



Dr. Yiming Shao from the Chinese Centre for Disease Control and Prevention presented at BC-CfE's HIV/Antiretroviral Update about China's commitment to the B.C.-pioneered Treatment as Prevention strategy and other approaches undertaken by China to fight HIV/AIDS in the country.

## Global gathering for special session of BC-CfE's HIV/Antiretroviral Update

### Researchers from St. Paul's Hospital and as far away as China meet in Vancouver to discuss HIV strategies

Dr. Yiming Shao, from the Beijing-based Chinese Centre for Disease Control and Prevention, took a packed room of researchers and health professionals through China's comprehensive approaches for control of HIV/AIDS.

In February 2011, China announced plans to combat HIV and AIDS by implementing a country-wide Treatment as Prevention strategy modelled on the pioneering work of the BC Centre for Excellence in HIV/AIDS (BC-CfE). At the most recent session of the HIV/Antiretroviral Update, a full-day educational event sponsored by the BC-CfE and accredited by the College of Family Physicians of Canada, attendees were able to hear about the progress made since that announcement and the plans now in place to further the nation's fight against HIV/AIDS.

In China, it is estimated that 780,000 people are infected with HIV and nearly 154,000 people have AIDS. The country has experienced a rapid rise in both HIV and AIDS from a regional epidemic to a national one in less than a decade. Most troubling, Dr. Yiming Shao explained, is how the reported cases of HIV infection, AIDS and AIDS deaths continue to trend upwards.

"More aggressive testing, treatment and intervention programs have been implemented at the moment," Dr. Shao told the audience. "But there remain many challenges."

While China has committed to Treatment as Prevention as a cornerstone strategy for the nation, Dr. Shao outlined the unique challenges that the country faces in rolling out the strategy nation-wide. Huge mobile populations (over 220 million), poor health infrastructure in rural areas and unprepared doctors have created a gap between implementing and executing policy.

"More than two-thirds of current patients are treated in rural areas, and their doctors have very limited medical and laboratory facilities to support their work," he said. "Mostly these are 'barefoot' doctors who have difficulty understanding drug-resistance and lack experiences and tools to deal with the side effects."

Based on their effective STD (sexually transmitted disease) eradication campaign first introduced in the 1950s, China has recently launched a pilot trial of a holistic approach targeted in their Lianshan prefecture, a remote mountain region with the highest HIV prevalence in the country. At the centre of the plan, called the Rural Economic Enterprise (REE), is providing unemployed HIV-positive people and unemployed drug users with

jobs, where they can connect these individuals with treatment on a daily basis. The hope is this will increase adherence to both antiretroviral therapy and other intervention strategies and improve cost-effectiveness of a centralized AIDS program in the region.

"Within five years the rate of new infections can be knocked down 50 per cent, and to baseline rates within 10 years with 75 per cent participation," Dr. Shao explained.

It was a hopeful outlook on the progress made in China, and one that echoed the positive news delivered by Dr. Julio Montaner, director of the BC-CfE and session chair. Dr. Montaner told the audience that as a result of Treatment as Prevention, AIDS-related morbidity, mortality, and new HIV infections have continued to trend downwards in B.C.

"We are impressed with the success in B.C. [in the fight against HIV/AIDS]," Dr. Shao said. "And I think we have many things to learn from you."



» If governments ignore scientific evidence while developing public health policies, they are also turning down the opportunity to make a real difference in people's lives."

– Dr. Alan Leshner, CEO, American Association for the Advancement of Science



# Scientists ask governments to embrace evidence-based policies



At the AAAS conference in Vancouver, Dr. Julio Montaner, director, BC-CfE emphasized the importance of translating science into action for the betterment of our communities.

Some of the brightest minds in international scientific research gathered in Vancouver at the American Association for the Advancement of Science (AAAS) conference in February, and issued a clear call to governments worldwide to include rather than reject scientific research when developing public policy.

An estimated 7,000 researchers attended lectures, seminars, and panel discussions on topics ranging from HIV/AIDS to global warming and renewable energy over the four-day conference from February 16-20. One of the unofficial themes that emerged from the conference was the ongoing friction between scientists and governments. The media were interested in why government-funded scientists were being asked to remain silent about their work and why governments were developing policy based on political ideology rather than evidence-based research.

"It is very important that governments encourage scientists and provide them with the critical supports needed to translate their research into tangible benefits

for the good of our communities," said Dr. Alan Leshner, CEO of AAAS. "If governments ignore scientific evidence while developing public health policies, they are also turning down the opportunity to make a real difference in people's lives."

Dr. Leshner referenced struggles experienced by the scientific community in the U.S. earlier in the decade, and pledged to take up the matter of Canadian government-directed communication constraints on scientists with the AAAS board.

The theme continued to thread throughout the conference and was once again prominent on the final day. Dr. Julio Montaner, director, BC Centre for Excellence in HIV/AIDS, discussed the B.C.-pioneered Treatment as Prevention strategy to fight HIV/AIDS and told reporters that he was pleased to see the AAAS emphasize translating science into action.

"Nowhere could this be more effective than in the fight against HIV/AIDS," said Dr. Montaner.

He pointed out that the Seek and Treat approach advocated by Treatment as Prevention and funded by the provincial government has led to a reduction of nearly 65 per cent in new HIV diagnoses in B.C. to 301 cases, down from the 850 cases diagnosed annually prior to 1996. In other Canadian provinces, however, the rate of new HIV diagnoses remains the same and in some cases has increased significantly.

"There is a First Nations epidemic (in Canada) that is completely out of control," he told the audience. "Is it acceptable that in Saskatchewan we have rates of infection on an epidemic level, yet our policymakers shrug and say 'we're looking into it' year after year after year?"

Dr. Montaner noted the troubling shortfalls in support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, and his own federal government's refusal to implement Treatment as Prevention Canada-wide. Canada's inaction comes despite the fact that other nations like China and international organizations such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), and the Clinton Foundation, have either implemented or recommended the approach to eradicate HIV/AIDS worldwide.

"We need to make our elected representatives know that we want this to be a priority," concluded Dr. Montaner.

## MARIJUANA LEGALIZATION

# Former attorneys general to B.C.'s leaders: legalize marijuana

Stop the Violence BC received a powerful endorsement in February when four former attorneys general (AGs) of B.C. voiced their support for the coalition's call to overturn marijuana prohibition. Colin Gabelmann, Ujjal Dosanjh, Graeme Bowbrick and Geoff Plant used their collective experiences as the province's chief prosecutors to emphasize that the war on drugs has failed, and called for BC political leaders to support the end of cannabis prohibition and the start of a "tax and regulate" regime.

"As former BC Attorneys General, we are fully aware that British Columbia lost its war against the marijuana industry many years ago. The case demonstrating the failure and harms of marijuana prohibition is airtight. The evidence? Massive profits for organized crime, widespread gang violence, easy access to illegal cannabis

for our youth, reduced community safety, and significant—and escalating—costs to taxpayers," the AGs wrote in their letter to B.C.'s political leaders.

The media paid close attention to the AGs' call for action with coverage in *The Globe and Mail*, *CBC's National*, the *National Post*, *The Vancouver Sun*, *The Province*, *CKNW's Bill Good Show* among many other outlets.

"British Columbians have lost faith in the ability of their elected representatives to enact cannabis laws that are in the public's best interest," said Dosanjh, B.C.'s NDP attorney general from 1995 to 2000 and premier from 2000 to 2001, to *The Vancouver Sun*. "Our politicians must take a leadership role in the development of new policies that will end gang violence and create safer communities."



From left to right: Geoff Plant, Ujjal Dosanjh, Colin Gabelmann and Graeme Bowbrick

## RESEARCH

### Study finds direct link between gender inequality and risk of HIV infection in sub-Saharan Africa

A recent study of 2,049 individuals from Botswana and Swaziland, the two countries with the highest rates of HIV infection globally, found that strong adherence to norms supporting gender inequalities (e.g. lack of access to inheritance and education for girls compared to boys) was independently associated with established risks for HIV transmission.

Specifically, gender inequalities elevated risks for perpetration of rape, male-controlled sexual decision-making, unprotected sex with a non-primary partner, multiple or concurrent sex partners, and intergenerational sex (male partner more than 10 years older).

The study, among the first of its kind, supports the critical need for the legislation of women's rights as part of the global HIV response. The study results were recently published in *PLoS One* by researchers of the Gender and Sexual Health Initiative of the BC Centre for Excellence in HIV/AIDS, together with the Physicians for Human Rights.

### HAART trial proves successful among injection drug users

A recent clinical trial demonstrated that when heterosexual couples with one partner who is HIV positive were prescribed early highly active anti-retroviral therapy (HAART), it led to a 96 per cent reduction in HIV transmission between partners. These results are consistent with independent observational studies of persons who inject drugs in Baltimore and a study by Dr. Evan Wood and colleagues at the BC Centre for Excellence in HIV/AIDS in Vancouver.

HAART significantly reduces HIV transmission because it dramatically decreases plasma viral load and the amount of the HIV virus in biological fluids. This is relevant in the case of mother-to-child, sexual, and blood-borne HIV transmission.

The results of the trial present a clear case for the expansion of HAART to drug users in order to realize the individual and public health benefits of HAART. The study results were recently published in *Current Opinion in HIV and AIDS*.

## BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

Physician Drug Hotline  
1.800.665.7677

St. Paul's Hospital Pharmacy Hotline  
1.888.511.6222

Website  
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