected children.

The WHO public health approach hence is a good start to treat a fraction of global society which has not had access to drugs for much too long. But experiences from treatment in industrialised countries as much as from the areas where the global health approach is applied, already point out challenges to be expected in the future. The concept of the Public Health Approach might not be sustainable, as Individualized therapy sneaks in where a diverse group of patients pre-treated through PMTCT, or private practice, suffering from co-infections or infected with resistant viruses, all present for first line therapy. Where guidelines are changed, further diversifying treatment regimen used, and side effects make substitution of regimen necessary.

If we take the commitment serious to provide universal access to treatment and care for HIV/AIDS in 2010, all factors of treatment, be it education, drug development, social advocacy or improvement of infrastructure need to be addressed. Universal access and sustainable access to treatment can only be ensured by collaboration between all stakeholders, keeping in mind that while we are scaling up, we also have to develop solution to the problems ahead of us

What is needed is to actually reach a sustainable long term treatment success and hence a containment of the epidemic, is to follow the motto of this years German-Austrian AIDS conference. To ensure treatment in developing countries, one has to "think different". New drugs, news strategies and new ideas are

needed to not only provide treatment to those in need today, but cater for their needs in the future.

One person who has “thought differently” already in 1992 is Dr. Krisana Kraisintu who has opened up access to treatment for many Thai and African patients by developing local production of generic ARVs. I would like to welcome her now to share her experiences in the local production of ART.